Acknowledgements – All information in this report was collected and reviewed by the SUN Movement Secretariat during the months of July and August 2014.

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<th>#</th>
<th>Title</th>
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Chapter One: Methodological Approaches to the SUN Movement 2014 Annual Progress Report

1.1 Monitoring Progress in the SUN Movement - Methodological Note

1.1.1 Outcome Mapping - a key component of the SUN Monitoring and Evaluation Framework

The SUN Monitoring and Evaluation Framework was developed in April 2013. It aims to provide a tool to assess progress within the Movement by gauging how those countries and stakeholders within the Movement are adapting their behaviours to better deliver on the four strategic objectives in the SUN Movement Strategy 2012 – 2015.

The SUN Monitoring and Evaluation Framework takes into account the complex, unpredictable and non-linear nature of progress faced by stakeholders dealing with nutrition as part of their collective commitment.

The SUN Monitoring and Evaluation (M&E) Framework consists of three elements of assessment, further detailed in the Table below. (a) Tracking the impact of efforts to scale up nutrition within SUN countries, (b) Assessing the outcomes of efforts scale up nutrition as practiced by different stakeholders within the Movement and (c) Monitoring the services or outputs provided by the SUN Movement Secretariat.

The SUN M&E Framework provides the basis for continuous monitoring of progress of the Movement. In addition, an Independent Comprehensive Evaluation (ICE) of the Movement has been initiated by the SUN Lead Group and is taking place between June and December 2014.

<table>
<thead>
<tr>
<th>Element</th>
<th>What is considered?</th>
<th>Who Undertakes this work?</th>
<th>Timing of assessment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>Targets have been established by the 2012 World Health Assembly. Data are needed to enable the assessment of progress in relation to the targets (such Average annual rates of reduction in stunting prevalence among children less than five years of age)</td>
<td>Data are collected, analysed and interpreted by authorities within countries using standard procedures (Demographic and Health Surveys, for example)</td>
<td>The intervals between assessments are agreed in countries: Stakeholders in SUN Movement seek to increase frequency of impact assessments through the planned National Information Platforms for Nutrition</td>
</tr>
<tr>
<td>Country</td>
<td>Four specific processes are being advanced within SUN Movement Countries: these reflect the SUN Movement’s four strategic objectives. Progress is assessed using a set of ‘progress markers’ for each process</td>
<td>In 2012 and 2013 - undertaken by the SUN Movement Secretariat (SMS) using data on progress from government focal points in SUN Countries: validated by them before reporting. By 2014, 37 of the 41 countries who joined the Movement before Sept 2013 undertook their assessments². The SMS undertook baseline assessments for 10 newly-joined countries. Scores from the assessments are analysed by the SMS with support of MDF.</td>
<td>Annually</td>
</tr>
</tbody>
</table>


² The SMS undertook assessments for three countries that were not able to conduct the assessments themselves within the time-frame for reporting: Ethiopia, Sri Lanka, Zambia.

³ Comoros, Congo-Brazzaville, Costa Rica, Guinea-Bissau, Liberia, South Sudan, Swaziland, Tajikistan, Togo, Vietnam
The 2014 SUN Movement Progress report draws heavily on the Monitoring of Outcomes within the SUN Movement in order to present the state of the Movement’s progress.

Outcome Mapping methods have been used to monitor outcomes, structured around the four processes (in pursuit of four strategic objectives) reflected in the SUN Movement Strategy 2012 – 2015:

- **Process One**: Bringing people together into a shared space for action
- **Process Two**: Ensuring a coherent policy and legal framework
- **Process Three**: Aligning actions around a Common Results Framework
- **Process Four**: Financial Tracking and resource mobilization

This Outcome Mapping approach, relying on self-assessment by actors across the Movement, looks at how the behaviour of actors at the country level (i.e. government and the various constituencies involved in the Movement at the national level) is changing within the context of the four processes of the SUN Movement. The Outcome Mapping approach also considers the behaviours of actors within the four global networks - Donors, Civil Society, Business and United Nations System (see Chapter 3 of the SUN Movement 2014 Annual Progress Report). Outcome mapping recognizes that actors (people, organisations, networks) are driving change processes. Self-assessment in outcome mapping is the basis of a mutual accountability framework with the particular purpose of enabling future steering of and learning within the SUN Movement.

1.1.2 Progress Makers – Understanding the behavioural outcomes that underpin the 4 SUN Processes

At the centre of this outcome mapping approach is a set of progress markers⁴ that illustrate behavioural outcomes that are expected to be displayed by the various actors. Progress markers have been established for each of the four processes.

The outcome mapping approach of the SUN M&E Framework measures progress of the different behaviours that make the four processes happen. For this purpose, a number of markers of each process are identified, and the outcome mapping reveals the different behaviours —relationships, actions, activities, policies and or practices — associated with each process using progress markers. The achievements in relation to each marker are scored using a five-point scale (i.e. behaviour being absent/not applicable (score = 0), started (1), on-going (2), nearly completed (3) or completed (4)).

The early progress markers within each of the four processes represent types of behavioural outcomes that are relatively easier to achieve while the later progress markers within each process represent more difficult / ambitious change. To reflect this, the scores for each progress maker are totalled and weighed with the early (and more easily achieved) progress markers are given less weight than the more advanced (more challenging) markers.

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⁴ Please refer to list of Processes and Progress Markers in Table 2
⁵ Please refer to the SUN Movement Monitoring and Evaluation Framework
⁶ See Table 3
1.1.3 Self-assessment – shared ownership of monitoring and mutual accountability, across the SUN Movement

The outcome mapping approach, using self-assessments by countries, helps national multi-stakeholder platforms to assess – and then improve - their effectiveness. It is anticipated that the self-assessment process will help stakeholders to own and benefit from the monitoring of progress and to be mutually accountable for their collective actions.

In July 2014, focal points from 37 countries in the SUN Movement were able to facilitate their first self-assessments. They did this with the participation of the different constituencies reflected within the national SUN Movement platforms. These include participants from sectoral ministries and parts of government, as well as representatives of donor agencies, civil society organizations, UN agencies and businesses. As part of this self-assessment, stakeholders in countries are asked to score themselves, individually and collectively, against the progress markers assigned to each of the four SUN processes.

1.1.4 2014 SUN Movement Mapping of Outcome exercise

In their 2014 self-assessments, thirty seven of the forty countries that had joined the Movement before September 2013 were able to conduct self-assessment exercise and score all progress markers. A temporary external scoring of progress has been done by the SUN Movement Secretariat in three countries that were not able to conduct the self-assessment in the given time. The SUN Movement Secretariat has conducted a baseline assessment for nine countries that have joined after September 2013 and for South Sudan. Three countries are currently finalizing their baseline assessment.

The results of the 2014 SUN Movement Mapping of Outcome exercise are contained in individual country profiles that are to be found in the 2014 SUN Movement Compendium of Country Profiles. Observations of emerging overall patterns of change have relevance for the Movement as a whole and are reported in the 2014 SUN Movement Progress Report.

In the 2014 Country Profiles, two sets of results are presented for each country that joined the Movement prior to September 2013: (1) an initial assessment based on baseline data from the country at the year of joining and (2) an assessment of the current situation in-country. The results in the country fiches for the twenty nine countries that joined prior September 2012 reflect assessments made in 2012 and in 2014. The results in the country fiches for eleven countries that joined between September 2012 and September 2013 reflect assessments made in 2013 and in 2014.

In 2014, thirty seven countries were able to conduct self-assessment exercise and score all progress markers. Any comparisons between scores of progress in 2014 and 2012 or 2013 must be undertaken with care because the data were prepared differently: there was a shift from external-assessment (in 2012 and 2013) to self-assessment in 2014. This shift is explained in greater detail in the following two paragraphs.

The 2014 monitoring is based on the self-assessments undertaken this year. The monitoring for 2012 and 2013 has been based on data produced by the SUN Movement Secretariat. These have been derived from information provided by SUN country focal points about progress in relation to the four processes. This information is provided through baseline surveys and two-monthly meetings of the SUN Movement network of national Government focal points.

The data that the SMS developed for each country in 2012 and 2013 were validated by its Government Focal Point before being used in any progress report. During 2012 the focus, when data were developed, was on whether or not the basic elements of each SUN process was present. During 2013 progress markers were introduced in order that assessments were more systematic and thorough. The markers cover the behaviours, practices, relationships and actions necessary for progress in each of the processes. The data for these progress markers produced by the SMS in 2013 were more superficial than the data produced in 2014 through interactions (during the self-assessments) that involved many in-country stakeholders.

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7 See full list of countries and data points in Table 1.
8 Cambodia, Philippines and Somalia
9 For South Sudan a baseline has been prepared in 2014 based on available information.
1.1.5 Understanding some of the observed challenges in interpreting and comparing scores across countries and over time

Analysis of the results produced through the 2014 self-assessments by 37 SUN Movement countries suggests that in-country stakeholders are generally less generous when assessing the progress markers than the SMS has been. Analysis of results, by the SMS, reveals that national self-assessments in 2014 have involved a great deal of reflection, especially on aspects of progress that cannot easily be captured from outside the country. A self-assessment appears to reflect the heterogeneity of the different actors that are involved, while external assessments, even when validated in-country, tend to reflect the perspective of the main stakeholder. As a result, the self-assessments of 2014 have tended to be more self-critical than the external assessments of 2012 and 2013.

A Progress Markers score of between 1 and 4 is expected to indicate the presence of a particular behaviour. However, some self-assessment scores for particular markers appear to be influenced by the value attached to it by those completing the self-assessments.

Such subjectivity is expected when the monitoring of outcomes is based on the outcome mapping approach. The assessment asks whether a particular behaviour is “starting”, “on-going” or “in place”: those responsible for the assessment are invited to make the assessment based on their own judgments.

This implies that self-assessment scores should not be used to compare progress between countries. But they can aid with the identification and interpretation of emerging patterns of institutional transformation within a country. Scores will still need to be interpreted with care given that the approach is influenced by the interplay between stakeholders, complexity of issues being tackled and the uniqueness of each country setting. Many within the SUN Movement network of country focal points believe that if in-country stakeholders apply the same self-assessment approach year after year, they will be better enabled to describe the challenges they face and the success of efforts to tackle them.

1.1.6 Outcome Mapping as a means of reflection for the SUN Networks

The contribution of the SUN Networks at country level is captured through the outcome mapping exercise (self-assessment workshops) at country level. The ‘global’ SUN Networks bring together SUN stakeholder groups – business, civil society, donors and the UN system - at the global level. The global networks support their counterparts at country level in order to enable and support the Movement’s efforts in SUN countries. In addition, the global networks have a strong focus on delivering more coherence in global policies and programmes within and across their stakeholder groups; ensuring nutrition remains a global priority; and working across stakeholder groups to deliver global responses to identified country needs.

The ‘global’ SUN Networks form an integral part of the SUN Movement; however, in order to capture the supplementary role they play, they are considered as separate actors for the purpose of outcome monitoring.

A set of eight progress markers\(^{10}\), which illustrate behavioural outcomes that networks are expected to display, is shown below. These progress markers are used to track the contribution of the global networks to the SUN Movement (See table 4).

The outcome mapping approach uses self-assessments by the networks to capture progress in terms of the behaviour of the SUN Networks. In 2013 and 2014, the Network Facilitators completed a detailed questionnaire indicating the extent to which actual network behaviour resembles a particular progress marker. In 2013, the Network Facilitators also undertook a retrospective review of the situation in September 2012 in order to set the baseline. The current situation in relation to each progress marker are scored using a five point scale (i.e. Not at all (none of the signs are in place) (score = 0), somewhat (1), moderately (2), largely (3), fully (4)).
1.1.7 Understanding some of the observed challenges in interpreting and comparing scores across networks over time.

As similar data collection methods (i.e. survey with self-assessments) have been used from the first baseline measurement onwards, an analysis of results over time can be undertaken for the global networks with fewer reservations than at country actor level. However, comparison of results over the different networks should be done with caution, as ambition levels and the extent of self-criticism are different. In other words, a particular score indicates the scope for improvement that is believed to remain by a particular network; however, as each network is individual, this does not signify how one network performs in relation to another network.
### Table 1: Data Analysed for 2014 Annual Progress Report

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<th>Country</th>
<th>DATA POINT&lt;sup&gt;11&lt;/sup&gt;</th>
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<sup>11</sup> Data for 2012 and 2013 are based on information received in the two-monthly country network calls. These are validated by the SUN Government Focal points before reporting. In 2014, scoring was done through self-assessment by the countries; for countries that could not undertake the self-assessment within the given timeframe, SMS undertook the assessment.
### 2014 Baseline Reporting for New Countries

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<th>Assessment</th>
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<td>Submitted by country</td>
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<tr>
<td>Vietnam</td>
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</table>

12 Baseline information are provided by each country upon joining the Movement. Assessments are then made by SMS based on the information received.

### Table 2: Processes and Progress Markers for Country Self-Assessments Reporting 2014

#### Process 1: Bringing people together into a shared space for action

<table>
<thead>
<tr>
<th>Progress Marker (PM)</th>
<th>Description</th>
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<tbody>
<tr>
<td>PM 1</td>
<td>Select/develop coordinating mechanisms at country level</td>
</tr>
<tr>
<td>PM 2</td>
<td>Coordinate internally and broaden membership/engage with other actors for broader influence</td>
</tr>
<tr>
<td>PM 3</td>
<td>Engage within / contribute to MSP</td>
</tr>
<tr>
<td>PM 4</td>
<td>Track and report on own contribution to MSP</td>
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<tr>
<td>PM 5</td>
<td>Sustain Impact of the MSP</td>
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#### Process 2: Ensuring a coherent policy and legal framework

<table>
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<th>Progress Marker (PM)</th>
<th>Description</th>
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</thead>
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<td>PM 1</td>
<td>Analyse existing nutrition-relevant policies and programmes</td>
</tr>
<tr>
<td>PM 2</td>
<td>Mainstream nutrition in own policies and strategies</td>
</tr>
<tr>
<td>PM 3</td>
<td>Coordinate / harmonise member inputs in policy / legal framework development</td>
</tr>
<tr>
<td>PM 4</td>
<td>Influence policy/legal framework development through advocacy/contribution</td>
</tr>
<tr>
<td>PM 5</td>
<td>Disseminate policy and operationalize / Enforce legal framework</td>
</tr>
<tr>
<td>PM 6</td>
<td>Track and report results for steering and learning / Sustain policy impact</td>
</tr>
</tbody>
</table>

#### Process 3: Aligning actions around a Common Results Framework

<table>
<thead>
<tr>
<th>Progress Marker (PM)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM 1</td>
<td>Align own programmes to national nutrition-relevant policies</td>
</tr>
<tr>
<td>PM 2</td>
<td>Translate policy / legal framework in Common Results Framework (CRF) for SUN</td>
</tr>
<tr>
<td>PM 3</td>
<td>Organise implementation of CRF</td>
</tr>
<tr>
<td>PM 4</td>
<td>Manage implementation of CRF</td>
</tr>
<tr>
<td>PM 5</td>
<td>Track and report implementation results for steering and learning/evaluate to sustain impact</td>
</tr>
</tbody>
</table>

#### Process 4: Financial Tracking and resource mobilization

<table>
<thead>
<tr>
<th>Progress Marker (PM)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM 1</td>
<td>Assess financial feasibility</td>
</tr>
<tr>
<td>PM 2</td>
<td>Track and (transparently) accounting of spending</td>
</tr>
<tr>
<td>PM 3</td>
<td>Scale up and align resources (incl. filling the gaps)</td>
</tr>
<tr>
<td>PM 4</td>
<td>Honour commitments (turn pledges into disbursements)</td>
</tr>
<tr>
<td>PM 5</td>
<td>Ensure predictability / sustain impact / multi-year funding</td>
</tr>
</tbody>
</table>
1.2 Technical Note on the statistics presented in the 2014 SUN Movement Country Profiles

1.2.1 Definition of data and indicators

Demographic data for population groups

<table>
<thead>
<tr>
<th>Data</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>National population</td>
<td>The total population of a given country based on the UN Population Division estimates</td>
</tr>
<tr>
<td>Children under 5</td>
<td>The total population of children less than 5 years in a given country based on the UN Population Division estimates</td>
</tr>
<tr>
<td>Adolescent Girls</td>
<td>The total female population between 15 and 19 years in a given country based on the UN Population Division estimates</td>
</tr>
<tr>
<td>Average Number of Births</td>
<td>The annual average number of newborn children in a given country based on the UN Population Division estimates</td>
</tr>
<tr>
<td>Population Growth Rate</td>
<td>The rate at which the number of individuals in a population increases in a given time period as a fraction of the initial total population</td>
</tr>
</tbody>
</table>

Data Source:


The 2012 Revision of the World Population Prospects is the twenty-third round of global demographic estimates and projections undertaken by the Population Division of the United Nations Department of Economic and Social Affairs of the United Nations Secretariat. The world population prospects are used widely throughout the United Nations and by many international organizations, research centers, academic researchers and the media.
World Health Assembly nutrition targets (WHA 65.6)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>WHA target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birth Weight</td>
<td>Percentage of live births that weighed less than 2,500 grams at birth.</td>
<td>30% reduction in low birth weight by 2025</td>
</tr>
<tr>
<td>0-5 Months Exclusive Breastfeeding</td>
<td>Percentage of infants 0-5 months who are exclusively breastfed.</td>
<td>Increase exclusive breastfeeding rate in the first 6 months up to at least 50% by 2025</td>
</tr>
<tr>
<td>Under Five Stunting</td>
<td>Percentage of children 0-59 months who are below minus two (moderate and severe) and below minus three (severe) standard deviations from median height for age of the WHO Child Growth Standards.</td>
<td>40% reduction in the number of children under 5 who are stunted by 2025</td>
</tr>
<tr>
<td>Under Five Wasting</td>
<td>Percentage of children 0-59 months who are below minus two (moderate and severe) and below minus three (severe) standard deviations from median weight for height of the WHO Child Growth Standards.</td>
<td>Reduce and maintain childhood wasting to less than 5% by 2025</td>
</tr>
<tr>
<td>Under Five Overweight</td>
<td>Percentage of children 0-59 months who are above two (moderate and severe) standard deviations from median weight for age of the WHO Child Growth Standards.</td>
<td>No increase in childhood overweight through 2025</td>
</tr>
</tbody>
</table>

Notes:

1) Due to the data limitation, the indicator ‘anaemia in women of reproductive age’ has not been included in this report.
   Link to the website: http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/

2) Methodologies and underlying processes for the UNICEF-WHO-The World Bank joint estimates are outlined in the 2012 Joint Child Malnutrition Estimates, further updated with the 2013 release. Nationally representative anthropometry estimates, following the vetting process by each agency and once collectively agreed upon, are included in the regularly updated Joint Dataset.

3) In an effort to maintain a consistent time series of internationally comparable anthropometric data, part of this harmonization process for calculating regional and global averages and conducting trend analyses requires all anthropometric-related prevalence estimates to be re-calculated using a standard algorithm. This algorithm was programmed into the WHO Anthro software and macros, reviewed by MEASURE DHS23 and UNICEF. In addition, other institutions (e.g. US CDC) have incorporated the standard algorithm in their nutritional survey analytic process. In countries where the anthropometric data are collected as part of a Demographic and Health Survey (DHS) or Multiple Indicator Cluster Survey (MICS), either the raw data are publicly available and/or the survey data processing programs already incorporate the WHO algorithm. In countries where anthropometric data are collected by a national nutrition survey (or another type of survey) that are analyzed using a different algorithm, a re-calculation of anthropometry-related prevalence is often necessary in order to make estimates comparable across countries and over time.

Infant and young child feeding practices

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-23 Months with Minimum Acceptable Diet</td>
<td>Percentage of young children 6-23 months who are fed in ways that reflect 3 key Infant and Young Child Feeding practices during the previous day [in line with the World Health Organization guidelines34]:</td>
<td>Apart from breast-milk, an acceptable diet is achieved when there is the minimum dietary diversity and meal frequency (as well as minimum milk feeds for non-breastfed children).</td>
</tr>
<tr>
<td></td>
<td>For breastfed children:</td>
<td>An acceptable diet is essential to ensure appropriate growth and development of a young child in the critical time between 6 and 23 months when they are most vulnerable to malnutrition, morbidity and mortality.</td>
</tr>
<tr>
<td></td>
<td>• Feeding infants 6-8 months ≥ two times and young children 9-23 months ≥ three times with solid, semi-solid or soft foods</td>
<td>There is strong evidence that appropriate complementary feeding reduces the incidence of stunting35.</td>
</tr>
<tr>
<td></td>
<td>• Feeding with foods from four or more out of seven food groups</td>
<td>The evidence reviewed in the 2013 Lancet Series found significant effects of nutrition education targeted to food secure population: increased height gain (SMD 0.35, 95% CI 0.08-0.62), height-for-age (RR 0.34, 95% CI 0.21-0.54) and weight gain (SMD 0.40, 95% CI 0.02-0.78).</td>
</tr>
<tr>
<td></td>
<td>For non-breastfed children:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• ≥ two milk feeds ≥ four times with solid, semi-solid or soft foods or milk feeds</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Feeding with foods from four or more out of six food groups</td>
<td></td>
</tr>
<tr>
<td>6-23 Months with Minimum Diet Diversity</td>
<td>Percentage of children 6-23 months who receive food from four or more out of seven food groups.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note: a few countries are still using ‘at least three or more food groups’ as the minimum.</td>
<td></td>
</tr>
</tbody>
</table>

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23 http://microdata.worldbank.org/index.php/catalog/dhs/about
**Interventions to prevent vitamin and mineral deficiencies**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Relevance</th>
</tr>
</thead>
</table>
| **Zinc Supplementation for Diarrhea (Under Five Children)** | Percentage of children under 5 years with acute diarrhea who were given supplements of 20 mg zinc (not ORS) daily for 10–14 days or 10 mg zinc daily for infants under 6 months.  
*Note: There are no internationally accepted indicators or tools for data collection and compilation for zinc treatment of children with diarrhea.* | Diarrheal diseases account for nearly 2 million deaths a year among children under 5, making them the second most common cause of child death worldwide. Studies have consistently shown that diarrhea is the most important infectious disease determinant of stunting of linear growth. A pooled analysis of nine community-based studies in low-income countries found that the odds of stunting at 24 months of age increased multiplicatively with each diarrhea episode or day of diarrhea before that age. The proportion of stunting attributed to five previous episodes of diarrhea was 25% (95%, CI 8-38%). Zinc supplementation is recommended as safe and effective during the management of diarrhea. Specifically, zinc supplements given during an episode of acute diarrhea reduce the duration and severity of the episode and giving zinc supplements for 10–14 days lowers the incidence of diarrhea in the following 2–3 months.  
The evidence reviewed in the 2013 Lancet Series found significant effects of zinc supplementation for diarrhea on: all-cause mortality reduced by 46% (95% CI 12-68), diarrhea-related admissions to hospital reduced by 23% (95% CI 15-31), duration of acute diarrhea reduced by 0.5 days and persistent diarrhea reduced by 0.68 days. |
| **Pregnant Women Attending 4 or more Antenatal Care Visits** | Percentage of women 15-49 years old who received antenatal care at least four times during pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy. | To achieve the full life-saving potential that ANC promises for women and babies, four visits providing essential evidence-based interventions – a package often called focused antenatal care – are required.  
*This indicator is used as a proxy for access to Iron and Folic Acid Supplementation.* The World Health Organization recommends daily oral Iron and Folic Acid supplementation as part of the antenatal care.  
The evidence reviewed in the 2013 Lancet Series found significant effects of Iron and Folic Acid Supplementation on: birth-weight (MD 57.7 g, 95% CI 7.66-107.79), anemia at term (RR 0.34, 95% CI 0.21-0.54) and serum hemoglobin concentration at term (MD 16.13 g/l, 95% CI 12.74-19.52). |

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16 Bhutta Z. et al., p.47  
17 WHO, Nutrition Landscape Information System, p. 10-11  
18 WHO, Nutrition Landscape Information System, p. 11  
19 Bhutta Z. et al., p.22  
20 WHO and the United Nations Children’s Fund (UNICEF) recommend for prevention and management of acute diarrhea: exclusive breastfeeding, vitamin A supplementation, improved hygiene, better access to cleaner sources of drinking water and sanitation facilities, vaccination against rotavirus and also the use of zinc, which is safe and effective. Specifically, zinc supplements given during an episode of acute diarrhea in the clinical management of acute diarrhea  
21 Bhutta Z. et al, p.49  
23 Bhutta Z. et al., p.44
### Indicator | Definition | Relevance
--- | --- | ---
**Vitamin A Supplementation (6-59 months)** | Proportion of children aged 6–59 months who received two high-dose vitamin A supplements within a given year\(^24\). The recommended doses are 100,000 IU for children aged 6–11 months and 200,000 IU for children aged 12–59 months. | The Global Vitamin A Alliance defines full coverage of VAS as the percentage of children 6-59 months old who received two doses about 4-6 months apart during a given calendar year. National estimates are collected globally and reported annually based on administrative data by UNICEF. Of particular limitation to VAS estimates reported based on HH survey data is the inability to provide a two-dose estimate for any given year; lack of consideration for national campaigns, distribution mechanisms, and timing when estimating VAS coverage. UNICEF maintains a database on this indicator at: [http://www.childinfo.org/vitamina.html](http://www.childinfo.org/vitamina.html). |

**Households Consuming Adequately Iodized Salt** | Percentage of households consuming adequately iodized salt, defined as salt containing 15–40 parts per million of iodine\(^25\). | Iodine deficiency is most commonly and visibly associated with thyroid problems but takes its greatest toll in impaired mental growth and development, which contributes to poor school performance, reduced intellectual ability and impaired work performance. The evidence reviewed in the 2013 Lancet Series found significant effects on pregnant women: birth-weight 3.82-6.30% higher, reduced cretinism at 4 years of age (RR 0.27, 95% CI 0.12-0.60) and developmental scores 10-20% higher in young children\(^26\). To achieve the Universal Salt Iodization target, the proportion of households consuming adequately iodized salt should be greater than 90%. |

### Women’s Empowerment

#### Indicator | Definition | Relevance
--- | --- | ---
**Female Literacy** | Percentage of women able to demonstrate their ability to read all or part of a simple sentence in any of the major language groups of the country\(^27\). | The ability to read is an important personal asset allowing women increased opportunities in life. An analysis of 19 datasets from the Demographic and Health Survey (collected since 1999) showed that the risk of stunting is significantly lower among mothers with at least some primary schooling (odds ratio (OR) 0.89, 95% CI 0.85-0.93) and even lower (p<0.001) among mothers with some secondary schooling (0.75, 0.71-0.79). Paternal education at both the primary and secondary levels also reduced the risk of stunting although the respective ORs are smaller than for maternal schooling. Despite the overall association, there is appreciable heterogeneity in effect sizes in individual countries, probably indicative of differences in both quality of education and quality of data\(^28\). |

**Female Employment Rate\(^29\)** | Employment rates are calculated as the ratio of the employed to the working age population. Working age is generally defined as persons in the 15 to 64 age bracket although in some countries working age is defined as 16 to 64\(^30\). | Women are increasingly entering the labor force, and mothers are required to fit their child-care and domestic responsibilities around their hours of work, often leaving little time for themselves. On the other hand, income from wage work may offer health benefits to women by allowing them to purchase basic necessities such as housing and food. Women’s work has been found to improve dietary intake and to influence fertility. Women’s autonomy and well-being are enhanced by income earned from work outside the home, thereby reducing their social dependence on a male partner. However, economic pressures on women living in poverty draw them into agricultural work, and women’s nutritional status and health may be diminished by the long hours and heavy work required. |

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\(^{24}\) WHO, Nutrition Landscape Information System, p.9

\(^{25}\) WHO, Nutrition Landscape Information System, pp. 15-16

\(^{26}\) Bhutta Z. et al., p.44

\(^{27}\) Mukuria et al., The Context of Women’s Health: Results from the Demographic and Health Surveys, 1994-2001, DHS Comparative Reports No. 11, ORC Macro, December 2005. p. 23.


\(^{29}\) Mukuria et al., p. 27

\(^{30}\) OECD, OECD Employment Outlook, 2006
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Age at First Marriage&lt;sup&gt;31&lt;/sup&gt;</td>
<td>The median age of women at first marriage if subject throughout their lives to the age-specific marriage rates of first marriages only in a given year&lt;sup&gt;32&lt;/sup&gt;.</td>
<td>Age of first intercourse, first marriage, and first birth provide a picture of initial influences on fertility that is suggestive of fertility-related outcomes. In most countries, marriage is a primary indication of the exposure of a woman to the risk of pregnancy and therefore is important in understanding fertility. Populations in which the age at first marriage is low tend to have early childbearing and high fertility; therefore, it is important to examine trends in age at first marriage. Data on age at first sexual intercourse are a more direct measure of the beginning of exposure to pregnancy. The age at which childbearing begins is associated with the number of children a woman bears during her reproductive period in the absence of any active fertility control.</td>
</tr>
<tr>
<td>Access to Skilled Birth Attendant&lt;sup&gt;33&lt;/sup&gt;</td>
<td>Percentage of live births attended by skilled health personnel (doctors, nurses or midwives).</td>
<td>Skilled attendance at all births is considered to be the single most critical intervention for ensuring safe motherhood, because it hastens the timely delivery of emergency obstetric and newborn care when life-threatening complications arise&lt;sup&gt;34&lt;/sup&gt;. Skilled attendance denotes not only the presence of midwives and others with midwifery skills (MOMS) but also the enabling environment they need in order to be able to perform capably. It also implies access to a more comprehensive level of obstetric care in case of complications requiring surgery or blood transfusions.</td>
</tr>
<tr>
<td>Women Who Have First Birth Before Age 18</td>
<td>Percentage of women 20-24 years old who gave birth before age 18&lt;sup&gt;35&lt;/sup&gt;.</td>
<td>Pregnancies in adolescents have a higher risk of complications and mortality in mothers and children and poorer birth outcomes than pregnancies in older women. Furthermore, pregnancy in adolescence will slow and stunt a girl’s growth. In some countries as many as half of adolescents are stunted, increasing the risk of poor birth outcomes&lt;sup&gt;36&lt;/sup&gt;. Births to young women between 15-19 years are strongly associated with health risks for both the mothers and the infants. Many of these risks are also associated with giving birth for the first time. Because adolescent mothers are usually also first-time mothers, it is difficult to separate these risks. The rate of death of adolescents in childbirth is disproportionately high. In many countries, the risk for dying from pregnancy-related causes is twice as high for adolescents aged 15-19 years as for older women&lt;sup&gt;37&lt;/sup&gt;.</td>
</tr>
<tr>
<td>Fertility Rate&lt;sup&gt;38&lt;/sup&gt;</td>
<td>Total fertility rate represents the number of children that would be born to a woman if she were to live to the end of her childbearing years and bear children in accordance with current age-specific fertility rates&lt;sup&gt;39&lt;/sup&gt;.</td>
<td>This indicator is used as a proxy for child birth space. In countries, and among groups, where the fertility rate is high, there is a correlation with poor maternal health and nutrition. Short inter-pregnancy intervals increase the risk of low birth-weight (OR 1.65, 95% CI 1.27-2.14) and pre-term births (OR 1.45, 95% CI 1.30-1.61). Repeated pregnancies and advanced maternal age are also found to have an impact on Low birth weight (RR 1.61, 95% CI 1.16-2.24). These findings emphasize the need to optimize age at first pregnancy, family size and inter-pregnancy intervals&lt;sup&gt;40&lt;/sup&gt;.</td>
</tr>
</tbody>
</table>

<sup>31</sup> Mukuria et al., pp.35-36  
<sup>32</sup> United Nations, World Fertility Report 2009  
<sup>33</sup> UNFPA, Skilled Attendance at Birth  
<sup>34</sup> Black R. et al. Maternal and child undernutrition and overweight in low-income and middle-income countries, Maternal and Child Nutrition 3, June 2013  
<sup>35</sup> WHO, Help Topic: Women 15-19 years who are mothers or pregnant with their first child  
<sup>36</sup> Black R. et al, Maternal and child undernutrition and overweight in low-income and middle-income countries, Maternal and Child Nutrition 1, June 2013 p.17  
<sup>37</sup> WHO, Nutrition Landscape Information System, p.20  
<sup>38</sup> Mukuria et al., p.38  
<sup>39</sup> World Bank, Indicator Fertility rate, total (births per woman)  
<sup>40</sup> Bhutta et al., p.43
### Other Nutrition Sensitive Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Relevance</th>
</tr>
</thead>
</table>
| Rate of Urbanization                         | Percentage of population living in urban areas as defined according to the national definition used in the most recent population census.                                                                                                                                                                                                   | Urban poverty is often overlooked and the children living in urban poverty are at risk of not being reached by development efforts. Increase in urban growth is likely to widen the gap in inequality and consequently escalate the needs of urban children, particularly in Urban Africa which is currently experiencing the highest urban growth rates with 200 million children living in urban areas while 60 percent of Africa’s urban population lives in slum conditions. A regression analysis conducted by Save the Children to establish the relative and absolute importance of underlying and structural drivers of stunting in a dataset of 128 countries found that higher urban population and higher mean GDP per capita are significantly correlated with lower levels of stunting prevalence.

| Income Share Held by Lowest 20%            | Percentage share of income or consumption held by the lowest 20% of the population indicated by quintiles.                                                                                                                                                                                                                                   | Income share of the poorest quintile of the population is an important driver of stunting among countries with high-burden of stunting – but not elsewhere.

| Calories per Capita per Day                 | Estimates the supply of kcal/capita/day, an indicator for food quantity.                                                                                                                                                                                                                                                                     | Food supply quantity (calories available per capita) is strongly associated with fertilizer use per land unit and percentage of agriculture land. On the other hand, it is negatively correlated with domestic production diversity.

| Energy from Non Staples in Supply          | Estimates the percentage of calories from non-staple foods (all but cereals, roots, and tubers) in total national energy supply, an indicator for diet diversification.                                                                                                                                                                                  | Food supply diversity (energy from non-staples, i.e. crops and livestock products different from cereals and tubers) is a nutrition sensitive metric susceptible to economic transitions. In low income countries, it depends on diversity of domestic production while in transitioning and high income countries income and trade become significantly more important. Other two positive indicators are access to finance for farmers and improved road infrastructure. On the contrary, agriculture intensification (measured by number of tractors available per unit of agricultural land) is negatively associated with food supply diversity.

| Iron Availability from Animal Products     | Estimates the availability of animal iron (mg capita/day) in the national food supply, an indicator for micronutrient availability.                                                                                                                                                                                                       | Iron availability from animal-based products in supply there is a positive association with agriculture research and development and a negative one with agriculture import tariffs. No relation was found with number of animals available per capita in production.

| Access to Improved Sanitation Facilities   | Access to improved sanitation facilities refers to the percentage of the population using improved sanitation facilities. The improved sanitation facilities include flush/ pour flush (to piped sewer system, septic tank, pit latrine), ventilated improved pit (VIP) latrine, pit latrine with slab, and composting toilet. | Studies have shown that there is a significant relationship between defecation, access to clean water and child’s height. For more details see "The Water, Sanitation, and Children’s Health" (Evidence from 172 DHS surveys) http://sanitationupdates.files.wordpress.com/2010/05/worldbank-dhs2010.pdf |

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42. Save the Children, Global stunting reduction target: focus on the poorest or leave millions behind
44. Save the Children, Global stunting reduction target: focus on the poorest or leave millions behind
45. FAOStat http://faostat.fao.org/
46. Earth Institute, Columbia University, Simulating Potential of Nutrition-Sensitive Investments
47. FAOStat http://faostat.fao.org/
48. Earth Institute, Columbia University, Simulating Potential of Nutrition-Sensitive Investments
49. FAOStat http://faostat.fao.org/
50. Earth Institute, Columbia University, Simulating Potential of Nutrition-Sensitive Investments
51. WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org)
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Defecation</td>
<td>Percentage of population defecating in fields, forests, bushes, bodies of water and other open spaces.</td>
<td>Open defecation explained 54% of international variation in child height by contrast with GDP, which only explained 29%. A 20 percentage point reduction in open defecation was associated with a 0.1 SD increase in child height.</td>
</tr>
<tr>
<td>Access to Improved Drinking Water Sources</td>
<td>Access to improved drinking water sources refers to the percentage of the population using improved drinking water sources. An improved drinking-water source is defined as one that, by nature of its construction or through active intervention, is protected from outside contamination, in particular from contamination with faecal matter.</td>
<td>Access to adequate water supply is not only a fundamental need but also a human right. Access to water supply also has considerable health and economic benefits to households and individuals. Equitable access to improved drinking water and sanitation is of fundamental importance to health and will speed the achievement of all eight MDGs. The regression analysis conducted by Save the Children found that access to safe drinking water in rural areas was among the main drivers for reducing stunting. A Cochrane review of the effect of WASH interventions on nutrition outcomes placed emphasis on the improvement of the quality of the water (as well and above water supply).</td>
</tr>
<tr>
<td>Access to Piped Water on Premises</td>
<td>Percentage of population using piped water on premises as drinking water source.</td>
<td></td>
</tr>
<tr>
<td>Surface Water as Drinking Water Source</td>
<td>Percentage of population using surface water (river, dam, lake, pond, stream, channel, irrigation channel) as drinking water sources.</td>
<td></td>
</tr>
<tr>
<td>GDP per Capita (current USD, 2013)</td>
<td>GDP per capita is gross domestic product divided by midyear population. GDP is the sum of gross value added by all resident producers in the economy plus any product taxes and minus any subsidies not included in the value of the products. It is calculated without making deductions for depreciation of fabricated assets or for depletion and degradation of natural resources.</td>
<td></td>
</tr>
<tr>
<td>Exports-Agr Products per capita (current USD, 2012) and Imports-Agr Products per capita (current USD, 2012)</td>
<td>Export/Import-Agriculture Products per capita is gross dollar value of Agriculture -Export and Import divided by midyear population.</td>
<td>The transition from subsistence farming to commercial agriculture -often linked to exports - can lead to a risk for a tradeoff that the nutritious food items are exported and that actual access and utilization of nutritious foods at the local household level decreases. The case study of Malaysia and Ghana, also indicated that as low-income countries transition to specialized production of fewer crops, it is important to ensure food supply diversity through the global market.</td>
</tr>
</tbody>
</table>

52 WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org)  
53 WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org)  
54 WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org)  
55 WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org)  
56 Save the Children, Global stunting reduction target: focus on the poorest or leave millions behind  
57 Dangour et al. Interventions to improve water quality and supply, sanitation and hygiene practices and their effects on the nutritional status of children, Cochrane Database Syst Rev 2013. p. 27  
58 WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org)  
59 World Bank, Indicator GDP per capita (current USD)  
60 World Trade Organization
1.2.2 Interpreting area graphs

Graph with stunting reduction target

WHA recommended an Average Annual Rate of Reduction (AARR) of 3.9% to meet the global target of a 40% reduction in the number of children in the world who are stunted by 2025. To identify the reduction achievement and the potential gap by 2025 under the current scenario, the European Commission Nutrition Advisory Service and the World Health Organization developed the Stunting Reduction Calculations Tool (SRCT), which estimates the projected number of stunted children in 2025 at the country level according to either the current or the desirable (i.e. 40% of the current number) trend in stunting reduction.

The calculations under the current scenario apply the current AARR to the latest available prevalence value which is transposed to the baseline year (i.e. 2012), while the desirable scenario starts from the estimation of the target number of stunted children in 2025, i.e. 40% less than the estimated number of stunted children at baseline. Therefore, calculations are based on this target in 2025, in number of children; and the corresponding prevalence is calculated by using demographic projections. Then the slope between the prevalence at the end line and the prevalence at the starting year (of any plan/program to reduce stunting), and the number of years between these two time points, are used to calculate the desirable (Target) AARR needed to reach the target prevalence.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Annual Rate of Reduction (AARR)</td>
<td>AARR is used for the analysis for monitoring and evaluation of the global trend in stunting prevalence among children under five, to quantify the rate of change of the prevalence from baseline to the current year. If the prevalence is known and the annual rate of reduction is constant, then the prevalence of the next year can be calculated.</td>
<td>The global prevalence of stunting in children under the age of 5 has declined 36% over the past two decades – from an estimated 40% in 1990 to 26% in 2011. This is an average annual rate of reduction of 2.1% per year. An Average Annual Rate of Reduction (AARR) is 3.9% to meet the global target of a 40% reduction in the number of children in the world who are stunted by 2025.</td>
</tr>
</tbody>
</table>

61 UNICEF, Technical Note: How to calculate Average Annual Rate of Reduction (AARR) of Underweight Prevalence

Trends and targets for stunting, wasting and exclusive breastfeeding

During the Nutrition for Growth event on June 8, 2013, in London, 15 Governments committed to increase their domestic resources for scaling up nutrition, and 12 Nutrition for Growth® countries’ governments announced national stunting-reduction targets. These national targets are noted in individual country profiles accordingly.

Each graph indicates the stunting, wasting and exclusive breastfeeding prevalence for each available data point since 2000 based on household surveys. When available, the prevalence for the lowest income quintile and the prevalence for the highest income quintile are indicated. The dotted line explains the linear regression.

The Average Annual Reduction Rate is calculated only for stunting.
Distribution of stunting across wealth quintiles

The table of the distribution of stunting are showing the inequity of nutritional status across all wealth quintiles – lowest, second, middle, fourth and highest. The table uses the latest data point available from the national household survey.

The national stunting prevalence average is indicated as well as the national target for stunting prevalence to show the difference in the stunting prevalence of each wealth quintiles.

The distribution of stunting across wealth quintiles is mostly available from DHS and MICS survey reports produced in the last few years.

1.2.3 Data Sources

The primary sources of nutrition indicators are the published national household surveys such as the Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS). In the absence of recently released DHS or MICS reports, national-level Standardized Monitoring and Assessment of Relief and Transition (SMART) surveys are utilized.

Additional data sources include: the World Bank database, the UN population estimates database, UNICEF Database of Vitamin A deficiency, and other data sources which are listed in the bibliography.

CONTACT DETAILS:

For query on figures and data sources, please contact Mr. Shaoyu Lin:
Shaoyu.lin@undp.org

A special thanks to our colleagues from the Department of Policy and Planning, Statistics and Monitoring Section, United Nations Children’s Fund, whose inputs were critical and essential in finalizing this document.

63 SMART surveys have been used as source of data for Senegal, Mauritania, and Sierra Leone.
1.2.4 Bibliography


This chapter provides an overview of the achievements in 37 SUN countries over the last year, mapped out through a series of progress markers that were scored by in-country members of national multi-stakeholder platforms (MSPs). It summarizes the information from the reports shared by countries that joined the SUN Movement prior to September 2013\(^6\). Countries that joined over the last year have compiled a baseline report that is presented in the country profiles in Chapter Three of this Compendium.

The 37 countries that did the self-assessment exercise between April and June 2014 include 17 countries that joined the Movement prior to September 2011 (with three countries joining at the end of 2010), 10 countries that joined between September 2011 and September 2012 and a further 10 countries that joined between September 2012 and September 2013.

The self-assessment of annual progress was completed in line with the four processes associated with the Strategic Objectives defined in the 2012-2015 SUN Movement Strategy:

1. Bringing people into a shared space for action
2. Ensuring a coherent policy and legal framework
3. Aligning actions around a Common Results Framework
4. Financial tracking and resource mobilisation

\(^6\) Ethiopia, Sri Lanka and Zambia were not able to organize self-assessment workshops. Their scoring was done by the SUN Movement Secretariat and validated by the SUN Government Focal Points.
37 SUN Countries completed self-assessments in 2014. The analyses of the remaining 13 were compiled through interactions with the SUN Movement Secretariat. The four newest SUN Countries—Cambodia, Lesotho, the Philippines and Somalia— are not covered in detail. See Chapter One for a complete overview of the methodology.
Progress across 50 SUN Countries

- Process 1: Ensuring a coherent policy and legal framework
- Process 2: Bringing people together into a shared space for action
- Process 3: Aligning actions around a Common Results Framework
- Process 4: Financial Tracking and resource mobilization
The Four SUN Processes and Their Related Progress Markers

The Four SUN Processes related to the four strategic objectives set out in the 2012-2015 SUN Movement Strategy:

1. **Bringing people together into a shared space for action**
   - PM1: Select/develop coordinating mechanisms at country level
   - PM2: Case study of pooling and scaling up and engage with other actors to make influence
   - PM3: Engage within/coordinate to MSP
   - PM4: Track and report on own contribution to MSP

2. **Ensuring a coherent policy and legal framework**
   - PM5: Engage in the MSP
   - PM6: Analyse existing nutrition-relevant policies and programmes
   - PM2: Mainstream nutrition in own policies and strategies
   - PM3: Coordinate/harmonise member inputs in policy/legal framework development

3. **Aligning actions around a common results framework**
   - PM4: Scale up and align resources (incl. filling the gaps)
   - PM5: Ensure predictability/sustain impact/multi-year funding

4. **Sustain Impact of the MSP**
   - PM4: Honour commitments (turn pledges into disbursements)
   - PM5: Ensure predictability/sustain impact/multi-year funding

5. **Track and report on own contribution to MSP**
   - PM3: Coordinate/harmonise member inputs in policy/legal framework development
   - PM4: Translate policy/legal framework into Common Results Framework (CRF) for SUN
   - PM5: Assess financial feasibility

6. **Disseminate policy and enforce legal framework**
   - PM2: Organise implementation of CRF
   - PM5: Manage implementation of CRF
   - PM1: Analyse existing nutrition-relevant policies and programmes
   - PM2: Mainstream nutrition in own policies and strategies
   - PM3: Coordinate/harmonise member inputs in policy/legal framework development

7. **Influence policy/legal framework development through advocacy/contribution**
   - PM1: Analyse existing nutrition-relevant policies and programmes
   - PM2: Mainstream nutrition in own policies and strategies
   - PM3: Coordinate/harmonise member inputs in policy/legal framework development

8. **Ensure predictability/sustain impact/multi-year funding**
   - PM4: Honour commitments (turn pledges into disbursements)
   - PM5: Ensure predictability/sustain impact/multi-year funding
   - PM3: Coordinate/harmonise member inputs in policy/legal framework development

9. **Track and report results for steering and learning/sustain policy impact**
   - PM3: Coordinate/harmonise member inputs in policy/legal framework development
   - PM5: Assess financial feasibility
   - PM2: Organise implementation of CRF
   - PM5: Manage implementation of CRF

10. **Align own programmes to national nutrition-relevant policies**
    - PM4: Translate policy/legal framework into Common Results Framework (CRF) for SUN
    - PM5: Assess financial feasibility
    - PM2: Organise implementation of CRF
Involved participants were asked to collectively agree a joint score on the extent to which each progress marker is manifested in the multi-stakeholder platform. For the scoring they used a five-point scale (i.e. outcome being absent/not applicable (score = 0), started (1), on-going (2), nearly completed (3) or completed (4)).

Figure X1 and/or Figure X2 indicate/s that all countries are reporting to be significantly more advanced in developing coordinating mechanisms (Process 1), analyzing and establishing coherent policy and legislation frameworks (Process 2) and mobilizing resources by turning pledges into financial disbursement (Process 4). On the other hand, findings from the self-assessment exercise indicate significant gaps in the implementation of actions around common results (Process 3) and in the alignment and tracking of investments for nutrition (Process 4).

In terms of specific constraints, it appears that most countries scored themselves as just beginning tasks that are closely linked with tracking and reporting within the multi-stakeholder platforms (Process 1); organizing, managing, monitoring and evaluating implementation of actions (Process 3) and costing and tracking investments for nutrition (Process 4). The distribution of the most frequently occurring progress markers scores show that, for many countries, on-going tremendous efforts on increased coordination of multiple stakeholders, development of policies and legislations and mobilization of resources for nutrition have yet to be fully translated into properly managed and monitored actions and in investments that are scaled up, aligned and adequately accounted for.

**Figure X1: Most frequently occurring score (mode) for the progress marker in 2014 (37 countries)**

![Figure X1: Most frequently occurring score (mode) for the progress marker in 2014 (37 countries)](image-url)
KEY MESSAGES:

1. There is forward momentum across all countries in the SUN Movement as shown by the political commitment and willingness of different sectors and actors to come together.

2. Political commitment is high but also fragile as shown by the visible gaps between the policies being articulated and actions underway.

3. There are huge potentials for learning across countries as indicated by the number of countries that have given themselves the highest scores in specific progress markers, especially those related to bringing people together (process 1) and to developing a coherent policy and legislation framework (process 2).

4. In the past few years, high political commitments and coordinated efforts among different actors have yielded returns in terms of financial commitments and disbursements as reported by many countries.

5. The consequences from inaction are damaging. Political and financial commitments by countries will not be fulfilled if policies do not translate into implemented actions that are regularly monitored and accounted for in terms of disbursements (budget allocation), results and impact. This requires the most urgent concerted response from global nutrition actors.

WAY-FORWARD:

1. Social mobilization, advocacy and communications within the SUN Movement should be intensified to ensure that the political momentum is sustained.

2. The SUN website and the facilitated country calls organized every two months should be used to support documentation, dissemination and learning on best practices (e.g. see SUN in Practice). Countries that have scored themselves the highest in selected progress markers (see Table x1 and Table x2) should help other countries in the SUN Movement by sharing available supporting documents (e.g. institutional arrangements TORs, policies, strategies, action plans, cost estimations, M&E frameworks, survey questionnaires and guidelines; survey reports, monitoring reports/bulletins, impact evaluation studies TORs, impact evaluation reports).

3. The SUN Learning Routes can ensure experience-based learning across countries. Member countries that have joined recently should learn from those that are in the Movement since 2011 and 2012.

4. The SUN Monitoring Framework should be employed to help in-country stakeholders to measure up to their commitments. The regular tracking against prioritized progress markers will enable actors in the multi-stakeholder platform to report on their own contributions.

5. The SUN Communities of Practice should ensure that networks of technical providers such as MOSUN, FANTA, SPRING, World Bank and joint UN expert missions coordinate their efforts to support in-country stakeholders to establish and manage:
   a. Implementation plans with interventions budgeted against feasible targets and based on reasonable estimates of unit costs.
   b. Implementation monitoring systems that allow for a transparent and replicable collection and analysis of performance data using available sources across sectors and actors.
   c. Basic financial tracking systems that allow for a transparent and replicable collection and analysis of financial data using available sources (e.g. donors using aid-data and governments using national budgets).
   d. Impact evaluation systems.
### Countries that report ‘completion’ of the behaviours associated with SUN Movement Progress Markers

<table>
<thead>
<tr>
<th>PM #</th>
<th>Progress marker description</th>
<th>Countries that allocated scores of ‘4’</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Select/develop coordinating mechanisms</td>
<td>Burundi, Yemen, Senegal, Mozambique, Rwanda and Madagascar</td>
</tr>
<tr>
<td>1.2</td>
<td>Coordinate internally and broaden membership</td>
<td>Chad</td>
</tr>
<tr>
<td>1.3</td>
<td>Engage within multi-stakeholder platform (MSP)</td>
<td>The Gambia, Rwanda</td>
</tr>
<tr>
<td>1.4</td>
<td>Track, report and critically reflect on own contributions and accomplishments</td>
<td>Senegal</td>
</tr>
<tr>
<td>1.5</td>
<td>Sustain the impact of the MSP</td>
<td>Chad and Mauritania</td>
</tr>
<tr>
<td>2.1</td>
<td>Analyze existing nutrition-relevant policies and programmes</td>
<td>Cameroon, Chad, Kenya, Congo DRC, Malawi, Mali, Peru, Sierra Leone, Zimbabwe, Rwanda</td>
</tr>
<tr>
<td>2.2</td>
<td>Mainstream nutrition in own policies and strategies</td>
<td>Guatemala, Mauritania, Peru, Rwanda, Senegal, Sierra Leone</td>
</tr>
<tr>
<td>2.3</td>
<td>Coordinate / harmonize member inputs in new policy and legal framework</td>
<td>Senegal, Sierra Leone, Chad</td>
</tr>
<tr>
<td>2.4</td>
<td>Support new policy and legal framework development</td>
<td>Zimbabwe</td>
</tr>
<tr>
<td>2.5</td>
<td>Disseminate policy and operationalize / enforce the legal framework</td>
<td>-</td>
</tr>
<tr>
<td>2.6</td>
<td>Sustain the impact of the policy and legal framework</td>
<td>Peru</td>
</tr>
<tr>
<td>3.1</td>
<td>Align own programmes to national nutrition-relevant policies</td>
<td>Bangladesh, Malawi, Guatemala, Niger, Senegal, Benin and Rwanda</td>
</tr>
<tr>
<td>3.2</td>
<td>Translate policy and legal framework in CRF to maximize nutrition impact</td>
<td>Guatemala, Rwanda</td>
</tr>
<tr>
<td>3.4</td>
<td>Organize implementation of CRF</td>
<td>-</td>
</tr>
<tr>
<td>3.5</td>
<td>Manage and monitor implementation of CRF</td>
<td>-</td>
</tr>
<tr>
<td>3.6</td>
<td>Evaluate to sustain impact</td>
<td>-</td>
</tr>
<tr>
<td>4.1</td>
<td>Assess financial feasibility</td>
<td>-</td>
</tr>
<tr>
<td>4.2</td>
<td>Track and transparently account for spending</td>
<td>El Salvador</td>
</tr>
<tr>
<td>4.3</td>
<td>Scale up and align resources (including addressing shortfalls)</td>
<td>-</td>
</tr>
<tr>
<td>4.4</td>
<td>Honour commitments by turning pledges into disbursements</td>
<td>Peru, Senegal</td>
</tr>
<tr>
<td>4.5</td>
<td>Ensure predictability / multi-year funding to sustain impact</td>
<td>-</td>
</tr>
</tbody>
</table>
### countries that report ‘near completion’ of the behaviours associated with SUN Movement Progress Markers

<table>
<thead>
<tr>
<th>PM #</th>
<th>Progress marker description</th>
<th>Countries that allocated scores of ‘3’</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Select / develop coordinating mechanisms</td>
<td>Most countries</td>
</tr>
<tr>
<td>1.2</td>
<td>Coordinate internally and broaden membership</td>
<td>Kenya, Congo DRC, Madagascar, Niger, Ghana, Rwanda, Tanzania, Malawi,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sierra Leone, Uganda, Peru, Ivory Coast, The Gambia</td>
</tr>
<tr>
<td>1.3</td>
<td>Engage within multi-stakeholder platform (MSP)</td>
<td>Yemen, Chad, Niger, Burkina Faso, Ghana, Mali, Mozambique, Malawi,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Peru, Sierra Leone, Ivory Coast, The Gambia</td>
</tr>
<tr>
<td>1.4</td>
<td>Track, report and critically reflect on own contribution s and accomplishments</td>
<td>Chad, Madagascar, Rwanda, Malawi, Sierra Leone, Ivory Coast, The Gambia</td>
</tr>
<tr>
<td>1.5</td>
<td>Sustain the impact of the MSP</td>
<td>Yemen, Ivory Coast, Bangladesh, Malawi, Sierra Leone, The Gambia</td>
</tr>
<tr>
<td>2.1</td>
<td>Analyze existing nutrition-relevant policies and programmes</td>
<td>Most countries</td>
</tr>
<tr>
<td>2.2</td>
<td>Mainstream nutrition in own policies and strategies</td>
<td>Most countries</td>
</tr>
<tr>
<td>2.3</td>
<td>Coordinate / harmonize member inputs in new policy and legal framework development</td>
<td>Bangladesh, Burkina Faso, Ghana, Guatemala, Malawi, Mauritania, Niger,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tanzania, Madagascar, Rwanda, El Salvador, Yemen</td>
</tr>
<tr>
<td>2.4</td>
<td>Support new policy and legal framework development</td>
<td>Chad, Kenya, Ivory Cost, Bangladesh, Ghana, Guatemala, Malawi, Peru,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rwanda, Tanzania</td>
</tr>
<tr>
<td>2.5</td>
<td>Disseminate policy and operationalize / enforce the legal framework</td>
<td>Haiti, Malawi, Peru, Rwanda, Senegal, Sierra Leone</td>
</tr>
<tr>
<td>2.6</td>
<td>Sustain the impact of the policy and legal framework</td>
<td>Chad, Ivory Coast, Bangladesh, Malawi, The Gambia</td>
</tr>
<tr>
<td>3.1</td>
<td>Align own programmes to national nutrition-relevant policies</td>
<td>Congo DRC, Ivory Coast, Kenya, Yemen, Burkina Faso, Haiti, Indonesia,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Madagascar, Mauritania, Namibia, Senegal, Sierra Leone</td>
</tr>
<tr>
<td>3.2</td>
<td>Translate policy and legal framework in CRF to maximize nutrition impact</td>
<td>Chad, Bangladesh, Benin, Ghana, Malawi, Mauritania, Mozambique, Namibia,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Senegal, Sierra Leone</td>
</tr>
<tr>
<td>3.4</td>
<td>Organize implementation of CRF</td>
<td>Kenya, Bangladesh, Benin, Malawi, Rwanda, Senegal, Sierra Leone</td>
</tr>
<tr>
<td>3.5</td>
<td>Manage and monitor implementation of CRF</td>
<td>Bangladesh, Benin, Malawi, Guatemala</td>
</tr>
<tr>
<td>3.6</td>
<td>Evaluate to sustain impact</td>
<td>Uganda</td>
</tr>
<tr>
<td>4.1</td>
<td>Assess financial feasibility</td>
<td>Guatemala, Malawi, Madagascar, Niger, Peru, Rwanda</td>
</tr>
<tr>
<td>4.2</td>
<td>Track and transparently account for spending</td>
<td>Bangladesh, Malawi, Peru, Nepal</td>
</tr>
<tr>
<td>4.3</td>
<td>Scale up and align resources (including addressing shortfalls)</td>
<td>Bangladesh, Malawi, Peru, Nepal</td>
</tr>
<tr>
<td>4.4</td>
<td>Honour commitments by turning pledges into disbursements</td>
<td>Chad, Bangladesh, Burkina Faso, Malawi, Nepal, The Gambia</td>
</tr>
<tr>
<td>4.5</td>
<td>Ensure predictability / multi-year funding to sustain impact</td>
<td>Ivory Cost, Uganda, Peru</td>
</tr>
</tbody>
</table>
Chapter Three: SUN Country Profiles

Countries that joined the Movement in 2010 and 2011

Countries that joined the Movement in 2012

Countries that joined the Movement in 2013

New Countries in the SUN Movement (2014 Baseline)
Countries that joined the Movement in 2010 and 2011

Bangladesh
Ethiopia
Peru
Guatemala
Zambia
Niger
Malawi
Uganda
Mali
Ghana
Lao, PDR
Nepal
Mauritania
Tanzania
Senegal
Zimbabwe
Burkina Faso
Gambia
Mozambique
Benin
Namibia
Nigeria
Kyrgyzstan
Indonesia
Rwanda
Bangladesh

Joined: September 2010
Demographic data
National Population (million, 2010) 151.1
Children under 5 (million, 2010) 15.3
Adolescent Girls (15-19) (million, 2010) 7.80
Average Number of Births (million, 2010) 3.20
Population growth rate (2010) 1.09%

WHA nutrition target indicators (DHS 2011)
Low birth weight 21.6%
0-5 months Exclusive Breastfeeding 64.1%
Under five stunting 41.4%
Under five wasting 15.7%
Under five overweight 1.9%

Coverage of Nutrition-relevant Factors
Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet 20.9%
6-23 months with Minimum Diet Diversity 25.2%

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea 49.1%
Pregnant Women Attending 4 or more Antenatal Care Visits 25.5%
Vitamin A supplementation (6-59 months) 99.0%
Households Consuming Adequately Iodized Salt 57.6%

Women’s Empowerment
Female literacy 62.9%
Female employment rate 54.2%
Median age at first marriage 15.8
Access to skilled birth attendant 32.0%
Women who have first birth before age 18 30.2%
Fertility rate 2.4

Other Nutrition-relevant indicators
Rate of urbanization 27.44%
Income share held by lowest 20% 8.88%
Calories per capita per day (kcal/capita/day) 2,402.9
Energy from non-staples in supply 16.99%
Iron availability from animal products (mg/capita/day) 0.9
Access to Improved Sanitation Facilities 36.6%
Open defecation 4.2%
Access to Improved Drinking Water Sources 98.5%
Access to Piped Water on Premises 5.6%
Surface Water as Drinking Water Source 1.2%
GDP per capita (current USD, 2013) 829.00
Exports-Agr Products per capita (current USD, 2012) 0.03
Imports-Agr Products per capita (current USD, 2012) 0.19
Bringing people together into a shared space for action

Established in December 2011, the Steering Committee for Nutrition Implementation chaired by the Secretary of the Ministry of Health and Family Welfare (MoHFW) regularly convenes meetings with 28 representatives from 13 Ministries and 10 Departments, donors, UN, academia as well as the Nutrition Working Group (NWG).

A multi-sectoral Steering Committee convened by the Ministry of Food (MoF) also gathers 13 Ministries to monitor the implementation of the National Food Policy Plan of Action (2008-2015) and the Country Investment Plan - CIP (2011 -2015). Civil Societies, NGOs and private sectors are also actively engaged with the Government through different platforms like NWG and Civil Society Networks.

Nutrition has been declared as the central component of the national development agenda by the Honorable Prime Minister. To ensure the dynamism of the multi-sectoral approach of nutrition related services, Bangladesh National Nutrition Council (BNNC) is going to be revitalized and chaired by the Honorable Prime Minister. In 2014, UN agencies in the REACH partnership (IFAD, FAO, UNICEF, WFP, WHO) produced a ‘Common Narrative on Under-nutrition’ to strengthen their coherence on nutrition as a developmental priority and to set out how they will support the government and citizens in scaling up nutrition through multi-sectoral approaches. Later on, this document was endorsed by 5 other development partners (Canada, UK, EU, USAID, WB) and others. A pilot of catalyzing a multi-sectoral platform for scaling up nutrition is lead at sub-national level, focusing on one District.

Ensuring a coherent policy and legal framework

Bangladesh has revisited National Food and Nutrition Policy (1997) and drafted National Nutrition Policy 2012 (NNP) focused on nutrition-sensitive and nutrition-specific interventions.

Through its web-site, MOHFW shared NNP with people of Bangladesh and key nutrition actors to integrate their feedback by mid-2014. It is now in process to be placed in cabinet for final endorsement by the Government.

The National Food Policy Plan of Action on which the Ministry of Food was working since 2006 was developed through a multisectoral approach and finalised. It outlines nutrition-specific and nutrition-sensitive interventions in the food, agriculture and health sectors.

Bangladesh national legislation includes laws on Food Safety, BMS Act 2013, food fortification and maternal leave up to 6 months, all widely disseminated. A National Nutrition Services Operational Plan was adopted and incorporated within the comprehensive Health Population and Nutrition Sector Development Program 2011-2016 of the Ministry of Health. The 1,000 Days of Life framework is now widely incorporated into the Health, population and nutrition sector-wide programs of Bangladesh.

Financial Tracking and resource mobilization

Bangladesh is mobilizing domestic and international finances to support national efforts to improve nutrition. Funds from government and development partners have been allocated through the Government’s Annual Development Programme, formulated by Ministry of Planning with all the line ministries and departments. Funds have also been channelled from development partners to non-governmental organizations.

Both the Ministry of Health and Food have robust mechanisms for tracking expenditures, in particular for the Flagship Nutrition Program- National Nutrition Services (NNS) of MoHFW and the Country Investment Plan (CIP) for agriculture, food security and nutrition.

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Both the Ministry of Health and Food have robust mechanisms for tracking expenditures, in particular for the Flagship Nutrition Program- National Nutrition Services (NNS) of MoHFW and the Country Investment Plan (CIP) for agriculture, food security and nutrition.
Progress Across Four SUN Processes
Bangladesh

2012¹ and 2014² Scoring of Progress Markers

- Bringing people together into a shared space for action
- Ensuring a coherent policy and legal framework
- Aligning actions around a Common Results Framework
- Financial Tracking and resource mobilization

2014 Dashboard for Progress Markers

Stage of Preparedness

- 66% PM1
- 66% PM2
- 73% PM3
- 56% PM4
- 73% PM5
- 65% PM6

¹Externally assessed by the SUN Movement Secretariat
²Internally assessed by in-country self-assessment exercise
Demographic data

- National Population (million, 2010): 87.1
- Children under 5 (million, 2010): 13.8
- Average Number of Births (million, 2010): 3.00
- Population growth rate (2010): 2.68%

WHA nutrition target indicators (DHS 2011)

- Low birth weight: 10.8%
- 0-5 months Exclusive Breastfeeding: 52.0%
- Under five stunting: 44.2%
- Under five wasting: 10.1%
- Under five overweight: 1.8%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice

- 6-23 months with Minimum Acceptable Diet: 4.1%
- 6-23 months with Minimum Diet Diversity: 4.8%

Programs for vitamin and mineral deficiencies

- Zinc Supplementation for Diarrhea: N/A
- Pregnant Women Attending 4 or more Antenatal Care Visits: 19.1%
- Vitamin A supplementation (6-59 months): 31.0%
- Households Consuming Adequately Iodized Salt: 15.5%

Women’s Empowerment

- Female literacy: 38.4%
- Female employment rate: 71.5%
- Median age at first marriage: 17.1
- Access to skilled birth attendant: 10.0%
- Women who have first birth before age 18: 12.4%
- Fertility rate: 5.3

Other Nutrition-relevant indicators

- Rate of urbanization: 15.96%
- Income share held by lowest 20%: 7.96%
- Calories per capita per day (kcal/capita/day): 1,951.8
- Energy from non-staples in supply: 15.79%
- Iron availability from animal products (mg/capita/day): 0.8
- Access to Improved Sanitation Facilities: 8.8
- Open defecation: 38.2%
- Access to Improved Drinking Water Sources: 50.8%
- Access to Piped Water on Premises: 0.9%
- Surface Water as Drinking Water Source: 17.3%
- GDP per capita (current USD, 2013): 498.00
- Exports-Agr Products per capita (current USD, 2012): 0.97
- Imports-Agr Products per capita (current USD, 2012): 0.18

Stunting Reduction Trend and Target

- Current AARR: 2.3%

Distribution of stunting across wealth quintiles

- Lowest income quantile Prevalence
- Highest income quantile Prevalence
- Government Reduction target

Trend of Exclusive Breastfeeding Rate

- Targeted Stunting Reduction (million U5 stunted children)
- Target prevalence: 23.48%
- Beginning prevalence: 44.2%
- Target AARR = 4.7%
- Effort needed
Implementing the National Nutrition Plan requires budgeting and mapping of contributions from partners and by sectors as well as tracking expenditure. The country has advanced in the development of a sustainable financial tracking system which allows an estimation of the contribution of main donors to key interventions of the plan and to mobilise new partners. Financial information is available for other sectoral programs but it is not accounted for against the NNP. The challenge is to improve harmonization of financial information to ensure tracking of financial expenditures across sectors. The Government has committed to allocate additional domestic financing of USD 15 million per year to nutrition until 2020.

Ethiopia has a National Nutrition Strategy (2008). Its National Nutrition Program has recently been revised and endorsed by multiple stakeholder. A number of specific policies relating to promotion of good nutritional practices; micronutrient supplementation; nutrition support for people living with HIV/AIDS; and treatment of severe and moderate acute malnutrition are in place. The International Code of Marketing of Breast-milk Substitutes is in the final stage of adoption into Law. The maternity protection law foresees 90 days of maternity leave. Legislation on flour and oil fortification is in progress. An advocacy plan for scaling up nutrition is in place. Social Mobilisation and Advocacy & Communication Strategies exist and are aligned with national nutrition plans.
Progress Across Four SUN Processes
Ethiopia

2012¹ and 2014² Scoring of Progress Markers

2014 Dashboard for Progress Markers

Stage of Preparedness

1 Externally assessed by the SUN Movement Secretariat
2 Externally assessed by the SUN Movement Secretariat
**Demographic data**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Population (million, 2010)</td>
<td>29.3</td>
</tr>
<tr>
<td>Children under 5 (million, 2010)</td>
<td>2.9</td>
</tr>
<tr>
<td>Adolescent Girls (15-19) (million, 2010)</td>
<td>1.40</td>
</tr>
<tr>
<td>Average Number of Births (million, 2010)</td>
<td>0.60</td>
</tr>
<tr>
<td>Population growth rate (2010)</td>
<td>1.08%</td>
</tr>
</tbody>
</table>

**WHA nutrition target indicators (DHS 2012)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birth weight</td>
<td>6.9%</td>
</tr>
<tr>
<td>0-5 months Exclusive Breastfeeding</td>
<td>67.6%</td>
</tr>
<tr>
<td>Under five stunting</td>
<td>18.4%</td>
</tr>
<tr>
<td>Under five wasting</td>
<td>0.6%</td>
</tr>
<tr>
<td>Under five overweight</td>
<td>7.2%</td>
</tr>
</tbody>
</table>

**Coverage of Nutrition-relevant Factors**

**Infant and young child feeding practice**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-23 months with Minimum Acceptable Diet</td>
<td>-</td>
</tr>
<tr>
<td>6-23 months with Minimum Diet Diversity</td>
<td>-</td>
</tr>
</tbody>
</table>

**Programs for vitamin and mineral deficiencies**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zinc Supplementation for Diarrhea</td>
<td>-</td>
</tr>
<tr>
<td>Pregnant Women Attending 4 or more Antenatal Care Visits</td>
<td>94.4%</td>
</tr>
<tr>
<td>Vitamin A supplementation (6-59 months)</td>
<td>-</td>
</tr>
<tr>
<td>Households Consuming Adequately Iodized Salt</td>
<td>90.5%</td>
</tr>
</tbody>
</table>

**Women’s Empowerment**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female literacy</td>
<td>94.6%</td>
</tr>
<tr>
<td>Female employment rate</td>
<td>63.6%</td>
</tr>
<tr>
<td>Median age at first marriage</td>
<td>21.6</td>
</tr>
<tr>
<td>Access to skilled birth attendant</td>
<td>86.7%</td>
</tr>
<tr>
<td>Women who have first birth before age 18</td>
<td>13.2%</td>
</tr>
<tr>
<td>Fertility rate</td>
<td>2.6</td>
</tr>
</tbody>
</table>

**Other Nutrition-relevant indicators**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of urbanization</td>
<td>76.42%</td>
</tr>
<tr>
<td>Income share held by lowest 20%</td>
<td>3.91%</td>
</tr>
<tr>
<td>Calories per capita per day (kcal/capita/day)</td>
<td>2,409.3</td>
</tr>
<tr>
<td>Energy from non-staples in supply</td>
<td>38.77%</td>
</tr>
<tr>
<td>Iron availability from animal products (mg/capita/day)</td>
<td>3.3</td>
</tr>
<tr>
<td>Access to Improved Sanitation Facilities</td>
<td>-</td>
</tr>
<tr>
<td>Open defecation</td>
<td>11.4%</td>
</tr>
<tr>
<td>Access to Improved Drinking Water Sources</td>
<td>-</td>
</tr>
<tr>
<td>Access to Piped Water on Premises</td>
<td>-</td>
</tr>
<tr>
<td>Surface Water as Drinking Water Source</td>
<td>-</td>
</tr>
<tr>
<td>GDP per capita (current USD, 2013)</td>
<td>6,660.00</td>
</tr>
<tr>
<td>Exports-Agr Products per capita (current USD, 2012)</td>
<td>0.57</td>
</tr>
<tr>
<td>Imports-Agr Products per capita (current USD, 2012)</td>
<td>0.39</td>
</tr>
</tbody>
</table>

**Stunting Reduction Trend and Target**

- Current AARR: 4.3%
- Target AARR: 3.7%
- Target prevalence: 11.11%

**Distribution of stunting across wealth quintiles**

- Lowest income quantile Prevalence: 0.54
- Highest income quantile Prevalence: 0.32
- Government Reduction target: 0.03

**Trend of Exclusive Breastfeeding Rate**

- Beginning prevalence: 18.4%
- Minimum target suggested by WHA: 3.7%

**Targeted Stunting Reduction (million U5 stunted children)**

- Targeted Stunting Reduction: 0.54
There is a long-term budgetary commitment to maintain and increase financial resources allocated to reducing and preventing chronic child undernutrition. Central government budgets are predictable. The budget allocated to specific actions needs to be quantified according to the public objective and coverage. At a decentralized level, budgets are drawn up based on results which boost the efficiency of implementation. Monitoring is carried out on the quality of spending on social programmes, including nutrition-related programmes and interventions.

The “Inclusion for Growth” Strategy is centred on equality and social inclusion. The Coordinated Nutrition Programme (PAN) uses a results-linked budget assignment system to align programmes from the various ministries to an agreed set of results, and includes programmes relating specifically to nutrition. The budget programmes and integral health insurance, alongside social programmes currently under the direct administration of MIDIS, and the programmes for water and sanitation and food security are the government’s main programmatic tools to combat child undernutrition.

The central government coordinates its actions with 25 regional governments to define specific development objectives. Decentralized processes are already under way. Capacity building for technical teams within the regional governments has been identified as a priority. The scope and quality of implementation will increase in tandem with the improvement of the capacity to provide services to remote areas of the country improves. A deceleration has been detected in the reduction of chronic child undernutrition in the country; studies must be carried out to analyse the causes thereof. The IDI monitors the implementation of nutrition policies. The existing national system to monitor and assess programmes could be strengthened at a regional level.
Progress Across Four SUN Processes
Peru

2012¹ and 2014² Scoring of Progress Markers

- Bringing people together into a shared space for action
  - 2012: 51%
  - 2014: 87%
- Ensuring a coherent policy and legal framework
  - 2012: 78%
  - 2014: 38%
- Aligning actions around a Common Results Framework
  - 2012: 14%
  - 2014: 28%
- Financial Tracking and resource mobilization
  - 2012: 47%
  - 2014: 81%

2014 Dashboard for Progress Markers

Stage of Preparedness

- 82%
- 33%
- 40%
- 87%

¹Externally assessed by the SUN Movement Secretariat
²Internally assessed by in-country self-assessment exercise
Guatemala

Joined: December 2010
## Demographic data

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Population (million, 2010)</td>
<td>14.3</td>
</tr>
<tr>
<td>Children under 5 (million, 2010)</td>
<td>2.2</td>
</tr>
<tr>
<td>Adolescent Girls (15-19) (million, 2010)</td>
<td>0.80</td>
</tr>
<tr>
<td>Average Number of Births (million, 2010)</td>
<td>0.40</td>
</tr>
<tr>
<td>Population growth rate (2010)</td>
<td>2.46%</td>
</tr>
</tbody>
</table>

## WHA nutrition target indicators (ENSMI 2008-2009)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birth weight</td>
<td>11.4%</td>
</tr>
<tr>
<td>0-5 months Exclusive Breastfeeding</td>
<td>49.6%</td>
</tr>
<tr>
<td>Under five stunting</td>
<td>48.0%</td>
</tr>
<tr>
<td>Under five wasting</td>
<td>1.1%</td>
</tr>
<tr>
<td>Under five overweight</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

## Coverage of Nutrition-relevant Factors

### Infant and young child feeding practice

- 6-23 months with Minimum Acceptable Diet: -
- 6-23 months with Minimum Diet Diversity: -

### Programs for vitamin and mineral deficiencies

- Zinc Supplementation for Diarrhea: -
- Pregnant Women Attending 4 or more Antenatal Care Visits: -
- Vitamin A supplementation (6-59 months): 14.0%
- Households Consuming Adequately Iodized Salt: 76.0%

## Women’s Empowerment

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female literacy</td>
<td>70.3%</td>
</tr>
<tr>
<td>Female employment rate</td>
<td>47.3%</td>
</tr>
<tr>
<td>Median age at first marriage</td>
<td>-</td>
</tr>
<tr>
<td>Access to skilled birth attendant</td>
<td>52.0%</td>
</tr>
<tr>
<td>Women who have first birth before age 18</td>
<td>-</td>
</tr>
<tr>
<td>Fertility rate</td>
<td>4.2</td>
</tr>
</tbody>
</table>

## Other Nutrition-relevant indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of urbanization</td>
<td>49.49%</td>
</tr>
<tr>
<td>Income share held by lowest 20%</td>
<td>3.08%</td>
</tr>
<tr>
<td>Calories per capita per day (kcal/capita/day)</td>
<td>2,192.9</td>
</tr>
<tr>
<td>Energy from non-staples in supply</td>
<td>49.81%</td>
</tr>
<tr>
<td>Iron availability from animal products (mg/capita/day)</td>
<td>1.4</td>
</tr>
<tr>
<td>Access to Improved Sanitation Facilities</td>
<td>78%</td>
</tr>
<tr>
<td>Open defecation</td>
<td></td>
</tr>
<tr>
<td>Access to Improved Drinking Water Sources</td>
<td>82.0%</td>
</tr>
<tr>
<td>Access to Piped Water on Premises</td>
<td>-</td>
</tr>
<tr>
<td>Surface Water as Drinking Water Source</td>
<td>-</td>
</tr>
<tr>
<td>GDP per capita (current USD, 2013)</td>
<td>3,478.00</td>
</tr>
<tr>
<td>Exports-Agr Products per capita (current USD, 2012)</td>
<td>-</td>
</tr>
<tr>
<td>Imports-Agr Products per capita (current USD, 2012)</td>
<td>1.03</td>
</tr>
</tbody>
</table>

## Distribution of stunting across wealth quintiles

<table>
<thead>
<tr>
<th>Wealth Quintile</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>10%</td>
</tr>
<tr>
<td>Second</td>
<td>20%</td>
</tr>
<tr>
<td>Middle</td>
<td>30%</td>
</tr>
<tr>
<td>Fourth</td>
<td>40%</td>
</tr>
<tr>
<td>Highest</td>
<td>50%</td>
</tr>
</tbody>
</table>

## Targeted Stunting Reduction (million U5 stunted children)

<table>
<thead>
<tr>
<th>Year</th>
<th>Beginning prevalence (U5 stunted children)</th>
<th>Target AARR</th>
<th>Current AARR</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>1.07</td>
<td>0.48</td>
<td>0.48</td>
</tr>
<tr>
<td>2015</td>
<td>0.64</td>
<td>0.64</td>
<td>0.48</td>
</tr>
<tr>
<td>2020</td>
<td>0.48</td>
<td>0.48</td>
<td>0.48</td>
</tr>
<tr>
<td>2025</td>
<td>0.28</td>
<td>0.28</td>
<td>0.48</td>
</tr>
</tbody>
</table>

## Trend of Exclusive Breastfeeding Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Current Trend</th>
<th>Minimum target suggested by WHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>2015</td>
<td>20%</td>
<td>90%</td>
</tr>
<tr>
<td>2020</td>
<td>40%</td>
<td>70%</td>
</tr>
<tr>
<td>2025</td>
<td>60%</td>
<td>50%</td>
</tr>
</tbody>
</table>
Until 2011, there was no integrated, coordinated budget focusing on FSN and/or directed towards the actions of the Thousand-Day Window. In 2012, a process was initialised to develop and consolidate resources in support of FSN using the Integrated Accounting System (SICOIN) – the official system for public budget spending in Guatemala. The use of resources can now be consulted online in real time.

Pursuant to the Act on Free Access to Information of SICOIN, reports written as a result of the coordinated work between the Ministry of Finance and the Secretariat for Food Security and Nutrition are available on the official webpage www.minfin.gob.gt. At present, 14 institutions are subject to specific monitoring of their spending and physical targets (goods or services that the public institution provides for the population).

Guatemala has a Policy on Food Security and Nutrition (POLSAN) and a Law on the National System for Food Security and Nutrition (SINASAN) that defines the strategic institutional framework for organization and coordination by prioritizing, classifying into hierarchies, harmonizing, designing and executing actions related to FSN. There are also a Strategic Plan for Food Security and Nutrition (PESAN 2012-2016) and a National Strategy for Reducing Chronic Undernutrition (ENRDC).

In order to put into practice the Zero Hunger Pact, the Zero Hunger Pact Plan was designed, which is covered by the ENRDC and the Thousand-Day Window. The operative tool of the Zero Hunger Pact Plan is the Food Security and Nutrition Operational Plan (POASAN).

Guatemala has implemented a successful model of intersectoral governance for the promotion of nutrition. In 2012, the President of Guatemala secured the signing of the Zero Hunger Pact, in which different stakeholders and institutions made a commitment to reduce the prevalence of chronic child undernutrition by 10 per cent in four years, as well as to prevent and reduce mortality from acute undernutrition in children under five years of age. The Pact pools the efforts of public institutions, local authorities and various sectors: actors from the worlds of academia, politics and business, the media, voluntary services, NGOs, embassies, the United Nations, indigenous peoples, women, religious groups, farmers, syndicates and civil society.

The National Council for Food Security and Nutrition (CONASAN) is the body responsible for implementing the Pact, while the Secretariat for Food Security and Nutrition (SESAN) is in charge of coordinating the actions of the different stakeholders and institutions involved in the fight against undernutrition. The CONASAN is responsible for driving actions to promote food security and nutrition (FSN) in the country’s political, economic, cultural, operational and financial arenas. CONASAN has representatives from nine ministries and three secretariats of central government, as well as the business sector and civil society. Multi-stakeholder nutrition governance structures have been set up at both departmental and municipal levels.

The Zero Hunger Pact Plan (2012-2016) is a common results framework in Guatemala. It is the technical operational tool for executing the Zero Hunger Pact. It promotes alignment, harmonization, resource management and coordination with the private sector, civil society and national and international partners.

The Plan builds on the approach proposed in the ENRDC and the Thousand-Day Window strategy, including the four objectives laid down in the Zero Hunger Pact. Its coverage and scope are comprehensive and national. In order to tackle chronic hunger, the plan focuses on 166 high-priority municipalities in 2013 and on the rest of the country in 2014 and 2015.

On Friday, 25 July 2014, the results were published of the Second Monitoring Survey for the Zero Hunger Pact Plan implemented in the 166 high-priority municipalities designated by the Plan. Results showed that the prevalence of chronic undernutrition in children under five years of age had been reduced by 1.7 per cent and the prevalence of anaemia in children under five had been reduced by 4.5 per cent.

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Progress Across Four SUN Processes
Guatemala

2012¹ and 2014² Scoring of Progress Markers

<table>
<thead>
<tr>
<th>Stage of Preparedness</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bringing people together into a shared space for action</td>
<td>54%</td>
<td>47%</td>
</tr>
<tr>
<td>Ensuring a coherent policy and legal framework</td>
<td>14%</td>
<td>62%</td>
</tr>
<tr>
<td>Aligning actions around a Common Results Framework</td>
<td>28%</td>
<td>66%</td>
</tr>
<tr>
<td>Financial Tracking and resource mobilization</td>
<td>31%</td>
<td>54%</td>
</tr>
</tbody>
</table>

2014 Dashboard for Progress Markers

Progress Across Four SUN Processes
Guatemala

1Externally assessed by the SUN Movement Secretariat
2Internally assessed by in-country self-assessment exercise
Zambia

Joined: December 2010
Demographic data

National Population (million, 2010) 13.2
Children under 5 (million, 2010) 2.4
Adolescent Girls (15-19) (million, 2010) 0.70
Average Number of Births (million, 2010) 0.50
Population growth rate (2010) 2.84%

WHA nutrition target AZ8 (DHS 2007)

Low birth weight 4.4%
0-5 months Exclusive Breastfeeding 60.9%
Under five stunting 45.8%
Under five wasting 5.6%
Under five overweight 8.4%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet -
6-23 months with Minimum Diet Diversity -

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea -
Pregnant Women Attending 4 or more Antenatal Care Visits 60.3%
Vitamin A supplementation (6-59 months) -
Households Consuming Adequately Iodized Salt 77.4%

Women’s Empowerment

Female literacy 63.7%
Female employment rate 63.6%
Median age at first marriage 18.4
Access to skilled birth attendant 46.5%
Women who have first birth before age 18 27.9%
Fertility rate 5.9

Other Nutrition-relevant indicators

Rate of urbanization 38.35%
Income share held by lowest 20% 3.58%
Calories per capita per day (kcal/capita/day) -
Energy from non-staples in supply 23.34%
Iron availability from animal products (mg/capita/day) 1.2
Access to Improved Sanitation Facilities 23.9%
Open defecation 23.5%
Access to Improved Drinking Water Sources 41.9%
Access to Piped Water on Premises 16.0%
Surface Water as Drinking Water Source 20.1%
GDP per capita (current USD, 2013) 1,540.00
Exports-Agr Products per capita (current USD, 2012) 0.66
Imports-Agr Products per capita (current USD, 2012) 0.42

Distribution of stunting across wealth quintiles

Stunting Reduction Trend and Target

Targeted Stunting Reduction (million U5 stunted children)

Target AARR = 6.5% 0.71
Beginning prevalence: 45.8% 1.20
Current AARR: 2.9% 0.48
Target prevalence: 19.14%

Trend of Exclusive Breastfeeding Rate

Current Trend Minimum target suggested by WHA

Effort needed Target
An overall financial system to reconcile estimates of costs with national investments across sectors and external contributions towards the implementation of the NFNSP is not fully in place yet. Information on financial tracking is only available on domestic and external contributions for specific programs. However, the Government is currently working on the development of a mechanism to track nutrition funds either from pooled fund or direct support as well as government funding. The forthcoming SUN Fund will be able to track allocations for nutrition-specific and nutrition-sensitive interventions from all pooling donors.

The Zambian Government commits to increase financial contributions to nutrition by at least 20% annually for the next 10 years and to reach the estimated additional USD30 per U5 child required to scale up high impact nutrition interventions. Zambia has developed the Nutrition Trust Fund, a pooled fund which supports innovative approaches to scaling up nutrition and is already in implementation phase.

The National Food and Nutrition Policy (2006) include a series of nutrition-specific provisions such as the promotion of infant and young child feeding. Nutrition-sensitive policies and strategies are present in key sectors including agriculture and food security, poverty reduction, community development and public health.

Under the CAADP framework, Zambia is developing a National Agriculture Investment Plan in which Food Security and Nutrition is a key component.

Mandatory fortification of food such as sugar and salt are provided under the Food and Drugs Act. The maternity protection law includes a provision for 12 weeks of maternity leave, while other provisions for the implementation of the International Code of Marketing of Breast-Milk substitutes are endorsed by law.
Progress Across Four SUN Processes
Zambia

2012\(^1\) and 2014\(^2\) Scoring of Progress Markers

- **Bringing people together into a shared space for action**: 61% (2014) vs 43% (2012)
- **Ensuring a coherent policy and legal framework**: 64% (2014) vs 40% (2012)
- **Aligning actions around a Common Results Framework**: 56% (2014) vs 40% (2012)
- **Financial Tracking and resource mobilization**: 49% (2014) vs 38% (2012)

2014 Dashboard for Progress Markers

Stage of Preparedness

- **61%**: Bringing people together into a shared space for action
- **64%**: Ensuring a coherent policy and legal framework
- **56%**: Aligning actions around a Common Results Framework
- **49%**: Financial Tracking and resource mobilization

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1 Externally assessed by the SUN Movement Secretariat
2 Externally assessed by the SUN Movement Secretariat
Niger

Joined: February 2011
Demographic data
National Population (million, 2010) 15.9
Children under 5 (million, 2010) 3.3
Adolescent Girls (15-19) (million, 2010) 0.80
Average Number of Births (million, 2010) 0.70
Population growth rate (2010) 3.74%

WHA nutrition target indicators (DHS 2012)
Low birth weight 12.0%
0-5 months Exclusive Breastfeeding 23.3%
Under five stunting 43.0%
Under five wasting 18.7%
Under five overweight 3.0%

Coverage of Nutrition-relevant Factors
Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet 5.6%
6-23 months with Minimum Diet Diversity 9.8%

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea 10.3%
Pregnant Women Attending 4 or more Antenatal Care Visits 32.8%
Vitamin A supplementation (6-59 months) 98.0%
Households Consuming Adequately Iodized Salt 58.5%

Women’s Empowerment
Female literacy 14.0%
Female employment rate 29.2%
Median age at first marriage 15.8
Access to skilled birth attendant 18.0%
Women who have first birth before age 18 40.4%
Fertility rate 7.6

Other Nutrition-relevant indicators
Rate of urbanization 17.20%
Income share held by lowest 20% 8.09%
Calories per capita per day (kcal/capita/day) 2,306.4
Energy from non-staples in supply 22.91%
Iron availability from animal products (mg/capita/day) 2.2
Access to Improved Sanitation Facilities 9.3%
Open defecation 81.0%
Access to Improved Drinking Water Sources 66.5%
Access to Piped Water on Premises 2.9%
Surface Water as Drinking Water Source 1.1%
GDP per capita (current USD, 2013) 413.00
Exports-Agr Products per capita (current USD, 2012) 0.73
Imports-Agr Products per capita (current USD, 2012) 0.82

Stunting Reduction Trend and Target
Current AARR: 1.9%

Distribution of stunting across wealth quintiles

Trend of Exclusive Breastfeeding Rate

Targeted Stunting Reduction (million U5 stunted children)
A proposed Budgeted Multi-sectoral Action Plan will be presented at the next CMPS4 session to assess contribution from other sectors and improve understanding of the nutrition financing in Niger.
Progress Across Four SUN Processes
Niger

2012¹ and 2014² Scoring of Progress Markers

2014 Dashboard for Progress Markers

Stage of Preparedness

51% 35%
Bringing people together into a shared space for action

46% 16%
Ensuring a coherent policy and legal framework

21% 24%
Aligning actions around a Common Results Framework

37% 26%
Financial Tracking and resource mobilization

51% 35%
Ensuring a coherent policy and legal framework

Bringing people together into a shared space for action

46% 21%
Aligning actions around a Common Results Framework

2014
2012

Ensuring a coherent policy and legal framework

Bringing people together into a shared space for action

Aligning actions around a Common Results Framework

Financial Tracking and resource mobilization

Progress Across Four SUN Processes

¹Externally assessed by the SUN Movement Secretariat
²Internally assessed by in-country self-assessment exercise
Malawi

Joined: March 2011
**Demographic data**

<table>
<thead>
<tr>
<th>Category</th>
<th>Value (2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Population</td>
<td>15</td>
</tr>
<tr>
<td>Children under 5</td>
<td>2.7</td>
</tr>
<tr>
<td>Adolescent Girls (15-19)</td>
<td>0.80</td>
</tr>
<tr>
<td>Average Number of Births</td>
<td>0.60</td>
</tr>
<tr>
<td>Population growth rate</td>
<td>3.00%</td>
</tr>
</tbody>
</table>

**WHA nutrition target indicators (DHS 2010)**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birth weight</td>
<td>12.3%</td>
</tr>
<tr>
<td>0-5 months Exclusive Breastfeeding</td>
<td>71.4%</td>
</tr>
<tr>
<td>Under five stunting</td>
<td>47.8%</td>
</tr>
<tr>
<td>Under five wasting</td>
<td>4.1%</td>
</tr>
<tr>
<td>Under five overweight</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

**Coverage of Nutrition-relevant Factors**

**Infant and young child feeding practice**

- 6-23 months with Minimum Acceptable Diet: 18.5%
- 6-23 months with Minimum Diet Diversity: 29.4%

**Programs for vitamin and mineral deficiencies**

- Zinc Supplementation for Diarrhea: 0.2%
- Pregnant Women Attending 4 or more Antenatal Care Visits: 45.5%
- Vitamin A supplementation (6-59 months): 60.0%
- Households Consuming Adequately Iodized Salt: 97.1%

**Women's Empowerment**

- Female literacy: 67.6%
- Female employment rate: 77.0%
- Median age at first marriage: 17.9
- Access to skilled birth attendant: 94.7%
- Women who have first birth before age 18: 25.6%
- Fertility rate: 5.8

**Other Nutrition-relevant indicators**

- Rate of urbanization: 15.43%
- Income share held by lowest 20%: 5.64%
- Calories per capita per day (kcal/capita/day): 2,239.5
- Energy from non-staples in supply: 24.59%
- Iron availability from animal products (mg/capita/day): 0.5
- Access to Improved Sanitation Facilities: 8.8%
- Open defecation: 9.9%
- Access to Improved Drinking Water Sources: 79.3%
- Access to Piped Water on Premises: 6.6%
- Surface Water as Drinking Water Source: 2.8%
- GDP per capita (current USD, 2013): 226.00
- Exports-Agr Products per capita (current USD, 2012): 5.39
- Imports-Agr Products per capita (current USD, 2012): 0.96
A pooled fund has been set up with WB and CIDA in support of 15 of the 28 districts, while USAID, UNICEF, Irish Aid and WFP support other districts. Plans are underway to conduct resource mapping at national and district levels and to come up with a web-based tracking tool with support from the SUN Secretariat. High-level advocacy meetings with Principal Secretaries and Members of Parliament have been conducted with the purpose of advocating for increase in budgetary allocation for nutrition in their sectors.
Progress Across Four SUN Processes
Malawi

2012¹ and 2014² Scoring of Progress Markers

<table>
<thead>
<tr>
<th>Stage of Preparedness</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bringing people together into a shared space for action</td>
<td>75%</td>
<td>47%</td>
</tr>
<tr>
<td>Ensuring a coherent policy and legal framework</td>
<td>74%</td>
<td>38%</td>
</tr>
<tr>
<td>Aligning actions around a Common Results Framework</td>
<td>61%</td>
<td>44%</td>
</tr>
<tr>
<td>Financial Tracking and resource mobilization</td>
<td>34%</td>
<td>34%</td>
</tr>
</tbody>
</table>

2014 Dashboard for Progress Markers

1 Externally assessed by the SUN Movement Secretariat
2 Internally assessed by in-country self-assessment exercise
Uganda

Joined: March 2011
Demographic data

National Population (million, 2010) 34
Children under 5 (million, 2010) 6.6
Adolescent Girls (15-19) (million, 2010) 1.90
Average Number of Births (million, 2010) 1.40
Population growth rate (2010) 3.36%

WHA nutrition target indicators (DHS 2011)

- Low birth weight: 10.2%
- 0-5 months Exclusive Breastfeeding: 63.2%
- Under five stunting: 33.7%
- Under five wasting: 4.8%
- Under five overweight: 3.8%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice

- 6-23 months with Minimum Acceptable Diet: 5.8%
- 6-23 months with Minimum Diet Diversity: 12.8%

Programs for vitamin and mineral deficiencies

- Zinc Supplementation for Diarrhea: 1.9%
- Pregnant Women Attending 4 or more Antenatal Care Visits: 47.6%
- Vitamin A supplementation (6-59 months): 70.0%
- Households Consuming Adequately Iodized Salt: 55.2%

Women’s Empowerment

- Female literacy: 72.2%
- Female employment rate: 77.1%
- Median age at first marriage: 18.9
- Access to skilled birth attendant: 51.0%
- Women who have first birth before age 18: 22.8%
- Fertility rate: 5.6%

Other Nutrition-relevant indicators

- Rate of urbanization: 26.20%
- Income share held by lowest 20%: 6.80%
- Calories per capita per day (kcal/capita/day): 2,302.5
- Energy from non-staples in supply: 48.68%
- Iron availability from animal products (mg/capita/day): 1.0
- Access to Improved Sanitation Facilities: 18.7%
- Open defecation: 9.6%
- Access to Improved Drinking Water Sources: 70.0%
- Access to Piped Water on Premises: 5.3%
- Surface Water as Drinking Water Source: 12.6%
- GDP per capita (current USD, 2013): 572.00
- Exports-Agr Products per capita (current USD, 2012): 1.54
- Imports-Agr Products per capita (current USD, 2012): 0.35
Uganda shows high level commitment to scale up nutrition and . The Prime Minister is a nutrition champion. Uganda successfully created multi-sectoral mechanisms and is now focusing on more ambitious parameters such as their effective functioning. This explains the lower perception of progress in bringing stakeholders together compared to previous years. The Office of the Prime Minister is the convening body responsible for the coordination of the Uganda Nutrition Action Plan (UNAP). It hosts a Secretariat which supports coordination and monitoring of the UNAP.

The Multi-Sectoral Technical Coordination Committee (MSTCC) is the main nutrition multi-stakeholder platform in the country. It comprises eight implementing line ministries including the National Planning Authority, development partners, CSOs, the academia and the private sector. There are sector and district coordination committees, the Nutrition Development Partner’s Coordination Committee, the Food and Nutrition Council – comprising of UNAP Sectors-and the Cabinet Sub-committee on Nutrition.

One third of the districts have Nutrition Coordination Committees. Multi-stakeholder engagement at the district and community levels is a priority. Nominating cultural and religious leaders as nutrition champions in their territories would be useful. Different UN agencies have established an Inter-agency Nutrition Technical Working Group to ensure alignment between their plans and national priorities. the Uganda Civil Society Coalition on Scaling Up Nutrition (UCCO-SUN) exists while the Private Sector Foundation Uganda (PSFU) is engaged in the SUN, mostly in food fortification. Strengthening the capacity of the UNAP Secretariat to monitor various activities is a priority.

The UNAP serves as the multi-sectoral common results framework for nutrition. Its implementation is ongoing with important involvement of Ministries of Education, Agriculture and Health, Trade and industry, Gender, Community and social development, Local Government, Ministry of Finance, and could be strengthened through the involvement of high level government officials and improved advocacy. The UNAP M&E framework is being developed with support from the World Bank, while its budgetary framework is partially completed. District Nutrition Coordination Committees need to play an important role in UNAP rollout. To date, over 80 districts have now been oriented on their roles and mandate in implementation of UNAP.

The conduction of a UNAP mid-term review is foreseen in 2014. Monitoring tools are being finalized while reporting of progress needs to be strengthened. A Nutrition Advocacy Strategy has been developed and has been combined with a Behavioural Change Communication Strategy as well as a Social Mobilization Strategy to form a complete National Communication Strategy for Nutrition. This is will be launched by the Prime Minister.

Following the development and implementation of the UNAP, a relevant and enabling policy framework is needed. An analysis has been carried out of all existing legal and policy documentation and an appropriate policy framework in line with the UNAP will be developed. The Ministry of Gender, Labour & Social Development has developed a policy on maternity leave which provides 60 days of maternity leave Policy to support exclusive breastfeeding is under review.

Various nutrition-sensitive policies across key sectors exist, on social protection, community development, school-feeding: The Education Act, the Gender policy and the and early childhood development.

Existing national legislation with a bearing on nutrition include mandatory food fortification. The International Code of Marketing of Breast-milk Substitutes has been updated.
Progress Across Four SUN Processes

Uganda

2012\(^1\) and 2014\(^2\) Scoring of Progress Markers

<table>
<thead>
<tr>
<th>Stage of Preparedness</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bringing people together into a shared space for action</td>
<td>37%</td>
<td>52%</td>
</tr>
<tr>
<td>Ensuring a coherent policy and legal framework</td>
<td>34%</td>
<td>50%</td>
</tr>
<tr>
<td>Aligning actions around a Common Results Framework</td>
<td>41%</td>
<td>49%</td>
</tr>
<tr>
<td>Financial Tracking and resource mobilization</td>
<td>43%</td>
<td>35%</td>
</tr>
</tbody>
</table>

2014 Dashboard for Progress Markers

- 37%
- 41%
- 43%

1Externally assessed by the SUN Movement Secretariat
2Internally assessed by in-country self-assessment exercise
Mali

Joined: March 2011
Demographic data

National Population (million, 2010) 14
Children under 5 (million, 2010) 2.7
Adolescent Girls (15-19) (million, 2010) 0.70
Average Number of Births (million, 2010) 0.60
Population growth rate (2010) 3.16%

WHA nutrition target indicators (DHS 2012-13)

- Low birth weight: 15.5%
- 0-5 months Exclusive Breastfeeding: 32.9%
- Under five stunting: 38.3%
- Under five wasting: 12.7%
- Under five overweight: 2.3%
- Average Number of Births (million, 2010): 0.60
- Population growth rate (2010): 3.16%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice

- 6-23 months with Minimum Acceptable Diet: 7.7%
- 6-23 months with Minimum Diet Diversity: 21.6%

Programs for vitamin and mineral deficiencies

- Zinc Supplementation for Diarrhea: 2.1%
- Pregnant Women Attending 4 or more Antenatal Care Visits: 41.0%
- Vitamin A supplementation (6-59 months): 93.0%
- Households Consuming Adequately Iodized Salt: 94.7%

Women’s Empowerment

- Female literacy: 20.6%
- Female employment rate: 42.6%
- Median age at first marriage: 18
- Access to skilled birth attendant: 59.0%
- Women who have first birth before age 18: 33.0%
- Fertility rate: 6.1

Other Nutrition-relevant indicators

- Rate of urbanization: 37.67%
- Income share held by lowest 20%: 7.97%
- Calories per capita per day (kcal/capita/day): 2,385.00
- Energy from non-staples in supply: 26.31%
- Iron availability from animal products (mg/capital/day): 2.0
- Access to Improved Sanitation Facilities: 23.8%
- Open defecation: 10.9%
- Access to Improved Drinking Water Sources: 66.4%
- Access to Piped Water on Premises: 8.8%
- Surface Water as Drinking Water Source: 1.1%
- GDP per capita (current USD, 2013): 715.00
- Exports-Agr Products per capita (current USD, 2012): 1.79
- Imports-Agr Products per capita (current USD, 2012): 1.07

Stunting Reduction Trend and Target

Current AARR: 2.0%

Distribution of stunting across wealth quintiles

Trend of Exclusive Breastfeeding Rate

Targeted Stunting Reduction (million U5 stunted children)
The budgeting of the multi-sector nutrition action plan is a great step forward in terms of mobilizing resources. The next stage for 2014 is to take stock of activities already funded and of funding gaps and to priorities activities.

The government has committed to finance nutrition as one of the priority development areas.

Nutrition is an integral part of the strategic framework for growth and poverty reduction and of the new 2012-2017 strategic framework for Mali for growth and poverty reduction. Nutrition has been incorporated into the new ten-year health and social development plan (2014-2023), the social and health development program (2014-2018), the agriculture development policy and the educational development program.

Nutrition-specific policies cover the national strategy on food for babies and young children, the International Code of Marketing of Breast Milk Substitutes, the nutrition document on policy, standards and procedures (PNP), the national protocol for managing acute malnutrition and the national program for food fortification.

The drafting of the multi-sectoral nutrition action plan was finalized in 2014, with the full-scale official launch in June 2014. The plan includes a common results framework clearly indicating who is responsible for implementation. The policy from which it is derived describes the coordination mechanism for monitoring the implementation of the plan.

The technical and financial partners, as well as civil society, will continue to work together and to align the assistance they provide to help implement the plan and achieve targets to advance nutrition in Mali.
Progress Across Four SUN Processes
Mali

2012\(^1\) and 2014\(^2\) Scoring of Progress Markers

**Stage of Preparedness**

<table>
<thead>
<tr>
<th>Progress Marker</th>
<th>2012 Score</th>
<th>2014 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bringing people together into a shared space for action</td>
<td>59%</td>
<td>26%</td>
</tr>
<tr>
<td>Ensuring a coherent policy and legal framework</td>
<td>46%</td>
<td>12%</td>
</tr>
<tr>
<td>Aligning actions around a Common Results Framework</td>
<td>50%</td>
<td>16%</td>
</tr>
<tr>
<td>Financial Tracking and resource mobilization</td>
<td>40%</td>
<td>29%</td>
</tr>
</tbody>
</table>

2014 Dashboard for Progress Markers

1\(^{st}\) Externally assessed by the SUN Movement Secretariat
2\(^{nd}\) Internally assessed by in-country self-assessment exercise
Ghana

Joined: March 2011
**Demographic data**

- Children under 5 (million, 2010): 3.5
- Average Number of Births (million, 2010): 0.80
- Population growth rate (2010): 2.53%

**WHA nutrition target indicators (DHS 2008)**

- Low birth weight: 10.0%
- 0-5 months Exclusive Breastfeeding: 62.8%
- Under five stunting: 22.7%
- Under five wasting: 6.2%
- Under five overweight: 2.6%

**Coverage of Nutrition-relevant Factors**

- **Infant and young child feeding practice**
  - 6-23 months with Minimum Acceptable Diet: 31.0%
  - 6-23 months with Minimum Diet Diversity: 46.5%

- **Programs for vitamin and mineral deficiencies**
  - Zinc Supplementation for Diarrhea: 1.8%
  - Pregnant Women Attending 4 or more Antenatal Care Visits: 78.2%
  - Vitamin A supplementation (6-59 months): 17.0%
  - Households Consuming Adequately Iodized Salt: 32.4%

**Women’s Empowerment**

- Female literacy: 62.9%
- Female employment rate: 64.2%
- Median age at first marriage: 19.8
- Access to skilled birth attendant: 58.7%
- Women who have first birth before age 18: 13.3%
- Fertility rate: 4.2

**Other Nutrition-relevant indicators**

- Rate of urbanization: 51.49%
- Income share held by lowest 20%: 5.24%
- Calories per capita per day (kcal/capita/day): 2,674.7
- Energy from non-staples in supply: 29.73%
- Iron availability from animal products (mg/capita/day): 1.7
- Access to Improved Sanitation Facilities: 12.4%
- Open defecation: 22.9%
- Access to Improved Drinking Water Sources: 83.8%
- Access to Piped Water on Premises: 13.1%
- Surface Water as Drinking Water Source: 11.1%
- GDP per capita (current USD, 2013): 1,850.00
- Exports-Agr Products per capita (current USD, 2012): 1.86
- Imports-Agr Products per capita (current USD, 2012): 0.45
Ghana has developed several strategies for nutrition-specific interventions including infant and young child feeding, salt iodization and nutrition guidelines for people living with HIV/AIDS. Policies are available in key nutrition-related sectors including agriculture, development and social protection.

The Ghana National Nutrition Policy (NNP) has been finalized by the CSPG but to get Government’s approval and support, a Cabinet Memo is needed. The CSPG is preparing a number of deliverables to get the Cabinet Memo including: background information, options and impacts, comparative analysis of resource requirements for all options, recommended course of action, implementation plan, risk assessment, institutional arrangements, monitoring and evaluation plan, and communication plan.

The Cabinet Memo will seek to mainstream the NNP as part of government policies and strategies. Advocacy, especially at Parliament level, is crucial to get government to officially adopt this policy. The Cabinet memo will ensure financial support and commitment from government. Once the NNP has been approved, all stakeholders will begin aligning their nutrition policies and programmes at a larger scale, Donor agencies will know where to put financial resources, all in a bid to achieve one common result as a team.

The CRF has not yet been developed for the whole of the SUN Movement in Ghana. The process to develop the CRF has been initiated under the coordination of the National Development Planning Commission with engagement of all key sectors and development partners. A draft framework, based on the objectives and strategies in the NNP will be finalised after the sector and district planning processes.

UN Agencies are fully aligned under the UNDAF 2012-2016, particularly with the thematic area on food security and nutrition.

Financial Tracking and resource mobilization

Note: no score was provided for this process.

Costing has been done for a limited number of specific nutrition interventions. Local consultants will be recruited to assist government at sector and district level to cost the nutrition specific and nutrition sensitive interventions and to develop a financial tracking system. Some stakeholders, like the UN agencies, are able to track expenditure on nutrition, but only at agency/network level.

The Ghana Integrated Financial Management Information System (GIFMIS) was introduced by the Ministry of Finance to better account for, and monitor expenditure in the public sector, through an electronic accounting system. A team from MQSUN is supporting the National Development Planning Commission to track domestic and external resource allocation and expenditures around nutrition, and develop an expenditure tracking mechanism based on the GIFMIS. The CSPG Working Group on Resource Allocation is tasked with establishing a baseline and monitoring trends in nutrition financing going forward.
Progress Across Four SUN Processes
Ghana

2012¹ and 2014² Scoring of Progress Markers

- Bringing people together into a shared space for action: 42% (2012) / 43% (2014)
- Ensuring a coherent policy and legal framework: 36% (2012) / 36% (2014)
- Aligning actions around a Common Results Framework: 12% (2012) / 12% (2014)
- Financial Tracking and resource mobilization: 0% (2014) / 33% (2012)

2014 Dashboard for Progress Markers

Stage of Preparedness

- 36%: Ensuring a coherent policy and legal framework
- 12%: Aligning actions around a Common Results Framework
- 0%: Financial Tracking and resource mobilization

¹Externally assessed by the SUN Movement Secretariat
²Internally assessed by in-country self-assessment exercise
Demographic data
National Population (million, 2010) 6.4
Children under 5 (million, 2010) 0.8
Adolescent Girls (15-19) (million, 2010) 0.40
Average Number of Births (million, 2010) 0.20
Population growth rate (2010) 1.99%

WHA nutrition target indicators (LSIS 2011)
Low birth weight 14.8%
0-5 months Exclusive Breastfeeding 40.4%
Under five stunting 43.8%
Under five wasting 6.4%
Under five overweight 2.0%

Coverage of Nutrition-relevant Factors
Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet -
6-23 months with Minimum Diet Diversity -

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea 1.0%
Pregnant Women Attending 4 or more Antenatal Care Visits 36.9%
Vitamin A supplementation (6-59 months) 47.0%
Households Consuming Adequately Iodized Salt 37.0%

Women’s Empowerment
Female literacy 68.7%
Female employment rate 75.6%
Median age at first marriage 19.2
Access to skilled birth attendant 41.5%
Women who have first birth before age 18 14.0%
Fertility rate 3.2

Other Nutrition-relevant indicators
Rate of urbanization 32.11%
Income share held by lowest 20% 7.64%
Calories per capita per day (kcal/capita/day) 2,238.5
Energy from non-staples in supply 20.49%
Iron availability from animal products (mg/capita/day) -
Access to Improved Sanitation Facilities 59.2%
Open defection 37.9%
Access to Improved Drinking Water Sources 69.9%
Access to Piped Water on Premises 4.9%
Surface Water as Drinking Water Source 9.7%
GDP per capita (current USD, 2013) 1,646.00
Exports-Agr Products per capita (current USD, 2012) -
Imports-Agr Products per capita (current USD, 2012) -

Distribution of stunting across wealth quintiles

Trend of Exclusive Breastfeeding Rate

Targeted Stunting Reduction (million U5 stunted children)
Since joining the SUN Movement in 2011, the government issued a formal decision to establish a National Nutrition Committee chaired by the Deputy Prime Minister. The Secretariat to the NNC has been formed with the inclusion of appointed focal points from the various Government ministries. The NNC has developed a normative and operational framework to help development partners, including donors, to better work with the Government.

A UN Task Team (IFAD, UNICEF, WFP, WHO, FAO, UNDP) is established and meets regularly to review progress and joint support to the Government. The EU is operating as donor convenor and is co-convening with UNICEF on a broader Development Partners group interested in nutrition (including donors); meetings have been organized on quarterly basis since November 2013. SUN CSA was established in early 2014. CSA and development partners are deepening their partnership with the government.

Periodic meetings are organized by the Government through technical working group meetings and 6-weekly meetings for SUN conference calls. Attendance to these meetings is ad-hoc thus requiring a more advanced planning for these meetings.

Government of Lao PDR has specific nutrition goals in its 7th National Socio-economic Development Plan; the country adopted a National Nutrition Policy (2008) and developed a National Nutrition Strategy and Plan of Action 2010-2015 that cover most nutrition specific interventions and mention the need for nutrition sensitive development. The policy, strategy and plan are going to be reviewed in the near future.

Support to nutrition specific and nutrition sensitive interventions represents a core mandate for UN agencies and it is integrated into UNDAF, UN agencies programmes and plans of action. Nutrition is one of the priority areas for the EU, and other donors (i.e. Ireland, WB, AusAid) are also considering investing in nutrition. Nutrition represents a programme focus for many NGOs.

The National Assembly has approved a health sector reform strategy that includes nutrition as a priority. The MoH has submitted budget plan for 2013-2014 for scaling up nutrition interventions. Systems for monitoring policy outcomes and impact need strengthening.

Impact assessment of malnutrition on social and economic development in Lao PDR has been carried out with UNICEF support and findings are being disseminated. With assistance from the UN, a national convergence Food and Nutrition Security Multi-Sectoral Action Plan is being drafted to mobilize donors’ support.

Lao PDR is developing and agreeing a common results framework (CRF), which it plans to roll out at local level by testing it in three provinces first before scaling up to other provinces. These 3 provinces having a high rate of malnourished children and existing programs on specific and sensitive nutrition intervention. Meetings with stakeholders have been organized by the Government to rationalize and operationalize national nutrition and food security plans. The National Nutrition Policy and (sub) sector strategies and plans of action are being used as guiding frameworks for implementation in a number of sectors/ministries: health, agriculture, education, planning and investment.

While few monitoring tools are available in each sector there is no comprehensive multi-sectoral tool. Tools or guidelines for monitoring nutrition sensitive interventions are not yet available and will need to be developed.
Progress Across Four SUN Processes
Lao, PDR

2012¹ and 2014² Scoring of Progress Markers

Stage of Preparedness

²Externally assessed by the SUN Movement Secretariat
²Internally assessed by in-country self-assessment exercise
Nepal

Joined: May 2011
### Demographic data

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<th>Value</th>
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<tr>
<td>Children under 5 (million, 2010)</td>
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<tr>
<td>Adolescent Girls (15-19) (million, 2010)</td>
<td>1.50</td>
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<tr>
<td>Average Number of Births (million, 2010)</td>
<td>0.70</td>
</tr>
<tr>
<td>Population growth rate (2010)</td>
<td>1.19%</td>
</tr>
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### WHA nutrition target indicators (DHS 2011)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birth weight</td>
<td>12.4%</td>
</tr>
<tr>
<td>0-5 months Exclusive Breastfeeding</td>
<td>69.6%</td>
</tr>
<tr>
<td>Under five stunting</td>
<td>40.5%</td>
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<tr>
<td>Under five wasting</td>
<td>11.2%</td>
</tr>
<tr>
<td>Under five overweight</td>
<td>1.5%</td>
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</table>

### Coverage of Nutrition-relevant Factors

#### Infant and young child feeding practice

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-23 months with Minimum Acceptable Diet</td>
<td>24.4%</td>
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<tr>
<td>6-23 months with Minimum Diet Diversity</td>
<td>28.5%</td>
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</tbody>
</table>

#### Programs for vitamin and mineral deficiencies

<table>
<thead>
<tr>
<th>Program</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zinc Supplementation for Diarrhea</td>
<td>6.2%</td>
</tr>
<tr>
<td>Pregnant Women Attending 4 or more Antenatal Care Visits</td>
<td>50.1%</td>
</tr>
<tr>
<td>Vitamin A supplementation (6-59 months)</td>
<td>95.0%</td>
</tr>
<tr>
<td>Households Consuming Adequately Iodized Salt</td>
<td>72.5%</td>
</tr>
</tbody>
</table>

#### Women’s Empowerment

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female literacy</td>
<td>66.7%</td>
</tr>
<tr>
<td>Female employment rate</td>
<td>78.8%</td>
</tr>
<tr>
<td>Median age at first marriage</td>
<td>17.8</td>
</tr>
<tr>
<td>Access to skilled birth attendant</td>
<td>36.0%</td>
</tr>
<tr>
<td>Women who have first birth before age 18</td>
<td>16.7%</td>
</tr>
<tr>
<td>Fertility rate</td>
<td>3.0</td>
</tr>
</tbody>
</table>

#### Other Nutrition-relevant indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of urbanization</td>
<td>18.59%</td>
</tr>
<tr>
<td>Income share held by lowest 20%</td>
<td>8.27%</td>
</tr>
<tr>
<td>Calories per capita per day (kcal/capita/day)</td>
<td>2,332.9</td>
</tr>
<tr>
<td>Energy from non-staples in supply</td>
<td>20.52%</td>
</tr>
<tr>
<td>Iron availability from animal products (mg/capita/day)</td>
<td>1.0</td>
</tr>
<tr>
<td>Access to Improved Sanitation Facilities</td>
<td>39.5%</td>
</tr>
<tr>
<td>Open defecation</td>
<td>38.4%</td>
</tr>
<tr>
<td>Access to Improved Drinking Water Sources</td>
<td>88.6%</td>
</tr>
<tr>
<td>Access to Piped Water on Premises</td>
<td>20.6%</td>
</tr>
<tr>
<td>Surface Water as Drinking Water Source</td>
<td>7.7%</td>
</tr>
<tr>
<td>GDP per capita (current USD, 2013)</td>
<td>694.00</td>
</tr>
<tr>
<td>Exports-Agr Products per capita (current USD, 2012)</td>
<td>0.82</td>
</tr>
<tr>
<td>Imports-Agr Products per capita (current USD, 2012)</td>
<td>0.61</td>
</tr>
</tbody>
</table>

---

**Stunting Reduction Trend and Target**

- **Current AARR:** 3.38%
- **Target AARR:** 3.2%
- **Beginning prevalence:** 40.5%
- **Target prevalence:** 24.0%

**Targeted Stunting Reduction (million U5 stunted children)**

- **2012:** 1.22
- **2015:** 0.71
- **2020:** 0.46
- **2025:** 0.24

**Distribution of stunting across wealth quintiles**

#### Trend of Exclusive Breastfeeding Rate

- **Current Trend**
- **Minimum target suggested by WHA**

**Access to Improved Sanitation Facilities**

- **2012:** 31.7%
- **2015:** 35.2%
- **2020:** 38.7%
- **2025:** 42.2%

**Targeted Stunting Reduction (million U5 stunted children)**

- **2012:** 1.22
- **2015:** 0.71
- **2020:** 0.46
- **2025:** 0.24

---

**SUN Movement Compendium 2014**
The MSNP has been costed and technical experts have been in the country to assist the Ministry of Finance with analysis of the costed plan. It envisions a multi-year financial planning. NPC is responsible for allocation of budget and ensured each sector had increased budget. Government committed to even more additional budget but the UN have started filling in these gap of the MSNP.

A transparent financial reporting and tracking system is in place for the government budget but donors track their contributions on an individual level.

In June 2012, the Cabinet (Council of Ministers) approved Nepal’s Multi-Sectoral Nutrition Plan (MSNP) that covers both nutrition-specific interventions (micronutrient provision, promotion of good nutritional practice) and nutrition-sensitive policies and strategies (including a multi-sectoral strategy for school health and nutrition).

It was prepared by five ministries (health, education, agriculture, local development and WASH) under the lead of the NPC, in collaboration with development partners and is being advanced at the centre of government.

On national level, a Maternal, Infant and Young Child Nutrition multiyear plan has been developed and will be implemented. A maternal nutrition policy is available. The Agriculture Development Strategy (ADS) and Agriculture Food Security and Nutrition Plan are being finalized. Nepal has developed an MDG Acceleration Framework for sanitation launched in January, which includes nutrition interventions. A Food Security and Nutrition Plan has been developed by the Ministry of Agriculture Development and has been finalized with support from FAO and WFP.

UN agencies report that their policies & strategies reflect nutrition but need to be implemented in their programs. Priorities remain in the finalisation of these policies and the diffusion of existing ones.

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UN agencies report that their policies & strategies reflect nutrition but need to be implemented in their programs. Priorities remain in the finalisation of these policies and the diffusion of existing ones.
Progress Across Four SUN Processes
Nepal

2012\(^1\) and 2014\(^2\) Scoring of Progress Markers

<table>
<thead>
<tr>
<th>Stage of Preparedness</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bringing people together into a shared space for action</td>
<td>39%</td>
<td>43%</td>
</tr>
<tr>
<td>Ensuring a coherent policy and legal framework</td>
<td>42%</td>
<td>51%</td>
</tr>
<tr>
<td>Aligning actions around a Common Results Framework</td>
<td>44%</td>
<td>52%</td>
</tr>
<tr>
<td>Financial Tracking and resource mobilization</td>
<td>65%</td>
<td>61%</td>
</tr>
</tbody>
</table>

2014 Dashboard for Progress Markers

- 52% PM1 (Ensuring a coherent policy and legal framework)
- 42% PM2 (Aligning actions around a Common Results Framework)
- 39% PM3 (Bringing people together into a shared space for action)
- 43% PM4
- 52% PM5
- 61% PM6

1 Externally assessed by the SUN Movement Secretariat
2 Internally assessed by in-country self-assessment exercise
Mauritania

Joined: May 2011
**Demographic data**

- National Population (million, 2010): 3.6
- Children under 5 (million, 2010): 0.6
- Adolescent Girls (15-19) (million, 2010): 0.20
- Average Number of Births (million, 2010): 0.10
- Population growth rate (2010): 2.75%

**WHA nutrition target indicators (MICS 2011/SMART 2012)**

- Low birth weight: 34.7%
- 0-5 months Exclusive Breastfeeding: 26.9%
- Under five stunting: 22.0%
- Under five wasting: 11.6%
- Under five overweight: 1.2%

**Coverage of Nutrition-relevant Factors**

**Infant and young child feeding practice**

- 6-23 months with Minimum Acceptable Diet: -
- 6-23 months with Minimum Diet Diversity: -

**Programs for vitamin and mineral deficiencies**

- Zinc Supplementation for Diarrhea: -
- Pregnant Women Attending 4 or more Antenatal Care Visits: 48.4%
- Vitamin A supplementation (6-59 months): 99.0%
- Households Consuming Adequately Iodized Salt: 52.7%

**Women’s Empowerment**

- Female literacy: 46.8%
- Female employment rate: 19.6%
- Median age at first marriage: -
- Access to skilled birth attendant: 65.1%
- Women who have first birth before age 18: -
- Fertility rate: 4.3

**Other Nutrition-relevant indicators**

- Rate of urbanization: 39.51%
- Income share held by lowest 20%: 6.02%
- Calories per capita per day (kcal/capita/day): 2,772.2
- Energy from non-staples in supply: 44.10%
- Iron availability from animal products (mg/capita/day): -
- Access to Improved Sanitation Facilities: 44.8%
- Open defecation: 45.5%
- Access to Improved Drinking Water Sources: 52.9%
- Access to Piped Water on Premises: 21.1%
- Surface Water as Drinking Water Source: 1.2%
- GDP per capita (current USD, 2013): 1,070.00
- Exports-Agr Products per capita (current USD, 2012): 6.17
The budgeting of PAIN is currently being finalised and the private sector has indicated its willingness to be associated with the PAIN implementation process. It has been recommended to enhance budget lines at sectoral level and to set up a mechanism for monitoring nutrition spending by sector.

A national nutrition development plan has been in place since 2006 and the regulatory implementation framework for this has been partially implemented. Nutrition legislation includes a wide range of policies and strategies in relevant sectors and provides a coherent framework for multi-sector action.

A food fortification strategy has been validated. There is a food strategy for young children and a draft code of marketing of breast milk substitutes. Mauritania has undertaken to increase by 50% the exclusive breastfeeding rate for the first six months of life by 2025.

Sectoral policies and strategies in most key sectors such as agriculture and food security, poverty reduction and development, public health and social protection, take nutrition into account. They were updated and are long-term, up to 2020. The finalisation of directives on integrating nutrition in sectoral policies should enhance their effectiveness.

Nutrition has also been incorporated in strategic documents such as the strategic framework for combatting poverty, the national food security strategy, the national strategy for child survival and the national social protection strategy.

A social mobilisation, advocacy and communications strategy (SMAC) has been drawn up and harmonised with the National Nutrition Development Policy. PMS members have acknowledged the importance of including monitoring and evaluation frameworks in their policies, some of which are currently being drafted.

Mauritania is in the process of finalising the inter-sectoral nutrition action plan (PAIN), which has been extended to include key sectors other than health. Once finalised, this plan will serve as a common results framework.

In parallel, a plan to enhance capacity is being drawn up. The programmes in force emphasise the development of interventions that take account of nutrition, particularly in social protection, water, sanitation and hygiene. These interventions include activities aimed at enhancing nutrition and are aligned with the national nutrition policy. The need for increased coherence between programmes, financing difficulties and the lack of qualified human resources have been identified as the main obstacles that PAIN needs to overcome.

The multi-stakeholder and multi-sector platform is represented by the permanent technical committee (Technical Body of the National Nutrition Development Council – CNDN – set up in 2010). It brings together a number of ministries, United Nations organisations, NGOs and the private sector. However, its effective operation remains a challenge due to the low participation of stakeholders concerned, particularly lenders. A reduction in the number of ministries sitting on the CNDN was perceived as necessary to breathe new life into its activities and improve monitoring. Regional coordination structures are currently being set up and seven out of thirteen committees are already up and running.

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Progress Across Four SUN Processes
Mauritania

2012¹ and 2014² Scoring of Progress Markers

- Bringing people together into a shared space for action
- Ensuring a coherent policy and legal framework
- Aligning actions around a Common Results Framework
- Financial Tracking and resource mobilization

2014 Dashboard for Progress Markers

Stage of Preparedness

- PM1
- PM2
- PM3
- PM4
- PM5
- PM6

1 Externally assessed by the SUN Movement Secretariat
2 Internally assessed by in-country self-assessment exercise
Tanzania

Joined: June 2011
Demographic data

National Population (million, 2010) 44.9
Children under 5 (million, 2010) 8.1
Adolescent Girls (15-19) (million, 2010) 2.40
Average Number of Births (million, 2010) 1.70
Population growth rate (2010) 2.90%

WHA nutrition target indicators (NPS 2012)

Low birth weight 6.9%
0-5 months Exclusive Breastfeeding 49.8%
Under five stunting 34.8%
Under five wasting 6.6%
Under five overweight 0.0%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet -
6-23 months with Minimum Diet Diversity -

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea 48.7%
Pregnant Women Attending 4 or more Antenatal Care Visits 42.8%
Vitamin A supplementation (6-59 months) 95.0%
Households Consuming Adequately Iodized Salt 31.5%

Women’s Empowerment
Female literacy -
Female employment rate -
Median age at first marriage -
Access to skilled birth attendant -
Women who have first birth before age 18 -
Fertility rate 4.8

Other Nutrition-relevant indicators
Rate of urbanization 28.00%
Income share held by lowest 20% 6.80%
Calories per capita per day (kcal/capita/day) 2,114.7
Energy from non-staples in supply 32.86%
Iron availability from animal products (mg/capita/day) 0.9
Access to Improved Sanitation Facilities 13.3%
Open defecation 15.9%
Access to Improved Drinking Water Sources 54.5%
Access to Piped Water on Premises 7.6%
Surface Water as Drinking Water Source 18.8%
GDP per capita (current USD, 2013) 695.00
Exports-Agr Products per capita (current USD, 2012) 0.54
Imports-Agr Products per capita (current USD, 2012) 0.26
Tanzania is making progress in assessing financial feasibility. A Nutrition Public Expenditure Review (PER) was conducted last year and showed that although a nutrition budget code was established, budget allocation is low and not always used for nutrition activities. The PER has been useful to identify coverage and map funding gaps. Donors and NGOs have codes to track expenditures within their own organizations. The process of tracking, reporting and sharing has not occurred yet. However, the Government has put in place a robust and transparent mechanism to trace finances for all sectors at all levels, in which nutrition is mainstreamed. There is an overall increase in nutrition funding, most coming from donors. Health, agriculture and other sector budgets that contribute to nutrition are increasing. Nutrition is part of the national budget. This process is still on going as there are still many gaps.

Legislation on Breastmilk Substitutes, maternity leave, salt iodation and food fortification are in place. Policy dissemination should go hand in hand with advocacy to ensure operationalization and currently does not reach the public adequately and audiences would need to be broadened.

The country is on track in aligning programs to national nutrition-relevant policies but efforts need to be sustained as new programmes are developed. The National Nutrition Strategy (NNS) has been disseminated with UN support and district level alignment has started. There is a draft Common Results Framework/NNS-IP and implementation agreement which is reflected in Government programmes, but needs to be better understood and used by SUN MSP networks. It is being used within government at the district council level but again it is not fully known by the MSP networks. The Government is starting to organize the implementation of the CRF, but task allocation and coordination of implementation needs to be further developed. Some NGOs are using the NNS-IP as their M&E framework. Guidance of implementation is starting from within the Tanzanian Food and Nutrition Centre. Efforts are underway to measuring coverage of nutrition interventions.
Progress Across Four SUN Processes
Tanzania

2012¹ and 2014² Scoring of Progress Markers

- **52%**
  - Bringing people together into a shared space for action

- **54%**
  - Ensuring a coherent policy and legal framework

- **42%**
  - Aligning actions around a Common Results Framework

- **40%**
  - Financial Tracking and resource mobilization

2014 Dashboard for Progress Markers

Stage of Preparedness

- **54%**
  - Ensuring a coherent policy and legal framework

- **42%**
  - Aligning actions around a Common Results Framework

- **52%**
  - Bringing people together into a shared space for action

- **40%**
  - Financial Tracking and resource mobilization

¹Externally assessed by the SUN Movement Secretariat
²Internally assessed by in-country self-assessment exercise
Senegal

Joined: June 2011
**Demographic data**

<table>
<thead>
<tr>
<th>Category</th>
<th>Value (2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Population</td>
<td>13</td>
</tr>
<tr>
<td>Children under 5</td>
<td>2.2</td>
</tr>
<tr>
<td>Adolescent Girls (15-19)</td>
<td>0.70</td>
</tr>
<tr>
<td>Average Number of Births</td>
<td>0.50</td>
</tr>
<tr>
<td>Population growth rate</td>
<td>2.78%</td>
</tr>
</tbody>
</table>

**WHA nutrition target indicators (SMART 2012/DHS 2010-11)**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birth weight</td>
<td>15.9%</td>
</tr>
<tr>
<td>0-5 months Exclusive Breastfeeding</td>
<td>39.0%</td>
</tr>
<tr>
<td>Under five stunting</td>
<td>19.2%</td>
</tr>
<tr>
<td>Under five wasting</td>
<td>8.9%</td>
</tr>
<tr>
<td>Under five overweight</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

**Coverage of Nutrition-relevant Factors**

**Infant and young child feeding practice**

<table>
<thead>
<tr>
<th>Practice</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-23 months with Minimum Acceptable Diet</td>
<td>9.2%</td>
</tr>
<tr>
<td>6-23 months with Minimum Diet Diversity</td>
<td>27.4%</td>
</tr>
</tbody>
</table>

**Programs for vitamin and mineral deficiencies**

<table>
<thead>
<tr>
<th>Program</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zinc Supplementation for Diarrhea</td>
<td>0.2%</td>
</tr>
<tr>
<td>Pregnant Women Attending 4 or more Antenatal Care Visits</td>
<td>50.0%</td>
</tr>
<tr>
<td>Vitamin A supplementation (6-59 months)</td>
<td>-</td>
</tr>
<tr>
<td>Households Consuming Adequately Iodized Salt</td>
<td>41.5%</td>
</tr>
</tbody>
</table>

**Women’s Empowerment**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female literacy</td>
<td>27.8%</td>
</tr>
<tr>
<td>Female employment rate</td>
<td>57.5%</td>
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<tr>
<td>Median age at first marriage</td>
<td>19.6</td>
</tr>
<tr>
<td>Access to skilled birth attendant</td>
<td>66.1%</td>
</tr>
<tr>
<td>Women who have first birth before age 18</td>
<td>18.7%</td>
</tr>
<tr>
<td>Fertility rate</td>
<td>5.1</td>
</tr>
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</table>

**Other Nutrition-relevant indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of urbanization</td>
<td>40.56%</td>
</tr>
<tr>
<td>Income share held by lowest 20%</td>
<td>6.05%</td>
</tr>
<tr>
<td>Calories per capita per day (kcal/capita/day)</td>
<td>2,354.4</td>
</tr>
<tr>
<td>Energy from non-staples in supply</td>
<td>34.05%</td>
</tr>
<tr>
<td>Iron availability from animal products (mg/capita/day)</td>
<td>1.8</td>
</tr>
<tr>
<td>Access to Improved Sanitation Facilities</td>
<td>46.2%</td>
</tr>
<tr>
<td>Open defecation</td>
<td>16.5%</td>
</tr>
<tr>
<td>Access to Improved Drinking Water Sources</td>
<td>78.3%</td>
</tr>
<tr>
<td>Access to Piped Water on Premises</td>
<td>53.7%</td>
</tr>
<tr>
<td>Surface Water as Drinking Water Source</td>
<td>0.5%</td>
</tr>
<tr>
<td>GDP per capita (current USD, 2013)</td>
<td>1,072.00</td>
</tr>
<tr>
<td>Exports-Agr Products per capita (current USD, 2012)</td>
<td>2.20</td>
</tr>
<tr>
<td>Imports-Agr Products per capita (current USD, 2012)</td>
<td>1.98</td>
</tr>
</tbody>
</table>

**Stunting Reduction Trend and Target**

![Stunting Reduction Trend and Target](image)

**Distribution of stunting across wealth quintiles**

![Distribution of stunting across wealth quintiles](image)

**Trend of Exclusive Breastfeeding Rate**

![Trend of Exclusive Breastfeeding Rate](image)

**Targeted Stunting Reduction (million U5 stunted children)**

![Targeted Stunting Reduction](image)
In 2011, the government undertook to increase nutrition funding from year to year, to reach 2.8 billion CFA francs per year in 2015. This investment will enable additional resources to be mobilized which will contribute to stepping up effective nutrition interventions.

In 2013, investments in specific nutrition programs by a number of platform members were mapped out, revealing the importance of consistency in mobilizing funds from other partners to ensure the sustainability of interventions.

Funding requirements can be identified because priorities have been identified for most sectors.
Progress Across Four SUN Processes

Senegal

2012\(^1\) and 2014\(^2\) Scoring of Progress Markers

- Bringing people together into a shared space for action
  - 2012: 43%  2014: 64%

- Ensuring a coherent policy and legal framework
  - 2012: 12%  2014: 55%

- Aligning actions around a Common Results Framework
  - 2012: 28%  2014: 62%

- Financial Tracking and resource mobilization
  - 2012: 39%  2014: 62%

2014 Dashboard for Progress Markers

Stage of Preparedness

- PM1: 64%
- PM2: 43%
- PM3: 62%
- PM4: 55%
- PM5: 62%
- PM6: 55%

- Ensuring a coherent policy and legal framework
- Aligning actions around a Common Results Framework
- Financial Tracking and resource mobilization
- Bringing people together into a shared space for action

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\(^1\) Externally assessed by the SUN Movement Secretariat
\(^2\) Internally assessed by in-country self-assessment exercise
Zimbabwe

Joined: June 2011
Demographic data

National Population (million, 2010) 13.1
Children under 5 (million, 2010) 2.0
Adolescent Girls (15-19) (million, 2010) 0.80
Average Number of Births (million, 2010) 0.40
Population growth rate (2010) 0.57%

WHA nutrition target indicators (DHS 2010-2011)

Low birth weight 9.5%
0-5 months Exclusive Breastfeeding 31.4%
Under five stunting 32.3%
Under five wasting 3.1%
Under five overweight 5.8%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet 11.0%
6-23 months with Minimum Diet Diversity 23.5%

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea 0.1%
Pregnant Women Attending 4 or more Antenatal Care Visits 64.8%
Vitamin A supplementation (6-59 months) 61.0%
Households Consuming Adequately Iodized Salt 94.0%

Women's Empowerment
Female literacy 95.0%
Female employment rate 80.4%
Median age at first marriage 19.7
Access to skilled birth attendant 89.8%
Women who have first birth before age 18 23.5%
Fertility rate 3.8

Other Nutrition-relevant indicators
Rate of urbanization 36.65%
Income share held by lowest 20% -
Calories per capita per day (kcal/capita/day) -
Energy from non-staples in supply 39.84%
Iron availability from animal products (mg/capita/day) -
Access to Improved Sanitation Facilities 37.3%
Open defecation 28.3%
Access to Improved Drinking Water Sources 76.7%
Access to Piped Water on Premises 25.4%
Surface Water as Drinking Water Source 6.4%
GDP per capita (current USD, 2013) 905.00
Exports-Agr Products per capita (current USD, 2012) 2.54
Imports-Agr Products per capita (current USD, 2012) 1.18

Stunting Reduction Trend and Target

Current AARR: 1.0%

Distribution of stunting across wealth quintiles

Trend of Exclusive Breastfeeding Rate

Targeted Stunting Reduction (million U5 stunted children)

Beginning prevalence: 32.3%
Target prevalence: 16.96%
During the Nutrition for Growth event held in London in June 2013, it was estimated that USD $35.5 million was required to scale-up nutrition in 2013-2015 and the Government committed to provide USD $3.04 million. Budget analysis on nutrition-related funding has not yet started. Once the National Nutrition Strategy has been approved, a resource mobilization and financial tracking strategy will be developed. When individual sectors and agencies are able to track their on-going expenditures on nutrition programs and meet regularly to share this information, a comprehensive financial tracking system may be possible.

Zimbabwe has successfully created mechanisms to allow multi-sector coordination for nutrition. The government now focuses on more ambitious parameters such as their effective functioning. The Food and Nutrition Council (FNC) which engages multiple ministries, UN agencies and the business sector, is the national agency mandated to lead in coordination, analysis and promotion of a multi-sectoral response to food and nutrition insecurity.

There is further opportunity for sectors to be better engaged through enhanced sharing of information and mutual accountability in order to avoid any perception of competition among sectors. Food and nutrition security committees are currently being established and strengthened at national, provincial and district levels.

Other existing coordination mechanisms in nutrition comprise the Cabinet Committee, chaired by the Vice-President; the Inter-Ministerial Task force for Food and Nutrition Security, chaired by the Minister of Agriculture and the Permanent Secretaries of key ministries engaged in food security and nutrition and the Food and Nutrition Security Advisory Group, which includes government officials, UN agencies and NGOs. The engagement of players outside coordination forums remains limited.

Donors and private sector are yet to establish their own platforms. The Zimbabwe Civil Society Organisations in Scaling Up Nutrition (ZICOSUNA) successfully raised its constituency from 7 organisations to 21. ZICOSUNA is beginning to engage with FNC on strengthening linkages with sub national structures. The UN network has lead FAO, WFP, WHO and UNICEF to coordinate their assistance on nutrition more under the ONE UN Flagship and plan to engage new UN partners.

The Implementation Matrix for FNS policy is used as the common results framework to monitor commitments across sectors with clear objectives and actions. Committees have been initiated to monitor and evaluate implementation of various food and nutrition policies although a joint M&E framework is not yet developed and therefore, parallel reporting mechanisms remain between sectors.

Large-scale programmes which implement direct and indirect nutrition interventions exist in agriculture, food security, social protection, water & sanitation and health. Clear targets on stunting reduction (at least 30% by 2018), acute malnutrition (maintain rates below 3%) or coverage of scaling up nutrition interventions (higher than 80% in 2020) have been established.
Progress Across Four SUN Processes
Zimbabwe

2012¹ and 2014² Scoring of Progress Markers

1Externally assessed by the SUN Movement Secretariat
2Internally assessed by in-country self-assessment exercise
Burkina Faso

Joined: June 2011
**Demographic data**

- Children under 5 (million, 2010): 2.8
- Adolescent Girls (15-19) (million, 2010): 0.80
- Average Number of Births (million, 2010): 0.60
- Population growth rate (2010): 2.93%

**WHA nutrition target indicators (DHS 2010/SMART 2013)**

- Low birth weight: 16.2%
- 0-5 months Exclusive Breastfeeding: 47.2%
- Under five stunting: 32.9%
- Under five wasting: 10.9%
- Under five overweight: 0.0%

**Coverage of Nutrition-relevant Factors**

**Infant and young child feeding practice**
- 6-23 months with Minimum Acceptable Diet: 3.1%
- 6-23 months with Minimum Diet Diversity: 6.0%

**Programs for vitamin and mineral deficiencies**
- Zinc Supplementation for Diarrhea: 0.4%
- Pregnant Women Attending 4 or more Antenatal Care Visits: 33.7%
- Vitamin A supplementation (6-59 months): 99.0%
- Households Consuming Adequately Iodized Salt: 95.4%

**Women’s Empowerment**
- Female literacy: 22.5%
- Female employment rate: 75.8%
- Median age at first marriage: 17.8
- Access to skilled birth attendant: 67.1%
- Women who have first birth before age 18: 23.6%
- Fertility rate: 6.1

**Other Nutrition-relevant indicators**
- Rate of urbanization: 27.20%
- Income share held by lowest 20%: 6.72%
- Calories per capita per day (kcal/capita/day): 2,546.3
- Energy from non-staples in supply: 23.92%
- Iron availability from animal products (mg/capita/day): 1.4
- Access to Improved Sanitation Facilities: 63.8%
- Access to Improved Drinking Water Sources: 76.5%
- Access to Piped Water on Premises: 7.2%
- Surface Water as Drinking Water Source: 6.3%
- GDP per capita (current USD, 2013): 684.00
- Exports-Agr Products per capita (current USD, 2012): 1.29
Burkina Faso joined the SUN movement in June 2011. The National Council for Nutrition Consultation (CNCN) set up in 2008 is the designated multi-sectoral platform (PMS) reporting to the Health Ministry, which includes the Ministries for agriculture and food security, for water and sanitation, for social action and national solidarity and for Economic Affairs and Finance, for the advancement of women and for gender issues, for national education, etc. The private sector, represented by the federation of agri-food industries and private healthcare clinics, NGOs, PTFs, regularly take part in meetings.

The UN Network is in place, coordinated by UNICEF. However, there is no donor coordinator or common plan defined between them.

A network of parliamentarians focused on nutrition has been set up and it has drawn up a nutrition work plan.

AGIR initiatives and the alliance for food fortification are also present in Burkina Faso.

Burkina Faso has a strategic nutrition plan (2010-2015) in line with its national nutrition policy (2007). It has committed to draw up and finalize a national nutrition plan (2016-2020) and to assess the financial resources necessary to implement this by end 2015.

National legislation includes food fortification with micronutrients, the regulation of imports and the marketing of iodized salt.

A number of multi-annual strategic plans from different ministerial departments include nutrition: the strategy for accelerated growth and sustainable development (SCAAD), the national investment plan for agriculture (PNN), and the three-year action plan for food and nutritional security policy (PNSAN).

Efforts could be achieved in disseminating these policies by availing of the network of nutrition journalists, set up in 2011.

Burkina Faso has incorporated modules on nutrition in the curriculum of health and agricultural schools.

There is harmonization of sectoral strategic frameworks but a roadmap and a common results framework are being drawn up with the support of United Nations agencies. The question of a common results framework within the context of reducing chronic malnutrition was the focus of a workshop in May 2014.

The programs and interventions are based on the National Nutrition Policy, reflected in many programs, namely social protection, food security and Vitamin A supplementation programs. Burkina Faso has been engaged in a process to decentralize administration for a number of years, with the involvement of all relevant sectors.

Funds targeting nutrition are classified as a sub-account of the national budget account for maternal and child health, which makes them difficult to monitor. The implementation of the costed plan is mainly the remit of the Health Ministry, with support from other ministries concerned and technical and financial partners. The excessive bureaucratic procedures often hamper or delay fund disbursements. Funds dedicated to nutrition by technical and financial partners are often emergency funds, making multi-annual planning often difficult.
Progress Across Four SUN Processes
Burkina Faso

2012¹ and 2014² Scoring of Progress Markers

- Bringing people together into a shared space for action: 59% in 2014, 29% in 2012
- Ensuring a coherent policy and legal framework: 56% in 2014, 12% in 2012
- Aligning actions around a Common Results Framework: 30% in 2014, 24% in 2012
- Financial Tracking and resource mobilization: 52% in 2014, 9% in 2012

2014 Dashboard for Progress Markers

Stage of Preparedness

- 59%: Bringing people together into a shared space for action
- 56%: Ensuring a coherent policy and legal framework
- 30%: Aligning actions around a Common Results Framework
- 52%: Financial Tracking and resource mobilization

1 Externally assessed by the SUN Movement Secretariat
2 Internally assessed by in-country self-assessment exercise
Gambia

Joined: July 2011
Demographic data

National Population (million, 2010) 1.7
Children under 5 (million, 2010) 0.3
Adolescent Girls (15-19) (million, 2010) 0.09
Average Number of Births (million, 2010) 0.07
Population growth rate (2010) 3.14%

WHA nutrition target indicators (MICS 2010)

Low birth weight 10.2%
0-5 months Exclusive Breastfeeding 33.5%
Under five stunting 23.4%
Under five wasting 9.5%
Under five overweight 1.9%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet -
6-23 months with Minimum Diet Diversity -

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea -
Pregnant Women Attending 4 or more Antenatal Care Visits -
Vitamin A supplementation (6-59 months) 46.0%
Households Consuming Adequately Iodized Salt 6.6%

Women’s Empowerment

Female literacy 43.1%
Female employment rate 67.7%
Median age at first marriage -
Access to skilled birth attendant 56.8%
Women who have first birth before age 18 -
Fertility rate 5.8

Other Nutrition-relevant indicators

Rate of urbanization 58.24%
Income share held by lowest 20% 4.79%
Calories per capita per day (kcal/capita/day) -
Energy from non-staples in supply -
Iron availability from animal products (mg/capita/day) -
Access to Improved Sanitation Facilities 97.0%
Open defecation 2.8%
Access to Improved Drinking Water Sources 85.8%
Access to Piped Water on Premises -
Surface Water as Drinking Water Source -
GDP per capita (current USD, 2013) 494.00
Exports-Agr Products per capita (current USD, 2012) 46.47
Imports-Agr Products per capita (current USD, 2012) 19.35

Current Trend: 10.33%
Minimum target suggested by WHA: 23.4%
Target prevalence: 10.33%
However, the tracking of nutrition specific financial management is weak and there is no mapping done on other sectors on nutrition financing, besides health. There are challenges to obtain financial information across sectors. The Gambia has decided to hire a consultant to set up a financial tracking mechanism.

UNICEF and the World Bank are the main investors in nutrition-specific programs, and the government also provides funds in support of nutrition programs. In 2014, the Gambia secured funds from the World Bank for a Results-Based Financing Project in health and nutrition and 21 million euros that are earmarked for nutrition and food security as part of the EU Programme.

The Gambia has updated its National Nutrition Policy (2010-2020) and validated a costed National Nutrition Strategic Plan (2011-2015) and Business Plan for Better Nutrition. Updated policies are present in all key sectors – agriculture, poverty reduction, health and education - and nutrition-relevant legislations. The Gambia has a National Gender and Women Empowerment Policy (2010-2020) and a Women’s Act 2010 that provides for the minimum recommended maternity leave of six months. The Ministry of Agriculture is integrating nutrition into its own programs. It is now necessary to enhance nutrition mainstreaming into policies across the board, in consultation with NaNA.

With a growing involvement of the private sector, standards and capacities for food safety and quality have been updated with attention to food processing, packaging and labelling. A new Food Safety and Quality Act (2011) has been enacted and the Food Safety and Quality Authority established to coordinate the implementation of the Act. The Code of Marketing of Breast-milk Substitutes is fully translated into law in the form of the Breastfeeding Promotion Regulations (2006).

Alignment of sectoral programs around the common results framework needs further clarification. The CRF is being developed and capacity building for its implementation will be a priority. To monitor progress against national nutrition policy and strategy plan, the Gambia has developed an M&E framework for 2011-2015.

The National Nutrition Strategic Plan, which contains the First 1,000 Most Critical Day Program, needs to also include other type of inputs to nutrition. The Baby Friendly Community Initiative is rapidly being scaled up and reaches thirty percent (30%) of the communities. A National Nutrition Communication Strategy has been finalized. The Gambia is scaling up interventions for the management of severe and moderate acute malnutrition (MAM), as well as other interventions that improve household consumption of iodized salt and the uptake of foods rich in micronutrients. In general, large-scale programs and systems are in place but not yet at full scale. The National Agriculture Investment Program includes 5 components and one of them relates to enhancing food and nutrition security.

The Vice-President and Minister of Women’s Affairs, H.E. Aja Isatou Njie-Saidy is a committed supporter of efforts to scale up nutrition in the Gambia. The National Nutrition Agency (NaNA), under the Office of the Vice President, is responsible for overseeing and coordinating the implementation of the National Nutrition Policy (2010-2020) and reports directly to the National Assembly.

The NaNA convenes all relevant Government sectors through the National Nutrition Council that is chaired by the Vice-President. The Gambia seeks to improve the involvement of ministries mandated on nutrition. Thematic sub-groups are being established: Maternal and Child Health Nutrition; Micronutrients; Information, Education and Communication; Monitoring and Evaluation; Resource Mobilization).

A multi-sectoral Nutrition Technical Advisory Committee is operative since 2012 and comprises of stakeholders from the public sector, civil society and development partners. It serves both as a coordination body and as a platform for sharing information and experience. It is planned to extend coordination mechanisms to the regional level, but a stronger involvement of some key nutrition related ministries is needed.

It is expected that REACH will be established once the stakeholders mapping, cost beneficiary analysis and multi-sectoral action plan for nutrition are finalised.

The Association of Non-Governmental Organizations (TANGO) is a composite body of NGOs with around 80 national and international members to influence government decisions and policies and to effectively liaise and coordinate with Government programs.
Progress Across Four SUN Processes
Gambia

2012\(^1\) and 2014\(^2\) Scoring of Progress Markers

- **Bringing people together into a shared space for action**
  - 2012: 80%
  - 2014: 43%

- **Ensuring a coherent policy and legal framework**
  - 2012: 43%
  - 2014: 54%

- **Aligning actions around a Common Results Framework**
  - 2012: 39%
  - 2014: 29%

- **Financial Tracking and resource mobilization**
  - 2012: 48%
  - 2014: 53%

2014 Dashboard for Progress Markers

Stage of Preparedness

- **54%**
- **29%**
- **80%**

1\(^{st}\) and 2\(^{nd}\) Scoring of Progress Markers

- **Ensuring a coherent policy and legal framework**
- **Aligning actions around a Common Results Framework**
- **Financial Tracking and resource mobilization**

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1\(^{st}\) Externally assessed by the SUN Movement Secretariat
2\(^{nd}\) Internally assessed by in-country self-assessment exercise
Mozambique

Joined: August 2011
Demographic data
National Population (million, 2010) 24
Children under 5 (million, 2010) 4.2
Adolescent Girls (15-19) (million, 2010) 1.30
Average Number of Births (million, 2010) 1.00
Population growth rate (2010) 2.63%

WHA nutrition target indicators (DHS 2011)
Low birth weight 16.0%
0-5 months Exclusive Breastfeeding 42.8%
Under five stunting 43.1%
Under five wasting 6.1%
Under five overweight 7.9%

Coverage of Nutrition-relevant Factors
Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet 13.0%
6-23 months with Minimum Diet Diversity 30.1%

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea
Pregnant Women Attending 4 or more Antenatal Care Visits 50.6%
Vitamin A supplementation (6-59 months) 20.0%
Households Consuming Adequately Iodized Salt 45.6%

Women’s Empowerment
Female literacy 40.2%
Female employment rate 80.7%
Median age at first marriage 18.6
Access to skilled birth attendant 54.3%
Women who have first birth before age 18 -
Fertility rate 5.6

Other Nutrition-relevant indicators
Rate of urbanization 30.21%
Income share held by lowest 20% 5.23%
Calories per capita per day (kcal/capita/day) 2,054.6
Energy from non-staples in supply 15.58%
Iron availability from animal products (mg/capita/day) 0.5
Access to Improved Sanitation Facilities 23.8%
Open defecation 39.4%
Access to Improved Drinking Water Sources 52.5%
Access to Piped Water on Premises 2.9%
Surface Water as Drinking Water Source 15.5%
GDP per capita (current USD, 2013) 593.00
Exports-Agr Products per capita (current USD, 2012) 0.74
Imports-Agr Products per capita (current USD, 2012) 0.53
Although the PAMRDC was costed in 2010, SETSAN feels it has the capacity to intensify ongoing efforts to reach more ambitious goals in financial tracking and mobilization. No information on national investments is available and neither government nor donors have direct lines for nutrition. A strategy to measure the degree of implementation of financial commitments among sectors is felt necessary. Fragmentation in financing of programs on the ground remains and no system exists to reconcile costs estimates with national investments and external contributions. Some steps have been taken to improve financial tracking. One of them is the Public Expenditure Review which started in August 2013.

The PAMRDC which serves as the country’s common results framework was approved by the Council of Ministers in 2010 and is being decentralized with 4 provincial plans approved so far. It focuses on adolescents, children under two and pregnant women, with nutrition-specific and nutrition-sensitive activities.

It was first revised in August 2013 to refine realistic indicators and goals to enable the measurement of each sector contribution to nutrition by the end of the year, had ensured nutrition interventions were included in the social and economic plans implemented by different sectors. Identification of priority interventions based on priority indicators is ongoing. Mapping of nutrition interventions is also underway, with the support from REACH. A monitoring and evaluation system is yet to be developed.

The President of Mozambique is a member of the SUN Lead Group. While Mozambique has not designated a high-level convening body for nutrition, the SUN Government Focal Point Coordinates the Technical Secretariat for Food and Nutrition Security – SETSAN. The focal point also reports to the Council of Ministers twice a year on the progress of the implementation of the National Multi-sectoral Action Plan to reduce Chronic Under-nutrition (PAMRDC) 2011-2015. The plan includes concrete recommendations that are to be implemented by relevant sectors.

SETSAN, the coordinating body for nutrition under the Ministry of Agriculture, has a technical role and facilitates the monthly meetings of the Technical Group for a Multi-sectoral Action Plan to reduce Chronic Malnutrition (GT-PAMRDC). The GT-PAMRDC includes representatives from nine ministries (Health, Agriculture, Women and Social Action, Education, Public Works, Industry and Commerce, Planning, Finance, Youth), UN agencies, donors and civil society. Discussions are ongoing to include the private sector in the group. SETSAN officially launched SUN in August of 2013 with eight technicians and now capacities have expanded to 26.

UN REACH fosters coordination among UN agencies. The Nutrition Partners Forum, hosted by SUN donor conveners – UNICEF and DANIDA – coordinates donors. The Civil Society Alliance, hosted by the Nutrition and Food Security Association (ANSA) was established in December 2013.

Although the PAMRDC was costed in 2010, SETSAN feels it has the capacity to intensify ongoing efforts to reach more ambitious goals in financial tracking and mobilization. No information on national investments is available and neither government nor donors have direct lines for nutrition. A strategy to measure the degree of implementation of financial commitments among sectors is felt necessary. Fragmentation in financing of programs on the ground remains and no system exists to reconcile costs estimates with national investments and external contributions. Some steps have been taken to improve financial tracking. One of them is the Public Expenditure Review which started in August 2013.

The government is making efforts to mobilize resources and several partners are allocating resources to implement the multi-sectoral nutrition plan. Nutrition interventions are increasingly being included in the Social & Economic Plan and being funded by the State budget. Donors like DANIDA are proposing innovative funding mechanisms that can help implement national and provincial level interventions - including provincial nutrition plans - and are supporting Government expenditure tracking by using the national public financial management system. A resource mobilization strategy has been elaborated.
Progress Across Four SUN Processes
Mozambique

2012\(^1\) and 2014\(^2\) Scoring of Progress Markers

- Bringing people together into a shared space for action
- Ensuring a coherent policy and legal framework
- Aligning actions around a Common Results Framework
- Financial Tracking and resource mobilization

2014 Dashboard for Progress Markers

- Stage of Preparedness

- 2014:
  - PM1: 43%
  - PM2: 34%
  - PM3: 39%
  - PM4: 20%
  - PM5: 31%
  - PM6: 39%

- 2012:
  - PM1: 39%
  - PM2: 24%
  - PM3: 20%
  - PM4: 20%
  - PM5: 31%

1 Externally assessed by the SUN Movement Secretariat
2 Internally assessed by in-country self-assessment exercise
Benin

Joined: September 2011
Demographic data

- Children under 5 (million, 2010): 1.6
- Adolescent Girls (15-19) (million, 2010): 0.50
- Average Number of Births (million, 2010): 0.30
- Population growth rate (2010): 3.01%

WHA nutrition target indicators (DHS 2006/AGVSAN 2008)

- Low birth weight: 12.5%
- 0-5 months Exclusive Breastfeeding: 43.1%
- Under five stunting: 44.7%
- Under five wasting: 8.4%
- Under five overweight: 11.4%

Coverage of Nutrition-relevant Factors

- Infant and young child feeding practice
  - 6-23 months with Minimum Acceptable Diet: 15.8%
  - 6-23 months with Minimum Diet Diversity: 32.1%

- Programs for vitamin and mineral deficiencies
  - Zinc Supplementation for Diarrhea: -
  - Pregnant Women Attending 4 or more Antenatal Care Visits: 60.5%
  - Vitamin A supplementation (6-59 months): 99.0%
  - Households Consuming Adequately Iodized Salt: 59.5%

Women’s Empowerment

- Female literacy: 27.9%
- Female employment rate: 67.1%
- Median age at first marriage: 18.6
- Access to skilled birth attendant: 77.7%
- Women who have first birth before age 18: 21.4%
- Fertility rate: 5.3

Other Nutrition-relevant indicators

- Rate of urbanization: 41.19%
- Income share held by lowest 20%: 6.99%
- Calories per capita per day (kcal/capita/day): 2,503.3
- Energy from non-staples in supply: 22.20%
- Iron availability from animal products (mg/capita/day): 1.0
- Access to Improved Sanitation Facilities: 15.1%
- Open defecation: 65.0%
- Access to Improved Drinking Water Sources: 76.8%
- Access to Piped Water on Premises: 76.8%
- Surface Water as Drinking Water Source: 3.7%
- GDP per capita (current USD, 2013): 805.00
- Exports-Agr Products per capita (current USD, 2012): 3.01
- Imports-Agr Products per capita (current USD, 2012): 2.72
The evaluation of the costs of the MFHNP (14 billion CFA francs) and the RBNFNP is complete. The evaluation of the resources used by the sectors for nutrition is not yet exhaustive and does not include investment from the private sector, which does not enable the funding gaps to be estimated.

Benin is committed to developing a resource mobilization strategy to implement these policies given that the current financial strategies will not suffice to scale up the actions identified. The organization of a round table with the donors is one of the paths under consideration. Creating a Network of Parliamentarians on nutrition seems certain.

Coordination meetings are held regularly for the purpose of exchanging information, knowledge, experience and influencing policy. Monitoring the implementation of deliberations and a better reproduction of discussions in the original member organizations would improve its impact.

A framework for municipal consultation on nutrition, like FNC, is planned and placed under the responsibility of the Mayor.

The evaluation of the costs of the MFHNP (14 billion CFA francs) and the RBNFNP is complete. The evaluation of the resources used by the sectors for nutrition is not yet exhaustive and does not include investment from the private sector, which does not enable the funding gaps to be estimated.

Benin is committed to developing a resource mobilization strategy to implement these policies given that the current financial strategies will not suffice to scale up the actions identified. The organization of a round table with the donors is one of the paths under consideration. A budget line for nutrition has been created in the state budget and dedicated funding has increased, as illustrated by the doubling of the budget of the FNC.

The Food and Nutrition Strategic Development Plan (FNSDP) defines the specific approaches that are sensitive to nutrition in the short and long term and the harmonization of sector policies has begun. Its integration with the Poverty Reduction Strategy Paper (PRSP 2011 - 2015) is under way. All efforts should continue to disseminate these policies from here on.

National legislation on nutrition is comprehensive and includes laws on food fortification, regulation of marketing of breast-milk substitutes and maternity protection.

A strategy for advocacy, communication and social mobilization (ACSM) was developed and harmonized with the national nutrition plan.

The FNSDP is implemented through the Results-Based National Food and Nutrition Program (RBNFNP), the Community Nutrition Project (CNP) and the Multi-sector Food, Health and Nutrition Project (MFHNP). A growing number of technical ministries align their programs with the FNSDP.

The RBNFNP includes a common results framework for all stakeholders and also has a framework for implementation. The government is committed to implementing a unified, multi-sector monitoring and evaluation plan at the decentralized level to establish a baseline for measuring progress and incorporating nutrition indicators in sector plans.

The results of the Demographic and Health Survey (DHS) have been released and the results of the Multiple Indicator Cluster Survey (MICS) are being distributed.
Progress Across Four SUN Processes
Benin

2012¹ and 2014² Scoring of Progress Markers

- 54% 46% 73% 50%
  - 2012 2014

- 38% 14% 24% 46%
  - 2012 2014

- 50% 46%

2014 Dashboard for Progress Markers
Stage of Preparedness

- 46% 73%
  - PM1 PM2 PM3 PM4 PM5 PM6

- 54%
  - PM1 PM2 PM3 PM4 PM5 PM6

1 Externally assessed by the SUN Movement Secretariat
2 Internally assessed by in-country self-assessment exercise
Namibia

Joined: September 2011
### Demographic data

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<tr>
<th>Category</th>
<th>Value</th>
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<tbody>
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<td>National Population (million, 2010)</td>
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<tr>
<td>Children under 5 (million, 2010)</td>
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<td>Adolescent Girls (15-19) (million, 2010)</td>
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<td>Average Number of Births (million, 2010)</td>
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<td>Population growth rate (2010)</td>
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### WHA nutrition target indicators (DHS 2006-2007)

- **Low birth weight**: 14.0%
- **0-5 months Exclusive Breastfeeding**: 23.9%
- **Under five stunting**: 29.6%
- **Under five wasting**: 7.5%
- **Under five overweight**: 4.6%

### Coverage of Nutrition-relevant Factors

**Infant and young child feeding practice**
- 6-23 months with Minimum Acceptable Diet: -
- 6-23 months with Minimum Diet Diversity: -

**Programs for vitamin and mineral deficiencies**
- Zinc Supplementation for Diarrhea: -
- Pregnant Women Attending 4 or more Antenatal Care Visits: 70.4%
- Vitamin A supplementation (6-59 months): 46.0%
- Households Consuming Adequately Iodized Salt: 62.9%

**Women’s Empowerment**
- Female literacy: 90.9%
- Female employment rate: 36.5%
- Median age at first marriage: 29.1
- Access to skilled birth attendant: 81.4%
- Women who have first birth before age 18: 15.4%
- Fertility rate: 3.4

**Other Nutrition-relevant indicators**
- Rate of urbanization: 39.61%
- Income share held by lowest 20%: 3.15%
- Calories per capita per day (kcal/capita/day): 2,254.7
- Energy from non-staples in supply: 36.37%
- Iron availability from animal products (mg/capita/day): -
- Access to Improved Sanitation Facilities: 32.9%
- Open defecation: 53.4%
- Access to Improved Drinking Water Sources: 86.4%
- Access to Piped Water on Premises: -
- Surface Water as Drinking Water Source: 7.3%
- GDP per capita (current USD, 2013): 5,462.00
- Exports-Agr Products per capita (current USD, 2012): 15.27
- Imports-Agr Products per capita (current USD, 2012): 6.73

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### Distribution of stunting across wealth quintiles

**Current Trend**

<table>
<thead>
<tr>
<th>Wealth Quintile</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>10%</td>
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<tr>
<td>Second</td>
<td>20%</td>
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<tr>
<td>Middle</td>
<td>30%</td>
</tr>
<tr>
<td>Fourth</td>
<td>40%</td>
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<tr>
<td>Highest</td>
<td>50%</td>
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**Minimum target suggested by WHA**

<table>
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<tr>
<th>Wealth Quintile</th>
<th>Prevalence</th>
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<tbody>
<tr>
<td>Lowest</td>
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<td>30%</td>
</tr>
<tr>
<td>Fourth</td>
<td>40%</td>
</tr>
<tr>
<td>Highest</td>
<td>50%</td>
</tr>
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</table>

### Targeted Stunting Reduction (million US stunted children)

- **Beginning prevalence**: 29.6%
- **Target prevalence**: 16.31%
- **Effort needed**: Target AARR = 4.5%
- **Target AARR**: 0.04
- **Current AARR**: 0.08
- **Target**: 0.05

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**Stunting Reduction Trend and Target**

- **Current AARR**: 0.0%
- **Government Reduction target**

**Trend of Exclusive Breastfeeding Rate**

- **Current Trend**
- **Minimum target suggested by WHA**
The costing of the CIP was carried out with support from the World Bank and UNICEF. The Ministry of Finance is providing NAFIN with N$ 200,000 per year (about USD 24,000) for a period of 4 years (2011-2014). The government’s financial system have not established a separate nutrition budget lines but the government reports on nutrition-specific expenditure. There is agreement about limitations in the financial resources available and allocated to nutrition between government and partners, but the amount has not been agreed upon as there is no system in place to track contributions by government sectors and external partners. Medium term strategic financial planning is available in the Medium Term Expenditure Framework (MTEF) budget, a planning for next 3 years.

Nutrition is a key priority and highlighted in the National Development Plan 4 (NDP4). Coordination and harmonisation from health sector into policy and legal framework takes place, other sectors are less aligned and need to coordinate. Additional legal guidelines, frameworks and Standard Operating Procedures (SOPs) need to be established.

Namibia has a National Food and Nutrition Policy (1995) and a National Strategic Plan for Nutrition (2010). In addition, there are a variety of nutrition-specific strategies and guidelines covering infant and young child feeding, micronutrient deficiency control, acute malnutrition management, and nutrition management for people living with HIV/AIDS. Nutrition-sensitive policies and strategies in Namibia cover all key sectors. The national legislation with a bearing on nutrition covers salt iodization, water management and social protection. Namibia has a number of policies on nutrition though some are out-dated.

Nutrition Landscape Analysis (LSA), strategic plans, SUN CIP exists.

The Office of the Prime Minister (OPM) convenes the Namibian Alliance for Improved Nutrition (NAFIN). NAFIN meets regularly, but formal structures need to be established and the involvement of line ministries (beyond the health sector) could be improved. Two technical working groups, accountable to NAFIN, have been created with their own terms of reference.

UN members active in NAFIN include UNICEF, WHO, WFP, UNESCO, FAO and UNDP. The Donor Convener is UNICEF. CSOs are also members of NAFIN; the Namibia Non-Government Organizations Forum Trust is the CSO umbrella body. CSOs contribute to scaling up nutrition in communities through direct activities at community and household level. The business community has provided financial support to nutrition through the Pupkewitz Foundation and the Namibian Millers Association.

Stakeholder engagement in nutrition is considered to be strong but the monitoring through NAFIN has yet to take place, except for regular reporting from the Health & Education sectors.

The Country Implementation Plan (2013-2016) developed with support from UN REACH includes a results matrix and a dashboard of indicators to monitor SUN progress and is used as the costed common results framework for improving nutrition.

The Country Implementation Plan aims to reduce the percentage of stunted children under five from 29% to 20%, reach all pregnant women and children under five with effective nutrition interventions, and save the lives of 26,000 children under five by reducing stunting, increasing exclusive breastfeeding to 50% and increasing treatment of severe acute malnutrition by 2015.

Activities being carried out by private sector actors, such as Namib Mills, are also reflected in the National Nutrition Plan of the Ministry of Health and Social services. Nutrition-sensitive programs are in place and are led by sectoral ministries, including agriculture, social protection, education, and water and sanitation. However they need better alignment.

Next steps are to take SUN CIP to parliament to mobilise resources, to advocate for nutrition-specific and nutrition-sensitive interventions and for the sustainable institutionalization of NAFIN in the Office of the Prime Minister.
Progress Across Four SUN Processes
Namibia

2012¹ and 2014² Scoring of Progress Markers

<table>
<thead>
<tr>
<th>Progress Marker</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bringing people together into a shared space for action</td>
<td>54%</td>
<td>43%</td>
</tr>
<tr>
<td>Ensuring a coherent policy and legal framework</td>
<td>34%</td>
<td>30%</td>
</tr>
<tr>
<td>Aligning actions around a Common Results Framework</td>
<td>43%</td>
<td>31%</td>
</tr>
<tr>
<td>Financial Tracking and resource mobilization</td>
<td>41%</td>
<td>40%</td>
</tr>
</tbody>
</table>

2014 Dashboard for Progress Markers

Stage of Preparedness

<table>
<thead>
<tr>
<th>Progress Marker</th>
<th>Percentage</th>
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<tr>
<td>Financial Tracking and resource mobilization</td>
<td>41%</td>
</tr>
</tbody>
</table>

¹Externally assessed by the SUN Movement Secretariat
²Internally assessed by in-country self-assessment exercise
Nigeria

Joined: November 2011
Demographic data

National Population (million, 2010) 159.7
Children under 5 (million, 2010) 28.0
Adolescent Girls (15-19) (million, 2010) 8.00
Average Number of Births (million, 2010) 6.30
Population growth rate (2010) 2.69%

WHA nutrition target indicators (DHS 2013)

Low birth weight 8.1%
0-5 months Exclusive Breastfeeding 17.4%
Under five stunting 36.4%
Under five wasting 18.1%
Under five overweight 4.9%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet 10.2%
6-23 months with Minimum Diet Diversity 19.3%

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea 2.3%
Pregnant Women Attending 4 or more Antenatal Care Visits 51.1%
Vitamin A supplementation (6-59 months) 78.0%
Households Consuming Adequately Iodized Salt -

Women’s Empowerment

Female literacy 53.1%
Female employment rate 63.4%
Median age at first marriage 18.3
Access to skilled birth attendant 38.1%
Women who have first birth before age 18 22.5%
Fertility rate 5.5

Other Nutrition-relevant indicators

Rate of urbanization 48.61%
Income share held by lowest 20% 5.89%
Calories per capita per day (kcal/capita/day) 2,691.7
Energy from non-staples in supply 29.76%
Iron availability from animal products (mg/capita/day) 1.0
Access to Improved Sanitation Facilities 34.0%
Open defecation 28.7%
Access to Improved Drinking Water Sources 59.6%
Access to Piped Water on Premises 2.9%
Surface Water as Drinking Water Source 13.9%
GDP per capita (current USD, 2013) 3,010.00
Exports-Agr Products per capita (current USD, 2012) 0.05
Imports-Agr Products per capita (current USD, 2012) 0.07
The national budget is mapped and currently there are ongoing efforts of a budget line specifically for nutrition in line ministries at national and state levels.

The establishment of the financial tracking system is a priority in order to identify the funding gaps for scaling up nutrition interventions.

The UN and the CSO report that they regularly assess the financial feasibility of their own plan and track and account for spending. However, there is no overall mechanism to track financial contributions to nutrition.

A sustainable funding strategy to support national plans is needed.

The analysis of the nutritional context and the stock taking of existing policies and regulations have enabled to update policies in nutrition-related areas such as agriculture, food security and public health.

Nigeria has updated its Infant and Youth Child Feeding Policy and the Micronutrient Deficiency Control Guidelines and is currently advocating for its implementation.

There are significant provisions for the implementation of the International Code of Marketing of Breast Milk Substitutes in the law. The laws for mandatory fortification of wheat flour, maize flour and vegetable oil is in place.

Nigeria achieved universal salt iodization (USI) certification in 2005.

Nutrition-sensitive policies and strategies cover key sectors and National ministerial guidelines that support mainstreaming nutrition in sectors exist, though proper coordination of nutrition policies and regulations should be strengthened.

A Societal Mobilization, Advocacy and Communication (SMAC) strategy has been developed and aligned with the national nutrition plan.

Government officials are also engaged through the Nutrition Partners Forum, which meets with external partners including national and international NGOs, United Nations agencies, donors, businesses and the media, private sector actors, to discuss strategy development and undertake decisions relating to funding and also to nutrition emergencies.

A National Committee on Food and Nutrition, convened by the National Planning Commission, is being reactivated and strengthened to assess and enhance various policies on food and nutrition and to plan for related national programmes.

DFID and UNICEF act as donor conveners. The UN agencies have a coordinating mechanism and donors do have a coordination plan. The Civil Society Convener for the SUN CSO Alliance is Save the Children. The Private Sector has its own business platform – the Chamber of Commerce – and engages in scaling up nutrition through the National Fortification Alliance.

The Government of Nigeria has updated its National Plan of Action on Food and Nutrition which dated back to 2004. The document is fully supported by the Government and the line ministries but has not yet been circulated to a wider group of stakeholders. The plan is based on the agreed upon common results and includes a Monitoring and Evaluation framework.

The existing nutrition interventions will need to be aligned with this plan. Efforts are currently ongoing to increase the coverage of specific nutrition interventions including CMAM. In addition, the Ministry of Agriculture is promoting the production of high-energy food and food fortification with the engagement of local enterprises.

Implementation is starting to be tracked and sectors and ministries have different mechanisms for regular tracking.
Progress Across Four SUN Processes
Nigeria

2012\(^1\) and 2014\(^2\) Scoring of Progress Markers

<table>
<thead>
<tr>
<th>Progress Marker</th>
<th>2012</th>
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<tbody>
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<td>Bringing people together into a shared space for action</td>
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<tr>
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<tr>
<td>Aligning actions around a Common Results Framework</td>
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<td>0%</td>
</tr>
<tr>
<td>Financial Tracking and resource mobilization</td>
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2014 Dashboard for Progress Markers

Stage of Preparedness

<table>
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<tr>
<th>Progress Marker</th>
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</tbody>
</table>

\(^1\)Externally assessed by the SUN Movement Secretariat
\(^2\)Internally assessed by in-country self-assessment exercise
Kyrgyzstan

Joined: December 2011
Demographic data
National Population (million, 2010) 5.3
Children under 5 (million, 2010) 0.6
Adolescent Girls (15-19) (million, 2010) 0.30
Average Number of Births (million, 2010) 0.12
Population growth rate (2010) 1.13%

WHA nutrition target indicators (DHS 2012)
Low birth weight 5.3%
0-5 months Exclusive Breastfeeding 56.1%
Under five stunting 17.8%
Under five wasting 2.8%
Under five overweight 9.0%

Coverage of Nutrition-relevant Factors
Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet 16.2%
6-23 months with Minimum Diet Diversity 44.0%

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea -
Pregnant Women Attending 4 or more Antenatal Care Visits 83.6%
Vitamin A supplementation (6-59 months) -
Households Consuming Adequately Iodized Salt 96.6%

Women’s Empowerment
Female literacy 99.9%
Female employment rate 50.3%
Median age at first marriage 20.6
Access to skilled birth attendant 97.6%
Women who have first birth before age 18 6.3%
Fertility rate 3.6%

Other Nutrition-relevant indicators
Rate of urbanization 35.30%
Income share held by lowest 20% 7.68%
Calories per capita per day (kcal/capita/day) 2,212.0
Energy from non-staples in supply 13.00%
Iron availability from animal products (mg/capita/day) -
Access to Improved Sanitation Facilities 95.1%
Open defecation 0.1%
Access to Improved Drinking Water Sources 85.9%
Access to Piped Water on Premises 25.5%
Surface Water as Drinking Water Source 10.1%
GDP per capita (current USD, 2013) 1,263.00
Exports-Agr Products per capita (current USD, 2012) 2.66
Imports-Agr Products per capita (current USD, 2012) 3.02
Food Security and Nutrition Programs are developed and considered as Road map and implemented with both state budget and donor support. While the country spends over USD 13 million annually on its school feeding program and activities of the specialized agency for food security, funding gaps have been identified in several strategic areas including nutrition awareness campaigns, and the development and implementation of a monitoring system for nutrition.

Despite the existence of an action plan in the Food Security and Nutrition Program, there is no single mechanism to plan, monitor and evaluate the state budget. Nutrition issues are addressed in various programs but are not being monitored at a central level.

The Food Security and Nutrition program includes a Common Results Framework outlining the responsibilities of all parties involved. All sectors do implement their policies in accordance with international standards. For example, the Ministry of Health is already implementing several nutrition-specific interventions including promotion of exclusive breastfeeding for children under 6 months, nutrition for pregnant and lactating women, salt iodization promoted through village health committees, and the fortification of flour. Legislations are available but are not implemented effectively.

The establishment of the Multi-Stakeholder Platform is identified as an action point in the Food Security and Nutrition Program (2014-2017) that is being developed.
Progress Across Four SUN Processes
Kyrgyzstan

2012¹ and 2014² Scoring of Progress Markers

- Bringing people together into a shared space for action: 29% (2012) vs. 26% (2014)
- Ensuring a coherent policy and legal framework: 28% (2012) vs. 14% (2014)
- Aligning actions around a Common Results Framework: 45% (2014) vs. 20% (2012)
- Financial Tracking and resource mobilization: 25% (2014) vs. 26% (2012)

2014 Dashboard for Progress Markers

Stage of Preparedness

- 28%: Bringing people together into a shared space for action
- 45%: Aligning actions around a Common Results Framework
- 25%: Financial Tracking and resource mobilization

29% 26% 20% 25%

¹Externally assessed by the SUN Movement Secretariat
²Internally assessed by in-country self-assessment exercise
Indonesia

Joined: December 2011
### Demographic data

<table>
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<th>Category</th>
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<tr>
<td>Children under 5 (million, 2010)</td>
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<td>Adolescent Girls (15-19) (million, 2010)</td>
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</tr>
<tr>
<td>Population growth rate (2010)</td>
<td>1.39%</td>
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</table>

### WHA nutrition target indicators (National report on basic health research. RISKESDAS. 2013)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birth weight</td>
<td>7.3%</td>
</tr>
<tr>
<td>0-5 months Exclusive Breastfeeding</td>
<td>41.5%</td>
</tr>
<tr>
<td>Under five stunting</td>
<td>36.4%</td>
</tr>
<tr>
<td>Under five wasting</td>
<td>13.5%</td>
</tr>
<tr>
<td>Under five overweight</td>
<td>11.5%</td>
</tr>
</tbody>
</table>

### Coverage of Nutrition-relevant Factors

#### Infant and young child feeding practice

- 6-23 months with Minimum Acceptable Diet: 36.6%
- 6-23 months with Minimum Diet Diversity: 58.2%

#### Programs for vitamin and mineral deficiencies

- Zinc Supplementation for Diarrhea: -
- Pregnant Women Attending 4 or more Antenatal Care Visits: 81.5%
- Vitamin A supplementation (6-59 months): 73.0%
- Households Consuming Adequately Iodized Salt: 62.0%

### Women’s Empowerment

- Female literacy: 87.4%
- Female employment rate: 46.8%
- Median age at first marriage: 19.8
- Access to skilled birth attendant: 79.0%
- Women who have first birth before age 18: 8.5%
- Fertility rate: 2.5

### Other Nutrition-relevant indicators

- Rate of urbanization: 49.76%
- Income share held by lowest 20%: 7.27%
- Calories per capita per day (kcal/capita/day): 2,497.5
- Energy from non-staples in supply: 32.68%
- Iron availability from animal products (mg/capita/day): 1.7
- Access to Improved Sanitation Facilities: 69.2%
- Open defecation: 23.0%
- Access to Improved Drinking Water Sources: 74.4%
- Access to Piped Water on Premises: 9.5%
- Surface Water as Drinking Water Source: 15.3%
- GDP per capita (current USD, 2013): 3,475.00
- Exports-Agr Products per capita (current USD, 2012): 0.10
- Imports-Agr Products per capita (current USD, 2012): 0.05
In September 2012, Indonesia launched its policy framework for the SUN Movement. Four ministers for the ministries of People’s Welfare, Development and Planning, Health, Women’s Empowerment and Child Protection, launched the “First 1,000 Days of Life Movement”. They set reduction targets for 2025 in child chronic and acute malnutrition, anaemia in women, low birth weight babies, childhood obesity and augmentation of exclusive breastfeeding. The Presidential Decree 42 signed in May 2013 led to the launch of the SUN Movement in October 2013 and the establishment of a multi-stakeholder high-level Task Force under the Ministry for People’s Welfare which acts as the convening body for 13 ministries and UN agencies. The Task Force reports to the President. Priorities are to strengthen the engagement of its members and the development of sub-national level mechanisms. It is assisted by a technical team, six thematic working groups and advised by an expert group. A SUN Secretariat has been set up and is operative.

The UN agencies have formed the UN Country Network on Nutrition and may seek to expand membership to include donors). A donor convener is yet to be confirmed. Civil society organisations meet through the Nutrition Forum which gathers NGOs, academia, and professional organisations. The Business network is established, represented in the relevant working groups and implements nutrition activities under the Company-Community Partnership for Health in Indonesia (CCPHI).

Indonesia has had nutrition-specific policies and strategies. The national Medium Term Development Plan (2015-2019) accommodates nutrition policy as cross sectors issue in health, education, family planning, gender, wash and will appear in the next plan. UNPDF (UN Partnership for Development Framework) places nutrition as a priority in Indonesia. National legislation provides a coherent framework for multi-sectoral action in nutrition with relevant dispositions in food laws (food safety, food quality, food labelling and advertisement). Food Law No. 18 / 2012 mandates that nutrition outcomes should be considered in the policy and programmes on food and security. The Government Regulation 33/2012 endorses the International Code of Marketing of Breast-milk Substitutes, and others on Exclusive Breastfeeding, flour fortification, salt iodization, oil fortification with vitamin A. Rice fortification is under preparation. The communication and advocacy strategy on the first 1,000 Days is almost finalized. Efforts are also focusing on the amelioration of information dissemination.
Progress Across Four SUN Processes
Indonesia

2012¹ and 2014² Scoring of Progress Markers

- Bringing people together into a shared space for action: 44% (2014), 26% (2012)
- Ensuring a coherent policy and legal framework: 50% (2014), 48% (2012)
- Aligning actions around a Common Results Framework: 48% (2014), 46% (2012)
- Financial Tracking and resource mobilization: 35% (2014), 59% (2012)

2014 Dashboard for Progress Markers

Stage of Preparedness

44% PM1
48% PM2
50% PM3
48% PM4
35% PM5
26% PM6

1 Externally assessed by the SUN Movement Secretariat
2 Internally assessed by in-country self-assessment exercise
Rwanda

Joined: December 2011
Demographic data

- National Population (million, 2010): 10.8
- Children under 5 (million, 2010): 1.8
- Adolescent Girls (15-19) (million, 2010): 0.50
- Average Number of Births (million, 2010): 0.40
- Population growth rate (2010): 2.78%

WHA nutrition target indicators (DHS 2010)

- Low birth weight: 6.2%
- 0-5 months Exclusive Breastfeeding: 84.9%
- Under five stunting: 44.3%
- Under five wasting: 3.0%
- Under five overweight: 7.1%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice
- 6-23 months with Minimum Acceptable Diet: 16.8%
- 6-23 months with Minimum Diet Diversity: 25.8%

Programs for vitamin and mineral deficiencies
- Zinc Supplementation for Diarrhea: -
- Pregnant Women Attending 4 or more Antenatal Care Visits: 35.4%
- Vitamin A supplementation (6-59 months): 3.0%
- Households Consuming Adequately Iodized Salt: 99.3%

Women's Empowerment
- Female literacy: 76.9%
- Female employment rate: 86.1%
- Median age at first marriage: 21.4
- Access to skilled birth attendant: 98.0%
- Women who have first birth before age 18: 6.1%
- Fertility rate: 5.1

Other Nutrition-relevant indicators
- Rate of urbanization: 18.44%
- Income share held by lowest 20%: 5.16%
- Calories per capita per day (kcal/capita/day): 2,021.6
- Energy from non-staples in supply: 36.04%
- Iron availability from animal products (mg/capita/day): 0.5
- Access to Improved Sanitation Facilities: 61.8%
- Open defecation: 1.1%
- Access to Improved Drinking Water Sources: 73.6%
- Access to Piped Water on Premises: 5.0%
- Surface Water as Drinking Water Source: 8.8%
- GDP per capita (current USD, 2013): 633.00
- Exports-Agr Products per capita (current USD, 2012): 3.81
- Imports-Agr Products per capita (current USD, 2012): 1.22

Stunting Reduction Trend and Target

- Current AARR: 0.9%
- Target AARR: 4.9%
- Targeted Stunting Reduction (million U5 stunted children)

Distribution of stunting across wealth quintiles

- National Average (2010)
- National Target

Trend of Exclusive Breastfeeding Rate

Targeted Stunting Reduction (million U5 stunted children)
Rwanda is strongly committed to reducing malnutrition. Several multi-stakeholder platforms to scale up nutrition have been set up. At the national level, the Food and Nutrition Steering Committee (SCF&NSC) under the Prime Minister’s Office is the highest level government convening body. It is co-chaired by the Ministries of Health, Agriculture, and Local Government, and provides advice and reports on nutrition and household food security. It is complemented by the National Food and Nutrition Technical Working Group (NF&NTWG), which includes participation from all partners including the Social Cluster Ministries, UN agencies, NGOs, academia, donors, and businesses. Food and Nutrition Steering Committees (DF&NSC) are planned at District level. Sector level administrations will also form Sector Food and Nutrition Steering Committees to coordinate technical assistance to communities.

REACH serves as the nutrition coordinating mechanism for UN agencies. The private sector has established the National Food Fortification Alliance, a platform which includes industries, consumer associations, academia and government ministries, and which consults mainly on food fortification. A Civil Society Alliance has been established in June 2014 with WFP as participating UN organization.

The National Nutrition Policy (2007) and the National Strategy to Eliminate Malnutrition (2010-2013) have been updated. The new National Food and Nutrition Policy (2013) and the National Food and Nutrition Strategy (2013-2018) include nutrition specific and nutrition sensitive approaches to addressing under-nutrition.

To operationalize the National Strategy to Eliminate Malnutrition, 5 key ministries (Health, Agriculture, Education, Gender, and Local Government) are putting together yearly multi-sectoral Joint Action Plans to Eliminate Malnutrition since 2012. Programs are being progressively scaled up with increasing coverage. All 30 districts have developed District Plans for the Elimination of Malnutrition (DPEM), which are currently being implemented at varying degrees. In September 2013, the government launched the “Thousand Days in the Land of a Thousand Hills” Nutrition Campaign, which calls government and partners to focus on the available, affordable and cost-effective solutions to improve nutrition during the 1,000 days window of opportunity.

The plan has an M&E element which utilizes innovative mechanisms such as rapid SMS or performance-based contracts with mayors. The rapid SMS has also been expanded to include tracking a full 1,000 days of maternal and child health post-natal and new born care services. Currently, Rwanda is working on incorporating Length for Age Measurements into Growth Monitoring and Promotion with EU support, and is using DevInfo as a monitoring tool in 22 districts.

Rwanda hosted in early 2014 high level nutrition events such as the 3rd National Nutrition Summit “Promote the first 1,000 Days to Prevent Child Stunting”; the 2nd Global Conference on Bio-fortification; and the Rwanda CAADP II High Level Meeting.

The Ministry of Local Government has updated the Social Protection Strategy. The Health Sector Strategic Plan III (2012-2018) has also been updated. The Ministry of Agriculture has developed a costing Nutrition Action Plan (2013-2018). Other key legislations are on process for approval such as the Maternity Protection Law, Measures for the Implementation of the International Code of Marketing of Breast-milk Substitutes, and Food Fortification.

The comprehensive Joint Action Plan to Fight Malnutrition is costed on an annual basis. The Government’s financial contribution has been clearly identified but more clarity on partners’ contribution is needed. The Government has signed an MOU with the EU to provide USD 10 million for nutrition over the next 3 years. Various partners are leveraging funds from donors both in country and outside. It is estimated that Rwanda may receive up to USD 12 million per year for nutrition over the next 3 years. The Swiss Agency for Development Cooperation also provided USD 3 million starting 2013 to support implementation of DPEM in two districts through the One UN Joint Nutrition Project. The Embassy of the Netherlands funded a nutrition programme through UNICEF starting with 10 districts in 2013 and expanded to 14 more districts in 2014. The total funding for this programme for 4 years is USD 24,724,633.
Progress Across Four SUN Processes
Rwanda

2012\(^1\) and 2014\(^2\) Scoring of Progress Markers

- Bringing people together into a shared space for action: 75% (2012) vs 52% (2014)
- Ensuring a coherent policy and legal framework: 70% (2012) vs 46% (2014)
- Aligning actions around a Common Results Framework: 65% (2012) vs 61% (2014)
- Financial Tracking and resource mobilization: 56% (2014) vs 65% (2012)

2014 Dashboard for Progress Markers

- Stage of Preparedness
  - 70%
  - 65%
  - 75%
  - 56%

- PM1: Ensuring a coherent policy and legal framework
- PM2: Aligning actions around a Common Results Framework
- PM3: Financial Tracking and resource mobilization
- PM4: Bringing people together into a shared space for action
- PM5: Ensuring a coherent policy and legal framework
- PM6: Aligning actions around a Common Results Framework

\(^{1}\)Externally assessed by the SUN Movement Secretariat
\(^{2}\)Internally assessed by in-country self-assessment exercise
Countries that joined the Movement in 2012

Sierra Leone
Madagascar
Haiti
Kenya
El Salvador
Sri Lanka
Yemen
Sierra Leone

Joined: January 2012
Demographic data
National Population (million, 2010) 5.8
Children under 5 (million, 2010) 0.9
Adolescent Girls (15-19) (million, 2010) 0.30
Average Number of Births (million, 2010) 0.20
Population growth rate (2010) 2.33%

WHA nutrition target indicators (MICS 2010/SMART 2010)
Low birth weight 10.5%
0-5 months Exclusive Breastfeeding 31.6%
Under five stunting 34.1%
Under five wasting 6.9%
Under five overweight 9.6%

Coverage of Nutrition-relevant Factors
Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet -
6-23 months with Minimum Diet Diversity -

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea 7.4%
Pregnant Women Attending 4 or more Antenatal Care Visits 74.7%
Vitamin A supplementation (6-59 months) 99.0%
Households Consuming Adequately Iodized Salt 63.0%

Women’s Empowerment
Female literacy 26.2%
Female employment rate 64.9%
Median age at first marriage -
Access to skilled birth attendant 62.0%
Women who have first birth before age 18 32.2%
Fertility rate 5.2%

Other Nutrition-relevant indicators
Rate of urbanization 39.66%
Income share held by lowest 20% 7.81%
Calories per capita per day (kcal/capita/day) 2,081.0
Energy from non-staples in supply 34.87%
Iron availability from animal products (mg/capita/day) 1.3
Access to Improved Sanitation Facilities 40.5%
Open defecation 28.9%
Access to Improved Drinking Water Sources 57.0%
Access to Piped Water on Premises 1.0%
Surface Water as Drinking Water Source 27.8%
GDP per capita (current USD, 2013) 809.00
Exports-Agr Products per capita (current USD, 2012) -
Imports-Agr Products per capita (current USD, 2012) -
Sierra Leone has made nutrition a priority in its five-year Poverty Reduction Strategic Plan – the “Agenda for Prosperity”. The country has already developed a National Food and Nutrition Policy and other nutrition-specific policies and strategies on infant and young child malnutrition, managing acute malnutrition and micronutrient supplementation. Nutrition-sensitive policies and plans cover key sectors like agriculture and food security, poverty reduction and development, as well as public health. The coordinating mechanism of the MSP is fully embedded in the Food and Nutrition Security Implementation Plan.

Key line ministries have been pro-active in mainstreaming nutrition into their sector/ministerial strategic plans, though the tracking and reporting system is at sector level. Moreover, there is two nutrition parliamentary committees on Health and Agriculture and Food Security. The National Food and Nutrition Security Implementation Plans were recently validated.

The budget of the Food and Nutrition Policy Implementation Plan was finalized. This budget will be used to reconcile estimates with investments in order to identify financial gaps. In honoring its commitment Government has increased nutrition allocation to both Ministry of Health and Sanitation and Ministry of Agriculture in its 2014 budget. The Ministry of Health and Sanitation (MOHS) and Ministry of Finance and Economic Development (MFED) staff have been trained on tracking and financing nutrition activities. The Government has shown commitment and pays wages salaries and utility costs as outlined in the implementation plan. However, disbursement remains a challenge. Financial contributions are made by donors for some nutrition direct and sensitive interventions.

The National Food and Nutrition Implementation Plan remains the common results framework and has been validated by relevant Ministries and development partners. Its development, following the endorsement of the National Food and Nutrition Policy, was the result of the concerted efforts led by the Ministry of Health and Sanitation and the Ministry of Agriculture, together with ministries and stakeholders.

Additionally, the implementation of the Free Healthcare Initiative that focuses on ensuring access and care for women and children is expected to contribute to a reduction in child and maternal morbidity and mortality. The government, which has set clear targets to reduce stunting and wasting and increase exclusive breastfeeding rates by 2020, is committed to scaling up community support networks for nutrition and food security and increasing the number of qualified nutritionists. Programs have been aligned around seven priorities with involvement of relevant ministries, local government and multiple stakeholders. Focal persons are now identified in nine ministries in support of mainstreaming the implementation of relevant interventions and services at scale.
Progress Across Four SUN Processes
Sierra Leone

2012\(^1\) and 2014\(^2\) Scoring of Progress Markers

<table>
<thead>
<tr>
<th>Progress Marker</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bringing people together into a shared space for action</td>
<td>75%</td>
<td>59%</td>
</tr>
<tr>
<td>Ensuring a coherent policy and legal framework</td>
<td>58%</td>
<td>34%</td>
</tr>
<tr>
<td>Aligning actions around a Common Results Framework</td>
<td>53%</td>
<td>55%</td>
</tr>
<tr>
<td>Financial Tracking and resource mobilization</td>
<td></td>
<td>44%</td>
</tr>
</tbody>
</table>

2014 Dashboard for Progress Markers

- **Stage of Preparedness**
  - PM1: 75%
  - PM2: 58%
  - PM3: PM4: PM5: PM6: 53%

Progress Across Four SUN Processes

---

\(^1\)Externally assessed by the SUN Movement Secretariat

\(^2\)Internally assessed by in-country self-assessment exercise
Madagascar

Joined: February 2012
Demographic data

National Population (million, 2010) 21.1
Children under 5 (million, 2010) 3.4
Adolescent Girls (15-19) (million, 2010) 1.20
Average Number of Births (million, 2010) 0.70
Population growth rate (2010) 2.84%

WHA nutrition target indicators (DHS 2008-2009)

Low birth weight 12.7%
0-5 months Exclusive Breastfeeding 50.7%
Under five stunting 49.2%
Under five wasting 0.0%
Under five overweight 0.0%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet -
6-23 months with Minimum Diet Diversity -

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea 1.4%
Pregnant Women Attending 4 or more Antenatal Care Visits 49.3%
Vitamin A supplementation (6-59 months) 88.0%
Households Consuming Adequately Iodized Salt 46.6%

Women’s Empowerment

Female literacy 74.7%
Female employment rate 80.3%
Median age at first marriage 18.7
Access to skilled birth attendant 43.9%
Women who have first birth before age 18 31.7%
Fertility rate 4.8

Other Nutrition-relevant indicators

Rate of urbanization 31.38%
Income share held by lowest 20% 5.41%
Calories per capita per day (kcal/capita/day) 2,088.9
Energy from non-staples in supply 18.49%
Iron availability from animal products (mg/capita/day) 1.2
Access to Improved Sanitation Facilities 4.37%
Open defecation 43.7%
Access to Improved Drinking Water Sources 39.9%
Access to Piped Water on Premises 4.5%
Surface Water as Drinking Water Source 21.9%
GDP per capita (current USD, 2013) 471.00
Exports-Agr Products per capita (current USD, 2012) 1.34
Imports-Agr Products per capita (current USD, 2012) 0.73
PNAN II covers the period 2012-2015 and is currently being implemented. The common results framework accompanied by an implementation plan was developed from the monitoring and evaluation plan (MEP) of PNAN II. The monitoring and evaluation framework was drawn up and approved in the form of collegial implementation management with ONN as project leader. However, regional monitoring and evaluation groups are not operational due to a lack of financing. PNAN II includes five strategic priorities: preventing and managing malnutrition, improving food and nutrition security and effective coordination on nutrition.

PNAN has been costed and budgeted. Gaps in funding have been estimated, revealing that nutrition funding is well below the level deemed necessary to achieve the objectives of PNAN II. Budgetary assessments are being carried out to monitor spending. Nutrition in Madagascar was included in the Finance Act and is supported by a State budget line and the Public Investment Program (PIP) but the socio-political crisis is complicating internal and external financial mobilization.
Progress Across Four SUN Processes
Madagascar

2012\(^1\) and 2014\(^2\) Scoring of Progress Markers

<table>
<thead>
<tr>
<th>Stage of Preparedness</th>
<th>2014</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bringing people together into a shared space for action</td>
<td>62%</td>
<td>52%</td>
</tr>
<tr>
<td>Ensuring a coherent policy and legal framework</td>
<td>56%</td>
<td>16%</td>
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<tr>
<td>Aligning actions around a Common Results Framework</td>
<td>54%</td>
<td>24%</td>
</tr>
<tr>
<td>Financial Tracking and resource mobilization</td>
<td>54%</td>
<td>16%</td>
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</table>

2014 Dashboard for Progress Markers

<table>
<thead>
<tr>
<th>Progress Markers</th>
<th>2014</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensuring a coherent policy and legal framework</td>
<td>56%</td>
<td>16%</td>
</tr>
<tr>
<td>Aligning actions around a Common Results Framework</td>
<td>54%</td>
<td>24%</td>
</tr>
<tr>
<td>Financial Tracking and resource mobilization</td>
<td>54%</td>
<td>16%</td>
</tr>
</tbody>
</table>

\(^1\)Externally assessed by the SUN Movement Secretariat
\(^2\)Internally assessed by in-country self-assessment exercise
Haiti

Joined: June 2012
**Demographic data**

National Population (million, 2010) 9.9
Children under 5 (million, 2010) 1.2
Adolescent Girls (15-19) (million, 2010) 0.50
Average Number of Births (million, 2010) 0.30
Population growth rate (2010) 1.33%

**WHA nutrition target indicators (DHS 2012)**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birth weight</td>
<td>19.1%</td>
</tr>
<tr>
<td>0-5 months Exclusive Breastfeeding</td>
<td>39.7%</td>
</tr>
<tr>
<td>Under five stunting</td>
<td>21.9%</td>
</tr>
<tr>
<td>Under five wasting</td>
<td>5.2%</td>
</tr>
<tr>
<td>Under five overweight</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

**Coverage of Nutrition-relevant Factors**

**Infant and young child feeding practice**

- 6-23 months with Minimum Acceptable Diet: 13.6%
- 6-23 months with Minimum Diet Diversity: 29.2%

**Programs for vitamin and mineral deficiencies**

- Zinc Supplementation for Diarrhea: 0.3%
- Pregnant Women Attending 4 or more Antenatal Care Visits: 67.3%
- Vitamin A supplementation (6-59 months): 54.0%
- Households Consuming Adequately Iodized Salt: 16.9%

**Women’s Empowerment**

- Female literacy: 73.6%
- Female employment rate: 54.4%
- Median age at first marriage: 21.8
- Access to skilled birth attendant: 37.3%
- Women who have first birth before age 18: 14.2%
- Fertility rate: 3.5

**Other Nutrition-relevant indicators**

- Rate of urbanization: 52.50%
- Income share held by lowest 20%: 2.38%
- Calories per capita per day (kcal/capita/day): 1,902.3
- Energy from non-staples in supply: 42.70%
- Iron availability from animal products (mg/capita/day): 1.0
- Access to Improved Sanitation Facilities: 27.7%
- Open defecation: 34.7%
- Access to Improved Drinking Water Sources: 64.5%
- Access to Piped Water on Premises: 9.2%
- Surface Water as Drinking Water Source: 1.6%
- GDP per capita (current USD, 2013): 820.00
- Exports-Agr Products per capita (current USD, 2012): 0.36
- Imports-Agr Products per capita (current USD, 2012): 2.20

**Targeted Stunting Reduction (million U5 stunted children)**

- Current AARR: 2.11%
- Target AARR: 13.31%
- Effort needed: 3.8%
- Target: 0.04

**Government Reduction target**

- Current AARR: 2.11%
The mobilization of external financial resources, apart from emergency funds, is considered a priority. The government’s budget line for nutrition, set up in 2013 to start activities, is provisioned. The focus will be on social safety nets, agriculture and community development projects. In 2014, UNICEF helped finance the production of iodized salt and a new project to reduce food insecurity and poverty, which has a significant nutrition component, is jointly led by ACF, CARE and PAM (financed by USAID).

In January 2012, Haiti published its updated national nutrition policy aimed at children aged up to 59 months, pregnant and breastfeeding women, older persons and persons infected with HIV/AIDS and tuberculosis. This policy was widely disseminated. Many other policies and strategies contribute to nutrition via various sectors, including the poverty reduction strategy (2008-2010 national strategy for growth and poverty reduction) and the national investment plan for agriculture, informal education and social protection (May 2010). The right to food is defined in the Constitution. Haiti has specific legislation on fortifying salt, flour and oil with iodine, iron and Vitamin A and on maternity leave. A bill has been tabled to reinforce food security (meat and poultry breeding project under the Agriculture Ministry) and to set up a national nutrition council. A communications plan has been finalized and shared with the SUN secretariat. Thanks to the efforts made, parliamentarians’ awareness and support is on the rise. An advocacy workshop was organized in December 2013 with support from USAID to mobilize the private sector and civil society.

Nine ministries, seven independent agencies, the Haitian Red Cross and 21 governmental programs are harmonized under the strategic framework of ABA GRANGOU. Through the intermediary of government ministries, ABA GRANGOU implements programs in three strategic domains: (i) social protection safety nets to improve access to food for the most vulnerable; (ii) agricultural investment to increase national food output; (iii) basic services, particularly in healthcare and nutrition, improving drinking water and sanitation infrastructures and crop storage for the most vulnerable families. Support has been requested to draw up a multi-sectoral monitoring and evaluation framework. Nutritional indicators have already been incorporated in the Health Ministry’s monitoring and evaluation system.

With support from USAID, Haiti has already set up 92 sentinel sites in 6 departments (Artibonite, Centre, Nippes, North, North-East, South-East and West). 2 hospitals were certified baby-friendly in August and December 2013 and the first cohort of babies was set up in April 2014. Training workshops on nutrition focal points at departmental level have been organized.
Progress Across Four SUN Processes
Haiti

2012¹ and 2014² Scoring of Progress Markers

- Bringing people together into a shared space for action
- Ensuring a coherent policy and legal framework
- Aligning actions around a Common Results Framework
- Financial Tracking and resource mobilization

2014 Dashboard for Progress Markers

Stage of Preparedness

- 54% PM1
- 25% PM2
- 50% PM3
- 24% PM4
- 12% PM5

1Externally assessed by the SUN Movement Secretariat
2Internally assessed by in-country self-assessment exercise
Kenya

Joined: August 2012
Demographic data

National Population (million, 2010) 40.9
Children under 5 (million, 2010) 6.7
Adolescent Girls (15-19) (million, 2010) 2.10
Average Number of Births (million, 2010) 1.50
Population growth rate (2010) 2.68%

WHA nutrition target indicators (DHS 2008-2009)

Low birth weight 5.6%
0-5 months Exclusive Breastfeeding 31.9%
Under five stunting 35.2%
Under five wasting 7.0%
Under five overweight 5.0%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet -
6-23 months with Minimum Diet Diversity -

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea 0.2%
Pregnant Women Attending 4 or more Antenatal Care Visits 47.1%
Vitamin A supplementation (6-59 months) 66.0%
Households Consuming Adequately Iodized Salt 97.7%

Women’s Empowerment
Female literacy 84.9%
Female employment rate 55.4%
Median age at first marriage 20
Access to skilled birth attendant 43.8%
Women who have first birth before age 18 17.7%
Fertility rate 4.8

Other Nutrition-relevant indicators
Rate of urbanization 23.34%
Income share held by lowest 20% 4.84%
Calories per capita per day (kcal/capita/day) 2,049.4
Energy from non-staples in supply 41.78%
Iron availability from animal products (mg/capita/day) 1.5
Access to Improved Sanitation Facilities 24.3%
Open defecation 14.5%
Access to Improved Drinking Water Sources 60.2%
Access to Piped Water on Premises 7.5%
Surface Water as Drinking Water Source 25.6%
GDP per capita (current USD, 2013) 994.00
Exports-Agr Products per capita (current USD, 2012) 1.29
Imports-Agr Products per capita (current USD, 2012) 0.33
The costed NNAP has been reviewed and analyzed by a team of international experts and estimated at Ksh 70 billion ($824 million) for 5 years. Government and civil society budget allocations for nutrition have increased. The Ministry of Gender set up a specific budget line for Community Nutrition and advocacy is underway to get county to commit funds. A financial tracking system for nutrition activities is being developed while donors will start mapping their contributions soon. DFID has committed (Ksh 2.29 billion) to assist upscaling nutrition in three counties while a multiyear funding to the nutrition sector will be provided by the EU (SHARE project).

The national Food and Nutrition Security Policy (2012) and the National Nutrition Action Plan (2012–2017) are identified as priorities for the Ministries of Agriculture and Health. These led to the integration of nutrition in the 2013-2014 healthcare development plan and the agriculture Sector Development Strategy 2010-2015. Nutrition-sensitive interventions are covered in the National Development and Poverty Reduction (Kenya VISION 2030), the Economic Strategy for Wealth and Employment Creation (2003), Education (National School Health Policy 2009) and social protection (National Social Protection Policy 2012). Other Relevant nutrition legislation includes the Breast Milk Substitutes Regulations and control Act (2012), nutrient-fortification of salt, cooking fats and oils, and cereal flours (maize and wheat) under the Foods, Drugs and Chemical substances Act (2012), the Maternal Infant and Young Child Nutrition Strategy and Plan for Accelerating Anemia Reduction through Iron and Folic Acid Supplementation of Pregnant and Lactating Women. The maternity leave is 3 months. It is felt that there is an opportunity to develop a comprehensive document that would foster linkages between these policies.

The country developed a National Nutrition Action Plan 2012-2017 (NNAP) which covers 11 strategic objectives focusing on high impact nutrition interventions, prevention and management of non-communicable diseases, overweight and obesity, and serves as the common results framework. It contains a specific monitoring and evaluation framework for nutrition-sensitive activities; 66% of counties developed their nutrition action plans and nutrition coordination offices were set up in some regions with staff being certified after a joint training of the Agriculture and Health. A code of conduct forbids donors to fund any actor that is not aligned behind the common framework.

The Nutrition Interagency Coordinating Committee (NICC), chaired by the Ministry of Health and SUN Focal Point, includes five ministries, UN agencies, civil society and academic institutions and currently serves as the multi-stakeholder platform. It endorses policies and strategies on food and nutrition security and mobilizes resources. The NICC is supported by a SUN Coordination Team composed of nine ministries (Agriculture, Livestock, Fisheries, Education, Trade, Gender, Social Protection, Finance, Planning and Vision 2030). These ministries signed up to the Kenya Food and Nutrition Security Policy, however, as it is recognized that these structures are not fully operational, it is proposed that the National Food Security, Nutrition Steering Committee and its Secretariat be housed in the Ministry of Devolution and Planning and involve new sectors.

A key achievement of UN Network is the articulation of nutrition in UNDAF 2014 - 2018. Planned activities include mobilizing nutrition sensitive UN agencies; mapping of UN supported programs, advocacy for nutrition and high level SUN patron.

A CSA was established in November 2013 with the election of a steering committee. It now has 30 members comprising NGOS and INGOS. Its primary goal is to hold the government accountable and involve CSOs by providing technical guidance for nutrition service delivery. The 2014 work plan also includes engaging in advocacy and communications and mapping of civil society stakeholders activities. The Donor network was established on July 2013 and discussions for the establishment of an academic platform (through revival of the Kenya Inter-University Taskforce) and Business Network are ongoing.
Progress Across Four SUN Processes
Kenya

2013\(^1\) and 2014\(^2\) Scoring of Progress Markers

- **Bringing people together into a shared space for action**: 35% (2013), 44% (2014)
- **Ensuring a coherent policy and legal framework**: 20% (2013), 26% (2014)
- **Aligning actions around a Common Results Framework**: 44% (2013), 39% (2014)
- **Financial Tracking and resource mobilization**: 12% (2013), 44% (2014)

**2014 Dashboard for Progress Markers**

- Stage of Preparedness:
  - PM1: 35%
  - PM2: 20%
  - PM3: 44%
  - PM4: 26%
  - PM5: 39%
  - PM6: 20%

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\(^1\)Externally assessed by the SUN Movement Secretariat
\(^2\)Internally assessed by in-country self-assessment exercise
El Salvador

Joined: September 2012
**Demographic data**
- Children under 5 (million, 2010): 0.6
- Adolescent Girls (15-19) (million, 2010): 0.40
- Average Number of Births (million, 2010): 0.10
- Population growth rate (2010): 0.47%

**WHA nutrition target indicators (FESAL 2008)**
- Low birth weight: N/A
- 0-5 months Exclusive Breastfeeding: 31.4%
- Under five stunting: 20.6%
- Under five wasting: 1.6%
- Under five overweight: 5.7%

**Coverage of Nutrition-relevant Factors**
- **Infant and young child feeding practice**
  - 6-23 months with Minimum Acceptable Diet: -
  - 6-23 months with Minimum Diet Diversity: -
- **Programs for vitamin and mineral deficiencies**
  - Zinc Supplementation for Diarrhea: 12.3%
  - Pregnant Women Attending 4 or more Antenatal Care Visits: -
  - Vitamin A supplementation (6-59 months): 81.0%
  - Households Consuming Adequately Iodized Salt: 62.0%

**Women’s Empowerment**
- Female literacy: 82.3%
- Female employment rate: 45.3%
- Median age at first marriage: -
- Access to skilled birth attendant: 95.5%
- Women who have first birth before age 18: -
- Fertility rate: 2.4

**Other Nutrition-relevant indicators**
- Rate of urbanization: 64.02%
- Income share held by lowest 20%: 3.71%
- Calories per capita per day (kcal/capita/day): 2,597.4
- Energy from non-staples in supply: 52.30%
- Iron availability from animal products (mg/capita/day): 1.9
- Access to Improved Sanitation Facilities: -
- Access to Improved Drinking Water Sources: -
- Access to Piped Water on Premises: -
- Surface Water as Drinking Water Source: -
- GDP per capita (current USD, 2013): 3,826.00
- Exports-Agr Products per capita (current USD, 2012): 3.81
- Imports-Agr Products per capita (current USD, 2012): 2.94
All government institutions have systems through which they register their spending in accordance with the law. UN agencies and various donors are aligning their actions to the objectives of the Strategic Plan and are providing resources to achieve these ends. CONASAN has requested external support from the Secretariat of the FSN Movement to estimate costs and funding gaps in the financing of the FSN Multisectoral Strategic Plan. This will be an important step towards mobilizing resources. A basic budget allocation has been assigned for the operation of the competent body (CONASAN) for this year.

The 2012-2016 Strategic Plan for Food Security and Nutrition (PESAN) has the objective of eradicating chronic child undernutrition. The Plan’s implementation process must be completed and have an impact at local level, as well as encourage the organization of the different sectors at this level. The first FSN Multisectoral Committee has recently been established in the province of Chalatenango, where local government and twelve mayors are leading the coordination of nutrition interventions based on the FSN Provincial Plan. Multisectoral Committees have been set up in 16 municipalities. Implementation tools for sectoral programmes have been developed in various areas (e.g. Family Agriculture, Glass of Milk, Nutrition for Schoolchildren and Integral Treatment in Early Childhood). An inter-institutional information system is being developed that will monitor the most relevant FSN indicators.

The National Council for Food Security and Nutrition (CONASAN) is responsible for defining the National Policy and Strategy on Food Security and Nutrition (FSN). It promotes inter-institutional and intersectoral coordination and incorporates the Ministries of Health and Agriculture, the Technical Secretariat of the Presidency and the Secretariat for Social Inclusion. CONASAN has an Executive Committee, an FSN Technical Committee (COTSAN), Provincial and Municipal Councils and an Advisory Committee that brings together various national stakeholders. The United Nations, donors, NGOs, private enterprises and civil society collaborate to define, execute and monitor the policy’s main action lines. The United Nations has an Interagency Technical Group for Food Security and Nutrition (GTISAN). A network of bilateral donors connected to FSN has not been officially established, although some support national efforts to fight undernutrition. A Civil Society Alliance is being set up that brings together more than 200 local organizations and the process is under way to create an academic network. Headway has recently been made in the establishment of multisectoral platforms at a local level. With the recent election of a new government, a coordinated effort is required to raise the level of awareness of the new authorities. Lastly, it should be noted that a Parliamentary Group against Hunger has been formed, led by the President of the Agriculture and Livestock Commission of the Legislative Assembly.
Progress Across Four SUN Processes
El Salvador

2013\(^1\) and 2014\(^2\) Scoring of Progress Markers

<table>
<thead>
<tr>
<th>Progress Marker</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bringing people together into a shared space for action</td>
<td>38%</td>
<td>24%</td>
</tr>
<tr>
<td>Ensuring a coherent policy and legal framework</td>
<td>44%</td>
<td>32%</td>
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<tr>
<td>Aligning actions around a Common Results Framework</td>
<td>50%</td>
<td>24%</td>
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<tr>
<td>Financial Tracking and resource mobilization</td>
<td>8%</td>
<td>54%</td>
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</tbody>
</table>

2014 Dashboard for Progress Markers

Stage of Preparedness

- 38%
- 44%
- 50%
- 54%

1\(^{\text{Externally assessed by the SUN Movement Secretariat}}\)
2\(^{\text{Internally assessed by in-country self-assessment exercise}}\)
Sri Lanka

Joined: October 2012
### Demographic data

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>National Population (million, 2010)</td>
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<tr>
<td>Children under 5 (million, 2010)</td>
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<tr>
<td>Adolescent Girls (15-19) (million, 2010)</td>
<td>0.80</td>
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<td>Average Number of Births (million, 2010)</td>
<td>0.38</td>
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<tr>
<td>Population growth rate (2010)</td>
<td>0.79%</td>
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### WHA nutrition target indicators (Nutrition and food security survey 2013, Colombo, Sri Lanka)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Prevalence</th>
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</thead>
<tbody>
<tr>
<td>Low birth weight</td>
<td>18.1%</td>
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<tr>
<td>0-5 months Exclusive Breastfeeding</td>
<td>75.8%</td>
</tr>
<tr>
<td>Under five stunting</td>
<td>14.7%</td>
</tr>
<tr>
<td>Under five wasting</td>
<td>21.4%</td>
</tr>
<tr>
<td>Under five overweight</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

### Coverage of Nutrition-relevant Factors

#### Infant and young child feeding practice

- 6-23 months with Minimum Acceptable Diet
- 6-23 months with Minimum Diet Diversity

#### Programs for vitamin and mineral deficiencies

- Zinc Supplementation for Diarrhea
- Pregnant Women Attending 4 or more Antenatal Care Visits
- Vitamin A supplementation (6-59 months) 90.0%
- Households Consuming Adequately Iodized Salt 92.4%

### Women’s Empowerment

- Female literacy 90.0%
- Female employment rate 32.5%
- Median age at first marriage
- Access to skilled birth attendant
- Women who have first birth before age 18
- Fertility rate 2.3

### Other Nutrition-relevant indicators

- Rate of urbanization 15.12%
- Income share held by lowest 20% 7.72%
- Calories per capita per day (kcal/capita/day) 2,379.2
- Energy from non-staples in supply 47.84%
- Iron availability from animal products (mg/capita/day) 1.1
- Access to Improved Sanitation Facilities 88.1%
- Open defecation
- Access to Improved Drinking Water Sources 72.2%
- Access to Piped Water on Premises 29.1%
- Surface Water as Drinking Water Source
- GDP per capita (current USD, 2013) 3,280.00
- Exports-Agr Products per capita (current USD, 2012) 1.40
- Imports-Agr Products per capita (current USD, 2012) 0.57

### Stunting Reduction Trend and Target

- National Average (2010): 14.7%
- Target prevalence: 11.18%
- Effort needed
- Target

### Distribution of stunting across wealth quintiles

- Lowest income quantile Prevalence
- Highest income quantile Prevalence
- Government Reduction target

### Trend of Exclusive Breastfeeding Rate

- Current AARR: 1.3%
- Target AARR = 2.85%
Financing is provided by different sources including government and donors. In order to implement the MsAPN, each ministry was instructed by the Treasury to create a separate budget line for nutrition, for which allocations are made from the actual Government budget. The Ministry of Health has allocated $55k from regular funding for year 2013 to implement urgent interventions in the health sector, including those related to the vulnerable plantation sector. The government currently spends around Rs. 4.5 billion per annum on direct nutrition specific programs and approximately Rs. 100 billion on nutrition related programs. During the Nutrition for Growth event held on 8 June 2013, the Government committed to increase domestic financial and technical resources for nutrition by up to 30% in key sectors (health, agriculture and education) by 2016, and 10% in other sectors, starting from 2014.
Progress Across Four SUN Processes
Sri Lanka

2013\(^1\) and 2014\(^2\) Scoring of Progress Markers

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<tbody>
<tr>
<td>Bringing people together into a shared space for action</td>
<td>46%</td>
<td>52%</td>
</tr>
<tr>
<td>Ensuring a coherent policy and legal framework</td>
<td>24%</td>
<td>26%</td>
</tr>
<tr>
<td>Aligning actions around a Common Results Framework</td>
<td>52%</td>
<td>59%</td>
</tr>
<tr>
<td>Financial Tracking and resource mobilization</td>
<td>52%</td>
<td>39%</td>
</tr>
</tbody>
</table>

2014 Dashboard for Progress Markers

- Stage of Preparedness
  - PM1: 46%
  - PM2: 52%
  - PM3: 52%
  - PM4: 52%
  - PM5: 52%
  - PM6: 52%

1Externally assessed by the SUN Movement Secretariat
2Externally assessed by the SUN Movement Secretariat
Yemen

Joined: November 2012
## Demographic data

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Population (million, 2010)</td>
<td>22.8</td>
</tr>
<tr>
<td>Children under 5 (million, 2010)</td>
<td>3.3</td>
</tr>
<tr>
<td>Adolescent Girls (15-19) (million, 2010)</td>
<td>1.40</td>
</tr>
<tr>
<td>Average Number of Births (million, 2010)</td>
<td>0.70</td>
</tr>
<tr>
<td>Population growth rate (2010)</td>
<td>2.45%</td>
</tr>
</tbody>
</table>

## WHA nutrition target indicators (CFSS 2011)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birth weight</td>
<td>N/A</td>
</tr>
<tr>
<td>0-5 months Exclusive Breastfeeding</td>
<td>11.6%</td>
</tr>
<tr>
<td>Under five stunting</td>
<td>46.6%</td>
</tr>
<tr>
<td>Under five wasting</td>
<td>13.3%</td>
</tr>
<tr>
<td>Under five overweight</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

## Coverage of Nutrition-relevant Factors

### Infant and young child feeding practice

<table>
<thead>
<tr>
<th>Category</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-23 months with Minimum Acceptable Diet</td>
<td>-</td>
</tr>
<tr>
<td>6-23 months with Minimum Diet Diversity</td>
<td>-</td>
</tr>
</tbody>
</table>

### Programs for vitamin and mineral deficiencies

<table>
<thead>
<tr>
<th>Category</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zinc Supplementation for Diarrhea</td>
<td>-</td>
</tr>
<tr>
<td>Pregnant Women Attending 4 or more Antenatal Care Visits</td>
<td>-</td>
</tr>
<tr>
<td>Vitamin A supplementation (6-59 months)</td>
<td>11.0%</td>
</tr>
<tr>
<td>Households Consuming Adequately Iodized Salt</td>
<td>29.5%</td>
</tr>
</tbody>
</table>

### Women’s Empowerment

<table>
<thead>
<tr>
<th>Category</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female literacy</td>
<td>60.6%</td>
</tr>
<tr>
<td>Female employment rate</td>
<td>18.6%</td>
</tr>
<tr>
<td>Median age at first marriage</td>
<td>-</td>
</tr>
<tr>
<td>Access to skilled birth attendant</td>
<td>36.0%</td>
</tr>
<tr>
<td>Women who have first birth before age 18</td>
<td>-</td>
</tr>
<tr>
<td>Fertility</td>
<td>4.9</td>
</tr>
</tbody>
</table>

### Other Nutrition-relevant indicators

<table>
<thead>
<tr>
<th>Category</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of urbanization</td>
<td>33.54%</td>
</tr>
<tr>
<td>Income share held by lowest 20%</td>
<td>7.18%</td>
</tr>
<tr>
<td>Calories per capita per day (kcal/capita/day)</td>
<td>-</td>
</tr>
<tr>
<td>Energy from non-staples in supply</td>
<td>35.57%</td>
</tr>
<tr>
<td>Iron availability from animal products (mg/capita/day)</td>
<td>1.2</td>
</tr>
<tr>
<td>Access to Improved Sanitation Facilities</td>
<td>52.0%</td>
</tr>
<tr>
<td>Open defecation</td>
<td>21.4%</td>
</tr>
<tr>
<td>Access to Improved Drinking Water Sources</td>
<td>59.0%</td>
</tr>
<tr>
<td>Access to Piped Water on Premises</td>
<td>34.0%</td>
</tr>
<tr>
<td>Surface Water as Drinking Water Source</td>
<td>4.0%</td>
</tr>
<tr>
<td>GDP per capita (current USD, 2013)</td>
<td>1,473.00</td>
</tr>
<tr>
<td>Exports-Agr Products per capita (current USD, 2012)</td>
<td>0.22</td>
</tr>
<tr>
<td>Imports-Agr Products per capita (current USD, 2012)</td>
<td>1.56</td>
</tr>
</tbody>
</table>
The cost of scaling up nutrition in Yemen, estimated for the NNMSAP is around USD 1.2 billion for five years with almost 50% resources planned for direct nutrition interventions while remaining 50% resources will be allocated to the high impact nutrition sensitive interventions from education, water, agriculture and fisheries sectors. It is reported that expenditures tracking remains mostly at individual levels, more coordination is needed to achieve a comprehensive resources mapping. Budgets for nutrition are increased although financial gaps still exist. Resource mobilization, combined with the prioritization of interventions remain priorities to ensure effective nutrition results. Security issues, among others, were identified as hampering progress on the ground and the pace at which these aspiring commitments were expected to be honored. The Government of Yemen has committed to establish new budget lines in relevant ministries for nutrition programming, increase human resources for nutrition by 10-20% as a minimum, and publish national spending publicly.

Yemen has a Food and Nutrition Security Policy (2011) and a National Nutrition Strategy (2013-2014), National Health Acceleration Plan which covers large-scale interventions covering humanitarian and basic services to citizens. Nutrition-sensitive policies and strategies are reflected in all key sectors and documents including: The Food Security Policy and Strategy (2011), the National Agriculture Sector Strategy (2012-2016), the National Fisheries Strategy (2012-2015), National water sector strategy and investment plan, the Social Welfare Fund Legislation (2008), National strategy for Basic Education. The existing national legislation addresses salt iodization, sugar and flour fortification (since 1996) and the implementation of the International Code of Marketing of Breast-Milk Substitutes (BMS) since 2002.

With support of the UN Network, Yemen has been working since July 2013 to develop a National Nutrition Multi-Sectoral Action Plan (NNMSAP) for nutrition based on situation / causal analysis carried out by the team of consultants from MQSUN with support of national technical team and experts from SUN secretariat Geneva. NNMSAP captures some of the nutrition specific and sensitive interventions from already in place sectoral plans and strategies i.e. National Nutrition Strategy (2013-2014), the National Agriculture Sector Strategy (2012-2016), Water sector investment plan and the National Fishery Strategy (2012-2015). The NNMSAP is being finalised with full engagement of a multi-stakeholder group led by the MOPIC with technical assistance provided by MQSUN. Ongoing efforts currently focus on identifying the most effective intervention approaches to determine investment priorities for scaling up nutrition in Yemen. Once this is finalised, a monitoring and evaluation system will be put in place.

The Yemeni Governments commitment to understand the causes of under-nutrition in the country and address them is strong and reflected at the highest level. This commitment is shown by a Cabinet resolution and decree issued by the Prime Minister, which requested various ministries to address nutrition as a priority in their respective plans. A High Council for Food Security, chaired by the Prime Minister has been established. There is also a well-established multi-sectoral National SUN Steering / Committee chaired by the Vice-Minister of Planning and International Cooperation (MOPIC) and its Technical Working Group coordinated by UN partners. These platforms comprise UN agencies, donors, civil society organizations, academia, and the private sector, as well as representation from the government (including the MOPIC, Health, Agriculture, Fisheries, Water & Environment and Education ministries, the Presidential Secretariat and the Prime Minister’s Office). All are working towards the establishment of technical competences in their respective ministries.

A decree issued in June 2013 establishes structure and membership of the Steering Committee. The main function of the SUN National Steering/Technical Committee is to enhance Intersectoral and stakeholders coordination and development of the National Nutrition Multi-Sectoral Action Plan (NNMSAP), and align nutrition interventions, mobilize resources, monitor progress, evaluate impact and lead recommendations for policy, strategic and programmatic changes. A number of CSO’s are coordinated for civil society efforts. The EU is the Donor Convener and its Health delegate is the donor network focal point. Although there is interest and active participation by the private sector, it has yet to be fully mobilized. The Yemen SUN National Secretariat is being established at MOPIC. Its work focuses on promoting coordination, M&E and guidance for the performance of nutrition programs.

Bringing people together into a shared space for action
Ensuring a coherent policy and legal framework
Financial Tracking and resource mobilization
Aligning actions around a Common Results Framework
Progress Across Four SUN Processes
Yemen

2013\(^1\) and 2014\(^2\) Scoring of Progress Markers

<table>
<thead>
<tr>
<th>Progress Marker</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bringing people together into a shared space for action</td>
<td>63%</td>
<td>28%</td>
</tr>
<tr>
<td>Ensuring a coherent policy and legal framework</td>
<td>54%</td>
<td>44%</td>
</tr>
<tr>
<td>Aligning actions around a Common Results Framework</td>
<td>42%</td>
<td>20%</td>
</tr>
<tr>
<td>Financial Tracking and resource mobilization</td>
<td>21%</td>
<td>30%</td>
</tr>
</tbody>
</table>

2014 Dashboard for Progress Markers

Stage of Preparedness

- 63% PM1
- 54% PM2
- 42% PM3
- 42% PM4
- 21% PM5
- 21% PM6

- PM1: Ensuring a coherent policy and legal framework
- PM2: Aligning actions around a Common Results Framework
- PM3: Financial Tracking and resource mobilization
- PM4: Bringing people together into a shared space for action
- PM5: Ensuring a coherent policy and legal framework
- PM6: Aligning actions around a Common Results Framework

\(^1\) Externally assessed by the SUN Movement Secretariat
\(^2\) Internally assessed by in-country self-assessment exercise
Countries that joined the Movement in 2013

Pakistan
Cameroon
Burundi
Myanmar
Chad
Guinea
Democratic Republic of the Congo
Côte d’Ivoire
South Sudan
Tajikistan
Congo
Swaziland
Comoros
Pakistan

Joined: January 2013
**Demographic data**
- National Population (million, 2010): 173.1
- Children under 5 (million, 2010): 21.3
- Average Number of Births (million, 2010): 4.60
- Population growth rate (2010): 1.84%

**WHA nutrition target indicators (DHS 2013)**
- Low birth weight: 25.0%
- 0-5 months Exclusive Breastfeeding: 37.7%
- Under five stunting: 45.0%
- Under five wasting: 10.5%
- Under five overweight: 4.8%

**Coverage of Nutrition-relevant Factors**

**Infant and young child feeding practice**
- 6-23 months with Minimum Acceptable Diet: 14.8%
- 6-23 months with Minimum Diet Diversity: 22.2%

**Programs for vitamin and mineral deficiencies**
- Zinc Supplementation for Diarrhea: 1.5%
- Pregnant Women Attending 4 or more Antenatal Care Visits: 36.6%
- Vitamin A supplementation (6-59 months): 99.0%
- Households Consuming Adequately Iodized Salt: -

**Women’s Empowerment**
- Female literacy: 43.4%
- Female employment rate: 29.1%
- Median age at first marriage: 19.5
- Access to skilled birth attendant: 73.1%
- Women who have first birth before age 18: 7.9%
- Fertility rate: 3.8

**Other Nutrition-relevant indicators**
- Rate of urbanization: 35.97%
- Income share held by lowest 20%: 9.60%
- Calories per capita per day (kcal/capita/day): 2,354.1
- Energy from non-staples in supply: 43.37%
- Iron availability from animal products (mg/capita/day): 1.4
- Access to Improved Sanitation Facilities: 59.5%
- Open defecation: 21.4%
- Access to Improved Drinking Water Sources: 93.0%
- Access to Piped Water on Premises: 28.8%
- Surface Water as Drinking Water Source: 1.2%
- GDP per capita (current USD, 2013): 1,299.00
- Exports-Agr Products per capita (current USD, 2012): 0.12
- Imports-Agr Products per capita (current USD, 2012): 0.09

**Stunting Reduction Trend and Target**

**Distribution of stunting across wealth quintiles**

**Trend of Exclusive Breastfeeding Rate**

**Targeted Stunting Reduction (million U5 stunted children)**

**Current AARR:** -0.6%

**Minimum target suggested by WHA:**
Nutrition as a multi-sectoral development concern was institutionalized into Pakistan’s national planning process since the mid-1970s. A high level National Nutrition Committee (NCC) at the Ministry of Planning and Development (MPD) oversees nutrition planning and implementation across sectors and ensures multi-sectoral implementation of nutrition interventions. The NCC is the highest national level decision making committee headed by the Minister of Planning and Development, and includes participation of all of the secretaries of the key ministries. Country representatives of UN and donors are also present. A national committee was recently put in place at the MPD to foster a multi-sectoral approach to address nutrition by overseeing policy, strategy and surveillance. This is a working level platform that provides a forum for different stakeholders (government, UN & development partners) to plan towards common goals and act in a synergistic manner.

A government SUN National Focal point has been nominated and is coordinating SUN work at the national level. High-level political commitment is in place. A multi-sectoral strategy is being developed at federal and provincial levels. There is a Steering Committee with technical working groups which organises workshops at the provincial level to integrate nutrition in the provincial planning system.

There is an agreed distribution of roles among UN partners based on agency mandates and key strengths. For example, Donors invest intensively in evidence generation, situation analysis, dissemination and recommended way forward (i.e. NNS 2011, IDS, Political Economy Analysis, donor’s internal strategy developments, advocacy workshops). Academia has been involved at various levels in analysing policies and programs, but are without any formal infrastructure for the moment.

There is no CRF yet, however, common objectives of addressing malnutrition are supported focusing on declared identified cost effective interventions.

The federal and provincial governments and development partners are jointly committed to an integrative strategy at the provincial level. Within the SUN UN Network nutrition sensitive and specific interventions are aligned with the National Nutrition Policies. The elaboration of the five year National Nutrition Plan has involved all relevant partners and stakeholders working in Pakistan, and include the establishment of coordination mechanisms, a results monitoring framework with clear objectives and targets over a five year period. Pending since 2013, it will have to be approved and replicated to provinces.

The National Nutrition Program includes indirect interventions focused on nutrition and is financed by the World Bank and the government. Similarly, the Agricultural Program includes indirect interventions focused on nutrition and is 70% financed.

The SUN approach is crosscutting all UN nutrition supported programs and initiatives, e.g. Polio plus (UNICEF), livelihood and nutrition integration (WFP) and agriculture and nutrition integration (FAO).

A more detailed analysis of sectoral strategies is required, e.g. Social Protection, Agriculture, WASH, Health and Education.
Progress Across Four SUN Processes
Pakistan

2013\(^1\) and 2014\(^2\) Scoring of Progress Markers

- **54%** \(^{16%}\) Bringing people together into a shared space for action
- **28%** \(^{18%}\) Ensuring a coherent policy and legal framework
- **29%** \(^{16%}\) Aligning actions around a Common Results Framework
- **31%** \(^{8%}\) Financial Tracking and resource mobilization

2014 Dashboard for Progress Markers

- **28%**
- **29%**
- **54%**
- **31%**

Stage of Preparedness

---

\(^1\)Externally assessed by the SUN Movement Secretariat

\(^2\)Internally assessed by in-country self-assessment exercise
Cameroon

Joined: February 2013
Demographic data

- National Population (million, 2010): 20.6
- Children under 5 (million, 2010): 3.4
- Average Number of Births (million, 2010): 0.80
- Population growth rate (2010): 2.57%

WHA nutrition target indicators (DHS 2011)

- Low birth weight: 7.6%
- 0-5 months Exclusive Breastfeeding: 20.4%
- Under five stunting: 32.6%
- Under five wasting: 5.8%
- Under five overweight: 6.5%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice

- 6-23 months with Minimum Acceptable Diet
- 6-23 months with Minimum Diet Diversity

Programs for vitamin and mineral deficiencies

- Zinc Supplementation for Diarrhea: 0.1%
- Pregnant Women Attending 4 or more Antenatal Care Visits: 62.2%
- Vitamin A supplementation (6-59 months): 88.0%
- Households Consuming Adequately Iodized Salt: 90.9%

Women’s Empowerment

- Female literacy: 69.2%
- Female employment rate: 61.5%
- Median age at first marriage: 18.7
- Access to skilled birth attendant: 63.6%
- Women who have first birth before age 18: 25.2%
- Fertility rate: 5.2

Other Nutrition-relevant indicators

- Rate of urbanization: 48.95%
- Income share held by lowest 20%: 6.73%
- Calories per capita per day (kcal/capita/day): 2,322.7
- Energy from non-staples in supply: 37.61%
- Iron availability from animal products (mg/capita/day): 1.4
- Access to Improved Sanitation Facilities: 39.9%
- Open defection: 7.2%
- Access to Improved Drinking Water Sources: 68.6%
- Access to Piped Water on Premises: 13.3%
- Surface Water as Drinking Water Source: 9.6%
- GDP per capita (current USD, 2013): 1,315.00
- Exports-Agr Products per capita (current USD, 2012): 1.90
- Imports-Agr Products per capita (current USD, 2012): 0.93

Stunting Reduction Trend and Target

- Current AARR: 1.4%
- Targeted Stunting Reduction (million U5 stunted children)
  - Beginning prevalence: 32.6%
  - Target prevalence: 16.31%
  - Effort needed: 5.19%

Distribution of stunting across wealth quintiles

- National Average (2011)
- National Target

Trend of Exclusive Breastfeeding Rate

- Current Trend
- Minimum target suggested by WHA

Targeted Stunting Reduction (million U5 stunted children)

- 2012: 1,16
- 2015: 6.47
- 2020: 6.56
- 2025: 5.19%
The costing of the plan can only be achieved once the multi-sector action plan is complete. There is currently no system for monitoring credit financing for nutrition activities and programs. While there is no specific budget line for nutrition, the share of the budget allocated to nutrition by the sector ministries is stable. Some partners noted a significant increase in resources allocated to emergency interventions in 2013.

The analysis of existing texts on nutrition has been completed and shows that nutrition is well integrated in key sectors: water and sanitation, agriculture, food and nutrition security (National Agricultural Investment Program and New National Food Security Program, which includes a support component for “production and nutrition education” to raise awareness of the consumption of food with a high nutritional value), education and scientific research, rural development, social protection, poverty reduction/growth stimulation. However, the maternal and child mortality rate reduction program does not take nutrition into account.

There are also laws and decrees on the marketing of breast milk-substitutes, food fortification and maternity leave.

As a result of the advocacy efforts of the platform, the Presidency of the Republic recently requested the Government to establish a National program for the fight against malnutrition.

The policy implementation and dissemination efforts need to be strengthened and the drafting of a multi-sector action plan for the fight against malnutrition is ongoing.

A network of parliamentarians for the fight against malnutrition is also very active.

The common results framework has not yet been developed as the multi-sector action plan has not been finalized, but Cameroon has already indicated that it would need outside support for this.

From the perspective of the programs, direct interventions in the area of nutrition have focused on the “window of opportunity” in the first 1,000 days. The activities are centered on essential actions concerning nutrition, the fight against micronutrient deficiencies (through a major campaign on food fortification and home fortification using micronutrients in powder form, vitamin A, iron and folic acid supplements), management of acute malnutrition, water, sanitation and hygiene, and maternal nutrition.
Progress Across Four SUN Processes
Cameroon

2013\(^1\) and 2014\(^2\) Scoring of Progress Markers

- **Bringing people together into a shared space for action**
  - 2013: 23%
  - 2014: 0%

- **Ensuring a coherent policy and legal framework**
  - 2013: 36%
  - 2014: 4%

- **Aligning actions around a Common Results Framework**
  - 2013: 0%
  - 2014: 12%

- **Financial Tracking and resource mobilization**
  - 2013: 16%
  - 2014: 13%

**2014 Dashboard for Progress Markers**

- **Stage of Preparedness**
  - 36%

*1Externally assessed by the SUN Movement Secretariat
2Internally assessed by in-country self-assessment exercise*
Burundi

Joined: February 2013
**Demographic data**
- National Population (million, 2010) 9.3
- Children under 5 (million, 2010) 1.7
- Adolescent Girls (15-19) (million, 2010) 0.50
- Average Number of Births (million, 2010) 0.40
- Population growth rate (2010) 3.45%

**WHA nutrition target indicators (DHS 2010)**
- Low birth weight 10.7%
- 0-5 months Exclusive Breastfeeding 69.3%
- Under five stunting 57.5%
- Under five wasting 6.1%
- Under five overweight 2.9%

**Coverage of Nutrition-relevant Factors**

**Infant and young child feeding practice**
- 6-23 months with Minimum Acceptable Diet 3.1%
- 6-23 months with Minimum Diet Diversity 6.0%

**Programs for vitamin and mineral deficiencies**
- Zinc Supplementation for Diarrhea 0.1%
- Pregnant Women Attending 4 or more Antenatal Care Visits 33.4%
- Vitamin A supplementation (6-59 months) -
- Households Consuming Adequately Iodized Salt 95.6%

**Women's Empowerment**
- Female literacy 61.5%
- Female employment rate 78.6%
- Median age at first marriage 20.3
- Access to skilled birth attendant 60.3%
- Women who have first birth before age 18 10.5%
- Fertility rate 6.4

**Other Nutrition-relevant indicators**
- Rate of urbanization 9.66%
- Income share held by lowest 20% 8.96%
- Calories per capita per day (kcal/capita/day) 1,668.3
- Energy from non-staples in supply 41.40%
- Iron availability from animal products (mg/capita/day) 0.4
- Access to Improved Sanitation Facilities 34.5%
- Open defecation 2.9%
- Access to Improved Drinking Water Sources 75.5%
- Access to Piped Water on Premises 5.7%
- Surface Water as Drinking Water Source 8.5%
- GDP per capita (current USD, 2013) 267.00
- Exports-Agr Products per capita (current USD, 2012) 7.23
- Imports-Agr Products per capita (current USD, 2012) 1.62
Burundi is confident that once plans have been costed, it can start to effectively mobilize government and donor funds. The creation of specific budget lines for nutrition is perceived as positive. The Ministry of Public Health and for the Fight against AIDS has already established a budget line for nutrition. However, these changes will need to be accompanied by transparent fund management.

Burundi is committed to enhancing the protection of maternity leave, adopting a new code on the marketing of breast milk substitutes, launching an alliance for food fortification, applying national directives on food for babies and young children, and focusing more on food output and diversification, food security and nutrition education. Burundi also intends to develop a communication plan for its multi-sectoral plan.

The drafting and dissemination of guidelines on including nutrition in sectoral strategies and a plan to enhance capacity are perceived as necessary to incorporate nutrition in all sectors.

Nutrition is a national priority. Burundi finalized its multi-sectoral roadmap for enhancing nutrition in January 2012 and validated its multi-sectoral strategic plan for food security and nutrition in June 2013. The strategic plan has four strategic priorities including reducing the prevalence of undernutrition, promoting breastfeeding, micronutrient supplementation, responding to chronic food security deficits.

The monitoring and evaluation plan that will serve as the common results framework will be developed in the future but the National Agricultural Investment Plan (PNIA) is already being aligned with existing policies. The donor-financed programs have not yet been aligned but civil society activities have been, to a certain extent.

Interventions are implemented in the form of projects with limited geographical coverage. A project aiming to step up the achievement of MDGs (2012) has been rolled out in eight provinces by the Ministry of Public Health and for the Fight against AIDS, the Ministry of Agriculture, PAM, UNICEF and the FAO. The other programs, focused on communities or food security, are implemented by the Health Ministry, sometimes in collaboration with the Agriculture Ministry.

Discussions are under way to improve data collection and analysis on food security and nutrition.
Progress Across Four SUN Processes
Burundi

2012\(^1\) and 2014\(^2\) Scoring of Progress Markers

<table>
<thead>
<tr>
<th>Progress Marker</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bringing people together into a shared space for action</td>
<td>35%</td>
<td>50%</td>
</tr>
<tr>
<td>Ensuring a coherent policy and legal framework</td>
<td>12%</td>
<td>24%</td>
</tr>
<tr>
<td>Aligning actions around a Common Results Framework</td>
<td>28%</td>
<td>34%</td>
</tr>
<tr>
<td>Financial Tracking and resource mobilization</td>
<td>34%</td>
<td>5%</td>
</tr>
</tbody>
</table>

2014 Dashboard for Progress Markers

- **Stage of Preparedness**
  - PM1: 35%
  - PM2: 28%
  - PM3: 34%
  - PM4: 5%
  - PM5: 2012: 33%, 2014: 20%
  - PM6: 12%

\(^{1}\)Externally assessed by the SUN Movement Secretariat
\(^{2}\)Internally assessed by in-country self-assessment exercise
Myanmar

Joined: April 2013
**Demographic data**

- National Population (million, 2010) 51.9
- Children under 5 (million, 2010) 4.4
- Adolescent Girls (15-19) (million, 2010) 2.40
- Average Number of Births (million, 2010) 0.90
- Population growth rate (2010) 0.69%

**WHA nutrition target indicators (MICS 2009-10)**

- Low birth weight 8.6%
- 0-5 months Exclusive Breastfeeding 23.6%
- Under five stunting 35.1%
- Under five wasting 7.9%
- Under five overweight 2.6%

**Coverage of Nutrition-relevant Factors**

**Infant and young child feeding practice**

- 6-23 months with Minimum Acceptable Diet -
- 6-23 months with Minimum Diet Diversity -

**Programs for vitamin and mineral deficiencies**

- Zinc Supplementation for Diarrhea -
- Pregnant Women Attending 4 or more Antenatal Care Visits 63.80%
- Vitamin A supplementation (6-59 months) 86.0%
- Households Consuming Adequately Iodized Salt 92.9%

**Women’s Empowerment**

- Female literacy 40.2%
- Female employment rate 72.2%
- Median age at first marriage 21
- Access to skilled birth attendant 72.3%
- Women who have first birth before age 18 16.9%
- Fertility rate 2.1

**Other Nutrition-relevant indicators**

- Rate of urbanization 29.63%
- Income share held by lowest 20% -
- Calories per capita per day (kcal/capita/day) 2,355.6
- Energy from non-staples in supply 35.63%
- Iron availability from animal products (mg/capita/day) 2.0
- Access to Improved Sanitation Facilities 84.6%
- Open defection 7.0%
- Access to Improved Drinking Water Sources 82.3%
- Access to Piped Water on Premises 4.1%
- Surface Water as Drinking Water Source 5.1%
- GDP per capita (current USD, 2013) -
- Exports-Agr Products per capita (current USD, 2012) 0.66
- Imports-Agr Products per capita (current USD, 2012) 0.17
The costing of the NPAFN is ongoing. The establishment of nutrition-specific budget line is planned in the general budget. There is no nutrition financial tracking system in place but the country has just started a mapping exercise to track and transparently account nutrition-sensitive spending. Once the costing is finalised, it will enhance the possibility to identify financial gaps and mobilize resources.

In 2013/2014, advocacy has started to increase government allocation for nutrition-specific activities. The commitments made by the government and donors are being fulfilled, evidently with the increasing allocations.

An overview of existing nutrition relevant policies and programmes has been done. Nutrition is covered in the country’s development programming (Comprehensive development Plan 2030; Poverty Reduction programme) and in the National strategic plan advancement of women (NSPAW) 2012-2022. UNICEF is supporting the development of labour law legislation (to include maternity leave to provide supportive measures for pregnant and lactating mothers), Breastfeeding Milk Substitutes law and Universal Salt Iodization.

Myanmar also has national strategies for Infant and Young Child Feeding (IYCF); Home Fortification with Multi-micronutrient Sprinkles, Iodine Deficiency Disorders (IDD) Elimination and Deworming. In addition, National Guidelines on Iron Folate Supplementation; Vitamin A Supplementation; Vitamin B1 Supplementation are in place. The NPAFN has been agreed upon as a Common Result Framework for 13 ministries and other stakeholders including the CSO. It includes and scales up nutrition-specific interventions such as breastfeeding promotion, complementary feeding, improved hygiene practices, periodic Vitamin A supplements, therapeutic zinc supplements for diarrhoea management, de-worming drugs for children, salt iodization, prevention or treatment for moderate under-nutrition and treatment of severe acute malnutrition with ready to use therapeutic food. Nutrition-sensitive interventions are also incorporated in the plan. The donors have in principal agreed to support the NPAFN implementation. Priorities for near future are to define key priority interventions. In order to finalize the CRF, an M&E framework with an agreed set of key indicators and a budgetary framework will be developed.

Myanmar has established a high level convening body, the Central Board for Food and Nutrition (CBFN) located in the Ministry of Health, which is composed of representatives of Ministries of Health, Agriculture and Irrigation, Livestock and Fisheries, National Planning and Economic Development, Mine, Industry, Education, Commerce, Information, Labour, Social Welfare, Relief and Resettlement, Home Affairs, Border Affairs, Cooperatives, Environmental Conservation, Forestry, and Attorney General Office. It is responsible with overseeing and coordinating the implementation of the National Nutrition Policy and Plan. The February 2014 SUN Workshop enabled additional relevant line ministries on board and to confirm an active engagement of executive level political leadership. However, it is recognized that the CBFN is not meeting as regularly as it could. Internal coordination could be improved.

The CBFN under the leadership of the SUN Government Focal Point will oversee the establishment of a national SUN Implementation Plan (MSIP), its roll out, monitoring and evaluation, and the establishment of a coordination office at regional levels.

Preparation of detailed TOR for networks and set up of operational structures are on-going. DFID is the agreed upon Donor Convener. The Civil Society Alliance (CSA) is newly formed and several sectoral Networks of NGOs and CBOs (Food Security; Nutrition) have been established for 5 years.
Progress Across Four SUN Processes
Myanmar

2013¹ and 2014² Scoring of Progress Markers

- **Bringing people together into a shared space for action**: 33% (8%)
- **Ensuring a coherent policy and legal framework**: 32% (20%)
- **Aligning actions around a Common Results Framework**: 33% (12%)
- **Financial Tracking and resource mobilization**: 37% (13%)

2014 Dashboard for Progress Markers

- **Stage of Preparedness**
  - PM1: 33%
  - PM2: 32%
  - PM3: 33%
  - PM4: 33%
  - PM5: 37%
  - PM6: 37%

¹Externally assessed by the SUN Movement Secretariat
²Internally assessed by in-country self-assessment exercise
Chad

Joined: May 2013
Demographic data

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Population (million, 2010)</td>
<td>11.7</td>
</tr>
<tr>
<td>Children under 5 (million, 2010)</td>
<td>2.3</td>
</tr>
<tr>
<td>Adolescent Girls (15-19) (million, 2010)</td>
<td>0.60</td>
</tr>
<tr>
<td>Average Number of Births (million, 2010)</td>
<td>0.50</td>
</tr>
<tr>
<td>Population growth rate (2010)</td>
<td>3.15%</td>
</tr>
</tbody>
</table>

WHA nutrition target indicators (MICS 2010)

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birth weight</td>
<td>20.0%</td>
</tr>
<tr>
<td>0-5 months Exclusive Breastfeeding</td>
<td>3.4%</td>
</tr>
<tr>
<td>Under five stunting</td>
<td>38.7%</td>
</tr>
<tr>
<td>Under five wasting</td>
<td>15.7%</td>
</tr>
<tr>
<td>Under five overweight</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

Coverage of Nutrition-relevant Factors

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant and young child feeding practice</td>
<td></td>
</tr>
<tr>
<td>6-23 months with Minimum Acceptable Diet</td>
<td>-</td>
</tr>
<tr>
<td>6-23 months with Minimum Diet Diversity</td>
<td>-</td>
</tr>
<tr>
<td>Programs for vitamin and mineral deficiencies</td>
<td></td>
</tr>
<tr>
<td>Zinc Supplementation for Diarrhea</td>
<td>0.2%</td>
</tr>
<tr>
<td>Pregnant Women Attending 4 or more Antenatal Care Visits</td>
<td>23.1%</td>
</tr>
<tr>
<td>Vitamin A supplementation (6-59 months)</td>
<td>0.0%</td>
</tr>
<tr>
<td>Households Consuming Adequately Iodized Salt</td>
<td>53.8%</td>
</tr>
</tbody>
</table>

Women’s Empowerment

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female literacy</td>
<td>12.1%</td>
</tr>
<tr>
<td>Female employment rate</td>
<td>60.2%</td>
</tr>
<tr>
<td>Median age at first marriage</td>
<td>-</td>
</tr>
<tr>
<td>Access to skilled birth attendant</td>
<td>22.7%</td>
</tr>
<tr>
<td>Women who have first birth before age 18</td>
<td>44.4%</td>
</tr>
<tr>
<td>Fertility</td>
<td>6.9</td>
</tr>
</tbody>
</table>

Other Nutrition-relevant indicators

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of urbanization</td>
<td>20.83%</td>
</tr>
<tr>
<td>Income share held by lowest 20%</td>
<td>6.26%</td>
</tr>
<tr>
<td>Calories per capita per day (kcal/capita/day)</td>
<td>2,053.4</td>
</tr>
<tr>
<td>Energy from non-staples in supply</td>
<td>34.23%</td>
</tr>
<tr>
<td>Iron availability from animal products (mg/capita/day)</td>
<td>1.3</td>
</tr>
<tr>
<td>Access to Improved Sanitation Facilities</td>
<td>15.4%</td>
</tr>
<tr>
<td>Open defecation</td>
<td>65.6%</td>
</tr>
<tr>
<td>Access to Improved Drinking Water Sources</td>
<td>52.1%</td>
</tr>
<tr>
<td>Access to Piped Water on Premises</td>
<td>5.3%</td>
</tr>
<tr>
<td>Surface Water as Drinking Water Source</td>
<td>3.6%</td>
</tr>
<tr>
<td>GDP per capita (current USD, 2013)</td>
<td>1,046.00</td>
</tr>
<tr>
<td>Exports-Agr Products per capita (current USD, 2012)</td>
<td>-</td>
</tr>
<tr>
<td>Imports-Agr Products per capita (current USD, 2012)</td>
<td>-</td>
</tr>
</tbody>
</table>

Stunting Reduction Trend and Target

<table>
<thead>
<tr>
<th>Year</th>
<th>Lowest income quantile Prevalence</th>
<th>Highest income quantile Prevalence</th>
<th>Government Reduction target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>0.93</td>
<td>20.0%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>0.56</td>
<td>18.0%</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>0.55</td>
<td>17.0%</td>
<td></td>
</tr>
<tr>
<td>2025</td>
<td>0.55</td>
<td>16.0%</td>
<td></td>
</tr>
</tbody>
</table>

Distribution of stunting across wealth quintiles

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>10%</td>
</tr>
<tr>
<td>Second</td>
<td>20%</td>
</tr>
<tr>
<td>Middle</td>
<td>30%</td>
</tr>
<tr>
<td>Fourth</td>
<td>40%</td>
</tr>
<tr>
<td>Highest</td>
<td>50%</td>
</tr>
</tbody>
</table>

Trend of Exclusive Breastfeeding Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Current Trend</th>
<th>Minimum target suggested by WHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>2015</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>2020</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>2025</td>
<td>30%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Targeted Stunting Reduction (million U5 stunted children)

<table>
<thead>
<tr>
<th>Year</th>
<th>Beginning prevalence</th>
<th>Target prevalence</th>
<th>Effort needed</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>38.7%</td>
<td>17.90%</td>
<td>0.93</td>
<td>0.59</td>
</tr>
<tr>
<td>2015</td>
<td>5.8%</td>
<td></td>
<td>0.56</td>
<td>0.56</td>
</tr>
<tr>
<td>2020</td>
<td>5.8%</td>
<td></td>
<td>0.55</td>
<td>0.55</td>
</tr>
<tr>
<td>2025</td>
<td>5.8%</td>
<td></td>
<td>0.55</td>
<td>0.55</td>
</tr>
</tbody>
</table>
Significant resources mobilized for nutrition, particularly development partners, are mainly directed at responding to emergency situations and to date no analysis has been carried out on current spending. The government provides funds in this area and since 2012, a budget line for nutrition has been established in the form of a grant. Budgetary efforts in relation to nutrition and spending on MSP operations are listed in the 2014-2018 budget, which has not yet been formally released.

PSM stakeholders would like to see budget lines defined for all sectors concerned.

The members of the multi-stakeholder platform took part in drafting and validating the national food and nutrition policy and in its inter-sectoral action plan (National Nutrition and Food Policy). Efforts are now focused on getting the government to sign these documents.

A national nutrition and food committee is in the process of being set up.

Chad has a strategic development plan for 2013-2015, a national plan for 2013-2015 for the health sector, and a national food security program, set up in 2010 but efforts are needed to improve nutrition integration and ensure the dissemination of regulations in force. Nutrition legislation, maternity leave and empowerment of women must be stepped up.

The UN action plan for the period 2014-2015, which includes nutrition, is currently being prepared and it follows the broad outline of the strategic development plan.

The national nutrition and food plan is currently being costed and a monitoring and evaluation system is to be incorporated. However, the distribution of tasks and resources requires improvement.

Nutrition program are implemented and assessed on a regular basis. An information system on tools for collecting information on food security has been set up and the Health Ministry has proposed regular mapping to avoid crises.

Aligning actions around a Common Results Framework

Financial Tracking and resource mobilization

The national nutrition and food plan is currently being costed and a monitoring and evaluation system is to be incorporated. However, the distribution of tasks and resources requires improvement.

Nutrition program are implemented and assessed on a regular basis. An information system on tools for collecting information on food security has been set up and the Health Ministry has proposed regular mapping to avoid crises.

Ensuring a coherent policy and legal framework

Financial Tracking and resource mobilization

The national nutrition and food plan is currently being costed and a monitoring and evaluation system is to be incorporated. However, the distribution of tasks and resources requires improvement.

Nutrition program are implemented and assessed on a regular basis. An information system on tools for collecting information on food security has been set up and the Health Ministry has proposed regular mapping to avoid crises.

Ensuring a coherent policy and legal framework

A multi-sectoral and multi-stakeholder platform (PMS) has been set up, comprising representatives of key public administration sectors, NGO representatives, academics, civil society partners and institutions. The order setting it up will be signed shortly and the focal point has been designated. The President of the National Assembly has set up a network of parliamentarians with nutrition awareness.

The European Union has been designated the focal point of donors.

Meetings take place periodically and specialized technical sub-groups have been set up.

Efforts must continue to expand the number of sectors participating in the platform and to create links with sub-national structures and stakeholders.
2013¹ and 2014² Scoring of Progress Markers

<table>
<thead>
<tr>
<th>Stages of Preparedness</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bringing people together into a shared space for action</td>
<td>85% 24%</td>
<td>85% 24%</td>
</tr>
<tr>
<td>Ensuring a coherent policy and legal framework</td>
<td>72% 20%</td>
<td>72% 20%</td>
</tr>
<tr>
<td>Aligning actions around a Common Results Framework</td>
<td>42% 8%</td>
<td>42% 8%</td>
</tr>
<tr>
<td>Financial Tracking and resource mobilization</td>
<td>39%</td>
<td>39%</td>
</tr>
</tbody>
</table>

2014 Dashboard for Progress Markers

Stage of Preparedness:

- 72% PM1
- 42% PM2
- 39% PM3
- 24% PM4
- 8% PM5
- 20% PM6

¹ Externally assessed by the SUN Movement Secretariat
² Internally assessed by in-country self-assessment exercise
Guinea

Joined: May 2013
### Demographic data
- National Population (million, 2010): 10.9
- Children under 5 (million, 2010): 1.8
- Adolescent Girls (15-19) (million, 2010): 0.60
- Average Number of Births (million, 2010): 0.40
- Population growth rate (2010): 2.55%

### WHA nutrition target indicators (DHS 2012)
- Low birth weight: N/A
- 0-5 months Exclusive Breastfeeding: 20.5%
- Under five stunting: 35.8%
- Under five wasting: 5.6%
- Under five overweight: 3.1%

### Coverage of Nutrition-relevant Factors
#### Infant and young child feeding practice
- 6-23 months with Minimum Acceptable Diet: 3.7%
- 6-23 months with Minimum Diet Diversity: 7.6%

#### Programs for vitamin and mineral deficiencies
- Zinc Supplementation for Diarrhea: 48.8%
- Pregnant Women Attending 4 or more Antenatal Care Visits: 99.0%
- Households Consuming Adequately Iodized Salt: 52.3%

#### Women’s Empowerment
- Female literacy: 16.1%
- Female employment rate: 63.8%
- Median age at first marriage: 16.3
- Access to skilled birth attendant: 38.1%
- Women who have first birth before age 18: 31.8%
- Fertility rate: 5.4

#### Other Nutrition-relevant indicators
- Rate of urbanization: 32.09%
- Income share held by lowest 20%: 6.35%
- Calories per capita per day (kcal/capita/day): 2,559.8
- Energy from non-staples in supply: 34.39%
- Iron availability from animal products (mg/capita/day): 1.0
- Access to Improved Sanitation Facilities: 21.1
- Open defecation: 30.3%
- Access to Improved Drinking Water Sources: 75.8%
- Access to Piped Water on Premises: 8.8%
- Surface Water as Drinking Water Source: 10.0%
- GDP per capita (current USD, 2013): 527.00
- Exports-Agr Products per capita (current USD, 2012): 0.46
- Imports-Agr Products per capita (current USD, 2012): 1.25

### Stunting Reduction Trend and Target
- Current AARR: 1.4%
- Target AARR: 5.2%
Nutrition interventions are not currently coordinated in financial terms. The State does not have any specific budget line for nutrition. All sector participants are responsible for their own budgets.

Once the multi-sectoral action plan has been finalized, it will be costed and a submission made to government and PTF on its financing.
Progress Across Four SUN Processes
Guinea

2013\(^1\) and 2014\(^2\) Scoring of Progress Markers

- **38%** - Bringing people together into a shared space for action
- **32%** - Ensuring a coherent policy and legal framework
- **29%** - Aligning actions around a Common Results Framework
- **29%** - Financial Tracking and resource mobilization

2014 Dashboard for Progress Markers

Stage of Preparedness

38% - 32% - 29% - 29%

1 Externally assessed by the SUN Movement Secretariat
2 Internally assessed by in-country self-assessment exercise
Democratic Republic of the Congo

Joined: June 2013
Demographic data

National Population (million, 2010) 62.2
Children under 5 (million, 2010) 11.2
Adolescent Girls (15-19) (million, 2010) 3.40
Average Number of Births (million, 2010) 2.60
Population growth rate (2010) 2.81%

WHA nutrition target indicators (MICS 2010)

Low birth weight 9.5%
0-5 months Exclusive Breastfeeding 37.0%
Under five stunting 43.5%
Under five wasting 8.5%
Under five overweight 4.9%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet -
6-23 months with Minimum Diet Diversity -

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea -
Pregnant Women Attending 4 or more Antenatal Care Visits 46.7%
Vitamin A supplementation (6-59 months) 84.0%
Households Consuming Adequately Iodized Salt 58.6%

Women’s Empowerment
Female literacy 82.2%
Female employment rate 66.7%
Median age at first marriage 19.7
Access to skilled birth attendant 92.0%
Women who have first birth before age 18 32.9%
Fertility rate 5.1

Other Nutrition-relevant indicators
Rate of urbanization 35.00%
Income share held by lowest 20% 5.50%
Calories per capita per day (kcal/capita/day) -
Energy from non-staples in supply -
Iron availability from animal products (mg/capita/day) 0.5
Access to Improved Sanitation Facilities 28.0%
Open defection 9.8%
Access to Improved Drinking Water Sources 46.5%
Access to Piped Water on Premises 24.0%
Surface Water as Drinking Water Source 16.0%
GDP per capita (current USD, 2013) 454.00
Exports-Agr Products per capita (current USD, 2012) -
Imports-Agr Products per capita (current USD, 2012) -
A participatory approach in the costing of the strategic plan interventions has begun, with technical assistance from the World Bank, UNICEF and an independent consultant. Once completed, the assessment and management tools of the State’s commitments will be integrated into the strategic plan. As regards the mobilization of resources, some ministries have already begun to provide specific budget lines (school canteens are being funded by the Ministry of Education).

Current national legislation includes a national strategy on infant and young child feeding, a protocol on the integrated management of acute malnutrition, a National Nutrition Plan (NHDP, Nutrition section) 2011 to 2015, a protocol for managing people living with HIV, a strategic communication plan for feeding infants, young children and pregnant and breast-feeding women, the integration of the International Code of Marketing of Breast-milk Substitutes, compulsory salt iodization for human consumption and food fortification.

However, the distribution of some policy papers at the decentralized level could be improved. To compensate, a community-based nutrition communication plan will be developed that will target the provinces.
Progress Across Four SUN Processes
Democratic Republic of the Congo

2013\(^1\) and 2014\(^2\) Scoring of Progress Markers

- **47%** 16% Bringing people together into a shared space for action
- **46%** 26% Ensuring a coherent policy and legal framework
- **37%** 12% Aligning actions around a Common Results Framework
- **25%** 17% Financial Tracking and resource mobilization

2014 Dashboard for Progress Markers

Stage of Preparedness

Progress Across Four SUN Processes

1 Externally assessed by the SUN Movement Secretariat
2 Internally assessed by in-country self-assessment exercise
Côte d’Ivoire

Joined: June 2013
### Demographic data

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Population (million, 2010)</td>
<td>19</td>
</tr>
<tr>
<td>Children under 5 (million, 2010)</td>
<td>2.9</td>
</tr>
<tr>
<td>Adolescent Girls (15-19) (million, 2010)</td>
<td>1.00</td>
</tr>
<tr>
<td>Average Number of Births (million, 2010)</td>
<td>0.70</td>
</tr>
<tr>
<td>Population growth rate (2010)</td>
<td>1.74%</td>
</tr>
</tbody>
</table>

### WHA nutrition target indicators (DHS 2011-2012)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birth weight</td>
<td>14.2%</td>
</tr>
<tr>
<td>0-5 months Exclusive Breastfeeding</td>
<td>12.1%</td>
</tr>
<tr>
<td>Under five stunting</td>
<td>29.6%</td>
</tr>
<tr>
<td>Under five wasting</td>
<td>7.6%</td>
</tr>
<tr>
<td>Under five overweight</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

### Coverage of Nutrition-relevant Factors

#### Infant and young child feeding practice

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-23 months with Minimum Acceptable Diet</td>
<td>4.6%</td>
</tr>
<tr>
<td>6-23 months with Minimum Diet Diversity</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

#### Programs for vitamin and mineral deficiencies

<table>
<thead>
<tr>
<th>Program</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zinc Supplementation for Diarrhea</td>
<td>0.5%</td>
</tr>
<tr>
<td>Pregnant Women Attending 4 or more Antenatal Care Visits</td>
<td>60.8%</td>
</tr>
<tr>
<td>Vitamin A supplementation (6-59 months)</td>
<td>99.0%</td>
</tr>
<tr>
<td>Households Consuming Adequately Iodized Salt</td>
<td>91.6%</td>
</tr>
</tbody>
</table>

#### Women’s Empowerment

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female literacy</td>
<td>37.7%</td>
</tr>
<tr>
<td>Female employment rate</td>
<td>67.0%</td>
</tr>
<tr>
<td>Median age at first marriage</td>
<td>19.7</td>
</tr>
<tr>
<td>Access to skilled birth attendant</td>
<td>59.4%</td>
</tr>
<tr>
<td>Women who have first birth before age 18</td>
<td>30.0%</td>
</tr>
<tr>
<td>Fertility rate</td>
<td>5.0</td>
</tr>
</tbody>
</table>

#### Other Nutrition-relevant indicators

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of urbanization</td>
<td>35.77%</td>
</tr>
<tr>
<td>Income share held by lowest 20%</td>
<td>5.47%</td>
</tr>
<tr>
<td>Calories per capita per day (kcal/capita/day)</td>
<td>2,649.6</td>
</tr>
<tr>
<td>Energy from non-staples in supply</td>
<td>29.80%</td>
</tr>
<tr>
<td>Iron availability from animal products (mg/capita/day)</td>
<td>1.9</td>
</tr>
<tr>
<td>Access to Improved Sanitation Facilities</td>
<td>21.9</td>
</tr>
<tr>
<td>Open defecation</td>
<td>33.8%</td>
</tr>
<tr>
<td>Access to Improved Drinking Water Sources</td>
<td>78.4%</td>
</tr>
<tr>
<td>Access to Piped Water on Premises</td>
<td>32.0%</td>
</tr>
<tr>
<td>Surface Water as Drinking Water Source</td>
<td>9.0%</td>
</tr>
<tr>
<td>GDP per capita (current USD, 2013)</td>
<td>1,521.00</td>
</tr>
<tr>
<td>Exports-Agr Products per capita (current USD, 2012)</td>
<td>2.51</td>
</tr>
<tr>
<td>Imports-Agr Products per capita (current USD, 2012)</td>
<td>1.07</td>
</tr>
</tbody>
</table>

### Stunting Reduction Trend and Target

#### Distribution of stunting across wealth quintiles

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>10%</td>
<td>9%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Second</td>
<td>20%</td>
<td>18%</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Middle</td>
<td>30%</td>
<td>28%</td>
<td>26%</td>
<td>24%</td>
</tr>
<tr>
<td>Fourth</td>
<td>40%</td>
<td>38%</td>
<td>36%</td>
<td>34%</td>
</tr>
<tr>
<td>Highest</td>
<td>50%</td>
<td>48%</td>
<td>46%</td>
<td>44%</td>
</tr>
</tbody>
</table>

#### Targeted Stunting Reduction (million U5 stunted children)

<table>
<thead>
<tr>
<th>Year</th>
<th>Beginning prevalence</th>
<th>Target prevalence</th>
<th>Current AARR</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>20.6%</td>
<td>13.49%</td>
<td>5.1%</td>
</tr>
<tr>
<td>2015</td>
<td>19.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>17.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2025</td>
<td>16.4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The table and figures illustrate the demographic data, nutrition indicators, and other relevant factors, along with the stunting reduction trend and target for the specified years.
One of the priorities of the multi-sectoral platform will be to organize consultations and round tables with partners in order to mobilize additional resources to enhance nutrition awareness.

The government has a specific budget line for nutrition which varies between FCFA 200,000,000 and 800,000,000 per year. With partners facing difficulties financing Vit A campaigns, the State institutionalized and included Vit A supplementation in its budget in 2014. As regards partner support, although the number of partners has risen from two to ten, this support remains insufficient and irregular. It deserves better support to achieve optimal results under a scaled-up Action Plan.

National nutrition surveys have started with the support of the WHO.
2014 Baseline on Four SUN Processes

Côte d’Ivoire

2014 Scoring of Progress Markers

- Bringing people together into a shared space for action: 70%
- Ensuring a coherent policy and legal framework: 62%
- Aligning actions around a Common Results Framework: 43%
- Financial Tracking and resource mobilization: 51%

Aligned with:
- PM1: Ensuring a coherent policy and legal framework (62%)
- PM2: Aligning actions around a Common Results Framework (43%)
- PM3: Financial Tracking and resource mobilization (51%)
- PM4: Bringing people together into a shared space for action (70%)

1Internally assessed by in-country self-assessment exercise
South Sudan

Joined: June 2013
### Demographic data

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Population (million, 2010)</td>
<td>9.94</td>
</tr>
<tr>
<td>Children under 5 (million, 2010)</td>
<td>1.6</td>
</tr>
<tr>
<td>Adolescent Girls (15-19) (million, 2010)</td>
<td>0.54</td>
</tr>
<tr>
<td>Average Number of Births (million, 2010)</td>
<td>0.35</td>
</tr>
<tr>
<td>Population growth rate (2010)</td>
<td>4.25%</td>
</tr>
</tbody>
</table>

### WHA nutrition target indicators (MICS 2010)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birth weight</td>
<td>N/A</td>
</tr>
<tr>
<td>0-5 months Exclusive Breastfeeding</td>
<td>45.0%</td>
</tr>
<tr>
<td>Under five stunting</td>
<td>31.1%</td>
</tr>
<tr>
<td>Under five wasting</td>
<td>22.7%</td>
</tr>
<tr>
<td>Under five overweight</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

### Coverage of Nutrition-relevant Factors

#### Infant and young child feeding practice

- 6-23 months with Minimum Acceptable Diet
- 6-23 months with Minimum Diet Diversity

#### Programs for vitamin and mineral deficiencies

- Zinc Supplementation for Diarrhea: 3.1%
- Pregnant Women Attending 4 or more Antenatal Care Visits: 17.3%
- Vitamin A supplementation (6-59 months): 70.0%
- Households Consuming Adequately Iodized Salt: 45.3%

#### Women’s Empowerment

- Female literacy: 21.7%
- Female employment rate: 41.9%
- Median age at first marriage: -
- Access to skilled birth attendant: -
- Women who have first birth before age 18: 18.4%
- Fertility rate: 7.5%

#### Other Nutrition-relevant indicators

- Rate of urbanization: 18.00%
- Income share held by lowest 20%: -
- Calories per capita per day (kcal/capita/day): -
- Energy from non-staples in supply: -
- Iron availability from animal products (mg/capita/day): -
- Access to Improved Sanitation Facilities: 7.4%
- Open defecation: 64.1%
- Access to Improved Drinking Water Sources: 69.0%
- Access to Piped Water on Premises: 0.9%
- Surface Water as Drinking Water Source: 11.7%
- GDP per capita (current USD, 2013): 1,221.00
- Exports-Agr Products per capita (current USD, 2012): -
- Imports-Agr Products per capita (current USD, 2012): -

### Stunting Reduction Trend and Target

#### Distribution of stunting across wealth quintiles

- Lowest income quantile
- Highest income quantile
- National Average (2010)
- National Target

### Trend of Exclusive Breastfeeding Rate

#### Targeted Stunting Reduction

- (million U5 stunted children)
  - 2012: No enough data
  - 2015: Effort needed
  - 2020: Target
  - 2025: target
Due to the current humanitarian crisis, almost all nutrition funds in the country are allocated for emergency action and provided in short term intervals. Funding for long-term interventions is minimal. The Government, with the support of all SUN stakeholders, has committed to do that through the lead role of the SUN Focal Point, Dr. Makur Kariom, in concert with the Secretary General of the Council. The platform is envisaged to take up the responsibility of coordinating and overseeing the progress achieved on food security and nutrition and bringing together different sectors of the government – the line ministries including Economy and Planning, Health, Agriculture, Education, Rural Development, Local Government, and Gender, Child and Social Welfare, civil society, businesses, universities and research institutes, donors and the UN system. USAID, the World Bank, DFID, the EU, Germany, Australia and other donors operate in different States in the country. A donor convenor has not been appointed yet. The NGO Forum is the existing platform for civil society organizations. The relevant UN agencies with responsibility on nutrition (UNICEF, WHO, WFP and FAO) are actively engaged in supporting the government’s efforts to generate and analyze nutrition information, capacity building and programme implementation.

The Ministry of Health is in the process of finalizing the National Nutrition Policy. Most recently, the nutrition sector has finalized the revision of the Basic Package of Health and Nutrition Services (BPHN). Its endorsement and implementation by the Ministry of Health will enhance integration of nutrition in health services. A stock-taking exercise of the food and nutrition security situation in the country, including an analysis of existing strategies, institutions, stakeholders and ongoing programmes and initiatives is a priority for the government and may require support from development partners. Nutrition is integrated in different national policies and plans, including the South Sudan Development Plan, the Health Sector Development Plan, the Food Security Policy, the Social Protection Policy and the draft National Nutrition Health Policy. Development partners will play a key role in supporting line ministries develop and review national nutrition policies, providing technical orientation in the development of guidelines, capacity building and ensuring the implementation of nutrition interventions.

A Nutrition Information System is in place, although still managed through support of development partners. The Ministry of Health is running an emerging Health Management Information System which is being upgraded to integrate more nutrition indicators.
2014 Baseline on Four SUN Processes
South Sudan

2014 Scoring of Progress Markers

- 17% Bringing people together into a shared space for action
- 22% Ensuring a coherent policy and legal framework
- 23% Aligning actions around a Common Results Framework
- 19% Financial Tracking and resource mobilization

1 Externally assessed by the SUN Movement Secretariat
Tajikistan

Joined: September 2013
Demographic data
National Population (million, 2010) 7.63
Children under 5 (million, 2010) 1.0
Adolescent Girls (15-19) (million, 2010) 0.43
Average Number of Births (million, 2010) 0.22
Population growth rate (2010) 2.28%

WHA nutrition target indicators (DHS 2012)
Low birth weight 7.2%
0-5 months Exclusive Breastfeeding 34.3%
Under five stunting 26.8%
Under five wasting 9.9%
Under five overweight 6.6%

Coverage of Nutrition-relevant Factors
Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet 19.6%
6-23 months with Minimum Diet Diversity 40.0%

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea -
Pregnant Women Attending 4 or more Antenatal Care Visits 52.5%
Vitamin A supplementation (6-59 months) 97.0%
Households Consuming Adequately Iodized Salt 38.8%

Women’s Empowerment
Female literacy -
Female employment rate -
Median age at first marriage 20.3
Access to skilled birth attendant 87.4%
Women who have first birth before age 18 7.4%
Fertility rate 3.8

Other Nutrition-relevant indicators
Rate of urbanization 27.00%
Income share held by lowest 20% 8.30%
Calories per capita per day (kcal/capita/day) 2,055.9
Energy from non-staples in supply 24.66%
Iron availability from animal products (mg/capita/day) 0.9
Access to Improved Sanitation Facilities 94.2%
Open defecation 0.2%
Access to Improved Drinking Water Sources 76.2%
Access to Piped Water on Premises 35.7%
Surface Water as Drinking Water Source 15.3%
GDP per capita (current USD, 2013) 1,037.00
Exports-Agr Products per capita (current USD, 2012) -
Imports-Agr Products per capita (current USD, 2012) -

Stunting Reduction Trend and Target
Current AARR: 3.5%

Distribution of stunting across wealth quintiles

Trend of Exclusive Breastfeeding Rate

Targeted Stunting Reduction (million U5 stunted children)
Beginning prevalence: 26.2%
Target prevalence: 14.23%
Current AARR: 4.7%
Target AARR: 0.023
Effort needed 0.18
Target 0.30

SUN Movement Compendium 2014
Most nutrition interventions are supported by external partners. The absence of a costed comprehensive plan leaves the government with little knowledge about the cost of each intervention or donor contributions. In financial terms the introduction of separate budgeting lines for each programme area (such as nutrition) is planned as part of the President Office’s initiatives. This, along with the development of the costed common work plan or results framework for nutrition will make financial tracking for nutrition easier.
2014 Baseline on Four SUN Processes

Tajikistan

2014 Scoring of Progress Markers

- Bringing people together into a shared space for action: 33%
- Ensuring a coherent policy and legal framework: 28%
- Aligning actions around a Common Results Framework: 27%
- Financial Tracking and resource mobilization: 19%

1Externally assessed by the SUN Movement Secretariat
Congo

Joined: October 2013
Demographic data
- Children under 5 (million, 2010): 0.7
- Adolescent Girls (15-19) (million, 2010): 0.21
- Average Number of Births (million, 2010): 0.15
- Population growth rate (2010): 2.98%

WHA nutrition target indicators (DHS 2011-2012)
- Low birth weight: 10.0%
- 0-5 months Exclusive Breastfeeding: 20.5%
- Under five stunting: 25.0%
- Under five wasting: 5.9%
- Under five overweight: 3.6%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice
- 6-23 months with Minimum Acceptable Diet: -
- 6-23 months with Minimum Diet Diversity: -

Programs for vitamin and mineral deficiencies
- Zinc Supplementation for Diarrhea: -
- Pregnant Women Attending 4 or more Antenatal Care Visits: 78.9%
- Vitamin A supplementation (6-59 months): -
- Households Consuming Adequately Iodized Salt: -

Women’s Empowerment
- Female literacy: 82.2%
- Female employment rate: 64.2%
- Median age at first marriage: 19.7
- Access to skilled birth attendant: 94.0%
- Women who have first birth before age 18: -
- Fertility rate: 2.2

Other Nutrition-relevant indicators
- Rate of urbanization: 65.00%
- Income share held by lowest 20%: 5.00%
- Calories per capita per day (kcal/capita/day): 2,177.3
- Energy from non-staples in supply: 29.72%
- Iron availability from animal products (mg/capita/day): -
- Access to Improved Sanitation Facilities: 11.0%
- Open defecation: 46.8%
- Access to Improved Drinking Water Sources: 76.4%
- Access to Piped Water on Premises: 3.5%
- Surface Water as Drinking Water Source: 7.9%
- GDP per capita (current USD, 2013): 3,172.00
- Exports-Agr Products per capita (current USD, 2012): 0.36
- Imports-Agr Products per capita (current USD, 2012): 1.97
Congo-Brazzaville joined the SUN movement in October 2013. The multi-sectoral and multi-stakeholder platform has not been formally set up because the decree relating to the creation, responsibilities, organization and operation of the National Food and Nutrition Council and its technical committee is currently being drafted. However, the ministries involved in nutrition and donors, including United Nations agencies, are already heavily involved in an embryonic body for coordinating food and nutrition initiatives. The SUN National Focal Point is represented by the Secretary-General of the Presidency.

There is coherence between the legal and political framework. For instance, Act 45/75 of the Labor Code, promulgated in 1975, provides for 16 weeks of maternity leave and rest periods for breastfeeding for 18 months, to reinforce the promotion of maternal breastfeeding. Similarly, there are various decrees and orders on food fortification facilitating the implementation of activities to combat deficiencies in micronutrients. Finally, there is also Decree 2004-471 dating from 2004, which sets out the conditions for marketing and importing iodized salt. The 2014-2025 multi-sectoral strategic framework for combating malnutrition was validated in October 2013. However, some weaknesses remain, such as the lack of legislation to regulate the marketing of breast milk substitutes in Congo.

Once the strategic framework for combating malnutrition is finalized, the plan is to draft a multi-sectoral operational plan to combat malnutrition. This plan will serve as a basis for monitoring the implementation of and assessing the various multi-sectoral interventions. Under UNDAF, joint work plans between United Nations agencies and the government will enable planning around key groups of findings, including that relating to food and nutritional security.

The joint programming approach based around groups of findings as initiated by UN agencies will encourage the mobilization of external and domestic resources by institution and also collectively through the formulation of joint projects.
2014 Baseline on Four SUN Processes
Congo

2014 Scoring of Progress Markers

- Bringing people together into a shared space for action: 17%
- Ensuring a coherent policy and legal framework: 24%
- Aligning actions around a Common Results Framework: 27%
- Financial Tracking and resource mobilization: 23%

External assessment by the SUN Movement Secretariat
Swaziland

Joined: November 2013
**Demographic data**

National Population (million, 2010) 1.19
Children under 5 (million, 2010) 0.2
Adolescent Girls (15-19) (million, 2010) 0.08
Average Number of Births (million, 2010) 0.04
Population growth rate (2010) 1.54%

**WHA nutrition target indicators (MICS 2010)**

- Low birth weight 8.7%
- 0-5 months Exclusive Breastfeeding 44.1%
- Under five stunting 31.0%
- Under five wasting 0.8%
- Under five overweight 10.7%

**Coverage of Nutrition-relevant Factors**

**Infant and young child feeding practice**

- 6-23 months with Minimum Acceptable Diet -
- 6-23 months with Minimum Diet Diversity -

**Programs for vitamin and mineral deficiencies**

- Zinc Supplementation for Diarrhea -
- Pregnant Women Attending 4 or more Antenatal Care Visits 76.6%
- Vitamin A supplementation (6-59 months) 33.0%
- Households Consuming Adequately Iodized Salt 51.6%

**Women’s Empowerment**

- Female literacy -
- Female employment rate -
- Median age at first marriage 23.1
- Access to skilled birth attendant 82.0%
- Women who have first birth before age 18 22.0%
- Fertility rate 3.7

**Other Nutrition-relevant indicators**

- Rate of urbanization 21.00%
- Income share held by lowest 20% 4.10%
- Calories per capita per day (kcal/capita/day) 2,358.7
- Energy from non-staples in supply 47.09%
- Iron availability from animal products (mg/capita/day) -
- Access to Improved Sanitation Facilities 53.8%
- Open defection 15.4%
- Access to Improved Drinking Water Sources 67.3%
- Access to Piped Water on Premises 40.0%
- Surface Water as Drinking Water Source 21.0%
- GDP per capita (current USD, 2013) 3,034.00
- Exports-Agr Products per capita (current USD, 2012) 23.78
- Imports-Agr Products per capita (current USD, 2012) 18.15

**Stunting Reduction Trend and Target**

- Current AARR: 0.8%
- Lowest income quantile Prevalence
- Highest income quantile Prevalence
- Government Reduction target

**Distribution of stunting across wealth quintiles**

- National Average (2010)
- National Target

**Trend of Exclusive Breastfeeding Rate**

**Targeted Stunting Reduction (million US stunted children)**

- Targeted Stunting Reduction
- Target prevalence: 31.0%
- Targeted AARR = 4.3%
- Beginning prevalence: 31.0%
- Current AARR 0.05
- Target AARR 0.01
- Effort needed 0.03
- Target 0.03
There is a specific budget line for nutrition. Since the Cost of Hunger in Swaziland was launched in July 2013, some significant efforts have been observed in terms of advocacy, programmatic planning and conceptualization of the response to the recommendations of the Cost of Hunger report. The Cabinet approved the study and commissioned an Action Plan for implementation of the recommendations. A USD20-million cash transfer pilot project by the World Bank, the European Union (EU) and the DPMO expanded its targeted population to include infants in the first 1,000 days of life. Several programs receive budgets from government and/or external partners.

As a new SUN country in 2014, current bodies mandated on nutrition include the Swaziland National Nutrition Council (SNNC) and its secretariat. Both are located within the Ministry of Health, with the Ministry of Agriculture acting as a co-chair. They convene meetings with other members of the SNNC including the line ministries of education; commerce; finances; economic, planning and development. The UN System is also represented through UNICEF, WHO, WFP and FAO, which provide financial and technical assistance to the SNNC meetings. CSOs through World Vision and the Swaziland Infant Nutrition Action Network also participate and a separate CSO network already exists in the form of the Food Security Consortium. The SNNC is mandated on policy making, resource mobilisation and provision of technical responses. Multi-sectoral initiatives mandated on nutrition exist outside of the SNNC and include: the Child Health and Nutrition Forum (CHNF); the Food Security and Nutrition Forum and The Cost of Hunger National Implementation Team.

As there is still no Common Results Framework, the national priority remains to merge sectoral planning processes that contribute to nutrition in a coherent and harmonized manner. The government is working on the development of a comprehensive national nutrition strategy with a multi-sectoral approach to encompass direct nutrition interventions as well as nutrition sensitive actions. As a first step, joint indicators in dietary diversity and food insecurity are being identified and a mapping exercise of the actors working on nutrition is underway.

Swaziland already has specific nutrition legislation in place. The National Health Sector Strategic Plan 2008-2013 aims at reducing stunting in under 5 children from 40 to 10% by 2025, increase breastfeeding from 44 to 60%, Vitamin A supplementation to more than 90% and salt iodization to more than 80%. The country is also developing the National Health Sector Strategic Plan II and in this document, issues of stunting and other nutrition indicators are addressed.

It also has a National Food Security Policy (2005), a Food and Nutrition Strategy (2010-2015); salt iodization regulations (1997) inserted to the Public Health Act of 1969; several guidelines related to IMAM (2010), infant and young child feeding (2010), Nutrition and HIV (2010) or TB (2012). Swaziland is also updating the National Nutrition Act (1945), which was amended and awaits cabinet approval and is drafting a Food and Nutrition Policy. The Code of Marketing of Breast Milk Substitutes is being approved to be integrated into the Public Health Act of 1969. Swaziland also has nutrition sensitive legislation with the National Development Strategy (1997), whose aim is to achieve food and nutrition security; the Poverty Reduction Strategy (2007), whose aim is to increase consumption of iodized salt; the Social Welfare Strategy (2011-2015), which includes elements on nutrition; and a School Feeding Strategic Framework (2013). Additionally, drawing from the CAADP Initiative, the Agricultural Policy in draft includes a focus on nutrition and the reduction of stunting.
2014\(^1\) Baseline on Four SUN Processes

**Swaziland**

**2014 Scoring of Progress Markers**

1. **Bringing people together into a shared space for action**: 21%
2. **Ensuring a coherent policy and legal framework**: 24%
3. **Aligning actions around a Common Results Framework**: 27%
4. **Financial Tracking and resource mobilization**: 19%

\(^1\)Externally assessed by the SUN Movement Secretariat
Comoros

Joined: December 2013
Demographic data
National Population (million, 2010) 0.68
Children under 5 (million, 2010) 0.1
Adolescent Girls (15-19) (million, 2010) 0.03
Average Number of Births (million, 2010) 0.02
Population growth rate (2010) 2.57%

WHA nutrition target indicators (EDS-MICS 2012)
Low birth weight N/A
0-5 months Exclusive Breastfeeding 12.1%
Under five stunting 32.1%
Under five wasting 11.1%
Under five overweight 10.9%

Coverage of Nutrition-relevant Factors
Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet 5.9%
6-23 months with Minimum Diet Diversity 25.2%

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea 0.4%
Pregnant Women Attending 4 or more Antenatal Care Visits 48.9%
Vitamin A supplementation (6-59 months) -
Households Consuming Adequately Iodized Salt 91.0%

Women’s Empowerment
Female literacy 63.3%
Female employment rate 42.3%
Median age at first marriage 20.7
Access to skilled birth attendant 76.1%
Women who have first birth before age 18 10.3%
Fertility rate 4.3

Other Nutrition-relevant indicators
Rate of urbanization 28.00%
Income share held by lowest 20% 2.60%
Calories per capita per day (kcal/capita/day) 2,167.2
Energy from non-staples in supply 46.42%
Iron availability from animal products (mg/capita/day) -
Access to Improved Sanitation Facilities 28.9%
Open defecation 56.0%
Access to Improved Drinking Water Sources 70.6%
Access to Piped Water on Premises 37.9%
Surface Water as Drinking Water Source 0.8%
GDP per capita (current USD, 2013) 894.00
Exports-Agr Products per capita (current USD, 2012) 39.71
Imports-Agr Products per capita (current USD, 2012) 43.82

Stunting Reduction Trend and Target
Current AARR: 3.1%

Distribution of stunting across wealth quintiles

Trend of Exclusive Breastfeeding Rate

Targeted Stunting Reduction (million US stunted children)
The Comoros joined the SUN Movement in December 2013. The Director of Family Health in the Vice-Presidency in charge of the Ministry of Health, Solidarity, Social Cohesion and Gender Promotion, was appointed National Coordinator for SUN by the Vice President in charge of Health.

An exploratory REACH mission provided the opportunity to reflect on the setting up of the multi-sector coordination mechanism for nutrition governance. A multi-sector interim committee on good nutrition governance has been established, with two key missions as their terms of reference: the setting up of a multi-sector platform and the launch of the SUN Movement. This interim committee is chaired by the representative of civil society, the President of the Comorian Consumer Federation (CCF), and co-chaired by the SUN focal point. It is composed of representatives from several ministries: the Ministry of Health, solidarity, social cohesion and gender promotion; the Ministry of Agriculture and production; the Ministry of Education; the Ministry of Commerce; the Ministry of Employment, Labor, Vocational Training and Women’s Entrepreneurship. Also participating are the French Planning Authorities (Commissariat Général au Plan), the National Research Institute for Agriculture, Fisheries and the Environment (INRAPE), UNICEF, WHO and UNFPA.

The meetings are convened jointly by the Chairman of the Provisional Committee and the SUN focal point. For the moment, the role of the secretariat is carried out by the Directorate of Family Health. This interim committee meets weekly. During this transition period, the Interim Committee reports to His Excellency the Vice-President in charge of the Ministry of Health, solidarity, social cohesion and gender promotion.

The process of setting up the governmental body is under way and the focal points of various ministerial departments are in the process of being identified. UNDAF, which is currently being finalized, will take nutrition governance aspects into account in its action plan.

Routine nutrition activities are supported by the UNICEF, FAO, WFP and WHO. Advocacy and lobbying is being conducted with the private sector for its integration into the platform and the designation of focal points at the University of Comoros. A focal point has already been identified at the National Research Institute for Agriculture, Fisheries and Environment (INRAPE).

Find support for dialogue on multi-sector indicators for nutrition and improve the collection of nutritional data taking into account the fact that multi-sectoral approach is a high expectation of the Union of Comoros vis-à-vis the SUN Movement.

The National Policy on Nutrition and Food developed in 2012 is in the process of being signed. It will have to be revised to adopt a multi-sector approach.

From a legislative standpoint, the Comoros adopted: a Law on the International Code of Marketing of Breast-milk Substitutes in 2014 and a law on maternity leave in 2012. The decree implementing the food law passed in 2013 is currently being drafted.

Policies in the agriculture, education and health sectors and policy on poverty reduction all include nutrition. A study was conducted with consultants to analyses data from the most vulnerable populations which would enable a social protection policy to be developed.

Mobilizing resources for the national nutrition governance plan in the Comoros is a priority for 2014. Therefore, when the multi-sector platform is operational, an exceptional budget allocation will be made available in 2014 on the understanding that a budget line will be included from 2015.
2014 Baseline on Four SUN Processes

Comoros

2014 Scoring of Progress Markers

- Bringing people together into a shared space for action: 21%
- Ensuring a coherent policy and legal framework: 28%
- Aligning actions around a Common Results Framework: 23%
- Financial Tracking and resource mobilization: 19%

1Externally assessed by the SUN Movement Secretariat
New Countries in the SUN Movement (2014 Baseline)

Vietnam
Liberia
Togo
Guinea-Bissau
Costa Rica
Vietnam

Joined: January 2014
**Demographic data**

- National Population (million, 2010) 89
- Children under 5 (million, 2010) 7.2
- Average Number of Births (million, 2010) 1.48
- Population growth rate (2010) 0.94%

**WHA nutrition target indicators (MICS 2011)**

- Low birth weight 5.1%
- 0-5 months Exclusive Breastfeeding 17.0%
- Under five stunting 23.3%
- Under five wasting 4.4%
- Under five overweight 4.6%

**Coverage of Nutrition-relevant Factors**

**Infant and young child feeding practice**

- 6-23 months with Minimum Acceptable Diet
- 6-23 months with Minimum Diet Diversity

**Programs for vitamin and mineral deficiencies**

- Zinc Supplementation for Diarrhea 1.0%
- Pregnant Women Attending 4 or more Antenatal Care Visits
- Vitamin A supplementation (6-59 months) 98.0%
- Households Consuming Adequately Iodized Salt 45.1%

**Women’s Empowerment**

- Female literacy
- Female employment rate
- Median age at first marriage
- Access to skilled birth attendant
- Women who have first birth before age 18 7.5%
- Fertility rate 2.0

**Other Nutrition-relevant indicators**

- Rate of urbanization 32.00%
- Income share held by lowest 20% 7.40%
- Calories per capita per day (kcal/capita/day) -
- Energy from non-staples in supply 29.37%
- Iron availability from animal products (mg/capita/day) 2.9
- Access to Improved Sanitation Facilities 78.1%
- Open defecation 6.4%
- Access to Improved Drinking Water Sources 92.0%
- Access to Piped Water on Premises 23.0%
- Surface Water as Drinking Water Source 2.2%
- GDP per capita (current USD, 2013) 1,911.00
- Exports-Agr Products per capita (current USD, 2012) -
- Imports-Agr Products per capita (current USD, 2012) 0.13

**Stunting Reduction Trend and Target**

- Current AARR: 4.3%
- Target AARR = 2.4%
- Targeted Stunting Reduction (million U5 stunted children)

**Distribution of stunting across wealth quintiles**

- Lowest income quantile Prevalence
- Highest income quantile Prevalence
- Government Reduction target

**Trend of Exclusive Breastfeeding Rate**

- Current Trend
- Minimum target suggested by WHA

**Targeted Stunting Reduction**

- Targeted Stunting Reduction (million U5 stunted children)
  - Target prevalence: 23.40%
  - Beginning prevalence: 23.3%
  - Target prevalence: 23.40%
  - Effort needed
  - Target
The National Target Program is financed by government at a level of USD 1,000,000.

A number of laws are in place to support scaling up nutrition, including laws on maternity leave, salt iodisation, safety of food products, as well as code of marketing of breast milk substitutes.

The Prime Minister approved the National Nutrition Strategy for 2011–2020 with a vision towards 2030. A plan of Action for IYCF for 2012-2015 was approved in 2013.

Other strategies exist but without specific nutrition outcomes.

The multi-stakeholder platform is the Nutrition Cluster Group. Every six weeks, participants from various Ministries (Health, Agriculture, Social Affairs, Disaster Risk Management), Institutes, Universities, UN Agencies (UNICEF, WHO, FAO), NGOs, Donors (World Bank, Irish Aid, USAID, Norwegian Embassy), Foundations and Global Initiatives (GAIN, A&T) convene together to work towards an agreed set of objectives and priorities. These meetings are co-chaired by the National Institute of Nutrition Director and the UNICEF Head of Nutrition. The Nutrition Director is also the SUN Government Focal Point.

A national target program for improving nutrition status of children is implemented in all communities. Child malnutrition is a key indicator in the 5 year economic and development plan already at national and provincial levels.

The government is reviewing the possibility of formulating provincial regional nutrition strategies for inclusion in regional plans.

National and sub-national profiles are developed each year.
2014 Baseline on Four SUN Processes

Vietnam

2014 Scoring of Progress Markers

- Bringing people together into a shared space for action: 34%
- Ensuring a coherent policy and legal framework: 20%
- Aligning actions around a Common Results Framework: 23%
- Financial Tracking and resource mobilization: 28%

1 Externally assessed by the SUN Movement Secretariat
Liberia

Joined: February 2014
**Demographic data**

National Population (million, 2010) 3.96
Children under 5 (million, 2010) 0.7
Adolescent Girls (15-19) (million, 2010) 0.2
Average Number of Births (million, 2010) 0.14
Population growth rate (2010) 3.82%

**WHA nutrition target indicators (CFSNS2012)**

- Low birth weight 14.0%
- 0-5 months Exclusive Breastfeeding 47.0%
- Under five stunting 41.8%
- Under five wasting 2.8%
- Under five overweight 0.0%

**Coverage of Nutrition-relevant Factors**

- **Infant and young child feeding practice**
  - 6-23 months with Minimum Acceptable Diet -
  - 6-23 months with Minimum Diet Diversity -

- **Programs for vitamin and mineral deficiencies**
  - Zinc Supplementation for Diarrhea 0.4%
  - Pregnant Women Attending 4 or more Antenatal Care Visits -
  - Vitamin A supplementation (6-59 months) 13.0%
  - Households Consuming Adequately Iodized Salt -

- **Women’s Empowerment**
  - Female literacy 40.8%
  - Female employment rate -
  - Median age at first marriage 18.6
  - Access to skilled birth attendant 46.3%
  - Women who have first birth before age 18 32.1%
  - Fertility rate 5.2

- **Other Nutrition-relevant indicators**
  - Rate of urbanization 49.00%
  - Income share held by lowest 20% 6.40%
  - Calories per capita per day (kcal/capita/day) 2,209.5
  - Energy from non-staples in supply 27.41%
  - Iron availability from animal products (mg/capita/day) -
  - Access to Improved Sanitation Facilities 11.2%
  - Open defecation 54.7%
  - Access to Improved Drinking Water Sources 66.1%
  - Access to Piped Water on Premises 2.9%
  - Surface Water as Drinking Water Source 12.9%
  - GDP per capita (current USD, 2013) 454.00
  - Exports-Agr Products per capita (current USD, 2012) -
  - Imports-Agr Products per capita (current USD, 2012) -
Liberia joined the SUN Movement in February 3rd, 2014 and although a multi-stakeholder platform has not yet been established, the Nutrition Division of Ministry of Health and Social Welfare (MOHSW) is already convening line ministries and partners.

Meeting with line ministries still in progress, but with the prevailing Ebola situation and STATE of EMERGENCY, meeting of such is pending until the situation improves.

A letter from the MOHSW to the President of Liberia for the endorsement of a SUN Secretariat and the nomination of both a focal point and a donor convener has been submitted. Until a Donor Convenor is nominated, UNICEF is acting as the interim Donor Convener to support the MOHSW.

In the wake of the Ebola situation we are still hopeful that when the situation improves a follow up remind letter will be sent to the President or a meeting will be scheduled by the Assistant Minister Tolbert Nyenswah to follow up on the letter and her reaction. Meanwhile, UNICEF is still the donor convener until the National Focal Point is identified and the secretariat is set up.

The main priorities described in the letter to the President include the reduction of stunting, scale up of nutrition-specific interventions, and the integration and expansion of nutrition-sensitive interventions. In addition, Liberia intends to establish a civil society platform by June 2014.

Financial Tracking and resource mobilization

It has been agreed that all sectors develop a costed plan that is nutrition sensitive. Its development has already begun.
2014 Baseline on Four SUN Processes
Liberia

2014 Scoring of Progress Markers

- Bringing people together into a shared space for action: 17%
- Ensuring a coherent policy and legal framework: 22%
- Aligning actions around a Common Results Framework: 29%
- Financial Tracking and resource mobilization: 19%

1 Externally assessed by the SUN Movement Secretariat
Togo

Joined: March 2014
### Demographic data

<table>
<thead>
<tr>
<th>Category</th>
<th>Value (2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Population</td>
<td>6.31 million</td>
</tr>
<tr>
<td>Children under 5</td>
<td>1.0</td>
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<tr>
<td>Adolescent Girls (15-19)</td>
<td>0.34</td>
</tr>
<tr>
<td>Average Number of Births</td>
<td>0.22</td>
</tr>
<tr>
<td>Population growth rate</td>
<td>2.59%</td>
</tr>
</tbody>
</table>

### WHA nutrition target indicators (MICS 2010)

- **Low birth weight**: 11.0%
- **0-5 months Exclusive Breastfeeding**: 62.4%
- **Under five stunting**: 29.8%
- **Under five wasting**: 4.8%
- **Under five overweight**: 1.6%

### Coverage of Nutrition-relevant Factors

#### Infant and young child feeding practice

- **6-23 months with Minimum Acceptable Diet**: -
- **6-23 months with Minimum Diet Diversity**: -

#### Programs for vitamin and mineral deficiencies

- **Zinc Supplementation for Diarrhea**: 1.5%
- **Pregnant Women Attending 4 or more Antenatal Care Visits**: -
- **Vitamin A supplementation (6-59 months)**: 64.0%
- **Households Consuming Adequately Iodized Salt**: 99.0%

#### Women’s Empowerment

- **Female literacy**: 64.2%
- **Female employment rate**: 72.3%
- **Median age at first marriage**: 18.1
- **Access to skilled birth attendant**: 58.0%
- **Women who have first birth before age 18**: 23.8%
- **Fertility rate**: 6.4

#### Other Nutrition-relevant indicators

- **Rate of urbanization**: 14.91%
- **Income share held by lowest 20%**: 5.84%
- **Calories per capita per day (kcal/capita/day)**: 2,317.7
- **Energy from non-staples in supply**: 20.55%
- **Iron availability from animal products (mg/capita/day)**: 0.7
- **Access to Improved Sanitation Facilities**: 34.9%
- **Open defecation**: 8.3%
- **Access to Improved Drinking Water Sources**: 57.3%
- **Access to Piped Water on Premises**: 2.2%
- **Surface Water as Drinking Water Source**: 17.6%
- **GDP per capita (current USD, 2013)**: 636.00
- **Exports-Agr Products per capita (current USD, 2012)**: 2.98
- **Imports-Agr Products per capita (current USD, 2012)**: 2.33

### Graphs

- **Stunting Reduction Trend and Target**
- **Distribution of stunting across wealth quintiles**
- **Trend of Exclusive Breastfeeding Rate**
- **Targeted Stunting Reduction (million U5 stunted children)**
Developed in 2010, a National Policy for Food and Nutrition (NPFS) takes into account the double burden of malnutrition, gender and human rights. Togo has a National Food and Nutrition Strategic Plan (NFNSP 2012-2015) supported by a wide range of policies and specific provisions for nutrition.

Togo has included nutrition in the following strategy papers: the Poverty Reduction Strategy Papers (PRSPs), the National Health Development Plan (NHDP II), the National Program for Food Security (NPFS) that served as a framework for the development of the National Agricultural and Food Security Investment Plans (NAFSIP) and the Strategy for Accelerated Growth and the Promotion of Employment (SAGPE).

The FAO TCP currently operating under the PNIASA has made a diagnosis of the political, legal and regulatory framework for food security in our country in order to ensure consistency in the different strategies.

The social protection policy has been validated and adopted by the government and includes three components: 1) Social Security, 2) Social Safety Nets and 3) Employability of vulnerable groups in a variety of activities: Labor-intensive work, school canteens and cash transfers.

National legislation on nutrition is vast and also includes laws on food fortification (salt, oil and wheat flour). The Law on Maternity Protection guarantees maternity leave of 14 weeks, which is the minimum recommended time (ILO).

The International Code of Marketing Breast-Milk Substitutes (BMS) adopted since 2003 by the Council of Ministers has not yet been adopted by the National Assembly. However that did not prevent Togo from making progress on infant feeding, since according to the results of the MICS-2010, 62% of children under six months were being breastfed exclusively.

Aligning actions around a Common Results Framework

The National Food and Nutrition Strategic Plan (2012-2015) which focuses on direct interventions in nutrition, consists of five sub-programs. These are implemented with the technical support of health, education and social partners: Promoting Nutrition and Nutritional Education and strengthening the implementation of infant and young child feeding; Prevention and management of acute malnutrition in the CREN/FS and through community outreach; Nutrition of teenage girls and pregnant and nursing women; Food and nutrition of school-age children; Management of acute malnutrition.

Moreover, the Ministry of Agriculture assures food security and diversification for the population through: the National Agricultural and Food Security Investment Plan (NAFSIP) and the Agricultural Diversification Support Program (ADSP).

In addition, a country resilience priority framework (CRPF) is being developed by all stakeholders (the public and private sectors, civil society and the agricultural profession) to define the common framework for action to reduce food and nutrition vulnerability in a structural and sustainable manner by supporting the implementation of sub-sectoral policies in the country. The goal is to achieve “Zero Hunger”, namely the eradication of hunger and malnutrition.
2014 Baseline on Four SUN Processes
Togo

2014 Scoring of Progress Markers

- 13% Bringing people together into a shared space for action
- 26% Ensuring a coherent policy and legal framework
- 23% Aligning actions around a Common Results Framework
- 19% Financial Tracking and resource mobilization

1Externally assessed by the SUN Movement Secretariat
Guinea-Bissau

Joined: March 2014
Demographic data
National Population (million, 2010) 1.59
Children under 5 (million, 2010) 0.3
Adolescent Girls (15-19) (million, 2010) 0.08
Average Number of Births (million, 2010) 0.06
Population growth rate (2010) 2.20%

WHA nutrition target indicators (MICS 2010/SMART 2012)
Low birth weight 11.0%
0-5 months Exclusive Breastfeeding 67.2%
Under five stunting 32.2%
Under five wasting 5.8%
Under five overweight 3.2%

Coverage of Nutrition-relevant Factors
Infant and young child feeding practice
6-23 months with Minimum Acceptable Diet -
6-23 months with Minimum Diet Diversity -

Programs for vitamin and mineral deficiencies
Zinc Supplementation for Diarrhea -
Pregnant Women Attending 4 or more Antenatal Care Visits 67.6%
Vitamin A supplementation (6-59 months) 95.0%
Households Consuming Adequately Iodized Salt 27.4%

Women’s Empowerment
Female literacy 40.0%
Female employment rate 95.0%
Median age at first marriage 18
Access to skilled birth attendant 92.6%
Women who have first birth before age 18 33.0%
Fertility rate 5.0

Other Nutrition-relevant indicators
Rate of urbanization 45.00%
Income share held by lowest 20% -
Calories per capita per day (kcal/capita/day) 2,397.3
Energy from non-staples in supply 30.34%
Iron availability from animal products (mg/capita/day) -
Access to Improved Sanitation Facilities 11.0%
Open defecation 21.1%
Access to Improved Drinking Water Sources 65.0%
Access to Piped Water on Premises 3.9%
Surface Water as Drinking Water Source 21.1%
GDP per capita (current USD, 2013) 504.00
Exports-Agr Products per capita (current USD, 2012) 16.16
Imports-Agr Products per capita (current USD, 2012) 30.50

Distribution of stunting across wealth quintiles
Lowest income quantile Prevalence
Highest income quantile Prevalence
Government Reduction target

Stunting Reduction Trend and Target
Current AARR: 1.7%

Trend of Exclusive Breastfeeding Rate

Targeted Stunting Reduction (million U5 stunted children)
Beginning prevalence: 32.2%
Target prevalence: 16.02%
Effort needed
Target

SUN Movement Compendium 2014
The Strategic Nutrition Plan must include a provisional budget for implementing the National Nutrition Policy to help mobilize resources and enable monitoring of funding mobilized for nutrition activities.

The National Nutrition Policy adopted in February 2014 provides a policy framework for the implementation of multi-sector nutrition interventions. It was drawn up and validated using a participatory and inclusive approach involving the various partners involved in nutrition in the country.

The National Agricultural Investment Plan was revised in late 2013, with a participatory approach and involving all stakeholders concerned, in order to take into account aspects overlooked in the previous policy, including nutrition.

The 2015-2019 Strategic Nutrition Plan is currently being drafted. It will promote nutritious food among the population, food availability and household income.

a) The National Nutrition Policy adopted in February 2014 set up a multi-sector coordination platform, the National Nutrition Committee, including all stakeholders spread out over central, regional and community levels.

b) The Food and Nutritional Security Group (GSAN) has been meeting since 2011, under the rotating chairmanship of PAM and the FAO. It comprises over 30 institutions (NGOs, UN system agencies, technical and financial and state structures). It is a place for sharing and coordination aimed at providing responses to food security and nutrition problems that have been identified.

c) The National Alliance for Food Fortification (ANFA) was launched in 2012, focusing on salt iodization strategy with the support of UNICEF. It was officially set up by Interministerial Order in April 2014. It comprises representatives from the public sector, technical partners, civil society and private-sector organizations.

d) The Civil Society Network for Food and Nutritional Sovereignty and Security (RESSAN) has been in existence since November 2013. It was set up to coordinate the actions of its members intervening in food security and nutrition.

The Strategic Nutrition Plan, which is currently being drafted, is a joint action plan for the implementation of a national nutrition policy. It provides for joint monitoring and evaluation mechanisms and a common results framework between the various stakeholders.

Current projects to enhance nutritional management in schools through the promotion of gardens, distribution of victuals and nutrition training for teachers. Salt-producing communities are also supported in marketing their products. Regarding social protection, the EU is working with community health agencies to provide free universal access to healthcare, on a project to reduce maternal and infant mortality and a garden and school canteen component.
2014 Baseline on Four SUN Processes
Guinea-Bissau

2014 Scoring of Progress Markers

- Bringing people together into a shared space for action: 21%
- Ensuring a coherent policy and legal framework: 24%
- Aligning actions around a Common Results Framework: 27%
- Financial Tracking and resource mobilization: 19%

Ensuring a coherent policy and legal framework
Bringing people together into a shared space for action
Aligning actions around a Common Results Framework
Financial Tracking and resource mobilization

1 Externally assessed by the SUN Movement Secretariat
Costa Rica

Joined: March 2014
### Demographic data

<table>
<thead>
<tr>
<th>Demographic Data</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Population (million, 2010)</td>
<td>4.67</td>
</tr>
<tr>
<td>Children under 5 (million, 2010)</td>
<td>0.4</td>
</tr>
<tr>
<td>Adolescent Girls (15-19) (million, 2010)</td>
<td>0.21</td>
</tr>
<tr>
<td>Average Number of Births (million, 2010)</td>
<td>0.07</td>
</tr>
<tr>
<td>Population growth rate (2010)</td>
<td>1.56%</td>
</tr>
</tbody>
</table>

### WHA nutrition target indicators (Encuesta nacional de nutricion 2008–2009/UNICEF database)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birth weight</td>
<td>7.2%</td>
</tr>
<tr>
<td>0-5 months Exclusive Breastfeeding</td>
<td>18.7%</td>
</tr>
<tr>
<td>Under five stunting</td>
<td>5.6%</td>
</tr>
<tr>
<td>Under five wasting</td>
<td>1.0%</td>
</tr>
<tr>
<td>Under five overweight</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

### Coverage of Nutrition-relevant Factors

**Infant and young child feeding practice**

- 6-23 months with Minimum Acceptable Diet: -
- 6-23 months with Minimum Diet Diversity: -

**Programs for vitamin and mineral deficiencies**

- Zinc Supplementation for Diarrhea: 1.3%
- Pregnant Women Attending 4 or more Antenatal Care Visits: -
- Vitamin A supplementation (6-59 months): -
- Households Consuming Adequately Iodized Salt: 90.9%

**Women’s Empowerment**

- Female literacy: 37.7%
- Female employment rate: 71.1%
- Median age at first marriage: 19.8
- Access to skilled birth attendant: 57.4%
- Women who have first birth before age 18: 29.6%
- Fertility rate: 5.0

### Other Nutrition-relevant indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of urbanization</td>
<td>52.58%</td>
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<tr>
<td>Income share held by lowest 20%</td>
<td>5.60%</td>
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<tr>
<td>Calories per capita per day (kcal/capita/day)</td>
<td>2,848.6</td>
</tr>
<tr>
<td>Energy from non-staples in supply</td>
<td>62.95%</td>
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<tr>
<td>Iron availability from animal products (mg/capita/day)</td>
<td>2.1</td>
</tr>
<tr>
<td>Access to Improved Sanitation Facilities</td>
<td>94.5%</td>
</tr>
<tr>
<td>Open defecation</td>
<td>-</td>
</tr>
<tr>
<td>Access to Improved Drinking Water Sources</td>
<td>99.1%</td>
</tr>
<tr>
<td>Access to Piped Water on Premises</td>
<td>94.3%</td>
</tr>
<tr>
<td>Surface Water as Drinking Water Source</td>
<td>0.1%</td>
</tr>
<tr>
<td>GDP per capita (current USD, 2013)</td>
<td>10,185.00</td>
</tr>
<tr>
<td>Exports-Agr Products per capita (current USD, 2012)</td>
<td>7.62</td>
</tr>
<tr>
<td>Imports-Agr Products per capita (current USD, 2012)</td>
<td>2.63</td>
</tr>
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</table>
All the aforementioned programmes, like the National Network for Child Care and Development, have budgets assigned by law. However, the national plans approved and formalised by the authorities do not have assigned budgets, but rather the activities proposed are financed by resources from the institutions involved and by funding from international bodies. There is generally a considerable gap between what is budgeted for in the plans and the funds that are actually assigned.


The Secretariat for National Policy on Food and Nutrition (SEPAN) is coordinated by the Ministry of Health and incorporates the Ministry of Agriculture and Livestock and the Ministry of Economy, Industry and Commerce. This Secretariat was constituted by law in 1973 and has its own regulations by executive decree. The Ministry of Education and the academic community also participate in this platform, as do international organizations such as INCAP, PAHO, FAO and WFP.

SEPAN consists of the Ministerial Councils (the governing body consisting of the Ministry of Health, the Ministry of Agriculture and Livestock and the Ministry of Economy, Industry and Commerce), the Technical Intersectoral Councils (made up of representatives from the Ministry of Health, the Ministry of Agriculture and Livestock, the Ministry of Economy, Industry and Commerce, as well as civil society) and the Cantonal Councils for Food Security and Nutrition (with the participation of municipalities, institutional sectors and civil society). The private sector and civil society occasionally participate in specific issues within their fields of competence. SEPAN has not met recently due to a developmental reshuffle within the Ministry of Health, but strengthening the Secretariat is a priority for the new administration.

The 2013-2021 National Strategy for a Comprehensive Approach to Dealing with Chronic Noncommunicable Diseases and Obesity is used as a multisectoral results framework in alignment with the WHO’s Global Action Plan for the Prevention and Control of Noncommunicable Diseases. To put the strategy into practice, the National Action Plan on Chronic Noncommunicable Diseases was drawn up, which broaches strategic actions related to nutrition.

To coordinate the programmes within a common results framework, commissions have been set up on: Food Security and Nutrition, Nutritional Guides, the Five-A-Day Network, Child Undernutrition, Breast-feeding, Micronutrients, Health and Nutrition for Schoolchildren, Chronic Noncommunicable Diseases, and Food Safety and Hygiene.

Costa Rica has a Child Development and Nutrition Programme run by the Ministry of Health, with the objectives of strengthening actions for preventive nutrition and contributing to the eradication of child undernutrition in low-income families and preventing and controlling obesity, primarily in children from the prenatal period to 13 years of age. In addition to providing free meals, the Food and Nutrition Programme for Schoolchildren and Adolescents promotes healthy eating habits among schoolchildren, using this channel to offer nutritious foods and reinforce appropriate hygiene and behaviour in daily eating habits. Likewise, a National Network for Child Care and Development exists as an alternative for parents (and especially female heads of household) to leave their underage children in the care of specialized professionals.
2014 Baseline on Four SUN Processes
Costa Rica

2014 Scoring of Progress Markers

- Bringing people together into a shared space for action: 17%
- Ensuring a coherent policy and legal framework: 20%
- Aligning actions around a Common Results Framework: 28%
- Financial Tracking and resource mobilization: 19%

1 Externally assessed by the SUN Movement Secretariat