2016 BASELINE REPORT

Executive Summary

Multiple stakeholders come together to tackle malnutrition and build an enabling environment for improving nutrition with equity.

The actors change their behaviours and commit to achieving common nutrition results for everyone, everywhere.

Resources are mobilised and coverage of locally relevant nutrition specific actions and nutrition sensitive contributions are scaled up.

Aligned implementation achieves results far greater than what could have been achieved alone.

Women, children, adolescents and families thrive leading to the end of malnutrition by 2030.

Contributing to the achievement of all the SDGs.

This summary was prepared by Kendra Siekmans (TAN Consultant) and Patrizia Fracassi (SUN Movement Secretariat), based on the SUN Movement 2016 MEAL Baseline Comprehensive Report which was commissioned by the SUN Movement Secretariat and supported by Nutrition International, formerly the Micronutrient Initiative (MI), under its UK Department for International Development-supported Technical Assistance for Nutrition project. The MEAL Results Framework was developed with input from the MEAL Advisory Group members. Helpful comments on an earlier draft from Amanda Coile, David Nabarro, Helen Connolly, Lawrence Haddad, Arja Huestis, Monica Kothari and Loretta MacKinnon are gratefully acknowledged.
As the world is coming to grips with multiple forms of malnutrition, decision makers in government, development partners, civil society organizations, and businesses in the Scaling Up Nutrition (SUN) Movement aim to demonstrate how their human and financial resources are converted into results that deliver nutrition impacts at the country level.

The Monitoring, Evaluation, Accountability and Learning (MEAL) system, based on the SUN Movement’s Theory of Change, shows how multiple stakeholders from different sectors come together, change their behaviours, mobilize resources and align implementation efforts to achieve results, ultimately improving nutrition status and realizing key sustainable development goals through better nutrition.

MEAL indicators align with globally-agreed monitoring frameworks and initiatives¹ and reflect a desire to use data that are already available and have been reviewed for quality (e.g., UNICEF Global Databases, WHO Global Health Observatory). The MEAL system also includes indicators specific to the SUN Movement based on primary data collected by the SUN Movement Secretariat (e.g., SUN Movement Joint Annual Assessments) and the SUN Movement Global Networks.²

The 2016 MEAL Baseline report provides a detailed and comprehensive analysis of each indicator across eight domains of the Theory of Change (Box 1) to assess how SUN countries are doing overall, as well as looking at performance across key characteristics such as region, year of joining the SUN Movement, humanitarian risk status and country income classification.

To facilitate comparisons across indicators and countries, individual country results were grouped into colour-coded categories that represent a continuum in performance from good to critically poor. The colour-coded categorization was based on performance relative to other SUN countries except when globally established cut-offs were available.

For the 78 MEAL indicators included in the baseline assessment, nearly 90% of SUN countries (52/59) have data available for at least 80% of these indicators, two countries have data for at least 70% and five countries have data for fewer than 70% (of which three are new members and two are conflict-affected countries). SUN countries have a similar situation as the rest of the world in terms of data gaps for nutrition-specific indicators as well as finance for nutrition.

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² A detailed description of the MEAL Framework of Results and Lists of Indicators, including definitions and data sources, is available at http://scalingupnutrition.org/progress-impact/monitoring-evaluation-accountability-learning-meal/
Implications of Key Findings for the SUN Movement

**IMPLICATIONS FOR COUNTRY ENGAGEMENT:**

1. **Provide extra opportunities for learning and technical assistance to new countries** that have joined the SUN movement since 2015 so that they establish positive enabling environments and analyze their finance for nutrition.

2. **Give greater priority to countries with very high humanitarian risk** to bridge the current humanitarian/development divide and create an enabling environment for nutrition.

3. **Increase support for accelerated progress in West and Central Africa** through greater access to country-to-country learning and Francophone technical assistance.

4. **Actively engage countries that are performing well across all domains to help countries that have not been moving so quickly.** Incentivize peer-to-peer exchanges and ensure that all participants are enabled to attend learning events.

**IMPLICATIONS FOR ACTIONS:**

5. **Create an enabling environment to address all forms of malnutrition.** The enabling environment in the SUN Movement is mostly geared towards addressing undernutrition. The majority of SUN countries have yet to include targets for diet-related Non-Communicable Diseases in their nutrition plans, national development plans and economic growth strategies.

6. **Give greater focus to the 1000 Days window of opportunity.** Nutrition and health interventions targeted to young children and mothers reach less than half of their intended beneficiaries with the exception of vitamin A supplementation and vaccination. Most SUN countries have insufficient funding allocated to effectively scale up nutrition-specific interventions.

7. **Give greater focus to women and adolescent girls.** Compared with global estimates, SUN countries are performing significantly worse in female secondary school enrolment, early marriage, adolescent fertility and meeting family planning needs. Early marriage is markedly higher in very-high humanitarian risk countries. Women in SUN countries have high levels of undernutrition, including anaemia, and are disproportionally affected by overweight and obesity compared to men.

8. **Optimize the delivery of high-impact nutrition actions through a range of platforms that go beyond the health sector.** SUN countries are investing significantly in the supply of drinking water and sanitation facilities, expansion of social protection programmes and strengthening of food systems. However, the MEAL baseline findings show that these investments are not yet yielding visible improvements when it comes to the use of sanitation and hygiene facilities, appropriate complementary feeding practices for young children and adult dietary intakes, including consumption of fortified staple foods, fruits and vegetables.

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3 All global estimates are based on countries with data collated by the 2017 Global Nutrition Report available at [http://www.globalnutritionreport.org/](http://www.globalnutritionreport.org/)
Key findings from the performance analysis across SUN countries

Analysis of SUN country performance overall was calculated using the complete set of MEAL indicators (n=78) and combines data availability with the relative score along the continuum of achievement for each indicator. For example, a country with high intervention coverage would score higher than a country with low coverage and a country with missing data would score zero for that specific indicator. The following section compares the median of these country performance scores across domains and country characteristics.

Countries that joined the SUN Movement early (in 2010–2011) consistently show higher performance in all domains than countries that joined later. The largest gaps between the oldest and newest SUN countries are on the enabling environment, finance for nutrition, legislation for nutrition, and IYCF and dietary intake domains (Figure 1). Improved performance is not necessarily driven by SUN; it could simply be that better performing countries decided to join SUN early. Nevertheless, it signals the need for late joiners to learn from early joiners and for the networks to help new joiners quickly find their feet.

Countries with very high humanitarian risk have significantly lower median scores in all domains than countries classified with high and low-medium humanitarian risk. The largest gaps are on the enabling environment, legislation for nutrition, SDGs and nutrition status domains (Figure 2).

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Median Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabling Environment</td>
<td>0%</td>
</tr>
<tr>
<td>Finance for Nutrition</td>
<td>20%</td>
</tr>
<tr>
<td>Interventions &amp; Food Supply</td>
<td>60%</td>
</tr>
<tr>
<td>Legislation for Nutrition</td>
<td>40%</td>
</tr>
<tr>
<td>SDG Drivers of Nutrition</td>
<td>80%</td>
</tr>
<tr>
<td>IYCF &amp; Diet Intake</td>
<td>60%</td>
</tr>
<tr>
<td>Nutrition Status</td>
<td>80%</td>
</tr>
<tr>
<td>SDGs</td>
<td>40%</td>
</tr>
</tbody>
</table>

Figure 1: SUN country median scores across MEAL Framework List of Indicators by year of joining the SUN movement

Figure 2: SUN country median scores across MEAL Framework List of Indicators by humanitarian risk level
An analysis of country performance by region and by income classification shows mixed progress. Countries in Latin America are performing relatively better across all eight domains while countries in West and Central Africa show a slower pace of progress in most domains with the exception of the enabling environment and legislation (Figure 3).

Lower- and upper-middle income countries perform better overall than low-income countries, but low-income countries are doing comparatively well in the enabling environment, legislation for nutrition, and IYCF and dietary intake domains (Figure 4).
Key findings from the analysis on performance in each domain

Enabling Environment

- Countries that have been part of the SUN Movement for longer have higher scores in the enabling environment, including the presence of global nutrition targets in their plans and established information systems for nutrition.

- SUN Networks have higher functionality scores among the early joiners. In 2016, 96% of countries had a functioning UN Network, 72% had a functioning Civil Society Network and 36% had a functioning SUN Business Network.

- The enabling environment in the SUN Movement is still mostly geared towards addressing undernutrition. The majority of SUN countries have yet to include diet-related non-communicable disease (NCD) targets in their nutrition plans, national development plans and economic growth strategies.

Finance For Nutrition

- While SUN countries are showing good progress in conducting analyses of their national budget for nutrition, data on nutrition-specific spending are either missing or comprise a very low percentage of the budget (less than 5% in most SUN countries).

- Data on donor spending on nutrition per stunted child (basic nutrition code only, 2013)\(^4\) show that countries with a higher burden and higher population are at the lower end of donor spending.

Intervention And Food Supply

- Nutrition-specific interventions reach far fewer than half of targeted beneficiaries with the exception of vitamin A supplementation (Figure 5).

- Child vaccination shows the highest coverage overall (80%) but other maternal and child health sector interventions only reach half of the beneficiaries (Figure 5). The great majority of SUN countries do not have at least 1 health worker per 1000 population.

- Despite existing legislation, only 54% of households across SUN countries have adequately iodized salt and fewer than 50% of other commonly consumed staple foods are fortified.

- Social protection programmes are increasing but their coverage varies widely by region with the highest coverage in Latin America (63%, n=4) and the lowest in West/Central Africa (14%, n=12) and West/Central Asia (9%, n=2).

Figure 5: Nutrition and health intervention coverage in SUN countries

\(^4\) Data are based on the analysis by Results for Development of the 2013 Credit Reporting System (CRS) looking only at the “basic nutrition code”.
Enacted legislation

- New SUN countries and those with a very high humanitarian risk level have fewer types of legislation for nutrition that have been enacted.¹

- Over three quarters of SUN countries have legal measures in place to implement the International Code of Marketing of Breastmilk Substitutes. Less than half of countries have maternity protection policies in place. Only six countries have regulations in place that restrict the marketing to children of foods and beverages high in saturated fats, trans-fatty acids, and free sugars or salt.

- The most common mandatory fortification legislation across SUN countries is for salt (89% of countries with data), wheat flour (56% of countries) and vegetable oil (44% of countries).

Drivers of Nutrition (SDGs and others)

- **WASH:** On average, 69% of households in SUN countries used at least basic drinking water services and 42% had access to at least a basic sanitation facility compared to 89% and 68% of the global population respectively. Open defecation is practiced in 20% of households of SUN countries compared to 12% globally.

- **Infectious diseases:** Only 15 out of 54 SUN countries with malaria transmission in 2015 are estimated to be on track to achieve the malaria target by 2020. Incidence of new HIV cases is highest in East and Southern Africa while the incidence of tuberculosis does not show significant variation by regions. The median reported measles incidence in countries with very high humanitarian risk (266) is significantly higher than the median across SUN countries (112) with nine countries reporting over 1000 cases in 2016.

- **Hunger:** The prevalence of undernourishment is 20% on average across 52 SUN countries compared with the global average of 11%. It is markedly higher in high (24%) and very high (36%) humanitarian risk low-income countries.

- **Gender-specific:** Compared with global estimates, SUN countries are performing significantly worse in gender-specific indicators including secondary school enrolment, early marriage, adolescent fertility and meeting family planning needs (Figure 6). Early marriage is markedly prominent in very high humanitarian risk countries: nearly half (45%) of young women in these countries were married or in a union before age 18.

**Figure 6: Comparison of gender-specific indicators**

<table>
<thead>
<tr>
<th></th>
<th>GLOBAL</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female secondary school enrolment</td>
<td>92%</td>
<td>44%</td>
</tr>
<tr>
<td>Early marriage (before age 18)</td>
<td>27%</td>
<td>32%</td>
</tr>
<tr>
<td>Adolescent fertility (per 1000 women 15-19 yrs)</td>
<td>44</td>
<td>101</td>
</tr>
<tr>
<td>Family planning needs met</td>
<td>78%</td>
<td>47%</td>
</tr>
</tbody>
</table>

Note: All figures based on median estimates.

Infant and Young Child Feeding (IYCF) and dietary intake

- An average (median) of 44% of infants under 6 months of age are exclusively breastfed in SUN countries compared with 36% globally (Figure 7). Countries that have been part of the SUN Movement for longer and have relevant legislation in place tend to show higher rates of exclusive breastfeeding.

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¹ Legislation indicators included the International Code of Marketing of Breastmilk Substitutes, maternity protection laws, Right to Food legislation, restrictions on marketing of foods and beverages to children, and legal documentation mandating food fortification or specifying nutrient levels for fortification.
Complementary feeding practices across SUN countries show large gaps both in terms of data and performance, similar to the global situation (only 60 countries with data worldwide). On average, only 30% of children 6–23 months are eating the recommended minimum number of food groups (minimum diet diversity) and 16% are receiving a minimally frequent and diverse diet (minimum acceptable diet) across the 44 SUN countries with data. Improved complementary feeding practices are found in urban settings, higher income families and countries, and low-medium humanitarian risk countries.

The availability of fruits and vegetables in supply is higher among lower- and upper-middle income countries classification but there is no difference across country income level when it comes to the average actual intake. Only one SUN country, Lao PDR, had a population mean intake of fruits and vegetables over the recommended minimum intake (400 g per day). In contrast, sodium intake is above the maximum recommended by WHO (2 g/day) for the majority of SUN countries (median 2.8 g/day).

Many SUN countries are making progress toward meeting global nutrition targets: 8 countries are on course to meet the stunting target, 13 for wasting, 20 for child overweight and 17 for exclusive breastfeeding (Figure 8). None of them are on course to reduce anaemia among women or halt the rise in adult obesity and diabetes.
• Child stunting prevalence is higher in SUN countries than globally (32% versus 23%). Only 16 SUN countries have wasting levels below 5% and 8 SUN countries have a wasting prevalence above 15%. The highest prevalence is in countries with a very high humanitarian risk level. While child overweight prevalence trends are increasing, 78% of SUN countries are still below the WHO global target threshold of 7%.

• Anaemia prevalence among women of reproductive age is higher (mean 38%) in SUN countries compared to the global prevalence (33%) in 2016 with significant differences associated with country income classification. Prevalence of underweight in women (10%) is highest in countries from the South and Southeast Asia regions (15%).

• The average prevalence of overweight and obesity among women in SUN countries (49%) is close to the global prevalence (54%), in stark contrast with the prevalence among men (27% SUN countries versus 49% global). Wide variation in prevalence across regions is observed for both sexes (Figure 9). Adolescent obesity and overweight is highest in countries from Latin America and the Caribbean region (26% overweight and 7% obese), but significant data gaps exist for this indicator.

• While male and female diabetes prevalence in SUN countries (8% in 2014) is similar to the global estimates, none of the SUN countries is on course to meet the 2025 global target. Hypertension levels in women and men (27% in 2015) have decreased slightly since 2010, albeit with little change in low-income countries.

Figure 9: Adult overweight and obesity prevalence in SUN countries by region and sex, 2014

<table>
<thead>
<tr>
<th>Region</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latin America &amp; Haiti</td>
<td>81%</td>
<td>62%</td>
</tr>
<tr>
<td>West &amp; Central Africa</td>
<td>47%</td>
<td>23%</td>
</tr>
<tr>
<td>East &amp; Southern Africa</td>
<td>49%</td>
<td>20%</td>
</tr>
<tr>
<td>West &amp; Central Asia</td>
<td>65%</td>
<td>50%</td>
</tr>
<tr>
<td>South &amp; Southeast Asia</td>
<td>35%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Sustainable Development Goals linked to nutrition

• Across all SUN countries the under-five mortality rate is 65 per 1000 live births, higher than the 2015 global estimate of 43 and the SDG target of 25 per 1000 live births. Nevertheless, the largest decreases over time have been observed in low-income countries.

• The mortality rate attributed to NCDs is consistently higher among men compared with women, with significant regional variations showing the highest rates in South/South East Asia and West/Central Asia.

• The average annual growth rate of real GDP per capita across SUN countries was 0.7% in 2015 with only 15 countries showing an annual growth rate above 3.5%. This is still far from the SDG target’s expected growth of 7% in the least developed countries, particularly in view of the average 35% of the population in SUN countries still living below the poverty line of $1.90 day (compared to 11% globally in 2013).
Next Steps in the development of the MEAL system

1. Engage SUN countries in the use of the MEAL Country Dashboards for setting priorities and guiding actions.

2. Perform focused analysis on six specific areas of interest:
   a. 1000 Days window of opportunity for the prevention of child stunting and wasting.
   b. Adolescent girls and women.
   c. Sustainable Development Goals as makers and markers of nutrition.
   d. Hidden hunger (micronutrient deficiencies).
   e. Diet-related Non-Communicable Diseases.
   f. Countries with high and very high humanitarian risk levels.

3. Conduct in-depth analyses on selected countries performing at different levels across all domains to evaluate the SUN Movement added value.

4. Build links between the Monitoring and Evaluation components and the Accountability and Learning components of the SUN Movement MEAL system. In particular, strengthen country capacity to monitor and evaluate progress on the MEAL indicators going forward.

FOR DETAILED INFORMATION

- SUN Movement MEAL Results Framework and Lists of Indicators with data sources and coverage.
- SUN Movement 2016 MEAL Baseline
  > Comprehensive Report
  > Country Dashboards (available for 59 countries) and Dashboard Guidance Note
  > All SUN Countries Dashboard (colour-coded Excel file) and MEAL Baseline Database (Excel file)