

SUN Movement Monitoring, Evaluation, Accountability, Learning (MEAL)

2016 Baseline Report on Key Indicators

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Disclaimer:

This Baseline Report is meant to serve the SUN Movement for 2016–2020. The most recent data point for the indicators is 2016. For each indicator, we have specified the year of reference and the source of data. This Baseline Report aims to provide an overview of indicators that have available data for most SUN Countries. Limitations in the coverage data of certain indicators as well as new information collected through the 2017 Joint Annual Assessment are presented in a separate Annex on “Work in Progress in the MEAL System” (*forthcoming*).

TABLE OF CONTENTS

| | |
|--|------|
| List of Tables | v |
| List of Acronyms | viii |
| INTRODUCTION | 1 |
| METHODOLOGY | 2 |
| FINDINGS | 3 |
| Step 1 - Multiple stakeholders from different sectors coming together | 4 |
| List 1: Enabling environment for nutrition | 4 |
| Step 2: Multiple stakeholders from different sectors change their behaviours to commit toward common nutrition results | 9 |
| Step 3: Multiple-stakeholders mobilize resources and align implementation | 22 |
| List 2: Finance for nutrition | 22 |
| National Investments for Nutrition | 22 |
| Donor Funding for Nutrition | 25 |
| List 3: Interventions and food supply indicators | 29 |
| Interventions To Address Maternal & Child Undernutrition | 29 |
| Nutrition-sensitive interventions | 40 |
| Food system indicators | 46 |
| Step 4: Results are achieved through aligned implementation | 56 |
| List 4: Enacted Legislations | 56 |
| Infant Feeding Legislation | 56 |
| Food Legislation | 60 |
| List 5: Drivers of nutrition | 65 |
| Water, Sanitation and Hygiene | 65 |
| Health | 77 |
| Food Systems | 83 |
| Gender | 84 |
| Education | 86 |
| Child Protection | 88 |
| Social Protection | 89 |
| List 6: IYCF and Dietary Intake Indicators | 93 |
| IYCF Indicators | 93 |
| Dietary Intake Indicators | 103 |

| | |
|---|-----|
| Step 5: Women, children, adolescents and families thrive leading to the end of malnutrition by 2030 | 111 |
| List 7: Nutrition Status Indicators..... | 111 |
| Nutritional Status of Children Under Five..... | 111 |
| Anaemia in Women | 121 |
| Nutritional Status of Adults – Anthropometric Indicators | 125 |
| Nutrition-related NCD Status in Adults..... | 132 |
| Comparison of Nutrition Outcomes with Global Levels | 138 |
| Meeting Global Targets for Nutrition | 139 |
| STEP 6: Better nutrition contributes to the achievement of SDGs..... | 141 |
| List 8: Sustainable Development Goals that are linked to better nutrition | 141 |
| SUMMARY OF FINDINGS..... | 147 |
| Data availability | 147 |
| Key findings from the analysis on performance across SUN countries | 147 |
| Implications of Key Findings for the SUN Movement | 150 |
| IMPLICATIONS FOR COUNTRY ENGAGEMENT:..... | 150 |
| IMPLICATIONS FOR ACTIONS: | 150 |
| Baseline Report Appendices | 152 |
| APPENDIX A | 153 |
| SUN Meal Results Framework (Country Level – Baseline 2016) | 153 |
| SUN Meal Results Framework (Global Support System Level – <i>Forthcoming with Accountability</i>) | 156 |
| APPENDIX B: Lists of Indicators and Data Sources..... | 157 |
| APPENDIX C: Alignment with internationally agreed frameworks and monitoring initiatives ... | 172 |
| APPENDIX D: List of SUN countries and characteristics for analysis | 181 |
| APPENDIX E: Limitations | 183 |
| APPENDIX F: Individual Country Scores for the Network Functionality Indices..... | 184 |
| UN Network Functionality Index..... | 184 |
| SUN Business Network (SBN) Functionality Index | 186 |
| SUN Civil Society Network (CSN) Functionality Index | 188 |
| APPENDIX G: Detailed results of the Information Systems for Nutrition Index..... | 190 |
| APPENDIX H: UN Network Stakeholder and Nutrition Action Mapping Tool – Myanmar Example | 193 |

List of Tables

| | |
|---|----|
| Table 1: MEAL Framework excerpt showing the enabling environment indicators and availability of evidence..... | 3 |
| Table 2: Country grouping by number of networks and year of joining the SUN Movement | 5 |
| Table 3: Country grouping by UN network Functionality Index Score and year of joining the SUN Movement | 6 |
| Table 4: Country grouping by SUN Business network Functionality Index Score and year of joining the SUN Movement..... | 7 |
| Table 5: Country grouping by SUN Civil Society network Functionality Index Score and year of joining the SUN Movement..... | 8 |
| Table 6: Country grouping by Average Score for the four SUN processes and year of joining the SUN Movement..... | 9 |
| Table 7: Trend in country progress towards the SUN Movement Strategic Objectives | 10 |
| Table 8: Country grouping by number of WHA global targets for nutrition in National Plans and year of joining the SUN Movement..... | 13 |
| Table 9: Country grouping by number of NCD targets tracked and year of joining the SUN Movement | 14 |
| Table 10: Country grouping by existence of NCD policies and year of joining the SUN Movement | 15 |
| Table 11: Summary of Information Systems for Nutrition (ISN) Index components and indicators | 16 |
| Table 12: Country Grouping by ISN Index Total Score and year of joining the SUN Movement | 17 |
| Table 13: Country grouping by world rank for undernutrition in national development plans and year of joining the SUN Movement | 19 |
| Table 14: Country grouping by world rank for overnutrition in national development plans and year of joining the SUN Movement..... | 20 |
| Table 15: Country grouping by mobilization of high-level advocates and year of joining the SUN Movement | 21 |
| Table 16: Country grouping by completeness of budget analysis and year of joining the SUN Movement ^o | 22 |
| Table 17: Country grouping by nutrition-specific spending and year of joining the SUN Movement ^o | 23 |
| Table 18: Country grouping by ratio of nutrition-specific to nutrition-sensitive spending and year of joining the SUN Movement ^o | 24 |
| Table 19: Country grouping by total U5 nutrition spending per stunted child and year of joining the SUN Movement .. | 25 |
| Table 20: Country grouping by U5 per capita high-impact nutrition-specific spending and year of joining the SUN Movement..... | 26 |
| Table 21: Country grouping by ratio of nutrition-specific/sensitive spending and year of joining the SUN Movement .. | 27 |
| Table 22: Country grouping by Agriculture Orientation index and year of joining the SUN Movement | 28 |
| Table 23: Country grouping by BFHI Coverage and year of joining the SUN Movement | 30 |
| Table 24: SAM treatment coverage in SUN countries | 31 |
| Table 25: Country grouping by SAM treatment coverage levels and year of joining the SUN Movement | 31 |
| Table 26: Vitamin A supplementation coverage in SUN countries | 32 |
| Table 27: Country grouping by vitamin A supplementation coverage levels and year of joining the SUN Movement .. | 33 |
| Table 28: Country grouping by Antenatal iron supplementation coverage levels and year of joining the SUN Movement..... | 34 |
| Table 29: Summary statistics for health worker density in SUN countries | 35 |
| Table 30: Country grouping by health worker density and year of joining the SUN Movement | 36 |
| Table 31: Household adequately iodized salt coverage in SUN countries | 38 |
| Table 32: Country grouping by household adequately iodized salt coverage and year of joining the SUN Movement .. | 38 |
| Table 33: Country grouping by ORS coverage and year of joining the SUN Movement | 40 |
| Table 34: Country grouping by deworming coverage and year of joining the SUN Movement | 41 |
| Table 35: Country grouping by ITN coverage and year of joining the SUN Movement (countries with High transmission settings)..... | 42 |
| Table 36: Country grouping by vaccination coverage and year of joining the SUN Movement | 43 |
| Table 37: Country grouping by family planning coverage and year of joining the SUN Movement | 44 |
| Table 38: Country grouping by calories from non-staple foods and year of joining the SUN Movement | 46 |
| Table 39: Country grouping by fruit and vegetable availability and year of joining the SUN Movement..... | 47 |
| Table 40: Country grouping by fortification status of fortifiable food vehicles and year of joining the SUN Movement .. | 49 |
| Table 41: Proportion of wheat flour produced in and fortified by industrial mills..... | 50 |
| Table 42: Country grouping by Social Protection Programme coverage and year of joining the SUN Movement | 52 |
| Table 43: Nutrition specific and sensitive actions | 54 |
| Table 44: Nutrition actions by Sector | 55 |
| Table 45: Country grouping by level of Code implementation and year of joining the SUN Movement | 57 |
| Table 46: Country grouping by maternity protection policies and year of joining the SUN Movement | 58 |
| Table 47: Country grouping by nursing policy provisions | 59 |
| Table 48: Country grouping by Right to Food legislation status and year of joining the SUN Movement | 60 |

| | |
|--|-----|
| Table 49: Number of SUN countries reporting progress towards implementing healthy diet policies..... | 61 |
| Table 50: Country grouping by mandatory food fortification legislation status and year of joining the SUN Movement | 62 |
| Table 51: Proportion of SUN countries with legal documentation mandating fortification of a food vehicle | 63 |
| Table 52: Proportion of SUN countries with legislation specifying nutrient levels for fortification of a food vehicle | 64 |
| Table 53: Country grouping by number of food vehicles with legislation on fortification standards and year of joining the SUN Movement | 64 |
| Table 54: Country grouping by diarrhoea prevalence and year of joining the SUN Movement | 66 |
| Table 55: Comparison of population water access definitions | 67 |
| Table 56: Proportion of population in SUN countries with access to water by service type | 68 |
| Table 57: Country grouping by population access to water and year of joining the SUN Movement | 69 |
| Table 58: Comparison between 2000 and 2015 of population access to water by service type in SUN countries..... | 69 |
| Table 59: Comparison of population sanitation access definitions | 71 |
| Table 60: Proportion of population in SUN countries with access to sanitation by service type | 72 |
| Table 61: Country grouping by population access to at least basic sanitation services and year of joining the SUN Movement..... | 73 |
| Table 62: Comparison of sanitation access in SUN countries between 2000 and 2015 | 73 |
| Table 63: Population Hygiene Service Level Definitions | 74 |
| Table 64: Proportion of population in SUN countries with access to Handwashing Facilities by service type..... | 75 |
| Table 65: Country grouping by population access to hygiene services and year of joining the SUN Movement | 76 |
| Table 66: Country grouping by malaria incidence and year of joining the SUN Movement..... | 77 |
| Table 67: Country grouping by estimated change in malaria incidence rate, 2010–2015, and year of joining the SUN Movement ^a | 78 |
| Table 68: Country grouping by reported measles cases and year of joining the SUN Movement..... | 79 |
| Table 69: Country grouping by Adolescent birth Rate and year of joining the SUN Movement | 80 |
| Table 70: Country grouping by new HIV infections and year of joining the SUN Movement | 81 |
| Table 71: Country grouping by TB incidence and year of joining the SUN Movement..... | 82 |
| Table 72: Country grouping by undernourishment prevalence and year of joining the SUN Movement | 84 |
| Table 73: Country grouping by Early marriage and year of joining the SUN Movement | 85 |
| Table 74: Country grouping by female secondary school enrollment and year of joining the SUN Movement | 87 |
| Table 75: Country grouping by use of violent discipline and year of joining the SUN Movement | 88 |
| Table 76: Country grouping by Shared Prosperity Premium and year of joining the SUN Movement..... | 90 |
| Table 77: Country grouping by urban population living in slums and year of joining the SUN Movement | 91 |
| Table 78: Country grouping by number of vulnerabilities to stunting >15%* | 92 |
| Table 79: Country grouping by EBF prevalence and year of joining the SUN Movement | 94 |
| Table 80: Country grouping by early initiation of breastfeeding prevalence and year of joining the SUN Movement..... | 96 |
| Table 81: Country grouping by minimum Acceptable diet prevalence and year of joining the SUN Movement | 98 |
| Table 82: Country grouping by minimum diet diversity prevalence and year of joining the SUN Movement..... | 99 |
| Table 83: Prevalence of IYCF practices in SUN countries | 101 |
| Table 84: Fruit and vegetable intake levels (grams per capita per day) between 1990 and 2010..... | 104 |
| Table 85: Country grouping by fruit and vegetable intake levels and year of joining the SUN Movement..... | 105 |
| Table 86: Country grouping by sodium intake and year of joining the SUN Movement..... | 106 |
| Table 87: Country grouping by median urinary iodine concentration and year of joining the SUN Movement | 108 |
| Table 88: Summary of food fortification coverage in SUN countries with coverage surveys* | 109 |
| Table 89: Prevalence of stunting in children under five years in SUN countries | 112 |
| Table 90: Country grouping by current stunting prevalence and year of joining the SUN Movement | 112 |
| Table 91: Stunting AARR by region | 113 |
| Table 92: Country grouping by stunting AARR direction and year joined the SUN Movement | 113 |
| Table 93: Country grouping by low birthweight prevalence and year joined the SUN Movement | 114 |
| Table 94: Prevalence of overweight in children under five years in SUN countries..... | 115 |
| Table 95: Country grouping by child overweight prevalence and year of joining the SUN Movement | 116 |
| Table 96: Under-Five overweight AARR by region..... | 116 |
| Table 97: Country grouping by child overweight AARR direction and year of joining the SUN Movement..... | 117 |
| Table 98: Prevalence of wasting in children under five years in SUN countries..... | 118 |
| Table 99: Country grouping by current wasting status and year of joining the SUN Movement..... | 119 |
| Table 100: Comparison of wasting levels between previous and current estimates | 119 |
| Table 101: Prevalence of anaemia in women by pregnancy status (2016 estimates)..... | 121 |
| Table 102: Country grouping by anaemia prevalence in pregnant women and year of joining the SUN Movement .. | 122 |

| | |
|--|-----|
| Table 103: Country grouping by current anaemia prevalence in non-pregnant women and year of joining the SUN Movement..... | 123 |
| Table 104: Prevalence of underweight in adult women in SUN countries, 2010 & 2014 | 126 |
| Table 105: Country grouping by prevalence of low BMI in women and year of joining the SUN Movement | 126 |
| Table 106: Country grouping by overweight and obesity prevalence in women and year of joining the SUN Movement | 128 |
| Table 107: Prevalence of overweight and obesity in adult men and women in SUN countries, 2014 | 129 |
| Table 108: Country grouping by adolescent overweight and obesity prevalence and year of joining the SUN Movement..... | 131 |
| Table 109: Country grouping by diabetes prevalence in women and year of joining the SUN Movement | 133 |
| Table 110: Prevalence of diabetes in adults in SUN countries by year and sex | 134 |
| Table 111: Prevalence of raised blood pressure in adults in SUN countries by year and sex..... | 136 |
| Table 112: Country grouping by hypertension prevalence in women and year of joining the SUN Movement | 137 |
| Table 113: State of nutrition outcomes in SUN countries compared with global levels | 138 |
| Table 114: Country grouping by progress in meeting WHA targets for children under-five and year of joining the SUN Movement..... | 140 |
| Table 115: Country grouping by poverty level and year of joining the SUN Movement..... | 141 |
| Table 116: Country grouping by under-five mortality rate and year of joining the SUN Movement | 142 |
| Table 117: Country grouping by NCD mortality rate and year of joining the SUN Movement | 144 |
| Table 118: Country grouping by Early Child Development Status and year of joining the SUN Movement | 145 |
| Table 119: Country grouping by GDP per capita annual growth rate and year of joining the SUN Movement..... | 146 |
| Table 120: Individual country scores for the UN Network Functionality Index..... | 184 |
| Table 121: Individual Country Scores for the SUN Business Network Functionality Index | 186 |
| Table 122: Individual Country Scores for the SUN Civil Society Network Functionality Index | 188 |
| Table 123: Proportion of SUN countries with national surveys by region | 191 |

List of Acronyms

| | |
|--------|---|
| AOI | Agriculture Orientation Index |
| AARR | Average annual rate of reduction |
| BFHI | Baby-Friendly Hospital Initiative |
| BMI | Body Mass Index |
| CAR | Central African Republic |
| CI | Confidence Interval |
| CMAM | Community-based management of acute malnutrition |
| CRS | Credit Reporting System |
| CSO | Civil society organization |
| DHS | Demographic and Health Survey |
| DPT3 | Diphtheria, Tetanus, Pertussis immunization |
| DRC | Democratic Republic of Congo |
| EBF | Exclusive breastfeeding |
| ECDAN | Early Child Development Action Network |
| EMIS | Education Management Information Systems |
| EWEC | Every Woman Every Child Global Movement |
| FACT | Fortification Assessment Coverage Toolkit |
| FFI | Food Fortification Initiative |
| GAIN | Global Alliance for Improved Nutrition |
| GDP | Gross Domestic Product |
| GDSP | Global Database of Shared Prosperity (World Bank) |
| GNR | Global Nutrition Report |
| GTS | Global Technical Strategy for Malaria 2016–2030 (WHO) |
| Hb | Haemoglobin |
| HIV | Human Immunodeficiency Virus |
| HMIS | Health Management Information Systems |
| IBFAN | International Baby Food Action Network |
| IGME | UN Inter-agency Group for Child Mortality Estimation |
| IGN | Iodine Global Network |
| ILO | International Labour Organization |
| ISN | Information Systems for Nutrition |
| ITN | Insecticide treated nets |
| IYCF | Infant and Young Child Feeding |
| JAA | Joint Annual Assessment |
| JMP | Joint Monitoring Programme for Water Supply and Sanitation (WHO/UNICEF) |
| LiST | Lives Saved Tool |
| M&E | Monitoring and evaluation |
| MAD | Minimum Acceptable Diet |
| MDD | Minimum Diet Diversity |
| MDG | Millennium Development Goals |
| MEAL | Monitoring, Evaluation, Accountability, Learning |
| MI | Micronutrient Initiative (former name of Nutrition International) |
| MICS | Multiple Indicator Cluster Survey |
| MN | Micronutrient |
| MQSUN+ | Maximising the Quality of Scaling Up Nutrition project |
| MSP | Multi-stakeholder platforms |

| | |
|------------|--|
| N or n | Sample size (number in a trial or sample) |
| NCD | Non-communicable Disease |
| NCD-RisC | NCD Risk Factor Collaboration |
| ORS | Oral Rehydration Solution |
| PNG | Papua New Guinea |
| PW | Pregnant women |
| R4D | Results for Development |
| REACH | Renewed Efforts Against Child Hunger and undernutrition initiative |
| SAM | Severe Acute Malnutrition |
| SBN | SUN Business Network |
| SD | Standard Deviation |
| SDG | Sustainable Development Goal |
| SMART | Standardized Monitoring and Assessment of Relief and Transition (survey methodology) |
| SMS | SUN Movement Secretariat |
| SPRING | Strengthening Partnerships, Results, and Innovations in Nutrition Globally project |
| SUN | Scaling Up Nutrition Movement |
| TB | Tuberculosis |
| UIC | Urinary Iodine Concentration |
| UN-HABITAT | United Nations Human Settlements Programme |
| UNICEF | United Nations Children's Fund |
| UNN | United Nations Network |
| WASH | Water, Sanitation and Hygiene |
| WHA | World Health Assembly |
| WHO | World Health Organization |
| WRA | Women of Reproductive Age |

INTRODUCTION

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 SUN Movement aim to demonstrate how their human and financial resources are converted into results that deliver nutrition impacts at the country level.

Achieving results will require a strong Monitoring, Evaluation, Accountability and Learning (MEAL) system which reflects the underlying theory of change of the SUN Movement (Figure 1) and is well suited to the systemic nature of the changes that SUN is seeking to catalyze in the 59 countries. The MEAL system will require appropriate indicators of progress in these areas, as well as sufficient capacity to produce the necessary data and to assess the results of the SUN Movement's achievements, in order to improve effectiveness over time.

FIGURE 1 – THE THEORY OF CHANGE TO ACHIEVE IMPACT AT COUNTRY LEVEL



The SUN Movement Secretariat has worked with a core group of representatives from governments, donors, UN agencies, civil society, academia and private sectors. This core group, functioning as the MEAL Advisory Group, has contributed to the development and finalization of the MEAL Results Framework (see Appendix A). The following analysis and results provide an overview of the current status of the 59 SUN countries for the key indicators identified.

METHODOLOGY

The MEAL Results Framework (Appendix A) identified a wide range of desired results and associated indicators to provide evidence on progress toward their achievement. Indicators were organized into groups that corresponded with steps in the Theory of Change (see Box A).

BOX A

The MEAL Results Framework is developed from the Theory of Change to show:

- STEP 1** How **multiple stakeholders from different sectors come together** to address all forms of malnutrition.
- STEP 2** How **multiple stakeholders from different sectors change their behaviours** to commit towards common results.
- STEP 3** How **multiple stakeholders mobilize resources and align their implementation** to optimize coverage of their actions.
- STEP 4** How **effective results are achieved through aligned implementation**.
- STEP 5** How **better nutrition status is achieved** for children, adolescents, women and men.
- STEP 6** How **key SDGs are realized by 2030** through better nutrition.

Data were gathered from a variety of sources for each indicator, with a focus on data that were collected using a standard methodology. Wherever possible, data were accessed from publicly available repositories that had been reviewed for quality (e.g. UNICEF Global Databases, WHO Global Health Observatory, World Bank databases). Data on average annual rate of reduction (AARR) were shared by the Global Nutrition Report. See Appendix B for a complete list of indicators and their data sources. Appendix C shows the alignment of indicators with internationally agreed frameworks and other monitoring initiatives.

The data analysis process¹ looked at the coverage for each indicator across SUN countries and the reference year of data collection. Summary statistics were calculated for all countries as well as by region, year of joining the SUN Movement, humanitarian risk status (based on the INFORM Index ranking in 2016-2017²), and country income classification (World Bank data). See Appendix D for the list of SUN countries and their characteristics.

To facilitate comparisons across indicators and countries, individual country values were grouped into colour-coded categories that represent a continuum in performance. The classification was based on established standard cut-offs (e.g. public health significance of child stunting, anaemia prevalence, etc.) whenever these were available. In the absence of standard cut-offs, colour-coding was based on performance relative to other SUN countries. See Appendix E for a discussion of the limitations in terms of data sources and availability.

¹ Data were analyzed using Stata 11.2 software (StataCorp, 2009).

² INFORM identifies countries at a high risk of humanitarian crisis that are more likely to require international assistance. The INFORM model includes three dimensions of risk: Hazards & Exposure, Vulnerability and Lack of Coping Capacity. <http://www.inform-index.org/>

FINDINGS

Improvement of the enabling environment for nutrition has a wide range of features and relates to broader issues of governance. The enabling environment has been the focus of the SUN Movement during Phase 1 from 2012 to 2015 and will continue to be a cornerstone during Phase 2 from 2016 to 2020.

We look here at two main areas related with Step 1 and Step 2 of the Theory of Change.

TABLE 1: MEAL FRAMEWORK EXCERPT SHOWING THE ENABLING ENVIRONMENT INDICATORS AND AVAILABILITY OF EVIDENCE

| Theory of Change | Types of results | Availability of evidence (as per August 2017) |
|---|---|---|
| STEP 1: Multiple stakeholders from different sectors come together to tackle malnutrition and build an enabling environment for improving nutrition with equity. | • Existence of Multi-Stakeholder Platforms (MSP) | YES, included in Baseline as Indicator 1.1 |
| | • Existence, composition and functionality of networks/alliances (UN agencies, CSOs, business, donors, academia) | YES, included in Baseline as Indicator 1.2, including Functionality Index baseline data for 2016 for UN, Civil Society and Business Networks |
| STEP 2: Multiple stakeholders from different sectors change their behaviours and commit to achieving common nutrition results for everyone, everywhere. | • Progress in the four SUN Movement processes and related progress markers and evidence | YES, included in Baseline as Indicator 1.3 JAA conducted since 2014 |
| | • Existence of information systems for nutrition | YES, included in Baseline as Indicator 1.4 Mapping conducted in 2016 |
| | • Existence of nutrition targets in national plans based on WHA and NCD global targets ³ | YES, included in Baseline as Indicators 1.5 and 1.6 Mapping conducted in 2016 |
| | • Integration of (under and over) nutrition in development plans made up to 2015 ⁴ | YES, included in Baseline as Indicators 1.7 and 1.8 Study conducted by IDS |
| | • Mobilization of high-level advocates (champions, parliamentarians, media) | YES included in Baseline as Indicator 1.9 Data reported in the annual SUN Movement Report |
| | • Integration of nutrition in the development plans/2030 Agenda and in new sectoral policies including risk reduction strategies made since the beginning of 2016 | Delayed to 2018 Part of UN Network Reporting |
| | • 'Good' quality of new national multi-sectoral, multi-stakeholder action plans | In progress (not included in Baseline - Forthcoming report) |

³ This indicator is assessed separately for this Baseline. Included nutrition plans have been reviewed as part of the mapping conducted in 2016. From 2017 onwards, this indicator will be part of the systematic review of the nutrition action plans using the quality checklist.

⁴ This indicator is assessed separately for this Baseline and is based on a study conducted by IDS on all available development plans up to 2015. From 2018 onwards, all plans developed since 2016 will be systematically reviewed by the UN Network for Nutrition (TBC)

| Theory of Change | Types of results | Availability of evidence (as per August 2017) |
|------------------|--|---|
| | / common results framework made since the beginning of 2016 | Systematic review of new plans made since 2016 using the Quality Checklist |
| | <ul style="list-style-type: none"> Compliance of partners with the SUN Movement Principles Engagement Guidance | In progress (Not included in Baseline - Forthcoming report) Questions added in 2017 JAA |
| | <ul style="list-style-type: none"> Capacity of Multi-Stakeholder Platforms to coordinate their partners response to identified annual priority action areas in the Joint-Annual Assessments | In progress (Not included in Baseline - Forthcoming report) Questions added in 2017 JAA |
| | <ul style="list-style-type: none"> SMART-ness of nutrition commitments by Governments and networks / alliances (CSO, business, UN system, donors) made since the beginning of 2016 | In progress (Not included in this Baseline - Forthcoming report) Questions added in 2017 JAA |

Step 1 - Multiple stakeholders from different sectors coming together

List 1: Enabling environment for nutrition

Existence of Multi-Stakeholder Platform

MEAL Indicator 1.1: Existence of Multi-Stakeholder Platforms (MSP)

By 2016, 56 SUN countries report having a functioning MSP in place, with four of these countries (Kenya, Botswana, Congo Brazzaville and Togo) reportedly having an interim mechanism in place. Three countries (Papua New Guinea, Gabon and Central African Republic) joined the SUN Movement in 2016 and are still in the process of setting this up.

Updates on the composition of the Multi-Stakeholder Platforms (MSP) and contact details of the Government Focal Points are available through the SUN Movement Secretariat.

Existence and Functionality of Networks/Alliances

MEAL Indicator 1.2: Existence, composition and functionality of networks/alliances (UN agencies, CSOs, business, donors, academia)

Another key feature of the enabling environment is the existence, composition and functionality of networks/alliances, including UN agencies, CSOs, businesses, donors and academia. Based on data reported in the 2016 Progress Report, of the 56 countries with data, 19 have 4 networks (UN, business, donors and CSO), 18 have three networks, 8 have two networks and 11 have only the UN Network (Table 2).

Updates on the composition of the SUN Networks and contact details of the members are available through the respective Secretariats.

TABLE 2: COUNTRY GROUPING BY NUMBER OF NETWORKS AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Number and type of networks in place* | | | | | |
|----------------------------|--|---|-------------------------------|--|---|---|
| | 1 Network in place | 2 Networks in place [†] | | 3 Networks in place | | 4 Networks in place |
| | UN Network | + CSN | + SDN | + CSN and SDN | + SBN and SDN or CSN | UNN + CSN + SDN + SBN |
| 2010–2011 (N=24) | Gambia, Namibia (n=2) | Mauritania (n=1) | — | Benin, Burkina Faso, Ghana, Mali, Nepal, Peru, Rwanda, Senegal, Uganda (n=9) | — | Bangladesh ^Δ , Ethiopia, Guatemala, Indonesia, Kyrgyzstan, Lao PDR, Malawi ^Δ , Mozambique, Niger, Tanzania, Zambia, Zimbabwe (n=12) |
| 2012–2014 (N=30) | Comoros, Congo, Costa Rica, Lesotho, Somalia, South Sudan, Vietnam (n=7) | Guinea-Bissau ^Δ , Sri Lanka, Togo, Philippines (n=4) | Haiti, Swaziland, Yemen (n=3) | Burundi, Chad, DRC, Guinea, Liberia, Myanmar, Sierra Leone (n=7) | El Salvador ^Δ , Tajikistan (n=2) | Cambodia ^Δ , Cameroon, Côte d'Ivoire ^Δ , Kenya, Madagascar, Nigeria, Pakistan (n=7) |
| 2015–2017‡ (N=2) | Botswana, Sudan (n=2) | | | | | |

Acronyms: CSN=Civil Society Network, SBN=SUN Business Network, SDN=SUN Donor Network, UNN=United Nations Network

* Based on country information reported in the 2016 Progress Report and Global Network information up to the end of 2016.

† There are no countries with only the UNN and the SBN Δ Reported by the Global SUN Business Network

Δ Reported in the 2016 Progress Report but not confirmed by the Global Networks (Civil Society and/or Business)

‡ Data not available for Papua New Guinea, Central Africa Republic and Gabon

UN NETWORK FUNCTIONALITY INDEX

The UN Network developed a functionality index to assess if its country networks have the minimum elements in place for optimal functionality. The functionality index is comprised of six indicators: i) Nomination of a UN Network chair, ii) Appointment of three or more UN network focal points, iii) Completion of UN Network work plan, iv) Completion of UN Network reporting exercise, v) Completion of UN Nutrition Inventory, and vi) Development of UN Network strategy or agenda. In 2016, 14 countries (25%) had most elements in place, 25 (44%) had some elements in place, 16 (28%) had very few elements in place and two were considered as non-functioning.

Table 3 provides a snapshot of UN Network level of set-up per country, ranging from the early stages of set-up with few or no elements in place to advanced set-up with most elements in

place. Details on individual country scores for the six indicators are included in Appendix F. The potential contribution of the REACH partnership to enhancing the functionality of the UN Network should also be considered. Countries where REACH currently operates and those that have had REACH involved in the past are included as a footnote underneath Table 3.

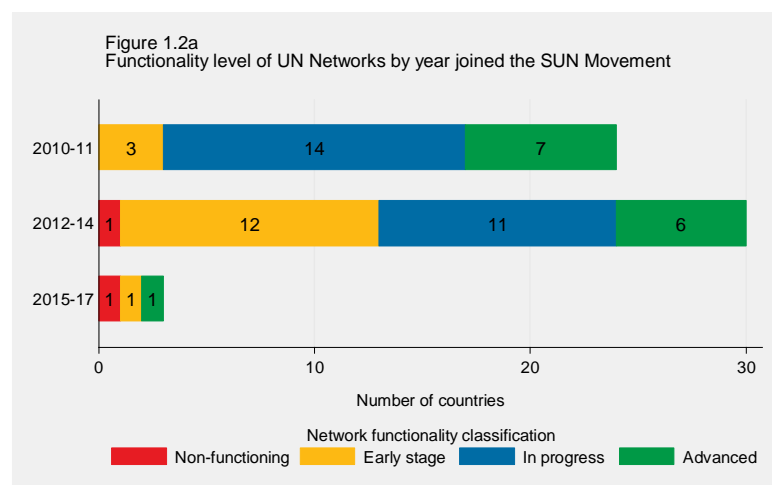
TABLE 3: COUNTRY GROUPING BY UN NETWORK FUNCTIONALITY INDEX SCORE AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | UN Network Functionality Index Score | | | |
|----------------------------|--|---|--|---------------------|
| | Advanced (5-6) | In progress (3-4) | Early stages (1-2) | Non-functioning (0) |
| 2010–2011 (N=24) | Burkina Faso, Kyrgyzstan, Malawi, Mali, Mozambique, Rwanda, Zambia (n=7) | Bangladesh, Benin, Gambia, Guatemala, Indonesia, Lao PDR, Mauritania, Namibia, Nepal, Niger, Senegal, Tanzania, Uganda, Zimbabwe (n=14) | Ethiopia, Ghana, Peru (n=3) | — |
| 2012–2014 (N=30) | Chad, Côte d'Ivoire, DRC, Kenya, Myanmar, Pakistan (n=6) | Comoros, Congo, Guinea, Guinea-Bissau, Haiti, Lesotho, Madagascar, Philippines, Sierra Leone, Somalia, Tajikistan (n=11) | Burundi, Cambodia, Cameroon, Costa Rica, El Salvador, Liberia, South Sudan, Sri Lanka, Swaziland, Togo, Viet Nam, Yemen (n=12) | Nigeria (n=1) |
| 2015–2017 (N=3)‡ | Sudan (n=1) | — | Papua New Guinea (n=1) | Botswana (n=1) |

‡ No data for Central African Republic and Gabon

Current REACH country (those with a facilitator present during 2016): Burkina Faso, Burundi, Chad, Guinea, Haiti, Mali, Myanmar, Lesotho, Rwanda, Senegal, Sierra Leone, Tanzania, and Zimbabwe (n=13); Former REACH country: Bangladesh, Ethiopia, Ghana, Lao PDR, Mauritania, Mozambique, Nepal, Niger, and Uganda (n=9)

As shown in Figure 1.2a, results suggest that countries that have been part of the SUN Movement for a longer period of time are more likely to have UN Networks that are at a higher level of functionality.



SUN BUSINESS NETWORK FUNCTIONALITY INDEX

The SUN Business Network has also developed a functionality index, comprised of five indicators in 2016⁵: i) network established or being established, ii) coordinator appointed, iii) action plan in place, iv) strategy developed and aligned to national nutrition plans, and v) funding secured for at least the first semester in 2017. As shown in Table 4, six countries (10%) had all five elements in place, five countries (9%) had some elements in place, and ten countries (17%) had very few elements in place. Nearly two thirds of SUN countries (n=36) did not have a functioning business network at the end of 2016. Details on individual country scores for the five indicators are included in Appendix F.

TABLE 4: COUNTRY GROUPING BY SUN BUSINESS NETWORK FUNCTIONALITY INDEX SCORE AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | SUN Business Network Functionality Index Score | | | |
|--|--|--|--|--|
| | Advanced (5) | In progress (3-4) | Early stages (1-2) | None (0) |
| 2010–2011 (N=24) | Indonesia, Mozambique, Tanzania, Zambia (n=4) | Ethiopia, Guatemala, Kyrgyzstan, Niger (n=4) | Bangladesh, Lao PDR, Malawi, Zimbabwe (n=4) | Benin, Burkina Faso, Gambia, Ghana, Mali, Mauritania, Namibia, Nepal, Peru, Rwanda, Senegal, Uganda (n=12) |
| 2012–2014 (N=30) | Nigeria, Pakistan (n=2) | Kenya (n=1) | Cambodia, Cameroon, Côte d'Ivoire [^] , El Salvador, Madagascar, Tajikistan (n=6) | Burundi, Chad, Comoros, Congo, Costa Rica, DRC, Guinea, Guinea-Bissau, Haiti, Lesotho, Liberia, Myanmar, Philippines, Sierra Leone, Somalia, South Sudan, Sri Lanka, Swaziland, Togo, Viet Nam, Yemen (n=21) |
| 2015–2017 (N=3) [‡] | — | — | — | Botswana, Papua New Guinea, Sudan (n=3) |

[^] Reported in the 2016 Progress Report

[‡] No data for Central African Republic and Gabon

⁵ For 2017, SBN is proposing to include two additional indicators: the private sector's inclusion into national nutrition plans and membership tracking mechanisms.

SUN CIVIL SOCIETY NETWORK FUNCTIONALITY INDEX

The SUN Civil Society Network also developed a functionality index, comprised of five indicators for 2016: i) establishment of a civil society alliance or coalition, ii) steering group or executive committee in place, iii) sub-national/decentralized coordination structure in place, iv) funding secured for at least the first semester in 2017, and v) active engagement in MSP. As shown in Table 5, seven countries (12%) had all five elements in place, 29 countries (51%) had some elements in place, five countries (9%) had very few elements in place and 16 countries (28%) had no civil society alliance or coalition in place. Details on individual country scores for the five indicators are included in Appendix F.

TABLE 5: COUNTRY GROUPING BY SUN CIVIL SOCIETY NETWORK FUNCTIONALITY INDEX SCORE AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | SUN Civil Society Network Functionality Index Score | | | |
|----------------------------|---|--|--|---|
| | Advanced (5) | In progress (3-4) | Early stages (1-2) | None (0) |
| 2010–2011 (N=24) | Bangladesh, Nepal, Rwanda, Senegal, Tanzania (n=5) | Benin, Burkina Faso, Ghana, Guatemala, Kyrgyzstan, Lao PDR, Malawi, Mali, Mauritania, Mozambique, Niger, Peru, Uganda, Zambia, Zimbabwe (n=15) | Ethiopia, Indonesia (n=2) | Gambia, Namibia (n=2) |
| 2012–2014 (N=30) | Chad, Sierra Leone (n=2) | Burundi, Cambodia, Cote d'Ivoire, DRC, El Salvador, Guinea, Kenya, Liberia, Madagascar, Myanmar, Nigeria, Pakistan, Sri Lanka, Togo (n=14) | Cameroon, Philippines, South Sudan (n=3) | Comoros, Congo, Costa Rica, Guinea-Bissau, Haiti, Lesotho, Somalia, Swaziland, Tajikistan, Viet Nam, Yemen (n=11) |
| 2015–2017 (N=3)‡ | — | — | — | Botswana, Papua New Guinea, Sudan (n=3) |

‡ No data for Central African Republic and Gabon

Step 2: Multiple stakeholders from different sectors change their behaviours to commit toward common nutrition results

Progress in the four SUN Movement processes

MEAL Indicator 1.3: Progress in the four SUN Movement processes and related progress markers and evidence

Starting from 2014, countries in the SUN Movement have been conducting annual joint assessments around four processes (see Box B). The results are presented in the SUN Progress Report as aggregates as well as individual country profiles.

We look at the average total weight of the four processes among SUN countries using the most recent year available (2014, 2015 and 2016). We also indicate the countries that have progressed (↗), those that have stalled (→) and those that have regressed (↘) from previous year or years. For countries with only one data point, we have indicated the most recent year in brackets.

BOX B: COUNTRY JOINT ASSESSMENT

Process 1: Bringing people together in the same space for action

Process 2: Ensuring a coherent policy and legal framework

Process 3: Aligning actions around a Common Results Framework

Process 4: Financial tracking and resource mobilisation

TABLE 6: COUNTRY GROUPING BY AVERAGE SCORE FOR THE FOUR SUN PROCESSES AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Four SUN Processes average (%)^ | | | |
|--------------------------|--|---|---|--|
| | 0–39% | 40–54% | 55–69% | ≥70% |
| 2010–2011 (N=22)* | Guatemala ↘ (n=1) | Bangladesh↘, Burkina Faso→, Ghana↗, Kyrgyzstan↗, Mali→, Mauritania↗ (n=6) | Benin→, Gambia↗, Lao PDR↗, Mozambique↗, Nepal↗, Peru→, Senegal→, Zambia→, Zimbabwe↗ (n=9) | Indonesia↗, Malawi→, Namibia↗, Rwanda↗, Tanzania↗, Uganda↗ (n=6) |
| 2012–2014 (N=28)† | Cameroon↗, Chad↘, Guinea-Bissau↘, Lesotho (2015), Myanmar↘, Somalia(#)↗, South Sudan↘, Swaziland (2015), Tajikistan→, Togo→, Yemen↘ (n=11) | Burundi↗, Cambodia↗, Costa Rica↗, DRC→, Haiti (2014), Nigeria↗, Philippines (2016), Viet Nam↗ (n=8) | Congo↗, El Salvador↗, Guinea↗, Kenya↗, Pakistan↗, Sierra Leone↗ (n=6) | Côte d'Ivoire↗, Madagascar↗, Sri Lanka↗ (n=3) |
| 2015–2017 (N=5)‡ | — | Botswana (2016) (n=1) | — | — |

^ For most recent year; direction of arrow represents direction of change over time. (based on data available by the end of 2016)

* No data for Ethiopia, Niger † No data for Comoros, Liberia ‡ No data for CAR, Gabon, PNG, Sudan (#) From very low baseline

Table 7 summarizes the change among those countries with at least two data points.

TABLE 7: TREND IN COUNTRY PROGRESS TOWARDS THE SUN MOVEMENT STRATEGIC OBJECTIVES

| Year joined SUN Movement | Trend over time in average score for the four SUN processes [^] | | | |
|--------------------------|---|---|---|---|
| | Regressed | Stalled | Progressed | |
| 2010–2011 (N=21) | Bangladesh ↘ Guatemala ↘ (n=2) | Benin → Burkina Faso → Mali → Malawi → Peru → Senegal → Zambia → (n=7) | Gambia ↗ Kyrgyzstan ↗ Mauritania ↗ Namibia ↗ Rwanda ↗ Uganda ↗ (n=12) | Indonesia ↗ Lao PDR ↗ Mozambique ↗ Nepal ↗ Tanzania ↗ Zimbabwe ↗ |
| 2012–2014† (N=23) | Chad ↘ Guinea Bissau ↘ Myanmar ↘ South Sudan ↘ Yemen ↘ (n=5) | Tajikistan → Togo → DRC → (n=3) | Burundi ↗ Cameron ↗ Costa Rica ↗ El Salvador ↗ Madagascar ↗ Pakistan ↗ Somalia (*) ↗ Vietnam ↗ (n=15) | Cambodia ↗ Congo ↗ Côte d'Ivoire ↗ Kenya ↗ Nigeria ↗ Sierra Leone ↗ Sri Lanka ↗ |
| 2015–2017‡ | — | — | — | — |

[^] Based on data available by the end of 2016. (*) From very low baseline

† Excludes countries with only one data point (Philippines, Lesotho, Swaziland) ‡ Data not available for Papua New Guinea, Central Africa Republic, Gabon and Sudan; excludes Botswana with only one data point

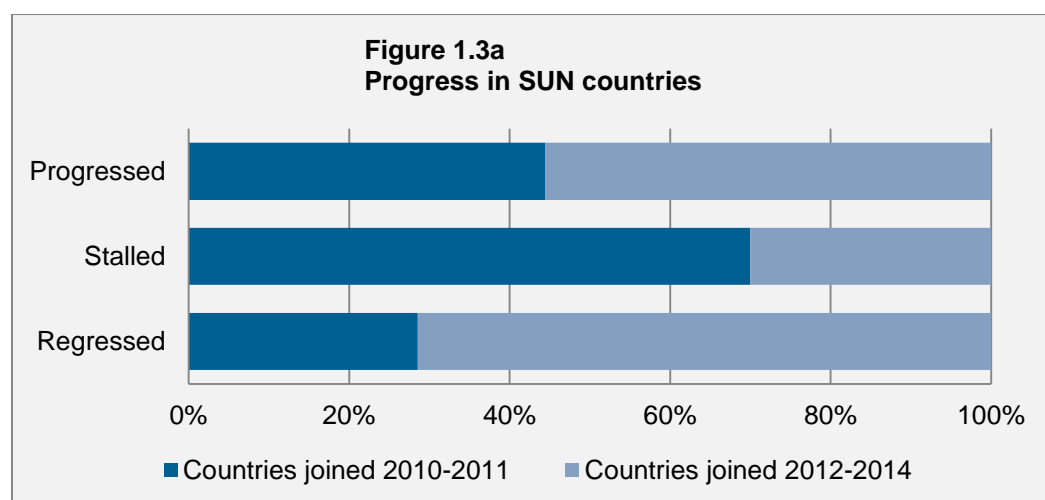
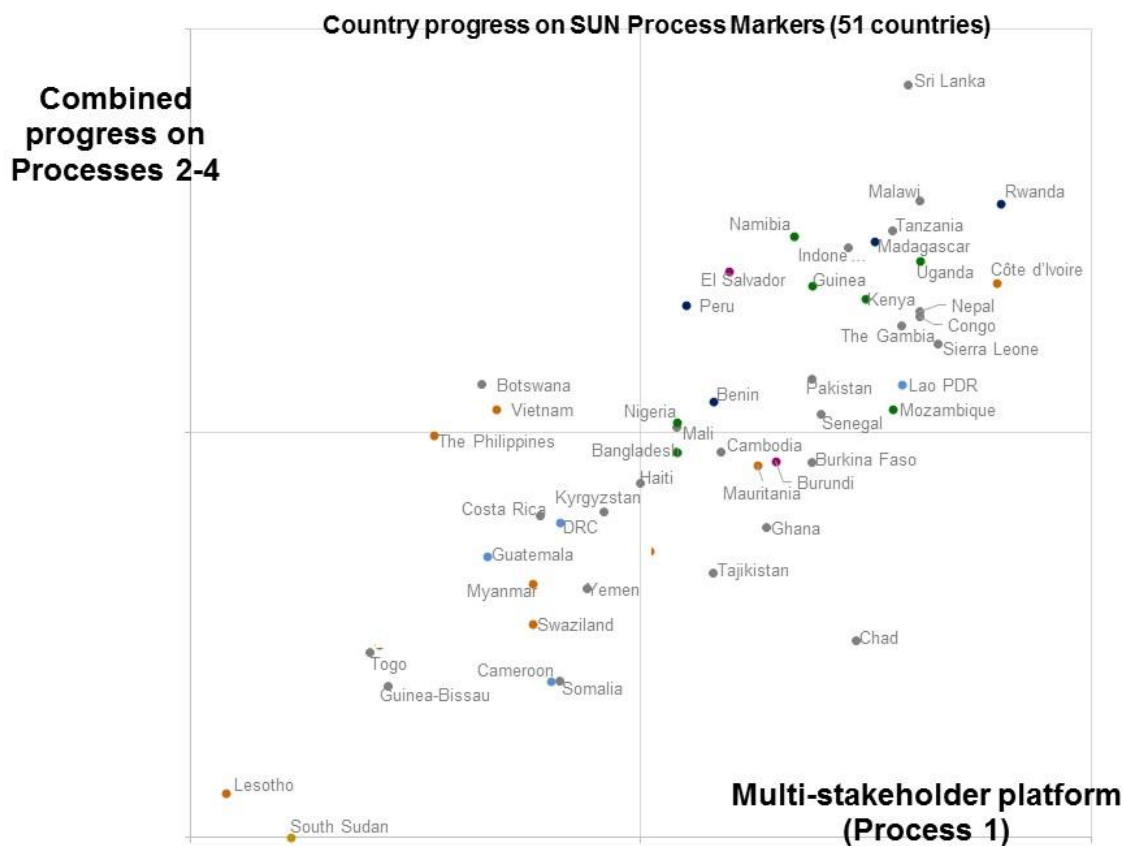


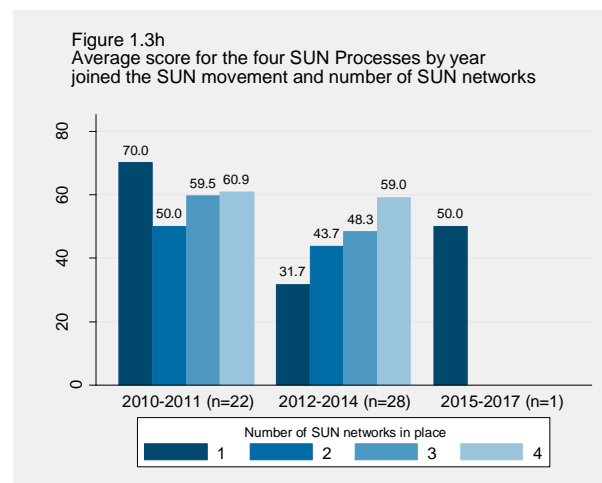
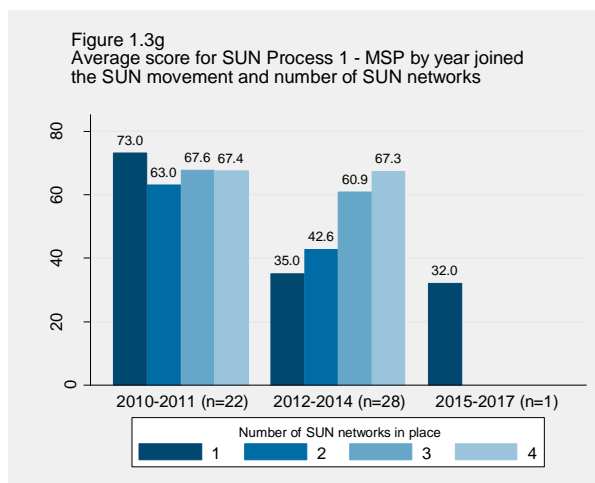
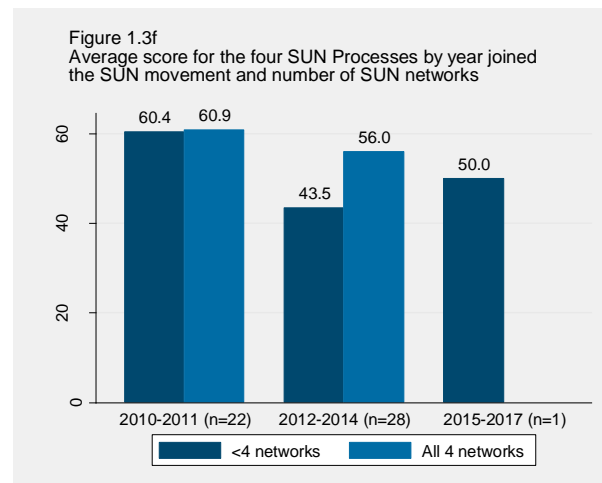
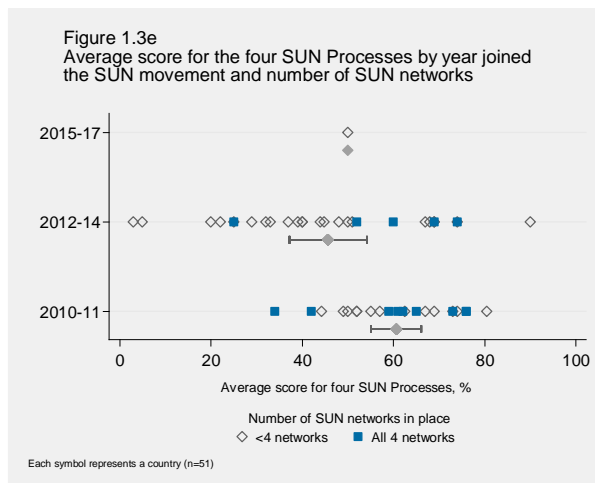
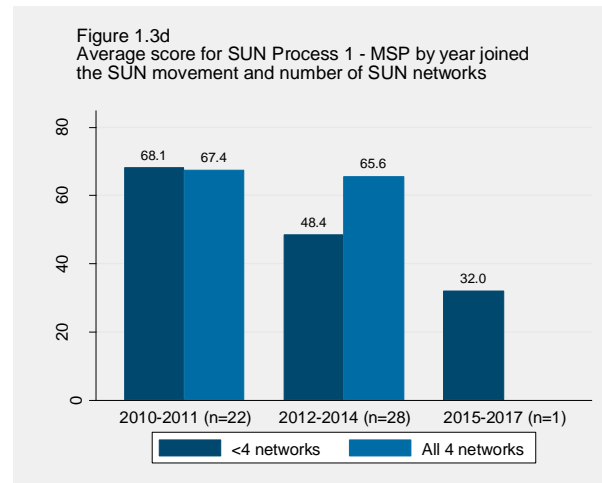
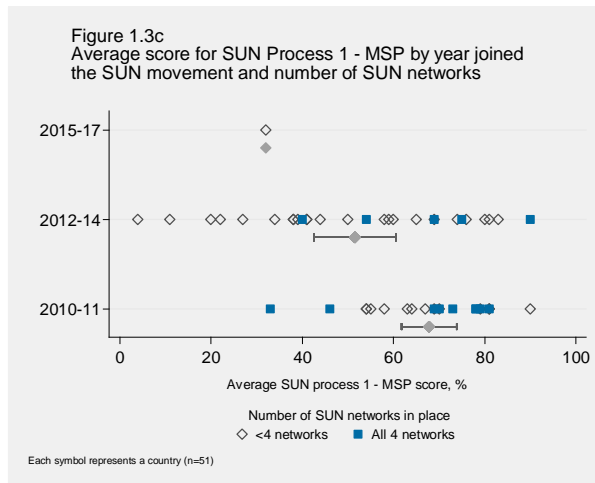
Figure 1.3b shows the association between the MSP score (Process 1) and the combined score on the other three processes using the most recently available year (2014, 2015 and 2016)

Figure 1.3b: Association between SUN country scores for Process 1 and Processes 2–4



Data source: SUN UN Network , based on SUN country self-assessment 2014, 2015 and 2016 (most recent available year presented), no data available for Central African Republic, Gabon, Papua New Guinea and Sudan.

We also look at the existence of 3 or 4 Networks and the score for Process 1- MSP as well as the existence of 3 or 4 Networks and the overall score for the four processes using the most recent available data.



Existence of Nutrition Targets in national plans

MEAL Indicators 1.4: Existence of WHA global targets for nutrition in national plans

SUN countries are aiming to meet by 2025 the World Health Assembly (WHA) global targets for improving maternal, infant and young child nutrition. Inclusion of these goals in national policies and strategies is essential for establishing robust information systems to measure progress toward the agreed targets.

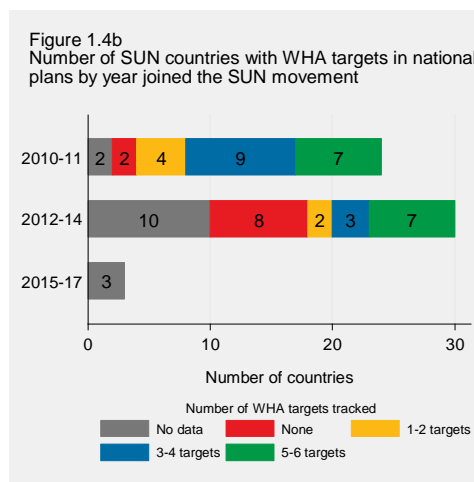
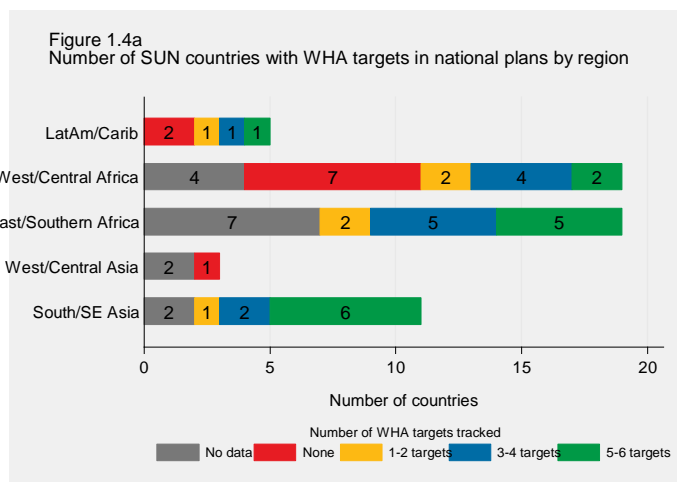
Based on a review of country policies and monitoring and evaluation frameworks in 2016, many SUN countries have not yet included these indicators in their plans, as shown in Table 8. In 2016, 32 of the 57 SUN countries assessed had explicitly stated one or more of the WHA global nutrition targets in their national nutrition policy and strategy documents. Only ten countries have included all six targets. No documents were available for 15 countries. Countries that joined the SUN Movement in the first couple of years have incorporated a higher number of targets into their national policies/plans compared to those that joined the Movement later (see Figure 1.4b; linear regression $t=-2.51$, $p<0.015$).

TABLE 8: COUNTRY GROUPING BY NUMBER OF WHA GLOBAL TARGETS FOR NUTRITION IN NATIONAL PLANS AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Number of WHA global targets for nutrition tracked [^] | | | | |
|------------------------------|---|---|--|--|---|
| | No document available | No WHA targets mentioned | 1–2 | 3–4 | 5–6 |
| 2010–2011 (N=24) | Kyrgyzstan, Senegal (n=2) | Gambia, Ghana, (n=2) | Benin, Indonesia, Mauritania, Zambia (n=4) | Bangladesh, Burkina Faso, Mali, Mozambique, Namibia, Niger, Peru, Tanzania, Uganda (n=9) | Ethiopia, Guatemala, Lao PDR, Malawi Nepal, Rwanda, Zimbabwe (n=7) |
| 2012–2014 (N=30) | Cameroon, Comoros, DRC, Lesotho, Pakistan, Somalia, South Sudan, Swaziland, Tajikistan, Togo (n=10) | Chad, Costa Rica, Côte d'Ivoire, Guinea, Guinea-Bissau, Haiti, Liberia, Yemen (n=8) | Burundi, El Salvador (n=2) | Cambodia, Congo, Madagascar (n=3) | Kenya, Myanmar, Nigeria, Philippines, Sierra Leone, Sri Lanka, Viet Nam (n=7) |
| 2015–2017 (N=3) [‡] | Botswana, Papua New Guinea, Sudan (n=3) | — | — | — | — |

[^]Number of WHA global nutrition targets explicitly stated as key indicators in national nutrition policy and strategy documents (including monitoring & evaluation frameworks, when available); based on documents available by the end of 2016.

[‡] No data for CAR, Gabon (not included in review)



MEAL Indicators 1.5: Existence of NCD targets in national plans

Even fewer SUN countries have included the three diet-related NCD targets in their national policy and strategy documents (see Table 9). The most commonly included target is for adult overweight/obesity which is being tracked by 13 SUN countries. Tracking of diabetes prevalence and sodium intake is even less common (only two countries included these indicators in their nutrition documents to date).

TABLE 9: COUNTRY GROUPING BY NUMBER OF NCD TARGETS TRACKED AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Number of NCD targets tracked [^] | | | | |
|------------------------------|---|--|--|-----------------------------|----------------|
| | No document available | No NCD targets mentioned | 1 | 2 | 3 |
| 2010–2011 (N=24) | Kyrgyzstan, Senegal (n=2) | Bangladesh, Benin, Burkina Faso, Ethiopia, Gambia, Ghana, Indonesia, Lao PDR, Mali, Mauritania, Mozambique, Nepal, Peru, Rwanda, Tanzania, Uganda, Zambia (n=17) | Guatemala, Malawi, Namibia, Niger (n=4) | — | Zimbabwe (n=1) |
| 2012–2014 (N=30) | Cameroon, Comoros, DRC, Lesotho, Pakistan, Somalia, South Sudan, Swaziland, Tajikistan, Togo (n=10) | Burundi, Chad, Congo, Costa Rica, Côte d'Ivoire, Guinea, Guinea-Bissau, Haiti, Liberia, Madagascar, Nigeria, Yemen (n=12) | Cambodia, El Salvador, Kenya, Philippines, Sri Lanka, Viet Nam (n=6) | Myanmar, Sierra Leone (n=2) | — |
| 2015–2017 (N=3) [‡] | Botswana, Papua New Guinea, Sudan (n=3) | — | — | — | — |

[^] Number of NCD targets explicitly stated as key indicators in national nutrition policy and strategy documents (including monitoring & evaluation frameworks, when available); based on documents available by the end of 2016.

[‡] No data for CAR, Gabon (not included in the review)

Data on the existence of national policies for non-communicable diseases (hypertension and diabetes) were available for 50 SUN countries, based on reporting for year 2015.

TABLE 10: COUNTRY GROUPING BY EXISTENCE OF NCD POLICIES AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Existence of national policies for NCDs | |
|----------------------------------|---|---|
| | Yes | No or Don't Know [^] |
| 2010–2011 (n=22) [*] | Guatemala, Indonesia, Kyrgyzstan, Malawi, Rwanda, Uganda, Zambia (n=7) | Bangladesh, Benin, Burkina Faso, Ethiopia, Gambia, Ghana, Lao PDR, Mali, Mauritania, Mozambique, Nepal, Niger, Peru, Senegal, Zimbabwe (n=15) |
| 2012–2014 (n=25) [†] | Costa Rica, Kenya, Lesotho, Madagascar, Nigeria, Tajikistan (n=6) | Burundi, Cambodia, Cameroon [^] , Chad [^] , Comoros, Congo, El Salvador, Guinea, Haiti, Myanmar, Pakistan, Philippines, Sierra Leone, Somalia, Sri Lanka, Swaziland, Togo, Viet Nam [^] , Yemen (n=19) |
| 2015–2017 (n=3) [‡] | Papua New Guinea, Sudan (n=2) | Central African Republic (n=1) |

^{*} No data for Namibia, Tanzania

[†] No data for Côte d'Ivoire, DRC, Guinea-Bissau, Liberia, South Sudan

[‡] No data for Botswana, Gabon

Information Systems for Nutrition

MEAL Indicator 1.6: Existence of information systems for nutrition

In 2016, Nutrition International conducted a mapping of the information systems for nutrition in 57 SUN countries (excluding Gabon and CAR, which joined the SUN Movement at the end of 2016). The mapping was organized around three components, each with a group of indicators (see Table 11). Country information was used to score each indicator (maximum score of 12 per component) and calculate an overall Information Systems for Nutrition Index score (maximum score of 36). An average of 54 SUN countries (92%) had data available for the various indicators.

TABLE 11: SUMMARY OF INFORMATION SYSTEMS FOR NUTRITION (ISN) INDEX COMPONENTS AND INDICATORS

| Index Component | Indicators | Countries with data | Scoring |
|--|---|---------------------|--------------------|
| Government commitment and enabling environment | <i>Policy & Planning Documents</i> | | 3 |
| | • Common Results Framework | 57 | |
| | • Existence of M&E Framework | 56 | |
| | • Budget exercise completed | 54 | |
| | <i>Tracking Global Targets</i> | | Counted separately |
| | • 6 WHA targets | 56 | |
| | • 3 NCD targets | 56 | |
| | <i>Institutionalization & Coordination</i> | | 4 |
| | • Government coordinating body for ISN | 55 | |
| | • Central repository for data | 57 | |
| National assessment data | • Data is publicly accessible | 57 | |
| | • Stakeholder mapping completed | 57 | |
| | National Surveys (DHS, MICS, SMART) | 57 | 6 |
| | Micronutrient or Fortification Survey | 57 | 2 |
| National performance monitoring data | Household Consumption & Expenditure Survey | 57 | 2 |
| | Food Security or Vulnerability Assessment Mapping | 57 | 2 |
| | Health facility-based nutrition services | | 3 |
| | • Micronutrient supplements in pregnancy | 54 | |
| | • Breastfeeding promotion | 57 | |
| | • IYCF counseling | 57 | |
| | • Management of acute malnutrition | 47 | |
| | Nutrition programmes | | 3 |
| | • Vitamin A supplementation | 54 | |
| | • Community-based management of acute malnutrition (CMAM) | 47 | |
| | • Fortification of staple foods | 55 | |
| | • Universal Salt Iodization | 46 | |
| Sectoral Information Systems | Sectoral Information Systems | | 6 |
| | • Health | 57 | |
| | • Agriculture | 50 | |
| | • Education | 57 | |
| | • WASH | 51 | |
| | • Social Protection | 55 | |
| | • Early Childhood Development | 26 | |

More details on the individual components of the ISN Index can be found in Appendix G of this report. As shown in Table 12 and Figures 1.6a-f below, there appears to be a strong relationship between a country's year of joining the SUN Movement and overall score on the Information Systems for Nutrition Index, as well as the score for each of the three components that make up the index. Index scores are also positively correlated with a country's score for the four SUN processes and score for SUN Process 3 which focuses on the Common Results Framework indicators.

TABLE 12: COUNTRY GROUPING BY ISN INDEX TOTAL SCORE AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | ISN Index Total Score (out of 36) | | | |
|-------------------|-----------------------------------|--|--|--------------------------------------|
| | 0–9 | 10–18 | 19–27 | 28–36 |
| 2010–2011* | — | Benin, Namibia (n=2) | Bangladesh, Burkina Faso, Ethiopia, Gambia, Ghana, Indonesia, Kyrgyzstan, Lao PDR, Mauritania, Mozambique, Niger, Peru, Rwanda, Senegal, Tanzania, Uganda, Zambia, Zimbabwe (n=18) | Guatemala, Malawi, Mali, Nepal (n=4) |
| 2012–2014† | Comoros (n=1) | Burundi, Cameroon, Chad, Congo, Costa Rica, Côte d'Ivoire, Guinea-Bissau, Haiti, Lesotho, Liberia, Somalia, South Sudan, Swaziland, Tajikistan, Togo, Yemen (n=16) | Cambodia, DRC, El Salvador, Guinea, Madagascar, Pakistan, Philippines, Sierra Leone, Sri Lanka, Viet Nam (n=10) | Kenya, Myanmar, Nigeria (n=3) |
| 2015–2017‡ | Botswana, Papua New Guinea (n=2) | Sudan (n=1) | — | — |

‡ No data for CAR, Gabon

Figure 1.6a
Information Systems for Nutrition Index
Average Component Scores by Year Joined SUN Movement

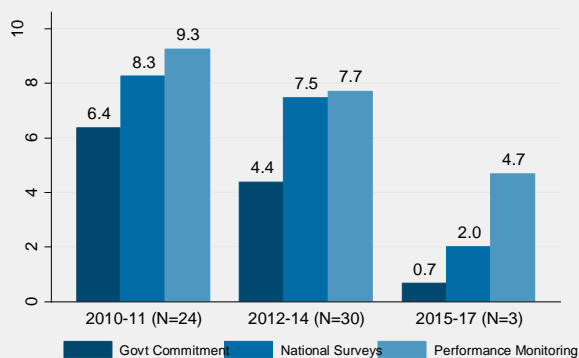


Figure 1.6b
Information Systems for Nutrition Index
Average Total Score by Year Joined SUN Movement

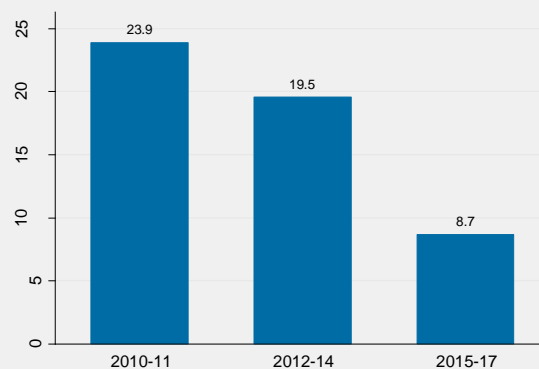


Figure 1.6c
Information Systems for Nutrition Index
Average Total Score by number of networks

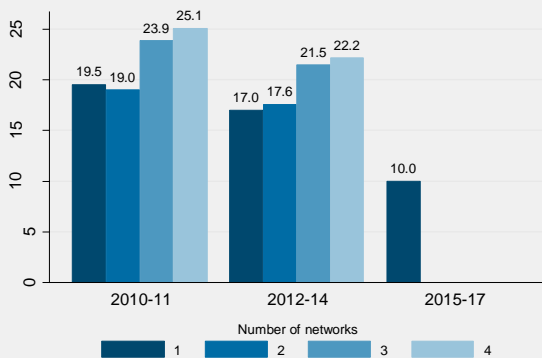


Figure 1.6d
Information Systems for Nutrition Index
Average Total Score by Country Income Classification

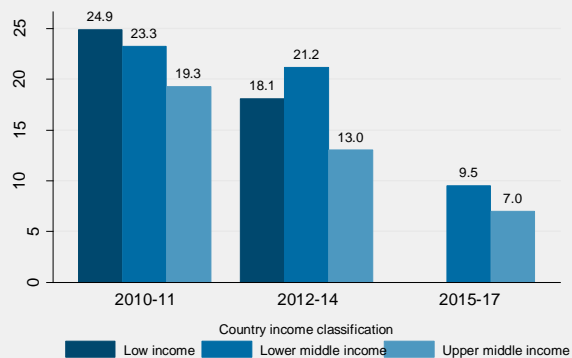


Figure 1.6e
Information Systems for Nutrition Index Score by average score for four SUN processes

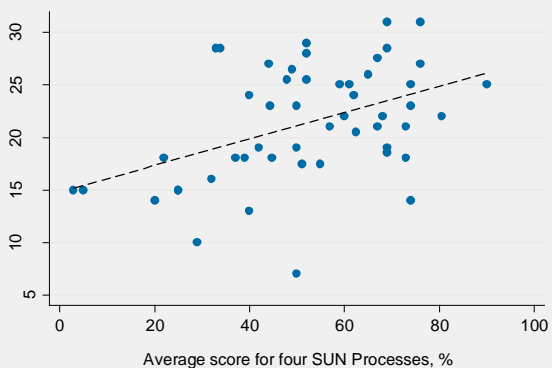
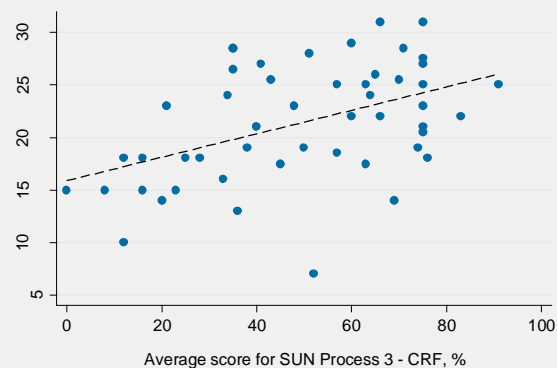


Figure 1.6f
Information Systems for Nutrition Index Score by average score for SUN process 3 - CRF score



Integration of Nutrition in National Development Plans

MEAL Indicators 1.7 and 1.8: Integration of nutrition in development plans developed up to 2015

In the framework of the 2030 Agenda for Sustainable Development, many countries are updating their national plans building on strong linkages with sectoral policies and plans and on the engagement with multiple stakeholders.

In 2016, data were available for 56 SUN countries with their rank in relation to other countries in the world for the integration of undernutrition and overnutrition in national development plans and economic growth strategies developed by 2015.⁶ While some of these plans and strategies are still ongoing, most countries are in the updating process, especially in view of the 2030 Sustainable Development Agenda. As an indicator of progress, the MEAL system will actively search and assess plans that have been developed since the beginning of 2016. This is part of an ongoing discussion with the UN Network to ensure that a systematic review is in place from 2018 onwards.

In the meantime, as shown in Table 13, 22 SUN countries are ranked in the top 30 (country rank out of 126 countries) for the presence of undernutrition in national development plans and economic growth strategies. Among these, 14 of 22 are countries that joined the SUN Movement in the first couple of years.

TABLE 13: COUNTRY GROUPING BY WORLD RANK FOR UNDERNUTRITION IN NATIONAL DEVELOPMENT PLANS AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Country rank in the world (1 to 126) | | | |
|-------------------|--|---|---|--|
| | Top 30 | 31–60 | 61–90 | Bottom 30 |
| 2010–2011 (n=24) | Bangladesh, Benin, Gambia, Guatemala, Malawi, Mali, Mauritania, Mozambique, Nepal, Niger, Peru, Rwanda, Senegal, Tanzania (n=14) | Burkina Faso, Ghana, Indonesia, Lao PDR, Uganda, Zambia (n=6) | Namibia (n=1) | Ethiopia, Kyrgyzstan, Zimbabwe (n=3) |
| 2012–2014 (n=27)† | Cambodia, DRC, Lesotho, Madagascar, Sierra Leone, Swaziland, Tajikistan, Togo (n=8) | Chad, Costa Rica, Côte d'Ivoire, Guinea, Guinea-Bissau, Myanmar, Philippines, Somalia (n=8) | Burundi, Cameroon, Comoros, Congo, Haiti, Kenya, Liberia, Pakistan, Sri Lanka (n=9) | El Salvador, Nigeria (n=2) |
| 2015–2017 (n=5) | — | — | — | Botswana, CAR, Gabon, PNG, Sudan (n=5) |

† No data for South Sudan, Viet Nam, Yemen

⁶ Source: Global Nutrition Report 2015 data based on research conducted by the Institute of Development Studies (IDS), 2015.

The results are quite different when the presence of overnutrition in national development plans is assessed (see Table 14). Only 3 SUN countries are ranked in the top 30 (country rank out of 116) and nearly half (27 of 56 countries with data) are ranked in the bottom 30.

TABLE 14: COUNTRY GROUPING BY WORLD RANK FOR OVERNUTRITION IN NATIONAL DEVELOPMENT PLANS AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Country rank in the world (1 to 116) | | | |
|-------------------|--------------------------------------|---|---|--|
| | Top 30 | 31–60 | 61–90 | Bottom 30 |
| 2010–2011 (n=24) | Gambia, Senegal (n=2) | Bangladesh, Mauritania, Mozambique, Rwanda, Uganda (n=5) | Benin, Burkina Faso, Ghana, Kyrgyzstan, Niger, Tanzania (n=6) | Ethiopia, Guatemala, Indonesia, Lao PDR, Malawi, Mali, Namibia, Nepal, Peru, Zambia, Zimbabwe (n=11) |
| 2012–2014 (n=27)† | Cambodia (n=1) | Comoros, Costa Rica, Côte d'Ivoire, El Salvador, Lesotho, Philippines, Togo (n=7) | Congo, Guinea, Guinea-Bissau, Haiti, Kenya, Pakistan, Sri Lanka (n=7) | Burundi, Cameroon, Chad, DRC, Liberia, Madagascar, Myanmar, Nigeria, Sierra Leone, Somalia, Swaziland, Tajikistan (n=12) |
| 2015–2017 (n=5)‡ | — | — | Central African Republic (n=1) | Botswana, Gabon, PNG, Sudan (n=4) |

† No data for South Sudan, Viet Nam, Yemen

Mobilization of high-level advocates for nutrition

MEAL Indicator 1.9: Mobilization of high-level advocates (champions, parliamentarians, media)

The SUN Movement Secretariat routinely tracks the engagement of high-level advocates for nutrition and also receives regular updates on advocacy events and meetings.

By 2016, 12 SUN countries had identified champions and were also engaging both parliamentarians and media, 7 countries had identified champions and were engaging either parliamentarians or media, 10 countries were engaging both parliamentarians and media, and 8 countries were engaging either parliamentarians or media or had identified champions.

TABLE 15: COUNTRY GROUPING BY MOBILIZATION OF HIGH-LEVEL ADVOCATES AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Number of type of high-level advocates mobilized | | | |
|-------------------|--|--|--|---|
| | All 3 | 2 | 1 | None |
| 2010–2011 (n=24) | Bangladesh, Burkina Faso, Guatemala, Indonesia, Mozambique, Peru, Rwanda, Zambia, Zimbabwe (n=9) | Benin, Gahan, Kyrgyzstan, Lao PDR, Namibia, Nepal, Tanzania (n=7) | Ethiopia, Gambia, Malawi, Mali (n=4) | Mauritania, Niger, Senegal, Uganda (n=4) |
| 2012–2014 (n=30) | Chad, Guinea, Madagascar (n=3) | Congo, DRC, El Salvador, Kenya, Nigeria, Pakistan, Philippines, Sierra Leone, Sri Lanka, Tajikistan (n=10) | Cambodia, Côte d'Ivoire, Somalia, Viet Nam (n=4) | Burundi, Cameroon, Comoros, Costa Rica, Guinea Bissau, Haiti, Lesotho, Liberia, Myanmar, South Sudan, Swaziland, Togo, Yemen (n=13) |
| 2015–2017 (n=4)‡ | — | — | — | Botswana, Gabon, Papua New Guinea, Sudan (n=4) |

‡ No data for Central African Republic

Step 3: Multiple-stakeholders mobilize resources and align implementation

List 2: Finance for nutrition

NATIONAL INVESTMENTS FOR NUTRITION

MEAL Indicator 2.1: National investments for nutrition disaggregated by specific or sensitive, types of programmes, MDAs, sources of funding, allocations expenditures, years

The SUN Movement Secretariat together with other international partners (Results for Development (R4D), Strengthening Partnerships, Results, and Innovations in Nutrition Globally project (SPRING), Maximising the Quality of Scaling Up Nutrition project (MQSUN+), Oxford Policy Management, Global Nutrition Report) have been working together with several SUN countries to advance efforts on financial tracking. The availability of robust and regular finance data is critical for policy-makers – as it enables them to prioritise, guide programme planning, monitor, and evaluate the implementation and results of any given policy. Furthermore, in addition to informing decision-making, tracing investments increases accountability and advocacy opportunities for good nutrition.

2.1 a) Budget analysis completeness

The completeness of the budget analysis was analyzed based on four key elements: a) completion of the budget analysis itself; b) the analysis identified both nutrition-specific and nutrition-sensitive components; c) the analysis identified a clear source of funds; and d) there is more than one time point.

TABLE 16: COUNTRY GROUPING BY COMPLETENESS OF BUDGET ANALYSIS AND YEAR OF JOINING THE SUN MOVEMENT[□]

| Year of SUN start | Number of key elements in the budget analysis | | | |
|-------------------|--|---|---|--|
| | 1 of 4 | 2 of 4 | 3 of 4 | All 4 |
| 2010–2011 (n=18)* | Namibia, Niger (n=2) | — | Benin, Burkina Faso, Gambia, Ghana, Guatemala, Kyrgyzstan, Mauritania, Mozambique, Nepal, Peru, Uganda, Zambia (n=12) | Bangladesh, Ethiopia, Indonesia, Lao PDR (n=4) |
| 2012–2014 (n=26)† | Cameroon, Guinea, Liberia, Sierra Leone, Sri Lanka (n=5) | Chad, Congo, Guinea-Bissau, Nigeria, South Sudan, Swaziland, Togo (n=7) | Burundi, Comoros, Côte d'Ivoire, DRC, El Salvador, Kenya, Madagascar, Pakistan, Philippines, Tajikistan, Viet Nam, Yemen (n=12) | Costa Rica, Lesotho (n=2) |
| 2015–2017 (n=1)‡ | — | — | Botswana (n=1) | — |

[□] Based on data available by the end of 2016; * No data for Malawi, Mali, Rwanda, Senegal, Tanzania, Zimbabwe;

[†] No data for Cambodia, Haiti, Myanmar, Somalia; [‡] No data for CAR, Gabon, Papua New Guinea, Sudan

2.1 b) Budgeted spending per child U5 for nutrition-specific spending

This indicator only looks at the total per capita spending on nutrition-specific interventions for children under five years of age. “Nutrition-specific” interventions have been defined by the 2013 Lancet Series on Maternal and Child Nutrition and by other publications including the Investment Framework for Nutrition (World Bank 2016). While there are differences across countries due to the structure of the budgets, reported data on nutrition-specific interventions are broadly comparable. On the other hand, the sectoral programmes included in the budget analysis as “nutrition-sensitive” vary considerably from one country to the other, reflecting their priorities and strategies and would not provide a comparable measure.

TABLE 17: COUNTRY GROUPING BY NUTRITION-SPECIFIC SPENDING AND YEAR OF JOINING THE SUN MOVEMENT[□]

| Year of SUN start | U5 per capita spending on nutrition-specific interventions | | | |
|-------------------|---|--|--|---|
| | <\$1 | \$1–4 | \$5–7 | ≥\$8 |
| 2010–2011 (n=13)* | Kyrgyzstan, Mozambique, Uganda, Zambia (n=4) | Benin, Burkina Faso, Ethiopia, Lao PDR, Mauritania (n=4) | — | Bangladesh, Guatemala, Indonesia, Nepal, Peru (n=5) |
| 2012–2014 (n=16)† | Burundi, Chad, Côte d'Ivoire, DRC, Guinea-Bissau, Madagascar, Nigeria, Tajikistan, Togo (n=8) | Comoros, Kenya, Lesotho, Pakistan (n=4) | El Salvador, Philippines, Viet Nam (n=3) | Costa Rica (n=1) |
| 2015–2017 (n=1)‡ | | | | Botswana (n=1) |

□ Based on data available by the end of 2016

* No data for Gambia, Ghana, Malawi, Mali, Namibia, Niger, Rwanda, Senegal, Tanzania, Zimbabwe

† No data for Cambodia, Cameroon, Congo, Guinea, Haiti, Liberia, Myanmar, Sierra Leone, Somalia, South Sudan, Sri Lanka, Swaziland, Yemen

‡ No data for CAR, Gabon, PNG, Sudan

2.1 c) Percentage budgeted for nutrition-specific spending

Table 18 presents results of the analysis of the ratio of budgeted spending on nutrition-specific and nutrition-sensitive interventions. While there is no agreed benchmark on the ratio between nutrition-specific and nutrition-sensitive spending, the analysis shows that the nutrition-specific spending is less than 5% in most countries. This might be due to the absence of nutrition programmes and interventions in national budgets but also to limitations with the reporting capacity especially when nutrition is integrated in sectoral programmes.

TABLE 18: COUNTRY GROUPING BY RATIO OF NUTRITION-SPECIFIC TO NUTRITION-SENSITIVE SPENDING AND YEAR OF JOINING THE SUN MOVEMENT[□]

| Year of SUN start | Ratio of nutrition-specific and nutrition-sensitive | | | |
|-------------------|---|---|-------------------------------|--|
| | <1% | 1–4% | 5–10% | >10% |
| 2010–2011 (n=13)* | Kyrgyzstan, Mozambique (n=2) | Benin, Lao PDR, Mauritania, Zambia (n=4) | Burkina Faso, Indonesia (n=2) | Bangladesh, Ethiopia, Guatemala, Nepal, Peru, Uganda (n=6) |
| 2012–2014 (n=16)† | Burundi, Chad, DRC, El Salvador, Guinea Bissau, Nigeria, Tajikistan (n=7) | Comoros, Côte d'Ivoire, Kenya, Lesotho, Madagascar, Pakistan, Philippines (n=7) | Togo (n=1) | Costa Rica, Viet Nam (n=2) |
| 2015–2017 (n=1)‡ | | Botswana (n=1) | | |

□ Based on data available by the end of 2016

* No data for Gambia, Ghana, Malawi, Mali, Namibia, Niger, Rwanda, Senegal, Tanzania, Zimbabwe

† No data for Cambodia, Cameroon, Congo, Guinea, Haiti, Liberia, Myanmar, Sierra Leone, Somalia, South Sudan, Sri Lanka, Swaziland, Yemen

‡ No data for CAR, Gabon, PNG, Sudan

DONOR FUNDING FOR NUTRITION

MEAL Indicator 2.2: Total resource flows for development, by recipient and donor countries and type of flow

Data on donor funding to SUN countries have been analyzed by Results for Development using the 2013 Credit Reporting System (CRS) Database. **The analysis below looks specifically at the spending captured under the Basic Nutrition Code** which comprises all nutrition interventions addressed to children under five years and women of reproductive age (nutrition-specific) as well as broader interventions targeted to different population groups such as food aid and school feeding (nutrition-sensitive).

2.2 a) Donor spending per stunted child U5 for nutrition

The analysis below looks at spending (based on the basic nutrition code) per stunted child using the stunting prevalence and the under-five population data for 2013. It links the nutrition spending to the stunting burden in order to compensate for countries that have high prevalence but low population. Results shown in Table 19 appear to indicate that countries with low burden and low population are at the high end of donor spending suggesting that more can be done to compensate for other countries.

TABLE 19: COUNTRY GROUPING BY TOTAL U5 NUTRITION SPENDING PER STUNTED CHILD AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Total U5 nutrition spending per stunted child | | | |
|-------------------|---|---|---|--|
| | <\$1 | \$1–4 | \$5–9 | ≥\$10 |
| 2010–2011 (n=24) | Benin, Indonesia, Namibia (n=3) | Zimbabwe (n=1) | Bangladesh, Niger, Rwanda, Tanzania, Uganda (n=5) | Burkina Faso, Ethiopia, Gambia, Ghana, Guatemala, Kyrgyzstan, Lao PDR, Malawi, Mali, Mauritania, Mozambique, Nepal, Peru, Senegal, Zambia (n=15) |
| 2012–2014 (n=28)† | Comoros, El Salvador, Lesotho, Philippines, Swaziland, Togo (n=6) | Côte d'Ivoire, DRC, Guinea, Kenya, Madagascar, Myanmar, Nigeria, Pakistan (n=8) | Burundi, Cambodia, Chad, Sierra Leone, Viet Nam (n=5) | Cameroon, Congo, Guinea-Bissau, Haiti, Liberia, Somalia, South Sudan, Sri Lanka, Yemen (n=9) |
| 2015–2017 (n=1)‡ | — | — | Sudan (n=1) | — |

† No data for Costa Rica, Tajikistan

‡ No data for Botswana, Central African Republic, Gabon, Papua New Guinea

2.2 b) Donor spending per child U5 for high impact interventions

The analysis below (see Table 20) looks at donor spending (using the basic nutrition code) for a minimum package of high-impact nutrition-specific interventions that are comparable with those costed in the Investment Framework for Nutrition (World Bank 2016). These include: management of acute malnutrition, micronutrient supplementation for children and pregnant-lactating women, IYCF counselling and promotion of breastfeeding, provision of fortified complementary food and food fortification.

TABLE 20: COUNTRY GROUPING BY U5 PER CAPITA HIGH-IMPACT NUTRITION-SPECIFIC SPENDING AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Total U5 per capita for high-impact nutrition specific spending | | | |
|-------------------|--|---|---------------------|-------------------------------|
| | <\$1.0 | \$1.0–1.9 | \$2.0–3.9 | ≥\$4 |
| 2010–2011 (n=16)* | Benin, Indonesia (n=2) | Bangladesh, Ethiopia, Ghana, Guatemala, Mozambique, Niger, Rwanda, Tanzania, Uganda (n=9) | Malawi, Nepal (n=2) | Mali, Senegal, Zambia (n=3) |
| 2012–2014 (n=19)† | Cameroon, Chad, Côte d'Ivoire, DRC, Kenya, Myanmar, Pakistan, South Sudan, Togo, Viet Nam (n=10) | Burundi, Cambodia, Madagascar, Nigeria, Sierra Leone, Sri Lanka (n=6) | — | Liberia, Somalia, Yemen (n=3) |
| 2015–2017 (n=2)‡ | Papua New Guinea (n=1) | — | Sudan (n=1) | — |

* No data for Burkina Faso, Gambia, Kyrgyzstan, Lao PDR, Mauritania, Namibia, Peru, Zimbabwe

† No data for Comoros, Congo, Costa Rica, El Salvador, Guinea, Guinea-Bissau, Haiti, Lesotho, Philippines, Swaziland, Tajikistan

‡ No data for Botswana, Central African Republic, Gabon

2.2 c) Percentage budgeted for nutrition-specific spending

The basic nutrition code is commonly used by the donors as a proxy for nutrition-specific spending. Nevertheless it includes interventions that are nutrition-sensitive and are also significant drivers of spending such as food aid, school feeding and food security projects. The analysis from Results for Development on the 2013 reported data under this code shows that nutrition-specific spending accounts for 70% in only one third of countries (

Table 21). Options have been proposed by the Donor Network to improve their reporting including narrowing the focus of the basic nutrition code to better reflect nutrition-specific spending.

TABLE 21: COUNTRY GROUPING BY RATIO OF NUTRITION-SPECIFIC/SENSITIVE SPENDING AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Ratio of nutrition-specific/sensitive spending | | | |
|-------------------|--|------------------------------|--|--|
| | <25% | 25–49% | 50–69% | ≥70% |
| 2010–2011 (n=16)* | Guatemala (n=1) | Benin, Malawi (n=2) | Ethiopia, Indonesia, Mozambique, Nepal, Niger, Senegal, Tanzania (n=7) | Bangladesh, Ghana, Mali, Rwanda, Uganda, Zambia (n=6) |
| 2012–2014 (n=19)† | Cameroon, Chad, South Sudan, Togo (n=4) | Côte d'Ivoire, Liberia (n=2) | Burundi, Cambodia, DRC, Kenya, Madagascar, Sierra Leone, Sri Lanka (n=7) | Myanmar, Nigeria, Pakistan, Somalia, Viet Nam, Yemen (n=6) |
| 2015–2017 (n=1)‡ | — | — | — | Sudan (n=1) |

* No data for Burkina Faso, Gambia, Kyrgyzstan, Lao PDR, Mauritania, Namibia, Peru, Zimbabwe

† No data for Comoros, Congo, Costa Rica, El Salvador, Guinea, Guinea-Bissau, Haiti, Lesotho, Philippines, Swaziland, Tajikistan

‡ No data for Botswana, Central African Republic, Gabon, Papua New Guinea

Agriculture Orientation Index

MEAL Indicator 2.3: The Agriculture Orientation Index for Government Expenditures

The Agriculture Orientation Index (AOI) for Government Expenditures is a currency-free index that is calculated as the ratio of Agriculture Share of Government Expenditures to the Agriculture Share of GDP, where Agriculture refers to the agriculture, forestry, fishing and hunting sector. An AOI greater than 1 reflects a higher orientation towards the agriculture sector, which receives a higher share of government spending relative to its contribution to economic value-added. An AOI less than 1 reflects a lower orientation to agriculture, while an AOI equal to 1 reflects neutrality in a government's orientation to the agriculture sector.⁷

Data on AOI are available for 37 SUN countries with the reference year ranging from 2002 to 2015 (25 countries with data from 2012–2015). All countries except one (Botswana) have an AOI less than 1 (Table 22). The AOI values range from 0 to 1.91, with a mean of 0.33 (median 0.19). Countries with a high prevalence of undernourishment have a mean AOI of 0.35 compared to 0.19 among countries with a low prevalence, suggesting that, to some degree, public expenditure on agriculture is seen as part of the response to alleviating undernourishment.

TABLE 22: COUNTRY GROUPING BY AGRICULTURE ORIENTATION INDEX AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | AOI | | | |
|-------------------|--|--|---|----------------|
| | 0–0.19 | 0.20–0.50 | 0.50–1.00 | ≥1.00 |
| 2010–2011 (n=17)* | Benin, Burkina Faso, Ghana, Guatemala, Indonesia, Kyrgyzstan, Rwanda, Tanzania, Uganda (n=9) | Ethiopia, Mali, Mozambique, Nepal (n=4) | Bangladesh, Malawi, Namibia, Zambia (n=4) | — |
| 2012–2014 (n=18)† | Burundi, El Salvador, Guinea-Bissau, Kenya, Liberia, Nigeria, Pakistan, Togo, Viet Nam (n=9) | Costa Rica, Côte d'Ivoire, DRC, Lesotho, Madagascar, Philippines (n=6) | Congo, Sri Lanka, Swaziland (n=3) | — |
| 2015–2017 (n=2)‡ | Central African Republic (n=1) | — | — | Botswana (n=1) |

* No data for Gambia, Lao PDR, Mauritania, Niger, Peru, Senegal, Zimbabwe

† No data for Cambodia, Cameroon, Chad, Comoros, Guinea, Haiti, Myanmar, Sierra Leone, Somalia, South Sudan, Tajikistan, Yemen

‡ No data for Gabon, Papua New Guinea, Sudan

⁷ SDG Global Database Metadata for SDG Indicator 2.a.1: The agriculture orientation index for government expenditures. <https://unstats.un.org/sdgs/metadata/files/Metadata-02-0A-01.pdf>

List 3: Interventions and food supply indicators

The indicators included in List 3 refer to coverage of services and supply that are likely to be found in national food and nutrition plans, as well as social protection programmes.

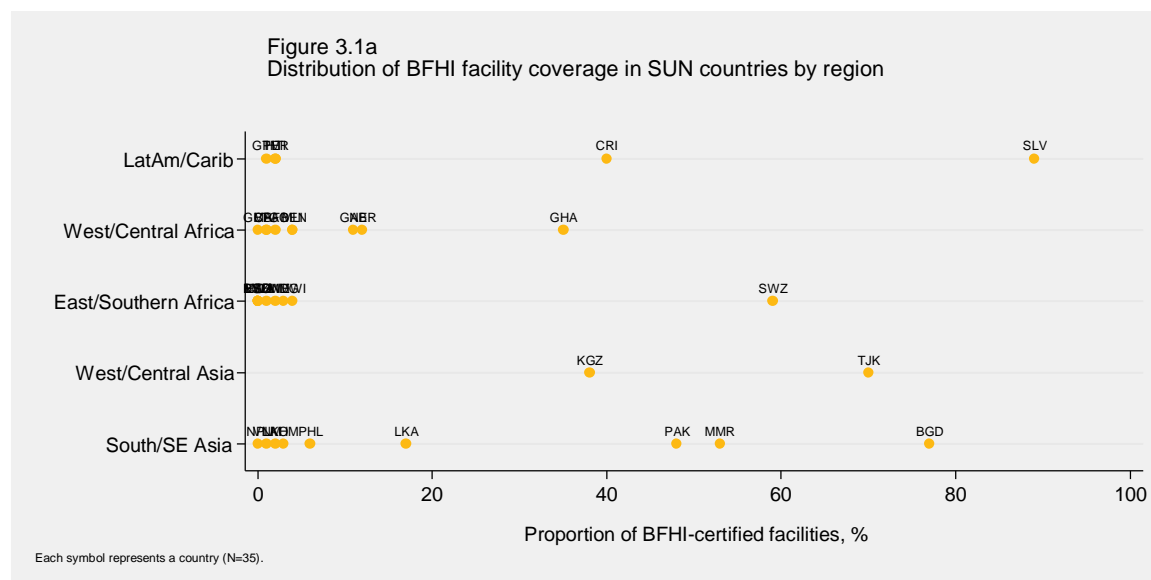
INTERVENTIONS TO ADDRESS MATERNAL & CHILD UNDERNUTRITION

Infant and Young Child Feeding promotion

MEAL Indicator 3.1: Proportion of health facilities that are Baby Friendly Hospital Initiative (BFHI) certified

Launched by WHO and UNICEF in 1991, the Baby-Friendly Hospital Initiative (BFHI) aims to support breastfeeding in facilities that provide maternity services. Certification is given when a health facility adheres to a set of 10 steps that address the domains of policy, human resources, promotion and support, protection from breastmilk substitutes and physical structure to ensure that mothers and babies room together.

A total of 35 SUN countries have data on the proportion of hospitals and maternity facilities that are designated as a “Baby Friendly” institution. Coverage varies widely across these countries (see Figure 3.1a), ranging from zero to 89% with a mean of 16.8% (95% CI 8.0, 25.6) and a median of 3%. Eighty percent (28/35) of countries report low coverage of less than 40%.



BFHI facility coverage is high in the two West/Central Asian countries of Kyrgyzstan and Tajikistan (mean 54.0%, 95% CI 21.5, 86.5). Coverage is very low in countries in sub-Saharan Africa, with two exceptions: Ghana and Swaziland. Similarly, in Latin America, Costa Rica (40%) and El Salvador (89%) are the two exceptions in a region where the remainder of countries have coverage levels of 1–2%. In South and Southeast Asia, Bangladesh (77%), Myanmar (53%) and Pakistan (48%) are the region’s leaders in coverage, with the remainder of countries having much lower coverage levels.

TABLE 23: COUNTRY GROUPING BY BFHI COVERAGE AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Proportion of health facilities that are BFHI-certified | | |
|-------------------|---|--|-------------------------------|
| | Low (<40%) | Medium (40–59%) | High (≥60%) |
| 2010–2011* | Benin, Burkina Faso, Ethiopia, Gambia, Ghana, Guatemala, Kyrgyzstan, Lao PDR, Malawi, Mali, Mozambique, Nepal, Niger, Peru, Rwanda, Zimbabwe (n=16) | – | Bangladesh (n=1) |
| 2012–2014† | Cambodia, Haiti, Lesotho, Madagascar, Philippines, Sri Lanka, Togo, Viet Nam (n=8) | Costa Rica, Myanmar, Pakistan, Swaziland (n=4) | El Salvador, Tajikistan (n=2) |
| 2015–2017‡ | Botswana, CAR, Gabon, Sudan (n=4) | – | – |

* Data not available for Indonesia, Mauritania, Namibia, Senegal, Uganda, Tanzania, Zambia

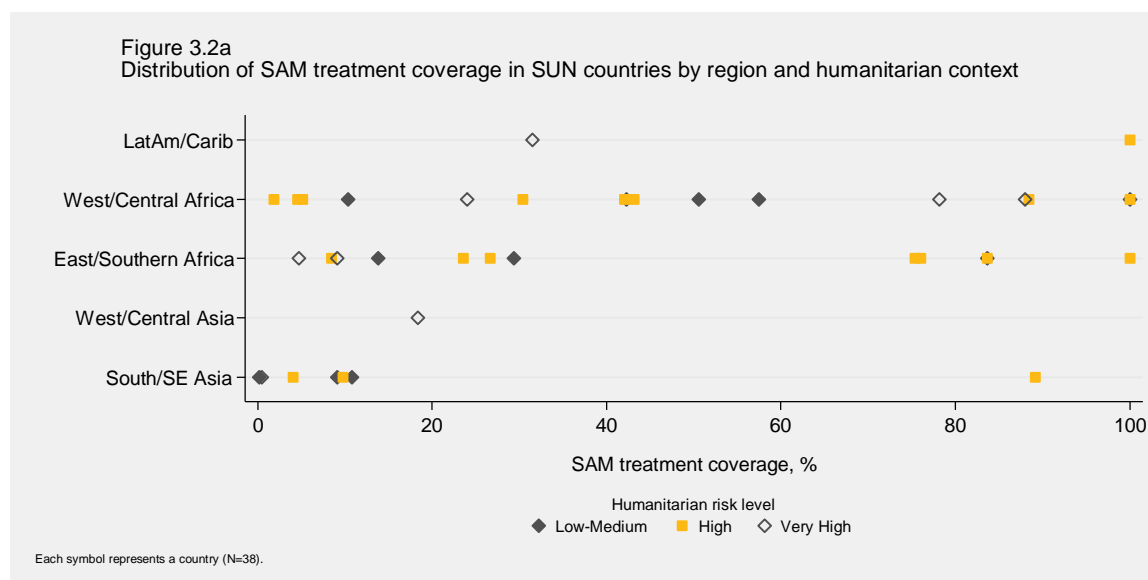
† Data not available for Burundi, Cameroon, Chad, Comoros, Congo, Côte d'Ivoire, DRC, Guinea, Guinea-Bissau, Kenya, Liberia, Nigeria, Sierra Leone, Somalia, South Sudan, Yemen

‡ Data not available for Papua New Guinea

Severe Acute Malnutrition treatment

MEAL Indicator 3.2: Proportion of children 6–59 months with severe acute malnutrition admitted for treatment

Based on 2012 data reported by the GNR for 38 SUN countries, 41.4% (95% CI 29.7, 53.1) of children 6–59 months with severe acute malnutrition (SAM) are admitted for treatment. However, as shown in Figure 3.2a, variation in coverage demonstrates the broad differences across countries in this coverage indicator.



SAM treatment coverage based on various country characteristics is shown in Table 24.

TABLE 24: SAM TREATMENT COVERAGE IN SUN COUNTRIES

| Characteristic | N | Coverage, % | Characteristic | N | Coverage, % |
|---------------------------------|----|-------------------|-----------------------------|----|-------------|
| All SUN countries | | | Region | | |
| Mean (95% CI) | 38 | 41.4 (29.7, 53.2) | Latin America & Caribbean | 2 | 65.8 |
| Median | 38 | 29.9 | West/Central Africa | 16 | 47.9 |
| Range | 38 | 0.2, 100.0 | East/Southern Africa | 12 | 44.6 |
| Year joined SUN Movement | | | West/Central Asia | 1 | 18.4 |
| 2010–11 | 17 | 53.0 | South/Southeast Asia | 7 | 17.7 |
| 2012–14 | 19 | 30.3 | Country Income Level | | |
| 2015–17 | 2 | 49.2 | Low-income | 23 | 46.2 |
| Humanitarian Risk Level | | | Lower middle-income | 15 | 34.2 |
| Low-medium | 11 | 29.0 | Upper middle-income | 0 | — |
| High | 19 | 50.0 | | | |
| Very High | 8 | 21.1 | | | |

TABLE 25: COUNTRY GROUPING BY SAM TREATMENT COVERAGE LEVELS AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | SAM treatment coverage level, 2012 | | | |
|-------------------|--|--|------------------------------|--|
| | <10% | 10–39% | 40–74% | ≥75% |
| 2010–2011 (n=17)* | Bangladesh, Mali, Nepal, Uganda (n=4) | Gambia, Mozambique (n=2) | Benin, Ghana, Senegal (n=3) | Burkina Faso, Ethiopia, Guatemala, Malawi, Mauritania, Niger, Rwanda, Zimbabwe (n=8) |
| 2012–2014 (n=19)† | Cambodia, Congo, Côte d'Ivoire, Pakistan, Philippines, South Sudan (n=6) | Comoros, DRC, Haiti, Madagascar, Sierra Leone, Sri Lanka, Swaziland, Yemen (n=8) | Guinea-Bissau, Liberia (n=2) | Chad, Kenya, Togo (n=3) |
| 2015–2017 (n=2)‡ | Sudan (n=1) | — | — | Papua New Guinea (n=1) |

* No data for Indonesia, Kyrgyzstan, Lao PDR, Namibia, Peru, Tanzania, Zambia

† No data for Burundi, Cameroon, Costa Rica, El Salvador, Guinea, Lesotho, Myanmar, Nigeria, Somalia, Tajikistan, Viet Nam

‡ No data for Botswana, CAR, Gabon

Vitamin A supplementation

MEAL Indicator 3.3: Proportion of children 6–59 months receiving Vitamin A supplementation

Based on UNICEF's Global Database, data are available for 48 SUN countries on the percentage of children 6–59 months of age who received full coverage of vitamin A supplements in 2014. On average, SUN countries achieved 66.3% coverage of children 6–59 months with two doses of vitamin A supplementation in 2014, ranging from 0 to 99% (see Table 26). The distribution of coverage across SUN countries by regions is shown in Figure 3.3a.

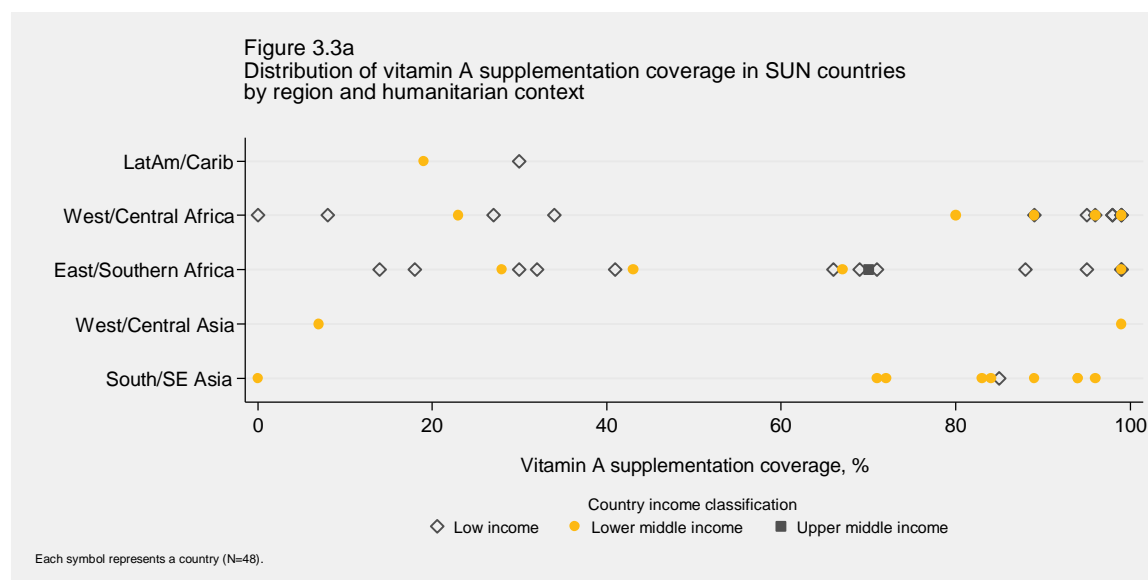


TABLE 26: VITAMIN A SUPPLEMENTATION COVERAGE IN SUN COUNTRIES

| Characteristic | N | Coverage, % | Characteristic | N | Coverage, % |
|---------------------------------|----|-------------------|-----------------------------|----|-------------|
| All SUN countries | | | Region | | |
| Mean (95% CI) | 48 | 66.3 (56.5, 76.1) | Latin America & Caribbean | 2 | 24.5 |
| Median | 48 | 81.5 | West/Central Africa | 17 | 72.3 |
| Range | 48 | 0, 99.0 | East/Southern Africa | 17 | 60.5 |
| Year joined SUN Movement | | | West/Central Asia | 2 | 53.0 |
| 2010–11 | 19 | 67.8 | South/Southeast Asia | 10 | 76.8 |
| 2012–14 | 26 | 65.0 | Country Income Level | | |
| 2015–17 | 3 | 67.7 | Low-income | 25 | 63.2 |
| Humanitarian Risk Level | | | Lower middle-income | 22 | 69.6 |
| Low-Medium | 16 | 66.6 | Upper middle-income | 1 | 70.0 |
| High | 21 | 67.5 | | | |
| Very High | 11 | 63.5 | | | |

TABLE 27: COUNTRY GROUPING BY VITAMIN A SUPPLEMENTATION COVERAGE LEVELS AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Vitamin A supplementation coverage, 2014 | | | |
|-------------------|--|---|--|--|
| | 0–59% | 60–79% | 80–89% | ≥90% |
| 2010–2011* | Bangladesh, Gambia, Ghana, Guatemala, Malawi, Zimbabwe (n=6) | Ethiopia, Uganda (n=2) | Indonesia, Lao PDR, Mauritania, Nepal, Senegal, Tanzania (n=6) | Benin, Burkina Faso, Mozambique, Niger, Rwanda (n=5) |
| 2012–2014† | Comoros, Haiti, Kenya, Liberia, Sierra Leone, Somalia, South Sudan, Swaziland, Yemen (n=9) | Burundi, Cambodia, Lesotho, Sri Lanka (n=4) | Nigeria, Philippines (n=2) | Cameroon, Chad, Congo, Côte d'Ivoire, DRC, Guinea-Bissau, Madagascar, Myanmar, Pakistan, Tajikistan, Viet Nam (n=11) |
| 2015–2017‡ | Central African Republic (n=1) | Botswana (n=1) | – | Sudan (n=1) |

* No data for Kyrgyzstan, Mali, Namibia, Peru, Zambia

† No data for Costa Rica, El Salvador, Guinea, Togo

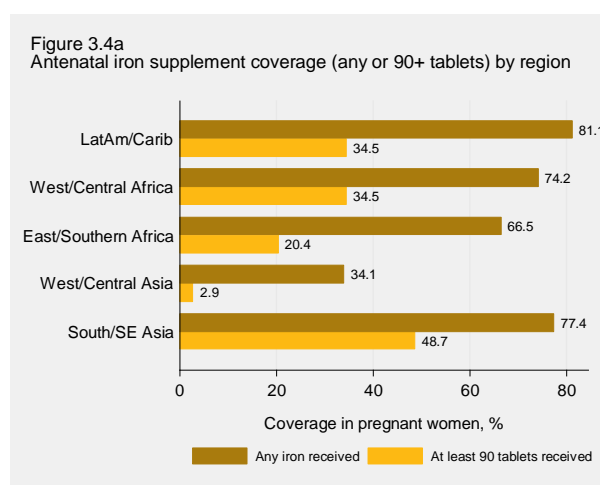
‡ No data for Gabon, Papua New Guinea

Iron/Folic Acid Supplementation to pregnant women

MEAL Indicator 3.4: Proportion of pregnant women receiving Iron and Folic Acid supplementation

Coverage data on iron supplementation during pregnancy is available through DHS surveys for 44 countries, with the year ranging from 2006 to 2016. The majority of countries (n=35, 80%) have data from 2012 or more recent.

Overall, 69.9% (95% CI 64.4, 75.5) of women reported receiving any iron supplements during their most recent pregnancy, with coverage ranging from 16.2 to 93.8% (median 74.8%). However, only about one third, 29.8% (95% CI 24.0, 35.7), reported receiving at least 90 iron tablets (range 0.4 to 75.5%, median 29.5%). As shown in Figure 3.4a, iron supplementation coverage varies considerably across the regions, with the highest coverage in Latin American countries and the lowest coverage in West/Central Asian countries. Iron supplementation coverage with at least 90 tablets during pregnancy (a proxy for adherence) is very low in most regions, with



the exception of South/SE Asia region where almost half of the women reported receiving at least 90 tablets during their most recent pregnancy.

TABLE 28: COUNTRY GROUPING BY ANTENATAL IRON SUPPLEMENTATION COVERAGE LEVELS AND YEAR OF JOINING THE SUN MOVEMENT

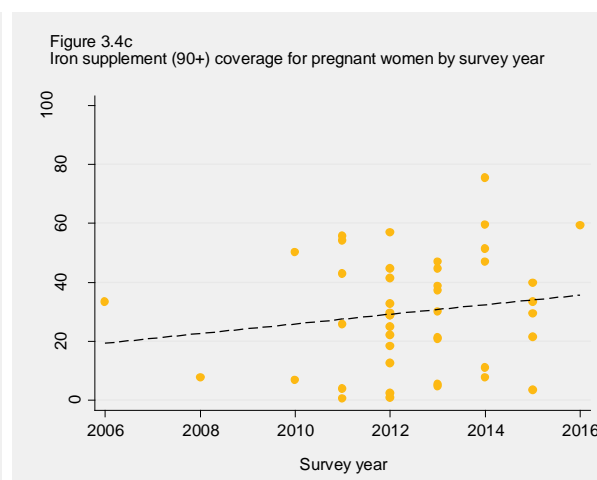
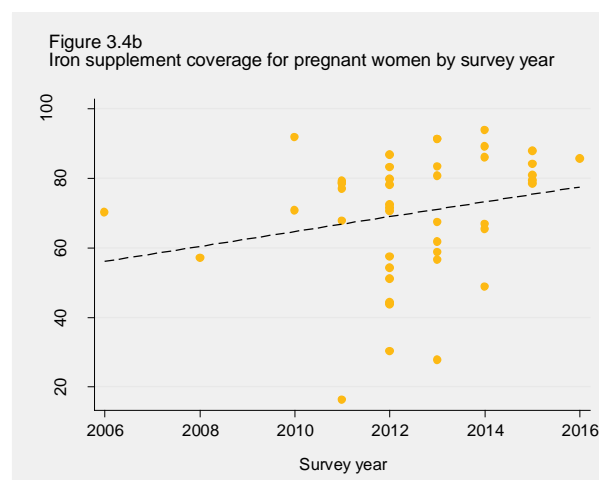
| Year of SUN start | Women receiving any iron supplements during most recent pregnancy | | | |
|-------------------|--|---|--|---|
| | 0–39% | 40–59% | 60–79% | ≥80% |
| 2010–2011* | Ethiopia (n=1) | Benin, Kyrgyzstan, Mali (n=3) | Indonesia, Mozambique, Namibia, Nepal, Niger, Rwanda, Uganda, Tanzania(n=8) | Burkina Faso, Gambia, Ghana, Guatemala, Malawi, Peru, Senegal, Zimbabwe (n=8) |
| 2012–2014† | Tajikistan, Yemen (n=2) | Chad, Comoros, DRC, Madagascar, Nigeria, Pakistan (n=6) | Burundi, Cameroon, Congo, Côte d'Ivoire, Guinea, Haiti, Kenya, Lesotho, Sierra Leone, Swaziland (n=10) | Cambodia, Liberia, Myanmar, Philippines, Togo (n=5) |
| 2015–2017‡ | — | — | — | Gabon (n=1) |
| | Women receiving <u>at least 90</u> iron supplements during most recent pregnancy | | | |
| | 0–14% | 15–29% | 30–49% | ≥50% |
| 2010–2011* | Ethiopia, Kyrgyzstan, Rwanda, Uganda (n=4) | Benin, Guatemala, Mali, Mozambique, Niger, Tanzania (n=6) | Gambia, Indonesia, Malawi, Namibia, Peru, Senegal, Zimbabwe (n=7) | Burkina Faso, Ghana, Nepal (n=3) |
| 2012–2014† | Burundi, Chad, Comoros, DRC, Kenya, Madagascar, Tajikistan, Yemen (n=8) | Côte d'Ivoire, Haiti, Liberia, Nigeria, Pakistan (n=5) | Congo, Guinea, Philippines, Sierra Leone, Swaziland, Togo (n=6) | Cambodia, Cameroon, Lesotho, Myanmar (n=4) |
| 2015–2017‡ | — | — | — | Gabon (n=1) |

* No data for Bangladesh, Lao PDR, Mauritania, Zambia

† No data for Costa Rica, El Salvador, Guinea-Bissau, Somalia, South Sudan, Sri Lanka, Viet Nam

‡ No data for Botswana, CAR, Papua New Guinea, Sudan

Figures 3.4b and 3.4c show that iron supplementation coverage tends to be slightly higher in countries where surveys were conducted more recently. However, no association was observed between a country's iron supplementation coverage and duration of their involvement in the SUN Movement (data not shown).



Nutrition professionals

MEAL Indicator 3.5: Number of trained nutrition professionals /100,000 population (proxy indicator: health worker density)

While no data were available on number of trained nutrition professionals, data on density of physicians and nurses are available for 57 SUN countries⁸, with the reference year ranging from 2003 to 2014 for most countries (Haiti is 1998). Data on density of community and traditional health workers are available for 33 SUN countries (reference years 2004 to 2013).

As shown in Table 29, the average density of physicians is 0.38 per 1000 population. While globally 44% of WHO Member States report to have less than 1 physician per 1000 population⁹, 86% of SUN countries are in this situation. As shown in Figure 3.5a, physician density tends to be higher in countries with more recent estimates. Average density of nurses is 1.09 per 1000 population, ranging from 0.08 to 5.96 across countries. Although the number of nurses is higher than physicians, three quarters (74%) of SUN countries have <1 nurse per 1000 population.

TABLE 29: SUMMARY STATISTICS FOR HEALTH WORKER DENSITY IN SUN COUNTRIES

| Type of health worker | Density (per 1000 population) | | | % of countries <1 per 1000 pop |
|--|-------------------------------|--------|---------------|--------------------------------|
| | Mean | Median | Range | |
| Physicians (n=57 countries) | 0.38 | 0.14 | 0.01 to 3.06 | 86% |
| Nurses (n=57 countries) | 1.09 | 0.68 | 0.08 to 5.96 | 74% |
| Community & Traditional health workers (n=33 countries) | 0.47 | 0.13 | 0.001 to 4.29 | 91% |
| Combined (n=33 countries) | 1.44 | 1.08 | 0.29 to 5.83 | 36% |

⁸ Data not available for Côte d'Ivoire and South Sudan

⁹ WHO Global Health Observatory website - http://www.who.int/gho/health_workforce/physicians_density/en/

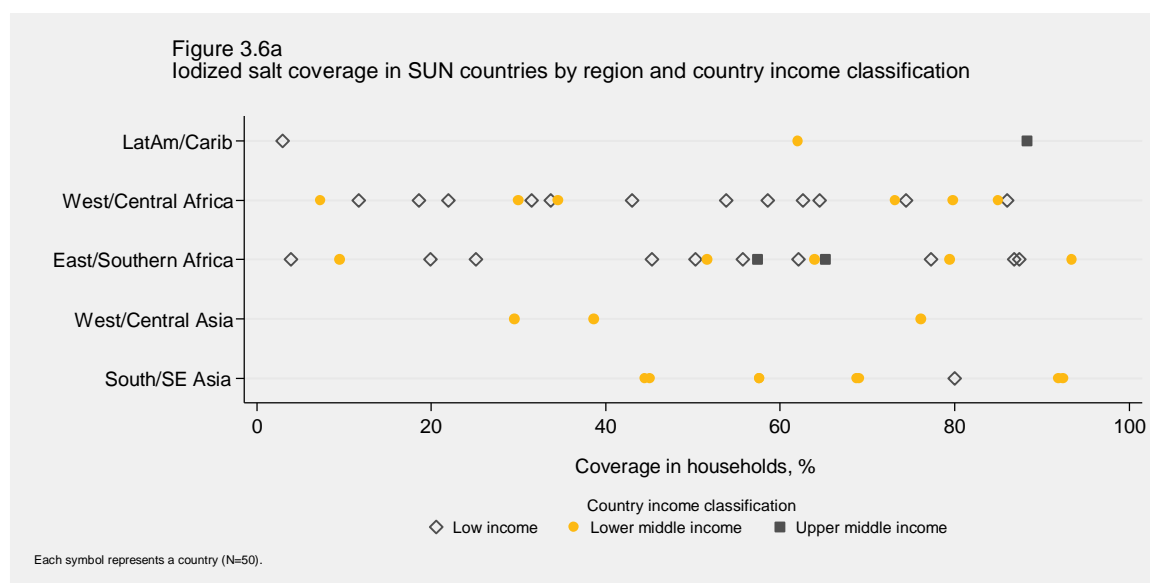
† No data for Côte d'Ivoire, South Sudan

Iodized Salt

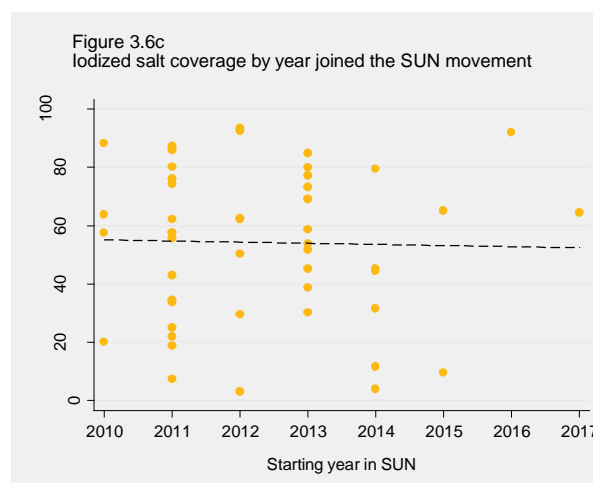
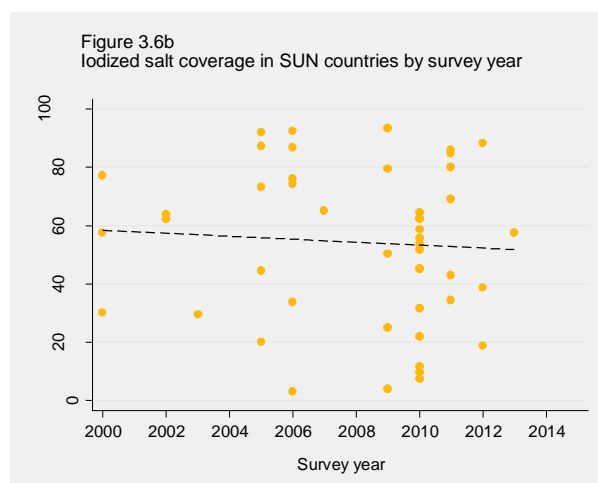
MEAL Indicator 3.6: Percentage of households that have iodized salt (>15 ppm)

Data on household adequately iodized salt coverage is available for 50 SUN countries¹⁰, based on survey data covering 2000 to 2013. Only 5 countries have data from 2012 or more recent. Among these countries, 42 have mandatory iodized salt legislation in place¹¹.

Overall, 54.2% of households have adequately iodized salt in these SUN countries, ranging from 3.0 to 93.4% (median 57.6%). Figure 3.6a shows the relatively similar levels of coverage across regions, with the highest level in countries from South and Southeast Asia.



The variation in adequately iodized salt coverage is minimal across the 13-year period represented by the various surveys from SUN countries (Figure 3.6b). Coverage also varies widely across countries regardless of when they joined the SUN Movement (Figure 3.6c).



¹⁰ Data not available for Burundi, Cambodia, Costa Rica, Gabon, Guatemala, Guinea, Lao PDR, Liberia, Zimbabwe

¹¹ Pakistan and Somalia do not have iodized salt legislation in place.

TABLE 31: HOUSEHOLD ADEQUATELY IODIZED SALT COVERAGE IN SUN COUNTRIES

| Characteristic | N | Coverage, % | Characteristic | N | Coverage, % |
|--------------------------------|----|----------------------|-----------------------------|----|-------------|
| All SUN countries | | | Region | | |
| Mean (95% CI) | 50 | 54.2 (46.8, 61.6) | Latin America & Caribbean | 3 | 51.1 |
| Median | 50 | 57.6 | West/Central Africa | 18 | 48.3 |
| Range | 50 | 3.0, 93.4 | East/Southern Africa | 17 | 55.0 |
| Year joined SUN | | | West/Central Asia | 3 | 48.1 |
| 2010–11 | 21 | 54.2 | South/Southeast Asia | 9 | 67.4 |
| 2012–14 | 25 | 53.6 | Country Income Level | | |
| 2015–17 | 4 | 57.8 | Low-income | 24 | 48.2 |
| Humanitarian Risk Level | | | Lower middle-income | 23 | 58.3 |
| Low-Medium | 19 | 58.8 | Upper middle-income | 3 | 70.3 |
| High | 20 | 58.4 | | | |
| Very High | 11 | 38.6 | | | |

Worldwide, approximately 70% of all households currently have access to adequately iodized salt¹². As shown in Table 32, only three SUN countries have achieved iodized salt consumption in ≥90% of households, 28 have coverage in 50–89% of households and 19 countries have coverage in <50% of households.

TABLE 32: COUNTRY GROUPING BY HOUSEHOLD ADEQUATELY IODIZED SALT COVERAGE AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Household iodized salt coverage level | | |
|-------------------|--|---|------------------------|
| | <50% | 50–89% | ≥90% |
| 2010–2011* | Burkina Faso, Ethiopia, Gambia, Ghana, Mauritania, Mozambique, Niger, Senegal (n=8) | Bangladesh, Benin, Indonesia, Kyrgyzstan, Malawi, Mali, Namibia, Nepal, Peru, Rwanda, Tanzania, Uganda, Zambia (n=13) | — |
| 2012–2014† | Côte d'Ivoire, Guinea-Bissau, Haiti, Philippines, Somalia, South Sudan, Tajikistan, Togo, Viet Nam, Yemen (n=10) | Cameroon, Chad, Comoros, Congo, DRC, El Salvador, Lesotho, Madagascar, Myanmar, Nigeria, Pakistan, Sierra Leone, Swaziland (n=13) | Kenya, Sri Lanka (n=2) |
| 2015–2017‡ | Sudan (n=1) | Botswana, CAR (n=2) | Papua New Guinea (n=1) |

Note: Cutoffs adapted from Pearce et al. (2013)

* No data for Guatemala, Lao PDR, Zimbabwe. † No data for Burundi, Cambodia, Costa Rica, Guinea, Liberia. ‡ No data for Gabon

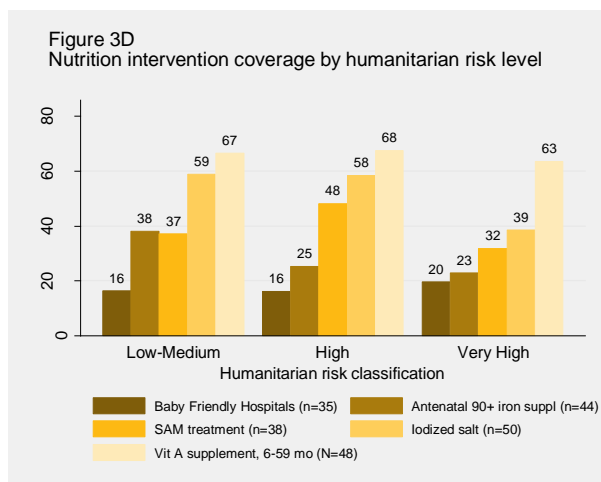
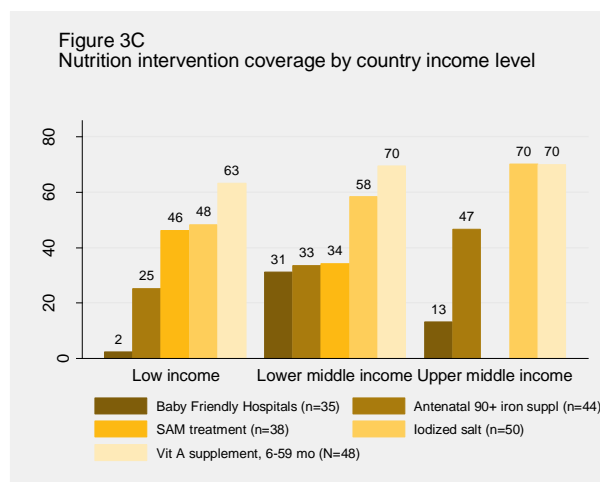
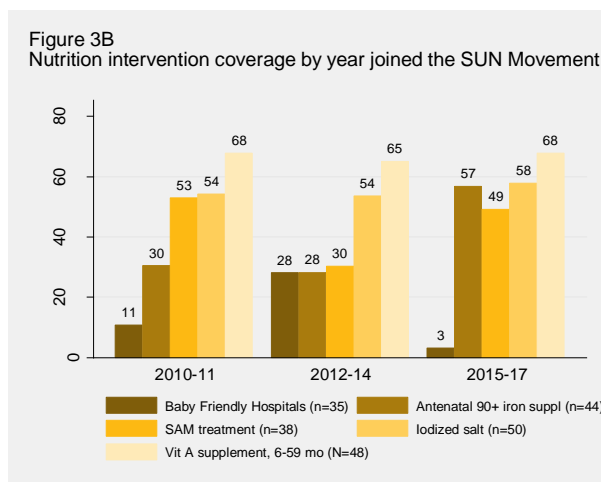
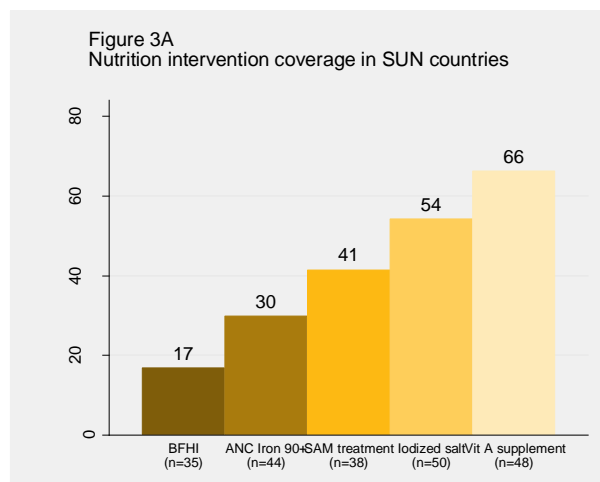
There are ongoing discussions at the global level regarding the most appropriate indicator to use to assess coverage for iodized salt. In recent years, some country surveys have not assessed the level of iodization in household salt samples and therefore the data for the MEAL

¹² Pearce, Andersson & Zimmermann (2013). Global iodine nutrition: where do we stand in 2013? *Thyroid*, vol 23(5). DOI: 10.1089/thy.2013.0128.

indicator may not reflect the most recent survey for all countries. Based on the most recent DHS data for 35 SUN countries, 28 countries have more recent data available for the indicator “any iodized salt”. Further reflection is needed on the most appropriate indicator for tracking progress of this intervention in SUN countries.

Nutrition Minimum Package summary

The following figures show a comparison in coverage across the five nutrition interventions for all SUN countries with data (Figure 3A), with contrasts by year of joining the SUN Movement (Figure 3B), country income classification (Figure 3C) and humanitarian risk level (Figure 3D).



NUTRITION-SENSITIVE INTERVENTIONS

Oral Rehydration Solution (ORS) and Zinc for diarrhoea

MEAL Indicator 3.7: Proportion of children under 5 years old with diarrhoea (in last two weeks) receiving oral rehydration salts (ORS packets or pre-packaged ORS fluids)

ORS coverage data is available for 58 SUN countries, based on surveys ranging from 2006 to 2016 and one country with data from 2000 (Botswana). Nearly three quarters of countries (n=32, 72%) have data from within the past five years (2012 or more recent). Insufficient data is available for analysis of zinc treatment coverage.

Among children under-five who experienced a diarrhoea episode just prior to the survey, 42.0% (95% CI 37.2, 46.8) were given ORS as treatment. ORS treatment coverage ranges from 13.2% to 85.1% across SUN countries (median 40.3%). As shown in Figure 3.7a, coverage varies widely across countries in all regions. ORS coverage is also very similar across country income classifications (data not shown).

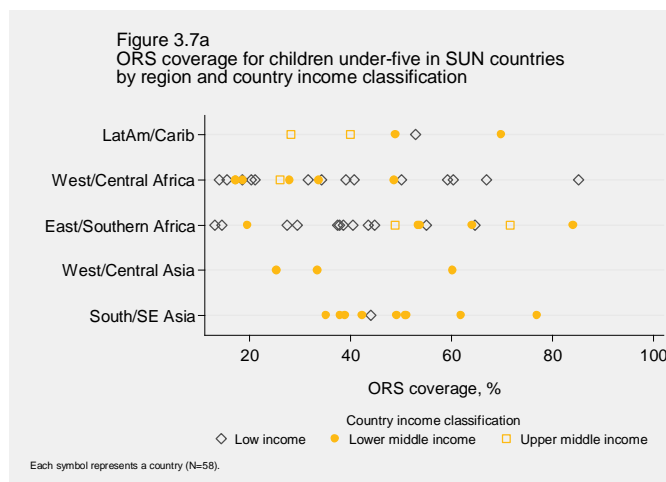


TABLE 33: COUNTRY GROUPING BY ORS COVERAGE AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Percentage of under-five children with diarrhoea who received ORS | | | |
|-------------------|---|--|--|---|
| | <25% | 25–39% | 40–54% | ≥55% |
| 2010–2011* | Burkina Faso, Mali, Mauritania (n=3) | Ethiopia, Indonesia, Kyrgyzstan, Peru, Rwanda, Senegal (n=6) | Benin, Ghana, Guatemala, Lao PDR, Nepal, Niger, Tanzania, Uganda, Zimbabwe (n=9) | Bangladesh, Gambia, Malawi, Mozambique, Namibia, Zambia (n=6) |
| 2012–2014† | Cameroon, Chad, Côte d'Ivoire, Madagascar, Somalia, Togo (n=6) | Burundi, Cambodia, Comoros, Congo, DRC, Guinea, Nigeria, Pakistan, South Sudan, Yemen (n=10) | Costa Rica, Haiti, Kenya, Lesotho, Philippines, Sri Lanka, Viet Nam (n=7) | El Salvador, Guinea-Bissau, Liberia, Myanmar, Sierra Leone, Swaziland, Tajikistan (n=7) |
| 2015–2017‡ | Central African Republic, Sudan (n=2) | Gabon (n=1) | Botswana (n=1) | — |

‡ No data for Papua New Guinea

Deworming

MEAL Indicator 3.8: Proportion of children aged 12–59 months receiving at least one dose of de-worming medication

Coverage data on deworming is available for 46 SUN countries, with surveys ranging from 2006 to 2016. Over three quarters of countries ($n=36$, 78%) have data from 2012 or more recent.¹³ The data are based on the DHS indicator: proportion of children aged 6–59 months given deworming medication in the six months preceding the survey.

Deworming coverage, on average, across these 46 countries is 42.3% (95% CI 36.7, 47.9), ranging from 7.1% to 80.1% (median 42.5%). Coverage across regions is shown in Figure 3.8a, with the highest coverage in countries from both African regions as well as South/SE Asia.

Deworming coverage varies less across country income classification, ranging from 45.5% (95% CI 37.5, 53.5) in low-income countries to 37.4% (95% CI 29.2, 45.5) in lower middle-income countries and 48.3% (95% CI 23.0, 73.7) in upper middle-income countries.

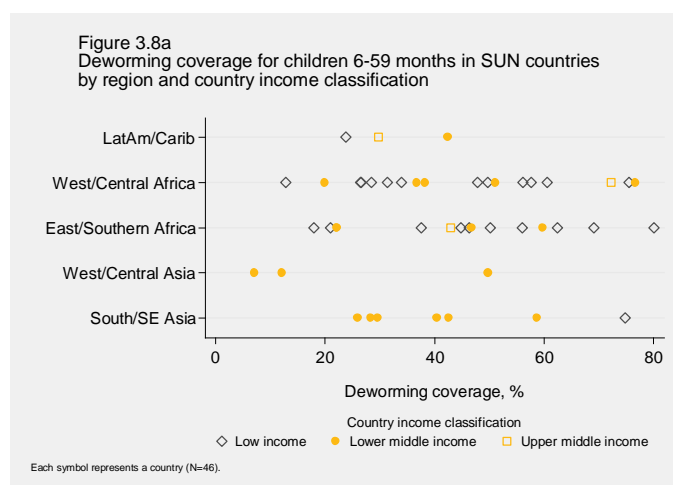


TABLE 34: COUNTRY GROUPING BY DEWORMING COVERAGE AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Percentage of children 6–59 mo given deworming medication in the previous six months | | | |
|-------------------|--|---|--|---------------------------------------|
| | <25% | 25–39% | 40–59% | ≥60% |
| 2010–2011* | Burkina Faso, Ethiopia, Kyrgyzstan, Zimbabwe (n=4) | Bangladesh, Gambia, Ghana, Indonesia, Mali, Niger, Peru, Tanzania (n=8) | Benin, Guatemala, Malawi, Mozambique, Namibia, Uganda, Zambia (n=7) | Nepal, Rwanda, Senegal (n=3) |
| 2012–2014† | Haiti, Kenya, Lesotho, Nigeria, Yemen (n=5) | Chad, Côte d'Ivoire, Guinea, Pakistan (n=4) | Cambodia, Cameroon, Comoros, Liberia, Myanmar, Philippines, Sierra Leone, Swaziland, Tajikistan, Togo (n=10) | Burundi, Congo, DRC, Madagascar (n=4) |
| 2015–2017‡ | — | — | — | Gabon (n=1) |

* No data for Lao PDR, Mauritania. † No data for Costa Rica, El Salvador, Guinea-Bissau, Somalia, South Sudan, Sri Lanka, Viet Nam. ‡ No data for Botswana, CAR, PNG, Sudan

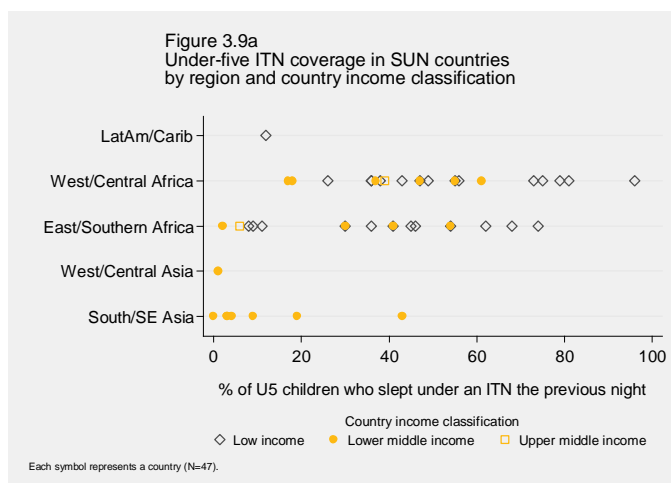
¹³ Note: UNICEF NutriDash data may also become available to complement this information.

Insecticide treated nets (ITN)

MEAL Indicator 3.9: Use of insecticide treated nets in children aged 0–5 years

Coverage data on ITN use among children under five years is available for 47 SUN countries, with surveys ranging from 2005 to 2016. Over two thirds of countries (n=32, 68%) have data from 2012 or more recent.

Overall, 37.8% (95% CI 30.4, 45.1) of children under five were reported to have slept under an ITN the previous night. Coverage ranges from 0 to 96% across these countries, with a median of 39%. However, coverage varies widely by region (see Figure 3.9a), given the different risk factors for malaria across SUN countries and regions. Mean coverage ranges from 11.6% in South/SE Asia and 12.0% in Latin America to 36.3% in East/Southern Africa and 50.7% in West/Central Africa region.



Consistent with the geographic focus of ITN distribution programmes, ITN coverage is highest in low-income countries at 47.6% (95% CI 38.5, 56.7) compared to 24.7% (95% CI 14.5, 34.8) in lower middle-income countries and 22.5% (95% CI -10.7, 55.7) in upper middle-income countries.

TABLE 35: COUNTRY GROUPING BY ITN COVERAGE AND YEAR OF JOINING THE SUN MOVEMENT (COUNTRIES WITH HIGH TRANSMISSION SETTINGS)

| Year of SUN start | Percentage of under-five children who slept under an ITN the previous night | | | |
|-------------------|---|--|--|---|
| | <20% | 20–39% | 40–54% | ≥55% |
| 2010–2011* | Indonesia, Mauritania, Namibia, Zimbabwe (n=4) | Ethiopia, Mozambique (n=2) | Gambia, Ghana, Lao PDR, Malawi, Tanzania, Zambia (n=6) | Benin, Burkina Faso, Mali, Niger, Rwanda, Senegal, Uganda (n=7) |
| 2012–2014† | Burundi, Cambodia, Haiti, Myanmar, Nigeria, Pakistan, Somalia, Viet Nam (n=8) | Chad, Côte d'Ivoire, Guinea, Liberia (n=4) | Comoros, Kenya, Sierra Leone, South Sudan, Togo (n=5) | Cameroon, Congo, DRC, Guinea-Bissau, Madagascar (n=5) |
| 2015–2017‡ | — | CAR, Gabon, Sudan (n=3) | — | — |

* No data for Bangladesh, Guatemala, Nepal, Peru (Kyrgyzstan not included); † No data for Costa Rica, Philippines, Yemen (El Salvador, Lesotho, Sri Lanka, Swaziland and Tajikistan not included); ‡ No data for Botswana, Papua New Guinea

Complete vaccination

MEAL Indicator 3.10: Percentage of 1-year-olds who have received the appropriate doses of the recommended vaccines in the national schedule by recommended age

Data on under-five child vaccination coverage is available for all SUN countries for the year 2015. Here we have analyzed coverage for DPT3 as a proxy for full vaccination.

SUN countries achieved a mean of 80.1% (95% CI 76.0, 84.2) for DPT3 coverage in 2015 (range 31 to 99%; median 86%). Global DPT3 immunization coverage was 86% in 2015.¹⁴ Figure 3.10a shows the similar high coverage levels across regions; however, coverage is lower in country contexts with higher humanitarian risk levels (Figure 3.10b).

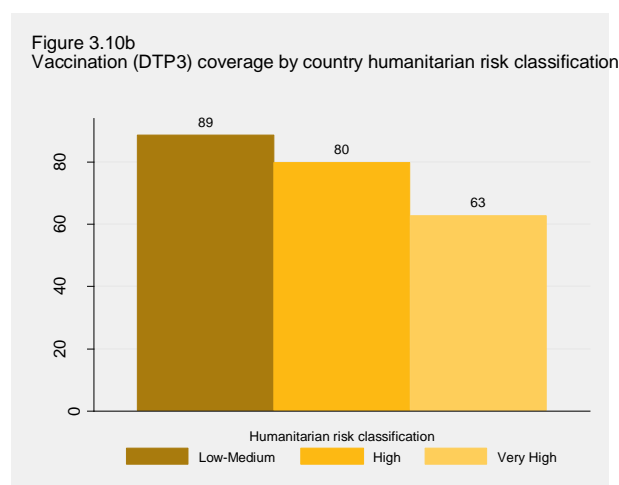
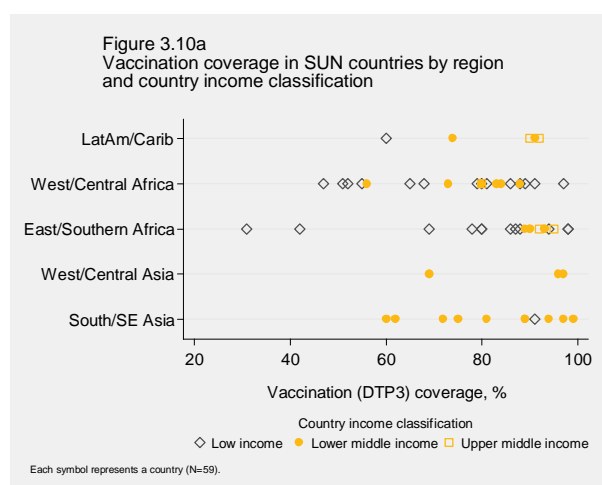


TABLE 36: COUNTRY GROUPING BY VACCINATION COVERAGE AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | DTP3 immunization coverage among 1-year-olds, 2015 | | | |
|-------------------|--|---|---|---|
| | <50% | 50–79% | 80–89% | ≥90 |
| 2010–2011 (n=24) | — | Benin, Guatemala, Mali, Mauritania, Niger, Uganda (n=6) | Ethiopia, Ghana, Indonesia, Lao PDR, Malawi, Mozambique, Senegal, Zimbabwe (n=8) | Bangladesh, Burkina Faso, Gambia, Kyrgyzstan, Namibia, Nepal, Peru, Rwanda, Tanzania, Zambia (n=10) |
| 2012–2014 (n=30) | Somalia, South Sudan (n=2) | Chad, Guinea, Haiti, Liberia, Madagascar, Myanmar, Nigeria, Pakistan, Philippines, Yemen (n=10) | Cambodia, Cameroon, Comoros, Congo, Côte d'Ivoire, DRC, Guinea-Bissau, Kenya, Sierra Leone, Togo (n=10) | Burundi, Costa Rica, El Salvador, Lesotho, Sri Lanka, Swaziland, Tajikistan, Viet Nam (n=8) |
| 2015–2017 (n=5) | Central African Republic (n=1) | Papua New Guinea (n=1) | Gabon (n=1) | Botswana, Sudan (n=2) |

¹⁴ Universal Health Coverage Data Portal, <http://apps.who.int/gho/cabinet/uhc.jsp?lang=en>

Family planning

MEAL Indicator 3.11: Proportion of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods

Data on family planning coverage are available for 58 SUN countries¹⁵, based on surveys ranging from 2006–2016. Over eighty percent of countries (n=48, 83%) have data from 2012 or more recent.

On average, 49.7% (95% CI 44.3, 55.1) of women 15–49 y in SUN countries reported having their need for family planning satisfied with modern methods (range 5.6% to 89.1%; median 47.4%). A comparison of coverage across regions is shown in Figure 3.11a, with similar levels across most regions but lower coverage in West/Central Africa region.

The global median is 78% but much lower (57%) for least developed countries.¹⁶

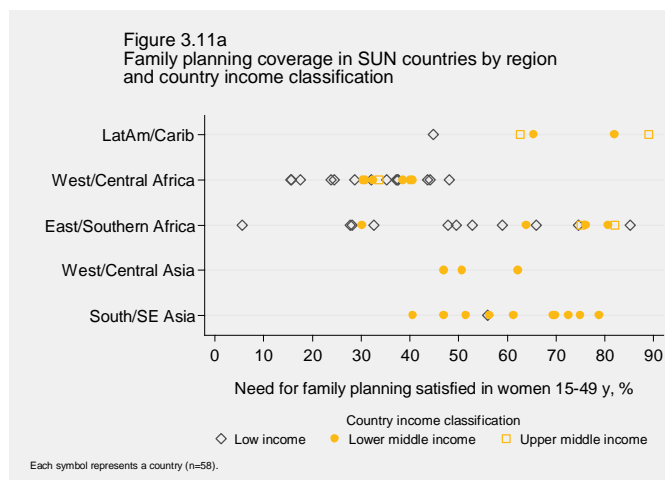


TABLE 37: COUNTRY GROUPING BY FAMILY PLANNING COVERAGE AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Need for family planning satisfied with modern method among women 15–49 y | | | |
|-------------------|--|---|--|--|
| | <35% | 35–49% | 50–64% | ≥65% |
| 2010–2011 (n=24) | Benin, Gambia, Mauritania, Mozambique (n=4) | Burkina Faso, Ghana, Mali, Niger, Senegal, Uganda (n=6) | Ethiopia, Kyrgyzstan, Lao PDR, Nepal, Peru, Tanzania, Zambia (n=7) | Bangladesh, Guatemala, Indonesia, Malawi, Namibia, Rwanda, Zimbabwe (n=7) |
| 2012–2014 (n=29)† | Burundi, Chad, Comoros, Côte d'Ivoire, DRC, Guinea, Nigeria, South Sudan, Togo (n=9) | Cameroon, Congo, Guinea-Bissau, Haiti, Liberia, Madagascar, Pakistan, Sierra Leone, Yemen (n=9) | Cambodia, Philippines, Tajikistan (n=3) | Costa Rica, El Salvador, Kenya, Lesotho, Myanmar, Sri Lanka, Swaziland, Viet Nam (n=8) |
| 2015–2017 (n=5) | Central African Republic, Gabon, Sudan (n=3) | Papua New Guinea (n=1) | — | Botswana (n=1) |

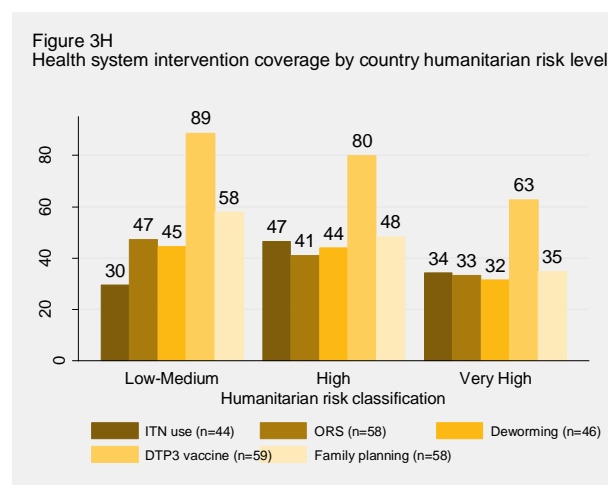
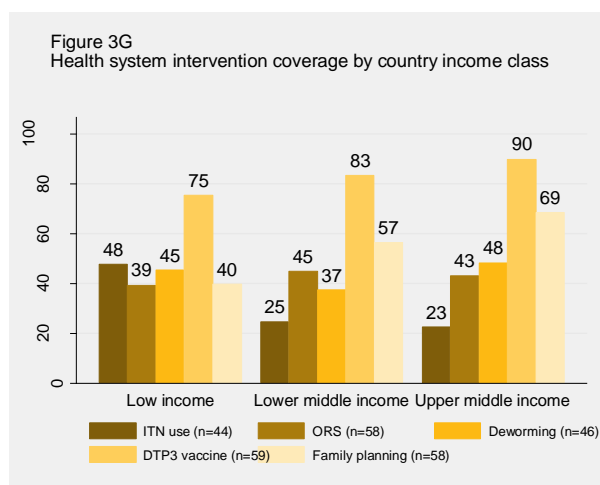
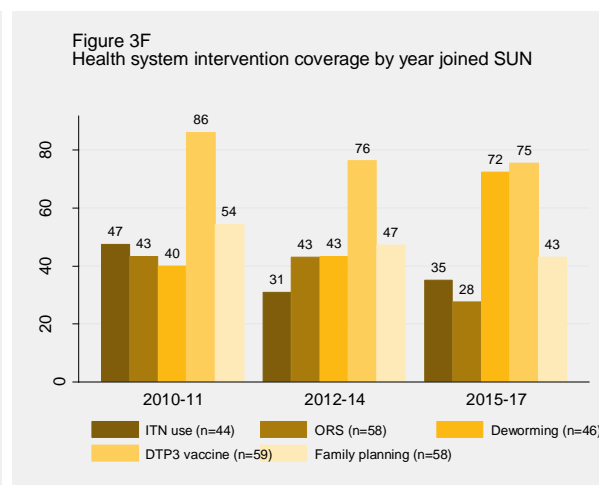
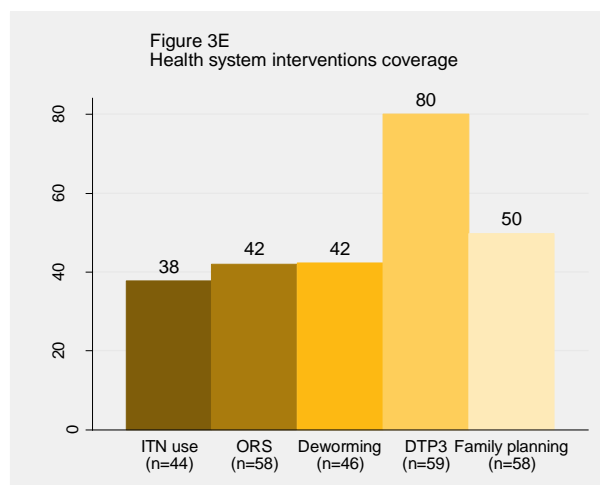
† No data for Somalia

¹⁵ United Nations, Department of Economic and Social Affairs, Population Division (2017). World Contraceptive Use 2017 (POP/DB/CP/Rev2017). http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2017/UNPD_WCU2017_Country_Data_Survey-Based.xlsx [accessed 30 August 2017]

¹⁶ United Nations, Department of Economic and Social Affairs, Population Division (2017). *Model-based Estimates and Projections of Family Planning Indicators 2017*. New York: United Nations.

Health system interventions summary

The following figures show a comparison in coverage across the five health interventions for all SUN countries with data (Figure 3E), with contrasts by year of joining the SUN Movement (Figure 3F), country income classification (Figure 3G) and humanitarian risk level (Figure 3H).



FOOD SYSTEM INDICATORS

Calories from non-staple foods

MEAL Indicator 3.12: Percentage of calories from non-staples in food supply

Data on the share of dietary energy supply derived from non-staple foods (i.e. all food sources except cereals, roots and tubers) are available from FAOSTAT for 52 SUN countries for the reference year 2009 (representing a 3-year average).

On average, across 52 SUN countries, 38% of calories are from non-staple food sources, ranging from 19% to 66% across countries (median 38%). The distribution in values across countries by region is shown below in Figure 3.12a. As expected, diets are likely higher in quality in upper middle-income countries where the average percentage of calories from non-staples is over 50% (see Figure 3.12b).

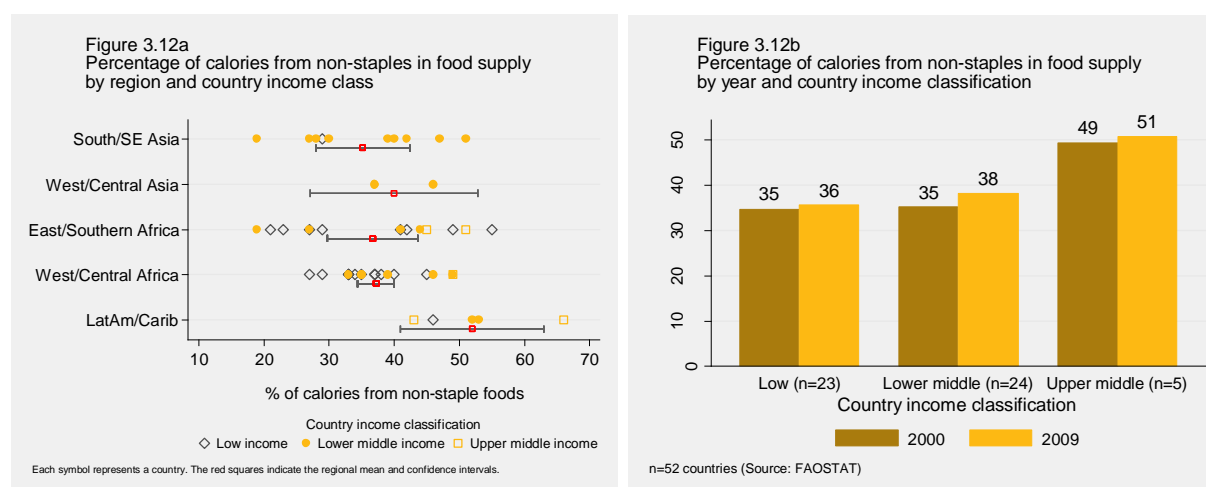


TABLE 38: COUNTRY GROUPING BY CALORIES FROM NON-STAPLE FOODS AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN | Proportion of calories from non-staple foods | | | |
|-----------------|--|--|---|---|
| | ≥51% | 40–50% | 30–39% | <30% |
| 2010–2011* | Guatemala, Uganda (n=2) | Kyrgyzstan, Mauritania, Namibia, Peru, Rwanda, Senegal, Tanzania, Zimbabwe (n=8) | Burkina Faso, Gambia, Ghana, Indonesia, Mali, Niger (n=6) | Bangladesh, Benin, Ethiopia, Lao PDR, Malawi, Mozambique, Nepal, Zambia (n=8) |
| 2012–2014† | Costa Rica, El Salvador, Pakistan (n=3) | Cameroon, Haiti, Kenya, Myanmar, Philippines, Sri Lanka, Swaziland (n=7) | Chad, Congo, Côte d'Ivoire, Guinea, Guinea-Bissau, Liberia, Nigeria, Sierra Leone, Tajikistan, Viet Nam, Yemen (n=11) | Cambodia, Lesotho, Madagascar, Togo (n=4) |
| 2015–2017‡ | Botswana (n=1) | Central African Republic, Gabon (n=2) | — | — |

† No data for Burundi, Comoros, DRC, Somalia, South Sudan. ‡ No data for Papua New Guinea, Sudan

Availability of fruit and vegetables

MEAL Indicator 3.13: Availability of fruit and vegetables (grams)

Data on availability of fruit and vegetables (based on food balance sheet data) were available from FAOSTAT for 53 SUN countries for the reference year 2013. Data refer to the total amount of fruit and vegetables and derived products (in grams) available for human consumption during the reference period (expressed in per capita terms).

For these 53 SUN countries, a mean of 309 g (95% CI 255, 363) of fruit and vegetables per capita per day were available, ranging from 44 to 1009 g (median 281 g). Mean estimates for SUN countries by region are shown in Figure 3.13a. Availability is positively associated with country income level (Figure 3.13b).

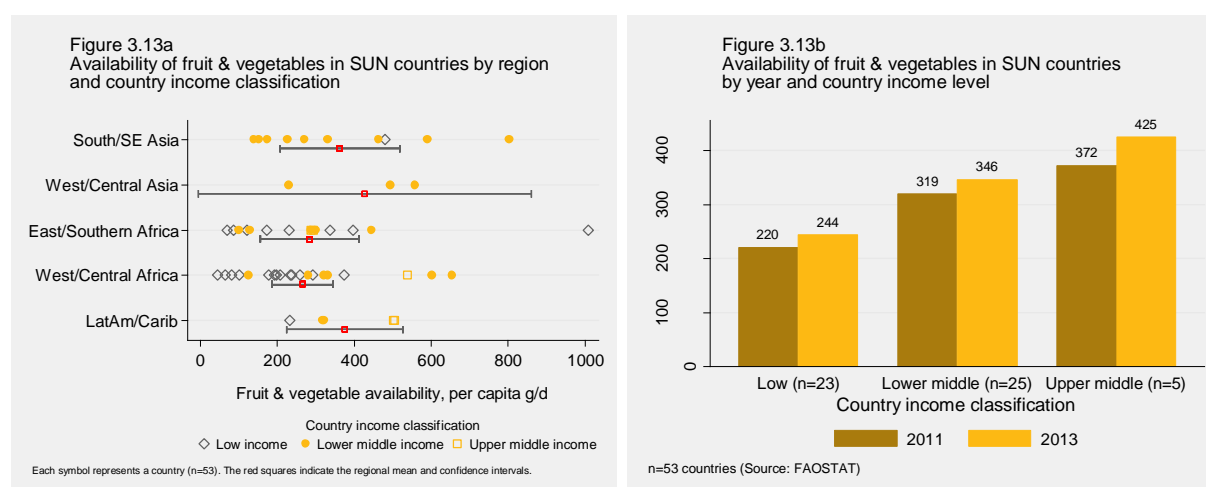


TABLE 39: COUNTRY GROUPING BY FRUIT AND VEGETABLE AVAILABILITY AND YEAR OF JOINING THE SUN MOVEMENT

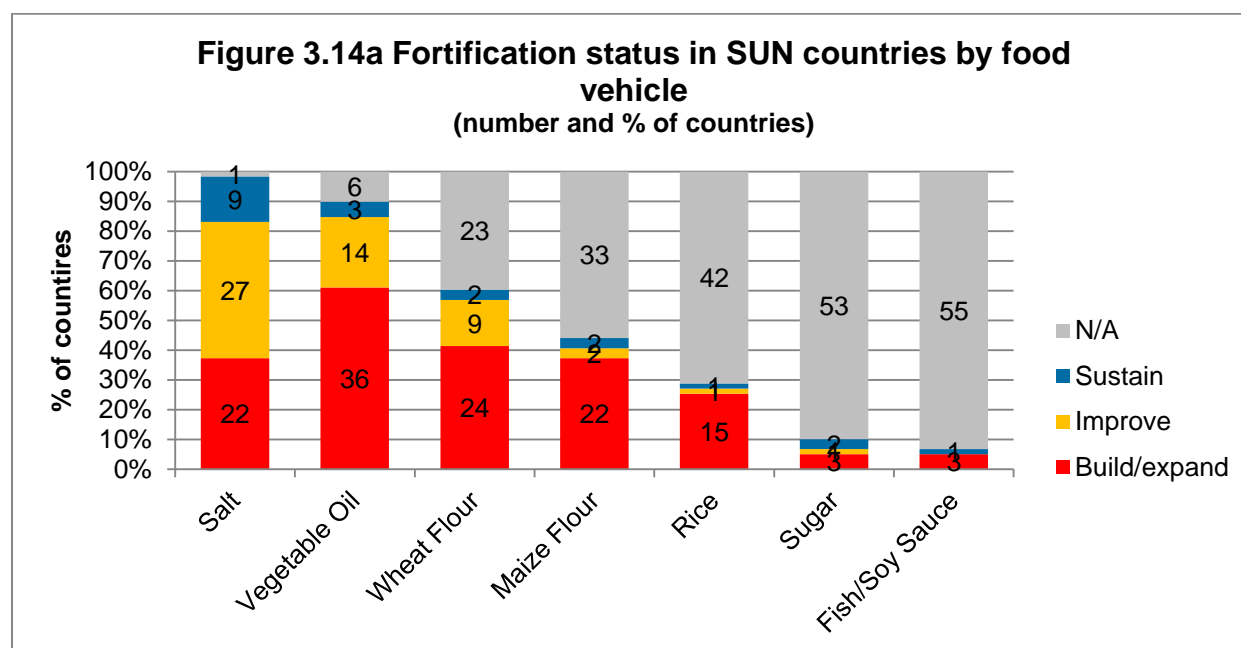
| Year joined SUN Movement | Fruit and vegetable availability, per capita per day | | | |
|--------------------------|---|---|---|--|
| | ≥400 g | 250–399 g | 100–249 g | <100 g |
| 2010–2011* | Ghana, Kyrgyzstan, Lao PDR, Nepal, Peru, Rwanda (n=6) | Benin, Guatemala, Indonesia, Namibia, Tanzania, Uganda (n=6) | Bangladesh, Malawi, Mali, Mauritania, Mozambique, Niger, Senegal (n=7) | Burkina Faso, Ethiopia, Gambia, Zambia, Zimbabwe (n=5) |
| 2012–2014† | Cameroon, Costa Rica, Philippines, Tajikistan, Viet Nam (n=5) | Congo, Côte d'Ivoire, El Salvador, Guinea, Kenya, Myanmar, Nigeria, Sierra Leone, Swaziland (n=9) | Cambodia, Guinea-Bissau, Haiti, Lesotho, Liberia, Madagascar, Pakistan, Sri Lanka, Togo, Yemen (n=10) | Chad (n=1) |
| 2015–2017‡ | Gabon, Sudan (n=2) | Botswana (n=1) | CAR (n=1) | — |

† No data for Burundi, Comoros, DRC, Somalia, South Sudan; ‡ No data for Papua New Guinea

Fortified food supply

MEAL Indicator 3.14: Fortified Food Supply

SUN country fortification status by fortifiable food vehicle is summarized in Figure 3.14a. Countries with SUSTAIN status are those where at least 80% of the fortifiable food vehicle is fortified, and at least 70% is compliant. IMPROVE status means 50–79% of the fortifiable food vehicle is fortified, but compliance (adequate fortification to standard) is under 70%. BUILD/EXPAND status means there is common and widespread consumption of fortifiable food vehicle, but less than 50% of the fortifiable food vehicle is fortified [any amount]. When data are N/A, either the particular food vehicle is not relevant to the country in question¹⁷ or there is not enough information to assess relevance (e.g. sugar).



¹⁷ This is primarily due to the fact that it is not commonly consumed in quantities relevant for fortification (i.e. at least 10 g/capita/day for vegetable oil; at least 75 g/capita/day for grains).

TABLE 40: COUNTRY GROUPING BY FORTIFICATION STATUS OF FORTIFIABLE FOOD VEHICLES AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Fortification status of fortifiable food vehicles | | | |
|--------------------------|---|---|--|--|
| | At least 2 SUSTAIN | At least 1 SUSTAIN or At least 2 IMPROVE | At least 1 IMPROVE | All BUILD/EXPAND |
| 2010–2011 (n=24) | Guatemala (n=1) | Bangladesh, Benin, Ghana, Malawi, Mali, Mozambique, Nepal, Peru, Rwanda, Senegal, Tanzania, Uganda, Zambia (n=13) | Burkina Faso, Indonesia, Kyrgyzstan, Lao PDR, Mauritania, Namibia, Zimbabwe (n=7) | Ethiopia, Gambia, Niger (n=3) |
| 2012–2014 (n=30) | Costa Rica (n=1) | Cameroon, Côte d'Ivoire, El Salvador, Kenya, Nigeria, Pakistan, Sierra Leone, Sri Lanka (n=8) | Cambodia, Chad, Comoros, Congo, DRC, Guinea-Bissau, Lesotho, Madagascar, Philippines, Swaziland (n=10) | Burundi, Guinea, Haiti, Liberia, Myanmar, Somalia, South Sudan, Tajikistan, Togo, Viet Nam, Yemen (n=11) |
| 2015–2017 (n=4)‡ | — | Papua New Guinea (n=1) | Botswana (n=1) | Gabon, Sudan (n=2) |

‡ No data for Central African Republic

Another source of information on the supply of fortified food in SUN countries is the data provided by the Food Fortification Initiative on the proportion of wheat flour (n=55 countries), maize flour (n=15) and rice (n=11) that is produced in industrial mills and the proportion of industrially milled product that is fortified.

A summary of these data for wheat flour is shown in Table 41. As expected, in countries where mandatory legislation for wheat flour fortification exists, 70% of flour is fortified compared to 21% in countries without mandatory legislation.

TABLE 41: PROPORTION OF WHEAT FLOUR PRODUCED IN AND FORTIFIED BY INDUSTRIAL MILLS

| Characteristic | N* | Percent of flour produced in industrial mills | Percent of flour industrially milled that is fortified | Percent of flour fortified |
|-------------------------------------|----|---|--|----------------------------|
| All SUN countries | | | | |
| Mean (95% CI) | 55 | 88 (82, 94) | 55 (43, 67) | 50 (38, 62) |
| Median | 55 | 100 | 80 | 55 |
| Range | 55 | 7, 100 | 0,100 | 0, 100 |
| Mandatory legislation exists | | | | |
| Yes | 33 | 88 | 77 (p<0.001) | 70 (p<0.001) |
| No | 22 | 89 | 23 | 21 |
| Year joined SUN Movement | | | | |
| 2010–11 | 23 | 87 | 62 | 57 |
| 2012–14 | 28 | 88 | 55 | 50 |
| 2015–17 | 4 | 94 | 19 | 17 |
| Region | | | | |
| Latin America & Caribbean | 5 | 75 | 80 | 62 |
| West/Central Africa | 18 | 94 | 86 | 80 |
| East/Southern Africa | 19 | 88 | 41 | 38 |
| West/Central Asia | 3 | 82 | 36 | 35 |
| South/Southeast Asia | 10 | 85 | 22 | 21 |
| Country Income Level | | | | |
| Low-income | 26 | 86 | 52 | 47 |
| Lower middle-income | 25 | 92 | 55 | 53 |
| Upper middle-income | 4 | 77 | 80 | 57 |
| Humanitarian Risk Level | | | | |
| Low-Medium | 21 | 91 | 61 | 55 |
| High | 24 | 85 | 62 | 56 |
| Very High | 10 | 89 | 28 | 27 |

*No data for Chad, Gabon, Guinea-Bissau, Lao PDR

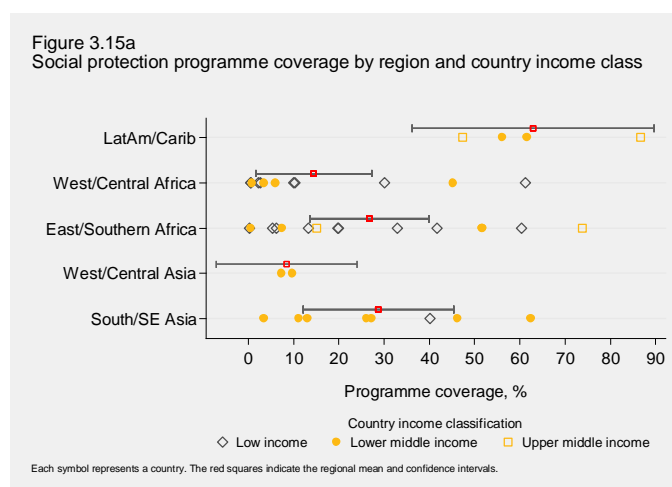
Social Protection Programmes

MEAL Indicator 3.15: Proportion of the population covered by social protection floors/systems

Social protection programmes (also known as social assistance or social safety net programmes) are non-contributory transfers in cash or in-kind and are usually targeted at the poor and vulnerable. Some programmes are focused on improving chronic poverty or providing equality of opportunity; others more on protecting families from shocks and longstanding losses they can inflict for the unprotected poor. Programme examples include cash transfers (conditional and unconditional), in-kind transfers, such as school feeding and targeted food assistance, and near cash benefits such as fee waivers and food vouchers.¹⁸

Social protection programme coverage data is available for 41 SUN countries, with the year of data ranging from 2007 to 2014.¹⁵ Almost half of these countries (19/41) have data from 2012 or more recent.

At the national level, social protection programme coverage ranges from <1% to 87% (see Figure 3.15a), with an overall mean of 26.2% (95% CI 18.5, 33.8) and median of 15.2%.



¹⁸ Source: World Bank ASPIRE database, accessed May 2017

TABLE 42: COUNTRY GROUPING BY SOCIAL PROTECTION PROGRAMME COVERAGE AND YEAR OF JOINING THE SUN MOVEMENT

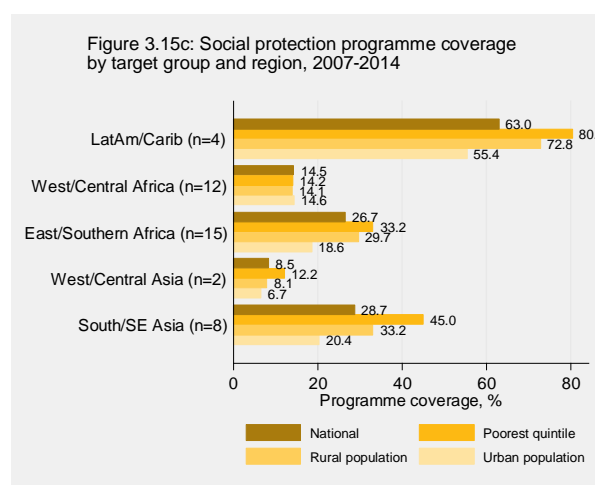
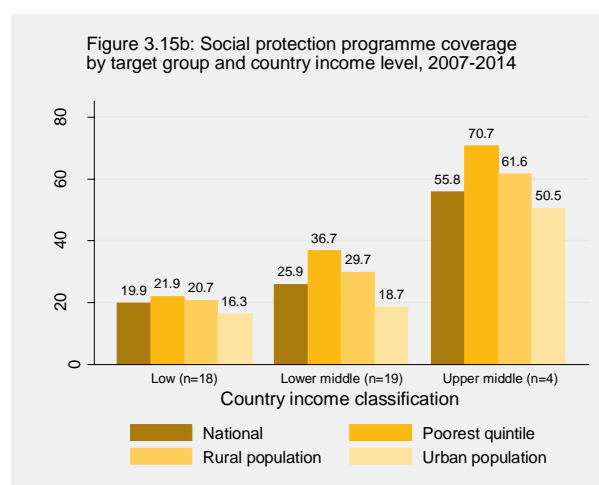
| Year of SUN start | Social protection programme coverage level | | |
|-------------------|---|--|--|
| | <15% | 15–49% | ≥50% |
| 2010–2011* | Bangladesh, Burkina Faso, Ethiopia, Ghana, Kyrgyzstan, Mozambique, Niger, Senegal, Zambia (n=9) | Malawi, Mauritania, Namibia, Nepal, Rwanda, Tanzania, Zimbabwe (n=7) | Guatemala, Indonesia, Peru, Uganda (n=4) |
| 2012–2014† | Cameroon, Chad, DRC, Madagascar, Nigeria, Pakistan, South Sudan, Tajikistan (n=8) | Costa Rica, Philippines, Sierra Leone, Sri Lanka, Viet Nam (n=5) | El Salvador, Lesotho, Liberia, Swaziland (n=4) |
| 2015–2017‡ | Central African Republic, Papua New Guinea, Sudan, (n=3) | — | Botswana (n=1) |

* No data for Benin, Gambia, Lao PDR, Mali

† No data for Burundi, Cambodia, Comoros, Congo, Côte d'Ivoire, Guinea, Guinea-Bissau, Haiti, Kenya, Myanmar, Somalia, Togo, Yemen

‡ No data for Gabon

As shown in Figure 3.15b, social protection programmes reach a higher proportion of the population in upper middle-income countries compared to lower middle-income and low-income countries. Coverage is highest among Latin American countries where social protection programmes reach, on average, 63% of the population and 80% of households in the poorest quintile. Coverage is lowest (<15%) in countries from West/Central Africa and West/Central Asia.



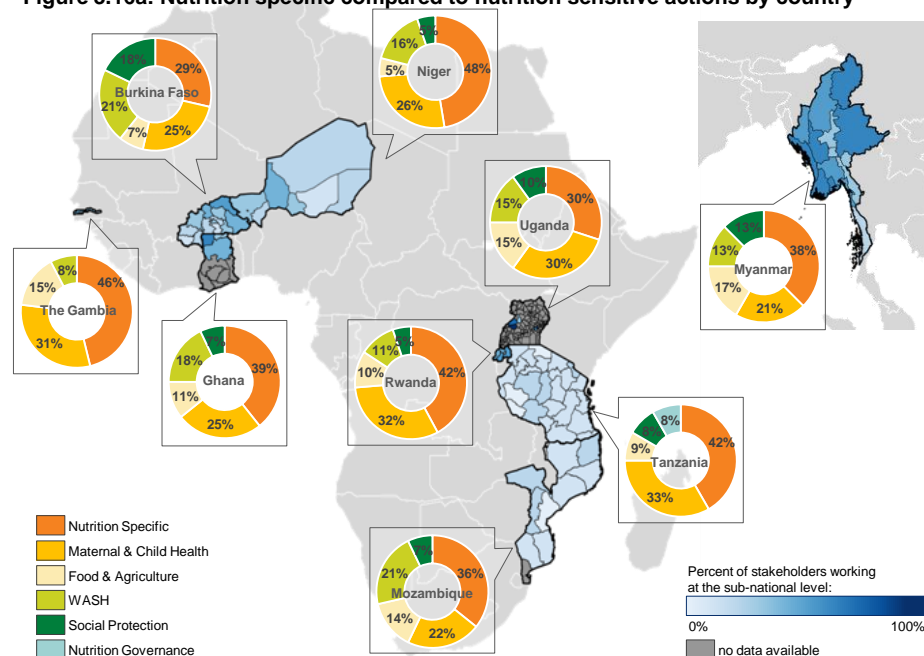
Stakeholder and action mapping

MEAL Indicator 3.16: Geographic distribution of actions at sub-national level

The UN Network has done three different types of stakeholder mapping over the past five years. The most complete type of mapping is the Stakeholder and Action Mapping where they look at all stakeholders (except businesses) and their respective nutrition actions, using a core set of actions as a guide. Where possible, these mapping exercises have included information from the Civil Society Alliances. An example of the data disaggregated to sub-administrative level is provided for Myanmar in Appendix H.

For the purposes of the MEAL Baseline, the mapping data has been aggregated to look at implementation of nutrition-specific and nutrition-sensitive activities across countries and stakeholders' presence where mapping has taken place (see Figure 3.16a). Nutrition-specific actions account for between 30 to 50 per cent of actions in all countries with maternal and child health actions ranging from approximately 20 to 30 per cent (see Table 43 for details related to specific actions and categories). If the data is examined by sector (Figure 3.16b), the majority of countries have nutrition actions spanning four sectors with over half of those actions falling under the health sector (see Table 44 for details related to activities per sector).

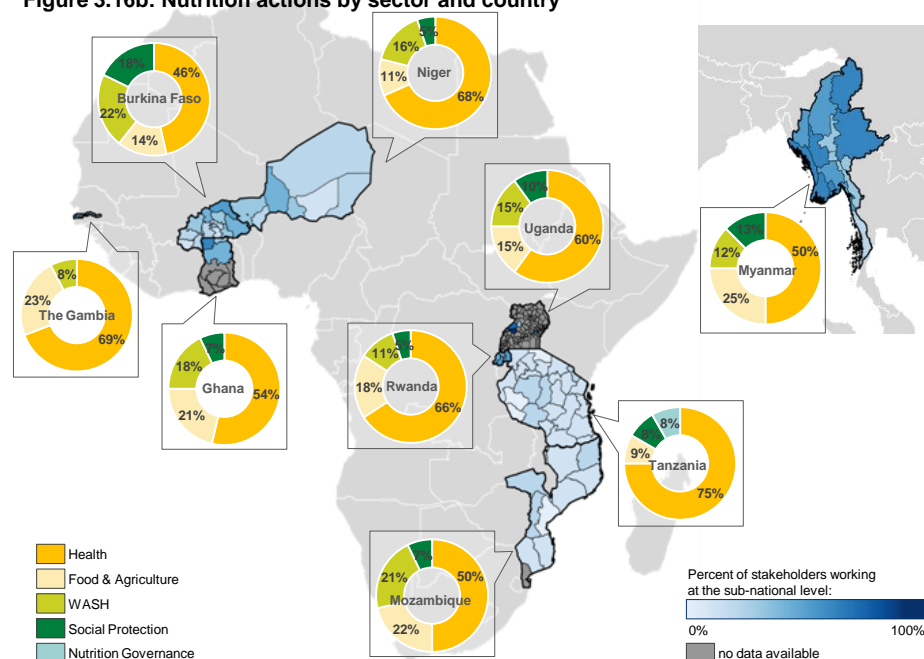
There is ongoing discussion regarding how best to classify country performance for this indicator.

Figure 3.16a: Nutrition specific compared to nutrition sensitive actions by country


Source: UN Network 2016

TABLE 43: NUTRITION SPECIFIC AND SENSITIVE ACTIONS

| Nutrition-specific | Maternal & Child Health | Food & Agriculture |
|--|--|---|
| <ul style="list-style-type: none"> • Calcium supplementation • Complementary foods • Food fortification • HIV nutrition • Iodine supplementation • Iron supplementation • Iron/folic acid supplementation • Management of MAM • Management of SAM • Multiple micronutrient powders • Nutrition education • Promotion of breastfeeding • Promotion of complementary feeding • Salt Iodization • Vitamin A Supplementation • Vitamin D supplementation • Zinc Supplementation | <ul style="list-style-type: none"> • Antenatal care • Antiretroviral drugs • Assisted births • Child health care • Deworming • Family planning • Health checks and growth monitoring • Intermittent preventive treatment of malaria in pregnancy • Indoor residual spraying • Insecticide-treated bed nets • Oral Rehydration Salts Solution for diarrhea • Prevention of mother-to-child transmission • Postnatal Care | <ul style="list-style-type: none"> • Animal husbandry • Biofortification • Food preservation and storage • Food safety • Horticulture |
| | | WASH |
| | | <ul style="list-style-type: none"> • Community Led Total Sanitation • Handwashing • Household water treatment • Hygiene education • Sanitation • Water source |
| | | Social Protection |
| | | <ul style="list-style-type: none"> • Alternative income generation • Boutiques témoins • Cash transfers • Girls education • Non-timber forest products • Public works programme • School feeding |
| | Nutrition Governance | |
| | <ul style="list-style-type: none"> • Nutrition funding | |

Figure 3.16b: Nutrition actions by sector and country


Source: UN Network 2016

TABLE 44: NUTRITION ACTIONS BY SECTOR

| Health | Food & Agriculture |
|---|--------------------------------|
| Antenatal care | Animal husbandry |
| Antiretroviral drugs | Biofortification |
| Assisted births | Complementary foods |
| Calcium supplementation | Food fortification |
| Child health care | Food preservation and storage |
| Deworming | Food safety |
| Family planning | Horticulture |
| Health checks and growth monitoring | Multiple micronutrient powders |
| HIV nutrition | Salt iodization |
| Iodine supplementation | WASH |
| Intermittent preventive treatment of malaria in pregnancy | Community Led Total Sanitation |
| Iron supplementation | Handwashing |
| Iron/folic acid supplementation | Household water treatment |
| Indoor residual spraying | Hygiene education |
| Insecticide-treated bed nets | Sanitation |
| Management of MAM | Water source |
| Management of SAM | Social Protection |
| Nutrition education | Alternative income generation |
| Oral Rehydration Salts Solution for diarrhea | Boutiques témoins |
| Prevention of mother-to-child transmission | Cash transfers |
| Postnatal Care | Girls education |
| Promotion of breastfeeding | Non-timber forest products |
| Promotion of complementary feeding | Public works programme |
| Vitamin A Supplementation | School feeding |
| Vitamin D supplementation | Nutrition Governance |
| Zinc Supplementation | Nutrition funding |

Step 4: Results are achieved through aligned implementation

Progress in the implementation of legislation for nutrition, changes in key drivers of nutrition and improved child feeding practices and population dietary intake are expected results of aligned implementation.

List 4: Enacted Legislations

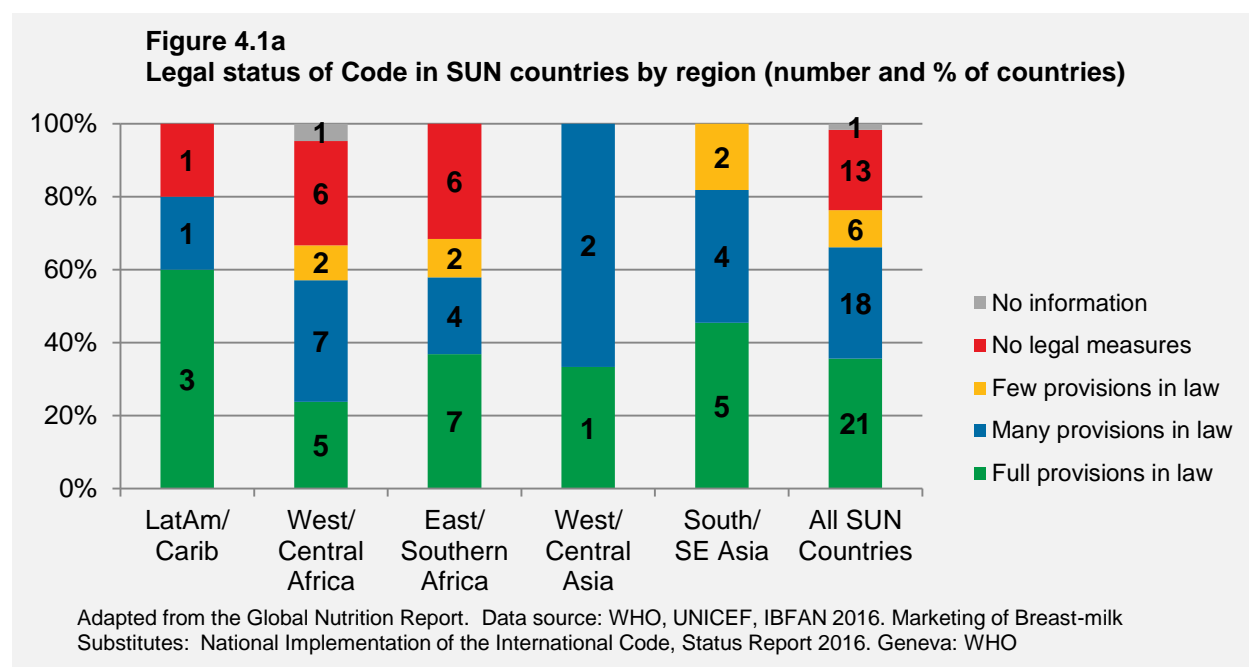
INFANT FEEDING LEGISLATION

International Code of Marketing Breastmilk Substitutes

MEAL Indicator 4.1: Country has legislation /regulations fully implementing the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22) and subsequent relevant resolutions adopted by the World Health Assembly

Data on national implementation of the International Code of Marketing of Breastmilk Substitutes are available for 57 SUN countries from the WHO/UNICEF/IBFAN Status Report for 2016¹⁹.

Over three quarters of SUN countries (n=45) have legal measures in place to implement the Code. Twelve countries have no legal measures in place and no data is available for two countries. Figure 4.1a shows the level of code implementation in SUN countries by region. Table 45 provides an overview of the countries in each category by year that they joined the SUN Movement.



¹⁹ WHO, UNICEF, IBFAN (2016). Marketing of Breast-milk Substitutes: National Implementation of the International Code, Status Report 2016. Geneva: WHO

TABLE 45: COUNTRY GROUPING BY LEVEL OF CODE IMPLEMENTATION AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Level of code implementation | | | |
|--------------------------|--|---|-------------------------------|--|
| | Full | Many | Few | None |
| 2010–2011 | Benin, Gambia, Ghana, Guatemala, Mozambique, Nepal, Peru, Tanzania, Uganda, Zimbabwe (n=10) | Bangladesh, Burkina Faso, Indonesia, Kyrgyzstan, Malawi, Mali, Niger, Senegal, Zambia (n=9) | Lao PDR, Rwanda (n=2) | Ethiopia, Mauritania, Namibia (n=3) |
| 2012–2014† | Cameroon, Costa Rica, Kenya, Madagascar, Pakistan, Philippines, Sri Lanka, Viet Nam, Yemen (n=9) | Burundi, Cambodia, Comoros, Côte d'Ivoire, DRC, El Salvador, Myanmar, Nigeria, Tajikistan (n=9) | Guinea, Guinea-Bissau (n=2) | Chad, Congo, Haiti, Lesotho, Liberia, Sierra Leone, Somalia, Swaziland, Togo (n=9) |
| 2015–2017‡ | Botswana, Gabon (n=2) | — | Papua New Guinea, Sudan (n=2) | — |

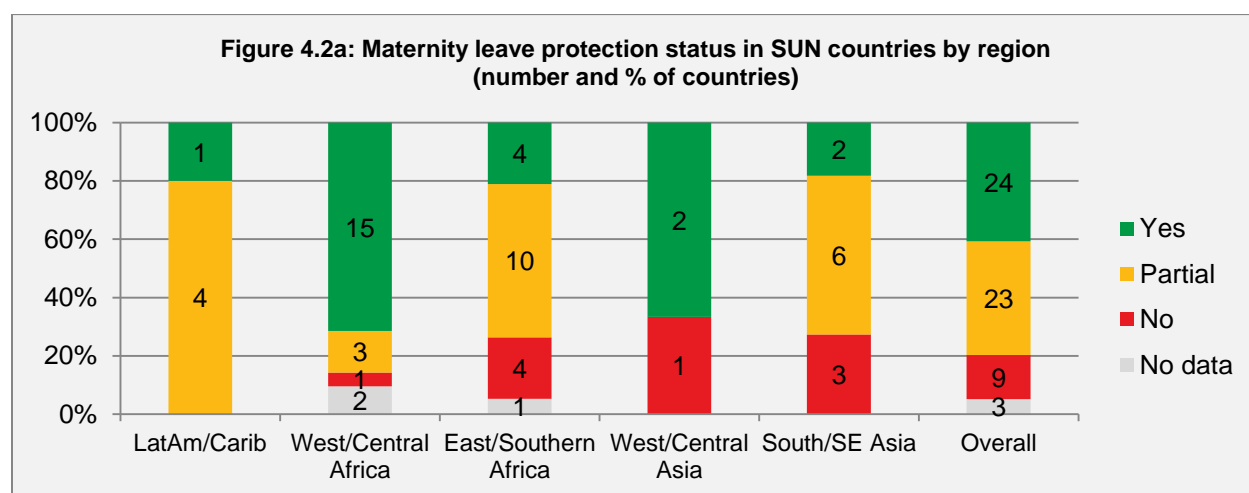
† No data for South Sudan

‡ No data for Central African Republic

Maternity Protection Laws

MEAL Indicator 4.2: Country has maternity protection laws or regulations in place in line with the ILO Maternity Protection Convention, 2000 (No. 183) and Recommendation No. 191

Country status for maternity protection laws is available for 56 SUN countries (reference year 2011)²⁰ and is shown in Table 46, with a summary by region in Figure 4.2a.



²⁰ Data source: GNR

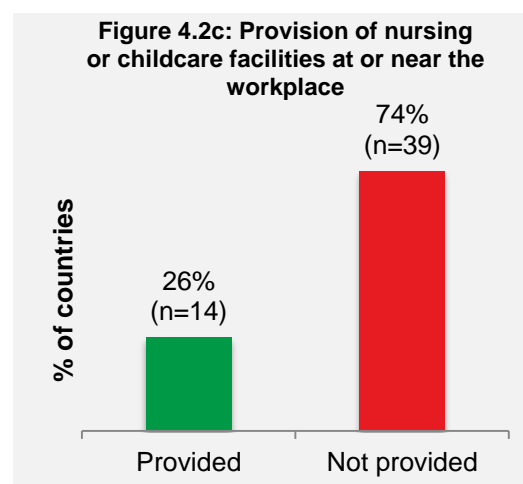
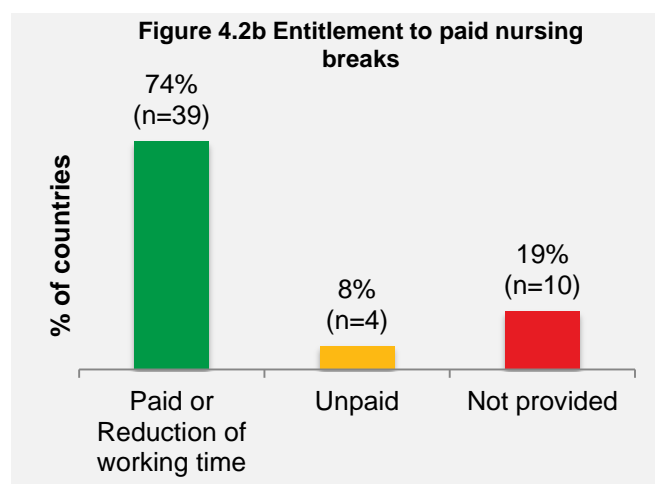
TABLE 46: COUNTRY GROUPING BY MATERNITY PROTECTION POLICIES AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Country maternity protection laws status | | |
|--------------------------|--|--|--|
| | Yes (n=24) | Partial (n=23) | No (n=9) |
| 2010–2011 | Bangladesh, Benin, Burkina Faso, Kyrgyzstan, Mali, Mauritania, Niger, Senegal, Zimbabwe (n=9) | Ethiopia, Gambia, Ghana, Guatemala, Indonesia, Lao PDR, Namibia, Peru, Rwanda, Tanzania, Zambia (n=11) | Malawi, Mozambique, Nepal, Uganda, (n=4) |
| 2012–2014† | Cameroon, Chad, Comoros, Congo, Costa Rica, Côte d'Ivoire, DRC, Guinea, Madagascar, Somalia, Tajikistan, Togo, Viet Nam (n=13) | Burundi, Cambodia, El Salvador, Haiti, Kenya, Lesotho, Myanmar, Nigeria, Pakistan, Sri Lanka, Swaziland (n=11) | Guinea-Bissau, Philippines, Yemen (n=3) |
| 2015–2017‡ | CAR, Gabon (n=2) | Botswana (n=1) | Papua New Guinea, Sudan (n=2) |

† No data for Liberia, Sierra Leone and South Sudan

Using data reported for the GNR, the type of nursing policies in place is available for 53 SUN countries²¹. For the SUN countries where laws state when an employer is expected to provide for nursing or childcare facilities, the requirements differ across countries. Three SUN countries have a law that requires all employers to provide this regardless of the number of workers, eight SUN countries have laws requiring employers with more than a certain number of female workers to provide this; two countries have a law based on an undefined number of women workers, and one country has a law based on a minimum number of workers (regardless of sex).

²¹ Data on entitlement to paid nursing breaks not available for Gambia, Kyrgyzstan, Lao PDR, Liberia, Sierra Leone and South Sudan. Data on provision of nursing or childcare facilities not available for Burkina Faso, Gambia, Kyrgyzstan, Liberia, Sierra Leone and South Sudan.



Footnotes to Figures 4.2b and 4.2c:

3.3a: PAID OR REDUCTION = women workers are entitled to daily breaks or a reduction of working time with pay to breastfeed or express breast milk. UNPAID = women workers are entitled to daily breaks or a reduction of working time without pay to breastfeed or express breast milk. NOT PROVIDED = the law does not provide women workers with the right to daily breaks or a reduction of working time to breastfeed or express breast milk.

3.3b PROVIDED = employers are requested to provide nursing or childcare facilities at or near their workplaces (or a reimbursement of childcare costs) NOT PROVIDED = the provision of nursing or childcare facilities or reimbursement of childcare costs is not mandated by law.

TABLE 47: COUNTRY GROUPING BY NURSING POLICY PROVISIONS

| Entitlement to paid nursing breaks | | | Provision of nursing or childcare facilities at or near the workplace | |
|--|---------------------------------|--|--|--|
| Paid or reduction of working time | Unpaid (n=4) | Not provided (n=10) | Provided (n=14) | Not provided (n=39) |
| Paid (n=36): Botswana, Burkina Faso, Burundi, Cambodia, Cameroon, CAR, Chad, Comoros, Congo, Costa Rica, Côte d'Ivoire, DRC, El Salvador, Gabon, Ghana, Guatemala, Guinea-Bissau, Haiti, Lesotho, Madagascar, Mali, Mauritania, Mozambique, Nigeria, PNG, Peru, Philippines, Rwanda, Senegal, Somalia, Sri Lanka, Swaziland, Tajikistan, Togo, Viet Nam, Zimbabwe Reduction (n=3): Sudan, Tanzania, Yemen | Benin, Guinea, Indonesia, Niger | Bangladesh, Ethiopia, Kenya, Malawi, Myanmar, Namibia, Nepal, Pakistan, Uganda, Zambia | Bangladesh, Cambodia, Cameroon, CAR, Costa Rica, El Salvador, Guatemala, Indonesia, Madagascar, Nepal, Niger, Philippines, Sri Lanka, Viet Nam | Benin, Botswana, Burundi, Chad, Comoros, Congo, Côte d'Ivoire, DRC, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Haiti, Kenya, Lao PDR, Lesotho, Malawi, Mali, Mauritania, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, PNG, Peru, Rwanda, Senegal, Somalia, Sudan, Swaziland, Tajikistan, Tanzania, Togo, Uganda, Yemen, Zambia, Zimbabwe |
| Not identified for Gambia, Kyrgyzstan, Lao PDR, Liberia, Sierra Leone, South Sudan | | | Not identified for Burkina Faso, Gambia, Kyrgyzstan, Liberia, Sierra Leone, South Sudan | |

FOOD LEGISLATION

Constitutional Right to Food Legislation

MEAL Indicator 4.3: Country has legislation on the Constitutional Right to Food

Data on the assessed level of constitutional protection of the right to food are available for 44 SUN countries for the reference year 2003.

TABLE 48: COUNTRY GROUPING BY RIGHT TO FOOD LEGISLATION STATUS AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Level of Right to Food Legislation | | | |
|-----------------------------|---|---|--|--|
| | Medium low/Low | Medium | Medium high | High |
| 2010–2011 (n=18)* | Burkina Faso, Nepal (n=2) | Benin, Kyrgyzstan, Mali, Mozambique, Niger, Rwanda, Senegal (n=7) | Ghana, Indonesia, Peru, Tanzania (n=4) | Bangladesh, Ethiopia, Guatemala, Malawi, Uganda (n=5) |
| 2012–2014 (n=23)† | Comoros, Lesotho, Viet Nam, Yemen (n=4) | Burundi, Cambodia, Chad, Congo, Costa Rica, Côte d'Ivoire, Guinea, Madagascar, Philippines, Togo (n=10) | DRC, El Salvador, Liberia, Sierra Leone, Tajikistan (n=5) | Haiti, Nigeria, Pakistan, Sri Lanka (n=4) |
| 2015–2017 (n=3)‡ | — | Central African Republic, Gabon (n=2) | Sudan (n=1) | — |

* No data for Gambia, Lao PDR, Mauritania, Namibia, Zambia, Zimbabwe

† No data for Cameroon, Guinea-Bissau, Kenya, Myanmar, Somalia, South Sudan, Swaziland

‡ No data for Botswana, Papua New Guinea

Legislation to Promote Healthy Diets

MEAL Indicator 4.4: Country has policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt

The WHO has identified a set of 10 progress monitoring indicators to track country progress in implementing interventions to reduce the burden of NCDs. Indicator 7 is focused on measures taken to reduce unhealthy diets, with four sub-indicators: a) national policies to reduce population salt/sodium consumption; b) national policies that limit saturated fats and virtually eliminate trans-fatty acids in the food supply; c) implementation of the WHO recommendations on marketing of foods and non-alcoholic beverages to children; and d) legislation/regulations fully implementing the International Code of Marketing of Breastmilk Substitutes.

For this section, we summarize data for SUN countries on indicator 7c, based on Member State responses to the WHO's 2017 NCD Country Capacity Survey²² which represents the situation at the end of 2016.

As shown in Table 49, only six SUN countries (Central African Republic, Mali, Mozambique, Peru, Swaziland and Tajikistan) report having fully achieved progress in restrictions on marketing of foods and beverages to children. A similar level of progress is evident for the other two indicators dealing with promoting healthy diets for the entire population.

TABLE 49: NUMBER OF SUN COUNTRIES REPORTING PROGRESS TOWARDS IMPLEMENTING HEALTHY DIET POLICIES

| Policy | Policy status | | | |
|--|----------------|--------------------|--------------|----------------------|
| | Fully achieved | Partially achieved | Not achieved | No data ^a |
| Restrictions on marketing of foods and beverages to children | 6‡ | | 47 | 6 |
| Reduce population salt/sodium consumption | 6* | 4** | 47 | 2 |
| Limit saturated fats and eliminate trans-fats in the food supply | 7† | | 49 | 3 |

^a No data includes the following categories: Don't know and No response

* Central African Republic, Costa Rica, Kyrgyzstan, Lesotho, Mali, Tajikistan; ** Bangladesh, Botswana, Peru, Swaziland

† Central African Republic, Costa Rica, Kyrgyzstan, Mali, Peru, Swaziland, Tajikistan

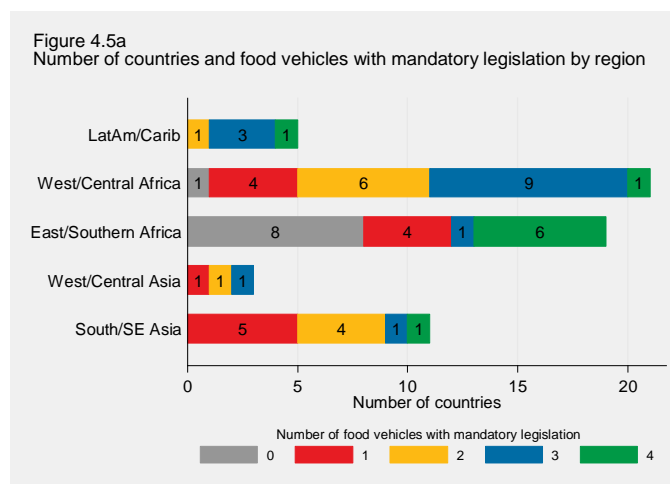
‡ Central African Republic, Mali, Mozambique, Peru, Swaziland, Tajikistan

²² Noncommunicable Diseases Progress Monitor, 2017. Geneva: WHO. [Accessed 13/10/2017.] <http://apps.who.int/iris/bitstream/10665/258940/1/9789241513029-eng.pdf?ua=1>

Legislation for Mandatory Food Fortification

MEAL Indicator 4.5: Country has legal documentation that has the effect of allowing or mandating food fortification

Data on country legislation for mandatory and voluntary food fortification is available for all SUN countries from the Global Fortification Data Exchange²³. Over half (55.9%) of SUN countries have legislation mandating fortification of wheat flour and 44.1% have legislation mandating vegetable oil fortification (Table 51). A smaller number of SUN countries have legal documentation that mandates maize flour or rice fortification. Fortification of salt is mandatory in 46 of the 52 countries with data for this food vehicle.



As shown in Figure 4.5a, nine SUN countries have mandatory legislation for four food vehicles, with the majority of these (n=6) in East/Southern Africa. However, this region also has the largest number of countries (n=8) with no documented mandatory legislation of any food vehicle.

TABLE 50: COUNTRY GROUPING BY MANDATORY FOOD FORTIFICATION LEGISLATION STATUS AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Number and type of food vehicles with mandatory food fortification legislation* | | | |
|--------------------------|--|---|--|---|
| | At least one staple food + salt + oil | At least one staple food + salt or oil | At least one food vehicle | None |
| 2010–2011 (n=24) | Benin, Burkina Faso, Ghana, Malawi , Mauritania, Mozambique , Niger, Senegal, Tanzania , Uganda (n=10) | Guatemala, Indonesia, Kyrgyzstan, Mali, Nepal, Peru, Zimbabwe (n=7) | Bangladesh, Ethiopia, Gambia, Lao PDR, Zambia (n=5) | Namibia, Rwanda (n=2) |
| 2012–2014 (n=30) | Burundi , Côte d'Ivoire, Guinea, Haiti, Kenya , Nigeria , Philippines , Togo, Viet Nam, Yemen (n=10) | Cameroon, Congo, Costa Rica , El Salvador, Liberia, Sierra Leone (n=6) | Cambodia, Chad, Guinea-Bissau, Lesotho, Madagascar, Myanmar, Pakistan, Sri Lanka, Tajikistan (n=9) | Comoros, DRC, Somalia, South Sudan, Swaziland (n=5) |
| 2015–2017 (n=5) | — | Papua New Guinea (n=1) | Central African Republic, Gabon (n=2) | Botswana, Sudan (n=2) |

* Country names in **bold** font have mandatory food fortification legislation for four food vehicles

²³ FFI, GAIN, IGN, MN Forum. Global Fortification Data Exchange. [Accessed 07/09/2017.] <http://www.fortificationdata.org>

TABLE 51: PROPORTION OF SUN COUNTRIES WITH LEGAL DOCUMENTATION MANDATING FORTIFICATION OF A FOOD VEHICLE

| Characteristic | N | Wheat | Maize | Rice | Oil | Salt (N=52) [†] |
|--|----|-----------|-----------|----------|-----------|--------------------------|
| All SUN countries, % (n) | 59 | 55.9 (33) | 18.6 (11) | 5.1 (3) | 44.1 (26) | 88.5 (46) [†] |
| # countries with voluntary legislation | | 0 | n=1 | 0 | n=6 | 0 |
| Year joined SUN Movement | | | | | | |
| 2010–11 | 24 | 70.8 (17) | 25.0 (6) | 0 | 50.0 (12) | 100.0 (21/21) |
| 2012–14 | 30 | 53.3 (16) | 16.7 (5) | 6.7 (2) | 46.7 (14) | 81.5 (22/27) |
| 2015–17 | 5 | 0 | 0 | 20.0 (1) | 0 | 75.0 (3/4) |
| Region | | | | | | |
| Latin America & Caribbean | 5 | 100.0 (5) | 60.0 (3) | 20.0 (1) | 20.0 (1) | 100.0 (5) |
| West/Central Africa | 21 | 71.4 (15) | 4.8 (1) | 0 | 61.9 (13) | 85.7 (18) |
| East/Southern Africa | 19 | 36.8 (7) | 36.8 (7) | 0 | 36.8 (7) | 83.3 (10/12) |
| West/Central Asia | 3 | 66.7 (2) | 0 | 0 | 33.3 (1) | 100.0 (3) |
| South/Southeast Asia | 11 | 36.4 (4) | 0 | 18.2 (2) | 36.4 (4) | 90.9 (10) |
| Country Income Level | | | | | | |
| Low-income | 28 | 60.7 (17) | 21.4 (6) | 0 | 57.1 (16) | 83.3 (20/24) |
| Lower middle-income | 26 | 53.9 (14) | 15.4 (4) | 7.7 (2) | 38.5 (10) | 92.0 (23/25) |
| Upper middle-income | 5 | 40.0 (2) | 20.0 (1) | 20.0 (1) | 0 | 100.0 (3/3) |
| Humanitarian Risk | | | | | | |
| Low-Medium | 23 | 47.8 (11) | 8.7 (2) | 8.7 (2) | 30.4 (7) | 100.0 (19/19) |
| High | 25 | 76.0 (19) | 36.0 (9) | 4.0 (1) | 60.0 (15) | 91.3 (21/23) |
| Very High | 11 | 27.3 (3) | 0 | 0 | 36.4 (4) | 60.0 (6/10) |

* Missing data for Botswana, Comoros, Namibia, Rwanda, Somalia, Sudan, Swaziland (in most cases, informal sources suggest that legal documentation exists but it is pending confirmation)

† DRC, Liberia, Pakistan, Sierra Leone, South Sudan and Sudan do not have documented legislation mandating salt fortification.

Legal Standards for Fortification of Food Vehicles

MEAL Indicator 4.6: Country has legal documentation specifying nutrient levels for fortification

Data on whether a country has legal documentation indicating standardized fortification levels of specific food vehicles with one or more priority nutrients is available for all SUN countries from the Global Fortification Data Exchange²⁴. As shown in Table 52, half of SUN countries have legislation specifying fortification standards for wheat flour and vegetable oil. Only 12 countries have these standards for maize flour and three countries (Costa Rica, Papua New Guinea, Philippines) have standards for rice fortification. Ninety percent (90%) of SUN countries with documentation have salt fortification standards.

TABLE 52: PROPORTION OF SUN COUNTRIES WITH LEGISLATION SPECIFYING NUTRIENT LEVELS FOR FORTIFICATION OF A FOOD VEHICLE

| Characteristic | N | Wheat | Maize | Rice | Oil | Salt (N=52)* |
|---------------------------------|----|-----------|-----------|----------|-----------|---------------|
| All SUN countries, % (n) | 59 | 52.5 (31) | 20.3 (12) | 5.1 (3) | 50.9 (30) | 90.4 (47/52) |
| Year joined SUN | | | | | | |
| 2010–11 | 24 | 62.5 (15) | 29.2 (7) | 0 | 66.7 (16) | 100.0 (22/22) |
| 2012–14 | 30 | 53.3 (16) | 16.7 (5) | 6.7 (2) | 46.7 (14) | 84.6 (22/26) |
| 2015–17 | 5 | 0 | 0 | 20.0 (1) | 0 | 75.0 (3/4) |

* Missing data for Botswana, Comoros, Guinea-Bissau, Namibia, Somalia, Swaziland, Zimbabwe

TABLE 53: COUNTRY GROUPING BY NUMBER OF FOOD VEHICLES WITH LEGISLATION ON FORTIFICATION STANDARDS AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Number of food vehicles with fortification standards legislation | | | |
|--------------------------|---|---|--|-----------------------------------|
| | 3+ food vehicles | 2 food vehicles | 1 food vehicle | None |
| 2010–2011 (n=24) | Benin, Burkina Faso, Ghana, Guatemala, Indonesia, Malawi, Mali, Mozambique, Niger, Rwanda, Senegal, Tanzania, Uganda, Zimbabwe (n=14) | Bangladesh, Gambia, Nepal, Peru, Zambia (n=5) | Ethiopia, Kyrgyzstan, Lao PDR, Mauritania (n=4) | Namibia (n=1) |
| 2012–2014 (n=30) | Burundi, Costa Rica, Côte d'Ivoire, El Salvador, Guinea, Kenya, Nigeria, Philippines, Togo, Viet Nam (n=10) | Cambodia, Cameroon, Congo, Liberia, Sierra Leone, Yemen (n=6) | Chad, DRC, Guinea-Bissau, Haiti, Lesotho, Madagascar, Myanmar, Pakistan, South Sudan, Sri Lanka, Tajikistan (n=11) | Comoros, Somalia, Swaziland (n=3) |
| 2015–2017 (n=5) | — | Papua New Guinea (n=1) | Central African Republic, Gabon (n=2) | Botswana, Sudan (n=2) |

²⁴ FFI, GAIN, IGN, MN Forum. Global Fortification Data Exchange. [Accessed 07/09/2017.] <http://www.fortificationdata.org>

List 5: Drivers of nutrition

List 5 indicators are all included in the SDGs, with the exception of two indicators (diarrhoea and measles). These indicators represent key drivers of nutrition, embedded in sectors such as health, WASH, food systems, education, social protection and gender. This section of the report presents broad “sectoral results” and we recognize that each system may include additional indicators to monitor the coverage of related services or contextual factors which are not included here.

WATER, SANITATION AND HYGIENE

Diarrhoea prevalence

MEAL Indicator 5.1: Prevalence of diarrhoea in children under 5 years of age

Data on diarrhoea prevalence in children under 5 years of age were available for 58 SUN countries (no data for Papua New Guinea), based on nationally representative surveys (e.g. DHS, MICS). The reference year ranged from 2006 to 2016 for most countries, with Botswana only having data from 1988. Forty-six countries (79%) have data from 2012 or more recent.

Mean prevalence of diarrhoea in children under five is 18.3% (95% CI 16.3, 20.3) and ranges across countries from 3.3 to 37.8% (median 18.3%). The overall distribution for this indicator across countries by region is shown in Figure 5.1a. Diarrhoea prevalence is higher in humanitarian country contexts but similar across country income levels (Figure 5.1b).

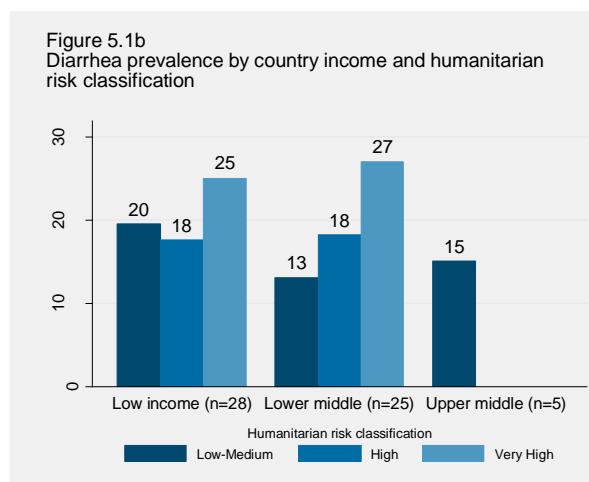
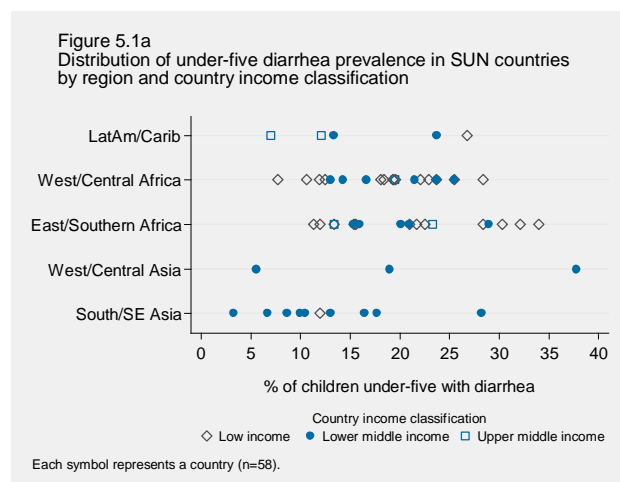


TABLE 54: COUNTRY GROUPING BY DIARRHOEA PREVALENCE AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN | Diarrhoea prevalence in children under five years of age | | | |
|------------------|---|--|---|---|
| | ≥25% | 18–24% | 12–17% | <12% |
| 2010–2011 (n=24) | Malawi, Uganda (n=2) | Burkina Faso, Gambia, Guatemala, Namibia, Niger, Senegal, Zambia, Zimbabwe (n=8) | Ethiopia, Ghana, Indonesia, Mauritania, Mozambique, Nepal, Peru, Rwanda, Tanzania (n=9) | Bangladesh, Benin, Kyrgyzstan, Lao PDR, Mali (n=5) |
| 2012–2014 (n=30) | Burundi, Cameroon, Chad, Haiti, Liberia, Pakistan, South Sudan, Yemen (n=8) | Comoros, Congo, Côte d'Ivoire, DRC, Guinea, Kenya, Somalia, Tajikistan, Togo (n=9) | Cambodia, El Salvador, Lesotho, Myanmar, Nigeria, Sierra Leone, Swaziland (n=7) | Costa Rica, Guinea-Bissau, Madagascar, Philippines, Sri Lanka, Viet Nam (n=6) |
| 2015–2017 (n=4)‡ | Sudan(n=1) | Central African Republic, Gabon (n=2) | Botswana (n=1) | — |

‡ No data for Papua New Guinea

Access to basic drinking water service

MEAL Indicator 5.2: Proportion of population using safely managed drinking water services

The WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation uses service ladders to benchmark and compare progress across countries, and these have been updated and expanded to facilitate enhanced monitoring during the SDG period. The new ladders build on the established improved/unimproved facility type classification, thereby providing continuity with MDG monitoring, and introduce additional criteria relating to the level of service provided to households.

Improved drinking water sources are those which by nature of their design and construction have the potential to deliver safe water. During the SDG period, the population using improved sources will be subdivided into three groups according to the level of service provided: safely managed, basic and limited drinking water service (see Table 55).

While data on population water access is available for all 59 SUN countries for the reference year 2015, only four SUN countries have data permitting the calculation of access to safely managed water services. Consistent with the JMP report for 2017²⁵, we assess the proportion of the population with access to *at least basic water service levels*, which includes both basic and safely managed water services.

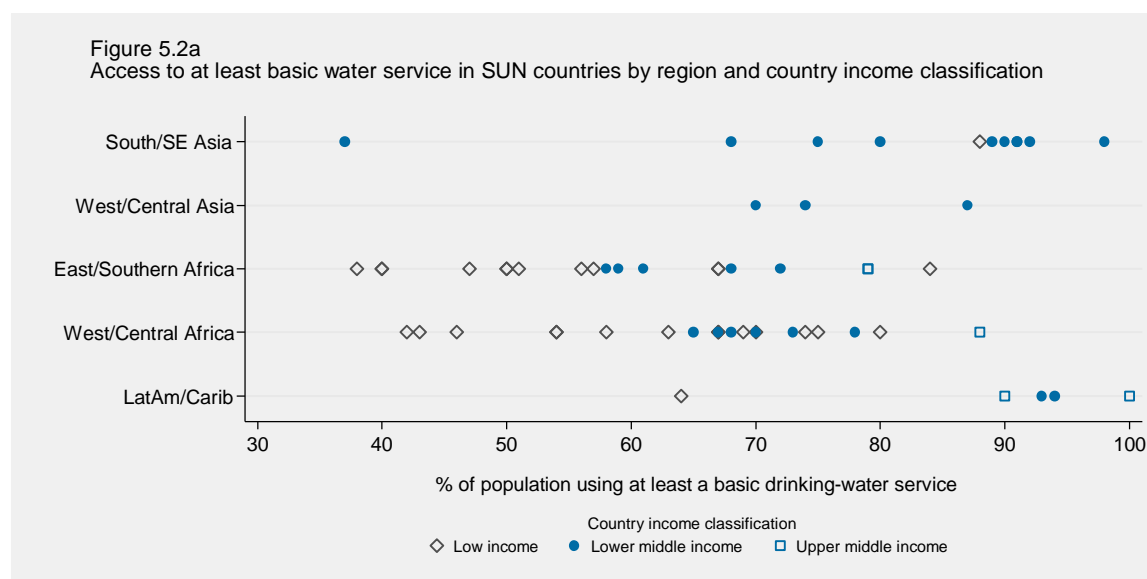
²⁵ Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2017.

TABLE 55: COMPARISON OF POPULATION WATER ACCESS DEFINITIONS

| Original (MDG) Definition | SDG Definition specifying Service Level |
|---|---|
| Improved source <i>Improved sources include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water.</i> | Safely managed Drinking water from an improved water source that is located on premises, available when needed and free from faecal and priority chemical contamination |
| | Basic Drinking water from an improved source, provided collection time is not more than 30 minutes for a round trip, including queuing |
| | Limited Drinking water from an improved source for which collection time exceeds 30 minutes for a round trip, including queuing |
| Unimproved source | Unimproved Drinking water from an unprotected dug well or unprotected spring |
| Surface water | Surface water Drinking water directly from a river, dam, lake, pond, stream, canal or irrigation canal |

Source: Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Geneva: WHO and UNICEF, 2017.

Based on these data, 69% of the population in SUN countries used at least a basic drinking water service (i.e. an improved source within 30 minutes' round trip to collect water; range from 37 to 100%, median 68%) in 2015, compared to 89% of the global population²⁶. Figure 5.2a shows the distribution in population access in SUN countries by region and country income classification. Access to water service by country characteristics is shown in Table 56.



²⁶ Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2017.

TABLE 56: PROPORTION OF POPULATION IN SUN COUNTRIES WITH ACCESS TO WATER BY SERVICE TYPE

| Characteristic | N | Water service type | | |
|---------------------------------|----|--------------------|-----------------|-------------------|
| | | At least basic | Limited | Unimproved |
| Mean | 59 | 68.9 (64.6, 73.2) | 9.9 (7.8, 12.0) | 14.1 (11.5, 16.7) |
| Median | 59 | 68.0 | 8.0 | 13.0 |
| Range | 59 | 37.0, 100.0 | 0, 38.0 | 0, 42.0 |
| Year joined SUN Movement | | | | |
| 2010–11 | 24 | 69.9 (62.7, 77.1) | 10.4 | 14.6 |
| 2012–14 | 30 | 69.0 (63.3, 74.8) | 9.0 | 14.2 |
| 2015–17 | 5 | 63.4 (45.2, 81.6) | 13.2 | 11.8 |
| Region | | | | |
| Latin America & Caribbean | 5 | 88.2 (75.7, 100.7) | 2.6 | 7.8 |
| West/Central Africa | 21 | 65.3 (60.0, 70.6) | 10.0 | 18.7 |
| East/Southern Africa | 19 | 59.1 (52.8, 65.4) | 16.0 | 15.7 |
| West/Central Asia | 3 | 77.0 (66.7, 87.3) | 9.0 | 3.0 |
| South/Southeast Asia | 11 | 81.7 (71.4, 92.1) | 2.9 | 8.5 |
| Country Income Level | | | | |
| Low-income | 28 | 59.3 (54.1, 64.6) | 13.1 | 20.6 |
| Lower middle-income | 26 | 76.7 (70.1, 81.3) | 7.2 | 9.3 |
| Upper middle-income | 5 | 87.2 (79.4, 95.0) | 6.2 | 3.0 |
| Humanitarian Risk Level | | | | |
| Low-Medium | 23 | 79.6 (75.2, 84.0) | 6.0 | 9.2 |
| High | 25 | 64.4 (57.7, 71.1) | 11.0 | 15.1 |
| Very High | 11 | 56.8 (47.8, 65.9) | 15.2 | 22.1 |

TABLE 57: COUNTRY GROUPING BY POPULATION ACCESS TO WATER AND YEAR OF JOINING THE SUN MOVEMENT

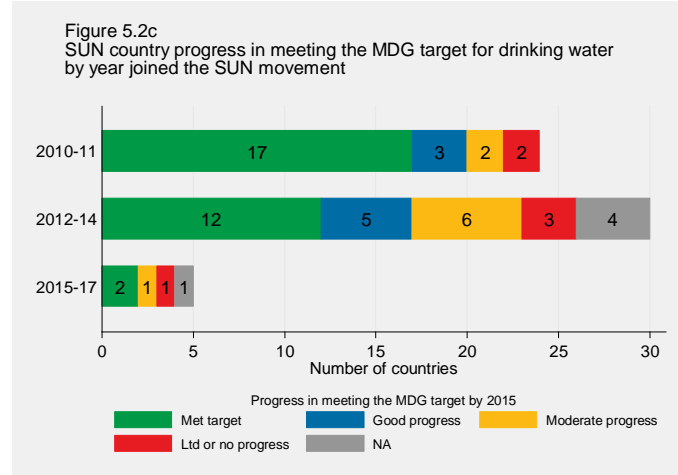
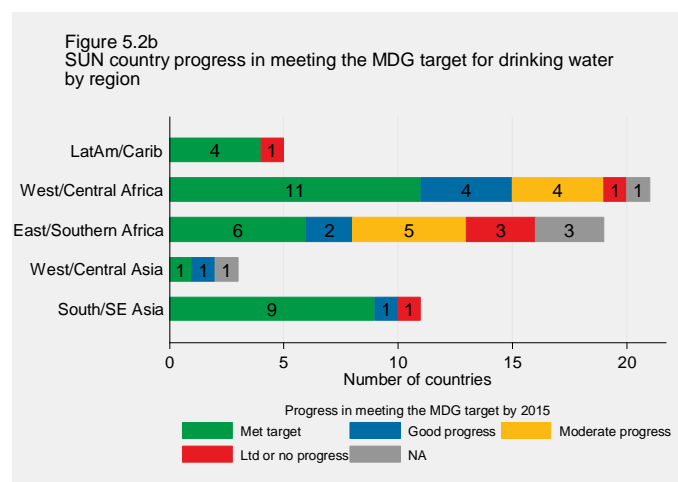
| Year of SUN start | Proportion of population with access to at least basic water service | | | |
|-------------------|--|---|---|---|
| | <55% | 55–69% | 70–84% | ≥85% |
| 2010–2011 (N=24) | Burkina Faso, Ethiopia, Mozambique, Niger, Tanzania, Uganda (n=6) | Benin, Malawi, Rwanda, Zambia, Zimbabwe (n=5) | Gambia, Ghana, Lao PDR, Mali, Mauritania, Namibia, Senegal (n=7) | Bangladesh, Guatemala, Indonesia, Kyrgyzstan, Nepal, Peru (n=6) |
| 2012–2014 (N=30) | Chad, DRC, Madagascar, Somalia, South Sudan (n=5) | Burundi, Cameroon, Congo, Guinea, Guinea-Bissau, Haiti, Kenya, Myanmar, Nigeria, Sierra Leone, Swaziland, Togo (n=12) | Cambodia, Comoros, Côte d'Ivoire, Lesotho, Liberia, Tajikistan, Yemen (n=7) | Costa Rica, El Salvador, Pakistan, Philippines, Sri Lanka, Viet Nam (n=6) |
| 2015–2017 (N=5) | Central African Republic, Papua New Guinea (n=2) | Sudan (n=1) | Botswana (n=1) | Gabon (n=1) |

Overall SUN countries progress in improving population access to clean drinking water is shown in Table 58. Over half of SUN countries (n=31, 53%) met the MDG target for drinking water (88%) in 2015. Of those that did not meet the target, eight countries (14%) showed good progress, nine countries (15%) showed moderate progress, and six (10%) showed limited or no progress.²⁷ Progress across country by region and year joined the SUN Movement is shown in Figures 5.2b and 5.2c, respectively.

TABLE 58: COMPARISON BETWEEN 2000 AND 2015 OF POPULATION ACCESS TO WATER BY SERVICE TYPE IN SUN COUNTRIES

| Type of service | 2015 (N=59) | 2010 (N=58) | 2000 (N=58) |
|-----------------|-------------------|-------------------|-------------------|
| At least basic | 68.9 (64.6, 73.2) | 65.5 (61.0, 70.0) | 57.9 (52.9, 62.9) |
| Limited | 9.9 (7.8, 12.0) | 8.9 (7.0, 10.7) | 7.7 (6.0, 9.3) |
| Unimproved | 14.1 (11.5, 16.7) | 16.6 (13.9, 19.3) | 21.3 (17.9, 24.8) |

²⁷ No assessment was available for five SUN countries (Congo, Somalia, South Sudan, Sudan, Yemen).



Access to basic sanitation service

MEAL Indicator 5.3: Proportion of population using a safely managed sanitation service [including a hand-washing facility with soap and water]

Improved sanitation facilities are those designed to hygienically separate excreta from human contact. During the SDG period, the population using improved facilities will be subdivided into three groups according to the level of service. The updated and expanded definitions of improved sanitation facilities to be used during the SDG period are shown in Table 59. However, in 2017, only three SUN countries have sufficient data to assess “safely managed” sanitation facilities.

Based on data available for all 59 SUN countries for the reference year 2015, we report here on the proportion of the population with access to *at least a basic sanitation facility* (see Table 60). On average, 41.5% of the population in SUN countries used at least a basic sanitation facility

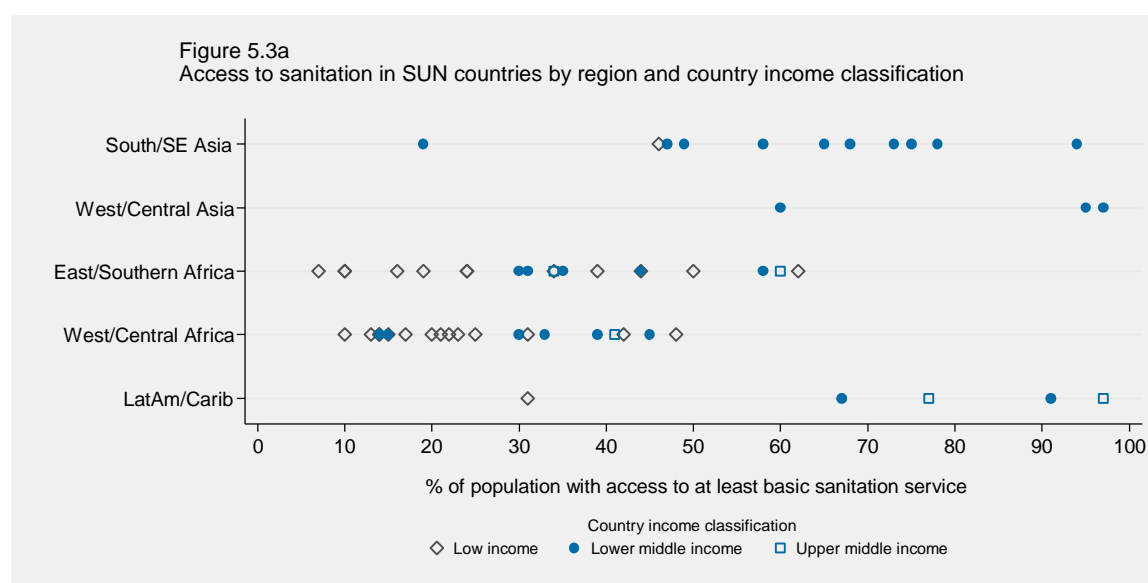
(i.e. improved facilities) in 2015, compared to 68% of the global population²⁸. An additional 16% of the population used limited sanitation facilities (i.e. improved but shared facilities). On average, 20% of the population in SUN countries still practiced open defecation (range 0 to 71%, median 15%), compared to 12% globally.

TABLE 59: COMPARISON OF POPULATION SANITATION ACCESS DEFINITIONS

| Original (MDG) Definition | SDG Definition specifying Service Level |
|--|---|
| Improved facility <i>improved facilities include flush/pour flush to piped sewer systems, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs.</i> | Safely managed Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite |
| | Basic Use of improved facilities that are not shared with other households |
| | Limited Use of improved facilities shared between two or more households |
| Unimproved facility | Unimproved Use of pit latrines without a slab or platform, hanging latrines or bucket latrines |
| Open defecation | Open defecation Disposal of human faeces in fields, forests, bushes, open bodies of water, beaches or other open spaces, or with solid waste |

Source: Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Geneva: WHO and UNICEF, 2017.

The distribution of access to at least basic sanitation services across countries grouped by region is shown in Figure 5.3a.



²⁸ Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2017.

TABLE 60: PROPORTION OF POPULATION IN SUN COUNTRIES WITH ACCESS TO SANITATION BY SERVICE TYPE

| Characteristic | N | Type of sanitation service | | | |
|---------------------------------|----|----------------------------|-----------|------------|-----------------|
| | | At least basic | Limited | Unimproved | Open defecation |
| Mean | 59 | 41.5 | 15.5 | 22.9 | 20.1 |
| Median | 59 | 35.0 | 14.0 | 20.0 | 15.0 |
| Range | 59 | 7.0, 97.0 | 1.0, 57.0 | 0, 65.0 | 0, 71.0 |
| Year joined SUN Movement | | | | | |
| 2010–11 | 24 | 41.2 | 16.2 | 21.7 | 21.0 |
| 2012–14 | 30 | 42.7 | 15.3 | 22.1 | 20.0 |
| 2015–17 | 5 | 36.0 | 13.6 | 33.8 | 16.8 |
| Region | | | | | |
| Latin America & Caribbean | 5 | 72.6 | 11.4 | 9.6 | 6.8 |
| West/Central Africa | 21 | 25.3 | 23.0 | 25 | 26.8 |
| East/Southern Africa | 19 | 33.2 | 13.3 | 31.2 | 22.3 |
| West/Central Asia | 3 | 84.0 | 3.3 | 5.7 | 6.7 |
| South/Southeast Asia | 11 | 61.1 | 10.3 | 15.5 | 13.5 |
| Country Income Level | | | | | |
| Low-income | 28 | 26.1 | 17.4 | 29.6 | 27.0 |
| Lower middle-income | 26 | 54.2 | 14.1 | 18.2 | 13.7 |
| Upper middle-income | 5 | 61.8 | 12.4 | 10.4 | 15.4 |
| Humanitarian Risk Level | | | | | |
| Low-Medium | 23 | 55.7 | 15.0 | 13.4 | 16.0 |
| High | 25 | 33.0 | 17.5 | 31.0 | 18.4 |
| Very High | 11 | 31.2 | 12.1 | 24.5 | 32.5 |

TABLE 61: COUNTRY GROUPING BY POPULATION ACCESS TO AT LEAST BASIC SANITATION SERVICES AND YEAR OF JOINING THE SUN MOVEMENT

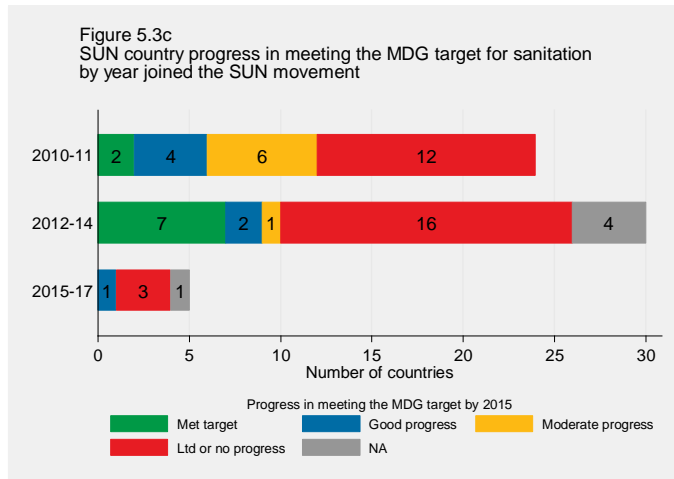
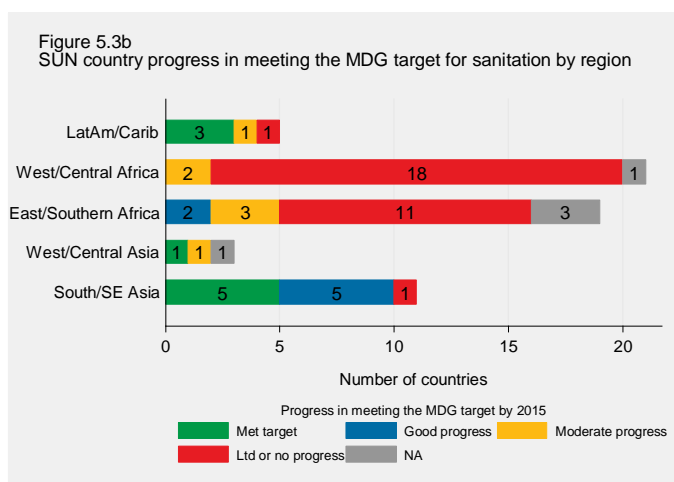
| Year of SUN start | Proportion of population with access to at least basic sanitation service | | | |
|-------------------|--|---|--|---|
| | <20% | 20–34% | 35–59% | ≥60% |
| 2010–2011 (N=24) | Benin, Ethiopia, Ghana, Niger, Uganda (n=5) | Burkina Faso, Mali, Mozambique, Namibia, Tanzania, Zambia (n=6) | Bangladesh, Gambia, Malawi, Mauritania, Nepal, Senegal, Zimbabwe (n=7) | Guatemala, Indonesia, Kyrgyzstan, Lao PDR, Peru, Rwanda (n=6) |
| 2012–2014 (N=30) | Chad, Congo, Liberia, Madagascar, Sierra Leone, Somalia, South Sudan, Togo (n=8) | Comoros, Côte d'Ivoire, DRC, Guinea, Guinea-Bissau, Haiti, Kenya, Nigeria (n=8) | Burundi, Cambodia, Cameroon, Lesotho, Pakistan, Swaziland (n=6) | Costa Rica, El Salvador, Myanmar, Philippines, Sri Lanka, Tajikistan, Viet Nam, Yemen (n=8) |
| 2015–2017 (N=5) | Papua New Guinea (n=1) | Central African Republic (n=1) | Gabon, Sudan (n=2) | Botswana (n=1) |

Only nine SUN countries (15%) met the MDG target for sanitation in 2015. Of those that did not meet the target, seven countries (12%) showed good progress, seven countries (12%) showed moderate progress, and over half (n=31, 53%) showed limited or no progress.²⁹ Progress across country by region and year joined the SUN Movement is shown in Figures 5.3b and 5.3c, respectively.

TABLE 62: COMPARISON OF SANITATION ACCESS IN SUN COUNTRIES BETWEEN 2000 AND 2015

| Type of service | 2015 (N=59) | 2010 (N=58) | 2000 (N=58) |
|-----------------|-------------------|-------------------|-------------------|
| At least basic | 41.5 (34.9, 48.1) | 38.3 (31.8, 44.7) | 32.5 (26.1, 38.9) |
| Limited | 15.5 (12.8, 18.2) | 14.2 (11.7, 16.8) | 11.5 (9.2, 13.8) |
| Unimproved | 22.9 (18.4, 27.4) | 23.9 (19.4, 28.4) | 25.9 (20.8, 30.9) |
| Open defecation | 20.1 (15.4, 24.9) | 22.9 (17.9, 27.9) | 30.1 (23.8, 36.3) |

²⁹ No assessment was available for five SUN countries (Congo, Somalia, South Sudan, Sudan, Yemen).



Hygiene

The presence of a handwashing facility with soap and water on premises has been identified as the priority indicator for global monitoring of hygiene under the SDGs. Households that have a handwashing facility with soap and water available on premises will meet the criteria for a basic hygiene facility (see Table 63). Only 46 SUN countries currently have comparable data available on hygiene service levels.

TABLE 63: POPULATION HYGIENE SERVICE LEVEL DEFINITIONS

| Service Level | Definition |
|--------------------|--|
| Basic | Availability of a handwashing facility on premises with soap and water (Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent and soapy water but does not include ash, soil, sand or other handwashing agents.) |
| Limited | Availability of a handwashing facility on premises without soap and water |
| No facility | No handwashing facility on premises |

Source: Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Geneva: WHO and UNICEF, 2017.

TABLE 64: PROPORTION OF POPULATION IN SUN COUNTRIES WITH ACCESS TO HANDWASHING FACILITIES BY SERVICE TYPE

| Characteristic | N | Type of handwashing facility | | |
|---------------------------------|----|------------------------------|------------|----------------|
| | | Basic, % | Limited, % | No Facility, % |
| Mean | 46 | 31.2 | 23.4 | 45.3 |
| Median | 46 | 16.5 | 20.5 | 51.0 |
| Range | 46 | 1, 90 | 1, 75 | 1, 98 |
| Year joined SUN Movement | | | | |
| 2010–11 | 21 | 29.0 | 27.9 | 43.3 |
| 2012–14 | 24 | 33.5 | 19.8 | 46.8 |
| 2015–17 | 1 | 23.0 | 19.0 | 57.0 |
| Region | | | | |
| Latin America & Caribbean | 4 | 69.3 | 20.0 | 11.0 |
| West/Central Africa | 16 | 10.6 | 20.2 | 69.1 |
| East/Southern Africa | 16 | 19.5 | 28.5 | 52.1 |
| West/Central Asia | 3 | 70.3 | 18.3 | 11.3 |
| South/Southeast Asia | 7 | 66.6 | 23.4 | 10.3 |
| Country Income Level | | | | |
| Low-income | 23 | 16.2 | 26.0 | 57.7 |
| Lower middle-income | 21 | 44.5 | 20.2 | 35.4 |
| Upper middle-income | 2 | 64.0 | 27.0 | 9.0 |
| Humanitarian Risk Level | | | | |
| Low-Medium | 17 | 38.0 | 21.8 | 40.4 |
| High | 21 | 25.3 | 24.4 | 50.4 |
| Very High | 8 | 32.3 | 24.4 | 43.0 |

TABLE 65: COUNTRY GROUPING BY POPULATION ACCESS TO HYGIENE SERVICES AND YEAR OF JOINING THE SUN MOVEMENT

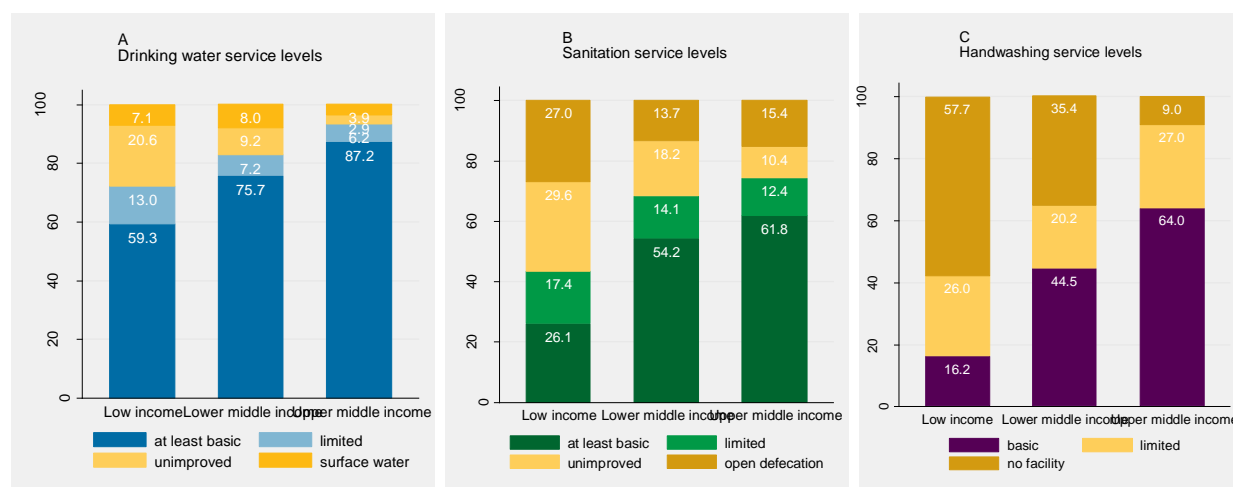
| Year of SUN start | Proportion of population with access to basic handwashing facilities | | | |
|-------------------|--|---|---|--|
| | <10% | 10–19% | 20–49% | ≥50% |
| 2010–2011 (N=21)* | Ethiopia, Gambia, Rwanda, Uganda (n=4) | Benin, Burkina Faso, Ghana, Malawi, Mali, Mauritania, Mozambique, Senegal, Zambia (n=9) | Bangladesh, Namibia, Tanzania, Zimbabwe (n=4) | Guatemala, Indonesia, Kyrgyzstan, Nepal (n=4) |
| 2012–2014 (N=24)† | Cameroon, Chad, DRC, Guinea, Guinea-Bissau, Lesotho, Liberia (n=7) | Comoros, Kenya, Nigeria, Somalia, Togo (n=5) | Côte d'Ivoire, Haiti, Swaziland, Yemen (n=4) | Cambodia, Costa Rica, El Salvador, Madagascar, Myanmar, Pakistan, Tajikistan, Viet Nam (n=8) |
| 2015–2017 (N=5)‡ | — | — | Sudan (n=1) | — |

*No data for Lao PDR, Niger, Peru; †No data for Burundi, Congo, Philippines, Sierra Leone, South Sudan, Sri Lanka ‡ No data for Botswana, Central African Republic, Gabon, Papua New Guinea

WASH Summary

In summary, Figure 5A-C provide a summary of SUN country access to drinking water, sanitation and hygiene services in 2015 by country income level, using the JMP ladders for classification of service level.

Figure 5: WASH service levels by country income classification



HEALTH

Malaria

MEAL Indicator 5.4: Malaria incident cases per 1000 population

Estimates of malaria incident cases per 1000 population for the year 2015 are available for all 59 SUN countries. However, five countries (Costa Rica, Kyrgyzstan, Lesotho, Sri Lanka and Tajikistan) had no malaria transmission in 2015.

The mean incidence of malaria per 1000 population is 136 (95% CI 101, 171) across SUN countries (median 104, range 0–449). Large regional variation is evident (see Figure 5.4a) and consistent with malaria transmission patterns.

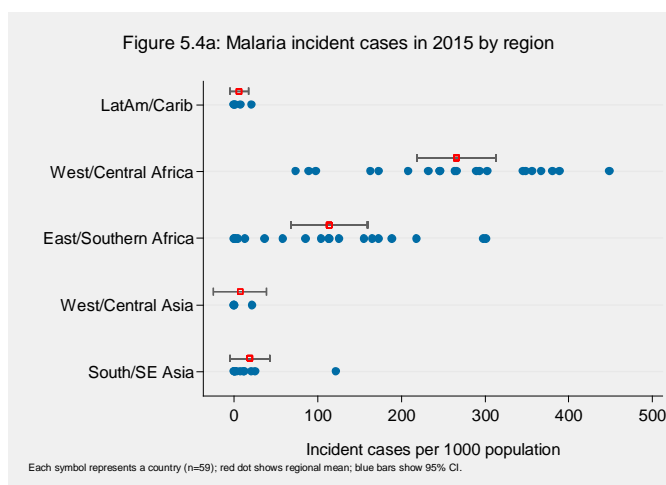


TABLE 66: COUNTRY GROUPING BY MALARIA INCIDENCE AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Malaria case incidence rate per 1000 population, 2015 | | | |
|-------------------|--|--|--|--|
| | 250+ | 100–249 | 10–99 | <10 |
| 2010–2011 (n=24) | Benin, Burkina Faso, Ghana, Mali, Mozambique, Niger, Rwanda (n=7) | Gambia, Malawi, Tanzania, Uganda, Zambia, Zimbabwe (n=6) | Ethiopia, Indonesia, Lao PDR, Mauritania, Namibia, Peru, Senegal (n=7) | Bangladesh, Guatemala, Kyrgyzstan, Nepal (n=4) |
| 2012–2014 (n=30) | Cameroon, Côte d'Ivoire, Guinea, Nigeria, Sierra Leone, Togo (n=6) | Burundi, Chad, Congo, DRC, Kenya, Liberia, Madagascar, South Sudan (n=8) | Cambodia, Guinea-Bissau, Myanmar, Somalia, Yemen (n=5) | Comoros, Costa Rica, El Salvador, Haiti, Lesotho, Pakistan, Philippines, Sri Lanka, Swaziland, Tajikistan, Viet Nam (n=11) |
| 2015–2017 (n=5) | Central African Republic (n=1) | Gabon, Papua New Guinea (n=2) | Sudan (n=1) | Botswana (n=1) |

The WHO's *Global Technical Strategy for Malaria 2016–2030* (GTS) set milestones to track progress in malaria control efforts, including the reduction of malaria case incidence by at least 40% by 2020. Of 54 SUN countries with malaria transmission in 2015, 15 are estimated to have achieved a reduction in incidence rates of 40% or more between 2010 and 2015, and can be considered on track to achieve the GTS milestone of a further reduction of 40% by 2020 (Table 67). Another 17 SUN countries achieved reductions of 20–40%. According to the World Malaria

Report in 2016, less than half (40) of the world's 91 malaria-endemic countries are on track to meet the GTS milestone of a 40% reduction in malaria case incidence by 2020, with progress particularly slow in countries with a high malaria burden.

TABLE 67: COUNTRY GROUPING BY ESTIMATED CHANGE IN MALARIA INCIDENCE RATE, 2010–2015, AND YEAR OF JOINING THE SUN MOVEMENT^A

| Year of SUN start | Change in malaria incidence rate, 2010-2015 | | | |
|-------------------|---|--|---|-----------------------------------|
| | Decrease >40% | Decrease 20–40% | Change <±20% | Increase >20% |
| 2010–2011* | Bangladesh, Ethiopia, Indonesia, Malawi, Uganda (n=5) | Burkina Faso, Ghana, Mozambique, Nepal, Niger, Senegal, Tanzania (n=7) | Benin, Gambia, Guatemala, Lao PDR, Mauritania, Zambia, Zimbabwe (n=7) | Mali, Namibia, Peru, Rwanda (n=4) |
| 2012–2014† | Comoros, DRC, El Salvador, Haiti, Myanmar, Philippines, Swaziland, Tajikistan, Viet Nam, Yemen (n=10) | Burundi, Cambodia, Congo, Côte d'Ivoire, Liberia, Pakistan, Sierra Leone, Togo (n=8) | Cameroon, Chad, Guinea, Guinea-Bissau, Nigeria, South Sudan (n=6) | Kenya, Madagascar, Somalia (n=3) |
| 2015–2017‡ | Botswana (n=1) | CAR, PNG (n=2) | Sudan (n=1) | Gabon (n=1) |

Source: World Malaria Report 2016, Annex 3E (p.92–93)

* No malaria transmission in Kyrgyzstan. † No malaria transmission in Costa Rica, Lesotho and Sri Lanka

Measles

MEAL Indicator 5.5: New cases of measles

Most countries submit monthly reports on suspected and confirmed measles cases identified through their national disease surveillance systems to the WHO³⁰. In general, the number of reported cases of measles reflects a small proportion of the true number of cases occurring in the community. Many measles cases do not seek health care or, if diagnosed, are not reported.

For the year 2016, 58 SUN countries reported data (no data reported by Guinea-Bissau) but eight countries reported zero cases and six countries reported fewer than 10 confirmed cases for the year. As shown in Figure 5.5a, there is a wide range in number of confirmed cases reported, with Nigeria reporting 17,581 cases and all other countries reporting less than 7000 cases. Although the median number of cases reported across SUN countries is 112, the median for countries considered as very high humanitarian risk contexts is 266.

³⁰ http://www.who.int/immunization/monitoring_surveillance/burden/vpd/surveillance_type/active/measles_monthlydata/en/

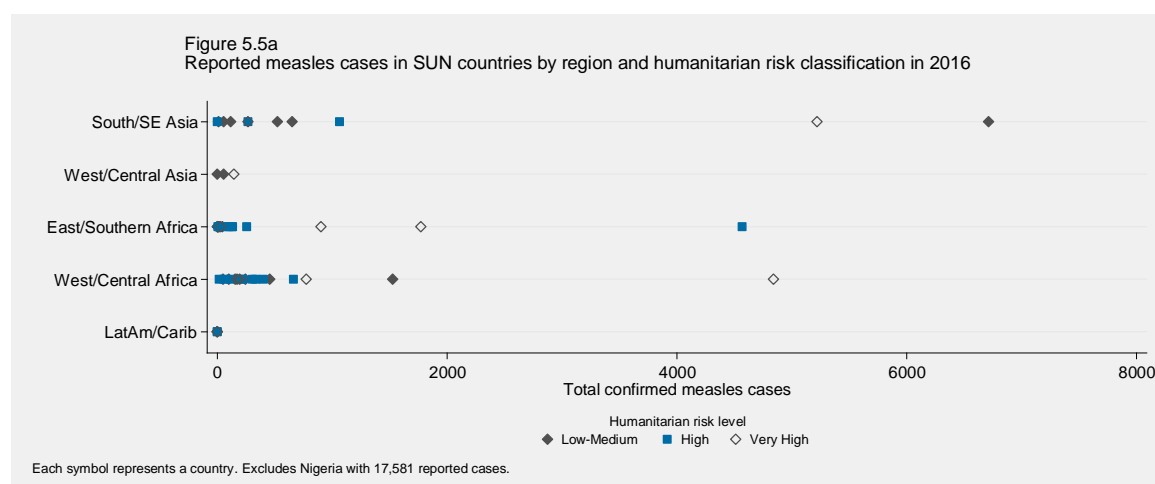


TABLE 68: COUNTRY GROUPING BY REPORTED MEASLES CASES AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Number of reported measles cases, 2016 | | | |
|-------------------|--|---|--|--|
| | ≥1000 | 100–999 | 10–99 | <10 |
| 2010–2011 (n=24) | Bangladesh, Ethiopia, Indonesia (n=3) | Burkina Faso, Ghana, Mali, Mozambique, Nepal, Niger, Senegal, Tanzania, Uganda (n=9) | Benin, Gambia, Mauritania, Namibia, Rwanda (n=5) | Guatemala, Kyrgyzstan, Lao PDR, Malawi, Peru, Zambia, Zimbabwe (n=7) |
| 2012–2014 (n=29)† | DRC, Nigeria, Pakistan (n=3) | Cameroon, Chad, Congo, Guinea, Kenya, Liberia, Myanmar, Philippines, Sierra Leone, South Sudan, Sri Lanka, Togo, Viet Nam, Yemen (n=14) | Burundi, Cambodia, Côte d'Ivoire, Lesotho, Madagascar, Somalia, Tajikistan (n=7) | Comoros, Costa Rica, El Salvador, Haiti, Swaziland (n=5) |
| 2015–2017 (n=5) | Gabon, Sudan (n=2) | Central African Republic (n=1) | — | Botswana, Papua New Guinea (n=2) |

† No data for Guinea-Bissau

Adolescent birth rate

MEAL Indicator 5.6: Number of births during a given reference period to women aged 15–19 years /1000 females (and aged 10–14)

The adolescent birth rate is the annual number of births to women aged 15 to 19 per 1,000 women in that age group. Data are available for all 59 SUN countries from the United Nations Population Division as of March 2015.³¹

The reference year ranges from 2004 to 2014, with 40 countries (68%) having data from 2012–2014. (*Note: no central source of data was found on births to women aged 10 to 14 years and so this target group is not represented in this analysis.*)

Across SUN countries, the adolescent birth rate is 100.6 per 1000 women aged 15–19 years (95% CI 88.3, 112.9), compared to the global rate in 2015 of 44.1³². It ranges from 16.9 to 229.0 (median 92.4); notable differences are observed across regions (Figure 5.6a).

Figure 5.6a
Adolescent birth rate in SUN countries by region and country income class

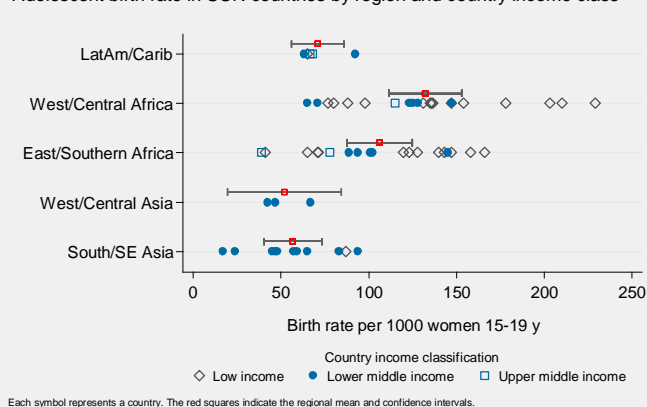


TABLE 69: COUNTRY GROUPING BY ADOLESCENT BIRTH RATE AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Annual number of births to women aged 15 to 19 per 1,000 women in that age group | | | |
|---------------------|--|---|--|-----------------------------|
| | ≥150 | 100–149 | 44–99 | <44 (global rate, 2015) |
| 2010–2011 (n=24) | Mali, Mozambique, Niger (n=3) | Burkina Faso, Malawi, Tanzania, Uganda, Zambia, Zimbabwe (n=6) | Bangladesh, Benin, Ethiopia, Gambia, Ghana, Guatemala, Indonesia, Lao PDR, Mauritania, Namibia, Nepal, Peru, Senegal (n=13) | Kyrgyzstan, Rwanda (n=2) |
| 2012–2014 (n=30) | Chad, Guinea, South Sudan (n=3) | Cameroon, Congo, Côte d'Ivoire, DRC, Guinea-Bissau, Kenya, Liberia, Madagascar, Nigeria, Sierra Leone, Somalia (n=11) | Burundi, Cambodia, Comoros, Costa Rica, El Salvador, Haiti, Lesotho, Pakistan, Philippines, Swaziland, Tajikistan, Togo, Viet Nam, Yemen (n=14) | Myanmar, Sri Lanka (n=2) |
| 2015–2017 (n=5) | Central African Republic (n=1) | Gabon, Sudan (n=2) | Papua New Guinea (n=1) | Botswana (n=1) |

³¹ United Nations, Department of Economic and Social Affairs, Population Division (2015). 2015 Update for the MDG Database: Adolescent Birth Rate (POP/DB/Fert/A/MDG2015).

³² United Nations, SDG Indicators Global Database, <https://unstats.un.org/sdgs/indicators/database/?indicator=3.7.2#footnotes> (updated 28 July 2017).

New HIV infections

MEAL Indicator 5.7: Number of new HIV infections per 1,000 uninfected population by age group, sex, and key populations

Data on new HIV infections per 1000 uninfected population were available for 51 SUN countries for the reference year 2015 in the WHO Global Health Observatory.

Estimates ranged from 0.01 to 23.6, with a mean of 2.4 (95% CI 1.1, 3.7; median 0.5). The distribution is shown in Figure 5.7a. Analysis by region illustrates the large disparity for this indicator, with notably higher prevalence in countries in East and Southern Africa, in particular.

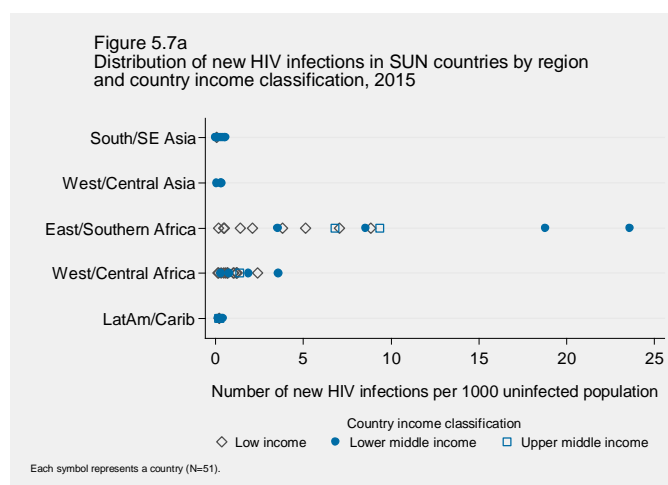


TABLE 70: COUNTRY GROUPING BY NEW HIV INFECTIONS AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Number of new HIV infections per 1000 uninfected population | | | |
|-------------------|---|--|---|--|
| | ≥2.00 | 0.50–1.99 | 0.25–0.49 | <0.25 |
| 2010–2011 (n=22)* | Malawi, Mozambique, Namibia, Tanzania, Uganda, Zambia, Zimbabwe (n=7) | Benin, Gambia, Ghana, Indonesia, Mali, Rwanda (n=6) | Burkina Faso, Guatemala, Kyrgyzstan, Mauritania (n=4) | Bangladesh, Nepal, Niger, Peru, Senegal (n=5) |
| 2012–2014 (n=25)† | Cameroon, Kenya, Lesotho, Swaziland (n=4) | Chad, Côte d'Ivoire, Guinea, Liberia, Madagascar, Sierra Leone, Togo (n=7) | DRC, Myanmar, Somalia, Tajikistan, Viet Nam (n=5) | Burundi, Cambodia, Costa Rica, El Salvador, Haiti, Pakistan, Philippines, Sri Lanka, Yemen (n=9) |
| 2015–2017 (n=4)‡ | Botswana, CAR (n=2) | Gabon, PNG (n=2) | — | — |

* No data for Ethiopia and Lao PDR. † No data for Comoros, Congo, Guinea-Bissau, Nigeria, South Sudan. ‡ No data for Sudan

Tuberculosis (TB) Incidence

MEAL Indicator 5.8: Tuberculosis incidence per 1,000 population

WHO-generated estimates of TB incidence (including disaggregation by age and sex and incidence of TB/HIV) are available for 58 SUN countries for the year 2015 (no data for Botswana).

Overall mean incidence of tuberculosis in SUN countries is 227 per 100,000 population (95% CI 185, 269), with a range from 11 to 788 (median 193).

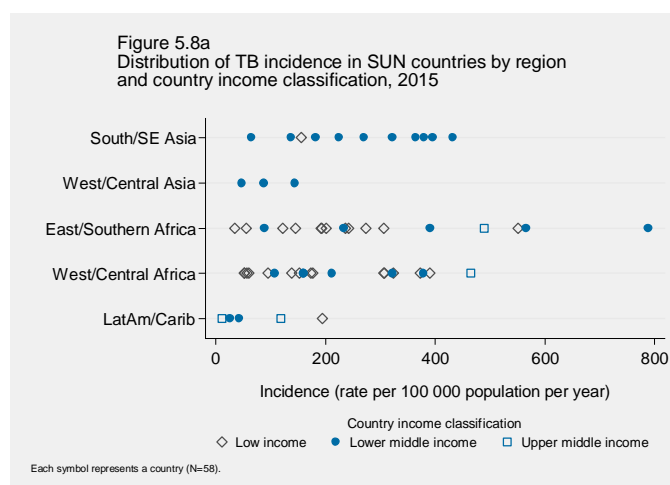


TABLE 71: COUNTRY GROUPING BY TB INCIDENCE AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | TB incidence per 100,000 population, 2015 | | | |
|-------------------|---|---|---|--|
| | ≥350 | 200–349 | 100–199 | <100 |
| 2010–2011 (n=24) | Indonesia, Mozambique, Namibia, Zambia (n=4) | Bangladesh, Tanzania, Uganda, Zimbabwe (n=4) | Ethiopia, Gambia, Ghana, Kyrgyzstan, Lao PDR, Malawi, Mauritania, Nepal, Peru, Senegal (n=10) | Benin, Burkina Faso, Guatemala, Mali, Niger, Rwanda (n=6) |
| 2012–2014 (n=30) | Cambodia, Congo, Guinea-Bissau, Lesotho, Myanmar, Swaziland (n=6) | Cameroon, DRC, Kenya, Liberia, Madagascar, Nigeria, Pakistan, Philippines, Sierra Leone, Somalia (n=10) | Burundi, Chad, Côte d'Ivoire, Guinea, Haiti, South Sudan, Viet Nam (n=7) | Comoros, Costa Rica, El Salvador, Sri Lanka, Tajikistan, Togo, Yemen (n=7) |
| 2015–2017 (n=4)‡ | CAR, Gabon, PNG (n=3) | — | — | Sudan (n=1) |

‡ No data for Botswana

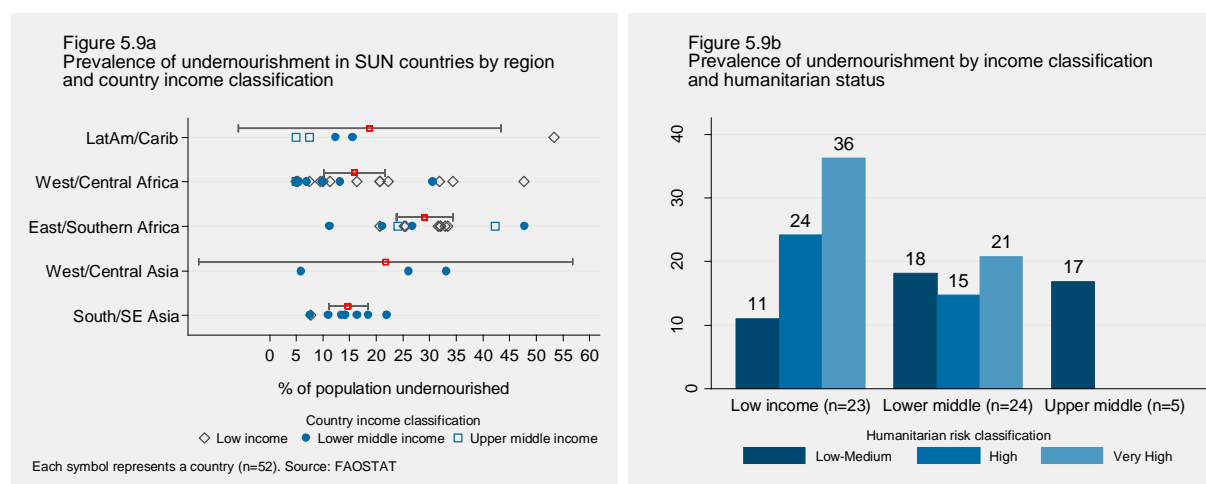
FOOD SYSTEMS

Prevalence of undernourishment

MEAL Indicator 5.9: Prevalence of undernourishment

The prevalence of undernourishment is the main hunger indicator used by the FAO. It measures the share of the population that consumes an amount of calories that is insufficient to cover the energy requirement for an active and healthy life (as defined by the minimum dietary energy requirement). The global average for 2015 is estimated to be 10.8%³³. Data on prevalence of undernourishment were available for 52 SUN countries for the reference period 2014–2016. Four of these countries (Costa Rica, Gabon, Ghana and Mali) were reported to have levels <5% but the estimate of 5% was used for the purpose of this analysis.

On average, 19.9% (95% CI 16.4, 23.3) of the population is considered undernourished in these 52 SUN countries. Prevalence of undernourishment ranges from <5% to 53.4% (median 17.5%). Undernourishment is markedly higher in countries with higher humanitarian risk classification (see Figure 5.9b).



³³ FAO, IFAD, UNICEF, WFP and WHO (2017). The state of food insecurity and nutrition in the world 2017: building resilience for peace and food security. Rome, FAO. (note: 2015 estimates by World Bank country income classification: Low income, 26%; Lower middle income, 14%; Upper middle income, 8%)

TABLE 72: COUNTRY GROUPING BY UNDERNOURISHMENT PREVALENCE AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Prevalence of undernourishment, 2014-2016 | | | |
|-------------------|---|---|---|--|
| | ≥30% | 20–29% | 10–19% | <10% |
| 2010–2011 (n=24) | Ethiopia, Namibia, Rwanda, Tanzania, Zambia, Zimbabwe (n=6) | Burkina Faso, Malawi, Mozambique, Uganda (n=4) | Bangladesh, Guatemala, Lao PDR, Senegal (n=4) | Benin, Gambia, Ghana, Indonesia, Kyrgyzstan, Mali, Mauritania, Nepal, Niger, Peru (n=10) |
| 2012–2014 (n=25)† | Chad, Congo, Haiti, Liberia, Madagascar, Tajikistan (n=6) | Guinea-Bissau, Kenya, Pakistan, Sierra Leone, Sri Lanka, Swaziland, Yemen (n=7) | Cambodia, Côte d'Ivoire, El Salvador, Guinea, Lesotho, Myanmar, Philippines, Togo, Viet Nam (n=9) | Cameroon, Costa Rica, Nigeria (n=3) |
| 2015–2017 (n=3)‡ | Central African Republic (n=1) | Botswana (n=1) | — | Gabon (n=1) |

† No data for Burundi, Comoros, DRC, Somalia and South Sudan. ‡ No data for Papua New Guinea and Sudan

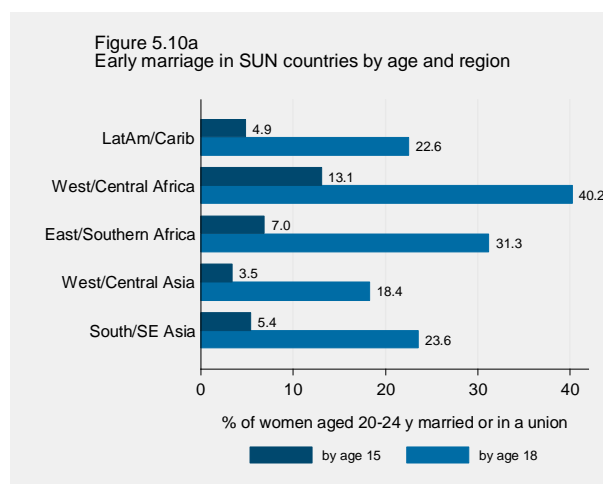
GENDER

Early marriage

MEAL Indicator 5.10: Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18

Data on early marriage are available for 57 SUN countries, with the reference year ranging from 2006 to 2014. Thirty-four countries (60%) have data between 2012–2014.

The mean proportion of women aged 20–24 years who were married or in a union before age 15 and age 18 is 8.6% and 31.8%³⁴, respectively. The distribution of this data is shown in Figure 5.10a. The global estimate for 2015 is 7.5% before age 15 and 26.7% before age 18.³⁵



³⁴ Range 6.5 to 76.3%, median 31.9%

³⁵ SDG Indicators Global Database, <https://unstats.un.org/sdgs/indicators/database/?indicator=5.3.1> [accessed 29 August 2017]

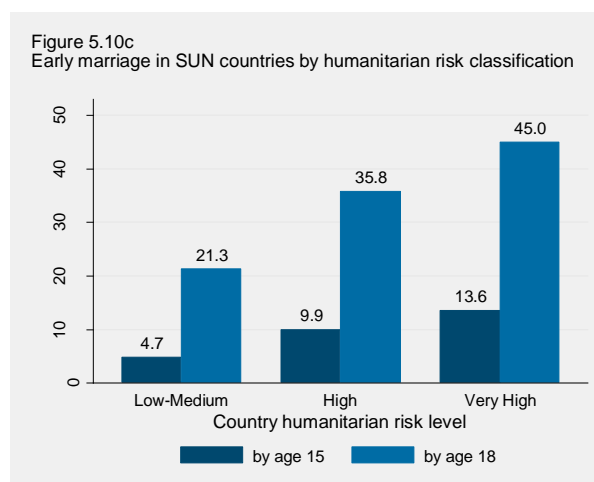
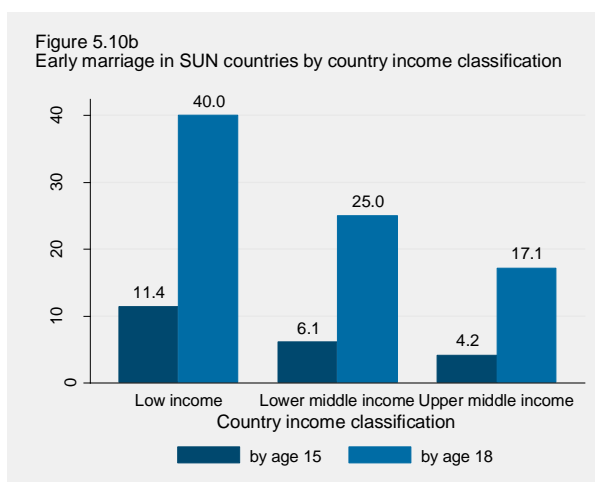


TABLE 73: COUNTRY GROUPING BY EARLY MARRIAGE AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Proportion of women aged 20–24 years married or in a union before age 18 | | | |
|-------------------|---|--|--|---|
| | ≥40% | 30–39% | 20–29% | <20% |
| 2010–2011 (n=24) | Bangladesh, Burkina Faso, Ethiopia, Malawi, Mali, Mozambique, Niger (n=7) | Benin, Gambia, Guatemala, Lao PDR, Mauritania, Nepal, Senegal, Tanzania, Uganda, Zambia, Zimbabwe (n=11) | Ghana (n=1) | Indonesia, Kyrgyzstan, Namibia, Peru, Rwanda (n=5) |
| 2012–2014 (n=29)† | Chad, Guinea, Madagascar, Nigeria, Somalia, South Sudan (n=6) | Cameroon, Comoros, Congo, Côte d'Ivoire, DRC, Liberia, Sierra Leone, Yemen (n=8) | Burundi, Costa Rica, El Salvador, Guinea-Bissau, Kenya, Pakistan, Togo (n=7) | Cambodia, Haiti, Lesotho, Philippines, Sri Lanka, Swaziland, Tajikistan, Viet Nam (n=8) |
| 2015–2017 (n=4)‡ | Central African Republic (n=1) | Sudan (n=1) | Gabon, Papua New Guinea (n=2) | — |

† No data for Myanmar ‡ No data for Botswana

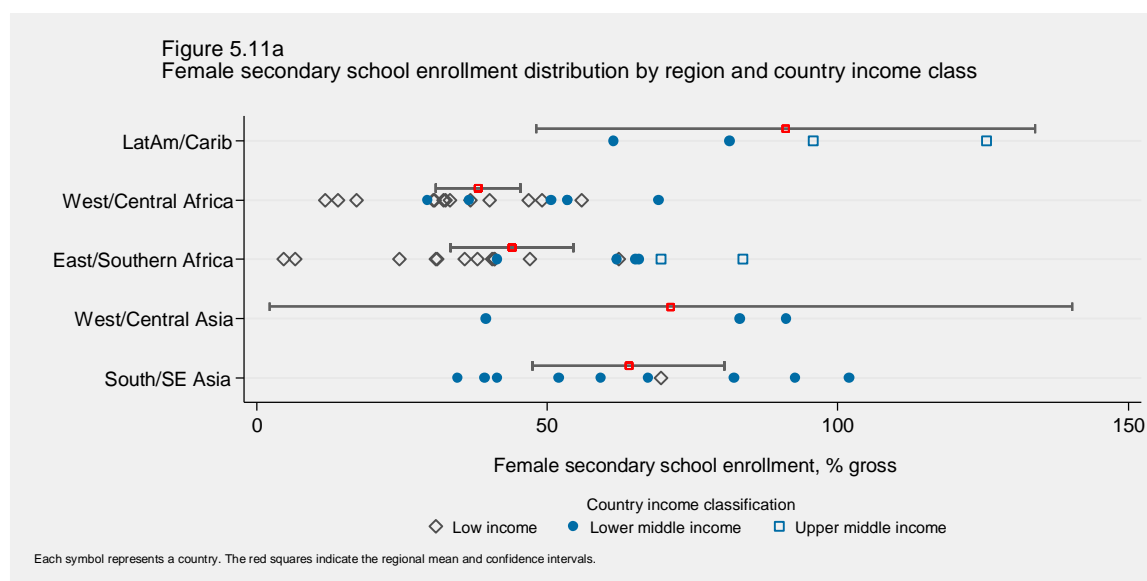
EDUCATION

Female secondary school enrollment

MEAL Indicator 5.11: Female secondary school enrollment

Data on female secondary school enrollment are available for 54 SUN countries³⁶, with the reference year ranging from 2007 to 2015 (48 countries with data in 2012 or more recent).

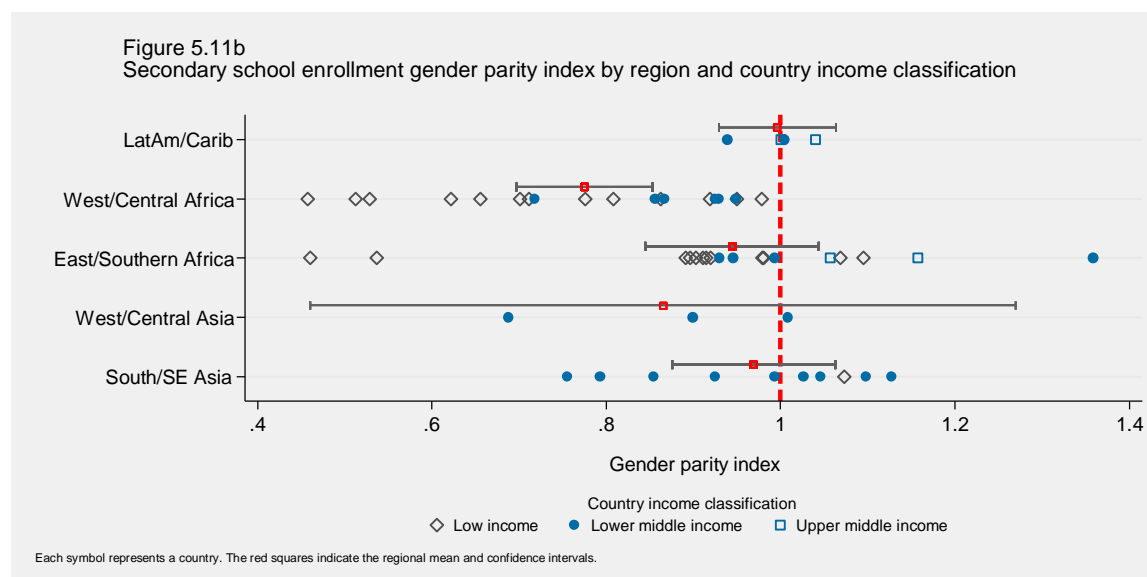
On average, 50.6% of girls are enrolled in secondary school in SUN countries. Female secondary school enrollment (% gross) ranges from 4.6 to 125.6% (median 44.1%).³⁷



³⁶ Data from four countries were considered too out-of-date to be contextually relevant: Gabon (1999), Guinea-Bissau (2000), Viet Nam (1998), Zambia (1988).

³⁷ Female secondary enrollment rate is the total female enrollment in secondary education, in all programmes, regardless of age, expressed as a percentage of the female population of official secondary education age. The rate can exceed 100% due to the inclusion of overaged and underaged students because of early or late school entrance and grade repetition.

Gender parity index – The ratio of female-to-male values of a given indicator. A GPI of 1 indicates parity between the sexes.³⁸



Classification of SUN countries by levels of female secondary school enrollment and year of joining the SUN Movement does not show any noticeable pattern (Table 74).

TABLE 74: COUNTRY GROUPING BY FEMALE SECONDARY SCHOOL ENROLLMENT AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Female secondary school enrollment rate | | | |
|-------------------|---|--|---|---|
| | <30% | 30–49% | 50–64% | ≥65% |
| 2010–2011 | Mauritania, Niger, Uganda (n=3) | Benin, Burkina Faso, Ethiopia, Malawi, Mali, Mozambique, Rwanda, Senegal, Tanzania, Zimbabwe (n=10) | Gambia, Guatemala, Lao PDR (n=3) | Bangladesh, Ghana, Indonesia, Kyrgyzstan, Namibia, Nepal, Peru (n=7) |
| 2012–2014† | Chad, Somalia, South Sudan (n=3) | Burundi, Cambodia, Côte d'Ivoire, DRC, Guinea, Liberia, Madagascar, Pakistan, Sierra Leone, Togo, Yemen (n=11) | Cameroon, Comoros, Congo, Lesotho, Myanmar, Nigeria (n=6) | Costa Rica, El Salvador, Kenya, Philippines, Sri Lanka, Swaziland, Tajikistan (n=7) |
| 2015–2017 | Central African Republic (n=1) | Papua New Guinea, Sudan (n=2) | — | Botswana (n=1) |

† No data for Haiti

³⁸ It has been suggested that while an index of 1.0 is perfect parity, 0.97-1.03 is considered a “zone of gender parity.”

CHILD PROTECTION

Violent discipline among children

MEAL Indicator 5.12: Proportion of children 2–14 years old who experienced any violent discipline (psychological aggression and/or physical punishment)

Data on violent discipline among children are available for 31 SUN countries, with the reference year ranging from 2005 to 2015 (19 countries with data in 2012 or more recent).

On average, in the 31 countries where this indicator was assessed, 79.4% of children 2–14 years old experienced any violent discipline in the past month. Country estimates range from 46 to 94% (median 82%).

Classification of SUN countries by levels of use of violent discipline and year of joining the SUN Movement is shown in Table 75.

Figure 5.12a
Use of violent discipline in SUN countries by region and country income class

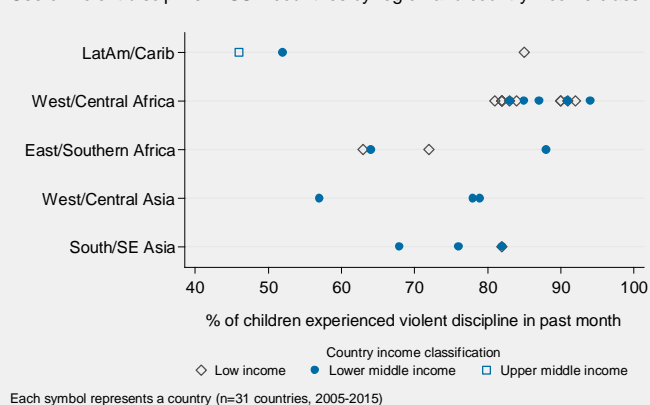


TABLE 75: COUNTRY GROUPING BY USE OF VIOLENT DISCIPLINE AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Proportion of children 2–14 y who experienced any violent discipline | | |
|----------------------|--|--|---|
| | ≥85% | 75–84% | <75% |
| 2010–2011 (n=12)* | Benin, Gambia, Ghana, Mauritania (n=4) | Bangladesh, Burkina Faso, Lao PDR, Nepal, Niger (n=5) | Kyrgyzstan, Malawi, Zimbabwe (n=3) |
| 2012–2014 (n=17)† | Cameroon, Côte d'Ivoire, Haiti, Liberia, Nigeria, Swaziland (n=6) | Chad, Congo, DRC, Guinea-Bissau, Sierra Leone, Tajikistan, Togo, Yemen (n=8) | Costa Rica, El Salvador, Viet Nam (n=3) |
| 2015–2017 (n=2)‡ | Central African Republic (n=1) | — | Sudan (n=1) |

* No data for Ethiopia, Guatemala, Indonesia, Mali, Mozambique, Namibia, Peru, Rwanda, Senegal, Tanzania, Uganda, Zambia

† No data for Burundi, Cambodia, Comoros, Guinea, Kenya, Lesotho, Madagascar, Myanmar, Pakistan, Philippines, Somalia, South Sudan, Sri Lanka

‡ No data for Botswana, Gabon, Papua New Guinea

SOCIAL PROTECTION

Shared prosperity

MEAL Indicator 5.13: Growth rates of household expenditure and income per capita among the bottom 40% of the population and the total population

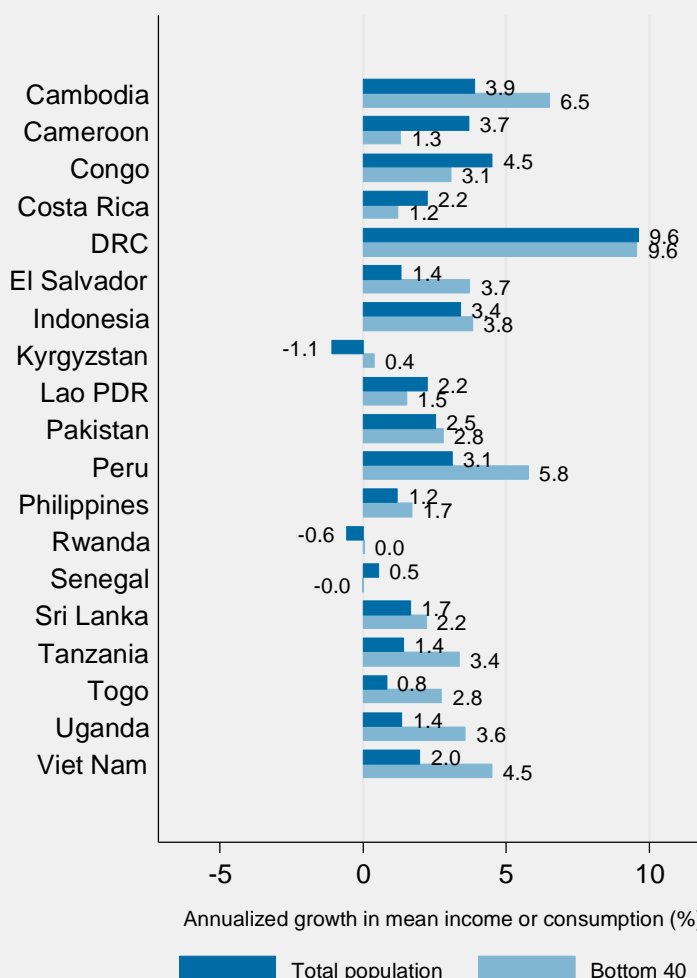
Shared prosperity is measured as the growth in the average income or consumption of the bottom 40% of the population. The larger the growth rate in the income of the bottom 40%, the more quickly prosperity is shared with the most disadvantaged sectors in society.

Data on the annualized growth in mean household per capita income or consumption (according to surveys) are available from the Global Database of Shared Prosperity³⁹ for 19 SUN countries with reference periods ranging from 2004 to 2015.

The bottom 40% of the population in all of the 19 SUN countries monitored experienced positive income growth, as shown in Figure 5.13a. In 11 of the 19 countries, the income growth among the bottom 40 exceeded that of the total population.

Globally, in order to reach the goal of ending poverty by 2030, the growth in income among the bottom 40% needs to exceed the growth in income at the mean by at least 1 percentage point in each country.⁴⁰ The average growth rate in the bottom 40% in these 19 countries was 3.1% (95% CI 1.9, 4.2) whereas the average growth rate in the total population was 2.3% (95% CI 1.2, 3.4). This results in a “shared prosperity premium” of 0.8%

Figure 5.13a
Shared prosperity in SUN countries



³⁹ Source: GDSP (Global Database of Shared Prosperity), World Bank, Washington, DC, <http://www.worldbank.org/en/topic/poverty/brief/global-database-of-shared-prosperity>.

⁴⁰ World Bank Group. 2016. Poverty and Shared Prosperity 2016: Taking on Inequality. Washington, DC: World Bank. (p.6–9)

across these SUN countries.

When analyzed by country income classification groups, the average growth premium was 1.0% in low-income countries (n=6), 0.6% in lower middle-income countries (n=11) and 0.8% in upper middle-income countries (n=2). Due to the small number of countries with data, no further sub-group analysis was conducted.

TABLE 76: COUNTRY GROUPING BY SHARED PROSPERITY PREMIUM AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Shared prosperity premium | | |
|-------------------|--|--|---|
| | <0% | 0–0.9% | ≥1% |
| 2010–2011* | Lao PDR, Senegal (n=2) | Indonesia, Rwanda (n=2) | Kyrgyzstan, Peru, Tanzania, Uganda (n=4) |
| 2012–2014† | Cameroon, Congo, Costa Rica, DRC (n=4) | Pakistan, Philippines, Sri Lanka (n=3) | Cambodia, El Salvador, Togo, Viet Nam (n=4) |
| 2015–2017‡ | — | — | — |

* No data for Bangladesh, Benin, Burkina Faso, Ethiopia, Gambia, Ghana, Guatemala, Malawi, Mali, Mauritania, Mozambique, Namibia, Nepal, Niger, Zambia, Zimbabwe

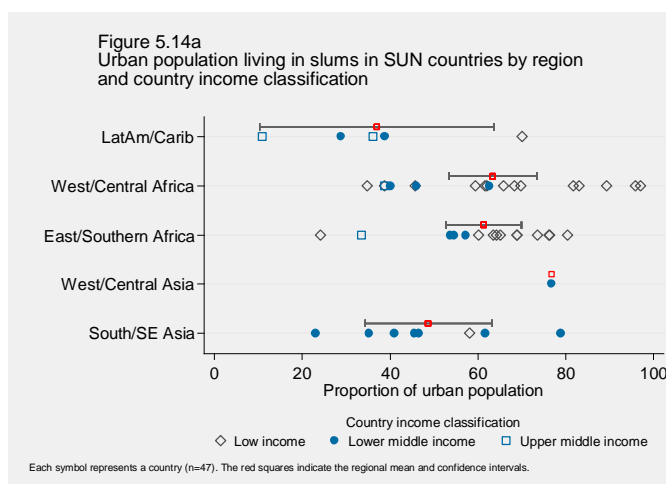
† No data for Burundi, Chad, Comoros, Côte d'Ivoire, Guinea, Guinea-Bissau, Haiti, Kenya, Lesotho, Liberia, Madagascar, Myanmar, Nigeria, Sierra Leone, Somalia, South Sudan, Swaziland, Tajikistan, Yemen

‡ No data for Botswana, CAR, Gabon, Papua New Guinea, Sudan

Urban population living in slums

MEAL Indicator 5.14: Proportion of urban population living in slums, informal settlement or inadequate housing

Slums, informal settlements and inadequate housing are the face of poverty and inequality in cities, and no transformative action will be achieved in the world without addressing the challenge of urban poverty represented by them. The proportion of urban population living in slums, informal settlements or inadequate housing is currently being measured by the proportion of urban population living in slums.⁴¹ According to the United Nations Human Settlements Programme (UN-HABITAT), slums are areas where households lack durable housing, sufficient living space, secure tenure, or easy access to safe water or adequate sanitation facilities.



⁴¹ <https://unstats.un.org/sdgs/metadata/files/Metadata-11-01-01.pdf>

Data on the proportion of the urban population living in slums were available for 47 SUN countries from UN-Habitat, with the reference year ranging from 2005–2009. In these countries, an average of 57.7% (95% CI 51.9, 63.6) of the urban population was living in slum conditions. This ranged from 10.9 to 97.0% across countries (median 61.6%).

TABLE 77: COUNTRY GROUPING BY URBAN POPULATION LIVING IN SLUMS AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Proportion of urban population living in slums | | | |
|-------------------|--|---|--|--|
| | 70–100% | 60–69% | 40–59% | <40% |
| 2010–2011 (n=21)* | Ethiopia, Mozambique, Niger (n=3) | Bangladesh, Benin, Malawi, Mali, Rwanda, Tanzania, Uganda (n=7) | Burkina Faso, Ghana, Nepal, Zambia (n=4) | Gambia, Guatemala, Indonesia, Namibia, Peru, Senegal, Zimbabwe (n=7) |
| 2012–2014 (n=24)† | Cambodia, Chad, Guinea-Bissau, Haiti, Madagascar, Sierra Leone, Somalia, Yemen (n=8) | Burundi, Comoros, DRC, Liberia, Nigeria, Togo (n=6) | Cameroon, Guinea, Kenya, Lesotho, Myanmar, Pakistan, Philippines (n=7) | Costa Rica, El Salvador, Viet Nam (n=3) |
| 2015–2017 (n=2)‡ | Central African Republic (n=1) | — | — | Gabon (n=1) |

* No data for Kyrgyzstan, Lao PDR, Mauritania † No data for Côte d'Ivoire, Congo, South Sudan, Sri Lanka, Swaziland, Tajikistan

‡ No data for Botswana, Papua New Guinea, Sudan

BOX C: UNDERLYING DRIVERS OF STUNTING

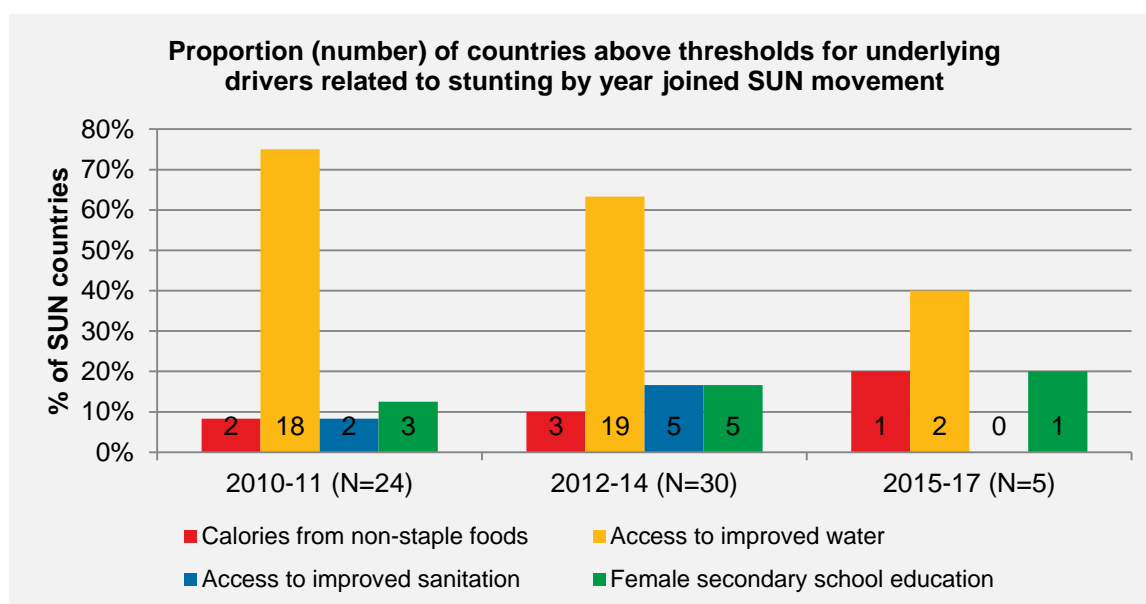
The GNR 2016 looked at ways to help countries be more strategic in identifying underlying drivers that are lagging relative to others. They established several thresholds for specific underlying drivers of stunting and assessed how many countries have a “vulnerability” to stunting in this underlying area. Table 78 ranks SUN countries by their number of vulnerabilities for four of these indicators – calories from nonstaple foods, access to improved water, access to improved sanitation and female secondary school enrollment rate. Only one SUN country is above the thresholds for all four indicators.

TABLE 78: COUNTRY GROUPING BY NUMBER OF VULNERABILITIES TO STUNTING >15%^{*42}

| Number of vulnerabilities | Number of countries | Names of countries (n=59) |
|---------------------------|---------------------|---|
| 0 | 1 | Costa Rica |
| 1 | 6 | Botswana, El Salvador, Kyrgyzstan, Peru, Sri Lanka, Tajikistan |
| 2 | 7 | Guatemala, Indonesia, Myanmar, Pakistan, Philippines, Uganda, Viet Nam |
| 3 | 25 | Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Cameroon, Comoros, Congo, Côte d'Ivoire, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Lao PDR, Lesotho, Liberia, Malawi, Mali, Namibia, Nepal, Rwanda, Senegal, Swaziland, Zimbabwe |
| 4 | 20 | Central African Republic, Chad, DRC, Ethiopia, Haiti, Kenya, Madagascar, Mauritania, Mozambique, Niger, Nigeria, Papua New Guinea, Sierra Leone, Somalia, South Sudan, Sudan, Tanzania, Togo, Yemen, Zambia |

*Vulnerability defined as being below the threshold for the following four underlying drivers:

- Calories from nonstaple foods <51%
- Access to improved water <69%
- Access to improved sanitation <76%
- Female secondary school enrollment rate <81%



⁴² Adapted from GNR 2016, Table 6.1, p.65

List 6: IYCF and Dietary Intake Indicators

Note: trend data for IYCF are only currently available for exclusive breastfeeding (EBF). A public database with time trends for early initiation of breastfeeding is currently under development by UNICEF and is expected to be publicly available in the fall of 2017.⁴³ As the global IYCF indicators (e.g. Minimum Acceptable Diet, Minimum Meal Frequency and Minimum Dietary Diversity) only started being operationalized in 2010, no trend data are available for these indicators at this time.

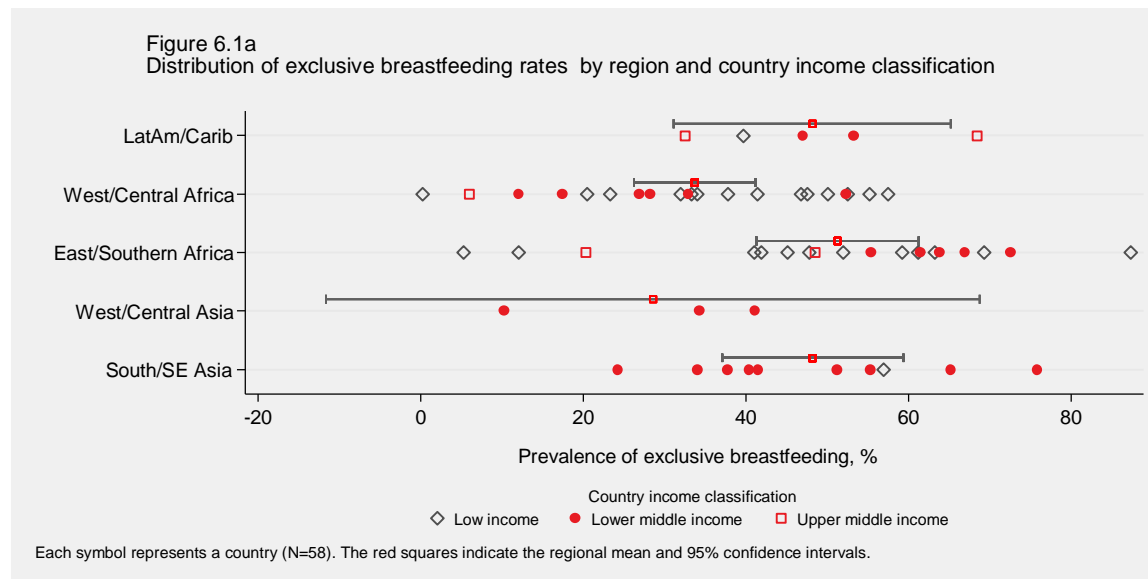
IYCF INDICATORS

Exclusive breastfeeding

MEAL Indicator 6.1: Exclusive breastfeeding for the first six months

Data on current EBF prevalence is available for 58 SUN countries (no data for Papua New Guinea) with the latest year of assessment ranging from 2006 to 2016. The majority of countries (n=45, 78%) have data from surveys conducted in 2012 or more recent.

EBF rates range from 0.3 to 87.3% across SUN countries, as shown in Figure 6.1a, with a mean prevalence of 43.0% (see Table 83). Twenty-three SUN countries (40%) have EBF rates of at least 50% or higher. EBF rates are markedly lower in high risk humanitarian contexts compared to more stable countries. EBF rates globally are estimated at 36%⁴⁴.



⁴³ Personal communication, Julia Krasevec (UNICEF)

⁴⁴ Global Nutrition Report 2017, median based on 137 countries with data.

TABLE 79: COUNTRY GROUPING BY EBF PREVALENCE AND YEAR OF JOINING THE SUN MOVEMENT

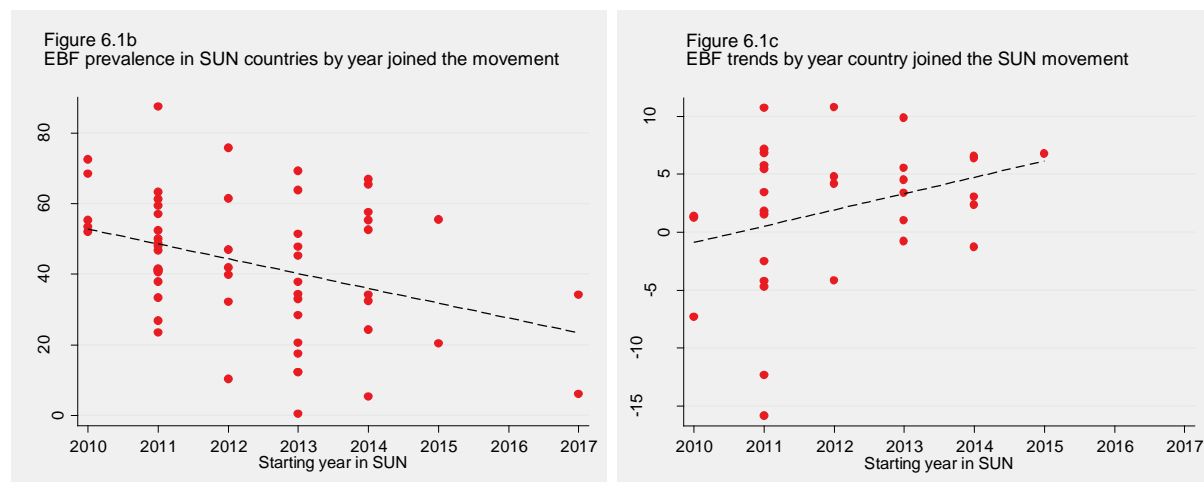
| Year of SUN start | Exclusive breastfeeding prevalence, infants 0-5 months of age [^] | | | |
|-------------------|---|---|--|---|
| | ≥50% | 35–49% | 15–34% | <15% |
| 2010–2011 | Bangladesh↘, Burkina Faso↗, Ethiopia, Ghana↘, Guatemala↗, Malawi↘, Nepal↘, Peru↗, Rwanda↗, Tanzania↗, Uganda, Zambia (n=12) | Gambia↗, Indonesia, Kyrgyzstan↘, Mali, Mozambique↗, Namibia, Benin↗, Lao PDR, Zimbabwe↗ (n=9) | Senegal↘, Mauritania, Niger↗ (n=3) | — |
| 2012–2014 | Burundi, Cambodia↘, Guinea-Bissau↗, Kenya↗, Lesotho↗, Liberia, Myanmar↗, Sri Lanka, Swaziland↗, Togo↗ (n=10) | DRC↗, El Salvador↗, Haiti, Madagascar↘, Pakistan, South Sudan (n=6) | Cameroon↗, Congo↗, Costa Rica, Guinea, Nigeria↗, Philippines, Sierra Leone↗, Tajikistan, Viet Nam↗ (n=9) | Côte d'Ivoire, Comoros, Chad↘, Somalia, Yemen (n=5) |
| 2015–2017‡ | Sudan↗ (n=1) | — | Botswana, Central African Republic (n=2) | Gabon (n=1) |

[^] Arrows represent trend over time in EBF prevalence in countries with this data

‡ No data for Papua New Guinea

Among the 32 SUN countries with trend data, an average annual increase of 1.9% in EBF rates is observed, ranging from -15.8 to 10.7% (median 3.2%). The mean average annual increase is also positive for countries in Latin America/Caribbean (n=3; mean 2.3%; 95% CI 0.3, 4.3), West/Central Africa (n=14; mean 3.6%; 95% CI 1.4, 5.9) and East/Southern Africa (n=10; mean 3.7%; 95% CI 0.3, 7.1). However, EBF rates have declined by -15.8% in Kyrgyzstan, the only country with trend data in West/Central Asia region, and there is a mean average annual *decrease* in EBF for countries in South/SE Asia (n=4; -4.5%; 95% CI -11.4, 2.4).

Three countries (Burkina Faso, Kenya and Swaziland) have an average annual increase in EBF of ~10%. Only nine countries show no change or worsening levels of EBF. Figure 6.1c shows each country's rate of change in EBF based on when they joined the SUN Movement. The line of best fit suggests that greater gains are being made among countries that joined more recently.

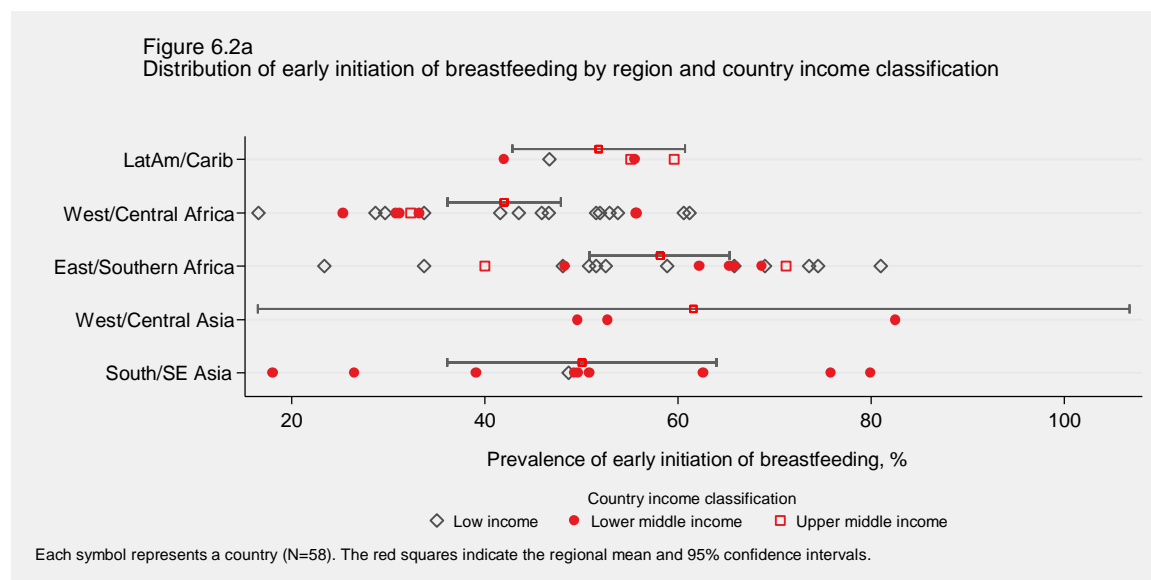


Early initiation of breastfeeding

MEAL Indicator 6.2: Proportion of children born in the last 24 months who were put to the breast within one hour of birth

Data on early initiation of breastfeeding is available for 58 SUN countries (no data for Papua New Guinea) with the latest year of assessment ranging from 2006 to 2016. The majority of countries (n=44, 75%) have data from surveys conducted in 2012 or more recent.

Early initiation rates range from 16.6 to 82.5% across SUN countries (see Figure 6.2a), with a mean and median prevalence of 51% (see Table 83). This is comparable to recent global estimates of median prevalence of 52% in the Global Nutrition Report in 2017 (n=125 countries) and 53% using data from recent DHS (2000-2013) for 57 LMIC.⁴⁵



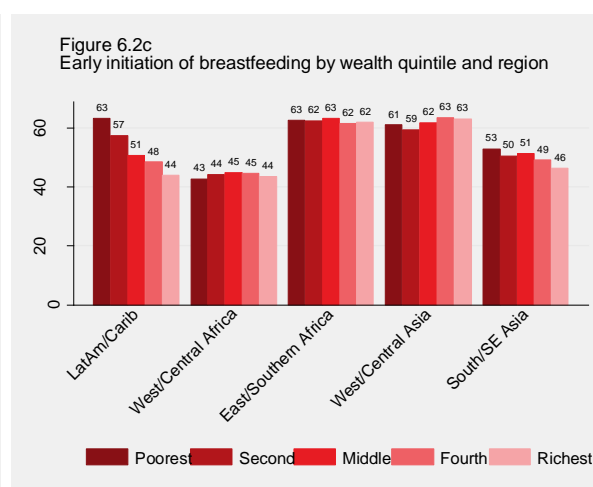
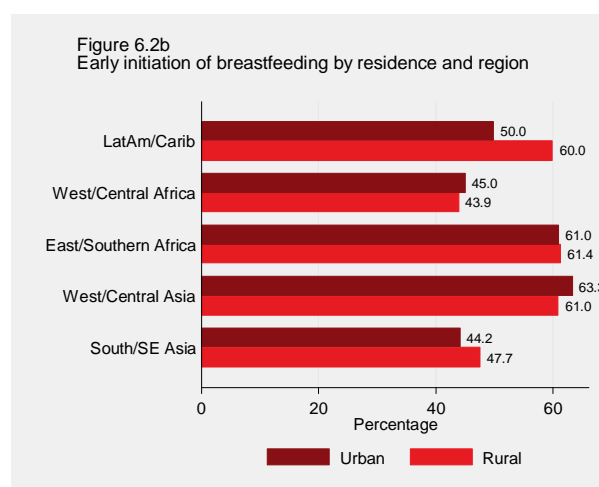
⁴⁵ Oakley, L., L. Benova, D. Macleod, C.A. Lynch & O.M.R. Campbell (2017) Early breastfeeding practices: descriptive analysis of recent Demographic and Health Surveys. *Maternal & Child Nutrition* (early online publication), DOI: 10.1111/mcn.12535.

TABLE 80: COUNTRY GROUPING BY EARLY INITIATION OF BREASTFEEDING PREVALENCE AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Proportion of children born in the last 24 months who were put to the breast within one hour of birth | | | |
|-------------------|---|--|---|---------------------------------|
| | ≥65% | 50–64% | 25–49% | <25% |
| 2010–2011 | Kyrgyzstan, Malawi, Mozambique, Namibia, Rwanda, Zambia (n=6) | Bangladesh, Ethiopia, Gambia, Ghana, Guatemala, Mauritania, Niger, Peru, Tanzania, Uganda, Zimbabwe (n=11) | Benin, Burkina Faso, Indonesia, Lao PDR, Mali, Nepal, Senegal (n=7) | — |
| 2012–2014 | Burundi, Lesotho, Madagascar, Myanmar, Sri Lanka (n=5) | Cambodia, Costa Rica, DRC, Kenya, Liberia, Sierra Leone, Togo, Yemen (n=8) | Cameroon, Chad, Comoros, Congo, Côte d'Ivoire, El Salvador, Guinea-Bissau, Haiti, Nigeria, Philippines, South Sudan, Swaziland, Tajikistan, Viet Nam (n=14) | Guinea, Pakistan, Somalia (n=3) |
| 2015–2017‡ | Sudan (n=1) | — | Botswana, CAR, Gabon (n=3) | — |

‡ Data not available for Papua New Guinea

Figures 6.2b and 6.2c provide an overview of early initiation of breastfeeding rates by residence and household wealth quintile in SUN countries by region. There is greater variation in early initiation rates across urban/rural and socioeconomic levels in countries from the Latin America/Caribbean countries compared to other regions.

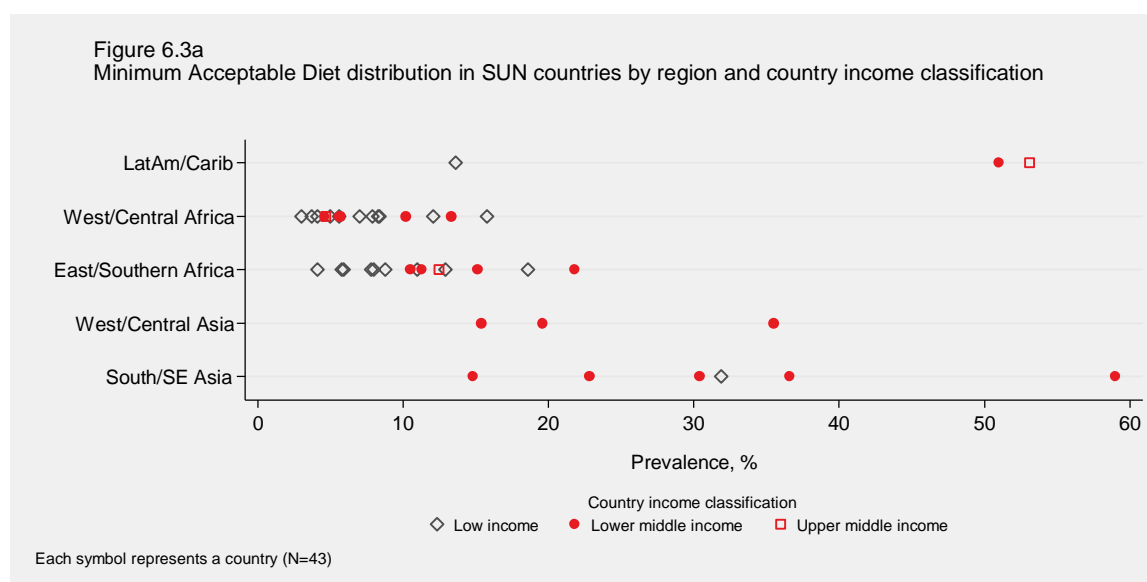


Minimum acceptable diet

MEAL Indicator 6.3: Proportion of children aged 6 to 23 months who receive a Minimum Acceptable Diet (MAD)

Data on the proportion of children 6–23 months of age who receive a minimum acceptable diet (MAD) are available for 43 SUN countries (73%), with the reference year ranging from 2010 to 2016 (37 countries with data from 2012 or more recent).

Only 15.4% (95% CI 11.2, 19.6) of children 6–23 months receive a minimum acceptable diet, which refers to meeting both the minimum number of meals and minimum diet diversity. This is comparable to recent global estimates of 14% (median, n=60 countries) in the Global Nutrition Report 2017 and 16% in a recent report from UNICEF.⁴⁶ With a median of 11%, the distribution of MAD prevalence ranges from 3.0 to 59.0% across SUN countries and is highly skewed toward the lower end of the distribution (Figure 6.3a). MAD prevalence varies widely across regions, with the lowest estimates in countries in the sub-Saharan Africa region (Table 83).



⁴⁶ UNICEF (2016). From the first hour of life: a new report on infant and young child feeding. <https://data.unicef.org/wp-content/uploads/2016/10/From-the-first-hour-of-life-1.pdf>

TABLE 81: COUNTRY GROUPING BY MINIMUM ACCEPTABLE DIET PREVALENCE AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Proportion of children 6-23 months who receive a Minimum Acceptable Diet (MAD) | | | |
|--------------------------|--|--|---|---|
| | ≥40% | 20–39% | 10–19% | <10% |
| 2010–2011* | Guatemala, Peru (n=2) | Bangladesh, Indonesia, Kyrgyzstan, Nepal (n=4) | Benin, Ghana, Mozambique, Namibia, Rwanda, Zambia, Zimbabwe (n=7) | Burkina Faso, Ethiopia, Gambia, Malawi, Niger, Senegal, Tanzania, Uganda (n=8) |
| 2012–2014† | Viet Nam (n=1) | Cambodia, Kenya (n=2) | Haiti, Lesotho, Nigeria, Pakistan, Tajikistan, Togo, Yemen (n=7) | Burundi, Cameroon, Chad, Comoros, Congo, Côte d'Ivoire, DRC, Guinea, Liberia, Sierra Leone (n=10) |
| 2015–2017‡ | — | — | Sudan (n=1) | Gabon (n=1) |

* No data for Lao PDR, Mali, Mauritania

† No data for Costa Rica, El Salvador, Guinea-Bissau, Madagascar, Myanmar, Philippines, Somalia, South Sudan, Sri Lanka, Swaziland

‡ No data for Botswana, Central African Republic, Papua New Guinea

Figure 6.3b
Proportion of children 6-23 mo receiving MAD by residence and region

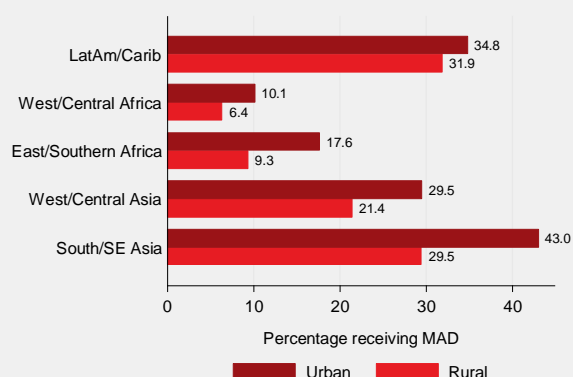
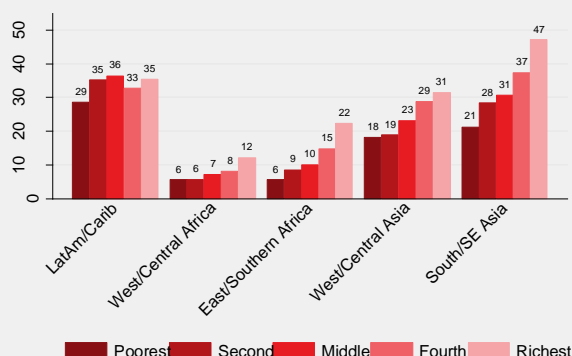


Figure 6.3c
Proportion of children 6-23 mo receiving MAD by wealth quintile and region



Minimum diet diversity

MEAL Indicator 6.4: Proportion of children aged 6 to 23 months who receive a Minimum Diet Diversity (MDD)

Data on minimum diet diversity (MDD) are available for 44 SUN countries, with the reference year from 2010 to 2015 (40 countries with data in 2012 or more recent).

An average of 29.5% (95% CI 23.9, 35.1) of children 6–23 months in these SUN countries receive MDD, ranging from 4.8 to 79.6% (median 26.6%; see Table 83). This is comparable to recent global estimates of 30% (median, n=60 countries) by the Global Nutrition Report 2017 and 29% in a recent report by UNICEF.⁴⁷

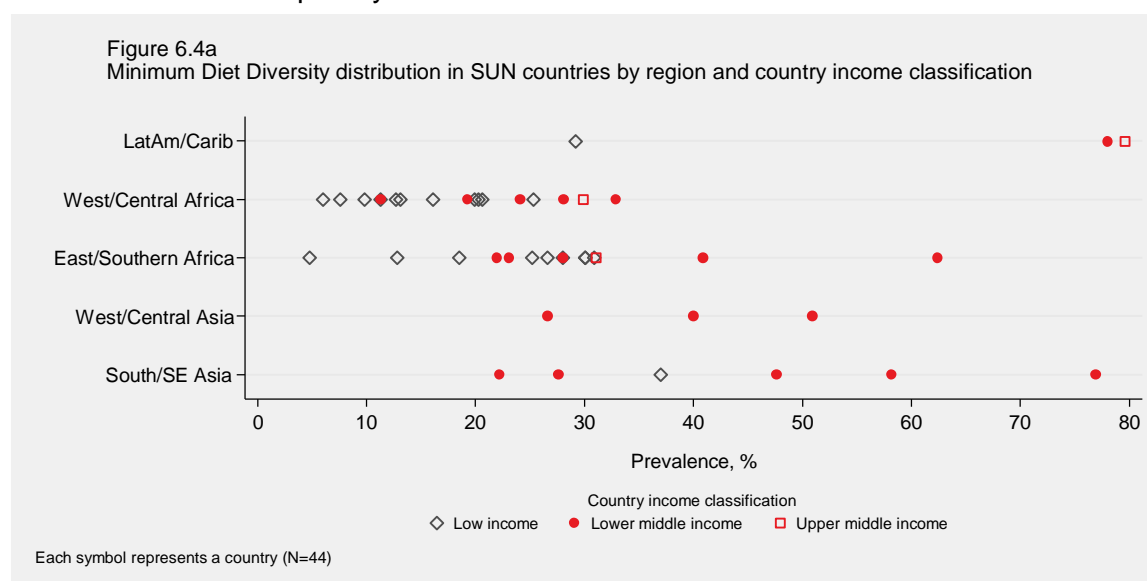


TABLE 82: COUNTRY GROUPING BY MINIMUM DIET DIVERSITY PREVALENCE AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Proportion of children 6-23 months who receive a Minimum Diet Diversity (MDD) | | | |
|-----------------------------|---|--|--|---|
| | ≥50% | 25–49% | 15–24% | <15% |
| 2010–2011* | Indonesia, Kyrgyzstan, Peru (n=3) | Bangladesh, Benin, Ghana, Malawi, Mozambique, Namibia, Nepal, Rwanda, Zimbabwe (n=9) | Senegal, Zambia (n=2) | Burkina Faso, Ethiopia, Gambia, Niger, Uganda (n=5) |
| 2012–2014† | El Salvador, Swaziland, Viet Nam (n=3) | Cambodia, Cameroon, Comoros, Haiti, Kenya, Madagascar, Tajikistan, Yemen (n=8) | Burundi, Congo, DRC, Lesotho, Nigeria, Pakistan, Sierra Leone, Togo, (n=8) | Côte d'Ivoire, Guinea, Guinea-Bissau, Liberia (n=4) |
| 2015–2017‡ | — | — | Gabon, Sudan (n=2) | — |

* No data for Guatemala, Lao PDR, Mali, Mauritania Tanzania,

† No data for Chad, Costa Rica, Myanmar, Philippines, Somalia, South Sudan, Sri Lanka

‡ No data for Botswana, Central African Republic, Papua New Guinea

⁴⁷ UNICEF (2016). From the first hour of life: a new report on infant and young child feeding. <https://data.unicef.org/wp-content/uploads/2016/10/From-the-first-hour-of-life-1.pdf>

Figures 6.4b to 6.4f provide a comparison of MDD by urban/rural residence, country income classification and wealth quintile.

Figure 6.4b
Proportion of children 6-23 mo receiving MDD by residence and region

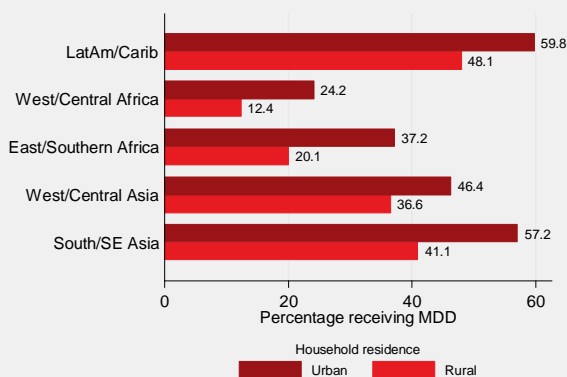


Figure 6.4c
Proportion of children 6-23 mo receiving MDD by residence and country income classification

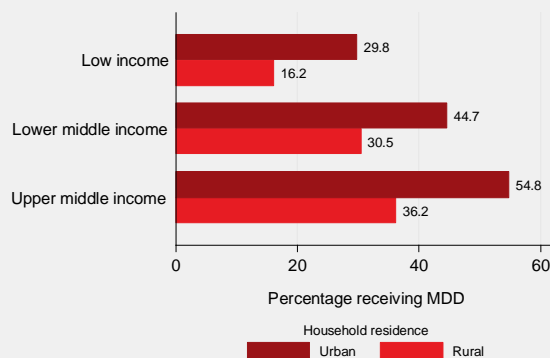


Figure 6.4d
Proportion of children 6-23 mo receiving MDD by wealth quintile and region

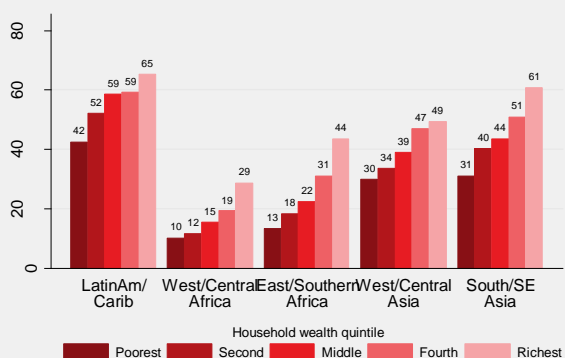


Figure 6.4e
Proportion of children 6-23 mo receiving MDD by wealth quintile and country income classification

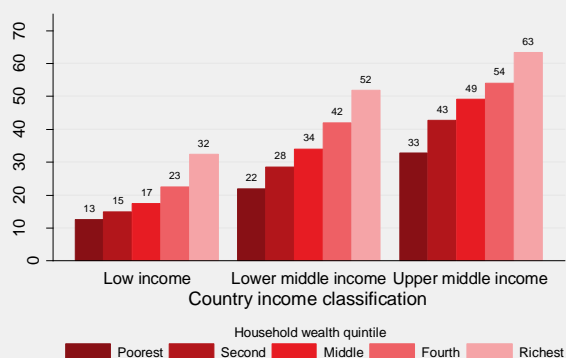
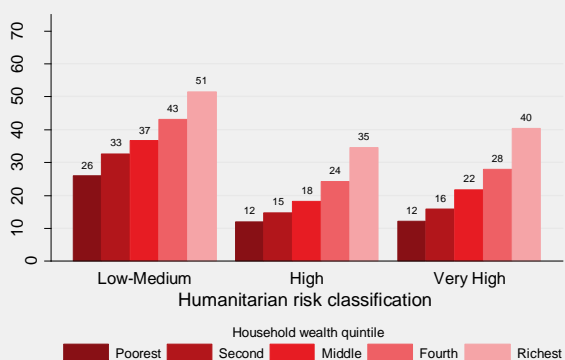


Figure 6.4f
Proportion of children 6-23 mo receiving MDD by wealth quintile and humanitarian risk classification



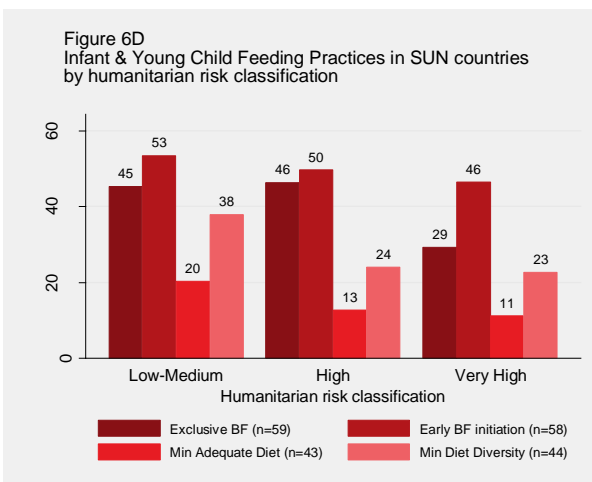
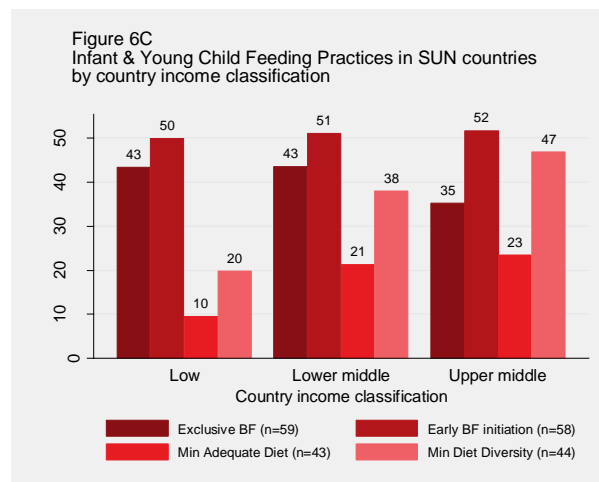
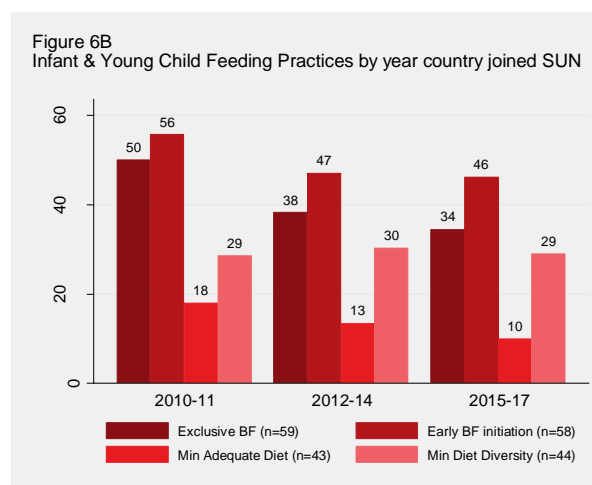
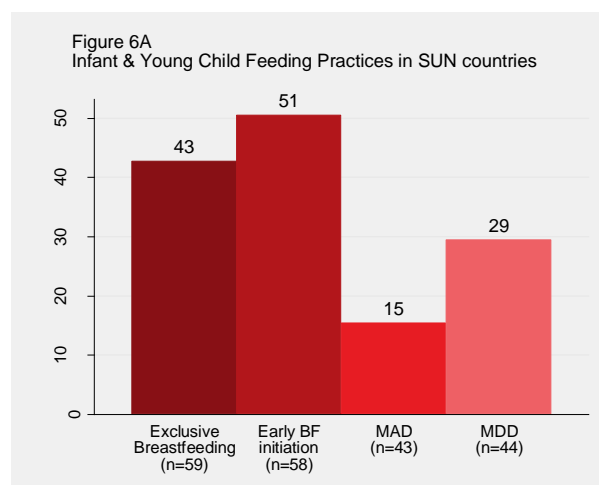
Summary of IYCF Practices in SUN Countries

A summary of data on IYCF practices across SUN countries and for various characteristics is shown in Table 83 below.

TABLE 83: PREVALENCE OF IYCF PRACTICES IN SUN COUNTRIES

| Characteristic | Early initiation of breastfeeding (<1 hour) | | Exclusive breastfeeding (0-5 mon) | | Minimum Acceptable Diet (MAD, 6-23 mon) | | Minimum Diet Diversity (MDD, 6-23 mon) | |
|---------------------------------|---|----------------------|-----------------------------------|----------------------|---|----------------------|--|----------------------|
| | N | Prevalence, % | N | Prevalence, % | N | Prevalence, % | N | Prevalence, % |
| All SUN countries | | | | | | | | |
| Mean (95% CI) | 58 | 50.5 (46.3, 54.7) | 58 | 43.0 (37.9, 48.0) | 43 | 15.4 (11.2, 19.6) | 44 | 29.4 (23.9, 35.1) |
| Median | 58 | 51.2 | 58 | 43.5 | 43 | 11.0 | 44 | 26.0 |
| Range | 58 | 16.6, 82.5 | 58 | 0.3, 87.3 | 43 | 3.0, 59.0 | 44 | 4.8, 79.6 |
| Year joined SUN Movement | | | | | | | | |
| 2010–11 | 24 | 55.7 | 24 | 50.1 | 21 | 17.9 | 19 | 28.5 |
| 2012–14 | 30 | 47.0 | 30 | 39.1 | 20 | 13.4 | 23 | 30.3 |
| 2015–17 | 4 | 46.1 | 4 | 28.9 | 2 | 9.9 | 2 | 29.0 |
| Region | | | | | | | | |
| Latin America & Caribbean | 5 | 51.8 | 5 | 48.2 | 3 | 39.2 | 3 | 62.3 |
| West/Central Africa | 21 | 42.0 | 21 | 33.7 | 17 | 7.4 | 17 | 18.1 |
| East/Southern Africa | 19 | 58.1 | 19 | 51.3 | 14 | 11.0 | 15 | 27.6 |
| West/Central Asia | 3 | 61.6 | 3 | 28.6 | 3 | 23.5 | 3 | 39.2 |
| South/Southeast Asia | 10 | 50.0 | 10 | 48.2 | 6 | 32.6 | 6 | 44.9 |
| Country Income Level | | | | | | | | |
| Low-income | 28 | 49.9 | 28 | 43.4 | 22 | 9.5 | 22 | 19.8 |
| Lower middle-income | 25 | 51.0 | 25 | 44.0 | 18 | 21.3 | 19 | 37.9 |
| Upper middle-income | 5 | 51.6 | 5 | 35.1 | 3 | 23.4 | 3 | 46.9 |
| Humanitarian Risk Level | | | | | | | | |
| Low-Medium | 23 | 53.4 | 23 | 45.2 | 17 | 20.3 | 18 | 37.8 |
| High | 24 | 49.6 | 24 | 45.9 | 19 | 12.7 | 20 | 24.0 |
| Very High | 11 | 46.4 | 11 | 31.8 | 7 | 16.3 | 6 | 22.6 |

As shown in the figures below, uptake of optimal breastfeeding practices is considerably higher than optimal complementary feeding practices across all SUN countries as well as for various country characteristics. Exclusive breastfeeding prevalence does not seem to be associated with country income level (Figure 6C), while Minimum Dietary Diversity is strongly positively associated with country income level. In general, IYCF practices are lowest in countries classified as being a very high humanitarian risk level (Figure 6D).



DIETARY INTAKE INDICATORS

Fruit and vegetable intake

MEAL Indicator 6.5: Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day

Data on per capita fruit and vegetable intake (grams per day) were available for 58 SUN countries (no data for South Sudan) from the Global Dietary Database for the reference years 1990, 2005 and 2010. Overall, mean intake of fruit and vegetables in 2010 was 211 g per day (95% CI 191, 231) and ranged from 57 to 570 g (median 209 g) (see Figure 6.5a and Table 84). Only one country, Lao PDR, had a population mean intake over 400 g per day, the recommended minimum intake level (Table 85). Trends were relatively constant over the years 1990, 2005 and 2010 across regions and country income levels, as shown in Figures 6.5b and 6.5c, respectively.

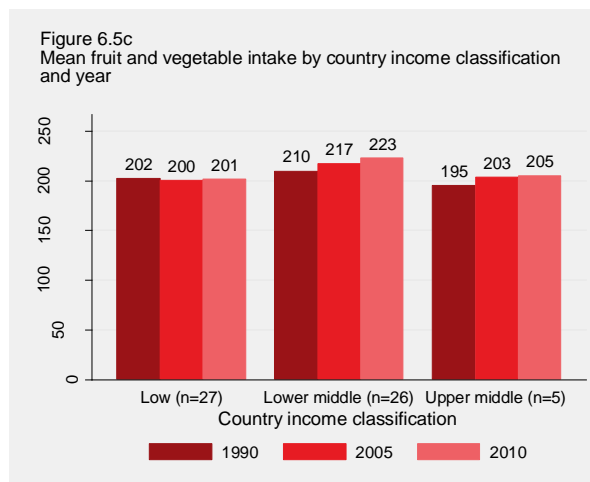
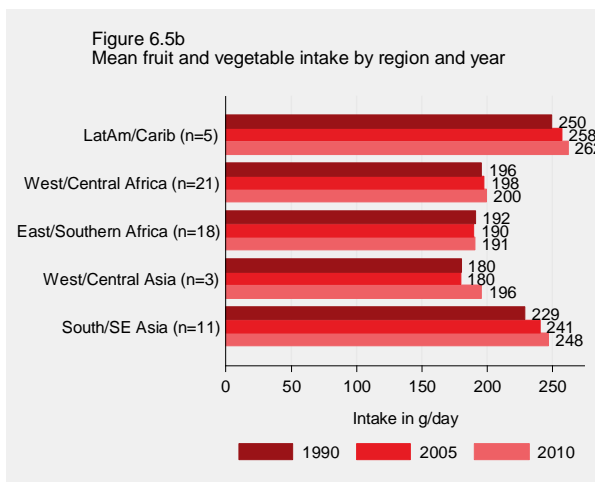
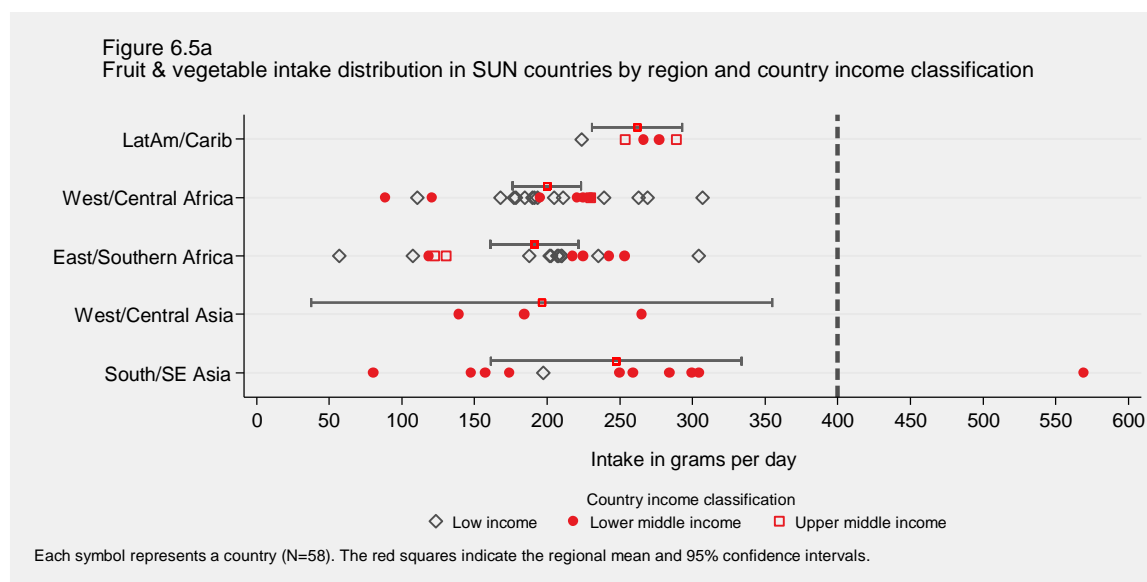


TABLE 84: FRUIT AND VEGETABLE INTAKE LEVELS (GRAMS PER CAPITA PER DAY) BETWEEN 1990 AND 2010

| Characteristic | N | 1990 | 2005 | 2010 |
|---------------------------------|----|----------------|----------------|----------------|
| All SUN countries | | | | |
| Mean (95% CI) | 58 | 205 (186, 224) | 208 (188, 228) | 211 (191, 231) |
| Median | 58 | 209 | 206 | 209 |
| Range | 58 | 55, 287 | 56, 555 | 57, 570 |
| Year joined SUN Movement | | | | |
| 2010–11 | 24 | 205 | 211 | 214 |
| 2012–14 | 30 | 211 | 211 | 215 |
| 2015–17 | 5 | 168 | 176 | 177 |
| Region | | | | |
| Latin America & Caribbean | 41 | 250 | 258 | 262 |
| West/Central Africa | 18 | 196 | 198 | 200 |
| East/Southern Africa | 19 | 192 | 190 | 191 |
| West/Central Asia | 3 | 180 | 180 | 196 |
| South/Southeast Asia | 11 | 229 | 241 | 248 |
| Country Income Level | | | | |
| Low-income | 28 | 202 | 200 | 201 |
| Lower middle-income | 26 | 210 | 217 | 223 |
| Upper middle-income | 5 | 195 | 203 | 205 |
| Humanitarian Risk Level | | | | |
| Low-Medium | 23 | 214 | 219 | 224 |
| High | 25 | 199 | 201 | 204 |
| Very High | 10 | 199 | 199 | 201 |

TABLE 85: COUNTRY GROUPING BY FRUIT AND VEGETABLE INTAKE LEVELS AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Adult fruit and vegetable intake level (g per capita per day) | | | |
|-----------------------------|---|---|--|--------------------------|
| | ≥400 g | 200–399 g | 100–199 g | <100 g |
| 2010–2011 | Lao PDR (n=1) | Bangladesh, Benin, Ghana, Guatemala, Malawi, Mali, Mozambique, Peru, Rwanda, Senegal, Tanzania, Uganda, Zambia (n=13) | Burkina Faso, Gambia, Indonesia, Kyrgyzstan, Mauritania, Namibia, Nepal, Niger, Zimbabwe (n=9) | Ethiopia (n=1) |
| 2012–2014† | — | Burundi, Cambodia, Comoros, Costa Rica, Côte d'Ivoire, DRC, El Salvador, Guinea, Haiti, Kenya, Madagascar, Myanmar, Nigeria, Sierra Leone, Sri Lanka, Swaziland, Viet Nam, Yemen (n=18) | Chad, Congo, Guinea-Bissau, Lesotho, Liberia, Philippines, Somalia, Tajikistan, Togo (n=9) | Cameroon, Pakistan (n=2) |
| 2015–2017 | — | Gabon, Sudan (n=2) | Botswana, CAR, Papua New Guinea (n=3) | — |

† No data for South Sudan

Sodium intake

MEAL Indicator 6.6: Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years

Data on mean intake of sodium in grams per day for adults were available for all SUN countries.⁴⁸ Mean intake is 2.9 grams per day (95% CI 2.7, 3.1), with a range from 1.5 to 5.5 g (median 2.8 g). As shown in Figure 6.6a, most countries have intakes higher than the 2 g per day maximum recommended by the WHO.

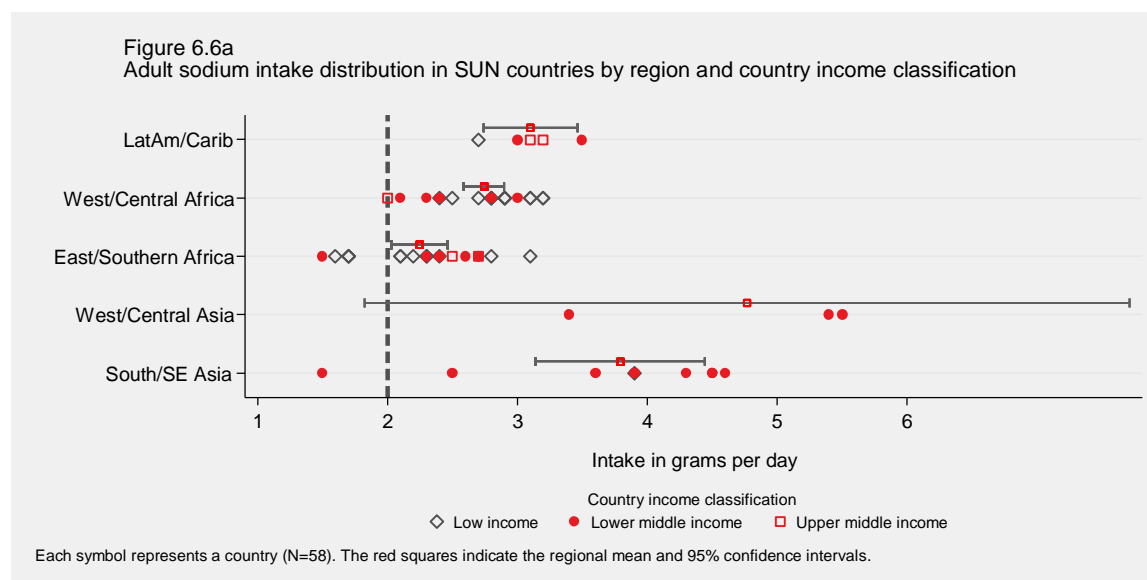


TABLE 86: COUNTRY GROUPING BY SODIUM INTAKE AND YEAR OF JOINING THE SUN MOVEMENT

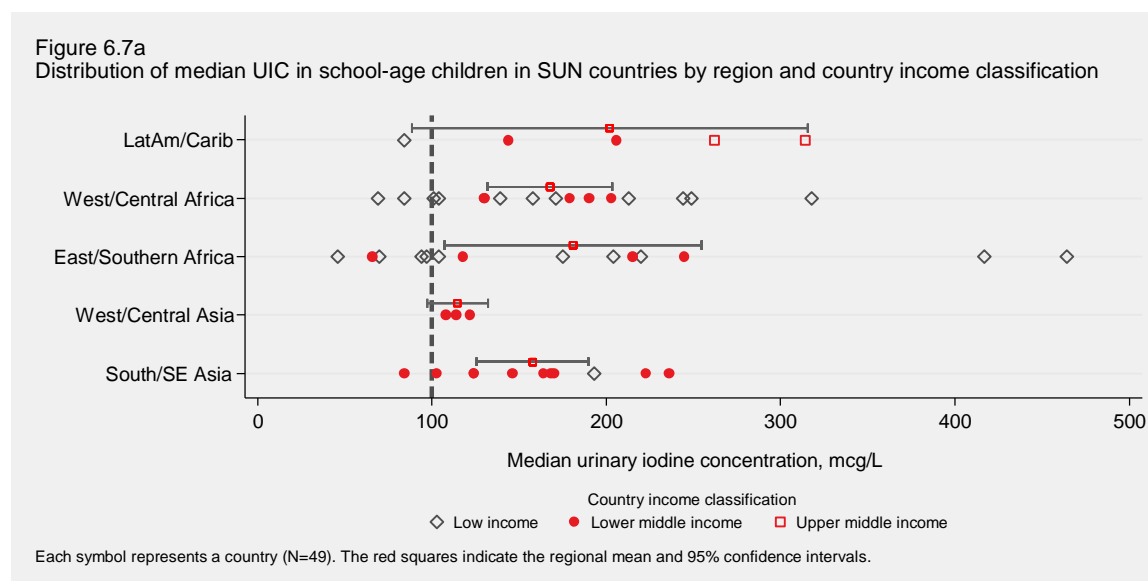
| Year joined SUN Movement | Mean sodium intake for adults, grams per day | | | |
|-----------------------------|--|---|--|---------------------------------------|
| | ≥4.0 g | 3.0-3.9 g | 2.0-2.9 g | <2.0 g |
| 2010–2011 | Kyrgyzstan, Lao PDR (n=2) | Bangladesh, Gambia, Guatemala, Mali, Mauritania, Nepal, Peru, Senegal, Zimbabwe (n=9) | Benin, Burkina Faso, Ethiopia, Ghana, Mozambique, Namibia, Niger, Tanzania, Uganda, Zambia (n=10) | Indonesia, Malawi, Rwanda (n=3) |
| 2012–2014† | Cambodia, Myanmar, Philippines, Tajikistan, Viet Nam (n=5) | Costa Rica, El Salvador, Guinea-Bissau, Pakistan, Sri Lanka, Yemen (n=6) | Cameroon, Chad, Congo, Côte d'Ivoire, DRC, Guinea, Haiti, Lesotho, Liberia, Madagascar, Nigeria, Sierra Leone, Somalia, South Sudan, Swaziland, Togo (n=15) | Burundi, Comoros, Kenya (n=3) |
| 2015–2017 | — | — | Botswana, CAR, Gabon, PNG, Sudan (n=5) | — |

⁴⁸ Powles J, Fahimi S, Micha R, et al. (2013) Global, regional and national sodium intakes in 1990 and 2010: a systematic analysis of 24 h urinary sodium excretion and dietary surveys worldwide. *BMJ Open*; 3:e003733. doi: 10.1136/bmjopen-2013-003733

Iodine intake

MEAL Indicator 6.7: Median urinary iodine concentration in children aged 6–12 years

Data on median urinary iodine concentration (UIC) in school-age children, a proxy for assessing adequacy of iodine intake in the general population, were available for 49 SUN countries, with the reference year ranging from 2002 to 2015⁴⁹. Population iodine sufficiency is defined using median UIC in school-age children with the following cut-offs: <100 µg/L insufficient iodine intake, 100–299 µg/L adequate iodine intake and ≥300 µg/L excessive iodine intake⁵⁰.



Despite less than optimal iodized salt coverage in SUN countries, only nine SUN countries⁵¹ have evidence of insufficient iodine intake based on median UIC in school-age children.

⁴⁹ Iodine Global Network (2017). Global Scorecard of Iodine Nutrition in 2017.

http://www.ign.org/cm_data/IGN_Global_Scorecard_AllPop_and_PW_May2017.pdf

⁵⁰ WHO, UNICEF, ICCIDD 2007 Assessment of the iodine deficiency disorders and monitoring their elimination. World Health Organization, Geneva, Switzerland. WHO/NHD/01.1.

⁵¹ Countries with median UIC <100 µg/L in school-age children: Burkina Faso (84), Burundi (70), Haiti (84), Madagascar (46), Mali (69), Mozambique (97), South Sudan (94), Sudan (66), Viet Nam (84)

TABLE 87: COUNTRY GROUPING BY MEDIAN URINARY IODINE CONCENTRATION AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Median urinary iodine concentration in children aged 6–12 years | | | |
|--------------------------|---|---|---|---|
| | Excessive ≥300 mcg/L | Adequate 200–299 mcg/L | Adequate 100–199 mcg/L | Insufficient <100 mcg/L |
| 2010–2011* | Benin, Uganda (n=2) | Indonesia, Peru, Tanzania, Zambia, Zimbabwe (n=5) | Bangladesh, Ethiopia, Ghana, Guatemala, Kyrgyzstan, Lao PDR, Malawi, Mauritania, Nepal, Niger, Senegal (n=11) | Burkina Faso, Mali, Mozambique (n=3) |
| 2012–2014† | Costa Rica, Somalia (n=2) | Cambodia, Chad, Côte d'Ivoire, DRC, El Salvador, Lesotho, Liberia (n=7) | Cameroon, Guinea, Kenya, Myanmar, Nigeria, Pakistan, Philippines, Sierra Leone, Sri Lanka, Tajikistan, Togo, Yemen (n=12) | Burundi, Haiti, Madagascar, South Sudan, Viet Nam (n=5) |
| 2015–2017‡ | — | — | Papua New Guinea (n=1) | Sudan (n=1) |

* No data for Gambia, Namibia, Rwanda; † No data for Comoros, Congo, Guinea-Bissau, Swaziland; ‡ No data for Botswana, CAR, Gabon

Micronutrient intake through fortified foods

MEAL Indicator 6.8: Percentage of the population consuming food that is fortified according to standards

Data on population consumption of fortified food is limited to a few countries that have conducted Fortification Assessment Coverage Toolkit (FACT) surveys with support from GAIN. As shown in Table 88, six SUN countries have conducted FACT surveys between 2013 and 2015.

TABLE 88: SUMMARY OF FOOD FORTIFICATION COVERAGE IN SUN COUNTRIES WITH COVERAGE SURVEYS*

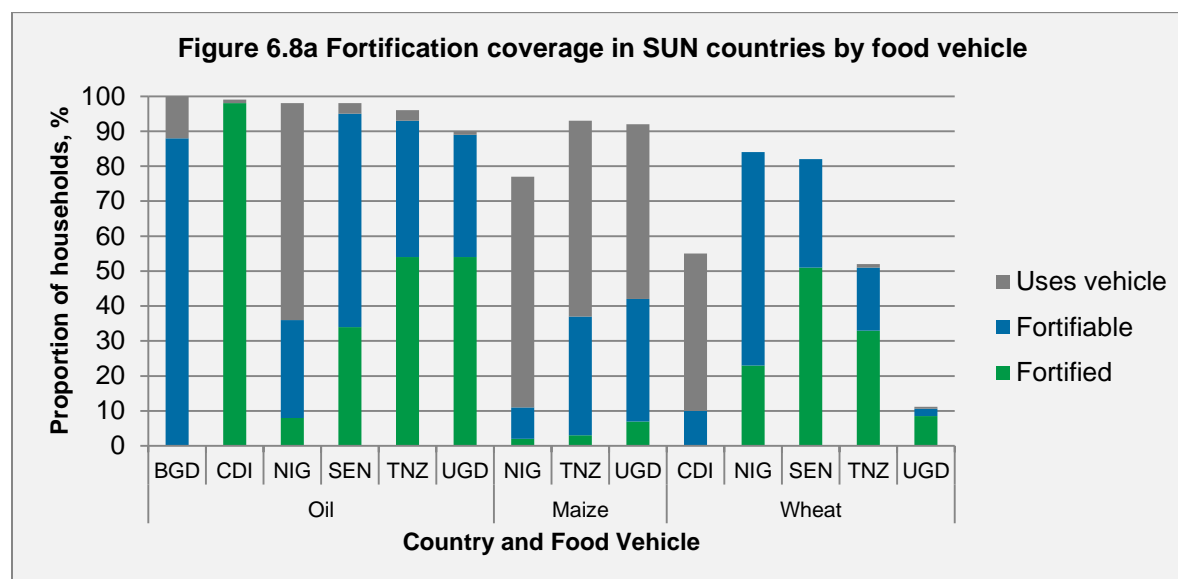
| Food vehicle | Bangladesh | Côte d'Ivoire | Nigeria [†] | Senegal | Tanzania | Uganda |
|----------------------------|-----------------|--|---|------------------|---|---|
| Edible oil | | | | | | |
| Legislation, start date | Mandatory, 2013 | Mandatory, 2007 | Mandatory, 2000 | Mandatory, 2009 | Mandatory, 2010 | Mandatory, 2003 |
| Micronutrient | Vit A | Vit A | Vit A | Vit A | Vit A, E | Vit A |
| Coverage | | | | | | |
| % uses vehicle | 100 | 99 | 98 | 98 | 96 | 90 |
| % fortifiable | 88 | 98 | 23–36 | 95 | 93 | 89 |
| % fortified | not tested | 98 | 7–8 | 34 | 54 | 54 |
| Maize flour | | | | | | |
| Legislation, start date | — | — | Mandatory, 2000 | — | Mandatory, 2011 | Mandatory, 2003 |
| Micronutrient | — | — | Folic acid, Vit A, zinc | — | 9 MN, including folic acid, vit A, iron, zinc | 8 MN, including folic acid, vit A, iron, zinc |
| Coverage | | | | | | |
| % uses vehicle | — | — | 12–77 | — | 93 | 92 |
| % fortifiable | — | — | 3–11 | — | 37 | 42 |
| % fortified | — | — | 0–2 | — | 3 | 7 |
| Wheat flour | | | | | | |
| Legislation, start date | — | Mandatory, 2007 | Mandatory, 2000 | Mandatory, 2009 | Mandatory, 2010 | Mandatory, 2003 |
| Micronutrient | — | 8 MN, including folic acid, iron, zinc | 7 MN, including folic acid, vit A, iron, zinc | folic acid, iron | 9 MN, including folic acid, vit A, iron, zinc | 9 MN, including folic acid, vit A, iron, zinc |
| Coverage | | | | | | |
| % uses vehicle | — | 55 | 14–84 | 82 | 52 | 11 |
| % fortifiable [‡] | — | 10 | 14–84 | 82 | 51 | 11 |
| % fortified [^] | — | not tested | 5–23 | 51 | 33 | 9 |

*Adapted from Aaron et al. (2017) <http://jn.nutrition.org/content/147/5/984S.full>

[†] Estimates from two locations – Lagos and Kano; [‡] Food vehicle used by household is process industrially.

[^]Food vehicle used by household is confirmed to be fortified by brand identification and quantitative laboratory analysis.

Figure 6.8a demonstrates the variability in potential fortification coverage and actual coverage across food vehicles in the selected SUN countries. The majority of oil production is fortifiable in most SUN countries and some countries have made very good progress in achieving high coverage of this food vehicle. However, in the case of maize, while a large proportion of the population consumes it as a staple food, the bulk of production of this food vehicle is not fortifiable (i.e. not centrally manufactured) and very little is currently fortified in the countries assessed. There are also situations where the food vehicle is not a staple, such as in Uganda where use of wheat was found to be very low.



*Data adapted from Aaron et al. (2017) <http://jn.nutrition.org/content/147/5/984S.full>

Step 5: Women, children, adolescents and families thrive leading to the end of malnutrition by 2030

List 7: Nutrition Status Indicators

One of the aims of MEAL is to **strengthen data and evidence on how multiple forms of malnutrition manifest in SUN countries**. The following sections summarize what is known about the current nutritional status of the population in SUN countries and examine progress across the Movement towards WHA global nutrition targets and NCD diet-related targets.

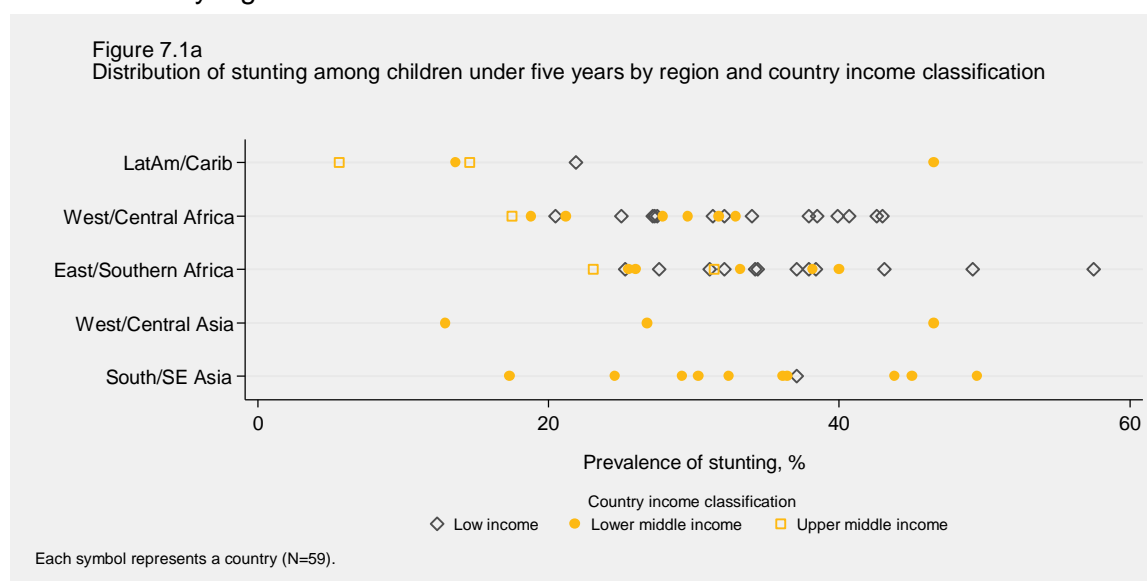
NUTRITIONAL STATUS OF CHILDREN UNDER FIVE

Child Stunting

MEAL Indicator 7.1 – Prevalence of low height-for-age <-2 SD in children under five years of age

Data on current stunting prevalence is available for all SUN countries but the latest year of assessment ranges from 2006 to 2016. Most countries (n=48, 81%) have data from surveys conducted in 2012 or more recent^{52, 53}.

Across the 59 SUN countries, under-five stunting prevalence is 31.9% (95% CI 29.3, 34.5) and affects 89.6 million children, which corresponds to around 56% of the global burden of 159 million children. The distribution of stunting across SUN countries is shown in Figure 7.1a, below. One out of five (n=12) SUN countries have a stunting prevalence over 40% which is considered very high.



⁵² Countries with stunting data prior to 2012 include: Botswana (2007), Burundi (2010), CAR (2010), Costa Rica (2008), Lao PDR (2011), Madagascar (2009), Mali (2006), Mozambique (2011), PNG (2010), Somalia (2009), South Sudan (2010)

⁵³ Source of data: UNICEF-WHO-World Bank: Joint Child Malnutrition Estimates: Levels and Trends (updated May 2017) <https://data.unicef.org/topic/nutrition/malnutrition/>

TABLE 89: PREVALENCE OF STUNTING IN CHILDREN UNDER FIVE YEARS IN SUN COUNTRIES

| Characteristic | N | Prevalence, % | Characteristic | N | Prevalence, % |
|--------------------------------|----|-------------------|-----------------------------|----|---------------|
| All SUN countries | | | Region | | |
| Mean (95% CI) | 59 | 31.9 (29.3, 34.5) | Latin America & Caribbean | 5 | 20.4 |
| Median | 59 | 32.1 | West/Central Africa | 21 | 30.8 |
| Range | 59 | 5.6, 57.5 | East/Southern Africa | 19 | 35.0 |
| Year joined SUN | | | West/Central Asia | 3 | 28.7 |
| 2010–11 | 24 | 32.4 | South/Southeast Asia | 11 | 34.7 |
| 2012–14 | 30 | 30.9 | Country Income Level | | |
| 2015–17 | 5 | 35.5 | Low-income | 28 | 34.8 |
| Humanitarian Risk Level | | | Lower middle-income | 26 | 31.4 |
| Low-Medium | 23 | 26.5 | Upper middle-income | 5 | 18.4 |
| High | 25 | 34.7 | | | |
| Very High | 11 | 36.7 | | | |

TABLE 90: COUNTRY GROUPING BY CURRENT STUNTING PREVALENCE AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Prevalence of stunting in children under five years of age | | | |
|--------------------------|--|---|---|--|
| | ≥40% | 30–39% | 20–29% | <20% |
| 2010–2011 | Guatemala, Lao PDR, Mozambique, Niger, Zambia (n=5) | Bangladesh, Benin, Ethiopia, Indonesia, Malawi, Mali, Nepal, Rwanda, Tanzania, Uganda (n=10) | Burkina Faso, Gambia, Mauritania, Namibia, Senegal, Zimbabwe (n=6) | Ghana, Kyrgyzstan, Peru (n=3) |
| 2012–2014 | Burundi, DRC, Madagascar, Pakistan, Yemen (n=5) | Cambodia, Cameroon, Chad, Comoros, Guinea, Lesotho, Liberia, Nigeria, Philippines, Sierra Leone, South Sudan (n=11) | Congo, Côte d'Ivoire, Guinea-Bissau, Haiti, Kenya, Myanmar, Somalia, Swaziland, Tajikistan, Togo, Viet Nam (n=11) | Costa Rica, El Salvador, Sri Lanka (n=3) |
| 2015–2017 | Central African Republic, Papua New Guinea (n=2) | Botswana, Sudan (n=2) | — | Gabon (n=1) |

Average annual rate of reduction

Across the 41 SUN countries with trend data for stunting prevalence, the average annual rate of reduction (AARR) is 3.0% (range -4.7 to 12.6%; median 2.9%). The mean AARR is above zero for each sub-region, ranging from 2.6% in two regions to 5.6% in Latin America (see Table 91).

TABLE 91: STUNTING AARR BY REGION

| Region | n | Mean | 95% CI |
|-------------------------|----|------|------------|
| All Countries | 35 | 3.0 | 1.9, 4.1 |
| Latin America/Caribbean | 3 | 5.6 | 0.2, 11.1 |
| West/Central Africa | 14 | 2.0 | 0.3, 3.7 |
| East/Southern Africa | 9 | 3.3 | 1.5, 5.2 |
| West/Central Asia | 2 | 5.2 | -5.2, 15.7 |
| South/SE Asia | 7 | 2.8 | 2.1, 3.6 |

TABLE 92: COUNTRY GROUPING BY STUNTING AARR DIRECTION AND YEAR JOINED THE SUN MOVEMENT

| Year joined SUN Movement | Average annual rate of reduction in stunting | | |
|--------------------------|--|---------------------------|--|
| | Negative direction (<0%) | Stalled (0–0.5%) | Positive direction (>0.5%) |
| 2010–2011 (n=16)* | Gambia, Mauritania (n=2) | — | Bangladesh, Burkina Faso, Ethiopia, Ghana, Guatemala, Indonesia, Kyrgyzstan, Malawi, Nepal, Peru, Rwanda, Senegal, Tanzania, Zimbabwe (n=14) |
| 2012–2014 (n=18)† | Chad, Togo (n=2) | Sierra Leone, Yemen (n=2) | Cambodia, Cameroon, Congo, DRC, El Salvador, Guinea-Bissau, Kenya, Lesotho, Liberia, Myanmar, Nigeria, Philippines, Swaziland, Viet Nam (n=14) |
| 2015–2017 (n=1)‡ | Sudan (n=1) | — | — |

* No data for Benin, Lao PDR, Mali, Mozambique, Namibia, Niger, Uganda, Zambia

† No data for Burundi, Comoros, Costa Rica, Côte d'Ivoire, Guinea, Haiti, Madagascar, Pakistan, Somalia, South Sudan, Sri Lanka, Tajikistan

‡ No data for Botswana, Central African Republic, Gabon, Papua New Guinea

Low birthweight

MEAL Indicator 7.2 – Prevalence of infants born <2500 g

Data on low birthweight are available for 56 SUN countries, with the reference year ranging from 2005 to 2012 for most countries; data for Comoros and Gabon are from the year 2000.

An estimated 14.4% (95% CI 12.6, 16.1) of babies are born with low birthweight in SUN countries, with a median prevalence of 12.6% and range from 5.1 to 34.7% across countries. Prevalence is over 30% in three countries (Mauritania, Pakistan and Yemen). A comparison of prevalence in SUN countries across regions is shown in Figure 7.2a.

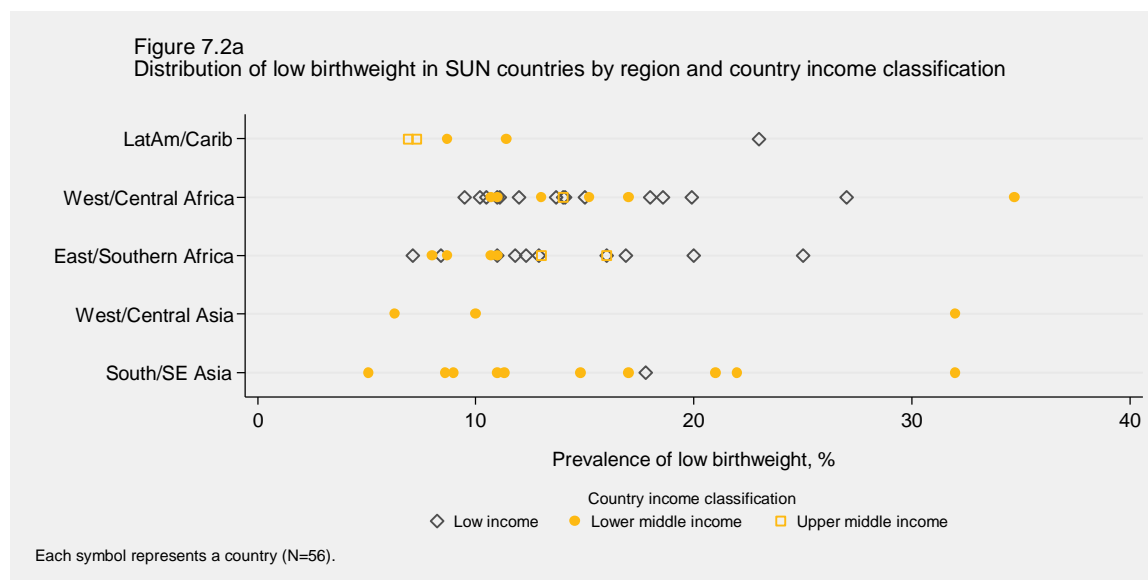


TABLE 93: COUNTRY GROUPING BY LOW BIRTHWEIGHT PREVALENCE AND YEAR JOINED THE SUN MOVEMENT

| Year joined SUN Movement | Prevalence of low birthweight (<2500 g) | | | |
|--------------------------|--|---|--|---|
| | ≥20% | 15–19% | 10–14% | <10% |
| 2010–2011 (n=24) | Bangladesh, Ethiopia, Mauritania, Niger (n=4) | Benin, Mali, Mozambique, Namibia, Nepal, Senegal (n=6) | Burkina Faso, Gambia, Ghana, Guatemala, Lao PDR, Malawi, Uganda, Zambia, Zimbabwe (n=9) | Indonesia, Kyrgyzstan, Peru, Rwanda, Tanzania (n=5) |
| 2012–2014 (n=28)† | Comoros, Haiti, Pakistan, Philippines, Yemen (n=5) | Chad, Côte d'Ivoire, Madagascar, Nigeria, Sri Lanka (n=5) | Burundi, Cambodia, Cameroon, Congo, Guinea, Guinea-Bissau, Lesotho, Liberia, Sierra Leone, Tajikistan, Togo (n=11) | Costa Rica, DRC, El Salvador, Kenya, Myanmar, Swaziland, Viet Nam (n=7) |
| 2015–2017 (n=4)‡ | – | – | Botswana, Central African Republic, Gabon, Papua New Guinea (n=4) | – |

† No data for Somalia and South Sudan; ‡ No data for Sudan

Child Overweight

MEAL Indicator 7.3 – Prevalence of weight-for-height >2 SD in children under five years

Data on child overweight are available for all 59 SUN countries, with survey dates ranging from 2004 to 2016. Most countries (n=48, 81%) have data from 2012 or more recent⁵⁴. Across SUN countries, 4.7% (95% CI 4.0, 5.5) of under-five children are overweight (see Table 94), a total of 11.2 million children. Over three-quarters of SUN countries (n=46, 78%) have levels below 7%, consistent with the WHO global target threshold associated with no increase in child overweight.

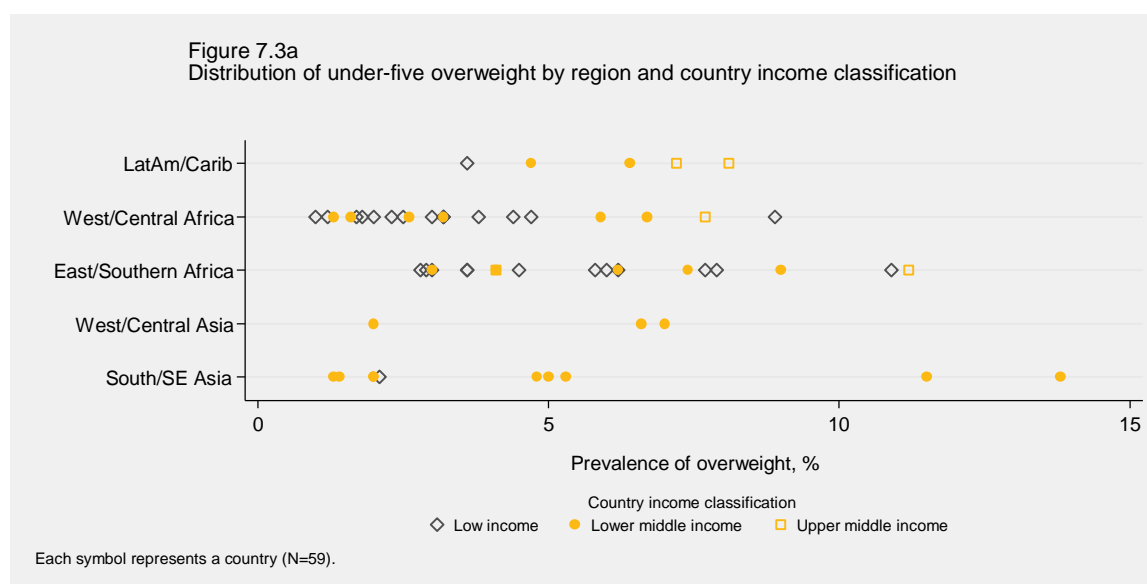


TABLE 94: PREVALENCE OF OVERWEIGHT IN CHILDREN UNDER FIVE YEARS IN SUN COUNTRIES

| Characteristic | N | Prevalence | Characteristic | N | Prevalence |
|--------------------------------|----|----------------|-----------------------------|----|------------|
| All SUN countries | | % | Region | | % |
| Mean (95% CI) | 59 | 4.7 (4.0, 5.5) | Latin America & Caribbean | 5 | 6.0 |
| Median | 59 | 4.1 | West/Central Africa | 21 | 3.5 |
| Range | 59 | 1.0, 13.8 | East/Southern Africa | 19 | 5.8 |
| Year joined SUN | | | West/Central Asia | 3 | 5.2 |
| 2010–11 | 24 | 4.2 | South/Southeast Asia | 11 | 4.7 |
| 2012–14 | 30 | 4.7 | Country Income Level | | |
| 2015–17 | 5 | 7.5 | Low-income | 28 | 4.1 |
| Humanitarian Risk Level | | | Lower middle-income | 26 | 4.9 |
| Low-Medium | 23 | 5.6 | Upper middle-income | 5 | 7.7 |
| High | 25 | 4.6 | | | |
| Very High | 11 | 3.2 | | | |

⁵⁴ Countries with overweight data prior to 2012 include: Botswana (2007), Burundi (2010), CAR (2010), Costa Rica (2008), Lao PDR (2011), Madagascar (2004), Mali (2006), Mozambique (2011), PNG (2010), Somalia (2009) and South Sudan (2009)

TABLE 95: COUNTRY GROUPING BY CHILD OVERWEIGHT PREVALENCE AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Prevalence of overweight in children under five years of age | | | |
|--------------------------|--|--|---|---|
| | ≥10% | 7–9% | 4–6% | <4% |
| 2010–2011 | Indonesia (n=1) | Kyrgyzstan, Mozambique, Peru, Rwanda (n=4) | Guatemala, Malawi, Mali, Namibia, Uganda, Zambia (n=6) | Bangladesh, Benin, Burkina Faso, Ethiopia, Gambia, Ghana, Lao PDR, Mauritania, Nepal, Niger, Senegal, Tanzania, Zimbabwe (n=13) |
| 2012–2014 | Comoros (n=1) | Costa Rica, Lesotho, Sierra Leone, Swaziland (n=4) | Cameroon, Congo, DRC, El Salvador, Kenya, Madagascar, Pakistan, Philippines, South Sudan, Tajikistan, Viet Nam (n=11) | Burundi, Cambodia, Chad, Côte d'Ivoire, Guinea, Guinea-Bissau, Haiti, Liberia, Myanmar, Nigeria, Somalia, Sri Lanka, Togo, Yemen (n=14) |
| 2015–2017 | Botswana, Papua New Guinea (n=2) | Gabon (n=1) | — | Central African Republic, Sudan (n=2) |

Based on analysis of the average annual rate of reduction (AARR), there is essentially no significant change in under-five overweight prevalence across the 33 SUN countries with this data. Table 96 provides a summary of the mean AARR by region.

TABLE 96: UNDER-FIVE OVERWEIGHT AARR BY REGION

| Sub-region | Overweight AARR | | |
|-------------------------|-----------------|-------|-------------|
| | N | Mean | 95% CI |
| All Countries | 33 | -0.5 | -3.9, 2.8 |
| Latin America/Caribbean | 2 | -0.6 | -3.3, 2.1 |
| West/Central Africa | 13 | 2.3 | -4.1, 8.6 |
| East/Southern Africa | 9 | -0.9 | -6.6, 4.8 |
| West/Central Asia | 2 | -13.2 | -17.8, -8.7 |
| South/Southeast Asia | 7 | -1.5 | -7.3, 4.3 |

TABLE 97: COUNTRY GROUPING BY CHILD OVERWEIGHT AARR DIRECTION AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Average annual rate of reduction in child overweight | |
|--------------------------|---|--|
| | Negative direction (<-1.5%) | Positive direction (>-1.5%) |
| 2010–2011 (n=15)* | Ethiopia, Gambia, Kyrgyzstan, Mauritania, Nepal, Rwanda (n=6) | Bangladesh, Burkina Faso, Ghana, Guatemala, Indonesia, Malawi, Senegal, Tanzania, Zimbabwe (n=9) |
| 2012–2014 (n=17)† | Congo, El Salvador, Philippines, Togo, Viet Nam, Yemen (n=6) | Cambodia, Cameroon, Chad, DRC, Guinea-Bissau, Kenya, Lesotho, Myanmar, Nigeria, Sierra Leone, Swaziland (n=11) |
| 2015–2017 (n=1)‡ | Sudan (n=1) | — |

* No data for Benin, Lao PDR, Mali, Mozambique, Namibia, Niger, Peru, Uganda, Zambia

† No data for Burundi, Comoros, Costa Rica, Côte d'Ivoire, Guinea, Haiti, Liberia, Madagascar, Pakistan, Somalia, South Sudan, Sri Lanka, Tajikistan

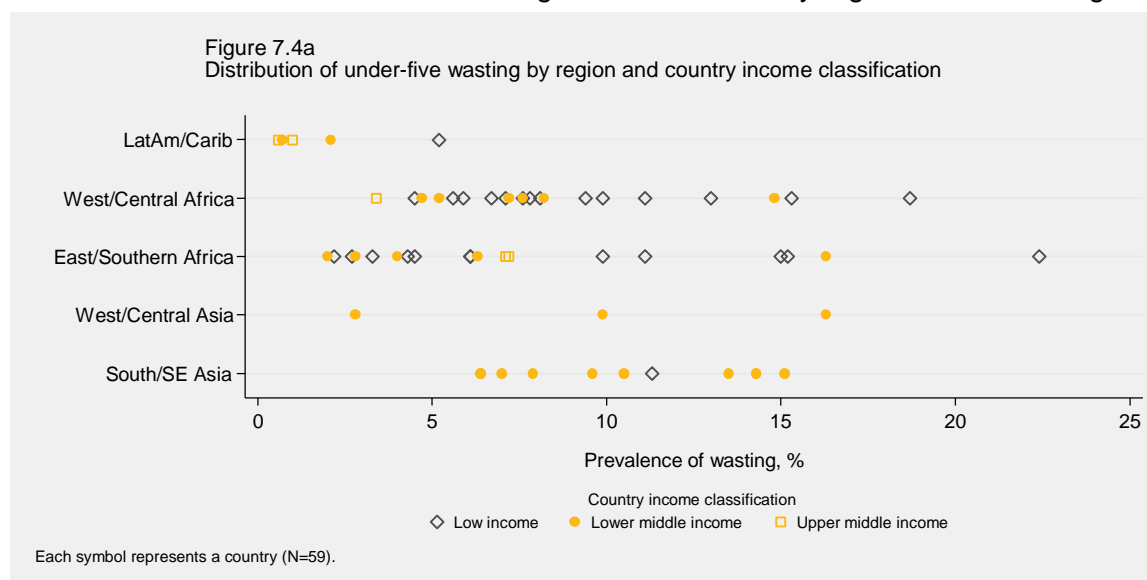
‡ No data for Botswana, Central African Republic, Gabon, Papua New Guinea

Child Wasting

MEAL Indicator 7.4 – Prevalence of weight-for-height <-2 SD in children under five years of age

Data on child wasting are available for all 59 SUN countries based on survey data ranging from 2004 to 2016. Most countries (n=48, 81%) have data from surveys in 2012 or more recent⁵⁵.

Across SUN countries, 8.2% of under-five children are wasted (see Table 98), a total of 23.3 million children. The distribution of wasting across countries by region is shown in Figure 7.4a.

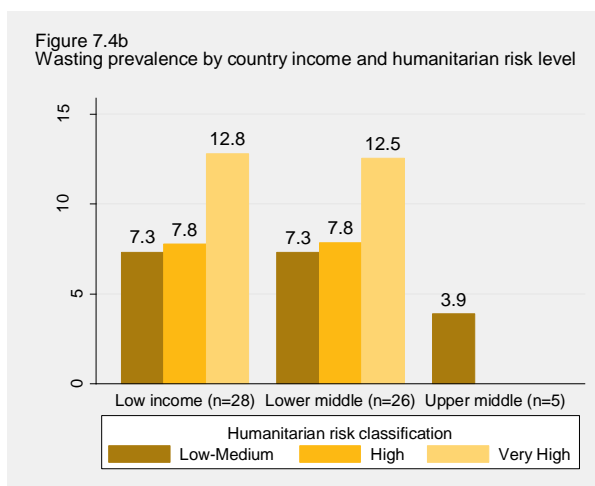


⁵⁵ Countries with wasting data prior to 2012 include: Botswana (2007), Burundi (2010), CAR (2010), Costa Rica (2008), Lao PDR (2011), Madagascar (2004), Mali (2006), Mozambique (2011), PNG (2010), Somalia (2009) and South Sudan (2009)

Prevalence of wasting by key characteristics is shown in Table 98. Wasting rates are lowest in Latin American countries and higher in countries from the South and Southeast Asian region. As expected, child wasting levels are much higher in SUN countries with very high humanitarian risk levels (see Figure 7.4b).

TABLE 98: PREVALENCE OF WASTING IN CHILDREN UNDER FIVE YEARS IN SUN COUNTRIES

| Characteristic | N | Prevalence, % | Characteristic | N | Prevalence, % |
|--------------------------------|----|----------------|-----------------------------|----|---------------|
| All SUN countries | | | Region | | |
| Mean (95% CI) | 59 | 8.2 (6.9, 9.5) | Latin America & Caribbean | 5 | 1.9 |
| Median | 59 | 7.2 | West/Central Africa | 21 | 8.7 |
| Range | 59 | 0.6, 22.4 | East/Southern Africa | 19 | 7.8 |
| Year joined SUN | | | West/Central Asia | 3 | 9.7 |
| 2010–11 | 24 | 7.5 | South/Southeast Asia | 11 | 10.6 |
| 2012–14 | 30 | 8.5 | Country Income Level | | |
| 2015–17 | 5 | 9.7 | Low-income | 28 | 8.9 |
| Humanitarian Risk Level | | | Lower middle-income | 26 | 8.3 |
| Low-Medium | 23 | 6.5 | Upper middle-income | 5 | 3.9 |
| High | 25 | 7.8 | | | |
| Very High | 11 | 12.7 | | | |



Only 16 SUN countries have wasting levels below 5%, 26 are between 5–9%, nine countries are between 10–14% and eight countries have a wasting prevalence of 15% or higher (Table 99).

TABLE 99: COUNTRY GROUPING BY CURRENT WASTING STATUS AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Prevalence of wasting in children under five years | | | |
|-----------------------------|--|--|--|---|
| | 15+% | 10–14% | 5–9% | <5% |
| 2010–2011 (n=24) | Mali, Niger (n=2) | Bangladesh, Gambia, Indonesia, Mauritania, Nepal (n=5) | Burkina Faso, Ethiopia, Lao PDR, Mozambique, Namibia, Senegal, Zambia (n=7) | Benin, Ghana, Guatemala, Kyrgyzstan, Malawi, Peru, Rwanda, Tanzania, Uganda, Zimbabwe (n=10) |
| 2012–2014 (n=30) | Madagascar, Somalia, South Sudan, Sri Lanka, Yemen (n=5) | Chad, Comoros, Pakistan (n=3) | Burundi, Cambodia, Cameroon, Congo, Côte d'Ivoire, DRC, Guinea, Guinea-Bissau, Haiti, Liberia, Myanmar, Nigeria, Philippines, Sierra Leone, Tajikistan, Togo, Viet Nam (n=17) | Costa Rica, El Salvador, Kenya, Lesotho, Swaziland (n=5) |
| 2015–2017 (n=5) | Sudan (n=1) | Papua New Guinea(n=1) | Botswana, Central African Republic (n=2) | Gabon (n=1) |

Analysis of trend data suggests that wasting rates are proving difficult to reduce across the SUN Movement. As shown in Table 100 below, for the 38 countries with a recent previous wasting estimate (32 of 38 within the previous 5 years), the majority remained in the same wasting level group or higher. Only 9 of the 38 countries moved to a lower level category in the period under analysis.

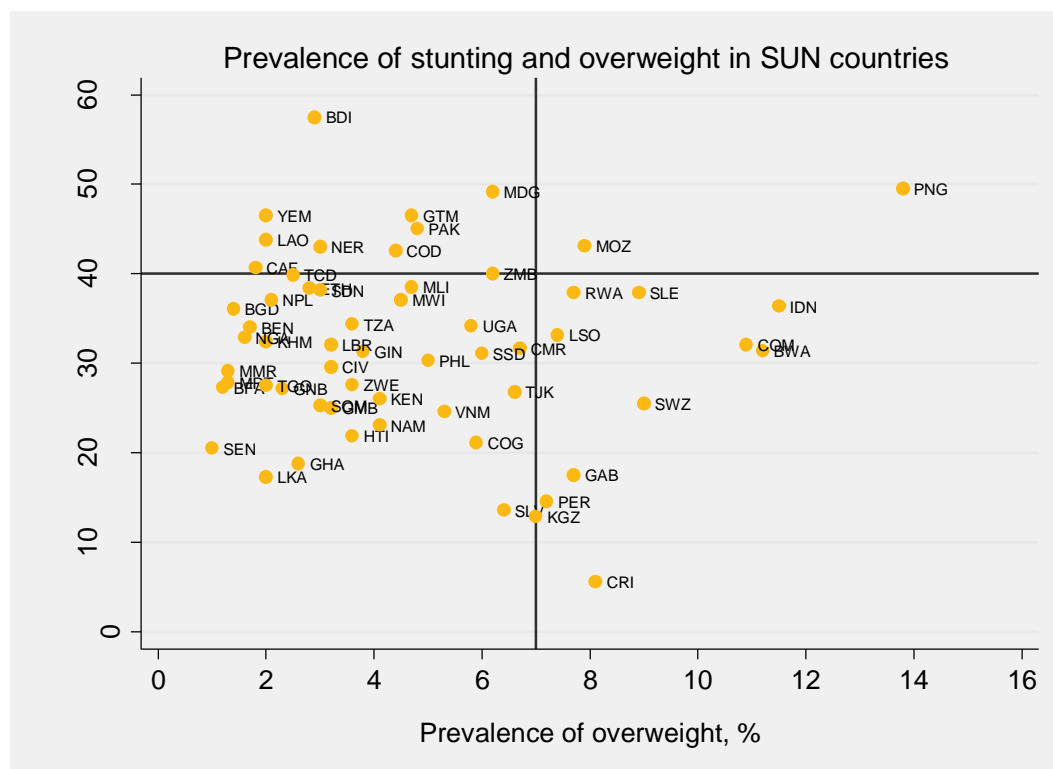
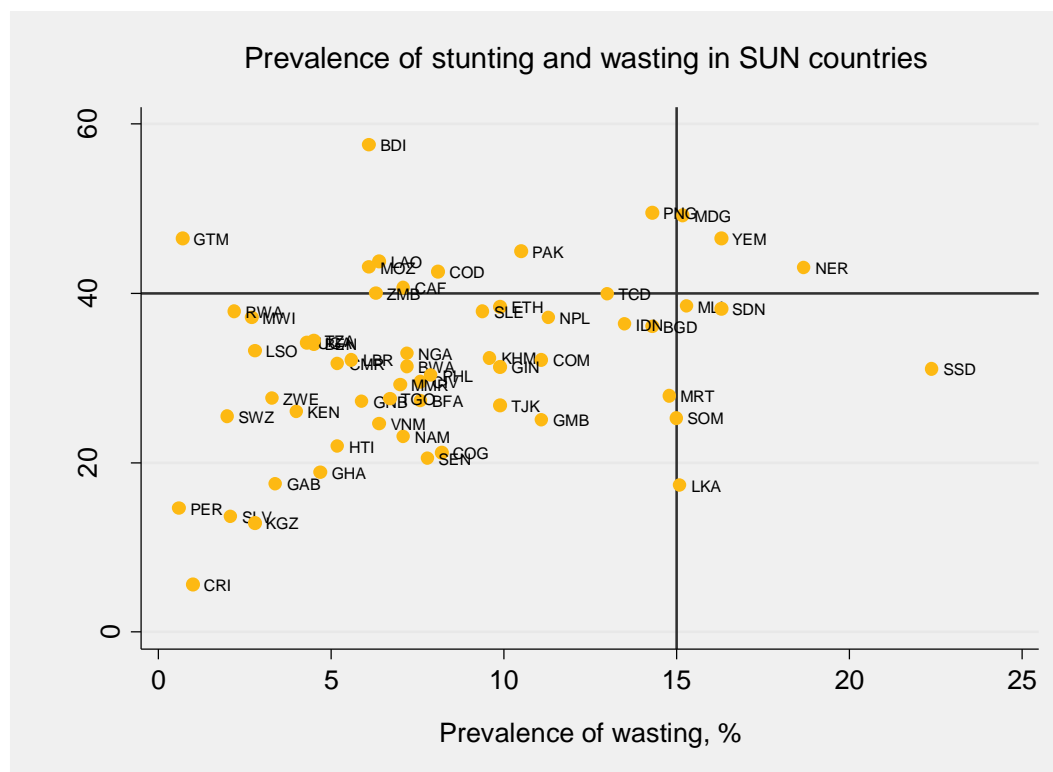
TABLE 100: COMPARISON OF WASTING LEVELS BETWEEN PREVIOUS AND CURRENT ESTIMATES

| Prior wasting status | Current wasting status | | | |
|-------------------------|------------------------|------|--------|------|
| | <5% | 5–9% | 10–14% | 15+% |
| <5% | 9 | 3 | | |
| 5–9% | 4 | 10 | 2 | |
| 10–14% | | 4 | 3 | 1 |
| 15+% | | | 1 | 1 |

N=38 countries

Comorbidity analysis

We also explored whether some SUN countries experience a high burden of multiple forms of child malnutrition. Results are shown in the figures below.



ANAEMIA IN WOMEN

Anaemia data are from WHO Global Health Observatory modelled time-series estimates for 2016 for both non-pregnant and pregnant women ages 15–49 years. Data are available for all 59 SUN countries (see Table 101).⁵⁶

TABLE 101: PREVALENCE OF ANAEMIA IN WOMEN BY PREGNANCY STATUS (2016 ESTIMATES)

| Characteristic | N | Pregnant | Non-pregnant | WRA |
|---------------------------------|----|----------------------|----------------------|----------------------|
| All SUN countries | | | | |
| Mean (95% CI) | 59 | 44.1 (41.0, 47.1) | 37.7 (34.6, 40.8) | 38.2 (35.1, 41.3) |
| Median | 59 | 44.6 | 36.5 | 37.2 |
| Range | 59 | 24.3, 63.0 | 14.6, 70.2 | 14.9, 69.6 |
| Year joined SUN Movement | | | | |
| 2010–11 | 24 | 43.2 | 36.3 | 36.9 |
| 2012–14 | 30 | 44.6 | 38.4 | 38.8 |
| 2015–17 | 5 | 45.2 | 40.1 | 40.5 |
| Region | | | | |
| Latin America & Caribbean | 41 | 30.1 | 23.4 | 23.7 |
| West/Central Africa | 18 | 54.7 | 47.1 | 47.8 |
| East/Southern Africa | 19 | 35.8 | 31.0 | 31.4 |
| West/Central Asia | 3 | 45.4 | 45.5 | 45.4 |
| South/Southeast Asia | 11 | 43.8 | 35.8 | 36.2 |
| Country Income Level | | | | |
| Low-income | 28 | 46.4 | 40.2 | 40.8 |
| Lower middle-income | 26 | 43.5 | 36.6 | 37.1 |
| Upper middle-income | 5 | 34.4 | 28.9 | 29.2 |
| Humanitarian Risk Level | | | | |
| Low-Medium | 23 | 41.8 | 34.4 | 34.9 |
| High | 25 | 43.8 | 37.2 | 37.8 |
| Very High | 11 | 49.6 | 45.8 | 46.1 |

⁵⁶ As noted in the Global Nutrition Report, the number of countries with data for 2016 is high due to the use of time-series modeling. However, few countries have post-2012 survey estimates and therefore the results should be interpreted with caution. (GNR 2017)

Anaemia in pregnant women

MEAL Indicator 7.5 – Prevalence of haemoglobin <110 g/L in pregnant women

Mean prevalence of anaemia (Hb <110 g/L) among pregnant women in SUN countries is estimated to be 44.1% (95% CI (41.0, 47.1) and ranges from 24 to 63% (median 45%).

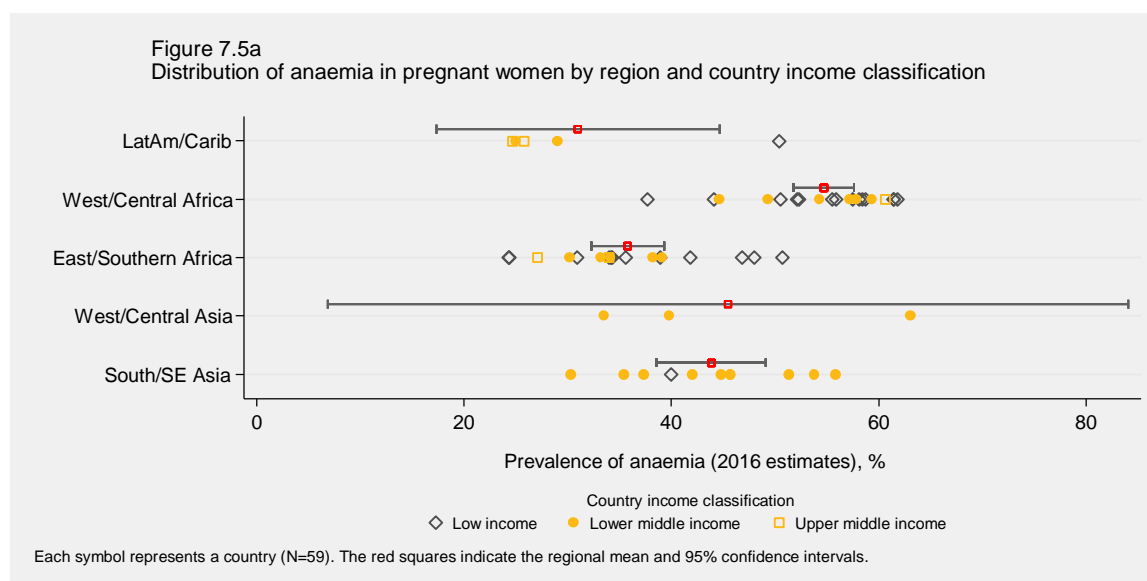


TABLE 102: COUNTRY GROUPING BY ANAEMIA PREVALENCE IN PREGNANT WOMEN AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Prevalence of anaemia as a public health problem in pregnant women | | | |
|--------------------------|--|--|--|--------------|
| | Severe (≥40%) | Moderate (30–39%) | Moderate (20–29%) | Mild (5–19%) |
| 2010–2011 | Bangladesh, Benin, Burkina Faso, Gambia, Ghana, Indonesia, Lao PDR, Malawi, Mali, Mauritania, Mozambique, Nepal, Niger, Senegal, Tanzania (n=15) | Kyrgyzstan, Uganda, Zambia, Zimbabwe (n=4) | Ethiopia, Guatemala, Namibia, Peru, Rwanda (n=5) | — |
| 2012–2014 | Cambodia, Cameroon, Chad, Congo, Côte d'Ivoire, DRC, Guinea, Guinea-Bissau, Haiti, Myanmar, Nigeria, Pakistan, Sierra Leone, Somalia, Togo, Yemen (n=16) | Burundi, Comoros, Kenya, Lesotho, Liberia, Madagascar, Philippines, South Sudan, Sri Lanka, Swaziland, Tajikistan, Viet Nam (n=12) | Costa Rica, El Salvador, (n=2) | — |
| 2015–2017 | CAR, Gabon, Papua New Guinea (n=3) | Botswana, Sudan (n=2) | — | — |

Anaemia in non-pregnant women

MEAL Indicator 7.6 – Prevalence of haemoglobin <120 g/L in non-pregnant women

Mean prevalence of anaemia (Hb <120 g/L) among non-pregnant women in SUN countries is estimated as 37.7% (95% CI 34.6, 40.8) and ranges from 15 to 70% (median 36.5%).

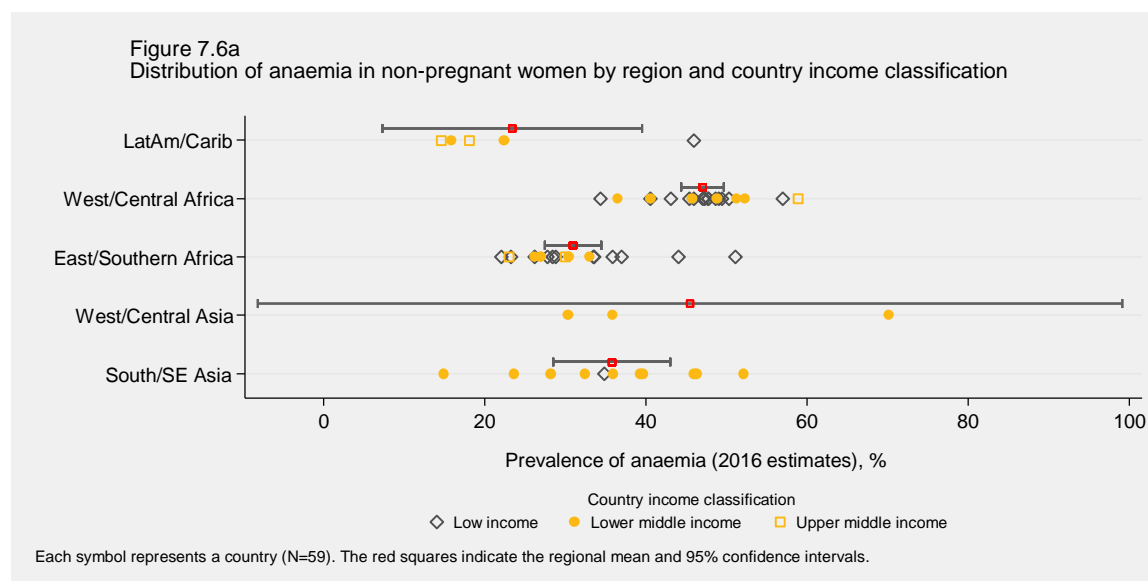
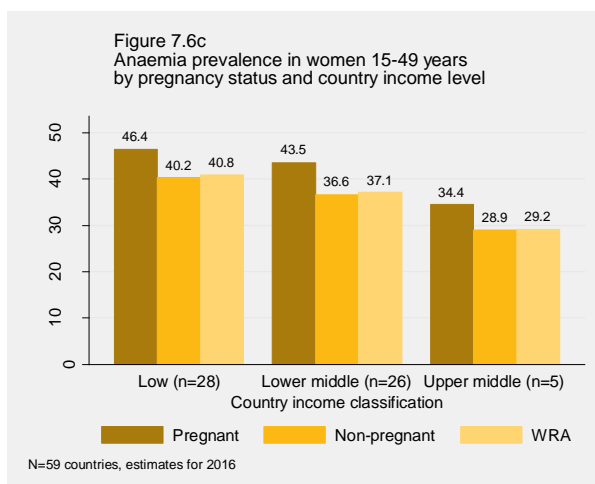
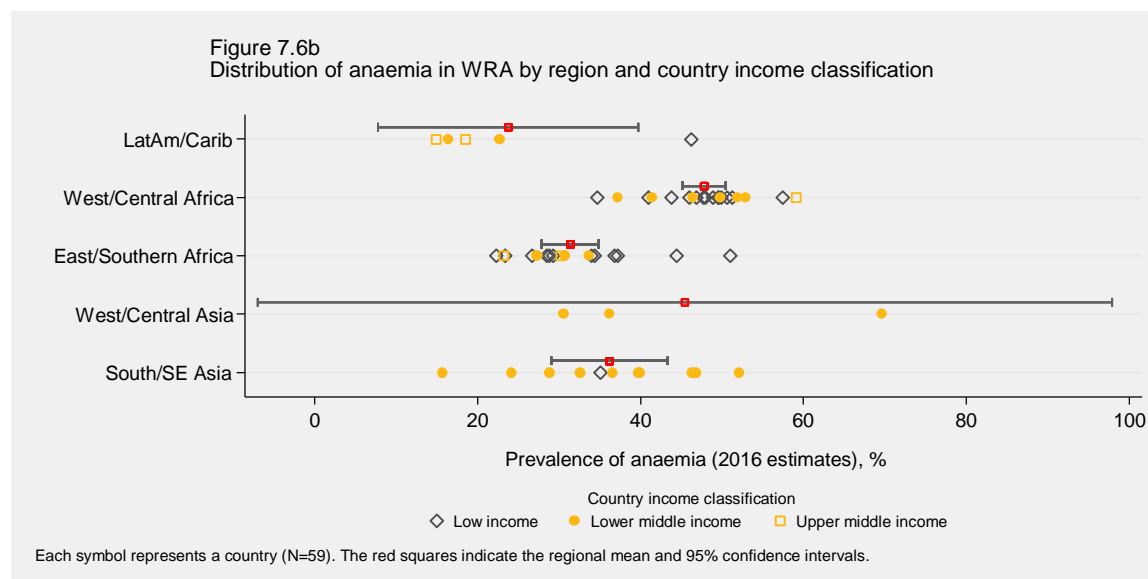


TABLE 103: COUNTRY GROUPING BY CURRENT ANAEMIA PREVALENCE IN NON-PREGNANT WOMEN AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Prevalence of anaemia as a public health problem in non-pregnant women | | | |
|--------------------------|--|--|--|-------------------------------|
| | Severe (≥40%) | Moderate (30–39%) | Moderate (20–29%) | Mild (5–19%) |
| 2010–2011 | Benin, Burkina Faso, Gambia, Ghana, Mali, Mozambique, Niger, Senegal (n=8) | Bangladesh, Kyrgyzstan, Lao PDR, Malawi, Mauritania, Nepal, Tanzania, Zambia (n=8) | Ethiopia, Indonesia, Namibia, Rwanda, Uganda, Zimbabwe (n=6) | Guatemala, Peru (n=2) |
| 2012–2014 | Cambodia, Cameroon, Chad, Congo, Côte d'Ivoire, DRC, Guinea, Guinea-Bissau, Haiti, Myanmar, Nigeria, Pakistan, Sierra Leone, Somalia, Togo, Yemen (n=16) | Liberia, Madagascar, South Sudan, Sri Lanka, Tajikistan (n=5) | Burundi, Comoros, El Salvador, Kenya, Lesotho, Swaziland, Viet Nam (n=7) | Costa Rica, Philippines (n=2) |
| 2015–2017 | CAR, Gabon (n=2) | Botswana, Papua New Guinea, Sudan (n=3) | — | — |

Anaemia in women of reproductive age (WRA)

The mean prevalence of anaemia among WRA (all women 15–49 y, pregnant and non-pregnant) in SUN countries is 38.2% (95% CI 35.1, 41.3) and ranges from 15 to 70% across countries, as shown in Figure 7.6b. Over 186 million WRA are affected by anaemia in this group of countries. There is notable regional variation in anaemia among WRA, with the highest rates in West and Central African SUN countries.



The global target is to achieve a 50% reduction of anaemia in WRA between 2012 and 2025. Based on an estimated required average annual rate of reduction (AARR) of 5.2% for all SUN countries, 27 countries are off track but showing some progress toward achieving the global target (AARR <5.2 but >0.5). Over half (32 countries) show no progress or worsening levels (AARR <0.5).

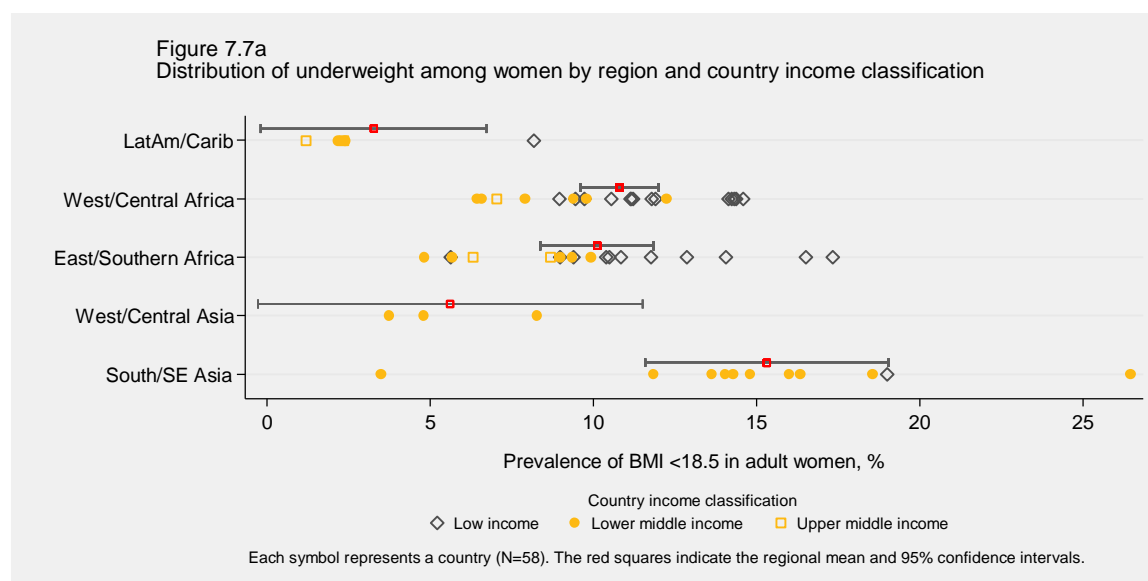
NUTRITIONAL STATUS OF ADULTS – ANTHROPOMETRIC INDICATORS

Underweight (low BMI) in Women

MEAL Indicator 7.7 – Proportion of women aged 15–49 years with low body mass index (BMI)

Data on age-standardized prevalence of underweight in women, defined as a BMI <18.5 kg/m², are available for 58 SUN countries for the reference year 2014 from the recent analysis of population-based studies by the NCD Risk Factor Collaboration (NCD-RisC)⁵⁷.

In 2014, 10.5% (95% CI 9.3, 11.8) of women were considered underweight (BMI <18.5) in SUN countries, with a range in prevalence from 1.2% to 26.5% (median 10.4%). Prevalence of underweight in women is highest in countries from the South/Southeast Asia region (see Figure 7.7a and Table 104).



⁵⁷ NCD Risk Factor Collaboration. (2016). Trends in adult body-mass index in 200 countries from 1975 to 2014: a pooled analysis of 1698 population-based measurement studies with 19· 2 million participants. *The Lancet*, 387(10026), 1377–1396.

TABLE 104: PREVALENCE OF UNDERWEIGHT IN ADULT WOMEN IN SUN COUNTRIES, 2010 & 2014

| Characteristic | N | 2010 | 2014 | Characteristic | N | 2010 | 2014 |
|---------------------------------|----|------------------|------------------|-----------------------------|----|------|------|
| All SUN countries | | | | Region | | | |
| Mean (95% CI) | 58 | 11.2 (9.9, 12.6) | 10.5 (9.3, 11.8) | Latin America & Caribbean | 5 | 3.6 | 3.3 |
| Median | 58 | 11.1 | 10.4 | West/Central Africa | 21 | 11.3 | 10.8 |
| Range | 58 | 1.3, 28.3 | 1.2, 26.5 | East/Southern Africa | 18 | 10.7 | 10.1 |
| Year joined SUN Movement | | | | West/Central Asia | 3 | 6.1 | 5.6 |
| 2010–11 | 24 | 11.7 | 11.0 | South/Southeast Asia | 11 | 16.7 | 15.3 |
| 2012–14 | 29 | 11.3 | 10.6 | Country Income Level | | | |
| 2015–17 | 5 | 8.5 | 8.1 | Low-income | 27 | 12.6 | 12.0 |
| Humanitarian Risk Level | | | | Lower middle-income | 26 | 10.9 | 10.1 |
| Low-Medium | 23 | 9.9 | 9.2 | Upper middle-income | 5 | 5.5 | 5.1 |
| High | 25 | 11.5 | 10.9 | | | | |
| Very High | 10 | 13.6 | 12.8 | | | | |

TABLE 105: COUNTRY GROUPING BY PREVALENCE OF LOW BMI IN WOMEN AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Prevalence of BMI<18.5 kg/m ² in adult women | | | |
|-------------------------------|---|---|---|--|
| | ≥15% | 10–14% | 5–9% | <5% |
| 2010–2011 (n=24) | Bangladesh, Ethiopia, Nepal, (n=3) | Burkina Faso, Gambia, Indonesia, Lao PDR, Malawi, Mali, Mozambique, Niger, Senegal, Tanzania, Uganda (n=11) | Benin, Ghana, Mauritania, Namibia, Rwanda, Zambia Zimbabwe (n=7) | Guatemala, Kyrgyzstan, Peru (n=3) |
| 2012–2014 (n=29) [†] | Cambodia, Madagascar, Pakistan, Viet Nam (n=4) | Burundi, Chad, Congo, DRC, Guinea, Guinea-Bissau, Myanmar, Philippines, Sierra Leone, Somalia, Sri Lanka (n=11) | Cameroon, Comoros, Côte d'Ivoire, Haiti, Kenya, Lesotho, Liberia, Nigeria, Togo, Yemen (n=10) | Costa Rica, El Salvador, Swaziland, Tajikistan (n=4) |
| 2015–2017 (n=5) | — | Central African Republic (n=1) | Botswana, Gabon, Sudan (n=3) | Papua New Guinea (n=1) |

[†] No data for South Sudan

Adult overweight and obesity

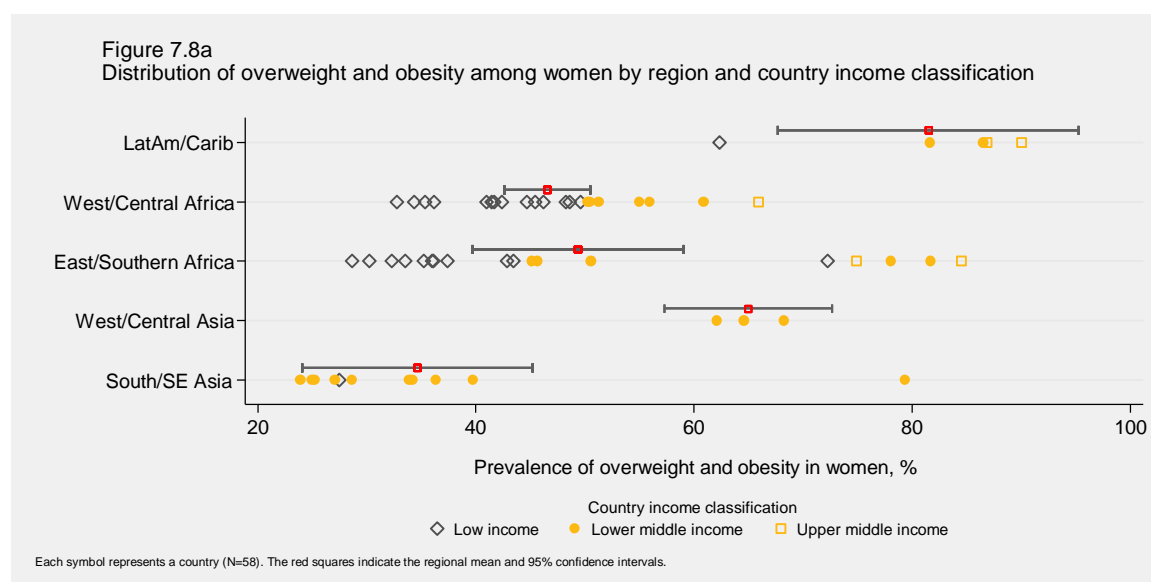
MEAL Indicator 7.8 – Proportion of overweight (BMI ≥ 25 kg/m²) and obese (BMI ≥ 30 kg/m²) women aged 18+ years

Data on age-standardized prevalence of overweight and obesity in adults are available for 58 SUN countries (no data for South Sudan) from the recent analysis of population-based studies by the NCD Risk Factor Collaboration (NCD-RisC)⁵⁸. We summarize the results for SUN countries for the years 2010 and 2014.

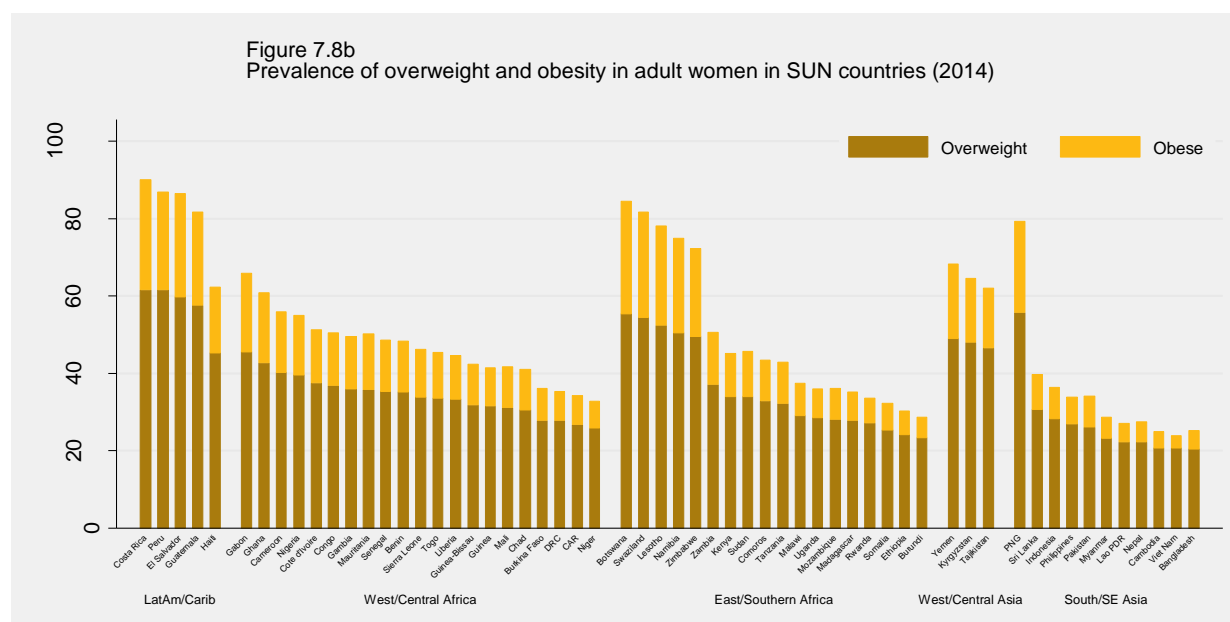
Overweight and obesity in women

Among adult women, the prevalence of overweight in 2014 was 36.0% (95% CI 33.0, 39.0) across SUN countries, ranging from 20 to 61% (median 33%). The prevalence of obesity among adult women in 2014 was 13.1% (95% CI 11.3, 15.0), ranging from 3 to 29% (median 11%).

The combined prevalence of overweight and obesity in women for SUN countries in 2014 is 49.1% (95% CI 44.3, 54.0), with a range of 23.9 to 90.0% and median 44.9%. The distribution of overweight and obesity across regions is shown for women in Figure 7.8a and Figure 7.8b.



⁵⁸ NCD Risk Factor Collaboration. (2016). Trends in adult body-mass index in 200 countries from 1975 to 2014: a pooled analysis of 1698 population-based measurement studies with 19· 2 million participants. *The Lancet*, 387(10026), 1377–1396.



Although there is no agreed-upon cut-off point to define when the prevalence of overweight and obesity becomes a problem of public health significance, the GNR uses a level of 35% to divide countries into high and low prevalence groups.⁵⁹ Using this cut-off, 44 SUN countries (76%) are considered to have a high prevalence of overweight and obesity among women (Table 106).

TABLE 106: COUNTRY GROUPING BY OVERWEIGHT AND OBESITY PREVALENCE IN WOMEN AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Prevalence of overweight and obesity (BMI ≥ 25) in women, 2014 | | | |
|-------------------------------|---|---|--------------------------------------|--|
| | $\geq 40\%$ | 35–39% | 30–34% | <30% |
| 2010–2011 (n=24) | Benin, Gambia, Ghana, Guatemala, Kyrgyzstan, Mali, Mauritania, Namibia, Peru, Senegal, Tanzania, Zambia, Zimbabwe (n=13) | Burkina Faso, Indonesia, Malawi, Mozambique, Uganda (n=5) | Ethiopia, Niger, Rwanda (n=3) | Bangladesh, Lao PDR, Nepal (n=3) |
| 2012–2014 (n=29) [†] | Cameroon, Chad, Comoros, Congo, Costa Rica, Côte d'Ivoire, El Salvador, Guinea, Guinea-Bissau, Haiti, Kenya, Lesotho, Liberia, Nigeria, Sierra Leone, Swaziland, Tajikistan, Togo, Yemen (n=19) | DRC, Madagascar, Sri Lanka (n=3) | Pakistan, Philippines, Somalia (n=3) | Burundi, Cambodia, Myanmar, Viet Nam (n=4) |
| 2015–2017 (n=5) | Botswana, Gabon, Papua New Guinea, Sudan (n=4) | — | Central African Republic (n=1) | — |

[†] No data for South Sudan

⁵⁹ GNR 2015, p.21

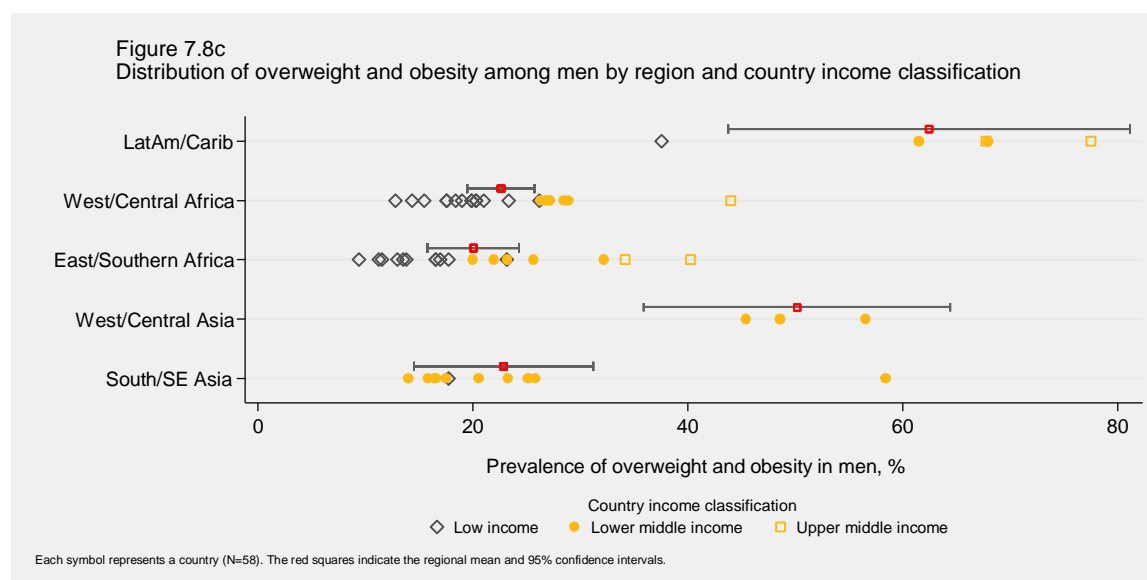
TABLE 107: PREVALENCE OF OVERWEIGHT AND OBESITY IN ADULT MEN AND WOMEN IN SUN COUNTRIES, 2014

| Characteristic | N | Women | | Men | |
|---------------------------------|----|----------------------|----------------------|----------------------|-------------------|
| | | Overweight | Obesity | Overweight | Obesity |
| All SUN countries* | | | | | |
| Mean (95% CI) | 58 | 36.0 (33.0, 39.0) | 13.1 (11.3, 15.0) | 21.9 (18.9, 25.0) | 4.8 (3.7, 5.9) |
| Median | 58 | 33.5 | 11.3 | 17.4 | 3.4 |
| Range | 58 | 20.4, 61.5 | 3.2, 29.1 | 8.6, 58.4 | 0.8, 19.1 |
| Year joined SUN Movement | | | | | |
| 2010–11 | 24 | 34.8 | 12.3 | 20.6 | 4.3 |
| 2012–14 | 29 | 35.7 | 12.8 | 21.9 | 4.7 |
| 2015–17 | 5 | 43.5 | 18.5 | 28.6 | 8.0 |
| Region | | | | | |
| Latin America & Caribbean | 5 | 57.1 | 24.4 | 48.5 | 14.0 |
| West/Central Africa | 21 | 34.2 | 12.4 | 18.8 | 3.8 |
| East/Southern Africa | 18 | 35.9 | 13.5 | 16.8 | 3.2 |
| West/Central Asia | 3 | 47.8 | 17.2 | 40.4 | 9.7 |
| South/Southeast Asia | 11 | 27.0 | 7.6 | 19.2 | 3.7 |
| Country Income Level | | | | | |
| Low-income | 27 | 30.9 | 10.0 | 15.4 | 2.5 |
| Lower middle-income | 26 | 37.7 | 13.9 | 25.1 | 5.7 |
| Upper middle-income | 5 | 54.9 | 25.6 | 40.5 | 12.2 |
| Humanitarian Risk Level | | | | | |
| Low-Medium | 23 | 39.4 | 15.3 | 24.9 | 5.9 |
| High | 25 | 34.8 | 12.3 | 20.3 | 4.3 |
| Very High | 10 | 31.4 | 10.1 | 19.2 | 3.6 |

*No data for South Sudan

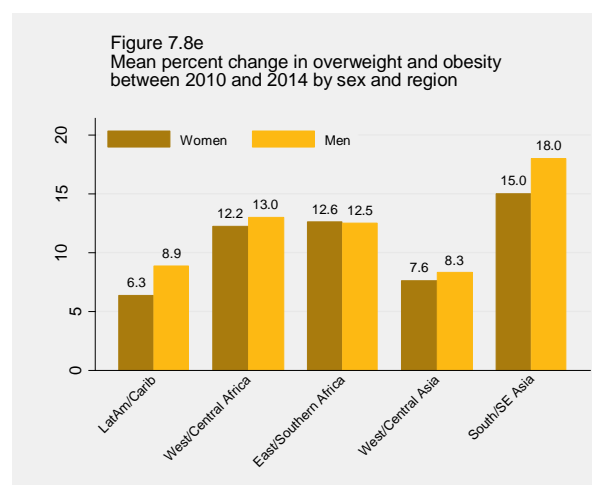
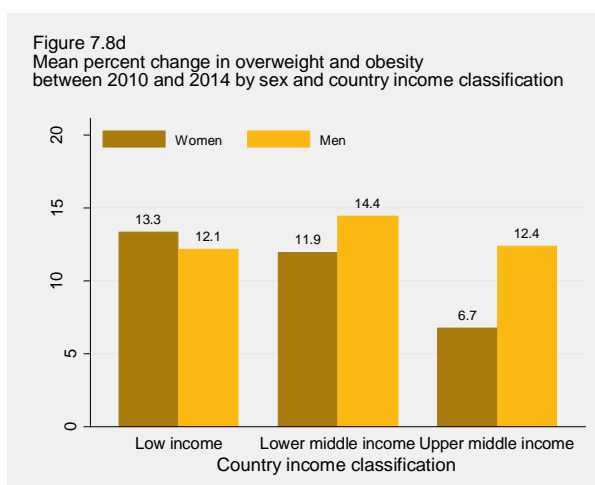
Overweight and obesity in men

On average, 26.7% of men in SUN countries are overweight or obese based on 2014 estimates (median 20.8%, range 9.4 to 77.5%). The prevalence of male overweight was 21.9% and male obesity was 4.8% in 2014. The distribution across regions is shown for men in Figure 7.8c.



Trends in Adult Overweight and Obesity

Analysis of trends in adult overweight and obesity between 2010 and 2014 demonstrate an increase over time in all SUN countries for both sexes, consistent with global trends. The average increase in overweight and obesity prevalence over this period for the 58 countries with data is 12% for women and 13% for men. A comparison of the increase in adult overweight and obesity rates by country income classification is shown in Figure 7.8d and across regions in Figure 7.8e.



Based on analysis of projected prevalence of male and female obesity in 2025 and the predicted probability of each country meeting the WHA target (probability ranged from 0 to 0.13 for male and 0 to 0.05 for female obesity), all 58 SUN countries with data are considered “off course” to meet the 2025 WHA target for adult obesity (both male and female obesity).

Adolescent overweight & obesity

MEAL Indicator 7.9 – Proportion of overweight and obesity in adolescents

Data on the proportion of adolescents who are overweight or obese are available for 20 SUN countries, with survey years ranging from 2003 to 2013. Only six countries have data from 2012 or more recent.

Across these 20 countries, 12.5% of adolescents are overweight (95% CI 8.6, 16.4), with a range from 3.7 to 28.9% (median 10.1%). Adolescent obesity is estimated to be 2.8% (95% CI 1.4, 4.1), ranging from 0.3 to 9.9% (median 1.8%). The combined mean prevalence of overweight and obesity among adolescents is 15.3% (95% CI 10.1, 20.4), with a range of 4.1 to 38.8% (median 11.1%). Figure 7.9a shows a comparison across regions.

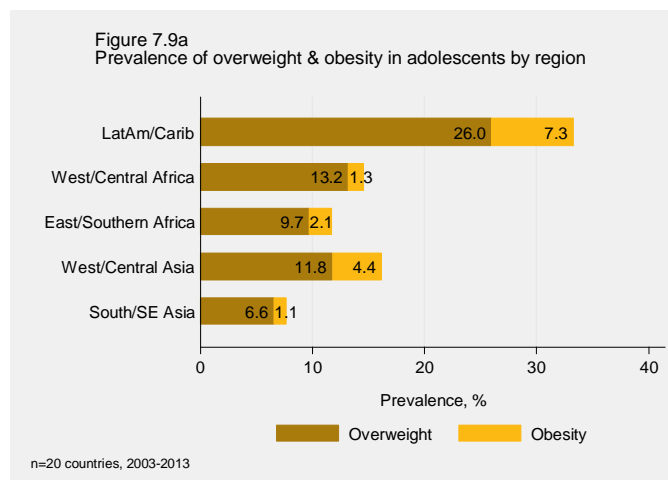


TABLE 108: COUNTRY GROUPING BY ADOLESCENT OVERWEIGHT AND OBESITY PREVALENCE AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Prevalence of adolescent overweight and obesity | | | |
|-----------------------------|---|---|-----------------------------|---|
| | ≥35% | 20–34% | 10–19% | <10% |
| 2010–2011 (n=9)* | — | Guatemala, Mauritania, Peru (n=3) | Benin, Indonesia (n=2) | Ghana, Malawi, Namibia, Uganda (n=4) |
| 2012–2014 (n=10)† | Costa Rica, El Salvador (n=2) | Swaziland (n=1) | Philippines, Yemen (n=2) | Cambodia, Myanmar, Pakistan, Sri Lanka, Viet Nam (n=5) |
| 2015–2017 (n=1)‡ | — | — | Sudan (n=1) | — |

* No data for Bangladesh, Burkina Faso, Ethiopia, Gambia, Kyrgyzstan, Lao PDR, Mali, Mozambique, Nepal, Niger, Rwanda, Senegal, Tanzania, Zambia, Zimbabwe

† No data for Burundi, Cameroon, Chad, Comoros, Congo, Côte d'Ivoire, DRC, Guinea, Guinea-Bissau, Haiti, Kenya, Lesotho, Liberia, Madagascar, Nigeria, Sierra Leone, Somalia, South Sudan, Tajikistan, Togo

‡ No data for Botswana, CAR, Gabon, PNG

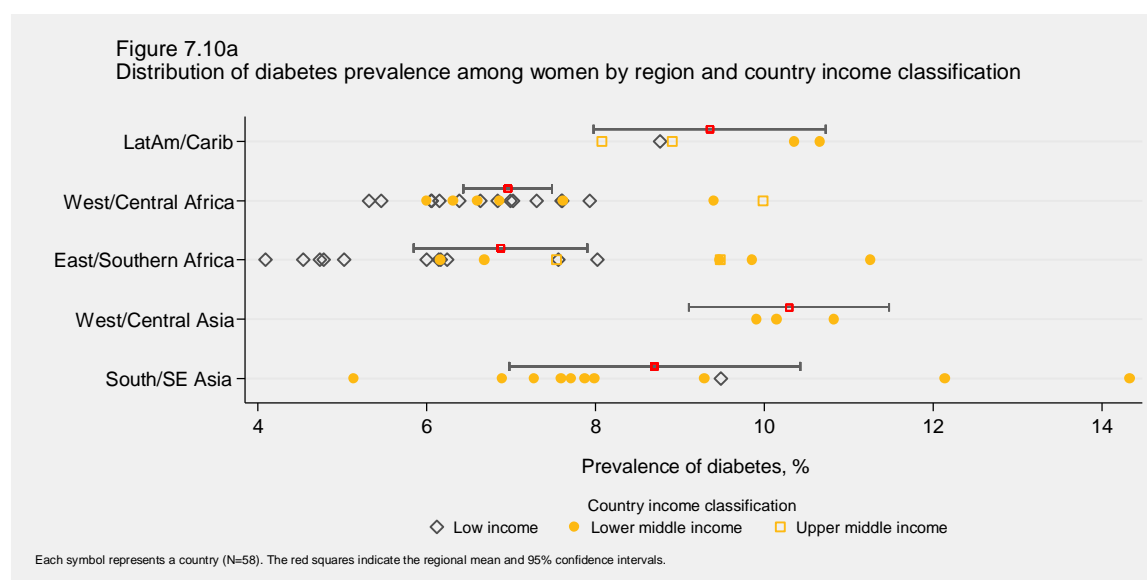
NUTRITION-RELATED NCD STATUS IN ADULTS

Diabetes in adults

MEAL Indicator 7.10 – Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years

Data on the age-standardized adult (aged 18 years and older) prevalence of diabetes are available for 58 SUN countries from the recent analysis of population-based studies by the NCD Risk Factor Collaboration (NCD-RisC)⁶⁰. For this analysis, diabetes was defined as fasting plasma glucose ≥ 7.0 mmol/L or history of diagnosis with diabetes, or use of insulin or oral hypoglycaemic drugs.

Based on estimates for 2014, the prevalence of diabetes in SUN countries is 7.6% in women and 7.7% in men (see Table 110). Levels are very similar across regions, as shown in Figure 7.10a. Global age-standardised diabetes prevalence was 9.0% in 2014 in men and 7.9% in women.



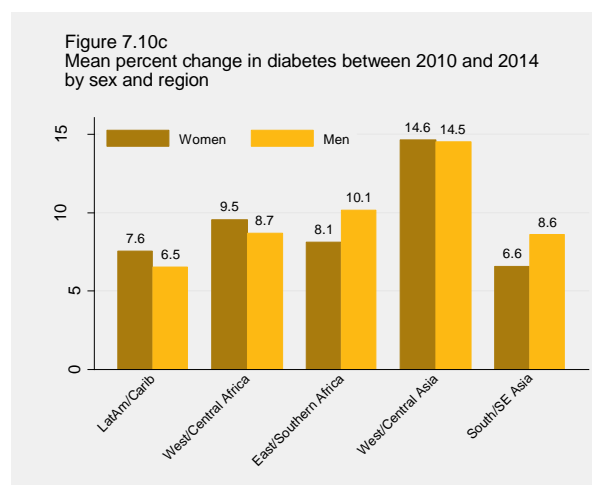
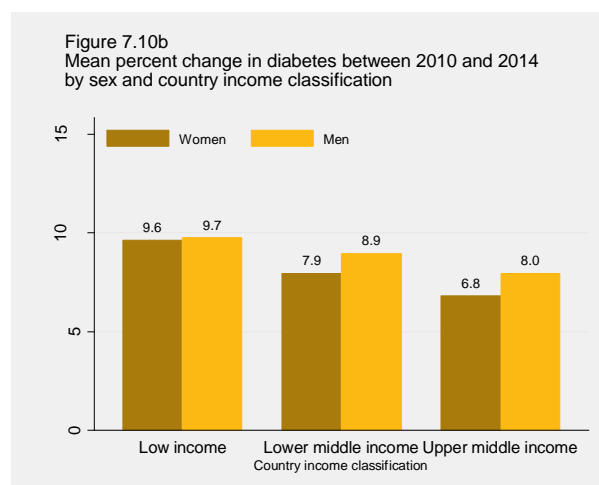
⁶⁰ NCD Risk Factor Collaboration. (2016). Worldwide trends in diabetes since 1980: a pooled analysis of 751 population-based studies with 4.4 million participants. *The Lancet*, 387(10027), 1513–1530.

TABLE 109: COUNTRY GROUPING BY DIABETES PREVALENCE IN WOMEN AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Prevalence of diabetes in women, 2014 | | | |
|--------------------------|--|--|--|---|
| | ≥9% | 7.5–8.9 | 6.0–7.4% | <6.0% |
| 2010–2011 (n=24) | Bangladesh, Guatemala, Kyrgyzstan, Mauritania, Nepal (n=5) | Gambia, Indonesia, Lao PDR, Namibia, Peru, Zimbabwe (n=6) | Benin, Ghana, Malawi, Mali, Mozambique, Senegal, Tanzania, Zambia (n=8) | Burkina Faso, Ethiopia, Niger, Rwanda, Uganda (n=5) |
| 2012–2014 (n=29)† | El Salvador, Lesotho, Pakistan, Swaziland, Tajikistan, Yemen (n=6) | Comoros, Congo, Costa Rica, Haiti, Liberia, Myanmar, Sri Lanka (n=7) | Cambodia, Cameroon, Chad, Côte d'Ivoire, DRC, Guinea, Guinea-Bissau, Kenya, Nigeria, Philippines, Sierra Leone, Somalia, Togo (n=13) | Burundi, Madagascar, Viet Nam (n=3) |
| 2015–2017 (n=5) | Botswana, Gabon, Papua New Guinea, Sudan (n=4) | Central African Republic (n=1) | — | — |

† No data for South Sudan

On average, diabetes prevalence increased between 2010 and 2014 by 8.6% (95% CI 7.8, 9.4) among women and 9.2% (95% CI 8.5, 10.0) among men in SUN countries (N=58). The percent increase across country income classification is shown in Figure 7.10b and across region in Figure 7.10c.



Based on analysis of projected prevalence of male and female diabetes in 2025 and the predicted probability of each country meeting the WHA target (probability ranged from 0.05 to 0.34 for male and 0.06 to 0.42 for female diabetes), all 58 SUN countries with data are considered “off course” to meet the 2025 WHA target for both male and female diabetes.

TABLE 110: PREVALENCE OF DIABETES IN ADULTS IN SUN COUNTRIES BY YEAR AND SEX

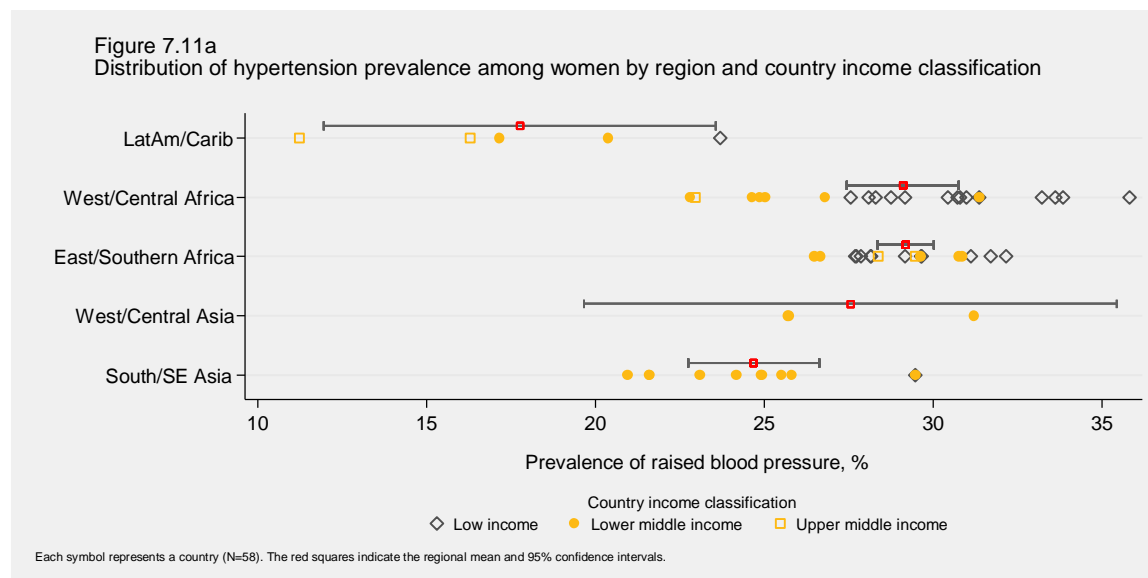
| Characteristic | N | 2014 | | 2010 | |
|---------------------------------|----|----------------|----------------|----------------|----------------|
| | | Women | Men | Women | Men |
| All SUN countries* | | | | | |
| Mean (95% CI) | 58 | 7.6 (7.1, 8.2) | 7.7 (7.2, 8.3) | 7.0 (6.5, 7.5) | 7.1 (6.6, 7.6) |
| Median | 58 | 7.4 | 7.4 | 6.8 | 6.8 |
| Range | 58 | 4.1, 14.3 | 4.2, 15.4 | 3.7, 12.8 | 3.7, 13.8 |
| Year joined SUN Movement | | | | | |
| 2010–11 | 24 | 7.2 | 7.4 | 6.7 | 6.8 |
| 2012–14 | 29 | 7.6 | 7.6 | 6.9 | 7.0 |
| 2015–17 | 5 | 10.2 | 9.8 | 9.3 | 9.0 |
| Region | | | | | |
| Latin America & Caribbean | 5 | 9.4 | 8.6 | 8.7 | 8.1 |
| West/Central Africa | 21 | 7.0 | 7.5 | 6.4 | 6.9 |
| East/Southern Africa | 18 | 6.9 | 6.5 | 6.4 | 5.9 |
| West/Central Asia | 3 | 10.3 | 10.9 | 9.0 | 9.5 |
| South/Southeast Asia | 11 | 8.7 | 9.0 | 8.1 | 8.3 |
| Country Income Level | | | | | |
| Low-income | 27 | 6.5 | 7.1 | 5.9 | 6.5 |
| Lower middle-income | 26 | 8.6 | 8.3 | 8.0 | 7.6 |
| Upper middle-income | 5 | 8.8 | 8.2 | 8.2 | 7.6 |
| Humanitarian Risk Level | | | | | |
| Low-Medium | 23 | 8.0 | 7.7 | 7.4 | 7.1 |
| High | 25 | 7.1 | 7.5 | 6.6 | 6.9 |
| Very High | 10 | 8.0 | 8.4 | 7.3 | 7.7 |

*No data for South Sudan

Hypertension in Adults

MEAL Indicator 7.11 – Age-standardized prevalence of raised blood pressure among persons aged 18+ years

Data on the age-standardized adult (aged 18 years and older) prevalence of raised blood pressure (defined as systolic blood pressure ≥ 140 mmHg or diastolic blood pressure ≥ 90 mmHg) are available for 58 SUN countries from the recent analysis of population-based studies by the NCD Risk Factor Collaboration (NCD-RisC)⁶¹. Global age-standardised prevalence of raised blood pressure was 24% in men and 20% in women in 2015.⁶²



The mean prevalence of raised blood pressure for SUN countries in 2015 is 27.2% (95% CI 26.0, 28.4) for women and 27.2% (95% CI 26.4, 28.0) for men (see Table 111). Figure 7.11a shows the variation in prevalence of raised blood pressure for SUN countries within each region.

⁶¹ NCD Risk Factor Collaboration. (2017). Worldwide trends in blood pressure from 1975 to 2015: a pooled analysis of 1479 population-based measurement studies with 19.1 million participants. *The Lancet*, 389(10064), 37–55.

⁶² Ibid.

TABLE 111: PREVALENCE OF RAISED BLOOD PRESSURE IN ADULTS IN SUN COUNTRIES BY YEAR AND SEX

| Characteristic | N | 2015 | | 2010 | |
|---------------------------------|----|-------------------|-------------------|-------------------|-------------------|
| | | Women | Men | Women | Men |
| All SUN countries | | | | | |
| Mean (95% CI) | 58 | 27.2 (26.0, 28.4) | 27.2 (26.4, 28.0) | 27.5 (26.4, 28.6) | 27.6 (26.8, 28.4) |
| Median | 58 | 28.1 | 27.5 | 28.0 | 28.0 |
| Range | 58 | 11.2, 35.8 | 16.1, 33.5 | 13.2, 35.2 | 17.5, 34.1 |
| Year joined SUN Movement | | | | | |
| 2010–11 | 24 | 27.6 | 27.1 | 27.8 | 27.6 |
| 2012–14 | 29 | 26.9 | 27.0 | 27.1 | 27.3 |
| 2015–17 | 5 | 27.7 | 28.8 | 28.1 | 29.1 |
| Region | | | | | |
| Latin America & Caribbean | 5 | 17.8 | 21.0 | 19.1 | 21.9 |
| West/Central Africa | 21 | 29.1 | 28.8 | 29.7 | 29.7 |
| East/Southern Africa | 18 | 29.2 | 27.9 | 28.9 | 27.9 |
| West/Central Asia | 3 | 27.6 | 27.9 | 27.4 | 27.6 |
| South/Southeast Asia | 11 | 24.7 | 25.7 | 24.5 | 25.6 |
| Country Income Level | | | | | |
| Low-income | 27 | 30.0 | 28.8 | 29.9 | 29.1 |
| Lower middle-income | 26 | 25.5 | 26.1 | 25.7 | 26.4 |
| Upper middle-income | 5 | 21.7 | 24.5 | 23.2 | 25.6 |
| Humanitarian Risk Level | | | | | |
| Low-Medium | 23 | 25.3 | 26.1 | 25.7 | 26.6 |
| High | 25 | 27.9 | 27.2 | 28.1 | 27.5 |
| Very High | 10 | 29.8 | 29.9 | 29.8 | 30.1 |

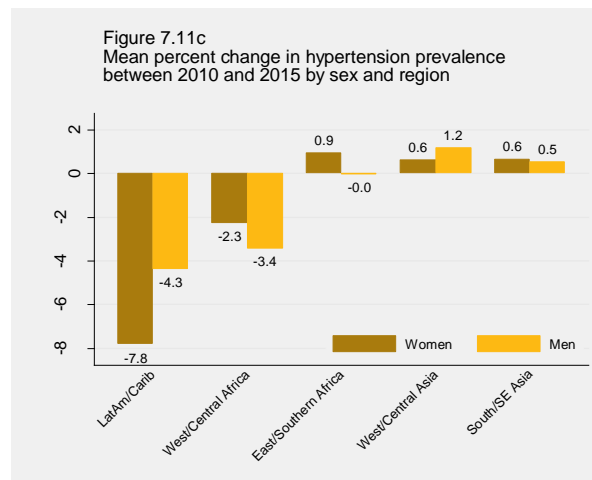
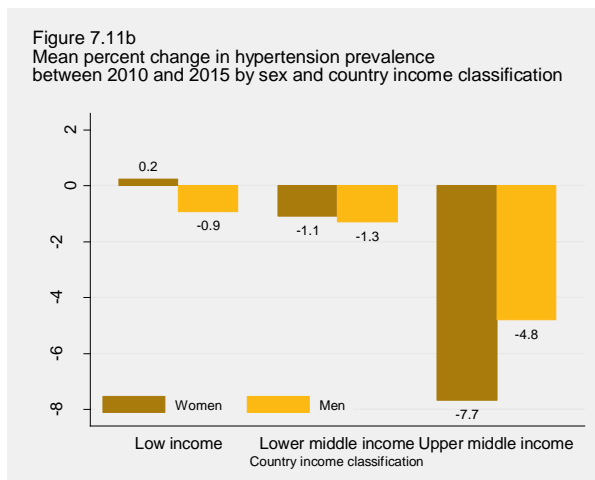
*No data for South Sudan

TABLE 112: COUNTRY GROUPING BY HYPERTENSION PREVALENCE IN WOMEN AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Prevalence of raised blood pressure in adult women, 2015 | | | |
|--------------------------|--|--|---|-------------------------------|
| | ≥30% | 25–29% | 20–24% | <20% |
| 2010–2011 (n=24) | Burkina Faso, Ethiopia, Mali, Mauritania, Niger, Senegal (n=6) | Benin, Gambia, Kyrgyzstan, Malawi, Mozambique, Namibia, Nepal, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe (n=12) | Bangladesh, Ghana, Guatemala, Indonesia, Lao PDR (n=5) | Peru (n=1) |
| 2012–2014 (n=29)† | Burundi, Chad, Guinea, Guinea-Bissau, Lesotho, Sierra Leone, Somalia, Swaziland, Yemen (n=9) | Cambodia, Comoros, Côte d'Ivoire, DRC, Kenya, Liberia, Madagascar, Nigeria, Pakistan, Tajikistan, Togo (n=11) | Cameroon, Congo, Haiti, Myanmar, Philippines, Sri Lanka, Viet Nam (n=7) | Costa Rica, El Salvador (n=2) |
| 2015–2017 (n=5) | Central African Republic (n=1) | Botswana, Papua New Guinea, Sudan (n=3) | Gabon (n=1) | — |

† No data available for South Sudan

Hypertension levels in women and men have decreased slightly between 2010 and 2015 across SUN countries: the percent change in prevalence over this period for women is -1.0% (95% CI -2.0, -0.1) and for men is -1.4% (95% CI -2.2, -0.7). However, the trend over time varies significantly by country income classification (see Figure 7.11b) and region (see Figure 7.11c).



COMPARISON OF NUTRITION OUTCOMES WITH GLOBAL LEVELS

The following table shows a comparison between results for SUN countries and global estimates from the Global Nutrition Report 2016.

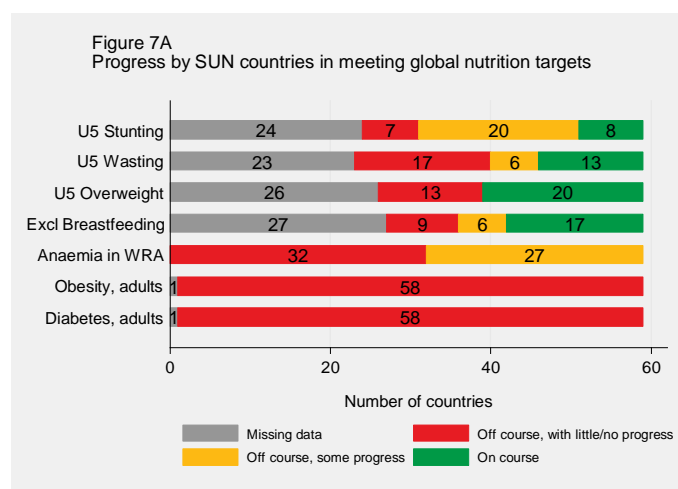
TABLE 113: STATE OF NUTRITION OUTCOMES IN SUN COUNTRIES COMPARED WITH GLOBAL LEVELS

| Indicator | SUN Countries | | Global Levels* | |
|--|------------------------------------|-----------------------|--------------------------------|--------------------------------------|
| | Current prevalence, % | Number of Individuals | Current prevalence, % | Number of individuals |
| Under-5 stunting | 32 | 89,627,642 | 23 | 155 million |
| Under-5 wasting | 8 | 23,324,503 | 8 | 52 million |
| Under-5 overweight | 5 | 11,242,476 | 6 | 41 million |
| Anaemia in WRA | 36 – non-pregnant 42 – pregnant | 186,224,427 | 32 non-pregnant 40 pregnant | 613 million |
| Low birth weight | 14 | N/A | 15 | 20 million |
| Adult overweight (ages 18+) | 22 – men 36 – women | N/A | 38 – men 39 – women | N/A |
| Adult obesity (ages 18+) | 5 – men 13 – women | N/A | 11 – men 15 – women | 266 million men 375 million women |
| Adult diabetes (raised blood glucose, ages 18+) | 8 – men 8 – women | N/A | 9 – men 8 – women | 218 million men 204 million women |
| Adult hypertension (raised blood pressure, ages 18+) | 27 – men 27 – women | N/A | 24 – men 20 – women | 597 million men 529 million women |

* Source: Global Nutrition Report 2017

MEETING GLOBAL TARGETS FOR NUTRITION

Based on the progress needed to meet the global target of a 40% reduction in the number of children U5 who are stunted by 2025, eight SUN countries are on course, 20 are off course but making some progress and seven are making no progress or show worsening levels over time (see Figure 7A). Of the eight countries on course to meet the target, four joined the Movement in 2010–11 and four joined in 2012–14 ($p=0.3$).



For wasting, 13 countries are on course to achieve <5% prevalence by 2025, six are not on track but show some progress and 17 show no progress or worsening rates. For 23 SUN countries, there is insufficient data to assess progress to date. Over half (9 of 17, 53%) of the countries who joined the SUN Movement in the first two years (2010–11) are on track to achieve the global wasting target compared to only 4 of 18 (22%) countries who joined in 2012–14 ($p=0.06$).

Over one third (20 of 33) of SUN countries with trend data are considered to be “on track” to meet the WHA target

for overweight among children under 5, defined as having child overweight prevalence <7 percent (WHO global target threshold) and no increase in rates ($AARR \geq 0$). Of the 20 “on track” countries, nine joined the Movement in 2010–11 and 11 joined in 2012–14 ($p=0.78$).

Among the 32 SUN countries with trend data, 17 countries are considered “on track” to meeting the WHA global target of 50% EBF and six countries are showing some progress. Three SUN countries (Burkina Faso, Kenya and Swaziland) have an AARR for EBF of ~10%. Only nine countries show no progress or worsening levels of EBF. Of the 17 countries considered “on track”, six joined the Movement in 2010–11, 10 joined in 2012–14 and one joined in 2015 ($p=0.17$).

For the global targets related to adults, none of the SUN countries are on course to reduce anaemia among women or halt the rise in adult obesity and diabetes. However, 27 countries are showing some progress in reducing anaemia in WRA.

SUN countries “on track” to meet WHA targets for children under-five

Among the 40 SUN countries with on/off track data for at least one of the four WHA targets related to children under-five (stunting, wasting overweight, EBF), two countries (Kenya and Swaziland) are currently on track to meet all four targets, as shown in Table 114. Four SUN countries (Ghana, El Salvador, Lesotho and Zimbabwe) are currently on track to meet three of four targets. Among the rest, 13 are on track for two targets, 12 are on track for one target and 8 countries are not on track for any of the WHA targets.

TABLE 114: COUNTRY GROUPING BY PROGRESS IN MEETING WHA TARGETS FOR CHILDREN UNDER-FIVE AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Number of under-five WHA targets “on track” | | | | |
|--------------------------|---|----------------------------|--|--|---|
| | All 4 | 3 | 2 | 1 | None |
| 2010–2011* | | Ghana, Zimbabwe (n=2) | Bangladesh, Benin, Burkina Faso, Guatemala, Kyrgyzstan, Malawi, Peru, Rwanda, Tanzania (n=9) | Gambia, Indonesia, Senegal, Zambia (n=4) | Ethiopia, Mauritania, Mozambique, Nepal (n=4) |
| 2012–2014† | Kenya, Swaziland (n=2) | El Salvador, Lesotho (n=2) | Cameroon, DRC, Guinea-Bissau, Sierra Leone (n=4) | Cambodia, Chad, Congo, Liberia, Myanmar, Nigeria, Viet Nam (n=7) | Madagascar, Philippines, Togo, Yemen (n=4) |
| 2015–2017‡ | — | — | — | Sudan (n=1) | — |

* Data not available for Lao PDR, Mali, Namibia, Niger, Uganda

† Data not available for Burundi, Comoros, Costa Rica, Côte d'Ivoire, Guinea, Haiti, Pakistan, Somalia, South Sudan, Sri Lanka, Tajikistan

‡ Data not available for Botswana, CAR, Gabon, PNG

STEP 6: Better nutrition contributes to the achievement of SDGs

List 8: Sustainable Development Goals that are linked to better nutrition

Population below international poverty line

MEAL Indicator 8.1 – Proportion of population below international poverty line disaggregated by sex, age group, employment status, and geographical location

SDG target 1.1 seeks to eradicate extreme poverty for all people everywhere. In 2013, an estimated 11% of the global population lived below the international poverty line of \$1.90 a day.⁶³

Data on the proportion of population living below the international poverty line were available for 56 SUN countries from the World Bank Poverty and Equity Database. The reference year ranged from 2003 to 2014, with 23 countries (41%) with data between 2012–2014.

On average, 34.6% (95% CI 28.3, 40.9) of the population lives below the international poverty line in SUN countries. This ranges widely from 1.3 to 77.8% across countries (median 35.0), as shown in Figure 8.1a.

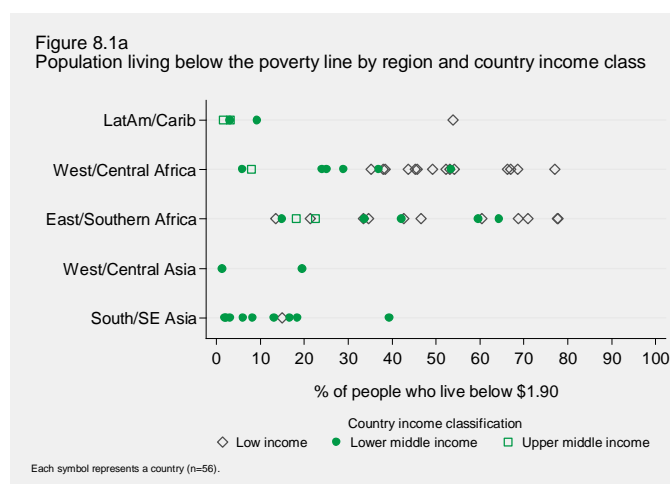


TABLE 115: COUNTRY GROUPING BY POVERTY LEVEL AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Proportion of population below poverty line (<\$1.90 per day) | | | |
|--------------------------|--|--|---|--|
| | ≥50% | 35–49% | 15–34% | <15% |
| 2010–2011 (n=24) | Benin, Malawi, Mozambique, Rwanda, Zambia (n=5) | Burkina Faso, Gambia, Mali, Niger, Senegal, Tanzania (n=6) | Bangladesh, Ethiopia, Ghana, Lao PDR, Namibia, Uganda, Zimbabwe (n=7) | Guatemala, Indonesia, Kyrgyzstan, Mauritania, Nepal, Peru (n=6) |
| 2012–2014 (n=27)† | Burundi, DRC, Guinea-Bissau, Haiti, Lesotho, Liberia, Madagascar, Nigeria, Sierra Leone, Togo (n=10) | Chad, Congo, Guinea, South Sudan, Swaziland (n=5) | Cameroon, Côte d'Ivoire, Kenya, Tajikistan (n=4) | Cambodia, Comoros, Costa Rica, El Salvador, Pakistan, Philippines, Sri Lanka, Viet Nam (n=8) |
| 2015–2017 (n=5) | Central African Republic (n=1) | Papua New Guinea (n=1) | Botswana (n=1) | Gabon, Sudan (n=2) |

† No data available for Myanmar, Somalia, Yemen

⁶³ Sustainable Development Knowledge Platform, “Progress of Goal 1 in 2017”. <https://sustainabledevelopment.un.org/sdg1> [accessed 27 September 2017]

Under five mortality rate

MEAL Indicator 8.2 – Under five mortality rate (deaths per 1000 live births)

The mortality rate for children under 5 years of age globally was 43 deaths per 1,000 live births in 2015.⁶⁴ The SDG target 3.2 is to end preventable deaths of children under 5 years, with all countries aiming to reduce the under-five mortality rate to at least as low as 25 per 1000 live births by 2030.

Under-five mortality rates (deaths per 1000 live births) are available for all 59 SUN countries for the year 2015.

The overall mean U5 mortality rate is 65.0 (95% CI 56.8, 73.2) and it ranges from 9.7 to 138.7 (median 64.0). Distribution of U5MR across regions is shown in Figure 8.2a. Country classification by levels of seriousness is shown in Table 116.

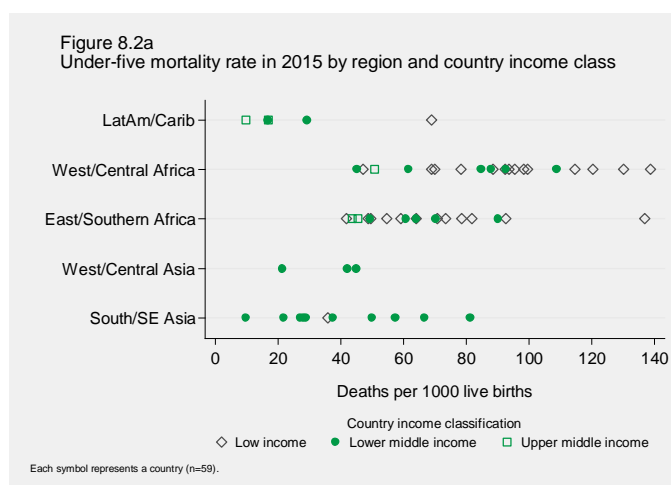


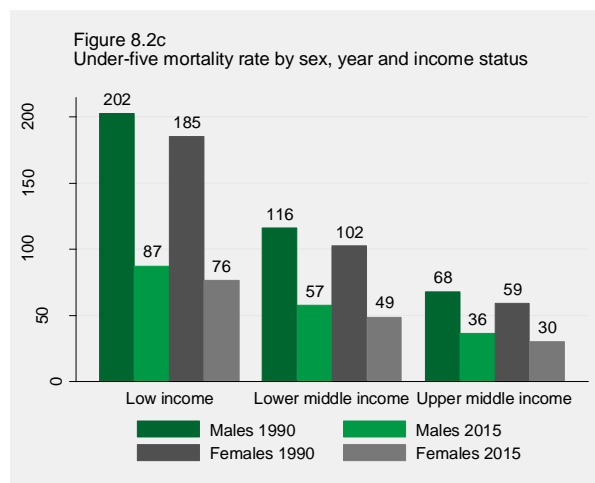
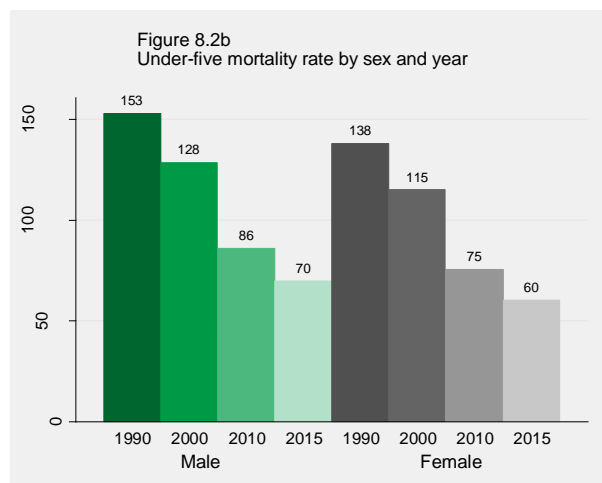
TABLE 116: COUNTRY GROUPING BY UNDER-FIVE MORTALITY RATE AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Under-five mortality rate, 2015 | | | |
|--------------------------|--|--|---|---|
| | ≥100 | 70–99 | 40–69 | <40 |
| 2010–2011 (n=24) | Mali (n=1) | Benin, Burkina Faso, Mauritania, Mozambique, Niger, Zimbabwe (n=6) | Ethiopia, Gambia, Ghana, Lao PDR, Malawi, Namibia, Rwanda, Senegal, Tanzania, Uganda, Zambia (n=11) | Bangladesh, Guatemala, Indonesia, Kyrgyzstan, Nepal, Peru (n=6) |
| 2012–2014 (n=30) | Chad, Nigeria, Sierra Leone, Somalia (n=4) | Burundi, Cameroon, Comoros, Côte d'Ivoire, DRC, Guinea, Guinea-Bissau, Lesotho, Pakistan, South Sudan, Togo (n=11) | Congo, Haiti, Kenya, Liberia, Madagascar, Myanmar, Swaziland, Tajikistan, Yemen (n=9) | Cambodia, Costa Rica, El Salvador, Philippines, Sri Lanka, Viet Nam (n=6) |
| 2015–2017 (n=5) | Central African Republic (n=1) | Sudan (n=1) | Botswana, Gabon, Papua New Guinea (n=3) | — |

Trends in the U5 mortality rate by sex for SUN countries between 1990 and 2015 are shown in the figures below. Figure 8.2b shows the progressive decrease over time for both male and

⁶⁴ Sustainable Development Knowledge Platform, “Progress of Goal 3 in 2017”.
<https://sustainabledevelopment.un.org/sdg3> [accessed 27 September 2017]

female children. Decreases over time have also been shown across country income levels, with the largest change in low-income countries (Figure 8.2c).



Mortality rate attributed to NCDs

MEAL Indicator 8.3 – Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory infections

SDG target 3.4 is to reduce by one third premature mortality from NCDs by 2030. In 2015, the risk of dying between 30 and 70 years of age from cardiovascular disease, cancer, chronic respiratory disease or diabetes was 19% globally.

Data on the mortality rate attributed to NCDs (cardiovascular disease, cancer, diabetes and chronic respiratory infections) are available for all 59 SUN countries from the Global Health Observatory, with estimates for years 2000, 2010 and 2015.

In 2015, the average mortality rate attributed to NCDs for SUN countries was 665 (95% CI 632, 698) and ranged from 355 to 1026 (median 659). The regional average NCD mortality rate is highest in West/Central Asia (793) and West/Central Africa (721), lower in South/SE Asia (674) and East/Southern Africa (622), and lowest in Latin America/Caribbean region (493). Figure 8.3a shows the distribution in NCD mortality rates in SUN countries across regions.

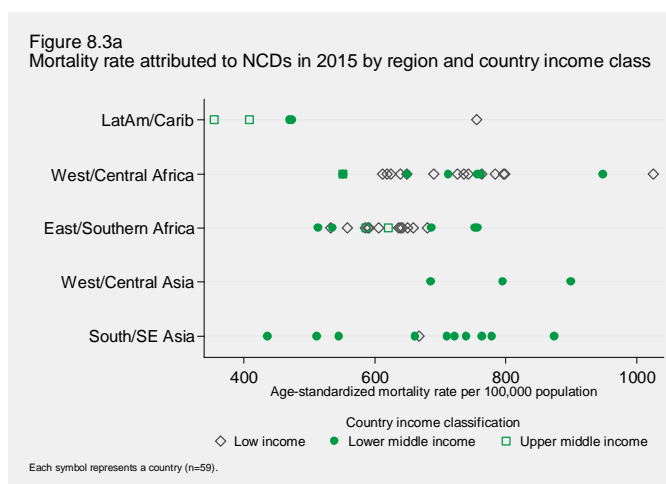
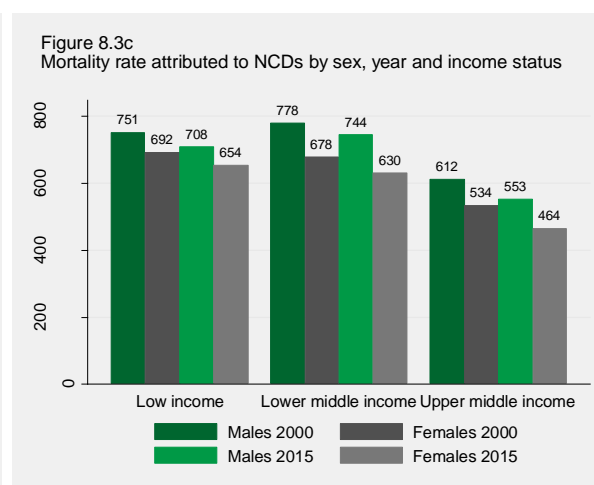
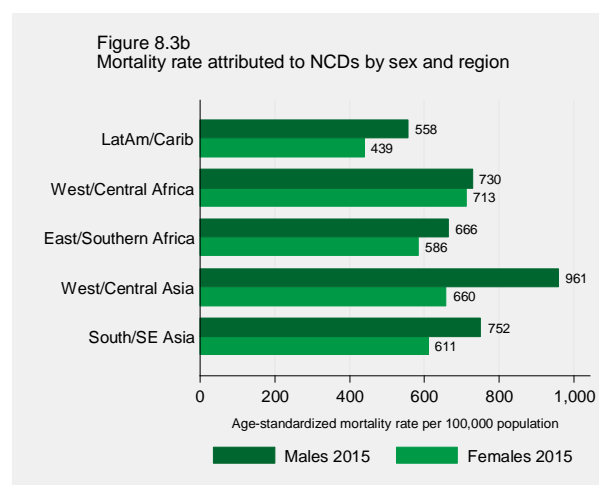


TABLE 117: COUNTRY GROUPING BY NCD MORTALITY RATE AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | Mortality rate attributed to NCDs, 2015 | | | |
|-----------------------------|--|---|---|--|
| | >800 | 701–800 | 601–700 | ≤600 |
| 2010–2011 (n=24) | — | Benin, Burkina Faso, Gambia, Ghana, Indonesia, Kyrgyzstan, Lao PDR, Mali (n=8) | Malawi, Mauritania, Mozambique, Nepal, Niger, Rwanda, Senegal, Uganda (n=8) | Bangladesh, Ethiopia, Guatemala, Namibia, Peru, Tanzania, Zambia, Zimbabwe (n=8) |
| 2012–2014 (n=30) | Côte d'Ivoire, Sierra Leone, Yemen (n=3) | Cameroon, Chad, Haiti, Myanmar, Nigeria, Pakistan, Philippines, Swaziland, Togo (n=9) | Burundi, Cambodia, Comoros, DRC, Guinea, Guinea-Bissau, Lesotho, Liberia, Madagascar, Tajikistan (n=10) | Congo, Costa Rica, El Salvador, Kenya, Somalia, South Sudan, Sri Lanka, Viet Nam (n=8) |
| 2015–2017 (n=5) | Papua New Guinea (n=1) | Central African Republic, Sudan (n=2) | Botswana (n=1) | Gabon (n=1) |

The mortality rate attributed to NCDs is consistently higher in males compared to females across all regions in 2015 (see Figure 8.3b). NCD mortality rates are similar between low income and middle-income countries, but lower in upper middle income countries (see Figure 8.3c); mortality rate decreases over time are observed in both males and females, regardless of country income classification.



Early child development status

MEAL Indicator 8.4 – Proportion of children aged 36–59 months who are developmentally on track in at least three of the following domains: literacy-numeracy, physical development, social-emotional development and learning

SDG target 4.2 seeks to ensure that all girls and boys have access to quality early childhood development, care and pre-primary education. Data on early child development status are available for 26 SUN countries, with the reference year ranging from 2010 to 2015. On average, in these countries, 63.5% of children 36–59 months are developmentally on track in at least three domains. Country estimates range from 32.6 to 88.7% (median 62.5%), with disparities evident across regions (Figure 8.4a) and country income levels (Figure 8.4b).

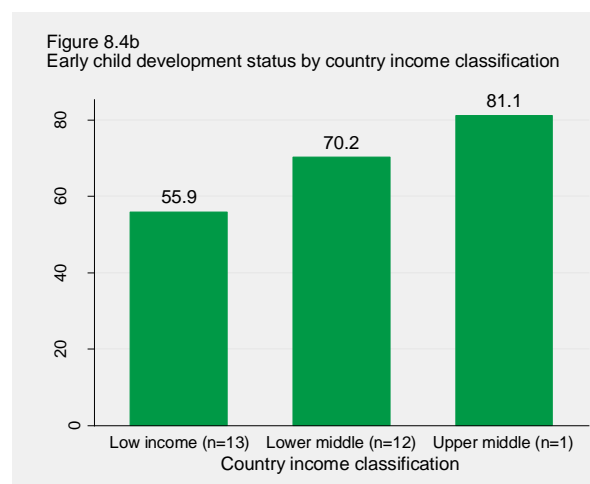
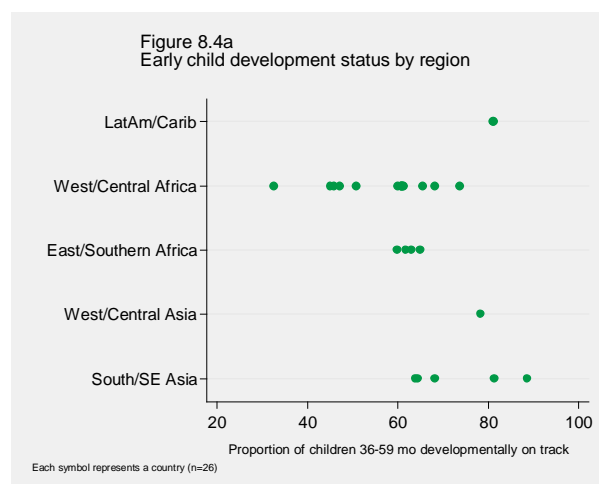


TABLE 118: COUNTRY GROUPING BY EARLY CHILD DEVELOPMENT STATUS AND YEAR OF JOINING THE SUN MOVEMENT

| Year of SUN start | Proportion of children 35–59 mo who are developmentally on track in ≥3 domains | | | |
|-------------------|--|--|---------------------|---|
| | <60% | 60–64% | 65–74% | ≥75% |
| 2010–2011 (n=12)* | Malawi, Mali (n=2) | Bangladesh, Benin, Mauritania, Nepal, Rwanda, Zimbabwe (n=6) | Gambia, Ghana (n=2) | Kyrgyzstan, Lao PDR (n=2) |
| 2012–2014 (n=13)† | Chad, Sierra Leone, Togo (n=3) | Cameroon, Congo, Guinea-Bissau, Nigeria, Swaziland (n=5) | Cambodia, DRC (n=2) | Costa Rica, El Salvador, Viet Nam (n=3) |
| 2015–2017 (n=1)‡ | Central African Republic (n=1) | — | — | — |

* No data for Burkina Faso, Ethiopia, Guatemala, Indonesia, Mozambique, Namibia, Niger, Peru, Senegal, Tanzania, Uganda, Zambia

† No data for Burundi, Comoros, Côte d'Ivoire, Guinea, Haiti, Kenya, Lesotho, Liberia, Madagascar, Myanmar, Pakistan, Philippines, Somalia, South Sudan, Sri Lanka, Tajikistan, Yemen

‡ No data for Botswana, Gabon, Papua New Guinea, Sudan

GDP per capita growth

MEAL Indicator 8.5 – Annual growth rate of real GDP per capita

SDG target 8.1 seeks to sustain per capita economic growth in accordance with national circumstances and, in particular, at least 7% gross domestic product (GDP) growth per annum in the least developed countries.

Data on the annual growth rate of GDP are available for 56 SUN countries, with data for the years 1990, 2000, 2010 and 2015.

In 2015, the average annual growth rate of real GDP per capita was 0.69% (95% CI -0.93, 2.31) for these SUN countries. The 2015 growth rate ranged from -29.84 to 6.93% (median 1.99), as shown in Figure 8.5a. Trends in growth rates between 1990 and 2015 are shown in Figure 8.5b.



TABLE 119: COUNTRY GROUPING BY GDP PER CAPITA ANNUAL GROWTH RATE AND YEAR OF JOINING THE SUN MOVEMENT

| Year joined SUN Movement | GDP per capita growth, 2015 (annual %) | | | |
|--------------------------|--|--|---|---|
| | ≤0.00 | 0.01–1.99 | 2.00–3.49 | ≥3.50 |
| 2010–2011 (n=23)* | Benin, Malawi, Niger, Zambia, Zimbabwe (n=5) | Burkina Faso, Gambia, Ghana, Kyrgyzstan, Nepal, Peru, Uganda (n=7) | Guatemala, Mali, Namibia, Senegal (n=4) | Bangladesh, Ethiopia, Indonesia, Lao PDR, Mozambique, Rwanda, Tanzania (n=7) |
| 2012–2014 (n=29)† | Burundi, Chad, Comoros, Guinea, Haiti, Liberia, Nigeria, Sierra Leone, South Sudan, Yemen (n=10) | Congo, Lesotho, Madagascar, Swaziland (n=4) | Cameroon, Costa Rica, El Salvador, Guinea-Bissau, Kenya, Pakistan, Togo (n=7) | Cambodia, Côte d'Ivoire, DRC, Myanmar, Philippines, Sri Lanka, Tajikistan, Viet Nam (n=8) |
| 2015–2017 (n=4)‡ | Botswana (n=1) | Gabon (n=1) | Central African Republic, Sudan (n=2) | — |

* No data available for Mauritania. † No data available for Somalia. ‡ No data available for Papua New Guinea

SUMMARY OF FINDINGS

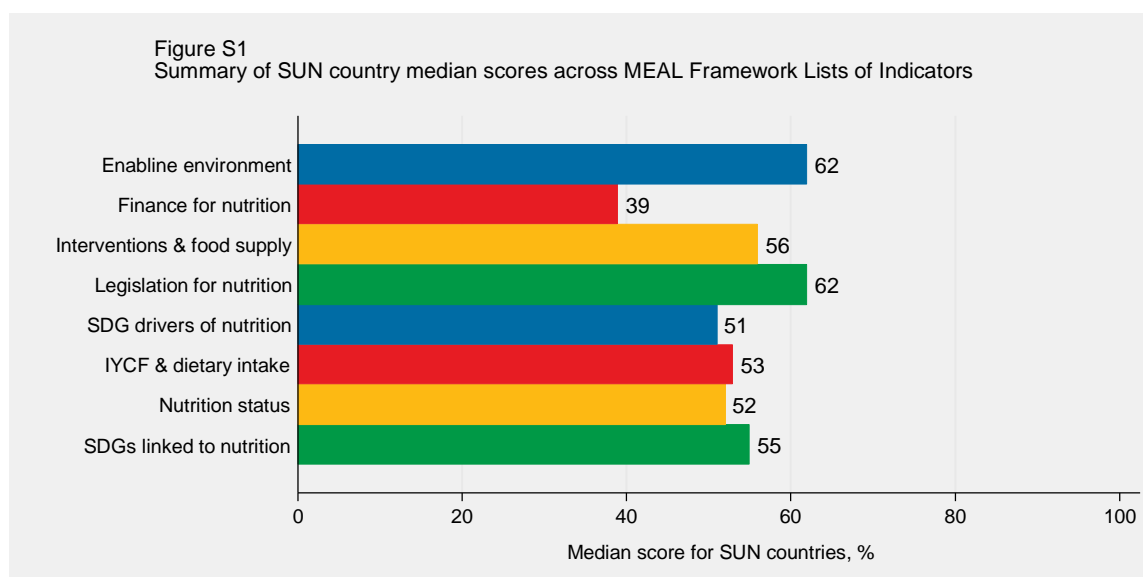
Data availability

We have a solid basis for the analysis and interpretation of the progress across the SUN Movement countries – 52/59 (88%) of countries have data available for at least 80% of the 78 MEAL system indicators presented in this report, 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). Most data gaps are found in the finance domain and for nutrition-specific indicators including nutrition counseling, young child feeding practices and adult dietary intake.

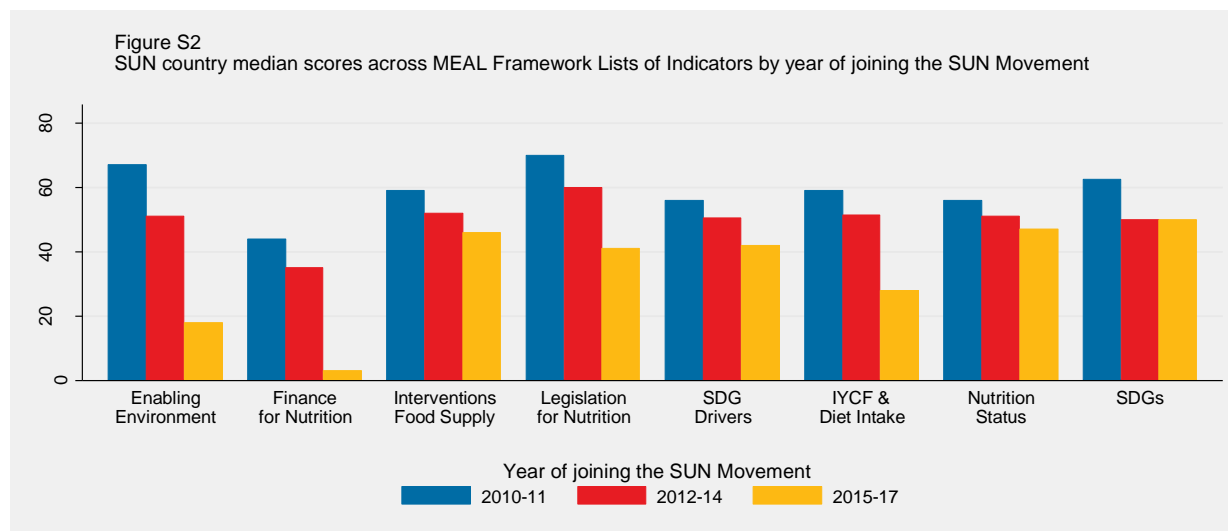
Key findings from the analysis on performance across SUN countries

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.

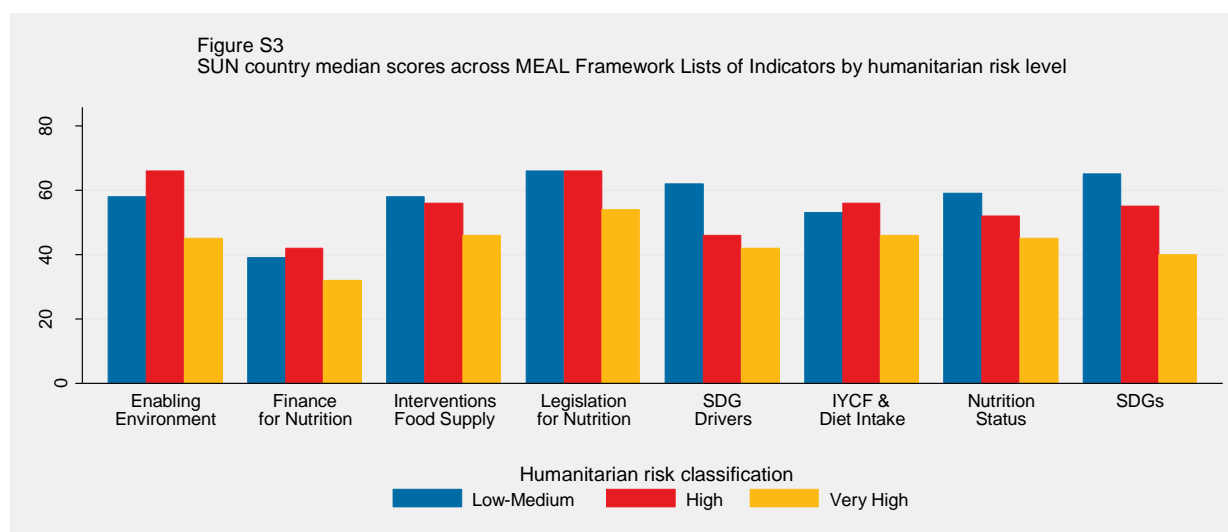
As shown in Figure S1 below, the median performance score across SUN countries was relatively similar across the eight lists of indicators, with the lowest levels of performance on Finance for Nutrition (List 2) and highest performance on the Enabling Environment (List 1) and Legislation for Nutrition (List 4).



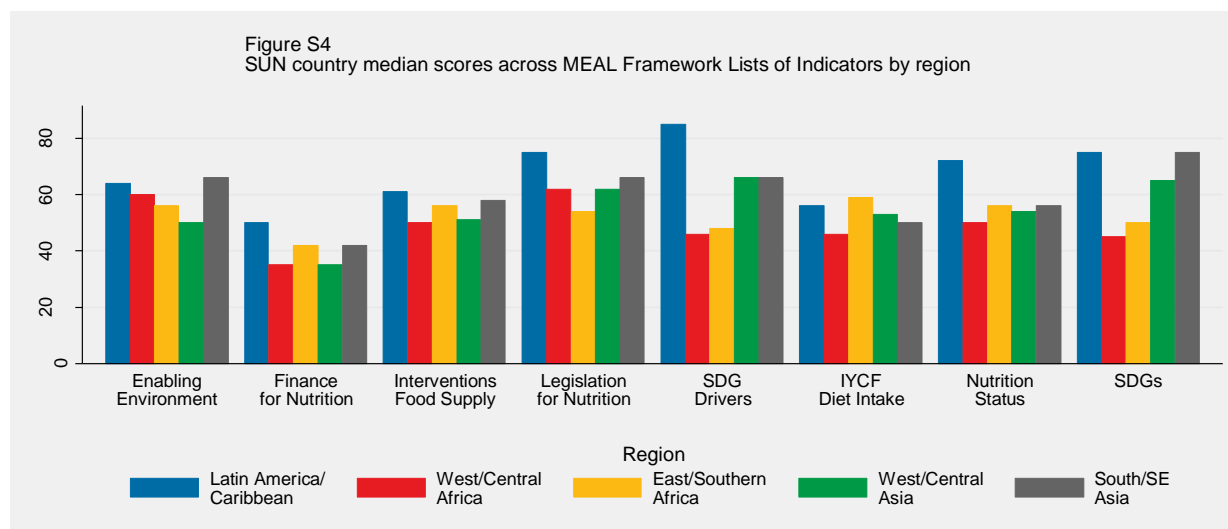
Countries that joined the SUN Movement in 2010-2011 consistently show higher performance than countries that joined later in all domains. The largest gaps between the oldest and newest SUN countries are in the enabling environment, finance for nutrition, legislation for nutrition, IYCF and dietary intake domains (Figure S2). 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.



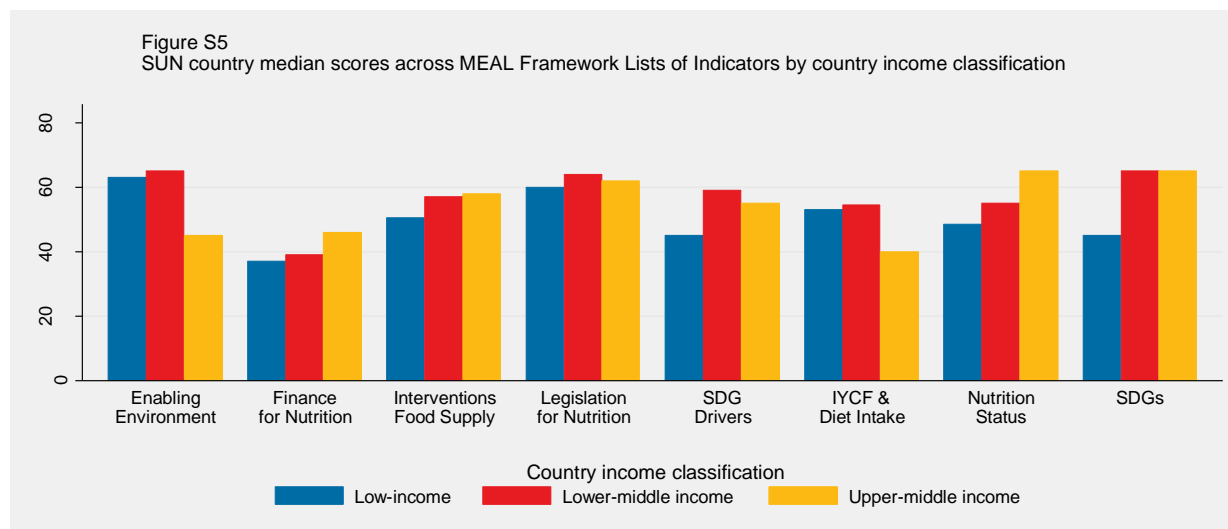
Countries with very high humanitarian risk have significantly lower median scores in all domains than countries classified with high and low-medium humanitarian risk . The largest gaps are on the enabling environment, legislation for nutrition, SDGs and nutrition status domains (Figure S3).



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 legislation (Figure S4).



Lower- and upper-middle income countries perform better overall than low-income countries, but low-income countries are doing comparatively well in enabling environment, legislation for nutrition, and IYCF and dietary intake (Figure S5).



Implications of Key Findings for the SUN Movement

IMPLICATIONS FOR COUNTRY ENGAGEMENT

1. **Provide extra opportunities for learning and technical assistance** to 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 budgeted insufficient funding to effectively scale up nutrition-specific interventions.
7. **Give greater focus to women and adolescent girls.** Compared with global estimates⁶⁵ based on countries with data, 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 disproportionately affected by overweight and obesity.
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, findings show poor results (or low prevalence); 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.

⁶⁵ Global estimates are based on countries with data derived from the 2017 Global Nutrition Report available at <http://www.globalnutritionreport.org/>

Next Steps in the development of the MEAL system

1. Engage SUN countries in the use of the Country Dashboards for setting priorities and guiding actions.
2. Perform focused analysis on six specific pathways:
 - 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. Perform 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 be able to monitor and evaluate progress on the MEAL indicators going forward.

SUN Movement Monitoring, Evaluation, Accountability, Learning (MEAL)

BASELINE REPORT APPENDICES

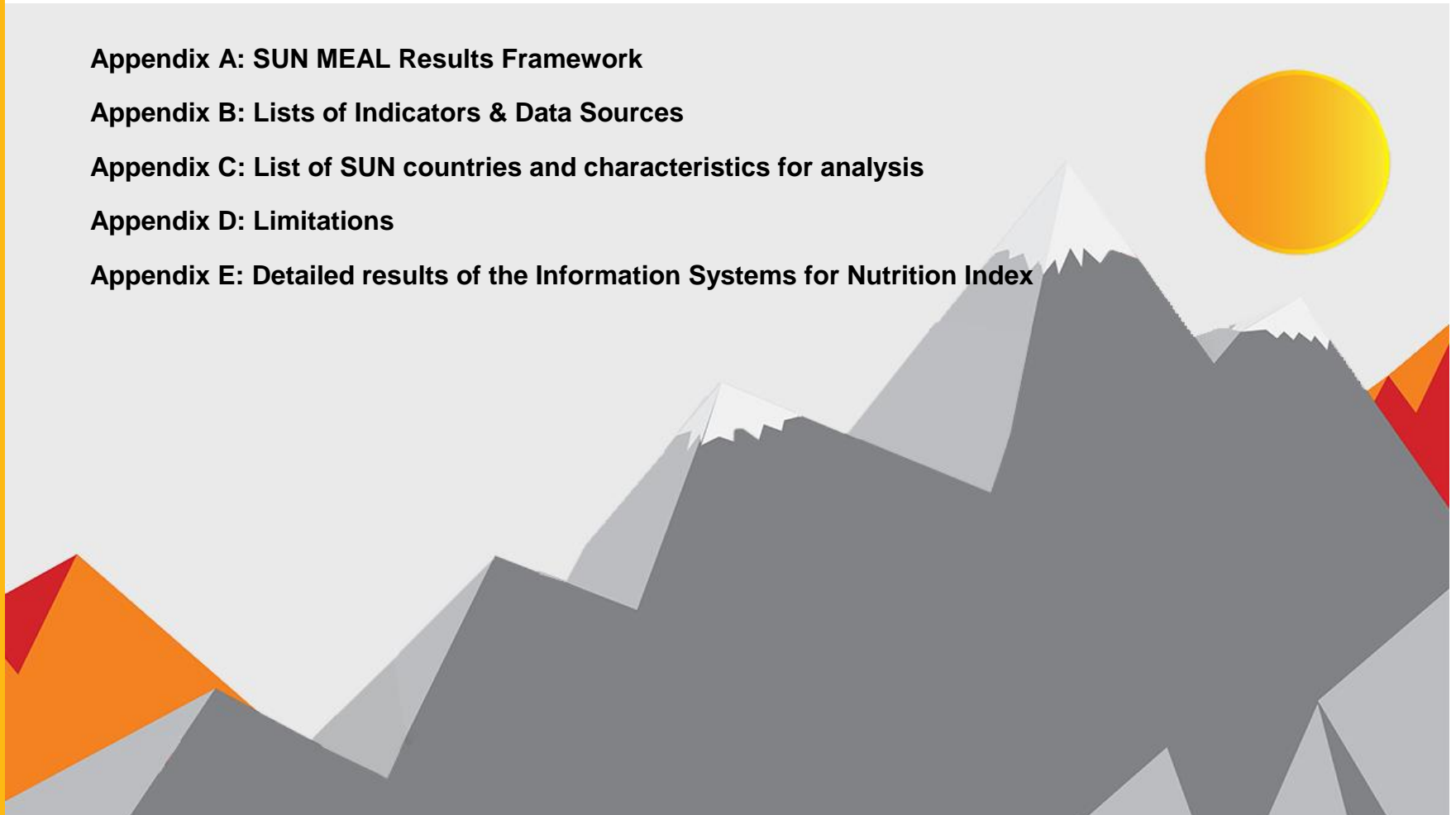
Appendix A: SUN MEAL Results Framework

Appendix B: Lists of Indicators & Data Sources

Appendix C: List of SUN countries and characteristics for analysis

Appendix D: Limitations

Appendix E: Detailed results of the Information Systems for Nutrition Index





APPENDIX A

SUN Meal Results Framework (Country Level – Baseline 2016)

| Theory of Change | Types of results | Sustainable Development Goals or specific Targets | Detailed list of indicators and tools | Added value of the SUN Movement <u>Global</u> Support System |
|---|---|--|---|---|
| STEP 1: Multiple stakeholders from different sectors come together to tackle malnutrition and build an enabling environment for improving nutrition with equity. | <ul style="list-style-type: none"> Existence and composition of Multi-Stakeholder Platforms (MSP) | | Reference list of indicators (List 1) Part of Joint Annual Assessment (JAA) | <ul style="list-style-type: none"> Support countries in their efforts to strengthen their multi-stakeholder platforms. Support countries in their efforts to strengthen their networks. Support in-country partners to understand the principles of engagement, set the rules for good partnership and get clarity on how to prevent, identify and manage conflicts of interests. |
| | <ul style="list-style-type: none"> Existence, composition and functionality of networks/alliances (UN agencies, CSOs, business, donors, academia) | | Reference list of indicators (List 1) On functionality Reference List specific to each SUN Network | |
| STEP 2: Multiple stakeholders from different sectors change their behaviours and commit to achieving common nutrition results for everyone, everywhere. | <ul style="list-style-type: none"> Progress in the four SUN Movement processes and related progress markers and evidence | | Reference list of indicators (List 1) Part of JAA | <ul style="list-style-type: none"> Support peer-to-peer learning across countries. Support countries to review the added value and effectiveness of their multi-stakeholder platforms. Support countries in the development of their national 2030 agenda. Support countries to scale up their advocacy and communication efforts. Engage country champions in key campaigning, advocacy and accountability moments and opportunities. Support countries by matching their requests for external assistance with global networks and providers. Support countries to review the quality of their national multi-sectoral, multi-stakeholder action plans / common results framework. Support countries to assess the level of integration of nutrition in national development plans and sectoral policies. |
| | <ul style="list-style-type: none"> Existence of information systems for nutrition | | Reference list of indicators (List 1) Mapping done (2016) | |
| | <ul style="list-style-type: none"> Capacity of Multi-Stakeholder Platforms to coordinate their partners response to identified annual priority action areas in the Joint-Annual Assessments | | <i>Forthcoming</i> Part of JAA (2017) | |
| | <ul style="list-style-type: none"> Compliance of partners with the SUN Movement Principles Engagement Guidance) | SDG 17 | <i>Forthcoming</i> Part of JAA (2017) | |
| | <ul style="list-style-type: none"> Integration of nutrition in the development plans/2030 Agenda and in new sectoral policies including risk reduction strategies made since the beginning of 2016 | SDG 1; SDG 2; SDG 3; SDG 4; SDG 5; SDG 6; SDG 7; SDG 8; SDG 10; SDG 11; SDG 12; SDG 13; SDG 14; SDG 15; SDG 16 | Reference list of indicators (List 1) Part of UN Network reporting from 2018 | |
| | <ul style="list-style-type: none"> 'Good' quality of <i>new</i> national multi-sectoral, multi-stakeholder action plans / common results framework made since the beginning of 2016 | | <i>Forthcoming</i> Quality checklist and reference tools | |



| Theory of Change | Types of results | Sustainable Development Goals or specific Targets | Detailed list of indicators and tools | Added value of the SUN Movement <u>Global</u> Support System |
|---|--|--|--|--|
| | <ul style="list-style-type: none"> Mobilization of high-level advocates (champions, parliamentarians, media) SMART-ness of nutrition commitments by Governments and networks / alliances (CSO, business, UN system, donors) made since the beginning of 2016 | | <p>Reference list of indicators (List 1) Part of JAA (2017)</p> <p>Part of JAA (2017) Reference ICN FFA Partnership Book</p> | |
| STEP 3: Multiple-stakeholders mobilize resources and align implementation to optimize coverage and effectiveness of their actions | <ul style="list-style-type: none"> Changes in spending for nutrition Reduced gap in the financing of evidence-based high-impact nutrition interventions | SDG 1.a; SDG 2.a.1; SDG 10.b; | Reference list of indicators (List 2) | <ul style="list-style-type: none"> Address global data priorities including developing methods for data disaggregation and coverage of various population groups. Support countries to build systems to analyze and use data from multiple sources. Contribute to monitoring SDGs that are driving nutrition impact in key sectors. Support developing global reference guidance to address emerging issues (e.g. double duty actions) Facilitate access to global funding sources. Support countries to scale up their planned actions by matching their requests for external assistance with global networks and providers. Support peer-to-peer learning across countries. Support countries to review evidence on the implementation of high impact actions Increase visibility of countries' lessons and experience in global advocacy and communication efforts. |
| | <ul style="list-style-type: none"> Increased coverage of services for nutrition Increased diversity and quality of food supply Geographic distribution of nationally agreed core actions and of implementation capacity for nutrition | SDG 3.C.1; SDG 3.7; SDG 3.8; SDG 1.3; SDG 6b | Reference list of indicators (List 3) | |
| STEP 4: Results are achieved through aligned implementation in a far greater way than what could have been achieved by each stakeholder on its own | <ul style="list-style-type: none"> Progress in the implementation of legislations for nutrition | | Reference list of indicators (List 4) | |
| | <ul style="list-style-type: none"> Changes in key drivers of nutrition, which are embedded in relevant sectors such as health, WASH, food systems, education, social protection and gender | SDG 2.1; SDG 3.3; SDG 3.7; SDG 4.5: SDG 5.3; SDG 6.1; SDG 6.2; SDG 7.1; SDG 10.1; SDG 11.1; SDG 16.2 | Reference list of indicators (List 5) | |
| | <ul style="list-style-type: none"> Improved Infant and Young Child feeding practices. Improved dietary intake among various population groups. | 1 WHA nutrition target 1 NCD-diet related target | Reference list of indicators (List 6) | |
| STEP 5: Women, children, adolescents and families thrive leading to the end of malnutrition by 2030 (SDG 2.2). | <ul style="list-style-type: none"> Progress towards WHA global nutrition targets Progress towards NCD diet-related targets. Progress towards established national level nutrition targets Improved nutrition status indicators | SDG 2.2 5 WHA nutrition targets. 3 NCD diet-related targets | Reference list of indicators (List 7) | <ul style="list-style-type: none"> Strengthen data and evidence on how multiple forms of malnutrition manifest in SUN countries. Support countries to set SMART nutrition targets and incorporate them in national and sub-national plans. |



| Theory of Change | Types of results | Sustainable Development Goals or specific Targets | Detailed list of indicators and tools | Added value of the SUN Movement <u>Global</u> Support System |
|---|--|---|---------------------------------------|---|
| STEP 6: Better nutrition contributes to the achievement of SDGs. | <ul style="list-style-type: none"> Reduced mortality Increased cognitive ability and school attainment Increased economic productivity as measured by GDP per capita and reduced extreme poverty Women's full and effective participation and equal opportunities for leadership | SDG 3.1; 3.2; SDG 3.4; SDG 4.2; SDG 4.1; SDG 8.1; SDG 1.1 and SDG 1.2 SDG 5.5 | Reference list of indicators (List 8) | <ul style="list-style-type: none"> Strengthen data and evidence on how nutrition contributes to key Sustainable Development Goals. Strengthen advocacy and communication on the importance of nutrition for the achievement of SDGs |



SUN Meal Results Framework (Global Support System Level – *Forthcoming with Accountability*)

| Theory of Change | Types of results | Reference | Types of analysis | Types of data & information sources |
|--|--|--|---|--|
| Responsive, predictable and innovative Global Support System for translating SUN country ambitions into results and impacts. | <ul style="list-style-type: none"> Response capacity to requests from SUN countries as recorded by SMS and SUN Networks. | Joint Annual Assessment priority list | <ul style="list-style-type: none"> Response capacity to countries' requests by type of client (SUN Government Focal Points, companies, CSO, UN agency and donor) with attention to time lag, coverage, TA quality satisfaction and Value for Money. Gap analysis to update priorities identified in the 2016-2017 Roadmap. Segmentation analysis (looking at new/old SUN countries, over/under served countries, fragile and conflict affect countries, etc.) Analysis of verified public references, articles, blogs and other types of media work | <ul style="list-style-type: none"> SMS tracking database. SUN Network annual reports. Minutes from Lead Group meetings. Minutes from Executive Committee meetings. SUN Movement Annual Progress Reports. SUN Movement Secretariat Annual Activity Reports. Technical providers' reports. SUN Government Focal Point end-of-service satisfaction surveys. Online verification of public references, articles, blogs Reports from Lead Group staff |
| | <ul style="list-style-type: none"> Response capacity by SUN Networks and Working Groups to deliver on priorities identified in the 2016-2017 Roadmap. | Priorities from the 2016-2020 Roadmap | | |
| | <ul style="list-style-type: none"> Percentage of Lead Group members actively championing nutrition | 2016 Lead Group Engagement Strategy | | |
| | <ul style="list-style-type: none"> Response capacity by the SUN Executive Committee to provide guidance, unlock opportunities and address challenges. | To be defined | | |
| | <ul style="list-style-type: none"> Effectiveness of global partnerships between the SUN Movement and other initiatives (e.g. EWEC, SAW, ECDAN, etc.) including capacity to respond to countries' requests and to address priorities identified in the 2016-2017 Roadmap | Global partnerships MoU JAA priority list Priorities from the 2016-2020 Roadmap | | |
| | <ul style="list-style-type: none"> Compliance of global actors with the SUN Movement principles | SUN Movement Principles Engagement Guidance | | |
| | <ul style="list-style-type: none"> Functioning of a feedback and complaints mechanism to address partnership challenges and to manage conflicts of interests | SUN Movement Principles Reference Note and Toolkit on Engaging in the SUN Movement Partnership Playbook "Together for the 2030 Agenda" | | |



APPENDIX B: LISTS OF INDICATORS AND DATA SOURCES

List 1: Enabling Environment for Nutrition

| MEAL Indicator Description | Definition | Data Source(s) | Coverage for SUN Countries (n/%) |
|--|--|---|----------------------------------|
| 1.1 Existence and composition of Multi-Stakeholder Platforms (MSP) | Proportion of countries report having a functioning MSP mechanism | SUN Movement Secretariat | 56/95% |
| 1.2 Existence, composition and functionality of networks/alliances (UN agencies, CSOs, business, donors, academia) | Number and type of networks in place | SUN Networks | 57/97% |
| a. UN Network Functionality Index | Country networks scored on the basis of 6 indicators of minimum elements needed for optimal functionality. | UN Network | 57/97% |
| b. SUN Business Network Functionality Index | Country networks scored on the basis of 5 indicators of minimum elements needed for optimal functionality. | SUN Business Network | 57/97% |
| c. SUN Civil Society Network Functionality Index | Country networks scored on the basis of # indicators of minimum elements needed for optimal functionality. | SUN Civil Society Network | 57/97% |
| 1.3 Progress in the four SUN Movement processes and related progress markers and evidence | Average total weighted score for each process and overall | SUN Joint Annual Assessment, 2014, 2015, 2016 | 51/86% |
| 1.4 Existence of WHA targets in nutrition plans ⁶⁶ | Availability of the 6 WHA targets in plans | SUN Movement Secretariat & Nutrition International | 56/95% |
| 1.5 Existence of NCD targets in nutrition plans | Availability of the 6 WHA targets in plans | SUN Movement Secretariat & Nutrition International | 56/95% |
| 1.6 Existence of information systems for nutrition | Information systems for nutrition index scores | SUN Movement Secretariat & Nutrition International | 57/97% |
| 1.7 Integration of under nutrition in national development plans and economic growth strategies ⁶⁷ | The indicator assesses to what extent undernutrition and overnutrition features in key multiyear national development and economic | Institute of Development Studies (IDS) 2015. IDS conducted the research for 81 countries on undernutrition, and data for the remaining 45 | 56/95% |

⁶⁶ The indicators 1.5 and 1.6 are assessed separately for this Baseline. Included nutrition plans have been reviewed as part of the mapping conducted in 2016. From 2017 onwards, this indicator will be part of the systematic review of the nutrition action plans using the quality checklist.

⁶⁷ This indicator is assessed separately for this Baseline and is based on a study conducted by IDS on all available development plans up to 2015. From 2018 onwards, all plans developed since 2016 will be systematically reviewed by the UN Network for Nutrition (TBC)



| MEAL Indicator Description | Definition | Data Source(s) | Coverage for SUN Countries (n/%) |
|--|---|--|----------------------------------|
| 1.8 Integration of over nutrition in national development plans and economic growth strategies ⁶⁸ | growth strategies such as Five-Year Plans, Poverty Reduction Strategy papers, Vision 2020/2030 documents, and so forth. Rank 1–126 for undernutrition and rank 1–116 for overnutrition. 1 is the highest rank of 116 and 126 countries with total of search terms counted divided by number of pages in policy document. | countries were obtained from: te Lintelo, D. J., L. I. Haddad, R. Lakshman, and K. Gatellier. 2013. The Hunger and Nutrition Commitment Index (HNCI 2012): Measuring the Political Commitment to Reduce Hunger and Undernutrition in Developing Countries. Evidence Report 25. Brighton: IDS. IDS conducted the research for the 116 countries on overnutrition. | |
| 1.9 Mobilization of high-level advocates (champions, parliamentarians, media) | Engagement of parliamentarians and media and identification of nutrition champions | SUN Joint Annual Assessment | 57/97% |
| TOTAL: 13 indicators | | | |

⁶⁸ Ibid.



List 2: Finance for nutrition

| MEAL Indicator Description | Definition | Data Source(s) | Coverage for SUN Countries (n/%) |
|--|---|---|----------------------------------|
| 2.1 National budget spending for nutrition | a. A budget analysis is considered complete if it was done + has identified nutrition specific and nutrition sensitive spending + has identified sources of funding + has more than one point in time data | SUN Movement (based on national budget analysis) | 47/80% |
| a. Budget analysis completeness | | | |
| b. Budget spending per child U5 for nutrition-specific | b. The per capita spending is based on the total spending for nutrition-specific divided by the U5 population of the given year | | |
| c. Budget percentage for nutrition-specific spending out of the total spending for nutrition | c. Gives the percentage of nutrition-specific spending out of the total amount of identified spending | | |
| 2.1 Donor funding for nutrition (only CRS basic code for nutrition) | a. The per capita spending per stunted child is based on the total spending for nutrition (in the CRS basic code) divided by the stunted U5 population based on the stunting prevalence rate in a given year. | OECD InvestininNutrition.org | 57/97% |
| a. Donor spending per stunted child U5 for nutrition | | | |
| b. Donor spending per child U5 for high impact interventions | b. The per capita spending is based on the spending for high-impact nutrition interventions by the U5 population of the given year | | |
| c. Donor percentage for nutrition specific spending out of the total funding for nutrition | c. Gives the percentage of nutrition-specific spending out of the total amount of identified funding for nutrition | | |
| 2.3 The agriculture orientation index for government expenditures | Calculated as the ratio of Agriculture Share of Government Expenditures to the Agriculture Share of GDP, where Agriculture refers to the agriculture, forestry, fishing and hunting sector. | SDG Indicators Global Database https://unstats.un.org/sdgs/indicators/database/?indicator=2.a.1 | 37/63% |
| TOTAL: 7 indicators | | | |

Note: Costed nutrition high-impact interventions in the Investment Framework for Nutrition include: IYCF counseling, Vitamin A supplementation, SAM treatment, Iron-Folic Acid supplementation, Salt iodization, Food Fortification, maternal micronutrient supplements, provision of complementary food supplements for children 6–23 months living under poverty line, Zinc supplementation



List 3: Interventions and food supply

| MEAL Indicator Description | Definition | Data Source(s) | Coverage for SUN Countries (n/%) |
|--|--|---|----------------------------------|
| 3.1 Proportion of health facilities that are Baby Friendly Hospital Initiative (BFHI) certified | Proportion of hospitals and maternity facilities that are designated as a “Baby Friendly” institution | UNICEF NutriDash, PAHO, IBFAN WBTi report | 35/59% |
| 3.2 Proportion of children 6–59 months with severe acute malnutrition admitted for treatment | Severe acute malnutrition geographical coverage (from GNR 2015 database) | UNICEF/Coverage Monitoring Network/ACF International. 2012. The State of Global SAM Management Coverage 2012. New York and London. | 38/64% |
| 3.3 Proportion of children 6–59 months receiving Vitamin A supplementation | Proportion of 6- to 59-month-olds receiving two high-dose vitamin A supplements in 2015 | UNICEF Global Database Available from http://data.unicef.org/nutrition/vitamin-a.html | 48/81% |
| 3.4 Proportion of pregnant women receiving Iron and Folic Acid supplementation | Percentage of women with a birth in the five years preceding the survey who took iron tablets or syrup (none/ for <60 days to 90+ days/for 90+ days); does not include folic acid | ICF International, 2015. The DHS Program STATcompiler. http://www.statcompiler.com | 44/75% |
| 3.5 Number of trained nutrition professionals /100,000 population | Value & Density for each of: <ul style="list-style-type: none"> Physicians (includes generalist and specialist medical practitioners) Nurses (Includes nursing and nursing associate professionals, midwifery and midwifery associate professionals. Does not include traditional midwives) Community and traditional health workers (Includes community health officers, community health-education workers, family health workers, traditional and complementary medicine practitioners, traditional midwives and related occupations.) | WHO Global Health Observatory Data Repository 2015. Available from http://apps.who.int/gho/data/node.main.A1444?lang=en | 57/97% |
| 3.6 Percentage of households that have iodized salt (>15 ppm) | The global database was updated to remove data points for which a cut-off of > 0 parts per million was used. | UNICEF Global databases 2015 based on MICS, DHS, and other nationally representative surveys. Available from http://data.unicef.org/nutrition/iodine.html | 50/85% |
| 3.7 Proportion of children under 5 years old with diarrhea (in last two weeks) receiving oral rehydration salts (ORS packets or pre-packaged ORS fluids) | Percentage of children under 5 with diarrhea receiving oral rehydration salts (ORS packets or pre-packaged ORS fluids) | UNICEF Global databases 2016 based on MICS, DHS and other national household surveys https://data.unicef.org/topic/child-health/diarrhoeal-disease/ | 58/98% |



| MEAL Indicator Description | Definition | Data Source(s) | Coverage for SUN Countries (n/%) |
|---|---|--|----------------------------------|
| 3.8 Proportion of children aged 12–59 months receiving at least one dose of deworming medication | Percentage of children age 6–59 months given deworming medication in the six months preceding the survey | ICF International, 2015. The DHS Program STATcompiler. http://www.statcompiler.com | 46/78% |
| 3.9 Use of insecticide treated nets in children aged 0–5 years | Percentage of children under age 5 who slept under an insecticide-treated mosquito net the night prior to the survey. | UNICEF Global databases 2016 based on MICS, DHS and other national household surveys. http://data.unicef.org/topic/child-health/malaria/ | 47/80% |
| 3.10 Percentage of 1-year-olds who have received the appropriate doses of the recommended vaccines in the national schedule by recommended age | Percentage of surviving infants who received the third dose of DTP containing vaccine (Note: DTP3 coverage is often used as an indicator of how well countries are providing routine immunization services.) | WHO and UNICEF estimates of national routine immunization coverage, 2015 revision (completed July 2016). http://data.unicef.org/child-health/immunization | 59/100% |
| 3.11 Proportion of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods | Percentage of women of reproductive age (15–49 years) who are sexually active and who have their need for family planning satisfied with modern methods. | United Nations, Department of Economic and Social Affairs, Population Division (2017). World Contraceptive Use 2017 (POP/DB/CP/Rev2017). | 58/98% |
| 3.12 Percentage of calories from non-staples in food supply | Share of dietary energy supply derived from non-staples (%) (3-year average); staples include cereals, roots and tubers | GNR 2015 Database (based on FAOSTAT data for 2009) | 52/88% |
| 3.13 Availability of fruits and vegetables (grams) | Total amount of fruit and vegetables and derived products (in grams) available for human consumption during the reference period (expressed in per capita terms) | FAOSTAT data for 2013 | 53/90% |
| 3.14 Fortified Food Supply | Fortification status of fortifiable food vehicles (including salt, vegetable oil, wheat flour, maize flour, rice, sugar, fish/soy sauce) are classified (sustain, improve, build/expand or N/A) based on information about coverage and compliance. | FFI, GAIN, IGN, MN Forum. | 58/98% |
| 3.15 Proportion of the population covered by social protection floors/systems disaggregated by sex, and distinguishing children, the unemployed, the elderly, persons with disabilities, pregnant women, new born, work injury victims, the poor and vulnerable | % of population participating in social protection and labor programs (includes direct and indirect beneficiaries). | World Bank (2017) The Atlas of Social Protection: Indicators of Resilience and Equity (ASPIRE) | 41/69% |
| TOTAL: 15 indicators | | | |



List 4: Enacted legislations

| MEAL Indicator Description | Definition | Data Source(s) | Coverage for SUN Countries (n/%) |
|---|---|--|----------------------------------|
| 4.1 Country has legislation /regulations fully implementing the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22) and subsequent relevant resolutions adopted by the World Health Assembly | Legal status of the Code in each country | WHO, UNICEF, IBFAN (2016). Marketing of Breast-milk Substitutes: National Implementation of the International Code, Status Report 2016. Geneva: WHO | 57/97% |
| 4.2 Country has maternity protection laws or regulations in place in line with the ILO Maternity Protection Convention, 2000 (No. 183) and Recommendation No. 191 | Country has ratified International Labor Organization Convention 183 or has passed national legislation in compliance with the three key provisions of the convention (14 weeks of maternity leave, paid at 66% of previous earnings by social security or general revenue). Country has provision for daily nursing breaks on return to work, or a reduction of working time with pay to breastfeed or express breastmilk. Country has provision mandating employers to provide nursing or childcare facilities at or near their workplaces or a reimbursement of childcare costs. | International Labour Organization (ILO), as reported by GNR 2017 | 56/95% |
| 4.3 Country has legislation on the Constitutional Right to Food | Assessed level of constitutional protection of the right to food (high, medium-high, medium, low) | Food and Agriculture Corporate Document Repository 2003. Recognition of the right to food at the national level. Available from http://www.fao.org/docrep/MEETING/007/J0574E.HTM#P75_9766 | 44/75% |
| 4.4 Country has policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt. | Country has implemented a policy(ies) to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt. This indicator is considered fully achieved if the country responds "Yes" to the question "Is your country implementing any policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt?", and provides the needed supporting documentation. | Data based on Member State responses to the 2017 NCD Country Capacity Survey. WHO (2017). Noncommunicable Diseases Progress Monitor, 2017. Geneva: WHO. Available from http://apps.who.int/iris/bitstream/10665/258940/1/9789241513029-eng.pdf?ua=1 | 59/100% |
| 4.5 Country has legal documentation that has the effect of allowing or mandating food fortification | <i>Mandatory</i> = The country has legal documentation that has the effect of mandating fortification of the food vehicle in question with one or more priority micronutrients (Yes/No). <i>Voluntary</i> = The country has legal documentation indicating standardized fortification levels of the food vehicle in question, but does not have legal documentation that has the effect of mandating fortification (Yes/No). | FFI, GAIN, IGN, MN Forum. Global Fortification Data Exchange. [Accessed 7 September 2017.] http://www.fortificationdata.org | 59/100% |



| MEAL Indicator Description | Definition | Data Source(s) | Coverage for SUN Countries (n/%) |
|--|---|--|----------------------------------|
| 4.6 Country has legal documentation specifying nutrient levels for fortification | The country has legal documentation indicating standardized fortification levels of the food vehicle in question with one or more priority nutrients (Yes/No) | FFI, GAIN, IGN, MN Forum. Global Fortification Data Exchange. [Accessed 7 September 2017.] http://www.fortificationdata.org | 59/100% |
| TOTAL: 6 indicators | | | |



List 5: Drivers of nutrition (Sustainable Development Goals and others)

| MEAL Indicator Description | Definition | Data Source(s) | Coverage for SUN Countries (n/%) |
|--|--|---|----------------------------------|
| 5.1 Prevalence of diarrhea in children under 5 years of age | Percentage of children born in the three years preceding the survey who had diarrhea in the two weeks preceding the survey | ICF International, 2015. The DHS Program STATcompiler. http://www.statcompiler.com UNICEF MICS Country Reports | 58/98% |
| 5.2 Proportion of population using safely managed drinking water services | Percentage of the population using at least basic drinking water service (drinking water from an improved source, provided collection time is not more than 30 minutes for a round trip, including queuing) | WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation 2017. Available from https://washdata.org/data | 59/100% |
| 5.3 Proportion of population using a safely managed sanitation service [including a hand-washing facility with soap and water] | Percentage of the population using at least a basic sanitation facility (Use of improved facilities that are not shared with other households) | WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation 2017. Available from https://washdata.org/data | 59/100% |
| 5.4 Malaria incident cases per 1000 population | Malaria incident cases per 1000 population for the year 2015 | SDG Indicators Global Database https://unstats.un.org/sdgs/indicators/databases/?indicator=3.3.3 | 59/100% |
| 5.5 New cases of measles | Reported confirmed measles cases for the year 2016 | WHO/UNICEF Joint Reporting on Immunization http://www.who.int/immunization/monitoring_surveillance/burden/vpd/surveillance_type/active/measles_monthlydata/en/ | 58/98% with reported data |
| 5.6 Number of births during a given reference period to women aged 15–19 years /1000 females (and aged 10–14) | Annual number of births to women aged 15 to 19 per 1,000 women in that age group. (No central source of data was found on births to women aged 10 to 14 years) | United Nations, Department of Economic and Social Affairs, Population Division (2015). 2015 Update for the MDG Database: Adolescent Birth Rate (POP/DB/Fert/A/MDG2015). | 59/100% |
| 5.7 Number of new HIV infections per 1,000 uninfected population by age group, sex, and key populations | Number of new HIV infections per 1000 uninfected population for the reference year 2015 | WHO GHO http://apps.who.int/gho/data/view.main.57040ALL?lang=en | 51/86% |
| 5.8 Tuberculosis incidence per 1,000 population | The estimated number of new and relapse tuberculosis (TB) cases <u>per 100 000 population</u> for the reference year 2015. All forms of TB are included, including cases in people living with HIV. | WHO GHO (Annual data 2000–2015) http://apps.who.int/gho/data/view.main.57040ALL?lang=en | 58/98% |
| 5.9 Prevalence of undernourishment | Prevalence of undernourishment (%) (3-year average, 2014–2016); defined by FAO as share of the population that consumes an amount of calories that is insufficient to cover the energy requirement for an active and healthy life (as defined by the minimum dietary energy requirement) | FAO of the United Nations Statistics Division 2015. Food Security / Suite of Food Security Indicators. Available from http://faostat3.fao.org/faostat-gateway/go/to/download/D/FS/E | 52/81% |



| MEAL Indicator Description | Definition | Data Source(s) | Coverage for SUN Countries (n/%) |
|---|---|---|----------------------------------|
| 5.10 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18 | Percentage of women aged 20 to 24 years who were first married or in union before ages 15 and 18 | UNICEF Monitoring the situation of women and children Database https://data.unicef.org/topic/child-protection/child-marriage/ | 57/97% |
| 5.11 Female secondary school enrollment | Total female enrollment in secondary education, in all programs, regardless of age, expressed as a percentage of the female population of official secondary education age. The rate can exceed 100% due to inclusion of overaged/underaged students (early or late school entrance and grade repetition). | UNESCO, World Bank Global Database http://www.uis.unesco.org/DataCentre/Pages/BrowseEducation.aspx | 54/92% |
| 5.12 Proportion of children 2–14 years old who experienced any violent discipline (psychological aggression and/or physical punishment) | Percentage of children aged 2 to 14 years who experienced any form of violent discipline (physical punishment and/or psychological aggression) within the past month. Psychological aggression refers to the action of shouting, yelling or screaming at a child, as well as calling a child offensive names. Physical (or corporal) punishment is an action intended to cause physical pain or discomfort, but not injuries. | UNICEF Global Database, 2016, based on DHS, MICS & other nationally representative surveys https://data.unicef.org/topic/child-protection/violence/violent-discipline/ | 31/53% |
| 5.13 Growth rates of household expenditure and income per capita among the bottom 40% of the population and the total population | Annualized growth in mean household per capita income or consumption for bottom 40% of population and total population | World Bank Global Database of Shared Prosperity http://www.worldbank.org/en/topic/poverty/brief/global-database-of-shared-prosperity | 19/32% |
| 5.14 Proportion of urban population living in slums, informal settlement or inadequate housing | Proportion of urban population living in slums. (According to UN-HABITAT, slums are areas where households lack durable housing, sufficient living space, secure tenure, or easy access to safe water or adequate sanitation facilities.) | UN Habitat Global Urban Observatory (GUO) site: http://urbandata.unhabitat.org | 47/80% |
| TOTAL: 14 indicators | | | |



List 6: Infant and Young Child Feeding Practices (IYCF) and dietary intakes

| MEAL Indicator Description | Definition | Data Source(s) | Coverage for SUN Countries (n/%) |
|---|---|---|----------------------------------|
| 6.1 Exclusive breastfeeding for the first six months | Percentage of infants 0–5 months old who were exclusively breastfed (received only breastmilk during the previous day) | UNICEF Global Database (Oct 2016) http://data.unicef.org/nutrition/iycf.html | 59/100% |
| 6.2 Proportion of children born in the last 24 months who were put to the breast within one hour of birth | Percentage of newborns who are put to the breast within one hour of birth. | UNICEF Global Database (Oct 2016) http://data.unicef.org/nutrition/iycf.html | 58/98% |
| 6.3 Proportion of children aged 6 to 23 months who Minimum Acceptable Diet (MAD) | Percentage of breastfed children 6–23 months of age who had at least the minimum dietary diversity and the minimum meal frequency during the previous day AND percentage of non-breastfed children 6–23 months of age who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day. | UNICEF Global Database (Oct 2016) http://data.unicef.org/nutrition/iycf.html | 43/73% |
| 6.4 Proportion of children aged 6 to 23 months who receive a Minimum Diet Diversity (MDD) | Percentage of children 6–23 months of age who had ate from at least 4 (out of 7 pre-defined food groups) during the previous day. | UNICEF Global Database (Oct 2016) http://data.unicef.org/nutrition/iycf.html | 44/75% |
| 6.5 Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day | Mean intake, in grams per day, of fruit and vegetables in persons aged 18+ years for the reference years 1990/ 2005/ 2010 | Global Dietary Database (Tufts, Harvard, FAO/WHO GIFT) http://www.globaldietarydatabase.org/country-comparisons.html | 58/98% |
| 6.6 Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years. | Mean sodium intake (grams per day) in adults | GNR 2017 dataset, based on Powles et al. (2013) Global, regional and national sodium intakes in 1990 and 2010: a systematic analysis of 24 h urinary sodium excretion and dietary surveys worldwide. BMJ Open; 3:e003733. | 59/100% |
| 6.7 Median urinary iodine concentration in children aged 6–12 years | Median urinary iodine concentration (UIC) in the general population, with preference given to studies carried out in school-age children. Data are from the most recent nationally representative survey (2002–2017); Estimates for Niger, South Sudan, Sudan and Zimbabwe are based on sub-national surveys. | Iodine Global Network (2017) Global Scorecard of Iodine Nutrition in 2017 in the general population and in pregnant women. http://www.ign.org/cm_data/IGN_Global_Scorecard_AllPop_and_PW_May2017.pdf | 49/83% |
| 6.8 Percentage of the population consuming food that is fortified according to standards | Data on fortification coverage (% uses vehicle, % fortifiable and % fortified) for oil, maize flour and wheat flour | Fortification Assessment Coverage Toolkit (FACT) survey data summarized in Aaron et al. (2017) http://jn.nutrition.org/content/147/5/984S.full | 6/10% |
| TOTAL: 8 indicators | | | |



List 7: Nutrition Status

| MEAL Indicator Description | Definition | Data Source(s) | Coverage for SUN Countries (n/%) |
|--|--|--|----------------------------------|
| 7.1 Prevalence of low height-for-age <-2 SD in children under five years of age | Percentage of children aged 0–59 months who are below minus two standard deviations from median height-for-age of the WHO Child Growth Standards. | UNICEF-WHO-World Bank: Joint Child Malnutrition Estimates: Levels and Trends (updated May 2017) https://data.unicef.org/topic/nutrition/malnutrition/ | 59/100% |
| 7.2 Prevalence of infants born <2500 g | Percentage of infants weighing less than 2,500 grams at birth | UNICEF Global Database (updated October 2014) http://data.unicef.org/nutrition/lowbirthweight.html | 56/95% |
| 7.3 Prevalence of weight-for-height >2 SD in children under five years of age | Percentage of children aged 0–59 months who are above two standard deviations from median weight-for-height of the WHO Child Growth Standards. | UNICEF-WHO-World Bank: Joint Child Malnutrition Estimates: Levels and Trends (updated May 2017) https://data.unicef.org/topic/nutrition/malnutrition/ | 59/100% |
| 7.4 Prevalence of weight-for-height <-2SD in children under five years of age | Percentage of children aged 0–59 months who are below minus two standard deviations from median weight-for-height of the WHO Child Growth Standards. | UNICEF-WHO-World Bank: Joint Child Malnutrition Estimates: Levels and Trends (updated May 2017) https://data.unicef.org/topic/nutrition/malnutrition/ | 59/100% |
| 7.5 Prevalence of haemoglobin <11 g/dL in pregnant women | Percentage of pregnant women with blood haemoglobin concentration <110 g/L | WHO (2015) Global Prevalence of Anaemia in 2011. http://www.who.int/nutrition/publications/micronutrients/global_prevalence_anaemia_2011/en/ | 59/100% |
| 7.6 Prevalence of haemoglobin <12 g/dL in non-pregnant women | Percentage of non-pregnant women with blood haemoglobin concentration <120 g/L | WHO (2015) Global Prevalence of Anaemia in 2011. http://www.who.int/nutrition/publications/micronutrients/global_prevalence_anaemia_2011/en/ | 59/100% |
| 7.7 Proportion of women aged 15–49 years with low body mass index (BMI) | Percentage of women who are thin according to BMI (<18.5) | NCD Risk Factor Collaboration. (2016). Trends in adult body-mass index in 200 countries from 1975 to 2014: a pooled analysis of 1698 population-based measurement studies with 19· 2 million participants. <i>The Lancet</i> , 387(10026), 1377-1396. http://www.ncdrisc.org/data-downloads.html | 58/98% |
| 7.8 Proportion of overweight and obese women aged 18+ years (defined as BMI ≥25 kg/m² for overweight and BMI ≥ 30 kg/m² for obesity) | Percentage of defined population (adults 18+) with a BMI of >25 or a BMI of >30 | NCD Risk Factor Collaboration. (2016). Trends in adult body-mass index in 200 countries from 1975 to 2014: a pooled analysis of 1698 population-based measurement studies with 19· 2 million participants. <i>The Lancet</i> , 387(10026), 1377-1396. http://www.ncdrisc.org/data-downloads.html | 58/98% |



| MEAL Indicator Description | Definition | Data Source(s) | Coverage for SUN Countries (n/%) |
|---|--|---|----------------------------------|
| 7.9 Prevalence of overweight and obesity in adolescents (defined according to WHO growth reference for school-aged children and adolescents). | Percentage of adolescents aged 13–15 years who are above one and two standard deviations from the median BMI-for-age of the WHO Growth Reference for School-Aged Children and Adolescents | GNR 2015 dataset, based on WHO Global School-based Health Survey data http://www.who.int/chp/gshs/factsheets/en/ | 20/34% |
| 7.10 Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years (defined as fasting plasma glucose value ≥ 7.0 mmol/L (126 mg/dl) or on medication for raised blood glucose). | Proportion of adults (age 18+) with raised blood glucose (fasting glucose ≥ 7.0 mmol/L or on medication for raised blood glucose or with a history of diagnosis of diabetes, age-standardized estimate for men and women | NCD Risk Factor Collaboration. (2016). Worldwide trends in diabetes since 1980: a pooled analysis of 751 population-based studies with 4.4 million participants. The Lancet, 387(10027), 1513-1530. http://www.ncdrisc.org/data-downloads.html | 58/98% |
| 7.11 Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic BP ≥ 140 mmHg and/or diastolic BP ≥ 90 mmHg); and mean systolic BP. | Proportion of adults (age 25+) with raised blood pressure: systolic blood pressure ≥ 140 mm Hg and/or diastolic blood pressure ≥ 90 or on medication for raised blood pressure (age-standardized estimate) for men and women | NCD Risk Factor Collaboration. (2017). Worldwide trends in blood pressure from 1975 to 2015: a pooled analysis of 1479 population-based measurement studies with 19•1 million participants. The Lancet, 389(10064), 37-55. http://www.ncdrisc.org/data-downloads.html | 58/98% |
| TOTAL: 11 indicators | | | |



List 8: Sustainable Development Goals that are linked to better nutrition

| MEAL Indicator Description | Note | Definition | Data Source(s) | Coverage for SUN Countries (n/%) |
|--|--|--|--|----------------------------------|
| 8.1 Proportion of population below international poverty line disaggregated by sex, age group, employment status, and geographical location (urban/rural) | Nutrition status is linked to individual income | Poverty headcount ratio at \$1.90 a day (2011 PPP) = percentage of the population living on less than \$1.90 a day at 2011 international prices | World Bank Poverty and Equity Database | 56/95% |
| 8.2 Under five mortality rate (deaths per 1000 live births) | LiST estimates the number of deaths averted | Country-specific under-five mortality rate (deaths per 1000 live births) | UNICEF Global Database (Estimates generated by the UN Inter-agency Group for Child Mortality Estimation (IGME) in 2015) https://data.unicef.org/topic/child-survival/under-five-mortality/ | 59/100% |
| 8.3 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory infections | Estimates of deaths attributed to diet-related NCDs. Increasingly significant in LMICs | Total NCD mortality rate (age-standardized mortality rate per 100,000 population), estimates for reference year 2000, 2005, 2010, 2015 | WHO Global Health Observatory http://apps.who.int/gho/data/node.main.A860?lang=en | 59/100% |
| 8.4 Proportion of children aged 36–59 months who are developmentally on track in at least three of the following domains: literacy-numeracy, physical development, social-emotional development and learning | Nutrition status is linked to cognitive development in young children | Percentage of children aged 36-59 months who are developmentally on track in at least three of the following domains: literacy-numeracy, physical development, social-emotional development and learning | SDG Indicators Global Database https://unstats.un.org/sdgs/indicators/database/?indicator=4.2.1 | 26/44% |
| 8.5 Annual growth rate of real GDP per capita | World Bank estimates on GDP losses due to malnutrition and GDP gains due to improved nutrition | Annual percentage growth rate of GDP per capita based on constant local currency. Aggregates are based on constant 2010 U.S. dollars. Reference years 1990, 2000, 2010, 2015 | World Bank (2017) World Development Indicators | 56/95% |
| TOTAL: 5 indicators | | | | |



Indicators in Progress (not included in the 2016 Baseline)

| MEAL Indicator Description | Definition & Status of Data Collection | Data Source(s) | Coverage for SUN Countries (n/%) |
|---|--|---|----------------------------------|
| List 1: Enabling environment | | | |
| Capacity of MSP to coordinate their partners response to identified annual priority action areas in the JAA | Data collected from 2017 JAA Analytical stage | Joint Annual Assessments | |
| Compliance of partners with the SUN Movement Principles of Engagement | Data collected from 2017 JAA Analytical stage | Joint Annual Assessments | |
| 'Good' quality of new national multi-sectoral, multi-stakeholder action plans/CRF made since the beginning of 2016 | Review initiated with published plans shared by SUN Government Focal Points | SUN countries | |
| SMART-ness of nutrition commitments by Governments and networks / alliances made since the beginning of 2016 | Data collected from 2017 JAA Analytical stage | Joint Annual Assessments Potential partnership with the Decade of Action (TBD) | |
| List 2: Finance | | | |
| Financing gap for costed nutrition high-impact interventions | TBD – based on 2015 data | InvestininNutrition.org | |
| Geographic distribution of resources at sub-national level (linked with mapping of stakeholders and actions) | TBD | UN Network follow up | |
| Proportion of total government spending on essential services: education, health and social protection | TBD | Reported in GNR using SPEED data | 17/29% (SPEED data) |
| List 3: Interventions and food supply | | | |
| Proportion of mothers of children 0–23 months who have received counseling, support or messages on optimal breastfeeding at least once in the last year | Number of mothers of children 0-23 months who received IYCF counseling- based on estimates in 29 countries, over 8.5 million mothers received IYCF counseling in 2015. However, coverage cannot be estimated due to lack of a denominator. | UNICEF NutriDash 2015 data for countries that agreed to share data externally. | 29/49% |
| Proportion of children aged 6–23 months receiving micronutrient powders | Number of children 6-23 months receiving micronutrient powders – based on estimates from 32 SUN countries, over 5 million children 6-23 months received MNPs in 2015. However, coverage cannot be estimated due to lack of a denominator. | UNICEF NutriDash 2015 data for countries that agreed to share data externally. | 32/54% |
| Geographic distribution of core nutrition actions at sub-national level | Data collected from 20 countries with various degree of information on the percent of stakeholders working at sub-national level, nutrition-specific and nutrition-sensitive actions and nutrition actions by sectors. | UN Network | 20/34% |



| MEAL Indicator Description | Definition & Status of Data Collection | Data Source(s) | Coverage for SUN Countries (n/%) |
|--|---|--|--------------------------------------|
| List 5: SDG Drivers of Nutrition | | | |
| Prevalence of moderate or severe food insecurity in the population | Estimated prevalence of moderate or severe food insecurity in the population. | SDG Indicators Global Database reports regional estimates based on the FAO Food Insecurity Experience Scale (Gallup World Poll 2015). Available from https://unstats.un.org/sdgs/indicators/database/?indicator=2.1.2 | No country-level estimates reported. |
| List 6: IYCF and Dietary Intake | | | |
| Average amount of food vehicle that is eaten per capita | For wheat flour, maize flour, rice and oil, the data provide estimates of food availability, based on the most recent FAO food balance sheets. For salt, intake data are available for sodium in 2010 (Powles et al., 2013) that can be multiplied by 2.542 to calculate salt intake estimates. | FFI, GAIN, IGN, MN Forum. Global Fortification Data Exchange. [Accessed 07/09/2017] http://www.fortificationdata.org | 53/90% |
| Prevalence of Women of Reproductive Age consuming a Minimum Diet Diversity | Technical working group led by FAO | TBD | |



APPENDIX C: ALIGNMENT WITH INTERNATIONALLY AGREED FRAMEWORKS AND MONITORING INITIATIVES

* Maternal, Infant and Young Child Nutrition Monitoring Framework (MIYCF) approved at the 68th World Health Assembly;

† Global Monitoring Framework and Targets for the Prevention and Control of Non-Communicable Diseases approved at the 66th World Health Assembly;

‡ Preliminary file on the provisional proposed tiers for Global SDG Indicators (24 March 2016). A Tier I indicator is conceptually clear, with an established methodology and standards and with data regularly produced by countries.

List 2: Finance for nutrition

| List and Indicator description | MIYCF Framework* | | NCD Framework† | | SDG Framework‡ | Other Monitoring Initiatives |
|---|------------------|----------|----------------|-----------|---|------------------------------|
| | Core | Extended | Target | Indicator | | |
| 2.1 National investments for nutrition disaggregated by specific or sensitive, types of programmes, MDAs, sources of funding, allocations expenditures, years | | | | | | SUN Movement / 2017 GNR |
| 2.2 Total resource flows for development, by recipient and donor countries and type of flow | | | | | SDG 10.b.1 Tier I | SUN Donor Network / 2017 GNR |
| 2.3 The agriculture orientation index for government expenditures | | | | | SDG 2.a.1 Tier I | 2017 GNR |
| 2.x Financing gap for costed nutrition high-impact interventions | | | | | | SUN Movement |
| 2.x Proportion of total government spending on essential services - education, health and social protection | | | | | SDG 1.a.2 Tier III (no methodology and standards established) | 2017 GNR |
| TOTAL: 5 indicators | 0 | 0 | 0 | 0 | 3 | 5 |

Note: Costed nutrition high-impact interventions in the Investment Framework for Nutrition include: IYCF counseling, Vitamin A supplementation, SAM treatment, Iron-Folic Acid supplementation, Salt iodization, Food Fortification, maternal micronutrient supplements, provision of complementary food supplements for children 6-23 months living under poverty line, Zinc supplementation



List 3: Interventions and food supply

| Indicator description | Sector | MIYCF Framework | | NCD Framework | | SDG | Other Monitoring Initiatives |
|--|--------|-----------------------------|----------|---------------|-----------|--|---|
| | | Core | Extended | Target | Indicator | | |
| 3.1 Proportion of health facilities that are Baby Friendly Hospital Initiative (BFHI) certified | HEALTH | | | | | | GNR NutriDash |
| 3.x Proportion of mothers of children 0-23 months who have received counselling, support or messages on optimal breastfeeding at least once in the last year | HEALTH | Reporting delayed till 2018 | | | | | Nutridash |
| 3.2 Proportion of children 6-59 months with severe acute malnutrition admitted for treatment | HEALTH | | | | | | NutriDash / No Wasted Lives Initiative / Coverage Monitoring Network / 2015 GNR |
| 3.3 Proportion of children 6-59 months receiving Vitamin A supplementation | HEALTH | | | | | | 2017 GNR |
| 3.4 Proportion of pregnant women receiving Iron and Folic Acid supplementation | HEALTH | Reporting delayed till 2018 | | | | | |
| 3.x Proportion of children aged 6-23 months receiving micronutrient powders | HEALTH | | | | | | NutriDash |
| 3.5 Number of trained nutrition professionals /100,000 population | HEALTH | Reporting delayed till 2018 | | | | Or consider SDG 3.c.1 Health worker density Tier I | 2017 GNR (only health workers) |
| 3.6 Percentage of households that have iodized salt (>15 ppm) | HEALTH | | | | | | 2017 GNR |
| 3.7 Proportion of children under 5 years old with diarrhea (in last two weeks) receiving oral rehydration salts (ORS packets or pre-packaged ORS fluids) | HEALTH | | | | | | 2017 GNR |



| Indicator description | Sector | MIYCF Framework | | NCD Framework | | SDG | Other Monitoring Initiatives |
|---|-------------------|-----------------|----------|---------------|-----------|----------------------|--------------------------------|
| | | Core | Extended | Target | Indicator | | |
| 3.8 Proportion of children aged 12-59 months receiving at least one dose of de-worming medication | HEALTH | | | | | | NutriDash |
| 3.9 Use of insecticide treated nets in children aged 0-5 years | HEALTH | | | | | | |
| 3.10 Percentage of 1-year-olds who have received the appropriate doses of the recommended vaccines in the national schedule by recommended age | HEALTH | | | | | | |
| 3.11 Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods | HEALTH | | | | | SDG 3.7.1 Tier I | EWEC / 2017 GNR |
| 3.12 Percentage of calories from non-staples ⁶⁹ in food supply | FOOD SYSTEM | | | | | | 2017 GNR |
| 3.13 Availability of fruits and vegetables (grams) | FOOD SYSTEM | | | | | | 2017 GNR |
| 3.14 Fortified Food Supply | FOOD SYSTEM | | | | | | GAIN/FFI/MNF |
| 3.15 Proportion of the population covered by social protection floors/systems disaggregated by sex, and distinguishing children, the unemployed, the elderly, persons with disabilities, pregnant women, new born, work injury victims, the poor and vulnerable | SOCIAL PROTECTION | | | | | SDG 1.3.1 Tier II | |
| 3.x Geographic distribution of core nutrition actions at sub-national level | | | | | | | Stakeholder and Action Mapping |
| TOTAL: 18 indicators | | 5 | 7 | 0 | 0 | 3 | 13 |

⁶⁹ Staples include cereals, tubers and starches.



List 4: Enacted legislations

| Indicator descriptions | MIYCN Framework | | NCD Framework | | SDG | Other Monitoring Initiatives |
|---|-----------------|--------------|---------------|-----------|----------|---|
| | Core set | Extended set | Target | Indicator | | |
| 4.1 Country has legislation /regulations fully implementing the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22) and subsequent relevant resolutions adopted by the World Health Assembly | | | | | | 2017 GNR |
| 4.2 Country has maternity protection laws or regulations in place in line with the ILO Maternity Protection Convention, 2000 (No. 183) and Recommendation No. 191 | | | | | | 2017 GNR |
| 4.3 Country has legislation on the Constitutional Right to Food | | | | | | 2017 GNR |
| 4.4 Country has policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, <i>trans</i> -fatty acids, free sugars, or salt | | | | | | 2016 GNR |
| 4.5 Country has legal documentation that has the effect of allowing or mandating food fortification (Y/N) | | | | | | Global Fortification Data Exchange / 2015 GNR / Iodine Global Network |
| 4.6 Country has legal documentation specifying nutrient levels for fortification (Y/N) | | | | | | Global Fortification Data Exchange |
| TOTAL: 6 indicators | 2 | 1 | 0 | 1 | 0 | 5 |



List 5: Drivers of nutrition (Sustainable Development Goals and others)

| Indicators | Sector | MIYCN Framework | | SDG Framework | Other Monitoring Initiatives |
|--|--------------|------------------------|----------------------------|--------------------------------|---------------------------------------|
| | | Core set of indicators | Extended set of indicators | | |
| 5.1 Prevalence of diarrhoea in children under 5 years of age | WASH | | | | |
| 5.2 Proportion of population using safely managed drinking water services | WASH | | | SDG 6.1.1 Tier I | Every Woman Every Child / GNR |
| 5.3 Proportion of population using a safely managed sanitation service [including a hand-washing facility with soap and water] | WASH | | | SDG 6.2.1 Tier I | Every Woman Every Child / GNR |
| 5.4 Malaria incident cases per 1000 population | HEALTH | | | SDG 3.3.3 Tier I | |
| 5.5 New cases of measles | HEALTH | | | | |
| 5.6 Number of births during a given reference period to women aged 15-19 years /1000 females (and aged 10-14) | HEALTH | | | SDG 3.7.2 Tier I TBC | Every Woman Every Child / GNR |
| 5.7 Number of new HIV infections per 1,000 uninfected population by age group, sex, and key populations | HEALTH | | | SDG 3.3.1 Tier I | |
| 5.8 Tuberculosis incidence per 1,000 population | HEALTH | | | SDG 3.3.2 Tier I | |
| 5.9 Prevalence of undernourishment | FOOD SYSTEMS | | | SDG 2.1.1 Tier I | 2017 GNR |
| 5.x Prevalence of moderate or severe food insecurity in the population | FOOD SYSTEMS | | | SDG 2.1.2 Tier I | 2017 GNR |
| 5.10 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18 | GENDER | | | SDG 5.3.1 Tier I | Every Woman Every Child / 2017 GNR |



| Indicators | Sector | MIYCN Framework | | SDG Framework | Other Monitoring Initiatives |
|---|-----------------------------|------------------------|----------------------------|--|--|
| | | Core set of indicators | Extended set of indicators | | |
| 5.11 Female secondary school enrollment | EDUCATION | | | Or consider SDG 4.5.1 Tier I female/male parity index) | 2017 GNR |
| 5.12 Proportion of children 2-14 years old who experienced any violent discipline (psychological aggression and/or physical punishment) | | | | SDG 16.2.1 Tier II | ECDAN (Early Child Devt Action Network) Adjusted to 1-4 years |
| 5.13 Growth rates of household expenditure and income per capita among the bottom 40% of the population and the total population | Poverty / Social Protection | | | SDG 10.1.1 Tier I | |
| 5.14 Proportion of urban population living in slums, informal settlement or inadequate housing | Poverty / Social Protection | | | SDG 11.1.1 Tier I | 2017 GNR |
| TOTAL: 15 indicators | | 4 | 2 | 13 | 9 |



List 6: Infant and Young Child Feeding Practices (IYCF) and dietary intakes

| Indicator description | MIYCN Framework | | NCD Framework | | SDG | Other Monitoring Initiatives |
|---|-----------------------------|--|---------------|-----------|----------|------------------------------------|
| | Core set | Extended set | Target | Indicator | | |
| 6.1 Exclusive breastfeeding for the first six months | WHA Target | | | | | 2017 GNR |
| 6.2 Proportion of children born in the last 24 months who were put to the breast within one hour of birth | | | | | | 2017 GNR |
| 6.3 Proportion of children aged 6 to 23 months who Minimum Acceptable Diet (MAD) | Reporting delayed till 2018 | | | | | 2017 GNR |
| 6.4 Proportion of children aged 6 to 23 months who receive a Minimum Diet Diversity (MDD) | | | | | | 2017 GNR |
| 6.5 Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day | | | | | | |
| 6.6 Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years. | | | | | | 2017 GNR |
| 6.7 Median urinary iodine concentration in children aged 6-12 years | | | | | | 2017 GNR |
| 6.x Average amount of food vehicle that is eaten per capita (suggested by GAIN, FFI, IGN and MNF) | | Percentage of households consuming iron-fortified wheat flour products | | | | Global Fortification Data Exchange |
| 6.8 Percentage of the population consuming food that is fortified according to standards (suggested by GAIN, FFI, IGN and MNF) | | | | | | Global Fortification Data Exchange |
| TOTAL: 9 indicators | 2 | 3 | 1 | 1 | 0 | 7 |



List 7: Nutrition Status

| Indicator description | WHA Global Nutrition Target | MIYNF | NCD Target | SDG | Other Monitoring Initiatives |
|--|--------------------------------------|----------|-----------------------|-------------------------------------|------------------------------|
| 7.1 Prevalence of low height-for-age <-2 SD in children under five years of age | Childhood Stunting | | | SDG 2.2 (2.2.1) Tier I | 2017 GNR |
| 7.2 Prevalence of infants born < 2500 g | Low birth Weight | | | | 2017 GNR |
| 7.3 Prevalence of weight-for-height >2 SD in children under five years of age | Childhood overweight | | | SDG 2.2 (2.2.2) Tier I | 2017 GNR |
| 7.4 Prevalence of weight-for-height < -2SD in children under five years of age | Childhood wasting | | | SDG 2.2 (2.2.2) Tier I | 2017 GNR |
| 7.5 Prevalence of haemoglobin <11 g/dL in pregnant women | Anaemia in women of reproductive age | | | | 2017 GNR |
| 7.6 Prevalence of haemoglobin <12 g/dL in non-pregnant women | Anaemia in women of reproductive age | | | | 2017 GNR |
| 7.7 Proportion of women aged 15–49 years with low body mass index (BMI) | | | | | 2017 GNR |
| 7.8 Proportion of overweight and obese women aged 18+ years (defined as BMI ≥25 kg/m ² for overweight and BMI ≥ 30 kg/m ² for obesity) | | | Obesity | | 2017 GNR |
| 7.9 Prevalence of overweight and obesity in adolescents (defined according to the WHO growth reference for school-aged children and adolescents, overweight - one SD BMI for age and sex, obese - two SD BMI for age and sex). | | | Obesity | | 2017 GNR |
| 7.10 Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years (defined as fasting plasma glucose value ≥7.0 mmol/L (126 mg/dl) or on medication for raised blood glucose). | | | Diabetes | | 2017 GNR |
| 7.11 Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic BP ≥140 mmHg and/or diastolic BP ≥90 mmHg); and mean systolic BP. | | | Raised blood pressure | | 2017 GNR |
| TOTAL: 11 indicators | 6 | 9 | 4 | 3 | 11 |



List 8: Sustainable Development Goals that are linked to better nutrition

| Indicator description | Note | MIYCNF Framework* | NCD Framework† | SDG Framework‡ | Other Monitoring Initiatives |
|--|---|-------------------|----------------|---|--|
| 8.1 Proportion of population below international poverty line disaggregated by sex, age group, employment status, and geographical location (urban/rural) | Nutrition status is linked to individual income | | | SDG 1.1.1 Tier I | 2017 GNR |
| 8.2 Under five mortality rate (deaths per 1000 live births) | LiST estimates the number of deaths averted | | | SDG 3.2.1 Tier I | 2017 GNR |
| 8.3 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory infections | Estimates of deaths attributed to diet-related NCDs. Increasingly significant in LMICs | | | SDG 3.4.1 Tier II (agreed methodology but limited data availability) | WHO NCD Monitoring Framework 2017 GNR |
| 8.4 Proportion of children aged 36-59 months who are developmentally on track in at least three of the following domains: literacy-numeracy, physical development, social-emotional development and learning | Nutrition status is linked to cognitive development in young children | | | SDG 4.2.1 Tier II (no agreed methodology and no data yet) | ECDAN (Early Child Devt Action Network) |
| 8.5 Annual growth rate of real GDP per capita | World Bank estimates on GDP losses due to malnutrition and on GDP gains due to improved nutrition | | | SDG 8.1.1 Tier I | 2017 GNR |
| TOTAL: 5 indicators | | 0 | 0 | 5 | 5 |

APPENDIX D: LIST OF SUN COUNTRIES AND CHARACTERISTICS FOR ANALYSIS

| SUN Group | Region and Country | Year Joined SUN | INFORM Humanitarian Risk Level | World Bank Country Income Classification |
|-----------|---|-----------------|--------------------------------|--|
| | Latin America/Caribbean Region (N=5) | | | |
| 2010–11 | Guatemala | 2010 | High | Lower-middle |
| | Peru | 2010 | Medium | Upper-middle |
| 2012–14 | Costa Rica | 2014 | Low | Upper-middle |
| | El Salvador | 2012 | High | Lower-middle |
| | Haiti | 2012 | Very High | Low |
| | West/Central Africa Region (N=21) | | | |
| 2010–11 | Benin | 2011 | Medium | Low |
| | Burkina Faso | 2011 | High | Low |
| | Gambia | 2011 | Medium | Low |
| | Ghana | 2011 | Medium | Lower-middle |
| | Mali | 2011 | High | Low |
| | Mauritania | 2011 | High | Lower-middle |
| | Niger | 2011 | Very High | Low |
| | Senegal | 2011 | Medium | Low |
| 2012–14 | Cameroon | 2013 | High | Lower-middle |
| | Chad | 2013 | Very High | Low |
| | Congo | 2013 | High | Lower-middle |
| | Côte d'Ivoire | 2013 | High | Lower-middle |
| | Democratic Republic of Congo (DRC) | 2013 | Very High | Low |
| | Guinea | 2013 | High | Low |
| | Guinea-Bissau | 2014 | High | Low |
| | Liberia | 2014 | High | Low |
| | Nigeria | 2013 | High | Lower-middle |
| | Sierra Leone | 2012 | High | Low |
| | Togo | 2014 | Medium | Low |
| 2015–17 | Central African Republic (CAR) | 2017 | Very High | Low |
| | Gabon | 2017 | Medium | Upper-middle |

| SUN Group | Region and Country | Year Joined SUN | INFORM Humanitarian Risk Level | World Bank Country Income Classification |
|-----------|---------------------------------------|-----------------|--------------------------------|--|
| | East/Southern Africa (N=19) | | | |
| 2010–11 | Ethiopia | 2010 | High | Low |
| | Malawi | 2011 | Medium | Low |
| | Mozambique | 2011 | High | Low |
| | Namibia | 2011 | Medium | Upper-middle |
| | Rwanda | 2011 | High | Low |
| | Uganda | 2011 | High | Low |
| | Tanzania | 2011 | High | Low |
| | Zambia | 2010 | Medium | Lower-middle |
| | Zimbabwe | 2011 | High | Low |
| 2012–14 | Burundi | 2013 | High | Low |
| | Comoros | 2013 | Medium | Low |
| | Kenya | 2012 | High | Lower-middle |
| | Lesotho | 2014 | Medium | Lower-middle |
| | Madagascar | 2012 | High | Low |
| | Somalia | 2014 | Very High | Low |
| | South Sudan | 2013 | Very High | Low |
| | Swaziland | 2013 | Medium | Lower-middle |
| 2015–17 | Botswana | 2015 | Low | Upper-middle |
| | Sudan | 2015 | Very High | Lower-middle |
| | West/Central Asia Region (N=3) | | | |
| 2010–11 | Kyrgyzstan | 2011 | Medium | Lower-middle |
| 2012–14 | Tajikistan | 2013 | Medium | Lower-middle |
| | Yemen | 2012 | Very High | Lower-middle |
| | South/SE Asia Region (N=11) | | | |
| 2010–11 | Bangladesh | 2010 | High | Lower-middle |
| | Indonesia | 2011 | Medium | Lower-middle |
| | Lao PDR | 2011 | Medium | Lower-middle |
| | Nepal | 2011 | High | Low |
| 2012–14 | Cambodia | 2014 | Medium | Lower-middle |
| | Myanmar | 2013 | Very High | Lower-middle |
| | Pakistan | 2013 | Very High | Lower-middle |
| | Philippines | 2014 | Medium | Lower-middle |
| | Sri Lanka | 2012 | Medium | Lower-middle |
| | Viet Nam | 2014 | Medium | Lower-middle |
| 2015–17 | Papua New Guinea (PNG) | 2016 | High | Lower-middle |

APPENDIX E: LIMITATIONS

Although the selection of MEAL indicators was guided by the requirement of a publicly available source of data, not all data sources have been immediately available and not all indicators have broad coverage across all SUN countries.

Indicators with no data currently available – This includes the following indicators:

- **List 2: Finance for nutrition** – Data on finance gaps will be available for 2018 with a focus on a minimum package of high-impact interventions.
- **List 3: Interventions** – Although NutriDash data is available on the number of beneficiaries of IYCF counseling and micronutrient powder interventions for some SUN countries, no data are available to calculate coverage estimates in these countries.
- **List 5: Drivers of nutrition** – The Food Insecurity Experience Scale has data on the prevalence of moderate or severe food insecurity for the majority of countries but country-level estimates have not been made public. No data access.

Indicators with low data coverage – The following indicators have lower than desired availability for SUN countries and therefore any summary measures that include these indicators should be interpreted with caution.

- **Very low data coverage** (<50% of SUN countries have data) – household income growth, adolescent overweight/obesity, early child development status, geographic distribution of actions at sub-national level (UN Network), per capita intake of fortified foods (only 5 countries)
- **Low data coverage** (only 50–74% of SUN countries have data) – budget analysis (nutrition –specific), baby-friendly hospital initiative coverage, severe acute malnutrition treatment coverage, antenatal iron supplementation coverage, U5 ITN use, social protection programme coverage, child exposure to violent discipline

There are also recognized limitations in the range of indicators identified in specific areas of great relevance and interest to nutrition. These include the food system, human resources/capacity and finance.

- **Food system** – very few indicators were found that provided valid and standardized methods of assessing food supply and food consumption across SUN countries. These are currently limited to indicators based on household consumption survey data, which provide rough estimates of food availability. Efforts to capture country progress in food system legislation (e.g. policies to reduce the impact on children of marketing of foods and beverages high in fat, sugar or salt) were constrained by limited variation in the data provided by countries on this topic.
- **Human resources/capacity** – although the MEAL framework sought to identify a data source to assess the number of trained nutrition professionals in each country, no data was found and therefore the density of physicians and nurses was used in its place.
- **Finance** – Significant efforts are going into tracking of allocations with significant variance across countries. *Estimates* on finance data gaps for high-impact interventions should be available for 2018 based on an updated analysis of donor funding using the Credit Reporting System (Results for Development). Estimates of actual expenditures are only available for a handful of countries. Finally, estimates on nutrition-sensitive allocations are too heterogeneous across countries and appear to respond to different assumptions and priorities. More work is foreseen in 2018.





APPENDIX F: INDIVIDUAL COUNTRY SCORES FOR THE NETWORK FUNCTIONALITY INDICES

UN Network Functionality Index

TABLE 120: INDIVIDUAL COUNTRY SCORES FOR THE UN NETWORK FUNCTIONALITY INDEX

| Country | Functionality Index Score* | Chair(s) Nominated | 3+ Focal Points | Work Plan Developed | Reporting Exercise Completed | UN Nutrition Inventory | UN Network Strategy/ Agenda |
|---------------|----------------------------|--------------------|-----------------|---------------------|------------------------------|------------------------|-----------------------------|
| Bangladesh | 4 | 0 | 1 | 0 | 1 | 1 | 1 |
| Benin | 3 | 0 | 1 | 0 | 1 | 1 | 0 |
| Botswana | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Burkina Faso | 6 | 1 | 1 | 1 | 1 | 1 | 1 |
| Burundi | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| Cambodia | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| Cameroon | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| Chad | 5 | 1 | 1 | 1 | 1 | 1 | 0 |
| Comoros | 4 | 1 | 1 | 1 | 1 | 0 | 0 |
| Congo | 4 | 1 | 1 | 0 | 1 | 0 | 1 |
| Costa Rica | 2 | 0 | 1 | 0 | 1 | 0 | 0 |
| Côte d'Ivoire | 6 | 1 | 1 | 1 | 1 | 1 | 1 |
| DRC | 6 | 1 | 1 | 1 | 1 | 1 | 1 |
| El Salvador | 2 | 0 | 1 | 0 | 1 | 0 | 0 |
| Ethiopia | 2 | 0 | 1 | 0 | 1 | 0 | 0 |
| Gambia | 4 | 1 | 1 | 1 | 1 | 0 | 0 |
| Ghana | 2 | 0 | 1 | 0 | 1 | 0 | 0 |
| Guatemala | 3 | 1 | 1 | 0 | 1 | 0 | 0 |
| Guinea | 4 | 1 | 1 | 0 | 1 | 1 | 0 |
| Guinea-Bissau | 3 | 1 | 1 | 0 | 1 | 0 | 0 |
| Haiti | 4 | 1 | 1 | 0 | 1 | 1 | 0 |
| Indonesia | 4 | 1 | 1 | 1 | 1 | 0 | 0 |
| Kenya | 5 | 1 | 1 | 1 | 1 | 1 | 0 |
| Kyrgyzstan | 6 | 1 | 1 | 1 | 1 | 1 | 1 |
| Lao PDR | 4 | 1 | 1 | 1 | 1 | 0 | 0 |
| Lesotho | 4 | 1 | 1 | 1 | 1 | 0 | 0 |
| Liberia | 2 | 0 | 1 | 0 | 1 | 0 | 0 |
| Madagascar | 4 | 1 | 1 | 1 | 1 | 0 | 0 |
| Malawi | 5 | 1 | 1 | 1 | 1 | 0 | 1 |

| Country | Functionality Index Score* | Chair(s) Nominated | 3+ Focal Points | Work Plan Developed | Reporting Exercise Completed | UN Nutrition Inventory | UN Network Strategy/ Agenda |
|------------------|----------------------------|--------------------|-----------------|---------------------|------------------------------|------------------------|-----------------------------|
| Mali | 5 | 1 | 1 | 1 | 1 | 1 | 0 |
| Mauritania | 4 | 1 | 1 | 1 | 1 | 0 | 0 |
| Mozambique | 6 | 1 | 1 | 1 | 1 | 1 | 1 |
| Myanmar | 5 | 1 | 1 | 1 | 1 | 1 | 0 |
| Namibia | 3 | 1 | 1 | 0 | 1 | 0 | 0 |
| Nepal | 3 | 1 | 1 | 0 | 1 | 0 | 0 |
| Niger | 3 | 1 | 1 | 0 | 1 | 0 | 0 |
| Nigeria | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pakistan | 6 | 1 | 1 | 1 | 1 | 1 | 1 |
| Papua New Guinea | 2 | 0 | 1 | 0 | 1 | 0 | 0 |
| Peru | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| Philippines | 4 | 1 | 1 | 0 | 1 | 1 | 0 |
| Rwanda | 5 | 1 | 1 | 1 | 1 | 1 | 0 |
| Senegal | 4 | 1 | 1 | 0 | 1 | 1 | 0 |
| Sierra Leone | 3 | 1 | 1 | 0 | 1 | 0 | 0 |
| Somalia | 3 | 1 | 1 | 0 | 1 | 0 | 0 |
| South Sudan | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| Sri Lanka | 2 | 0 | 1 | 0 | 1 | 0 | 0 |
| Sudan | 5 | 1 | 1 | 0 | 1 | 1 | 1 |
| Swaziland | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| Tajikistan | 3 | 1 | 1 | 0 | 1 | 0 | 0 |
| Tanzania | 4 | 1 | 1 | 1 | 1 | 0 | 0 |
| Togo | 2 | 0 | 1 | 0 | 1 | 0 | 0 |
| Uganda | 3 | 0 | 1 | 1 | 1 | 0 | 0 |
| Vietnam | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| Yemen | 2 | 0 | 1 | 0 | 1 | 0 | 0 |
| Zambia | 6 | 1 | 1 | 1 | 1 | 1 | 1 |
| Zimbabwe | 4 | 1 | 1 | 1 | 1 | 0 | 0 |





*Level of set up:  Advanced (Score 5)  In progress (Scores 3-4)  Early stages (Scores 1-2)  Non-functioning (Score 0)

SUN Business Network (SBN) Functionality Index

TABLE 121: INDIVIDUAL COUNTRY SCORES FOR THE SUN BUSINESS NETWORK FUNCTIONALITY INDEX

| Country | Functionality Index Score* | Network established/ being established | Coordinator appointed (FT/PT) | SBN's strategy developed and aligned to national nutrition plans | SBN's action plan in place | Funding secured for at least the first semester in 2017* |
|---------------|----------------------------|--|-------------------------------|--|----------------------------|--|
| Bangladesh | 1 | 1 | 0 | 0 | 0 | 0 |
| Benin | 0 | 0 | 0 | 0 | 0 | 0 |
| Botswana | 0 | 0 | 0 | 0 | 0 | 0 |
| Burkina Faso | 0 | 0 | 0 | 0 | 0 | 0 |
| Burundi | 0 | 0 | 0 | 0 | 0 | 0 |
| Cambodia | 1 | 1 | 0 | 0 | 0 | 0 |
| Cameroon | 2 | 1 | 0 | 0 | 1 | 0 |
| Chad | 0 | 0 | 0 | 0 | 0 | 0 |
| Comoros | 0 | 0 | 0 | 0 | 0 | 0 |
| Congo | 0 | 0 | 0 | 0 | 0 | 0 |
| Costa Rica | 0 | 0 | 0 | 0 | 0 | 0 |
| Côte d'Ivoire | 0 | 0 | 0 | 0 | 0 | 0 |
| DRC | 0 | 0 | 0 | 0 | 0 | 0 |
| El Salvador | 1 | 1 | 0 | 0 | 0 | 0 |
| Ethiopia | 4 | 1 | 1 | 1 | 1 | 0 |
| Gambia | 0 | 0 | 0 | 0 | 0 | 0 |
| Ghana | 0 | 0 | 0 | 0 | 0 | 0 |
| Guatemala | 4 | 1 | 0 | 1 | 1 | 1 |
| Guinea | 0 | 0 | 0 | 0 | 0 | 0 |
| Guinea-Bissau | 0 | 0 | 0 | 0 | 0 | 0 |
| Haiti | 0 | 0 | 0 | 0 | 0 | 0 |
| Indonesia | 5 | 1 | 1 | 1 | 1 | 1 |
| Kenya | 3 | 1 | 0 | 1 | 1 | 0 |
| Kyrgyzstan | 3 | 1 | 1 | 0 | 1 | 0 |
| Lao PDR | 2 | 1 | 0 | 0 | 0 | 1 |
| Lesotho | 0 | 0 | 0 | 0 | 0 | 0 |
| Liberia | 0 | 0 | 0 | 0 | 0 | 0 |
| Madagascar | 0 | 0 | 0 | 0 | 0 | 0 |
| Malawi | 1 | 1 | 0 | 0 | 0 | 0 |
| Mali | 0 | 0 | 0 | 0 | 0 | 0 |
| Mauritania | 0 | 0 | 0 | 0 | 0 | 0 |
| Mozambique | 5 | 1 | 1 | 1 | 1 | 1 |
| Myanmar | 0 | 0 | 0 | 0 | 0 | 0 |
| Namibia | 0 | 0 | 0 | 0 | 0 | 0 |

| Country | Functionality Index Score* | Network established/ being established | Coordinator appointed (FT/PT) | SBN's strategy developed and aligned to national nutrition plans | SBN's action plan in place | Funding secured for at least the first semester in 2017* |
|------------------|----------------------------|--|-------------------------------|--|----------------------------|--|
| Nepal | 0 | 0 | 0 | 0 | 0 | 0 |
| Niger | 3 | 1 | 1 | 0 | 0 | 1 |
| Nigeria | 5 | 1 | 1 | 1 | 1 | 1 |
| Pakistan | 5 | 1 | 1 | 1 | 1 | 1 |
| Papua New Guinea | 0 | 0 | 0 | 0 | 0 | 0 |
| Peru | 0 | 0 | 0 | 0 | 0 | 0 |
| Philippines | 0 | 0 | 0 | 0 | 0 | 0 |
| Rwanda | 0 | 0 | 0 | 0 | 0 | 0 |
| Senegal | 0 | 0 | 0 | 0 | 0 | 0 |
| Sierra Leone | 0 | 0 | 0 | 0 | 0 | 0 |
| Somalia | 0 | 0 | 0 | 0 | 0 | 0 |
| South Sudan | 0 | 0 | 0 | 0 | 0 | 0 |
| Sri Lanka | 0 | 0 | 0 | 0 | 0 | 0 |
| Sudan | 0 | 0 | 0 | 0 | 0 | 0 |
| Swaziland | 0 | 0 | 0 | 0 | 0 | 0 |
| Tajikistan | 1 | 1 | 0 | 0 | 0 | 0 |
| Tanzania | 5 | 1 | 1 | 1 | 1 | 1 |
| Togo | 0 | 0 | 0 | 0 | 0 | 0 |
| Uganda | 0 | 0 | 0 | 0 | 0 | 0 |
| Vietnam | 0 | 0 | 0 | 0 | 0 | 0 |
| Yemen | 0 | 0 | 0 | 0 | 0 | 0 |
| Zambia | 5 | 1 | 1 | 1 | 1 | 1 |
| Zimbabwe | 2 | 1 | 1 | 0 | 0 | 0 |





*Level of set up:  Advanced (Score 5)  In progress (Scores 3-4)  Early stages (Scores 1-2)  None (Score 0)

SUN Civil Society Network (CSN) Functionality Index

TABLE 122: INDIVIDUAL COUNTRY SCORES FOR THE SUN CIVIL SOCIETY NETWORK FUNCTIONALITY INDEX

| Country | Functionality Index Score* | Alliance established | Steering group/ executive committee in place | Sub-national/ decentralised coordination structure in place | Funding secured for at least the first semester in 2017 | MSP engagement |
|---------------|----------------------------|----------------------|--|---|---|----------------|
| Bangladesh | 5 | 1 | 1 | 1 | 1 | 1 |
| Benin | 4 | 1 | 1 | 1 | 0 | 1 |
| Botswana | 0 | 0 | 0 | 0 | 0 | 0 |
| Burkina Faso | 4 | 1 | 1 | 1 | 0 | 1 |
| Burundi | 3 | 1 | 1 | 1 | 0 | 0 |
| Cambodia | 3 | 1 | 1 | 0 | 0 | 1 |
| Cameroon | 1 | 1 | 0 | 0 | 0 | 0 |
| Chad | 5 | 1 | 1 | 1 | 1 | 1 |
| Comoros | 0 | 0 | 0 | 0 | 0 | 0 |
| Congo | 0 | 0 | 0 | 0 | 0 | 0 |
| Costa Rica | 0 | 0 | 0 | 0 | 0 | 0 |
| Cote d'Ivoire | 3 | 1 | 1 | 0 | 0 | 1 |
| DRC | 3 | 1 | 1 | 0 | 0 | 1 |
| El Salvador | 4 | 1 | 1 | 1 | 0 | 1 |
| Ethiopia | 2 | 1 | 0 | 0 | 0 | 1 |
| Gambia | 0 | 0 | 0 | 0 | 0 | 0 |
| Ghana | 3 | 1 | 1 | 0 | 0 | 1 |
| Guatemala | 3 | 1 | 1 | 0 | 0 | 1 |
| Guinea | 3 | 1 | 1 | 1 | 0 | 0 |
| Guinea-Bissau | 0 | 0 | 0 | 0 | 0 | 0 |
| Haiti | 0 | 0 | 0 | 0 | 0 | 0 |
| Indonesia | 1 | 1 | 0 | 0 | 0 | 0 |
| Kenya | 4 | 1 | 1 | 1 | 0 | 1 |
| Kyrgyzstan | 4 | 1 | 1 | 1 | 0 | 1 |
| Lao PDR | 4 | 1 | 1 | 0 | 1 | 1 |
| Lesotho | 0 | 0 | 0 | 0 | 0 | 0 |
| Liberia | 3 | 1 | 1 | 0 | 0 | 1 |
| Madagascar | 4 | 1 | 1 | 1 | 0 | 1 |
| Malawi | 4 | 1 | 1 | 0 | 1 | 1 |
| Mali | 4 | 1 | 1 | 1 | 0 | 1 |
| Mauritania | 4 | 1 | 1 | 1 | 0 | 1 |
| Mozambique | 3 | 1 | 0 | 1 | 0 | 1 |
| Myanmar | 4 | 1 | 1 | 0 | 1 | 1 |
| Namibia | 0 | 0 | 0 | 0 | 0 | 0 |
| Nepal | 5 | 1 | 1 | 1 | 1 | 1 |
| Niger | 4 | 1 | 1 | 1 | 0 | 1 |

| Country | Functionality Index Score* | Alliance established | Steering group/ executive committee in place | Sub-national/ decentralised coordination structure in place | Funding secured for at least the first semester in 2017 | MSP engagement |
|------------------|----------------------------|----------------------|--|---|---|----------------|
| Nigeria | 3 | 1 | 1 | 1 | 0 | 0 |
| Pakistan | 4 | 1 | 1 | 0 | 1 | 1 |
| Papua New Guinea | 0 | 0 | 0 | 0 | 0 | 0 |
| Peru | 3 | 1 | 1 | 0 | 0 | 1 |
| Philippines | 2 | 1 | 1 | 0 | 0 | 0 |
| Rwanda | 5 | 1 | 1 | 1 | 1 | 1 |
| Senegal | 5 | 1 | 1 | 1 | 1 | 1 |
| Sierra Leone | 5 | 1 | 1 | 1 | 1 | 1 |
| Somalia | 0 | 0 | 0 | 0 | 0 | 0 |
| South Sudan | 1 | 1 | 0 | 0 | 0 | 0 |
| Sri Lanka | 4 | 1 | 1 | 1 | 0 | 1 |
| Sudan | 0 | 0 | 0 | 0 | 0 | 0 |
| Swaziland | 0 | 0 | 0 | 0 | 0 | 0 |
| Tajikistan | 0 | 0 | 0 | 0 | 0 | 0 |
| Tanzania | 5 | 1 | 1 | 1 | 1 | 1 |
| Togo | 3 | 1 | 1 | 0 | 0 | 1 |
| Uganda | 3 | 1 | 1 | 0 | 0 | 1 |
| Vietnam | 0 | 0 | 0 | 0 | 0 | 0 |
| Yemen | 0 | 0 | 0 | 0 | 0 | 0 |
| Zambia | 4 | 1 | 1 | 1 | 0 | 1 |
| Zimbabwe | 4 | 1 | 1 | 1 | 0 | 1 |

*Level of set up:  Advanced (Score 5)  In progress (Scores 3-4)  Early stages (Scores 1-2)  None (Score 0)

APPENDIX G: DETAILED RESULTS OF THE INFORMATION SYSTEMS FOR NUTRITION INDEX

The following sections provide more detailed results for each of the three components within the Information Systems for Nutrition Index.

GOVERNMENT COMMITMENT & ENABLING ENVIRONMENT

The first component, Government Commitment & Enabling Environment, seeks to summarize the extent to which a country has established a governance mechanism to prioritize, collect, access and use data and information on nutrition.

POLICY & PLANNING DOCUMENTS

A Common Results Framework that includes a Monitoring and Evaluation Framework is useful for clearly articulating the specific nutrition data to be gathered from multiple sources in order to inform multi-sectoral responses. By 2016, while 42 of 57 SUN countries have developed a Common Results Framework (at least in draft form), only 22 of these have an agreed Monitoring and Evaluation framework as part of those documents.

About three quarters (43 of 57) of SUN countries reports having conducted at least once a budget analysis that reviews allocations for nutrition in the national budget and helps to identify gaps and support resource mobilization for nutrition.

INSTITUTIONALIZATION & COORDINATION OF INFORMATION SYSTEMS

Research on the degree of institutionalization of information systems for nutrition in SUN countries revealed evidence of a designated coordinating department or ministry for nutrition information in 21 countries. A central repository for nutrition data and reports that facilitates sharing information across sectors and programmes was found in 21 countries, with 16 of these repositories being publicly accessible (i.e. available to the public online). However, many of the most recent documents in these repositories were several years old, suggesting poor timeliness of information sharing. A total of 36 SUN countries have conducted some form of stakeholder mapping.

SUN countries in the Africa regions tend to score lower on institutionalization indicators but over half of countries have conducted some form of stakeholder mapping. SUN countries that joined in 2010–11 have higher scores for all institutionalization and coordination indicators compared to those that joined in 2012–14.

NATIONAL ASSESSMENT DATA

The second component, National Assessment Data, looks at what types of national surveys and surveillance systems are being used to provide an overall picture of the nutrition situation across the country.

The majority of SUN countries (48/57) have conducted the DHS and 29 have conducted the MICS within the past five years. Sixteen countries in sub-Saharan Africa and Haiti have recently conducted a national-level SMART survey, with many of these countries now using this

methodology to assess nutrition indicators on an annual basis. None of the SUN countries in the other regions have conducted this type of national nutrition survey, based on our data sources.

Twenty-six (26) SUN countries have collected data at a national scale specifically on micronutrients in the past 10 years, including those that have used the Fortification Assessment Coverage Toolkit (FACT) developed by GAIN. Household-level food consumption data is broadly available, with all 57 SUN countries having conducted some form of a Household Consumption and Expenditure Survey; 53 have data collected within the past five years. Based on the information found on WFP's website⁷⁰, 44 countries have some form of food security or vulnerability assessment mapping within the past five years.

TABLE 123: PROPORTION OF SUN COUNTRIES WITH NATIONAL SURVEYS BY REGION

| Type of survey | Latin America/ Caribbean (N=5) | West/ Central Africa (N=19) | East/ Southern Africa (N=19) | West/ Central Asia (N=3) | South/ Southeast Asia (N=11) | Overall (N=57) |
|--|--------------------------------|-----------------------------|------------------------------|--------------------------|------------------------------|----------------|
| Any national demographic & health survey (<5 y) | 100 (5) | 100 (19) | 89 (17) | 100 (3) | 100 (11) | 96 (55) |
| Micronutrient/ Fortification survey (<10 y) | 20 (1) | 37 (7) | (37 (7) | 67 (2) | 82 (9) | 46 (26) |
| HCES (<5 y) | 100 (5) | 84 (16) | 95 (18) | 100 (3) | 100 (11) | 93 (53) |
| Food security, vulnerability mapping assessment (<5 y) | 40 (2) | 95 (18) | 84 (16) | 100 (3) | 45 (5) | 77 (44) |

NATIONAL PERFORMANCE MONITORING DATA

The third component, National Performance Monitoring Data, focuses on the systems in place to routinely monitor coverage of services and programmes in various sectors for accurate progress tracking and prioritization of future efforts.

NUTRITION-SPECIFIC INTERVENTIONS AND PROGRAMMES

Based on the data found, several key nutrition interventions are delivered through health facilities and tracked through the health management information system (HMIS). Information on nutrition programme-based monitoring data was available from global partners, including UNICEF for vitamin A supplementation and GAIN for food fortification.

⁷⁰ The WFP manages a "one stop shop" website (<http://vam.wfp.org/>) with country-specific food security analysis information and reports from the most recent emergency and market assessments, baseline studies, and Monitoring, Updates and Bulletins on Food Security and Markets.

SECTORAL PLATFORMS RELEVANT FOR NUTRITION

Management information systems are established for most sectors relevant for nutrition. All SUN countries have health management information systems (HMIS) and most of these track key nutrition indicators. In the agriculture and food sector, FAO data show that 49 countries have a designated government institution or other organization that conducts regular food price monitoring. Education Management Information Systems (EMIS) were identified in 55 SUN countries. WASH data collection and use for decision-making was found in 47 SUN countries (92% of countries with data)⁷¹. Based on recent social protection programme country assessments,⁷² 31 SUN countries had established or emerging safety net systems in place by 2010–11 but most information systems needed strengthening. In 24 SUN countries, there was either no adequate national safety net system in place or information systems were absent.

⁷¹ Based on the UN Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS); no data for 6 SUN countries.

⁷² Monchuk 2014; ADB 2015 (no data available for Guinea-Bissau and Kyrgyzstan)

APPENDIX H: UN NETWORK STAKEHOLDER AND NUTRITION ACTION MAPPING TOOL – MYANMAR EXAMPLE

The UN Network Stakeholder and Nutrition Action Mapping tool collects and collates data (who is doing what, where, and when) related to implementation of nutrition-specific and sensitive interventions by partner, including geographic location and delivery platform. The mapping also estimates geographic and population delivery coverage of nutrition actions utilizing data available in country. Data is typically presented per country, disaggregated to sub-administrative level. The following provides an example of the results based on the Myanmar country profile.

Who are the key stakeholders? What are their roles? (1/2)

| | Core Nutrition Action | Responsible Ministry | Technical assistance | Field implementer | Funder |
|--|---|---|--|---|---|
| IYCF | Promotion of infant & young child feeding (IYCF) | MOHS, MOBA, MSWRR <i>DOPH, DSW, GAD, HEB, NNC</i> | Plan, SCI, UNICEF, WFP, WVI | ACF, CMMCS, DOPH, KBC, Malteser, MHAA, MNMA, PCI, SCI, WCM, WHH, WVI | 3MDG, BMZ, EU, GAC, GFFO, JICA, LIFT, OFDA, Plan, SCD, TEAR, UNICEF, WFP, WVI |
| | Provide child health checks, including Growth Monitoring Practices (GMP) | MOE, MOHS, MSWRR <i>DOPH, DSW, NNC</i> | ETWG-ECCD, IRC, Plan, UNICEF, WFP, WVI | ACF, CMMCS, DOPH, GOLD, IRC, KBC, KMSS, Malteser, MBC, MHAA, MPSWA, NNC, PC, PTZA, WCM, WVI | 3MDG, BMZ, ECHO, EU, FWAB-Japan, GAC, GFFO, Government, JICA, LIFT, MEC, MFH, Plan, SDC, SV, TEAR, UNICEF, WFP, WVI |
| Micronutrient supple. & fortification | Provide Vitamin A supplementation | MOHS <i>DOPH, NNC</i> | IRC, SCI, UNICEF | CHDN, DOPH, IRC, SCI | 3MDG, NI, OFDA, UNICEF |
| | Provide Iron / folate supplementation | MOHS <i>NNC</i> | IRC, SCI, UNICEF | CHDN, IRC, DOPH, NNC, SCI, WCM | 3MDG, Diakonia, Government, OFDA, UNICEF |
| | Carry out / support salt iodization | MOHS, MONREC <i>NNC</i> | UNICEF | Department of Mining | Government |
| | Carry out / support rice fortification (with iron, folic acid, B1, A) | MOHS, MOALI <i>NNC</i> | PATH, UNICEF, WFP | PATH, PSI | LIFT |
| Mgmt. of Malnut. | Provide therapeutic and supplementary feeding as part of integrated management of acute malnutrition (IMAM) | MOHS <i>DOPH, NNC</i> | ACF, MHAA, SCI, UNICEF, WFP | ACF, AGE, CDN, CMMCS, IRC, KMSS, Malteser, MHAA, MHDO, NNC, PC, Plan, SCI | CIAA, DFID, ECHO, EU, GAC, JICA, MHF, OFDA, SDC, SIDA, SV, UNICEF |
| Disease prevention & management | Provide deworming tablets | MOHS <i>NNC</i> | SCI, UNICEF | DOPH, NNC, SCI | Government, OFDA, UNICEF |
| | Provide diarrhea treatment ORS / Zinc | MOHS | IRC, PSI, WVI | DOPH, IRC, KMSS, PSI, SQH, WVI | 3MDG, ECHO, MHF, SV, WVI |
| | Provide antenatal care visits, including counselling on optimal nutrition practices | MOHS, MSWRR <i>HEB, RH</i> | HEB, IRC, Jhpiego, MSI, PSI, SCI, UNICEF, WHO, WVI | CHDN, DOPH, GOLD, IRC, KMSS, MPSWA, NNC, SCI, WVI | 3MDG, ECHO, FWAB-Japan, Government, LIFT, MHF, OFDA, SV, UNFPA, UNICEF, USAID, WVI |
| | Provide post-natal care visits during post-partum period | MOHS <i>RH</i> | IRC, Jhpiego, MSI, PSI, SCI, UNICEF, WHO, WVI | CHDN, DOPH, IRC, KMSS, NNC, SCI, WVI | 3MDG, ECHO, Government, MHF, OFDA, SV, UNFPA, UNICEF, WVI |
| Nut. Edu. | Provide nutrition and healthy lifestyle education for adolescents | MOHS, MOE <i>DOPH, HEB</i> | SCI, TWDC, UNFPA | DOPH, GOLD, HEB, SCI, UNICEF | FWAB-Japan, OFDA, UNFPA, UNICEF |

REACH 1

Who are the key stakeholders? What are their roles? (2/2)

| | Core Nutrition Action | Responsible Ministry | Technical assistance | Field implementer | Funder |
|-------------------------------|--|--|---|--|--|
| Nut. Edu. | Promotion of health, nutrition and hygiene activities | MOBA, MOE, MOHS | UNICEF | DBE, DEPR, GOLD, WHH | BMZ, FWAB-Japan, Government |
| WASH | Promotion of safe hygienic environment and hygiene education | MOBA, MOE, MOHS, MSWRR <i>DOPH, DSW, RRD</i> | AVSI, ETWG-ECCD, Plan, UNICEF, WFP | AVSI, CMMCS, DBE, DEPR, GOLD, IRC, KBC, MOE, MOM, MSDA, NBS, PTZA, WCM, WHH | AVSI, BMGF, BMZ, DFAT, ECHO, FWAB-Japan, GFFO, Government, JICA, LIFT, MEC, Plan, SV, TEAR, Tearfund |
| | Provide materials / construct infrastructure and BCC for hand washing | MOBA, MOE, MOHS <i>DOPH, HEB</i> | HEB, Plan | CMMCS, DOPH, IRC, KBC, WCM, WHH | BMGF, BMZ, EU, GFFO, LIFT, SV, Plan, TEAR, Tearfund, UNICEF |
| | Provide materials / construct infrastructure and BCC for improved sanitation | MOBA, MOC, MOE, MOHS, MSWRR, Wa SAR <i>DOPH, DSW, DWS</i> | Plan, UNICEF, WFP | CMMCS, DBE, DEPR, IRC, KBC, NCV, WCM WFP, WHH | BMGF, BMZ, EU, GFFO, Government, LIFT, Plan, SV, TEAR, Tearfund, WFP |
| Social Protection | Provide nutritious school feeding combined with nutrition education | MOALI, MOE, MOHS, MSWRR <i>DLBV, RRD</i> | AVSI, WFP | AVSI, DBE, DEPR, DLBV, DSW, GOLD, MOE, MOM, MSDA, NBS | AVSI, DFAT, FWAB-Japan, Government, JICA, WFP |
| | Provide nutrition sensitive social safety net actions | MOBA, MOHS, MSWRR <i>DOPH, DRD, DSW, GAD, RRD</i> | DSW, GAD, SPPRG, WFP | ACRD, ACTED, AGE, ALARM, AYO, CDN, DOPH, GAD, GREEN, IRC, KMSS, MEET, MHDO, MNMA, NCV, OISCA, Partners, Plan, REAM, RRD, SCI, SPPRG, WVI | BMGF, EU, Government, LIFT, JICA, GAC, SDC, SIDA, The Global Fund, USAID, WFP |
| Food & Agriculture | Nutrition-sensitive agriculture activities, such as crop diversification | MOALI | Cornell | MIID | LIFT |
| | Ensure food safety through measuring all hazardous contaminants in foods | MOALI | N/A | DOA | Government |
| | Safe food storage, postharvest facilities, and processing facilities along the value chain | MOALI | N/A | DOA, DOF, MCU | Government |
| Rural Development | Alternative income generation activities | MOALI, MSWRR <i>DRD, DCOOP, RRD</i> | DCOOP, DRD, DSW, MOE, Private Sector, SPPRG, SSID, TWDC | AVSI, DCOOP, DRD, DSW, GRET, IRC, Plan, WCM, WHH | Diakonia, EXIM Bank, EU, Government, LIFT, Plan |
| | Enhance household food security with activities such as small scale horticulture | MOALI, MOHS, MSWRR <i>DRD, DOA, DOPH, RRD</i> | AVSI, DOA, Golden Plain, LIFT, Plan, TdH | AVSI, CMMCS, DOA, Golden Plain, GRET, IRC, KBC, MPSWA, TdH, WCM, WHH | BMZ, ENI, GIZ, GFFO, Government, HelpAged, LIFT, Plan |
| | Enhance household food security with activities such as small scale fishery and livestock | MOALI, MSWRR <i>DLBV, DOF</i> | DLBV, World Fish | DLVB, GRET, NAG, Pact, WHH | Government, LIFT |

Overview of coverage of core nutrition actions at the national level (1/2)

| | Core Nutrition Action | # of states/regions covered | Target Group | % of target population covered | Delivery Mechanisms |
|--------------------------------------|---|-----------------------------|------------------------------|--------------------------------|---|
| IYCF | Promotion of infant & young child feeding (IYCF) | 10/15 | Children 0-23m | 3.2% | Media, Assistance organizations, Health system, Community, Mass campaigns |
| | Provide child health checks, including Growth Monitoring Practices (GMP) | 15/15 | Children 0-59m | 1.5% | Community, Health system, Assistance organizations, Mass campaigns |
| | | | Pregnant women | 1.0% | |
| Micronutrient suppl. & fortification | Provide Vitamin A supplementation <i>(Population coverage data presented is from DHS 2015-16)</i> | 15/15 | Children 6-59m | 54.4% | Health system, Mass campaigns |
| | | | Post-partum women | 35.2% | |
| | Provide Iron / folate supplementation | 15/15 | Women 15-49 years | 63.2% | Community, Health system |
| | Carry out / support salt iodization | 15/15 | Entire population | 92.4% | Health system, Private sector, Social services |
| | Carry out / support rice fortification (with iron, folic acid, B1, A) | 5/15 | Entire population | 0.1% | Private sector, Social services |
| Mgmt. of Malnut. | Provide therapeutic and supplementary feeding as part of integrated management of acute malnutrition (IMAM) | 15/15 | Children 6-59m with MAM | 8.4% | Community, Health system, Assistance organizations, Mass campaigns |
| | | | Children 0-59m with SAM | 12.5% | |
| Disease prevention & management | Provide deworming tablets | 15/15 | Children 2-9yrs | 80.4% | Community, Health system, Mass campaigns |
| | | | Pregnant women | 80.9% | |
| | Provide diarrhea treatment ORS / Zinc | 15/15 | Children 0-59m with diarrhea | 2.7% | Health system, Community |
| | Provide antenatal care visits, including counselling on optimal nutrition practices | 15/15 | Pregnant women | 2.1% | Health system, Community, Assistance organizations |
| | Provide post-natal care visits during post-partum period | 15/15 | Post-partum women | 1.5% | Health system, Community |
| Nut. Edu. | Provide nutrition and healthy lifestyle education for adolescents | 10/15 | Adolescents 10-19yrs | 0.1% | Schools, Community, Assistance organizations |

≤25%
>25% - ≤50%
>50% - ≤75%
>75%

REACH 3

Overview of coverage of core nutrition actions at the national level (2/2)

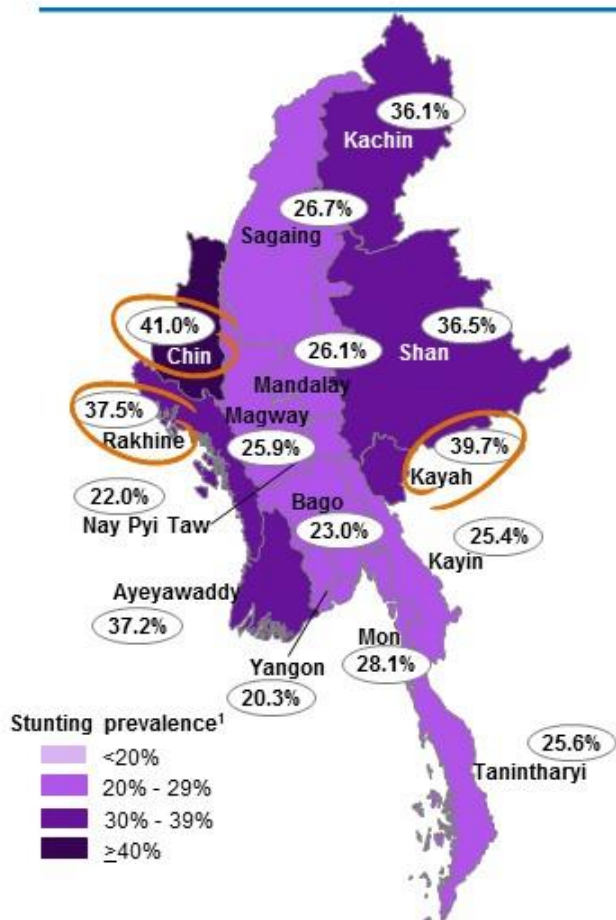
| | Core Nutrition Action | # of states/regions covered | Target Group | % of target population covered | Delivery Mechanisms |
|-------------------------------|--|-------------------------------|------------------------|--------------------------------|---|
| Nut. Edu. | Promotion of health, nutrition and hygiene activities | 15/15 | Children 3-4yrs | 4.6% | Schools, Community, Assistance organizations |
| | | | Children 5-9yrs | 95.2% | |
| | | | Adolescents 10-19yrs | 72.9% | |
| WASH | Promotion of safe hygienic environment and hygiene education | 15/15 | Entire population | 16.8% | Schools, Mass campaigns, Health system, Community, Assistance organizations |
| | Provide materials / construct infrastructure and BCC for hand washing | 7/15 | Entire population | 0.1% | Health system, Community, Schools, Mass campaigns, Assistance organizations |
| | Provide materials / construct infrastructure and BCC for improved sanitation | 15/15 | Entire population | 16.2% | Assistance organizations, Schools, Community, Mass campaigns, Health system |
| Social Protection | Provide nutritious school feeding combined with nutrition education | 15/15 | Children 3-4yrs | 1.6% | Schools, Community, Assistance organizations |
| | | | Children 5-9yrs | 6.4% | |
| | Provide nutrition sensitive social safety net actions | 15/15 | Entire population | 3.2% | Government, Community, Assistance organizations, Health system |
| Food & Agriculture | Nutrition-sensitive agriculture activities, such as crop diversification | 1/15 | Entire population | <0.1% | Agriculture sector |
| | Ensure food safety through measuring all hazardous contaminants in foods | Centralized at national level | Entire population | Not available | Agriculture sector |
| | Safe food storage, postharvest facilities, and processing facilities along the value chain | 15/15 | Entire population | 18.0% | Agriculture sector, Assistance organizations |
| Rural Development | Alternative income generation activities | 15/15 | Households | 28.9% | Government, Assistance organizations, Community |
| | Enhance household food security with activities such as small scale horticulture | 15/15 | Working age population | 4.1% | Agriculture sector, Assistance organizations, Community, Mass campaigns |
| | Enhance household food security with activities such as small scale fishery and livestock | 14/15 | Working age population | <0.1% | Assistance organizations, Agriculture sector, Community |

≤25%
>25% - ≤50%
>50% - ≤75%
>75%

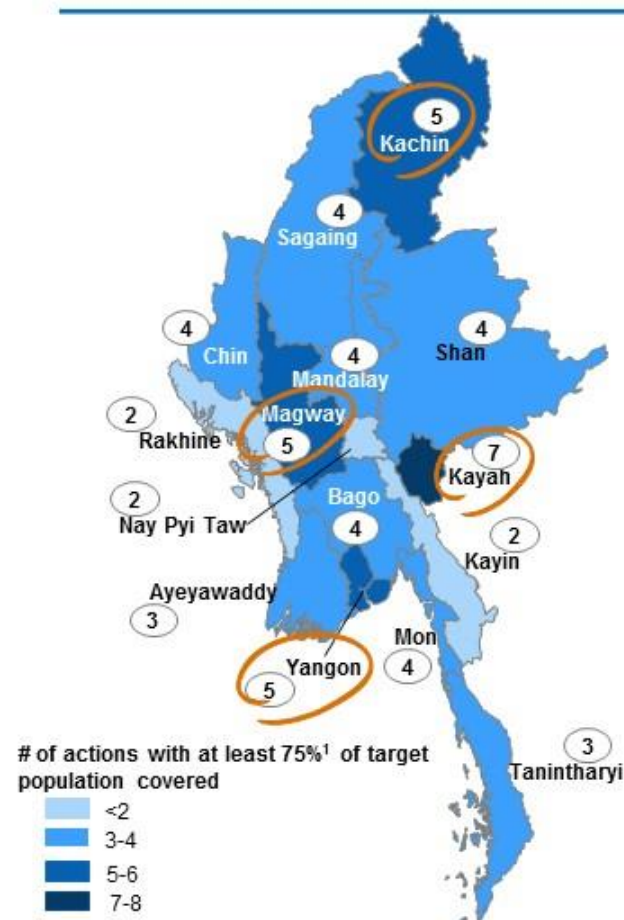
REACH 4

What is regional stunting prevalence? What is the action intensity per region?

The prevalence of stunting among children under 5 years in Chin, Kayah and Rakhine states



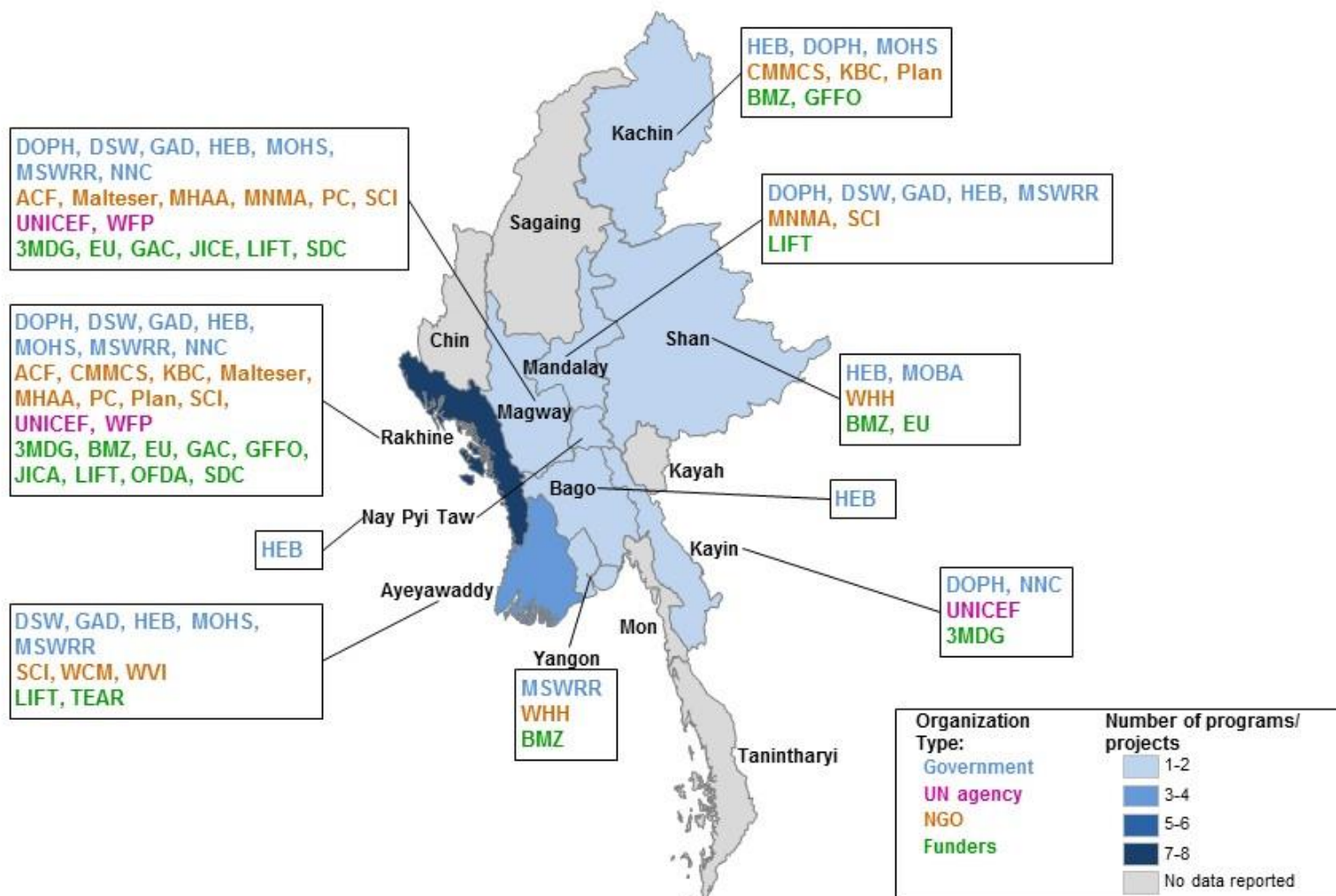
However, the states/regions with the most actions reaching ≥80% of the target population differ, except for Kayah State



¹Among children 0-59 months old, Myanmar DHS 2015-16

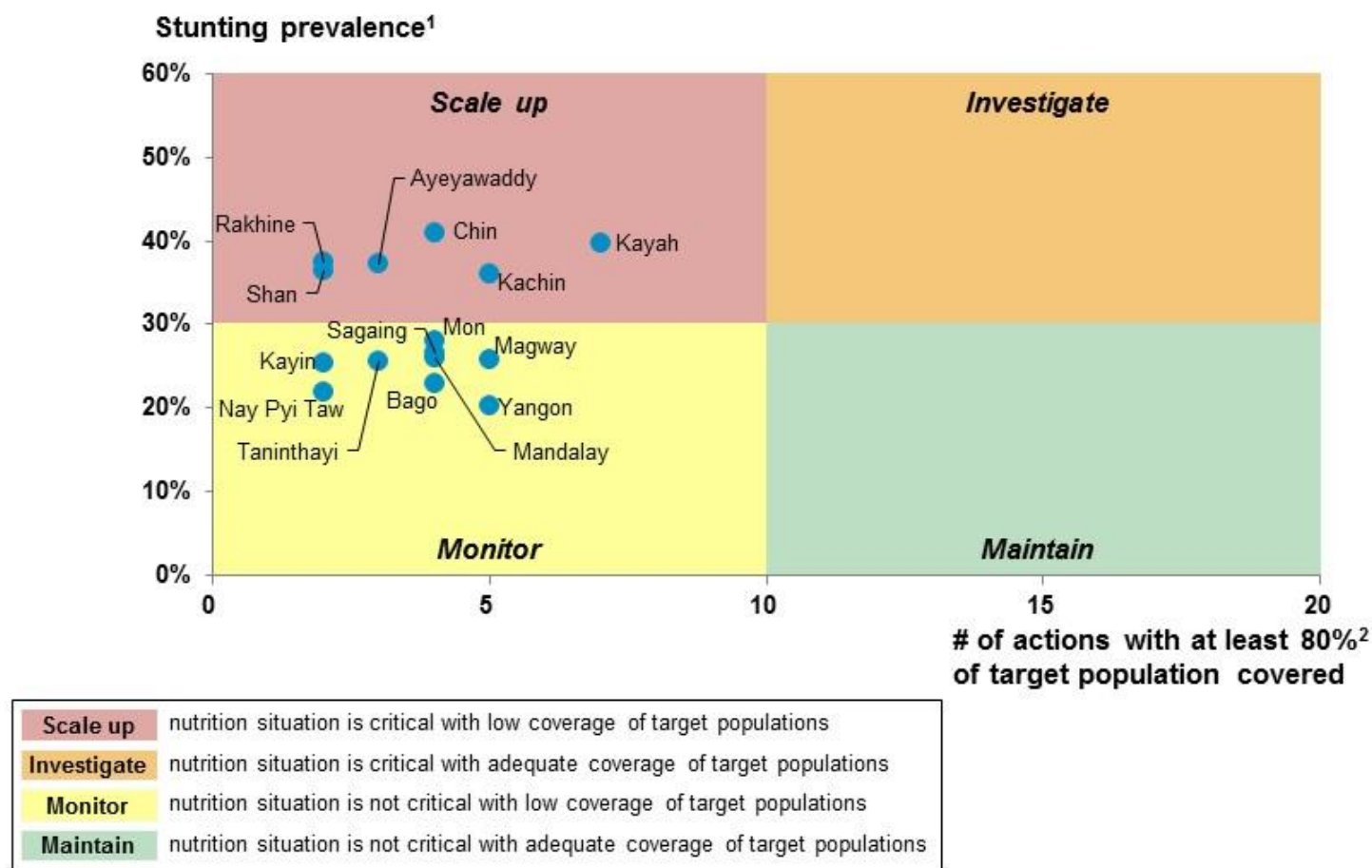
²This number is a country-defined level based on the results of the stakeholder mapping to highlight disparities in action coverage

Government and stakeholders supporting the promotion of infant & young child feeding for children 0-23 months



REACH 5

Which regions are not addressed adequately?



¹Among children 0-59 months old, Myanmar DHS 2015-16

²This number is a country-defined level based on the results of the stakeholder mapping to highlight disparities in action coverage

