

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

DOCUMENT LIST (Updated March 2018)

Document A: SUN MEAL Results Framework

Document B: Lists of Indicators & Data Sources

**Document C: Alignment with Internationally Agreed Frameworks and
Monitoring Initiatives**



DOCUMENT 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 SUN 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 2017</i> Part of JAA (2017)	
	<ul style="list-style-type: none"> Compliance of partners with the SUN Movement Principles of Engagement 	SDG 17	<i>Forthcoming 2017</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 (2017)</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 		Reference list of indicators (List 1) Part of JAA <i>Forthcoming 2017</i> Part of JAA (2017) Reference ICN FFA Partnership Book	
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 Increased coverage of services for nutrition Increased diversity and quality of food supply Geographic distribution of core nutrition actions at sub-national level 	SDG 1.a; SDG 2.a.1; SDG 10.b; SDG 3.C.1; SDG 3.7; SDG 3.8; SDG 1.3; SDG 6b	Reference list of indicators (List 2) Reference list of indicators (List 3)	<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.
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 Changes in key drivers of nutrition, which are embedded in relevant sectors such as health, WASH, food systems, education, social protection and gender Improved Infant and Young Child feeding practices. Improved dietary intake among various population groups. 	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 1 WHA nutrition target 1 NCD-diet related target	Reference list of indicators (List 4) Reference list of indicators (List 5) 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 	2017 Lead Group Engagement Plan		
	<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"		

DOCUMENT 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	56/93%
1.2 Existence, composition and functionality of networks/alliances (UN agencies, CSOs, business)	Number and type of networks in place	SUN Networks	57/95%
a. UN Network Functionality Index	Country networks scored on the basis of 6 indicators of minimum elements needed for optimal functionality.	UN Network	57/95%
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	57/95%
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	57/95%
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	51/85%
1.4 Existence of WHA targets in nutrition plans ¹	Availability of the 6 WHA targets in plans (U5 child stunting, U5 child wasting, U5 child overweight, low-birth weight, anaemia among women of reproductive age and exclusive breastfeeding for the first six months)	SUN Movement Secretariat & Nutrition International	45/75%
1.5 Existence of NCD targets in nutrition plans	Availability of the 3 nutrition-related NCD targets in plans (overweight/obesity in adults, diabetes, salt intake)	SUN Movement Secretariat & Nutrition International	45/75%

¹ 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.

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
1.6 Existence of information systems for nutrition	Each country's Information systems for nutrition index score is based on three groups of indicators: a) government commitment & enabling environment; b) national assessment data; c) national performance monitoring data. Maximum score of 36.	SUN Movement Secretariat & Nutrition International. In 2016, mapping research was undertaken to systematically assess the state of information systems for nutrition across SUN Countries. http://scalingupnutrition.org/share-learn/planning-and-implementation/information-systems-for-nutrition/	60/100%
1.7 Integration of under nutrition in national development plans and economic growth strategies ²	The indicator assesses to what extent undernutrition and overnutrition features in key multiyear national development and economic 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.	Institute of Development Studies (IDS) 2015. IDS conducted the research for 81 countries on undernutrition, and data for the remaining 45 countries were obtained from: te Lintelo, D. J., L. I. Haddad, R. Lakshman, and K. Gatellier. 2013. The Hunger and Nutrition Commitment Index (HANCI 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.	57/95%
1.8 Integration of over nutrition in national development plans and economic growth strategies ²			
1.9 Mobilization of high-level advocates (champions, parliamentarians, media)	Engagement of parliamentarians and media and identification of nutrition champions	SUN Joint Annual Assessment	58/97%
TOTAL: 9 indicators			

² 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)

List 2: Finance for nutrition

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
2.1 National budget spending for nutrition		SUN Movement (based on national budget analysis)	42/70%
a. Budget analysis completeness	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		42/70%
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		32/53%
c. Percentage budgeted for nutrition-specific spending	c. Gives the percentage budgeted for nutrition-specific spending out of the total amount identified for nutrition		32/53%
2.2 Donor funding for nutrition (only CRS basic code for nutrition)		OECD (2015 data) InvestininNutrition.org	59/98%
a. Donor spending per stunted child U5 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.		59/98%
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		59/98%
c. Percentage budgeted for nutrition-specific spending	c. Gives the percentage of nutrition-specific spending out of the total amount identified for nutrition		59/98%
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	38/63%
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	36/60%
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.	38/63%
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, October 2017, based on administrative reports from countries. Available from http://data.unicef.org/nutrition/vitamin-a.html	48/80%
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, 2016. The DHS Program STATcompiler. http://www.statcompiler.com	46/77%
3.5 Number of trained nutrition professionals /100,000 population	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)³ 	WHO Global Health Observatory Data Repository 2016. Available from http://apps.who.int/gho/data/node.main.A1444?lang=en	58/97%
3.6 Percentage of households that have iodized salt (>0 ppm)	Percentage of surveyed households which have salt they used for cooking that tested positive (>0ppm) for presence of iodine	UNICEF, Division of Data Research and Policy (2018). UNICEF Global Databases: Percentage of households consuming iodized salt (>0ppm) among all tested households, New York, January 2018. http://data.unicef.org/nutrition/iodine.html	57/95%

³ Note: data also available for some countries on 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) but this was not captured in the MEAL key indicator due to lower data availability.

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
3.7 Proportion of children under 5 years old with diarrhea (in last two weeks) receiving oral rehydration salts (ORS) and Zinc	Percentage of children under 5 with diarrhea receiving oral rehydration salts (ORS packets or pre-packaged ORS fluids) and Zinc	UNICEF, Division of Data Research and Policy (2018). UNICEF Global Databases: Diarrhoea treatment: Children with diarrhoea who were given ORS and Zinc, New York, February 2018. (based on MICS, DHS and other national surveys) https://data.unicef.org/topic/child-health/diarrhoeal-disease/	52/87%
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, 2016. The DHS Program STATcompiler. http://www.statcompiler.com	48/80%
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, Division of Data Research and Policy (2018). UNICEF Global Databases: Malaria: Children under 5 sleeping under an insecticide treated net (ITN) – Percentage, New York, February 2018. (based on MICS, DHS and other national surveys) http://data.unicef.org/topic/child-health/malaria/	46/77%
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, 2016 revision (completed July 2016). http://data.unicef.org/child-health/immunization	60/100%
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).	59/98%
3.12 Percentage of calories from non-staples in food supply	Share of dietary energy supply derived from non-staples (%) (3-year average, 2011-2013); staples include cereals, roots and tubers	FAOSTAT data for 2012	54/90%
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	54/90%
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.	59/98%

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
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)	42/70%
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	59/98%
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	57/95%
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	44/73%
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	Country has implemented a policy(ies) 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. 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, <i>trans</i> -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	54/90%
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 13 March 2018.] http://www.fortificationdata.org	60/100%

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 13 March 2018.] http://www.fortificationdata.org	60/100%
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, 2016. The DHS Program STATcompiler. http://www.statcompiler.com UNICEF MICS Country Reports	59/98%
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	60/100%
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	60/100%
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	60/100%
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/	59/98% 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).	60/100%
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	52/87%
5.8 Tuberculosis incidence per 1,000 population	The estimated number of new and relapse tuberculosis (TB) cases per 100 000 population for the reference year 2016. All forms of TB are included, including cases in people living with HIV.	WHO GHO http://apps.who.int/gho/data/view.main.57040ALL?lang=en	60/100%
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	53/88%

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
5.10 Prevalence of moderate or severe food insecurity in the population	Estimated prevalence of moderate or severe food insecurity in the population (reference year 2015) based on the FAO Food Insecurity Experience Scale (Gallup World Poll 2015).	SDG Indicators Global Database. https://unstats.un.org/sdgs/indicators/databases/?indicator=2.1.2	16/27%
5.11 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 (March 2018) https://data.unicef.org/topic/child-protection/child-marriage/	59/98%
5.12 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 https://data.worldbank.org/indicator/SE.SEC.ENRR.FE	56/93%
5.13 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, November 2017, based on DHS, MICS & other nationally representative surveys https://data.unicef.org/topic/child-protection/violence/violent-discipline/	35/58%
5.14 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%
5.15 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.)	SDG Indicators Global Database (Nov 2017) https://unstats.un.org/sdgs/indicators/databases/?indicator=11.1.1	55/92%
TOTAL: 15 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 (Jan 2018) http://data.unicef.org/nutrition/iycf.html	59/98%
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 (Jan 2018) http://data.unicef.org/nutrition/iycf.html	59/98%
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 (Jan 2018) http://data.unicef.org/nutrition/iycf.html	47/78%
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 received foods from ≥ 5 (out of 8) food groups ¹ during the previous day	UNICEF Global Database (Jan 2018) http://data.unicef.org/nutrition/iycf.html	52/87%
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	59/98%
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. <i>BMJ Open</i> ; 3:e003733.	60/100%
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	50/83%
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 December 2017) https://data.unicef.org/topic/nutrition/malnutrition/	60/100%
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	56/93%
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 December 2017) https://data.unicef.org/topic/nutrition/malnutrition/	60/100%
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 December 2017) https://data.unicef.org/topic/nutrition/malnutrition/	60/100%
7.5 Prevalence of haemoglobin <11 g/dL in pregnant women	Percentage of pregnant women with blood haemoglobin concentration <110 g/L (modeled estimate for the year 2016)	WHO Global Health Observatory (2017) Prevalence of anaemia in women. http://apps.who.int/gho/data/view.main.GSWCAH28v	60/100%
7.6 Prevalence of haemoglobin <12 g/dL in non-pregnant women	Percentage of non-pregnant women with blood haemoglobin concentration <120 g/L (modeled estimate for the year 2016)	WHO Global Health Observatory (2017) Prevalence of anaemia in women. http://apps.who.int/gho/data/view.main.GSWCAH28v	60/100%
7.7 Proportion of adult women with low body mass index (BMI)	Percentage of adult women (age 18+ years) who are thin according to BMI (<18.5) (modeled estimate for the year 2016)	NCD Risk Factor Collaboration. (2017). Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. Lancet, 390 (10113), 2627-2642. http://www.ncdrisc.org/data-downloads.html	59/98%
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)	Percentage of defined population (adults age 18+ years) with a BMI of >25 or a BMI of >30 (modeled estimate for the year 2016)	NCD Risk Factor Collaboration. (2017). Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. Lancet, 390 (10113), 2627-2642. http://www.ncdrisc.org/data-downloads.html	59/98%

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 adolescent girls aged 10-19 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 (modeled estimate for the year 2016)	NCD Risk Factor Collaboration. (2017). Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. <i>Lancet</i> , 390 (10113), 2627-2642. http://www.ncdrisc.org/data-downloads.html	59/98%
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+ years) 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 (modeled estimate for the year 2014)	NCD Risk Factor Collaboration. (2016). Worldwide trends in diabetes since 1980: a pooled analysis of 751 population-based studies with 4.4 million participants. <i>Lancet</i> , 387(10027), 1513-1530. http://www.ncdrisc.org/data-downloads.html	59/98%
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+ years) 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 (modeled estimate for the year 2015)	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. <i>Lancet</i> , 389(10064), 37-55. http://www.ncdrisc.org/data-downloads.html	59/98%
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 https://data.worldbank.org/indicator/SI.POV.DDAY (accessed 6 Mar 2018)	59/98%
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) for reference year 2016	UNICEF Global Database updated 19 October 2017 (Estimates generated by the UN Inter-agency Group for Child Mortality Estimation (IGME) in 2017) https://data.unicef.org/topic/child-survival/under-five-mortality/	60/100%
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 2015	WHO Global Health Observatory http://apps.who.int/gho/data/node.main.A860?lang=en	60/100%
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 New data added from MICS reports for Mali (2015), Cote d'Ivoire (2016), Guinea (2016) and Nigeria (2016)	28/47%
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 year 2016	World Bank (2018) World Development Indicators https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG (accessed 6 Mar 2018)	58/97%
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 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	

DOCUMENT 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 (>0 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) and zinc supplements	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 ⁴ 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	14

⁴ Staples include cereals, tubers and starches.

List 4: Enacted legislation

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	6

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 diarrhea 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
5.10 Prevalence of moderate or severe food insecurity in the population	FOOD SYSTEMS			SDG 2.1.2 Tier I	2017 GNR
5.11 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		
5.12 Female secondary school enrollment	EDUCATION			Or consider SDG 4.5.1 Tier I female/male parity index)	2017 GNR
5.13 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 Development Action Network) Adjusted to 1-4 years
5.14 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	
5.15 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 receive a 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	8

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 18+ 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 adolescent girls aged 10-19 years (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 Frame work*	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