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Scaling Up Nutrition

Progress Report from countries and their partners in the
Movement to Scale Up Nutrition
(SUN)

September 2011

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Preface

One year ago, I joined a group of leaders in pledging to do more to address the global burden of under-nutrition. We set ourselves the ambitious target of substantially reducing under-nutrition during the most vulnerable 1,000-day period of a child's life, from pregnancy to the age of two.

The need for such an initiative is abundantly clear. The food insecurity being faced by millions of people following prolonged drought in the Horn of Africa underscores the need to provide nutritional care and to support national authorities as they help vulnerable families realize their right to food, enjoy food and nutrition security, and resist the impact of climatic and other shocks. Under-nutrition in early in life can also lead to obesity, diabetes and heart disease in later life, making this year's High-level Meeting of the General Assembly on Non-Communicable Diseases especially timely.

Nineteen countries have joined the Movement for Scaling Up Nutrition (SUN), with others soon to follow. Hundreds of local, national and international stakeholders have come together to support them. The initiative is off to a good start.

I welcome SUN's intent to focus on interventions that directly empower women and their households, and to encourage government policies – in particular those for agriculture, health, education, employment and social protection – to be sensitive to nutritional needs.

The UN system is committed to the SUN Movement and our shared work to support national efforts, promote multi-stakeholder action, help integrate the policies of different sectors, and advocate for nutrition internationally. Nutrition is strongly embedded in the work of my High Level Task Force for Food Security and the efforts of the Every Woman Every Child effort.

This report shows the value of having stakeholders agree on policies, frameworks for action, road maps, operational plans, financing mechanisms, systems for monitoring progress and procedures for accountability. This type of groundwork will be even more necessary as the Movement goes beyond engaging partners to realizing results.

Many individuals, networks, governments, organizations, businesses and international bodies have worked hard to ensure the necessary synergy for the Movement to work, and I applaud those individual and collective contributions. For my part, I will continue to stay closely engaged in the SUN Movement and look forward to the impact it will have on our quest to achieve the Millennium Development Goals and truly sustainable development.

BAN Ki-moon, United Nations Secretary-General

Executive Summary

This report has been prepared for the High Level Meeting on Nutrition hosted by the United Nations (UN) Secretary-General at the UN General Assembly on September 20th 2011 and the follow-up workshop for the Scale-Up Nutrition (SUN) Movement on September 21st. It provides a global overview of progress one year after the launch of the Movement. The accompanying compendium of country fiches prepared by SUN countries and their partners provides information on progress in individual countries. The report and compendium have been compiled by the Special Representative of the UN Secretary General for Food Security and Nutrition as draft documents for the September meetings. They are not official UN documents. They will be finalized after these meetings and made available to participants. Please address all questions or comments to nabarro@un.org.

- i. Despite overall reductions in global poverty, high levels of hunger and poor nutrition are experienced by hundreds of millions of people in today's world. This is the case even in countries that have demonstrated quite dramatic year-on-year economic growth.
- ii. The Scale-Up Nutrition (SUN) Framework is designed to help nations whose people are at risk of under-nutrition. It was endorsed by more than 100 Government, civil society, academic and business organizations in April 2010. Many of these stakeholders then helped to develop a Road Map for advancing the Framework. The *1,000 Days: Change a Life, Change the Future* event, co-hosted by the United States and Ireland at the United Nations (UN) Summit on the Millennium Development Goals, took place on 21st September 2010. At this meeting, Governments and development partners from communities of donors, civil society, business and academia committed to work together to substantively scale up nutrition. Together they launched the SUN Movement with the challenge to demonstrate results in 1,000 days.
- iii. This report shares progress reported by 19 countries within the SUN Movement. There are several other countries that are scaling up nutrition but have yet to confirm that they wish to join the SUN Movement. These countries are affected by under-nutrition – some severely so. Their political leaders are committed to strategies that will result in improved nutrition, thus contributing to their people's social and economic development. Indeed, their people are the centre of the SUN Movement. Success will be reflected in the better nutrition of pregnant and breastfeeding women, and children under the age of two years. This is the 1,000 day 'window of opportunity' in which better nutrition leads to increased intellectual capacity (vital during school years), greater capacity for physical work in adulthood and a lowered risk of non-communicable diseases in later life. There will also be benefits for all people with chronic diseases and disability who are at particular risk of under-nutrition.
- iv. The SUN Movement has brought together the authorities of countries burdened by under-nutrition, a broad range of stakeholders from multiple sectors in-country and a global coalition of partners. Together they are expanding the pool of resources for implementing a set of specific interventions that improve nutrition, and incorporating nutrition-sensitive strategies into health, agriculture, education, employment, social welfare and development programmes. Working with national authorities, they are contributing to significant and sustained reductions in under-nutrition and improvements in the health and prosperity of future generations.
- v. The SUN Movement stimulates leaders to focus on nutrition and commit to effective national policies. It increases the effectiveness of existing programmes by encouraging their alignment to these policies. It supports the participation of a wide range of stakeholders in supporting policy implementation that

leads to broad ownership and a shared responsibility for results. The SUN Movement is not an initiative, institution or fund.

- vi. The report starts by highlighting three major achievements of the last year. Firstly, there has been increased political commitment for better nutrition within countries as well as at international and regional levels. Secondly, Governments of SUN countries have set bold goals and specific targets for reducing under-nutrition. In some cases, these targets are quantified, time-bound and expressed within revised national nutrition policies and strategies. Thirdly, SUN has encouraged a global coalition of partners to work closely together when supporting national programmes. More than 100 international stakeholders have organised themselves into six Task Forces whose primary goal is to ensure that support is of high quality and well aligned. Hundreds of individuals have provided dedicated support for scaling up nutrition in this way.
- vii. In Chapter 2 the report describes progress in the 19 SUN countries (Bangladesh, Burkina Faso, Ethiopia, the Gambia, Ghana, Guatemala, Lao PDR, Malawi, Mali, Mauritania, Mozambique, Nepal, Niger, Peru, Senegal, Tanzania, Uganda, Zambia and Zimbabwe). It highlights each country's progress in revising and costing plans for scaling up nutrition that combine nutrition-sensitive development with specific nutrition interventions. It summarises their experience with establishing multi-stakeholder platforms for action, conducting stock-takes of progress and analysing gaps that need to be filled. It analyses critical factors for success, challenges faced by countries and actions to overcome them.
- viii. Chapter 3 of the report describes how stakeholders are joining the Movement to provide united support for SUN countries. Donor Governments are aligning behind national plans to scale up nutrition. They coordinate their in-country actions through donor conveners and explicitly support the SUN Movement globally. UN agencies are intensifying their support for the SUN Movement both at national level and in global processes – including the World Health Assembly, the UN Secretary General's High Level Task Force on Global Food Security and the reformed UN Standing Committee on Nutrition. The multi-agency REACH partnership is working intensively with at least eight SUN countries, building on the experiences of two country pilots in the preceding two years. Civil society groups and the business sector are increasingly engaged in the SUN Movement. Civil society support has been consolidated through a series of international and national meetings: a three-year proposal to increase the contribution of civil society in 10 SUN countries is being developed. The SUN Movement is fostering principled partnerships that engage business, civil society and Government in establishing how successful market-based responses to under-nutrition can be taken to scale.
- ix. Chapter 4 of the report documents how Governments are committing more funds to scaling up nutrition – both from national budgets and through increased development assistance. It describes ways in which different development partners, with their own agency-specific strategies and programmes, align their contributions to national plans within the context of both in-country and regional coordination mechanisms. Recent analyses indicate that support for nutrition-related actions is on the rise.
- x. Chapter 5 of the report explains how countries are tracking the working and impact of scaled-up activities. Within a few years these countries expect to report fewer low-birth weight babies and less stunting in children under two. The incidence of severe weight loss (wasting) from birth to 24 months should fall. So too should the prevalence of iron deficiency in women whose pregnancies are in the third trimester. Progress towards these goals will be monitored. The SUN Movement also has indicators for tracking (a) the implementation of strategies to address under-nutrition, (b) engagement (and impact) of civil society in multi-stakeholder platforms, (c) effectiveness of civil society-business-

government partnerships and (d) alignment of development partner support. The Movement is influenced by other monitoring processes – such as work of the UN Commission on Information and Accountability for Women’s and Children’s Health. This includes the monitoring of some nutrition outcome indicators.

- xi. In Chapter 6 the report anticipates that more countries and agencies will engage in the SUN Movement within the coming months. It looks at ways to help countries with high burdens of under-nutrition engage in the Movement while retaining a national identity for the process – perhaps through the involvement of national leaders in a country-specific approach, rather than joining the multi-country SUN Movement. There will be increasing opportunities for the sharing of experiences among countries on the implementation of nutrition sensitive development strategies and the more effective delivery of specific nutrition interventions.
- xii. There is a need, now, for a new emphasis in the work of the SUN Movement. An increasing number of countries will seek more help with moving their SUN efforts forward. This means that – one year after the Movement started - the organisations and institutions contributing to countries’ Scale-Up Nutrition efforts should be increasingly responsive, predictable and aligned in the face of growing demand. There will be a continuing need to ensure that national authorities are in a position to manage contributions from a variety of in-country and external stakeholders. Development partners will wish to be increasingly explicit about the extent and pattern of support that they offer, ways it is to be used, and the terms under which it can be made available. Such information should be included in a revision of the SUN Road Map planned for December 2011. The revised Road Map should also indicate where additional funding would have the greatest impact on regional or global functions.
- xiii. The continuing momentum of the SUN Movement will depend on a mechanism to empower in-country nutrition leaders, helping them to exercise this leadership in effective ways that have maximal impact. The long term sustainability of the SUN Movement will also depend on establishing proper stewardship arrangements given the temporary (and informal) nature of the current structure: the results of the on-going stewardship study are expected in September 2011.
- xiv. In summary, the report as a whole describes the increasing focus on nutrition among many world leaders. For them, nutrition is an area of public policy that must engage multiple stakeholders in concerted action. They sense the political significance of success in scaling-up specific nutrition interventions and in implementing nutrition-sensitive sectoral strategies. They increasingly understand the importance of nutrition as a vital element of long-term national development that leads to better futures for all. They expect to receive predictable support for good quality actions – support that supplements their own investments. They are committed to sustained success and to demonstrated achievements – for their people and also for the broad community of nations.

"The Government of Ethiopia is committed to strengthen links with other Government sectors, development partners, donors, private sector and civil societies... as well as to seek further investment in nutrition."

Dr Kesetebirhan Admasu Birhane, State Minister of Health, Ethiopia, April 2011

"The Ghana Government is fully committed to supporting the Initiative and will mobilize all the necessary political, human and financial resources to make the SUN Roadmap operational in Ghana and welcomes any support from our international partners."

Dr Joseph Chireh, Minister of Health, Ghana, March 2011

"The Government of Lao PDR and its development partners are fully committed to address malnutrition with the highest priority."

H.E Dr. Ponmek Dalalay, Minister of Health, Lao PDR, April 2011

"The strategic vision of my department as regards to nutrition is focused on respect for the right to a good nutrition as a fundamental right for every Mauritanian."

H.E Moulaty Mint Moctar, Minister of Social Affairs, Children and Families, Mauritania

"The Government of Mozambique is aware of the importance of nutrition for the development of the country and the achievement of the Millennium Development Goals. [It is] highly committed to contribute to the implementation of the SUN Road Map."

Dr. Nazira Carimo Vali Abdula, Vice Minister of Health, Mozambique, August 2011

"The Government of Nepal is fully aware of the development challenge posed by malnutrition... It is clear to us that we need to scale up the well proven direct nutrition interventions that can be delivered through the health sector... We must also seize opportunities to enhance the nutrition sensitivity of interventions in other sectors such as agriculture, social protection and education."

Dr. Sudha Sharma, Secretary in the Ministry of Health and Population, Nepal, May 2011

"As result of the country's political commitment and recent progress in reducing chronic malnutrition, and in view of the significant challenges still existing at the operational level to scale up efforts, we consider that the "1,000 Days" initiative is aligned with the country's strategy and current efforts."

Mr Roger Dias, General Director, National Public Budget Office, Peru, November 2010

"I strongly support this initiative, which aims at contributing to the achievement of the MDG and in particular the MDG 1: "Reduction of extreme poverty and hunger."

H.E Prime Minister Souleymane Ndéné Ndiaye, Senegal, June 2011

"The Government of the United Public of Tanzania is committed to the successful implementation of the SUN initiative. Let me reiterate that the Government will work day and night with all partners involved to attain the noble objectives and goals and triumph in the SUN... I'm optimistic that with the Scale-Up Nutrition initiative, Tanzania will reduce drastically the number of undernourished Tanzanians and hence avoiding unnecessary death. Together we can."

H.E Prime Minister Minzengo Peter Pinda, Tanzania, June 2011

"My Government is convinced that investing in high-impact nutrition interventions produces exceptional pay-offs in terms of reduced morbidity, mortality and improved physical and mental growth and that through these interventions Zambia can meet the Millennium Development Goals and the national vision of becoming a prosperous middle-income country by the year 2030."

H.E President Rupiah Bwezani Banda, Zambia, February 2011

Introduction

- 1) Food and nutrition security is increasingly recognized as a human right and the basis for economic, social and human development. Yet, ensuring adequate nutrition is an under-recognized global challenge. Today, 925 million people suffer from long-term hunger – or the inability to access enough nutritious food for a healthy life – while one-third of young children, 171 million, are chronically under-nourished and 55 million are wasted. Every year, under-nutrition contributes to 3.5 million preventable deaths of children under the age of five years. Under-nutrition impairs intellectual and physical development and increases the risk that illnesses become fatal. It is also now known to contribute to non-communicable diseases in later life - diseases like diabetes, cardiovascular diseases and cancers.
- 2) The last decade has witnessed many development successes – including worldwide reductions in child and maternal mortality, increased vaccination rates and literacy in women. Levels of under-nutrition have remained stubbornly high, however, especially in Africa and South Asia. Investing in better nutrition creates life-long, valuable returns. Good nutrition during the 1,000 days between pregnancy and age two contributes to good health, educational achievement, and future income earning potential. It increases a nation's gross domestic product by at least two to three per cent annually. Investment in nutrition is vital to achieving many of the United Nations Millennium Development Goals (MDGs), including eradicating poverty and hunger, reducing child mortality, improving maternal health, combatting disease, empowering women, and achieving universal primary education.
- 3) The causes of under-nutrition – immediate, underlying and basic - are well recognized. In the long-term these can be addressed by implementing development strategies that are sensitive to people's nutritional needs, together with specific interventions that lead to improved nutritional outcomes among children under two years of age and pregnant and breastfeeding women. Nutrition-sensitive development demands that nutritional outcomes become key goals of national development policies. This involves:
 - Ensuring optimal nutritional impact of all agriculture and food security programmes through research, action, and close monitoring;
 - Ensuring optimal nutritional impact of social protection programmes and targeting of safety nets for vulnerable communities;
 - Ensuring appropriate nutritional focus within maternal, new-born and child health programmes;
 - Incorporating nutritional considerations within child and adult education;
 - Enhancing the nutritional impact of poverty reduction, employment generation, rural development, water and sanitation and emergency response programmes.
- 4) The above strategies, combined with specific cost-effective nutrition interventions, will significantly reduce under-nutrition, if they are delivered using efficient mechanisms for implementation - systems for finance, procurement, training and accountability. Effectiveness also depends on a sound understanding of progress made, challenges faced and options for improvement, particularly within communities at risk of under-nutrition. This calls for investment in data systems, monitoring, evaluation, and research.
- 5) **Vision:** The Scaling-Up Nutrition (SUN) Movement brings together the authorities of countries burdened by under-nutrition, a broad range of stakeholders from multiple sectors in-country, and a global coalition of partners. They have committed to working together to create conditions in which household members – especially women – are enabled to improve their own and their children's nutrition. By implementing a set of specific nutrition interventions, expanding the pool of resources for this effort, and integrating nutrition

into health, agriculture, education, employment, social welfare and development programmes, participants in the Movement can together contribute to significant and sustained reductions in under-nutrition and significantly improve the health and prosperity of future generations.

- 6) **Mission:** Through a coordinated effort that includes technical support, high-level advocacy and innovative partnerships, participants in the SUN Movement will improve people's nutrition and so strengthen health and development. The SUN Movement is not a new initiative, institution or fund: instead it increases the effectiveness of existing initiatives and programmes by supporting national leadership for nutrition; encouraging focus and alignment of this support; and enabling the participation of a wide range of stakeholders to ensure broad ownership and shared responsibility for results.
- 7) The role and scope of work of the SUN Movement are set out in two documents prepared in 2010: the SUN Framework and the SUN Road Map. These documents outline the approach to implementation and ways of working together within the SUN Movement. **Annex 1** describes the current stewardship arrangements for the SUN Movement.
- 8) This report focuses on the progress that countries have made in pursuing these approaches, and the challenges and options for the way forward. It sets out the major achievements of the past year and includes examples of progress in SUN countries.

Figure 1: The SUN Framework and SUN Road Map

The **SUN Framework** sets out the approaches to tackling high levels of under-nutrition focusing on the 1,000 day window of opportunity. It recognizes that social and economic policies that encourage freedom from hunger, the right to adequate food and nutrition, and the highest attainable levels of health will, if implemented properly, lead to improvements in nutrition. It spells out what needs to be done to improve nutrition outcomes, what investments are required to scale up effective nutrition actions, and the key working principles to move this forward. It is not a prescriptive plan, but an outline of core elements and actions on which national plans can be built and tailored.

The **SUN Road Map**, developed by a multi-stakeholder task team, provides the principles and direction for increased action and support for countries as they scale up efforts to tackle under-nutrition across a range of sectors. It reflects the principles of food security approved by delegates at the November 2009 Food and Agriculture Organisation World Summit on Food Security and the 2010 World Health Assembly resolution 62.23 on maternal, infant and young child nutrition and is anchored in the United Nations Standing Committee on Nutrition's guiding principles developed in 2009. The Road Map encourages a coherent approach amongst leaders and other nutrition stakeholders to promote coordinated actions to increase the effectiveness of efforts.

Chapter 1: Major Achievements from September 2010 to September 2011

9) Nutrition remains high on the global agenda and the impetus to scale up nutrition is strong. In a world where the challenges of global economic crisis, food price rises and climate change are pushing more and more households into poverty and food insecurity, attention on nutrition is likely to continue. Within this context of heightened global interest in nutrition, the focus of the SUN Movement in the last year has been on:

- Building political commitment to scale up nutrition among Governments in countries with the highest burden of under-nutrition;
- Promoting goals and targets for reducing under-nutrition in SUN countries;
- Encouraging coherence and support of SUN through a global coalition of partners.

1.1 Building political commitment

10) Political commitment has consistently been identified as the key driving force behind ensuring coordinated actions to scale up nutrition. After years of neglect, there is an increasing recognition that nutrition is a priority area for concerted action by national and global political leaders. The SUN Movement is designed to respond to this new political energy in ways that yield demonstrable results. Over the last year, political commitment among national leaders in countries with high burdens of under-nutrition has grown.

11) Since September 2010, a total of 19 Governments from across the world have committed to scale up nutrition. These countries have some of the highest burdens of under-nutrition (see **figure 2**). High level officials from the 19 SUN countries have indicated their intention to reduce under-nutrition and committed their Governments to place nutrition in the centre of development policies (see **figure 3**).

12) Many other countries are already scaling up nutrition. Nigeria and India, for example, both with very high numbers of under-nourished children under two years of age, have already adopted many of the approaches outlined in the SUN Road Map. The Federation of African Nutrition Societies will host a SUN meeting in Nigeria during September 2011. A number of States in India are actively adopting strategies for scaling up their actions to improve nutrition.

13) More and more countries are expected to join the SUN Movement in the coming months. They will scale up nutrition in ways best suited to their country context and request appropriate support from external stakeholders. The SUN Movement is inclusive and open to all Governments who wish to join.

Figure 2: Map showing rates of stunting in SUN countries

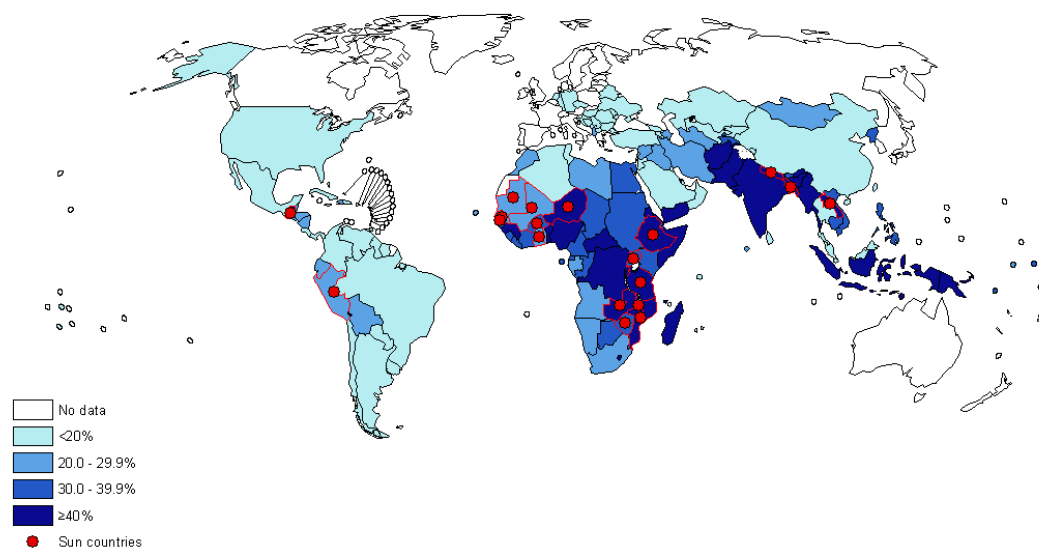


Figure 3: Letters of intent sent by SUN countries

SUN country	Date of letter	Signatory of letter
Bangladesh	The Government of Bangladesh has expressed its commitment to scaling up nutrition and a letter from the Government is expected shortly.	
Burkina Faso	28 June 2011	Minister of Health
Ethiopia	The Government of Ethiopia has expressed its commitment to scaling up nutrition and a letter from the Government is expected shortly.	
The Gambia	18 July 2011	Vice President
Ghana	25 March 2011	Minister of Health
Guatemala	7 December 2010	Vice Minister of Health
LAO PDR	25 April 2011	Minister of Health
Malawi	15 March 2011	Secretary / Office of the President and Cabinet
Mali	24 March 2011	Minister of Health
Mauritania	19 May 2011	Minister of Economic Affairs and Development
Mozambique	31 August 2011	Vice Minister of Health
Nepal	5 May 2011	Secretary / Ministry of Health and Population
Niger	14 February 2011	Minister of Public Health
Peru	19 November 2010	Director General National Public Budget Office
Senegal	6 June 2011	Prime Minister
Tanzania	5 June 2011	Prime Minister
Uganda	17 March 2011	Chairperson of the National Planning Authority
Zambia	22 December 2010	Minister of Health
Zimbabwe	6 June 2011	Director, Food and Nutrition Council

- 14) Political leaders are taking part in high level events that spotlight nutrition and launch the SUN Movement: Tanzania in June 2011, Malawi in July 2011 and Ghana planned for November 2011. These have inspired stakeholders and helped to increase public awareness that under-nutrition can and must be tackled. See **figure 4**.

Figure 4: Examples of country SUN launches: Tanzania and Malawi

In **Tanzania** a high level meeting on scaling up nutrition was held in Dar es Salaam in June 2011. The Prime Minister of Tanzania, Minzengo Peter Pinda, co-convened the meeting together with the United States Secretary of State, Hillary Rodham Clinton and Deputy Prime Minister (Tánaiste) and Minister of Foreign Affairs and Trade of Ireland, Eamon Gilmore. The meeting was attended by a range of Government officials including the Minister of State of the Prime Minister's Office for Regional and Local Government; Minister of Agriculture, Food Security and Cooperatives; Minister of Health and Social Welfare; Minister of Community Development, Gender and Children; Minister of Livestock Development and Fisheries. Development partners and international supporters also attended. The Prime Minister used the meeting to announce six steps that the Tanzanian Government will implement to scale up nutrition in Tanzania. The US and Irish Governments committed funding for nutrition interventions in Tanzania.

In **Malawi**, the SUN-1,000 Special Days Movement Campaign was launched at a high level meeting in Lilongwe in July 2011. Mrs Callista Mutharika, the First Lady of Malawi, led the launch. Over 3,000 people participated in the event, including 30 Cabinet and Deputy Ministers, the Chief Secretary for the Government Civil Service, Principal Secretaries, Directors, Members of Parliament, District Commissioners, Paramount Chiefs as well as development partners and international supporters. The proceedings of the meeting were aired live on Malawi television and there was wide-spread coverage by radio stations and the local press reaching an audience of around six million Malawians. An important outcome of the launch was the signing of a SUN – 1,000 Days declaration that called for action to improve nutrition in Malawi.

- 15) National political leadership for scaling up nutrition is being echoed at a regional level. Nutrition Advocates or Champions are being engaged who are influential individuals in a position to speak directly with national leaders. These Nutrition Advocates are seeking to highlight the high costs of under-nutrition in terms of human and economic development and to inspire national Governments and communities to proactively scale up nutrition in their countries. See **figure 5**.
- 16) Political commitment is critical for ensuring that efforts to scale up nutrition are sustainable and effective. It is the starting point from which action and investment will follow. The SUN Movement has helped to inspire 19 Governments to publicly state their commitment to scale up nutrition in its first year. It is hoped that in the next year, more Governments will be encouraged to join the Movement, and commit, invest and implement actions to scale.

Figure 5 : Regional leadership for SUN in West Africa

In his role as Nutrition Advocate, the former President of Cape Verde, António Mascarenhas Monteiro, is talking directly with leaders of West African nations about making nutrition a building block of development policy.

Mr. Monteiro explains, "I am extremely happy to help highlight what this issue means to the future of children and our countries. Children who do not receive the right type of food and nourishment fall sick more often, and when they survive, they can suffer from irreversible mental and physical impairment."

Approximately 600,000 children under five die each year from causes related to malnutrition in West Africa, in which six of the 19 countries with the highest chronic malnutrition rates in Sub Saharan Africa can be found. West African states are making progress. Commitments such as the Economic Community of West African States (ECOWAS) 2009 Nutrition Resolution are building a legislative framework; fortified foods are becoming available, such as cooking oil with Vitamin A; Vitamin A supplementation reaches around 80% of children; exclusive breastfeeding rates show improvement; and food security and treatment programmes are expanding.

Governments have yet to implement many of their commitments, however. More needs to be done to develop policies, secure funding and build capacity to deliver preventive and treatment measures at scale, while tackling structural issues such as poverty and early warning systems.

Mr. Monteiro is supported by the Nutrition Working Group for West Africa, a collaboration between UN agencies, non-Governmental organisations and donors to combat malnutrition.

1.2 Setting goals and targets

17) Governments of SUN countries have reinforced their political commitment by setting bold goals and specific targets for reducing under-nutrition. In many cases, Governments have explicitly adopted one of the indicators of the Millennium Development Goal (MDG) 1: Eradicate Extreme Poverty and Hunger which calls for the prevalence of underweight children under five years of age to be reduced by half, by the year 2015. Some Governments have gone further and set specific targets for different facets of under-nutrition. These targets are quantifiable, time-bound and laid out in revised national nutrition policies and strategies. Examples of targets set for SUN countries are shown in **figure 6**.

1.3 Encouraging coherence of support

18) Well over 100 organizations have endorsed the SUN Framework and offered their support for the SUN Movement, and more are showing interest in joining the Movement. These organisations include: Governments, UN agencies, civil society organisations, businesses, and research and educational institutions.

19) Over the last year, this international group of stakeholders have organised themselves into six Task Forces whose primary goal is to align their assistance to support SUN countries. Each Task Force is led by two or more co-facilitators and has members representing different organisations. The Task Force co-facilitators and members are working for the Movement in addition to their own organisational responsibilities. Hundreds of individuals have joined them. **Annex 1** provides more details about the activities of the SUN Task Forces and **chapter 3** sets out achievements of this global coalition of stakeholders.

Figure 6: Examples of targets for reducing under-nutrition in SUN countries

SUN Country	Targets
Lao PDR Targets for 2015	<ol style="list-style-type: none"> 1) Stunting in under-fives reduced to 34% 2) Wasting in under-fives reduced to 4%
Mozambique Targets for 2015	<ol style="list-style-type: none"> 1) Stunting in under-fives reduced to 30% 2) Anaemia in adolescents reduced to 20% in 2015 3) Anaemia in pregnant women reduced to 30% in 2015 4) Percentage of women who gain more than 5kg during pregnancy increased by 30% 5) Iodine deficiency in pregnant women reduced to 35% 6) Coverage of vitamin A supplementation of postpartum women increased to 70% 7) Anaemia in women of reproductive age reduced to 30% 8) Low birth weight reduced to 10% in 2015 9) Stunting in under-twos reduced to 27% in 2015 10) Exclusive breastfeeding rates in babies under six months increased to 60% 11) Anaemia in children reduced to 30%
Niger Targets for 2021:	<ol style="list-style-type: none"> 1) Stunting in under-fives reduced by 30% 2) Wasting in under-fives reduced by 30% 3) Low birth weight reduced by 30% 4) Anaemia in under-fives, and pregnant and lactating women reduced by 30% 5) Vitamin A deficiency, including night blindness in under-fives and women post partum eliminated 6) Iodine deficiency including goitre in school-age children and women of childbearing age eliminated 7) Use of zinc in the prevention and treatment of diarrhoea in under-fives expanded to all health facilities 8) Exclusive breastfeeding rates in babies under six months increased to 50% 9) Introduction of complementary foods from six months increased to 95% 10) Adequate nutritional care of people living with HIV and tuberculosis increased to 100%
Uganda Targets set for 2015:	<ol style="list-style-type: none"> 1) Stunting in under-fives reduced to 32% 2) Underweight in under-fives reduced to 10% 3) Underweight in non-pregnant women 15- 49 years with BMI less than 18.5 kg/m² reduced to 8% 4) Iron deficiency anaemia in under-fives reduced to 50% 5) Iron deficiency anaemia in women aged 15-49 years reduced to 30% 6) Prevalence of vitamin A deficiency in under-fives reduced to 13% 7) Vitamin A deficiency in women aged 15-49 years reduced to 12% 8) Low birth weight reduced to 9% 9) Exclusive breastfeeding rates in babies under six months increased to 75% 10) Dietary diversification index, percent calories consumed from foods other than cereals & starchy roots increased to 75% 11) Calorie consumption (avg. daily energy intake per capita) increased to 2,500 Kcal

Chapter 2: SUN Action at Country Level

2.1 Progress in scaling up nutrition

- 20) At the centre of the SUN Movement is the principle that countries affected by under-nutrition can best improve their people's nutrition security if they develop and implement their own plans. SUN countries are responsible for negotiating the nature and pattern of external support from development partners and other stakeholders committed to implementing sustainable solutions to the long-standing problems of under-nutrition.
- 21) Any country that is developing policies and plans of action to scale up nutrition can participate in the SUN Movement through identifying actions that are likely to maximize the impact of their plans to scale up nutrition, and harmonize collective support to reduce hunger and under-nutrition. Governments of SUN countries take responsibility for a set of actions which include:
- Indicating their commitment to SUN through a formal letter from a High Level official (see **figure 3**);
 - Identifying a high level Government focal point with responsibility for working across ministries to encourage national efforts and to coordinate any external support that is requested;
 - Identifying a donor convener prepared to convene and coordinate with other donors to align their assistance behind national plans;
 - Developing or revising national policies, strategies and plans of action that focus on, or incorporate nutrition;
 - Strengthening existing multi-stakeholder platforms to encourage synergy between stakeholders and across sectors;
 - Initiating nutrition stock-taking and gap analyses exercises;
- 22) **Figure 7** summarises the progress of the 19 SUN countries in each of these areas. Six Government focal points have been nominated but a further 12 interim country representatives are taking part in regular Country Partner Representative Groups meetings as described in **annex 1** below. Thirteen countries have identified donor conveners to coordinate and align external investment and support to SUN countries. A more detailed list of indicators is included in **annex 3**.
- 23) Given that most of the SUN countries have joined the Movement within the last six months, the progress shown has been relatively swift and underlines the effectiveness of action in the context of global and national political commitment.

Figure 7: Progress in scaling up nutrition in SUN countries

	Commitment of high level leadership	Government focal point appointed	Donor convener confirmed	National nutrition plans endorsed	Multi-stakeholder platform established	Stock-taking exercise completed *	Civil society action plans developed	Civil Society engagement established	Business engagement established
Bangladesh	-	Yes	World Bank, US	Yes	Planned	-	In progress	-	In progress
Burkina Faso	Yes	Interim	-	Yes	Yes	Yes	-	-	-
Ethiopia	-	Yes	-	Yes	Yes	Yes	In progress	-	In progress
Gambia	Yes	-	-	Yes	-	-	-	-	-
Ghana	Yes	Yes	US	Yes	Yes	Yes	In progress	-	-
Guatemala	Yes	Interim	World Bank	Yes	Yes	Yes	In progress	-	-
Lao PDR	Yes	Interim	-	Yes	In progress	Yes	-	-	-
Malawi	Yes	Interim	Ireland, US	Yes	Yes	Yes	In progress	-	In progress
Mali	Yes	Interim	-	In progress	Planned	In progress	In progress	-	-
Mauritania	Yes	Interim	-	Yes	Yes	Yes	-	-	-
Mozambique	Yes	Yes	Denmark, UNICEF	Yes	Yes	-	In progress	-	Yes
Nepal	Yes	Interim	World Bank, UK, US	Yes	In progress	Yes	In progress	-	-
Niger	Yes	Interim	EC	Yes	In progress	In progress	In progress	-	-
Peru	Yes	Interim	World Bank, EC and Nutrition Initiative	Yes	Yes	-	-	Yes	-
Senegal	Yes	Interim	World Bank	Yes	Yes	Planned	-	Yes	Yes
Tanzania	Yes	Interim	Ireland, US	Yes	In progress	In progress	In progress	In progress	In progress
Uganda	Yes	Interim	US	Yes	In progress	Yes	In progress	In progress	-
Zambia	Yes	Yes	UK	Yes	In progress	Planned	in progress	-	-
Zimbabwe	Yes	Yes	Switzerland	Yes	Yes	-	-	-	-
TOTAL	17	6	13	19	16	12	12	4	6

* Stock taking includes landscape analysis, scoping and nutrition situation analyses.

2.2 Revising and costing national nutrition plans

- 24) All of the SUN countries have long-standing national nutrition policies, strategies and plans of action. These are being reviewed and revised - in some cases with a view to better reflecting the combination of nutrition-sensitive development and specific nutrition interventions that enable improvements in nutritional outcomes within at-risk populations.
- 25) In addition to setting out areas of intervention, these plans specify support mechanisms for implementation including multi-stakeholder platforms, agreed on results frameworks and coordinated implementation. There is an increased focus on setting priorities, determining costs, investing in implementation, the allocation of national budgets and securing external assistance. Several SUN countries have newly established budget lines for nutrition within their development plans.
- 26) SUN countries also seek to incorporate nutrition more explicitly into Government development and/or poverty reduction plans and other national plans covering related sectors such as agriculture, social protection and welfare, public health and education. **Figure 8** provides examples of the advances that SUN countries have made in putting in place nutrition-sensitive national plans.

Figure 8: Examples of upgrading national plans to be nutrition-sensitive in SUN countries

In **Bangladesh** significant progress has been made on policy development and process for improving nutrition over the past year. The refined country investment plan for agriculture, food security and nutrition is a comprehensive set of investment programmes for integrated food security and nutrition improvement. Underweight and stunting are two indicators used in the overall impact assessment of the plan. The Government has shifted away from stand-alone projects targeted at a limited number of districts and towards mainstreaming direct nutrition interventions in all primary health care services. A national nutrition service operational plan has been prepared with a budget, management structure and a line director has been assigned.

In **Mozambique** the Council of Ministers approved a multi-sectoral action plan for the reduction of under-nutrition in September 2010. The goal of the plan is to reduce under-nutrition from 44% in 2008 to 20% in 2020, and specific targets have been set for other aspects of under-nutrition. This plan is to be jointly implemented by the Ministries of Health, Agriculture, Public Works, Social Action and Education.

In **Peru** the Government prioritized the fight against child under-nutrition in its social policy, committing to reduce under-five stunting by nine percentage points between 2006 and 2011. In order to achieve this ambitious target and recognizing the multi-sectoral nature of under-nutrition, the Government created the CRECER strategy in 2007, an inter-institutional coordination framework to promote the integration of nutrition initiatives under the direct coordination of the Prime Minister's Cabinet. CRECER consists of multi-sector interventions that require a coordinated approach to implement. CRECER is a common framework for action for the Ministries of Women and Social Development, Health, Education, Agriculture, Housing, Employment, and is funded through the regular budget of each sector and programme. The Ministry of Economy and Finance has formulated performance-based budgeting pilots targeted at the articulated nutrition and maternal and neonatal health programmes. The programmes prioritize social spending on nutrition and allocate funds to evidence-based multi-sectoral interventions during pregnancy and the first 36 months of life. The system is providing additional financing to support nutritional outcomes in targeted areas.

2.3 Establishing multi-stakeholder platforms

27) Sixteen SUN countries have established or are in the process of establishing multi-stakeholder platforms. These multi-stakeholder platforms involve a range of in-country and external stakeholders and are convened by a Government focal point with regular meetings and clear terms of reference. The role of the multi-stakeholder platforms is to align support provided by multiple stakeholders (see **figure 9**).

Figure 9: Examples of establishing multi-stakeholder platforms in SUN countries

In **Ghana** a multi-sectoral stakeholder platform has been established recently and is known as the national nutrition partners' coordination committee (NaNuPaCC). This group is functional and meets on a quarterly basis. The committee is chaired by the Ghana Health Service and has representation from the Ministry of Food and Agriculture, academic institutions, UN agencies, development partners and civil society organizations. NaNuPaCC is responsible for coordinating and harmonizing stakeholders' efforts in nutrition programming, sharing, and accountability, strategic planning and improving technical capacity in nutrition. The implementation of the scale up plan will be carried out by all the relevant stakeholders under the coordination of the National Development Planning Commission and Ghana Health Service.

In **Senegal** the Government is committed to scaling up nutrition and has a Unit for the Fight against Malnutrition (Cellule de Lutte contre la Malnutrition - CLM) that is under the guidance of the highest level, at the Primature, and benefits from state budget funding. The CLM is a coordination body with representatives of all the key ministries that are involved in nutrition (health, agriculture, education, etc.), thus encouraging the development of a multi-sectoral approach. The CLM holds regular meetings in order to assess the progress of actions which take place within the framework of the national policy for nutrition in the country. It has also some decentralized structures, named CRS (Comités Régionaux de Suivi: Regional Committees for Monitoring) which, with the Regional Governor, bring together the decentralized departments of the ministries involved in the fight against under-nutrition. The CRS organize regular meetings and field visits to follow up on the actions for nutrition.

2.4 Successes and challenges

28) While progress within SUN countries has been made, there is a long way to go and many challenges ahead. The successes and challenges of scaling up nutrition were discussed in a set of three regional meetings. A total of 57 countries took part in the meetings on scaling up nutrition jointly organized by the World Health Organisation (WHO) and Food and Agriculture Organisation (FAO) in the context of the World Health Assembly resolution 63:23 (a resolution on infant and young child nutrition, May 2010).

29) Participants at the meetings identified eight critical factors for success in scaling up nutrition at country level:

1. High level political commitment;
2. Good coordination between actors and the presence of high level multi-sectoral coordination mechanisms;
3. Agreed policy and strategy documents;
4. Integration between sectors;
5. Public support through the sharing of information and success stories;
6. Effective surveillance monitoring and evaluation systems at different levels;

7. Adequate human resources; and
8. People's participation in policy formulation, programme design, implementation and evaluation particularly women.

30) Countries highlighted eight critical challenges:

1. Invisibility of nutrition within national development plans;
2. Lack of enthusiasm within Government for inter-sectoral actions;
3. Coordination difficulties that impair the functioning of multi-stakeholder platforms (inflexible vertical programmes, rigid consultative bodies);
4. Insufficient human resources for nutrition sensitive development;
5. Lack of capacity to implement nutrition-specific interventions at scale;
6. Absence of budget lines for effective implementation;
7. Inability to synergize nutrition interventions at local level;
8. Shortage of multi-year development assistance financing for nutritional outcomes.

31) Participants recognized the value of advocacy for multi-disciplinary analyses of under-nutrition and multi-sectoral responses, for political engagement and institutional arrangements that permit effective implementation, a focus on prioritizing action, aligning implementation and demonstrating results, multi-year funding through both national budgets and focused development assistance, and – importantly – well-coordinated support from a broad range of stakeholders. They appreciated that these reflect the approach of the SUN Movement. Many expressed the wish that their national authorities would join the Movement and that international organizations could explicitly support it by working in synergy rather than competitively.

32) Meetings of officials and activists from countries participating in the SUN Movement – in New Delhi, February 11th 2011 and in Washington June 13th - 14th 2011 - revealed a growing optimism that the Movement is encouraging a political and institutional environment in-countries which encourages combined approaches, joint efforts to agree goals and prioritise action, intensified implementation by national and international stakeholders, alignment of efforts and – to a degree – monitoring of progress.

Chapter 3: Mobilizing Support for Effective Joint Action

33) During the last year the momentum for increasing attention and political commitment to nutrition, and has been enhanced through several high-level processes. *The '1,000 Days: Change a Life, Change the Future'* meeting in September 2010 signalled the start of the SUN Movement and momentum has been maintained through the work of the 1,000 Days Partnership. Other global initiatives include the World Health Assembly resolution 63.23, the UN Secretary-General's Initiative on Maternal and Child Health, the development of a Global Strategic Framework by the UN Committee on Food Security and the civil society call for action on scaling up nutrition developed in June 2011.

3.1 Development partner alignment at the national level

34) Development partners are aligning behind national plans to scale up nutrition. Development partner conveners have been identified in 13 out of 19 SUN countries so far: they include the European Commission (EC), Ireland, the United Kingdom (UK), the United States (US), the World Bank, and Switzerland. In each of the 13 countries, donors are meeting regularly with national authorities to align their collective support for scaling up nutrition.

35) To track their progress in aligning support behind national priorities, development partners have agreed indicators that can demonstrate transformation in their way of working on nutrition. These are presented in **annex 3**. Examples of increased alignment through the SUN Movement are shown in **figure 10**.

3.2 Development partner alignment at the international level

36) In the last year development partners have made significant efforts to better align their positioning and action on nutrition, emphasizing their intention to align support for national authorities as they implement combined (nutrition sensitive and specific) strategies for scaling up nutrition.

- Senior officials of the development partner agencies have met four times to review progress and drive results. (Ottawa, December 2010; New Delhi, February 2011; Washington, April 2011; and September 2011);
- A set of development partner principles reflecting commitments to align behind national plans have been agreed to and communicated to country offices;
- Terms of reference for national development partner convener and supporter roles have been developed to provide guidance at the country level;
- Several initiatives are underway to strengthen the capacity of development partner agencies to support nutrition-sensitive programmes. The EC has produced guidance on multi-sectoral programming and the World Bank is developing sector specific guidance on nutrition-sensitive programmes for SUN task team leaders;
- A SUN Stewardship Study is working towards developing a collective vision for the future governance of the Movement. Development partner agencies are committed to a follow-up of this study and support the agreed next steps on SUN stewardship;
- Development partners are supporting all SUN task forces and participating in key partner meetings at national, regional and global levels. This includes support for the civil society event in Washington DC June 2011, and for the High Level Meeting on Nutrition and The Extended

SUN Workshop during the UN General Assembly in September 2011. Specific support is being provided to Task Force C (on engaging with civil society) to develop an action plan for civil society's contribution to SUN.

Figure 10: Examples of development partner alignment

Ethiopia. Ethiopia is a good example of a largely harmonized donor community approach to nutrition that has already been functioning for a number of years. Aligned around the national nutrition programme in Ethiopia, United Nations Children's Fund (UNICEF), World Food Programme (WFP), UK, Canada, World Bank, Irish Aid, Japan, and Spain meet regularly with rotating chairmanship as a donor partner group. The majority of the donor partners' development support for nutrition in Ethiopia is directed to implementation of the national programme. The donors have engaged in the process of identifying funding gaps for the sector, and in response, at least two donors (Ireland and Japan) will increase the amount of investment in nutrition. Canada has made a very significant contribution to the sector in the course of the past year. Ethiopia is thus enabled to scale up the coverage of its programme in a predictable way. It is anticipated that by 2013, close to 50 per cent of the country will have access to community based nutritional interventions as part of an extensive programme funded by the World Bank, UNICEF and others. Recently, a small task force was formed with representation from the Ministries of Education and Health to begin to explore ways to collaborate across sectors to improve nutrition outcomes.

Nepal. The Nepal Nutrition Group (NNG) consists of development partners and international non-Governmental organisations (NGOs) involved in nutrition. The first meeting of NNG was held in March 2010 and the group was formalised in 2011. The purpose of the group is to enhance collaboration for improved nutrition in Nepal through mutual coordination and cooperation. Partners in the NNG include: UNICEF, WFP, WHO, World Bank, US, UK, Australia, EC, Micronutrient Initiative, Nepal Family Health Programme II, Fintrac, Save the Children, Tufts University, Nepal Health Sector Support Programme and Helen Keller International. These partners are aligning with and providing support for Nepal's multi-sectoral nutrition plan of action to reduce chronic malnutrition that coordinates activities administered by several ministries including health and population, local development, agriculture, physical planning and works, and education.

Within the EU/UNICEF joint action on "Maternal and Young Child Nutrition Security in Asia initiative" (2011-2014), UNICEF will work with the Government to support the roll out of the plan in five districts and strengthen local capacities, information and analysis and advocacy. The Health Pool partners (World Bank, UK, Australia, KfW and Germany) are funding the scaling up of nutrition interventions through the Nepal Health Sector Programme and the Nepal Social Safety Nets Project. The US is supporting a food-based approach through communities. The World Bank, UNICEF and WFP are supporting the National Planning Commission to establish a Secretariat to track the implementation of the plan.

Zambia. The Government has convened a cooperating partners group which includes the UK, Ireland, World Bank and US, UNICEF and WFP and which meets regularly. Members of the group are already co-funding nutrition activities such as the food consumption and micronutrient assessments. In response to the Government's forthcoming National Strategic Plan on food and nutrition, the group is discussing setting up a pooled SUN partnership fund. This fund would allow willing donors to pool their funding, and also allow those not able to pool funding to join the fund virtually and fund collectively agreed activities through their own funding mechanisms. The fund is not intended to directly support scaling up of nutrition interventions, as it is envisaged that funding for this will be channelled through existing or new sectoral programmes. Instead the fund will support activities reflected in the forthcoming National Food and Nutrition Strategy and required for scaling up such as research and analysis, monitoring progress, communications, piloting innovative approaches and capacity development. The SUN partnership fund will be managed in cooperation with the National Food and Nutrition Commission. The UK is planning to create a new position: SUN Partnership Adviser, to provide part-time support to the National Food and Nutrition Commission as well as to the Cooperating Partners Group.

3.3 United Nations System support for the SUN Movement

- 37) UN systems agencies are responding to the demand from countries that are scaling up nutrition by ensuring that (a) their policies are coherent and reflect the combined nutrition-sensitive and specific approach, (b) they implement their support for national plans together, and (c) they adopt common approaches to tracking outcomes.
- 38) To support policy coherence the UN Secretary General's 22 member High Level Task Force (HLTF) on Food Security has updated the Comprehensive Framework for Action so that it explicitly addresses food and nutrition security with a specific focus on links between agriculture, food systems and nutritional outcomes.
- 39) Individual UN system agencies are reviewing their strategic approaches to nutrition, by intensifying their contribution to national plans and actions, establishing ways of working together on critical issues, intensifying their capacity to support in-country action incorporating nutrition within their key performance indicators. They are establishing functional partnerships with civil society, businesses and the research community to help ensure that they are able to contribute to nutritional outcomes as mandated by their governing bodies. For example:
- FAO has completed a major evaluation of its strategic approaches to nutrition.
 - WHO has carried out a series of consultations with Member States in response to the 2010 WHA resolution
 - UNICEF has received substantial support to enhance capacity from key development partners
 - WFP is ensuring that all operations contribute to improved nutritional outcomes and a similar requirement is now embedded within IFAD's strategic framework.
- 40) The work of individual agencies within countries is increasingly being harmonised through inter-agency coordination mechanisms including (a) the humanitarian food security, nutrition and health clusters (b) the REACH framework and (c) the Standing Committee on Nutrition (UNSCN).
- FAO, UNICEF, WFP and WHO have accelerated the reform of the UNSCN (established through a resolution of the Economic and Social Council in 1974).
 - REACH, jointly established by FAO, WHO, UNICEF and WFP, is currently supporting partnerships in eight SUN countries and working with an additional four countries (see **figure 11**)
 - WFP and UNICEF have agreed their respective roles in supporting supplementary and therapeutic nutrition especially in humanitarian settings,

Figure 11: REACH partnerships in SUN countries:

REACH is a country-led approach to scale-up proven and effective interventions addressing child under nutrition through the partnership and coordinated action of UN agencies, civil society, donors, and the private sector, under the leadership of national Governments. It is not a new agency or programme; it is a mechanism to catalyze action through support to improved national nutrition governance and facilitation of multi-stakeholder processes.

REACH supports effective multi-stakeholder and multi-sectoral platforms, encourages stocktaking of on-going efforts and helps partners to prepare, and mobilizes support for costed and actionable plans within explicit results frameworks. REACH works with countries at the request of national authorities, often for an intensive period of two to three years. The additional cost of this engagement, per country, is typically less than \$ 2 million and often less than 1% of the annual cost of a national nutrition programme. With funding from Canada and others REACH is currently supporting partnerships in eight SUN countries and working with an additional four.

In **Mauritania** REACH has helped to update the national nutrition action plan based on experiences drawn from an integrated area-based programme and it is now helping to cost the national plan in order to include the necessary funding into the national budget.

In **Bangladesh** REACH is helping to develop a stronger multi-sector, multi-stakeholder operational model by focusing on two selected districts with careful monitoring of outcomes and impact.

In **Tanzania** REACH is facilitating a major multi-stakeholder assessment and mapping exercise to serve as a basis for formulation of the strategic approach for scaling up the new national nutrition strategy.

3.4 Civil society engagement in the SUN Movement

- 41) Civil society organizations have a major role to play in mobilizing the public, the media, and Government around scaling up nutrition. They have a multi-faceted role within the SUN Movement: as implementers, witnesses, communicators, advocates and monitors of both progress and outcomes. They facilitate the engagement of communities most vulnerable to poor nutrition.
- 42) Civil society organizations work with other stakeholders in the SUN Movement to support these functions at country level. That said, many civil society actors, particularly those from indigenous organisations or remote communities are not yet aware of the SUN Movement and have not been able to engage in the dialogue around it.
- 43) The examples in **figure 12** demonstrate how the intensity and spread of the SUN Movement is being enhanced through the involvement of civil society organizations. **Figure 13** describes the 1,000 Days Hub which is integrally involved in the SUN Movement.
- 44) Civil society actors engaged in the SUN Movement have been working to develop a proposal for a three year multi-country plan of action, beginning in September 2011, in 10 SUN countries. It is anticipated that this will contribute to a greater involvement of civil society, and communities that they are working with, in the SUN Movement at both national and intra-national level.

Figure 12: Examples of civil society involvement in the SUN Movement

Global: An international gathering of more than 500 civil society actors and grassroots activists committed to Scaling Up Nutrition with a focus on the 1,000 days between pregnancy and a child's second birthday, took place in Washington DC in June 2011. The sharing of experiences inspired those present to consider optimal ways to contribute to the Movement.

Tanzania: The civil society Nutrition Partnership for Tanzania (PANITA) was launched on August 4th 2011 in Dar- es- Salaam. Hosted by the Minister for Agriculture, Food and Cooperatives, the launch received broad support from several Ministries including East Africa cooperation; water and Irrigation; livestock development and fisheries; community development gender and children; industry, trade and marketing; health and social welfare; education and vocational training and robust participation from civil society and other stakeholders. In less than one year PANITA has attracted more than 90 civil society members working in nutrition-related sectors such as agriculture, livestock development, water and sanitation, health, economic empowerment and social protection across Tanzania. PANITA will give civil society a strong voice in nutrition planning and policy processes and it will be part of the larger partnership with Government, development partners, local and international organizations and businesses seeking to scale up nutrition.

Uganda: The Uganda civil society organisation Coalition on SUN (UCCOSUN), which was only recently established in 2011, has grown from a group of four people at its start to a membership of more than 50 civil society organisations. Rather than start from scratch, the UCCOSUN consolidates and builds on existing civil society initiatives on maternal and child nutrition. The coalition supports joint advocacy platforms and audiences and contributed to the development of the Ugandan Nutrition Action Plan 2010-2015. UCCOSUN has been working with the Speaker of Parliament and at least 15 Members of Parliament to lobby for legislation prioritizing mother and child nutrition. The coalition has also developed and published in mainstream print media a signed national commitment on nutrition with civil society organisation logos. This summer the UCCOSUN exhibited jointly at the first Ugandan civil society fair, raising its profile and solidifying its identity.

- 45) The proposal aims to promote civil society-led coalitions and partnerships and help further establish their role as critical actors within national multi-stakeholder platforms alongside other key supporters and enable civil society advocates to a) function as independent voices for communities most at risk of under-nutrition and b) help encourage the accountability of decision makers for their stated commitments on nutrition. With a fully financed plan of action, Governments and their supporters will experience the positive power of collective civil society action in contributing to measurable nutritional outcomes.

Figure 13: The 1,000 days hub

Recognizing the need to build greater awareness of the impact of improved nutrition in the critical 1,000 day window of opportunity from a woman's pregnancy to a child's 2nd birthday, The 1,000 Days Hub was created in support of the partnership and serves as a communication and advocacy platform, mobilizing partners to improve maternal and child nutrition in alignment with the objectives of 1,000 Days and SUN. The Hub—organized by InterAction and the Global Alliance for Improved Nutrition (GAIN), in close collaboration with the U.S. Department of State—facilitates dialogue amongst global partners in nutrition, agriculture, health, social protection and other sectors, and mobilizes US-based partners and stakeholders.

3.5 The involvement of businesses in the SUN Movement

- 46) The sustainability of food security and nutrition is greatly influenced by ensuring that markets work better for the poor, and this depends on new and much more innovative approaches to public-private partnerships.
- 47) Most people access products and services provided by the private sector, be it through agriculture, retail or finance sectors. With their action- and output-oriented approaches, businesses can add value to efforts to the scale up of nutrition at the country level.
- 48) To facilitate constructive, cross-sector dialogue, a group of private sector actors that are committed to the SUN principles are working to encourage wider engagement of Small Medium Enterprises (SME), national and multi-national companies to support the outcomes of country efforts to scale up nutrition. A *Private Sector Engagement Toolkit* is being developed for professionals working in areas related to nutrition (from Governments, NGOs, UN agencies, donors, etc.). The toolkit will identify sustainable means through which both local and international businesses can be better engaged in the effort to scale up nutrition at the country level. It will document best practice examples of pro-nutrition partnerships.
- 49) Private sector groups and, more importantly, principled public-private-people partnerships (5Ps: linking business, civil society and Government in a transparent way using explicit and agreed principles) can provide countries with the right capabilities for scaling up nutrition through nutrition-sensitive interventions along the value chain at country level. This includes sourcing, product development, manufacturing, packaging, distribution, advertising and promotion, as well as retail sales. In addition to producing fortified food products, businesses may contribute to better nutrition through promoting nutritionally healthy behaviour, supporting appropriate nutrition communication and public education, creating work environments that empower women to ensure good nutrition for themselves and their children, expanding the extent to which lower-income groups can access nutritionally valuable products, developing market-based approaches to nutritional improvement, and build local capacity through the transfer of knowledge and technology.
- 50) Although issues of trust with the private sector still exist, the development and implementation of successful partnerships is built on constructive dialogues that address concrete issues and align objectives. A realistic understanding of private sector capabilities is also needed. When developing and implementing principled partnerships, those committed to the Movement are:
- Creating a common understanding on roles, responsibilities, and resources.
 - Ensuring leadership and organizational engagement in the development and implementation.
 - Understanding the potential contributions and limitations of market-based solutions – with a recognition that business, civil society and Government have a shared responsibility to provide access to nutritious products and services.
- 51) Several partnerships between business, civil society and Government have been mobilized for effective joint action to combat under-nutrition as set out in **figure 14**.

Figure 14: Business-civil society-Government partnerships: mobilizing for effective joint action to improve nutrition

Innovative Partnerships in Senegal: The Zinc Alliance for Child Health is an innovative public – private –civil society partnership between Canada, The Micronutrient Initiative (MI) and Teck Resources Limited designed to scale up the delivery of zinc supplements alongside oral rehydration salts for diarrhoea treatment to reduce child mortality. Through this partnership Canada’s contribution for zinc programming to the MI leveraged additional resources from Teck to support national Governments in their efforts to save lives. This programme will roll out first in Senegal, where the Government has requested support for their programme.

Addressing food, hygiene, water, and income security in Bangladesh and Indonesia. Project Laser Beam, a five year \$50 million commitment between five key partners (WFP, Unilever, DSM, Kraft Foods, and GAIN), seeks to eradicate child under-nutrition by: embracing a multi-stakeholder model to ensure activities are the most appropriate for the local situation, encompassing a holistic approach to nutrition, including food, health, and hygiene; creating a new model for public-private partnerships that is scalable, replicable, and sustainable for use in other countries. The Laser Beam approach is piloted in two specific regions and aims to reach 500,000 children.

Leveraging strengths of diverse stakeholders to distribute micronutrient powders in Bangladesh. Renata Ltd, a producer of human and animal health products in Bangladesh, BRAC, a non-Governmental organization, and GAIN joined forces to sustainably provide an affordable and effective means for children (aged 6-24 months) of poor households to receive required nutrients. The partnership aims to build product volume and consumer demand for a locally adapted vitamin and mineral powder called Pushtikona that can be sustained entirely through the expanded commercial market. In the first three years, the project aims to reach close to seven million children.

Ensuring that the right food is provided to the right people at the right time. WFP and DSM launched a global partnership in 2007 to develop cost-effective and sustainable nutritious food solutions for the hungry poor. The partnership leverages the logistics reach and food delivery expertise of WFP with the industry expertise of a global science company to better combat child malnutrition. Partnership efforts resulted in the development of micronutrient powders that can be used in humanitarian contexts and help build WFP’s capacity to provide more targeted, nutritious interventions to beneficiaries. DSM experts in nutrition, food technology, economics, marketing, and communications have volunteered to support WFP projects in Zambia, Mozambique, Kenya, and Nepal amongst others.

Developing behaviour change campaigns to support positive public health outcomes. Based on experiences in India, where the Swasthya Chetna programme reached more than 120 million people since its creation, Lifebuoy soap (a Unilever brand) aims to change the hygiene behaviour of 1 billion consumers across Asia, Africa and Latin America by 2015, promoting the benefits of hand-washing with soap at key times in partnership with local schools, mass media, and other maternal and child health programmes.

Building demand for fortified foods through social marketing. Population Services International (PSI), the largest social marketing organization in the world, is working with private and public sector stakeholders in Kenya to promote consumer awareness and demand for fortified foods to address micronutrient deficiency in the population. PSI Kenya is using a targeted marketing campaign to reach consumers, informed by consumer research that identifies consumers’ existing knowledge and attitudes as well as their connection points to the products.

Supporting the R&D of new potato cultivation techniques through Lays Andinas in Peru. PepsiCo is partnering with the International Potato Centre (CIP), a root and tuber research-for-development institution, to work with smallholder farmers to develop optimal cultivation techniques for native varieties of potatoes. Programme efforts are systematically expanding knowledge of gene-bank materials in CIP’s collection to identify additional varieties of potatoes with desired nutritional content and to revive and commercialize these native varieties for long-term sustainability.

Chapter 4: Mobilizing Resources for SUN

4.1 Mobilization of resources for nutrition through national budgets

- 52) The main investors for scaling up nutrition are national Governments. This means a need for higher prioritization of food security and nutrition in national programmes – specifically in sectors such as health, agriculture, social protection, education and local development – as well as through earmarked expenditure on nutrition-specific activities. These efforts will be augmented by improved nutrition practices at the household level and support from community based organizations. Currently, total national expenditures on nutrition within overall development strategies are not easy to calculate as they are shared between different line ministries and are frequently not labelled as nutrition expenditures. Most countries affected by under-nutrition will require external assistance to supplement their own expenditures. The level and pattern of support will vary from country to country.
- 53) SUN countries have demonstrated an increased focus on nutrition and in some this is reflected in increased resources. They are collating information on their investments in nutrition. Ghana, Nepal and Tanzania, for example, have all more than tripled their resources for nutrition over the past few years. Senegal has created a separate nutrition budget line and the Government has committed to increase funding in order to achieve 50 per cent coverage by 2015. Burkina Faso has recently included a nutrition line in its health budget and Guatemala has now secured a budget for nutrition.

4.2 Mobilization of development partner resources¹

- 54) The overall cost of a successful global effort to scale up – and eliminate – under-nutrition has not been estimated. The cost of implementing specific nutrition interventions, in countries with the highest burden of under-nutrition, is estimated at \$11.8 billion annually, of which it is assumed that private households would pay about \$1.5 billion of the food related costs. An additional \$1.2 billion per year is needed to cover capacity development, monitoring and evaluation (M&E), and technical assistance required to implement direct nutrition programmes.² This leaves \$10.3 billion annually to be financed from other sources – both domestic and external. There will be additional costs for ensuring that nutrition-sensitive strategies are effective, including introduction of nutrition indicators into M&E systems and technical assistance. However, no attempt has been made to quantify these costs to date.
- 55) In the coming year, donors will continue to collate their support for nutrition in SUN countries for improved tracking and accountability. To enable donors to do this, national Governments should ensure that costed national nutrition plans are in place. They would reflect national ownership and commitment to results, and take account of existing national capacities. Improving financial accountability by donors will assist country policy makers to determine shortfalls in funding,

¹ This section highlights nutrition expenditure by some donor Governments. Not all donor Governments are included and more information is expected, for example, from Denmark.

² S. Horton, M. Shekar, C. McDonald, A. Mahal and J.K. Brooks, Scaling Up Nutrition: What Will it Cost? World Bank, 2009.

facilitate longer term planning, and ensure sustainable support. Stakeholders in the Movement have also identified the need for donor groups to align their policy frameworks to strengthen linkages between health, food security and nutrition in emergency and chronic or structural crises. Nutrition-sensitive programmes are those which have specific nutrition outcomes as one element of their broader set of objectives that they seek to attain.

- 56) Highlighting financial commitments to nutrition sensitive development in sectors such as agriculture, food security, social protection, education or water and sanitation is not a simple task. In addition assistance budgets are often set to different timeframes and expedited through different mechanisms, with countries deciding how expenditure should be spent, which further complicates collective reporting. Furthermore, donors are only one part of the funding spectrum—business and civil society also play a critical financing role in supporting Governments to scale up nutrition.
- 57) The tables included in **annex 4** provide a partial snap shot of nutrition specific and sensitive support being provided by a small group of donors in three SUN countries. Information from a wider set of donors, including Denmark, is expected to be made available in the future. This is not a complete picture but provides an indication of the sort of support currently available. The sections below detail the current nutrition funding approaches and programmes being supported by a group of donor Governments. It illustrates the increasing financial commitment by these development partners though the gap between funding and requirements still remains large. For example, the cost of the Mozambican Nutrition Action Plan was calculated using World Bank methodologies. After taking into account planned contributions, it was estimated that an additional \$ 143 million (5,165.8 million Meticais) would be required.

Canada:

- 58) Nutrition has long been central to Canada’s development efforts and in 2009 Canada launched strategies for two of its thematic priorities – the Increasing Food Security Strategy and the Securing the Future of Children and Youth Strategy – both of which include a focus on improving nutrition.
- 59) Over the past three years, Canada has contributed over \$342m (CAN\$334m) in support of nutrition interventions. In 2010/11, Canada scaled up its support to nutrition by contributing an estimated \$136 million (CAN\$132.66m), representing a more than 20 per cent increase from 2008/09 levels. This scale up is in part attributable to commitments made during the 2010 G8 Muskoka Initiative on Maternal, Newborn and Child Health (MNCH) where Canada prioritised nutrition as one of three key paths and committed to \$1.13 billion (CAN\$1.1 billion) of new funding between 2010 and 2015. Canada has committed to maintain current funding level of \$1.79 billion (CAN\$1.75 billion) for MNCH between 2010 and 2015, with a total commitment of \$2.9 billion (CAN\$2.85 billion) over five years. Canada will continue its nutrition advocacy and leadership at the global level and through selected engagement at the country level.
- 60) At the global level, Canadian funds work in support of direct interventions to improve the nutritional status of women and children through support to the Micronutrient Initiative, and Child Health Days. Canada is funding REACH in 8 SUN countries. Canada is also committed to improving nutrition through leveraging agriculture to improve access to nutritious foods. For example, in 2011, Canada committed additional funding to the Consultative Group for International Agricultural Research HarvestPlus Challenge programme to support bio-fortification and contribute to the release of high-yielding, micronutrient-rich crop varieties in Africa and Asia by 2013. Canada is also supporting a number of initiatives to combat under-nutrition in emergencies. Through institutional and

programme support to WFP, Canada supports supplementary feeding, therapeutic feeding and general food distributions in a number of emergency situations.

European Union:

61) In 2010 the EU adopted two communications that provided a common policy framework for the EU and its Member States in the fight against world hunger and malnutrition. These were 1) An EU policy framework to assist developing countries in addressing food security challenges SEC(2010)379 and 2) The European Commission Communication on Humanitarian Food Assistance Policy (March 2010). This new policy framework puts food security, nutrition and sustainable agriculture higher among the EU's priorities in the years ahead and prioritises support to those countries that have the biggest difficulties in meeting the MDG of halving poverty and hunger by 2015 (MDG 1). Over the past years, the Commission has stepped up its commitment to fight under-nutrition through a combination of direct nutrition interventions and nutrition-sensitive development efforts across the various funding instruments available:

- Direct nutrition interventions represent 10 per cent of the humanitarian aid budget of the Commission, complemented by some \$423m (€300m) of cross-sectoral interventions which contribute to reducing under-nutrition.
- For longer term support, the main framework for EU cooperation with developing countries is through country programmes, such as the European Development Fund for African, Caribbean and Pacific countries. Support to agriculture, rural development and food security through the 10th EDF (2008-2013) represented over \$1.4 billion (€1 billion) for Africa alone. At country level, the Commission is also supporting national nutrition plans through health sector budget support (e.g. Peru \$85m (€60m), Guatemala \$43m (€ 30,5m)).
- The second phase of the Food Security Thematic Programme (FSTP 2011-2013), which represents approximately \$352m (€250m) per annum for interventions mainly at global and regional levels, emphasizes clearly the importance of under-nutrition. Recent examples include funding to support regional and national nutrition strategies in West and Eastern Africa \$21m (€15m), as well as support to strategies for maternal and young child nutrition security in Asia \$28m (€20 m).
- The Commission has recently launched a €1 billion MDG Initiative dedicated to countries in Africa, Caribbean and the Pacific. MDG 1c and MDG 5 have been singled out as priorities to which the MDG Initiative funds should be allocated. It is up to the countries themselves to make proposals and prioritise interventions.
- The Commission is also investing in building stronger evidence on effective approaches for tackling under-nutrition through long standing investments in research: for instance through CGIAR (on average €30m per year). The recent Food Security Communication also calls for a substantial (50%) increase in funding for research by 2015.

The Bill & Melinda Gates Foundation:

62) The Bill & Melinda Gates Foundation has shown a steady financial commitment and renewed focus on nutrition through the recently approved Nutrition and Agricultural Development strategies in 2011. The foundation spends an estimated \$75m per year on nutrition related investments, primarily linked to discovery research, testing scalable maternal and infant nutrition interventions, staple food fortification and bio-fortification. This includes approximately \$50m per year in nutrition specific programmes and an additional \$25m (on average) via MNCH, enteric diseases, discovery, and agriculture portfolios. In 2011, the foundation's Emergency programme contributed an approximately \$5m of additional funds for nutrition responses to humanitarian crises.

Germany:

- 63) Germany pursues an integrated multi-sectoral approach that unites many different sectors, ranging from agriculture, health, and land to water, social security, education, and infrastructure, in order to achieve food and nutrition security. Over the past two years Germany has shown a renewed focus on food security and rural development. At the G8 Summit in L'Aquila, Germany committed \$3 billion for the three-year-period from 2010 to 2012 to foster food security through rural development, seen as key to sustainably combating hunger and under-nutrition. Germany will provide a total of more than \$572m (€400m) for the G8 Muskoka Initiative from 2011 to 2015 to promote rights-based family planning and maternal health which is expected to have a protective effect on child nutrition.
- 64) Through Germany's emergency and transitional aid, nutrition-specific interventions are mainly implemented in cooperation with WFP. Germany is preparing to further scale up nutrition-specific interventions in emergency and transitional contexts and has declared the reduction of acute under-nutrition one of its future focus areas in Development-oriented Emergency and Transitional Aid (DETA). Partners implementing food assistance programmes, such as temporary transfers of food, cash or vouchers, and programmes that boost food production are also encouraged to report against nutritional outcomes.
- 65) The German Government is supporting the Strategic Alliance for the Fortification of Oil and Other Staple Foods (SAFO) with business partners such as BASF to increase the countrywide availability of affordable vitamin A fortified staple foods for low-income households. Germany provides annual funds of \$11.8m (€8.3m) for FAO Bilateral Trust Fund projects to tackle hunger and under-nutrition. Special emphasis is given to projects that help to realize the implementation of the Right to Food in every day rural life.

Ireland:

- 66) In 2008 the Report of the Hunger Task Force (HTF), commissioned by the Government of Ireland made a series of recommendations on how Ireland could best contribute to reducing global hunger and under-nutrition. In bringing forward the recommendations of the HTF, Ireland has undertaken to direct 20 per cent of the Irish Aid budget towards hunger by 2012. A significant portion of these funds will be in support of interventions to address under-nutrition. This represents a significant increase in Irish Aid's efforts in this area and clearly indicates Ireland's commitment to combating hunger and under-nutrition. Current figures indicate that Ireland is well on target to reach this commitment, and spending on tackling hunger and related areas, including nutrition is expected to reach approximately \$143 million (€100 million) by the end of 2011.
- 67) Ireland has prioritized initiatives to tackle hunger and under-nutrition as central pillars of its aid programme. A Global Hunger Budget Line was established in 2009 to support a reorientation of programmes both at country level and global level. All new programmes and country strategies are now appraised through a "hunger lens". This process integrates nutrition-focused actions into programmes across all key sectors including agriculture, rural development, water and sanitation, social protection, education and addressing gender inequalities ensuring a more comprehensive response. Ireland has been an active donor convenor for SUN in Malawi and Tanzania and supports the process in Ethiopia, Zambia and Uganda.

68) Ireland has actively supported efforts to strengthen global governance and leadership in tackling hunger and under-nutrition. In implementing the recommendations of the HTF, Ireland supports the search for robust evidence-based solutions to global hunger and under-nutrition through its support for organizations such as Consultative Group on International Agricultural Research (CGIAR). Irish Aid core support for CGIAR research has increased by 12% to \$7m (€5m) per annum since 2008. Ireland also supports regional mechanisms such as the Comprehensive Africa Agriculture Development Programme (CAADP), and has contributed \$3m (€2.11m) to the CAADP Multi Donor Trust Fund since 2009.

Japan:

69) Improving maternal and child health is one of the main pillars of the Government of Japan's commitment to achieving the MDGs. Currently, Japan invests \$2 million in a trust fund with the World Bank aimed at developing scale-up plans and strengthen operational capacities at country-levels, providing resources to the SUN initiative to develop a global nutrition action plan for piloting innovations, and for leveraging additional IDA-friendly grant resources. Japan plans to increase funding and expand its activities. Through its World Bank administrated trust fund, the Japan Social Development Fund is supporting nutrition projects amounting to \$15m in Ethiopia and Peru as well as Sri Lanka, Tajikistan, Benin, and Belize. Japan International Cooperation Agency (JICA) implements technical cooperation projects focused on capacity building of Governmental institutions for nutritional support in Zambia, Ethiopia, Guatemala, Nepal and Yemen amounting to over \$10m.

Spain:

70) The Spanish Cooperation sets the fight against hunger and under-nutrition as a core priority within its policy for international development. This policy is defined by the Master Plan of Spanish Cooperation (2009-2012), which establishes 12 different priority sectors. Nutrition initiatives are spread across two of these sectors, as well as across humanitarian assistance. In 2010, a working paper was approved through which nutrition initiatives have been streamlined under a common framework, combining nutrition specific and nutrition sensitive interventions.

71) The main programmes regarding nutrition specific interventions are included in the United Nations Development Programme (UNDP)-Spain MDG Fund, which was established in 2007 with approximately \$710m in total. Nearly 20% of this fund, approximately \$134.5m, is channelled through a specific thematic window on *Children, food security and nutrition*. A Strategic Agreement with UNICEF also includes a window for child survival and nutrition, contributing over \$5m to Spain's nutrition funding in 2010. The total funds dedicated to nutrition specific interventions in 2010 reached nearly \$231m for basic nutrition programmes and food assistance. Nutrition sensitive interventions accounted for approximately \$11m, mostly related to basic water and sanitation systems and enteric diseases.

United Kingdom:

72) The UK's preliminary analysis shows that in the last three years, since 2008/9, annual spending on direct nutrition activities has almost doubled from an estimated \$20.8m (£12.9m), excluding humanitarian investments. Annual nutrition sensitive programme spending is estimated to have more than doubled during this period from about \$64m (£40m) in 2008/9. For each of these areas, investment is expected to continue to increase. Preliminary analysis also shows increased investments in nutrition-related research: by 2011/12 research expenditure is anticipated to rise significantly, more than doubling the estimated \$9.8m (£6.1m) spent in 2008/9.

73) The UK is supporting nutrition programmes in 7 SUN countries with a range of nutrition specific and nutrition sensitive programmes. UK funding already committed to these programmes amounts to approximately \$805m (£500m) over a variety of time periods. Examples include support to a child grant aimed at combating stunting which is part of Zambia's Social Protection Expansion programme which DFID supports with \$60.2m (£37.4m) over ten years 2010-2020 and support to the national health sector programme in Nepal which delivers nutrition specific interventions (\$88.9m (£55.2m) over the period 2010-2015). The UK is also developing at least six new nutrition programmes in SUN countries.

74) At the global level the UK has begun three new nutrition programmes this year in support of the SUN Movement. These include support to the Global Alliance for Improved Nutrition to reach more than 60 million people with fortified foods; strengthening impact evaluation to address critical gaps in the evidence base for nutrition-sensitive interventions; and strengthening technical support for scaling up at the country level. These are in addition to providing on-going support to the leadership and coordination of the SUN Movement. To increase its own capacity the UK Department for International Development (DFID) has, in the last three years, created eight new technical advisory posts focusing on nutrition, based largely in country offices, and is rolling out a distance learning course on nutrition across the professional advisory cadres.

United States:

75) An increased commitment to nutrition has been demonstrated by the US Government, not only through increased funding in recent years, but also through new developments such as the Feed the Future and the Global Health Initiatives. The Feed the Future Initiative includes improving nutrition as a high level goal with a comprehensive set of activities focusing on agriculture and nutrition. The US also invests approximately \$80 million per year in nutrition through Food for Peace Multi-year Development Programmes, which target stunting. The US nutrition specific funding has also increased significantly in the past five years, from approximately \$35 million to \$90 million annually. The current level of investment is expected to be maintained over the next five years.

World Bank:

76) The World Bank's current nutrition portfolio is approximately \$470 million and covers 19 SUN countries with 27 projects or components of projects. On average, around \$90 million has been disbursed annually for nutrition, with individual yearly disbursements ranging between \$45 million and \$140 million during the 2000-2011 time period. The investments include a mix of nutrition specific approaches delivered primarily through the health sector and additional nutrition sensitive approaches delivered through the agriculture, rural development, education, social protection, and infrastructure sectors. There are new investments planned for several countries (including Bangladesh, Indonesia, Malawi, Mozambique, Nepal, and Pakistan) along with a regional emergency project to address the crisis in the Horn of Africa.

77) In addition to its nutrition funding, the World Bank has demonstrated an increased commitment to agriculture, as evidenced by a boost in agriculture spending from \$4.1 billion in 2008 to approximately \$6-8 billion per year currently and about \$ 9 billion for social protection programmes. The World Bank also hosts the Global Agriculture and Food Security Programme (GAFSP), which was set up last year at the request of the G20 to support country-led agriculture and food security plans and promote investments in smallholder farmers. As of April 2011, six donor countries and the Gates Foundation have pledged about \$925million to the programme over the next three years.

Chapter 5: Monitoring and Reporting

- 78) Measurable targets for the SUN Movement enable stakeholders to measure progress, encourage mutual accountability and target advocacy efforts. The majority of countries in the SUN Movement, already collect some form of data on nutritional status and project implementation. As the collection of good quality information on a regular basis is a time consuming and expensive task, the SUN Movement seeks to build upon information that is already available and promotes consistency. One example is ensuring that SUN outcome indicators are incorporated within the set that has been developed by the UN Commission on Information and Accountability for Women's and Children's Health.
- 79) Indicators must enable the monitoring and reporting of the impact of multi-sectoral efforts (direct nutrition interventions and those linked to the outcomes of nutrition-sensitive development) and then engagement of different stakeholders. To date work has focussed on the development of core nutritional indicators and indicators that reflect different constituent groups. In the next year, those involved in the SUN movement will work to capture appropriate indicators for nutrition sensitive development outcomes. The development of a wider indicator framework that reflects the underlying principles of SUN Movement is under discussion. This would assess the extent to which external assistance is aligned to country-led plans and priorities, and reflects the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action.

5.1 Core indicators on nutritional status

- 80) A monitoring framework has been developed to assist stakeholders in setting goals against a baseline, and to monitor progress. This includes 20 core indicators to measure process, programme implementation and outcome and will help countries evaluate the success of their efforts, operationalize programmes and calculate resource requirements.
- 81) The core indicators are a) **input related** such as nutrition governance, capacity, presence of institutional and legal frameworks; b) **outcome related** such as exclusive breastfeeding, vitamin A supplementation, consumption of iodised salt, access to improved water source, food security and access to nutritious foods, use of oral rehydration solution and zinc supplements, use of iron and folic acid supplements; and c) **impact related** such as low birth weight, stunting, wasting, maternal under nutrition, child and maternal anaemia, iodine status, maternal and infant mortality. Child under-weight, a composite indicator of stunting and wasting, is one of the MDG targets and data for this indicator are collected routinely in most countries of the world. It is recommended that these core indicators are included in the surveillance programmes of all countries. Indicators are collated by the UN system using global databases³ that have been reviewed and agreed upon by Member States and are accessible to all. These have been aggregated in the supplemental "SUN country fiches: 2011".
- 82) The identification of data sources for the different indicators may help SUN countries identify gaps in their data collection systems and data collection capacities (human resources and information

³ such as the WHO NLIS <http://www.who.int/nutrition/nlis/en/index.html> and UNICEF collated database www.childinfo.org

technology systems). Some data are not collected systematically. The absence of any indicator to capture coverage iron and folic acid, for example, needs to be highlighted and urgently addressed as this is a key determinant in reducing under-nutrition.

83) SUN partners stand ready to support countries to further strengthen capacity for information collection, management, analysis and interpretation and to develop data collection systems that address such gaps. For example, an extended SUN monitoring manual could be developed and discussed in ad hoc regional workshops. A regional surveillance initiative is already being planned for West Africa.

5.2 Expanded indicators

84) An additional expanded list of indicators to assist SUN stakeholders to scale-up programmes and identify resource and capacity gaps is under discussion. These relate particularly to nutrition sensitive development, gender equity and socio-economic status. Countries may decide to include the additional indicators in their surveillance frameworks and report on these indicators at sub-national level to identify in-country differences.

5.3 Indicators developed by stakeholders in the SUN movement

85) In order to harmonize and coordinate efforts in SUN countries, and to ensure alignment with national plans to best support national Governments in their efforts to scale up nutrition, constituent groups have developed sets of indicators to encourage mutual accountability.

- **Donors are coordinating at the country level through a Government- selected donor convenor,** and a network of donor supporters. It is expected that this will produce more coordinated support and financing around scaling up nutrition. As a means of monitoring progress towards improved donor behaviour, 7 indicators have been developed to track expected results including: clear roles agreed to for donor partners, harmonized financing, support for identification of financing gaps, predictable donor partner financing, incorporation of nutrition across multiple sectors in donor strategies, and a focus on results. Information on indicators will be collected through the donor convenor in collaboration with the appropriate Government focal point. It is envisaged that a standard questionnaire would be provided to donor convenors for completion on an annual basis, beginning in 2011 and continuing through to 2013. Results would then be reported on, tracking progress towards goals and monitoring areas which need improvement. The indicators are included in **annex 3** of the report.
- **Civil society organizations that are involved in the SUN Movement are developing indicators that seek to ensure their meaningful and on-going engagement** in each step of the scale up cycle both at national level and in the stewardship of the wider Movement. Building on existing examples of mechanisms between civil society, Governments and multilateral institutions and utilizing the extensive networking experience that civil society organizations have accumulated in a range of policy areas and implementation capacities, partnership strategies and consultative approaches are essential to SUN. The representation and roles of both national and international civil society organisations, and the utilization of cross- sectoral expertise will contribute to a stronger and more sustainable Movement. Indicators that measure the mobilization of civil society within the Movement include participation in national and

international institutional mechanisms such as the Committee on World Food Security (CFS). These indicators are also included in **annex 3** of the report.

- **Businesses involved in the private sector contribution to SUN are working to identify sustainable practices** in which national and international companies can better contribute to improved nutrition outcomes. Indicators seek to measure progress in both the overall SUN Movement and in countries that are scaling up nutrition, such as Bangladesh, Ethiopia, Malawi and Tanzania, and focus on a) the involvement of broad range of private sector players across industries such as agriculture, retail, finance and insurance and at all levels (small and medium enterprises, national, regional and multinational) in SUN country efforts; b) contributions to the support scaling up nutrition specific and sensitive interventions in collaboration with the public sector and/or the civil society sector either through financial contributions or with expertise and c) market based approaches that contribute to the SUN nutrition objectives that provide sustained access at scale across populations to nutrition products and services. These indicators are included in **annex 3** of the report.

5.4 Towards a global goal

- 86) SUN countries have different priorities for their goals for scaling up nutrition. This is based upon country specifics such as differences in national priorities, disease burden or response capacity. Some of the indicators currently used by SUN countries are in **figure 6**. The Millennium Development Goal 1 to reduce by half the proportion of people who suffer from hunger are measured using a) the prevalence of underweight children under-five years of age and b) the proportion of population below minimum level of dietary energy consumption as indicators. Additional indicators to complement these indicators would enable global nutrition leaders to evaluate progress in specific areas of nutrition in order to facilitate the mobilization of resources and enable economies of scale.
- 87) Stakeholders in the SUN Movement are discussing with SUN countries how best to articulate global impact targets for conditions that are responsible for a large burden of nutrition related morbidity and mortality during the first 1,000 days of life. These goals will be based on success stories and on the existence of effective interventions. Countries will be encouraged to develop their own targets for input and output indicators, in line with the achievement of impact targets. For all targets to be established at the country level, data needs to be currently available for a baseline to be set and clear arrangements made for future data collection so that changes can be monitored over time.

Figure 15: Examples of complementary targets for nutrition status outcomes

Target 1 - Stunting reduction: 5 per cent relative reduction per year i.e. 20 per cent by 2015: Stunting reduction has been documented in some countries in South America and in South East Asia. The time frame for stunting reduction is for the medium-long term. Currently available nutrition interventions could avert one third of stunting in the short term, while a larger proportion can be averted in the longer term, through the inter-generational cycle of nutrition.

Examples: In Brazil, stunting prevalence among children younger than 5 years declined from 37 per cent in 1974–75 to 7 per cent in 2006–07, i.e. a 30 per cent absolute reduction of stunting on average, 1 per cent per year in 30 years. The reduction was not the same every year, and has been more rapid in the last decade, up to 6 per cent relative reduction per year. In Bangladesh in areas in which the integrated management of childhood illness initiative was implemented, stunting rates in children aged 24–59 months have dropped by 13 per cent in five years (from 63.1 per cent to 50.4 per cent), as opposed to a 5 per cent reduction in control areas.

Target 2 –Maternal anaemia reduction: 15 per cent relative reduction per year, i.e. a relative reduction of 60 per cent by 2015: Anaemia is not showing the long-term trend of slow improvement as for other nutrition problems. For non-pregnant women the levels seem fairly static at around 40 per cent in Africa and Asia. However, some countries in the SUN Movement have demonstrated a reduction in anaemia prevalence in non-pregnant women, as indicated by repeated national surveys reported in the SCN 6th report on the World Nutrition Situation.

Examples: Nepal from 65 to 34 per cent in 8 years (1998-2006); Guatemala from 35 to 20.2 per cent in 7 years (1995-2002). These estimates point to a 1-4 per cent absolute reduction per year, or 3-6 per cent relative reduction. However, there are no intrinsic biological reasons for the pace in reduction, and suitable strategies (fortification, supplementation, dietary diversification) can be put in place to achieve reduction in a shorter time frame, such as 5 per cent per year in absolute terms, or 20 per cent by 2015.

Target 3 – Low birth weight (LBW) reduction: 5 per cent relative reduction per year, i.e. a relative reduction of 20 per cent by 2015: Establishing a target in LBW reduction is challenging due to limited data, to the quality of information and to the change in definition and child birth practices.

Examples: Reduction in LBW have been observed in Tanzania (from 13 to 9.5 per cent between 1999 and 2005); Bangladesh (from 30 to 21.6 per cent between 1998 and 2006). In these examples, achieved reduction is in the order of 0.5-1 per cent in absolute terms and 1-9 per cent in relative terms. A 1 per cent absolute reduction (4 per cent by 2015) seems therefore feasible.

Chapter 6: The Way Forward: the SUN Movement 2012 - 2013

- 88) This report identifies much promising progress at national level as a result of intensive effort by hundreds of committed stakeholders. Critical analysis of SUN country experience during the past year has highlighted the importance of sustaining the national effort for improved nutritional outcomes. High level political commitment for SUN is universally recognized as vital: sustaining this commitment is only possible if national leaders perceive that this will contribute to national development and is sincerely supported by legislators, civil society, business, other national stakeholders and the international community. They may wish to be convinced that improvements can be demonstrated within a finite number of years and with the resources available (including external assistance). Sustaining the commitment can be a challenge when Governments change or if external support is not forthcoming.
- 89) Experience in the last year confirms that the conversion of political commitment to effective action requires a significant set of institutional mechanisms. These include (a) combining strategies for improving nutritional outcomes through cross-sectoral engagement and empowered whole-of-Government SUN focal points, (b) including non-Governmental stakeholders in functioning national SUN platforms, (c) developing prioritized plans based on national strategies and stock-takes of on-going programmes, (d) providing the necessary financial resources and capacity for intensified implementation, (e) aligning support for effective implementation with focus on the most vulnerable, (f) monitoring progress and reporting on results, and (g) sharing national experiences at regional and global levels.
- 90) The experience has also highlighted the continued challenge of ensuring synergized, effective and responsive support to countries as they scale up nutrition. Development partners tend to have their own strategies and modalities for working. In the last year it has proved possible to establish a context in which a number of major partners are keen to be engaged: the number of partners and the depth of their engagement is expanding. The development partner convener system is starting to function but its effectiveness depends very much on how the development partner group operates at country level and the resources available to the convener at country level.
- 91) One of the unique elements of SUN is the recognition of the importance of engaging all stakeholders including civil society and the business sector. Building trust between business and other stakeholders involved in improving nutrition is critical and there has been a positive start during the last year. There is huge potential in engaging with the business sector and in coming years, we need to build upon this with concrete examples of business-civil society-Government partnerships.
- 92) The UN system, through its Resident Coordinators, and through the efforts of individual agencies, the multi-agency REACH process and the high level UN Standing Committee on Nutrition, has much to offer in supporting political commitment, institutional transformation, intensified in-country action and the engagement of development partners, civil society and business. This is an area of much progress during the last year: there is also great potential for even greater engagement especially when the UN system engages fully in multi-stakeholder platforms.
- 93) There is also considerable potential for research organisations to be more involved in the SUN Movement. Research is important to help develop more effective solutions, to better tailor actions to problems, to evaluate multi-sectoral approaches and track progress, to improve outcome

monitoring, to assess SUN costs and effectiveness, and to document the experience of the SUN process in countries and learn from it.

- 94) An exciting and rich dialogue is emerging within the Country Partners' and UN agencies' Reference Groups, the Task Forces and the Transition Team. This covers issues such as how to achieve mutual responsibility and accountability, the fine balance between raising and managing expectations, the desirability of phasing support to countries depending on the results of preliminary stocktaking exercises, ways to assure sustainability of national processes in changing environments, the challenges of identifying appropriate national focal points and establishing functional multi-stakeholder platforms, options for better functioning financing mechanisms in country, and means to best develop national capacities within and outside Government.
- 95) The dialogue suggests that in 2012 and 2013 there will be increased momentum for scaling up nutrition at both country and global levels. This will stimulate an extra sense of urgency for effective implementation of combined (nutrition sensitive and specific) approaches at scale. It will include the need for better support for national nutrition leaders through high-level nutrition ambassadors, transparent and accessible operational plans for different stakeholder groups and for the Movement as a whole and a global goal which reflects the accumulation of intended results from SUN countries. The Movement will increasingly be given its direction and incentives for effective action through the systematic tracking of overall progress, reporting of results, intensified communication through a website and opportunities for sharing experience, increased contributions from development partners and ever stronger country leadership. To this end, an effective international stewardship process is vital.
- 96) The experiences reflected in this progress report imply that – one year after the SUN Movement started – countries seek information on what they can expect from organizations and institutions that are contributing to their national scale-up nutrition efforts. Some of this information could best be included in the anticipated revision of the SUN Road Map planned for December 2011. The revised SUN Road Map would also indicate where additional support for regional and global functions will have the greatest impact.
- 97) The revised SUN Road Map could indicate how different constituencies – and, where possible, stakeholders within these constituencies – will intensify and align their response to country requests for support (including working with nominated focal points, assisting with the establishment of in-country SUN platforms, stocktaking of existing activities and development of strategies and plans relevant to the SUN effort). The revised Road Map could specify the methods through which (a) the whole range of SUN stakeholders can best share information with each other (including through a better and more predictable communications infrastructure), (b) expected results of country efforts can be collated and presented as the overall goal(s) of the Movement, (c) the monitoring of progress and collective reporting on achievements can be undertaken in ways that empower national-level stakeholders to do this for themselves, (d) the options for individual constituencies to be able to improve their collective capacity to engage (civil society, businesses, researchers, development partners and the UN system) taking account of their individual characteristics, and (e) for mobilizing – and improving access to – additional financial resources in support of scale-up at country level in ways that take account of both country realities and the needs of individual development partners for appraisal, supervision and accountability. These issues will be discussed at the meetings which are due to take place in New York in September 2011 on the occasion of the first anniversary of the SUN Movement.

Annex 1: SUN Movement: Current Stewardship Arrangements

Transition Team:

1 A SUN Transition Team, comprising experts representing different SUN stakeholder groups, chaired by the UN's Special Representative for Food Security and Nutrition and informed by a) a United Nations Reference Group from agencies with mandates to work on food security and nutrition and b) an interim Country Partner Reference Group who include Government focal points from SUN countries, are stewarding the Movement.

2 The Transition Team is guiding the work of six inter-linked Task Forces that are helping provide assistance to in-country stakeholders aligning behind Government plans to scale up nutrition. It established a process for monitoring the evolution of the Movement, helped the Task Forces to align their deliverables to country needs, ensured a flexible approach to action that reflected the requirements of countries (that changed over time) and sought to ensure that different stakeholder groups in the Movement continued to work together and trust each other. This in itself was a considerable achievement given the history of mistrust and fragmentation that has characterized national nutrition programmes and the international systems for supporting them. The work of the Transition Team, Reference Groups and Task Forces is supported by a small group of four specialists from the offices of the Transition Team Chair and the Executive Secretary of the Standing Committee on Nutrition.

United Nations Reference Group:

3 The UN reference group consists of four UN agencies: the Food and Agriculture Organisation (FAO), UNICEF, WFP and the World Health Organisation (WHO). The UN Standing Committee on Nutrition (UNSCN), with responsibility for coordinating nutrition across UN agencies, is also represented. The Reference Group has ensured that agencies are all engaged and has served as a channel through which agency heads are able to learn of the progress and achievements of the Movement as well as the challenges faced, especially within countries. As a result, the Heads of Agencies have been in a better position to appreciate ways in which the work for which they are responsible can be made more effective through the energy being generated by the Movement. The discussions of SCN reform and the directions of REACH expansion have been facilitated by the link that the Reference Group provides between agencies and the Movement.

Country Partner Reference Group (CPRG):

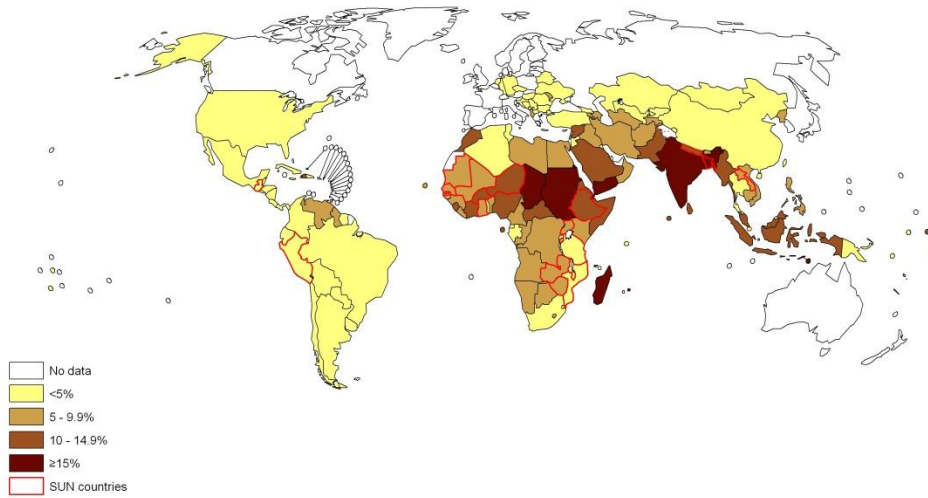
4 The CPRG was established in June 2011 to provide a forum for SUN country focal points to share experience on the progress of scaling up nutrition from a national perspective. The group is currently interim as some of its members have not yet been officially designated as focal points by their respective Government. The group holds regular telephone meetings to advise on how the SUN Movement could best link with existing nutrition structures, activities and plans in SUN countries and to contribute to the development of tools that are being produced by the SUN Task Forces to ensure that they are appropriate for country use.

SUN Task Forces:

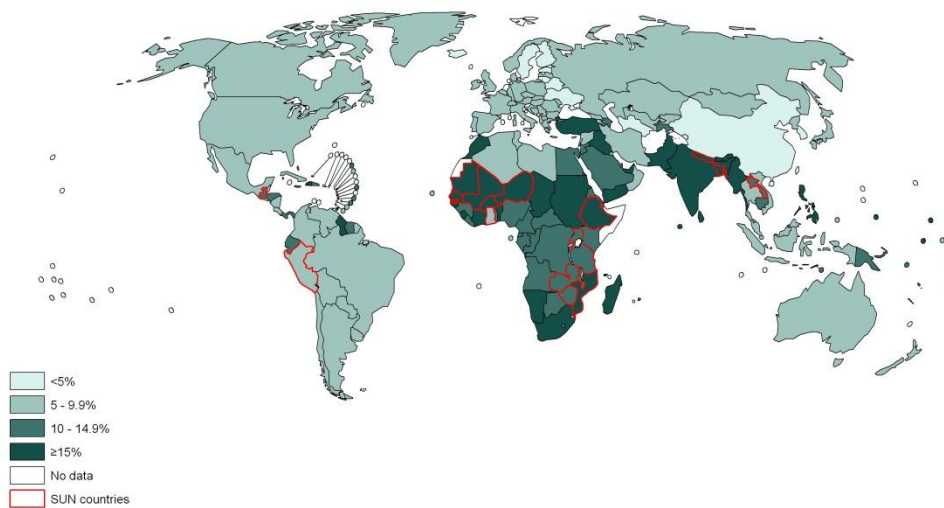
Task Force	Main Activities and Outputs September 2010-September 2011	Challenges
Task Force A Country capacity development	TF-A has aimed to provide technical assistance to SUN countries in five priority areas, including developing tools and guiding principles for multi-stakeholder platforms and nutrition stocktaking exercises; mapping nutrition training and capacity development opportunities; documenting good practices around 'essential nutrition action,' and assisting in the development of budgeting plans to scale up nutrition.	To maintain effective linkages to a large and ever increasing number of resource persons and institutions at global level while retaining focused support to country capacity development efforts. A number of specific requests for capacity development are unique to the country level infrastructure and human resources available. Virtual technologies combined with in-country networks to respond to these capacity needs.
Task Force B Advocacy and communications	TF-B has designed the SUN web portal which is expected to be active online shortly. The group has also worked to collect success stories on scaling up nutrition and maintained an events calendar for SUN activities.	Linking with specific country requests. Communicating a complicated message in ways that are agreeable to all actors in the Movement
Task Force C (TF-C) Civil Society	TF-C held a side meeting in Washington in June 2011 to galvanize political momentum to scale up nutrition initiatives among civil society stakeholders. Stakeholders from 40 countries participated in the meeting. Specific outcomes from the meeting included continued commitment to the SUN Movement; an outline plan of activities developed by national level representatives to scale up civil society activities; consensus by TF country representatives on necessary commitments/ actions for priority action to scale up nutrition efforts.	Resources: human, financial Time: it takes time to develop linkages with in country civil society Capacity: 'nutrition' is quite a specialized issue- there are increasing numbers of global organizations involved, but southern civil society needs to be better engaged.
Task Force D Donor Agencies	TF-D identified donor conveners for SUN countries and supported the organization of the High Level Meeting on Nutrition and the Extended SUN Meeting held during the UNGA in New York in September 2011.	A number of countries remained without donor conveners throughout the year, whilst others had more than one.
Task Force E Private Sector	TF-E developed a Private Sector Engagement Toolkit that identifies ways and practices for business to better engage in scaling up nutrition at country level. Several private-public partnerships have been established in countries with high levels of under-nutrition.	Building understanding and acceptance of the private sector role, and engaging at country level to de-mystify preconceived sceptical attitudes between public and private sector.
Task Force F Monitoring	TF-F has developed a list of core indicators of progress for all countries engaged in the Movement and developed indicators for more sustained tracking of interventions.	Linkages with countries and selection of the most appropriate indicators to follow for differing country contexts. Another challenge will be ensuring that counties have the support they need to monitor indicators.

Annex 2: Maps Showing Rates of Wasting and Low Birth Weight in SUN Countries

Map showing rates of wasting in SUN countries



Map showing rates of low birth weight in SUN countries



Annex 3: Indicators of Progress with Scaling Up Nutrition

Annex 3.1 Core and extended SUN indicators

Nutrition	Bangladesh	Burkina Faso	Ethiopia	Gambia	Ghana	Guatemala	Lao PDR
Proportion of stunted children < 5 years ⁰	43.2% (2007, N=5495), DHS	35.0% (2010, N=10570), ENN ⁵	44% (2011 EDHS)	24.4% (2010), MICS ¹⁰	28.6% (2008, N=2666), DHS	48.0% (2008-09, N=8647), ENSMI	47.6% (2006, N=4014), MICS
Proportion of wasted children < 5 years ⁰	17.5% (2007, N=5495), DHS	11.1% (2010, N=10557), ENN ⁵	10% (2011 EDHS)	9.9% (2010), MICS ¹⁰	8.7% (2008, N=2666), DHS	1.1% (2008-09, N=8647), ENSMI	7.3% (2006, N=4014), MICS
Proportion of babies born with low birth weight ¹	22% (2006), MICS ¹⁰	11.7% (2008), ENIAM	20% (2011 EDHS)	20% (2006) MICS ¹⁰	9% (2006), MICS	12% (2002), ENS	11% (2006), MICS
Proportion of thin women of reproductive age ²	DHS 2007	ENIAM 2008	EDHS (2005)		DHS 2008	ENSMI 2008-09	
Mild thinness (BMI 17.0 - 18.49)	18.0%	18.1% < 18.5	18%	NA	6.4%	1.6% < 18.5	NA
Moderate thinness (BMI 16.0 – 16.99)	11.7% < 17.0		9% < 17.0		2.2% < 17.0		
Severe thinness (BMI < 16.0)							
Proportion of children < 5 years with Hb ⁸ concentration of < 11 g/dL ³	68.0% (2004)	87.8% (2010), DHS	44% (2011 DHS)	79.4% (1999)	76.1% (2003)	NA	41% (2006), MICS
Proportion of women (15-49 years) ³ Pregnant women with Hb < 11 g/dL at sea level	36.0% (2004)	68.3% (2003)	31% (2005)	75.1% (1999)	70.0% (2008)	29.1% (2008-09)	NA
Non-pregnant women with Hb < 12 g/dL at sea level		48.8% < 11g/dl (2010), DHS	17% (combined, DHS 2011)	NA	56.6% (2008)	21.4% (2008-09)	36.2% (2006), MICS
Breastfeeding women with Hb < 12 g/dL at sea level		52.5% (2003)	N/A	NA	61.8% (2008)	NA	
Proportion of pregnant women receiving iron & folic acid supplements ⁴	NA	NA	<1% (2005 EDHS)	NA	NA	NA	NA
Proportion of children under < 5 years who have received two doses of vitamin A supplements ⁵	97% (2008)	72.9% (2008), ENIAM	88% (2008)	28% (2008)	24% (2008)	20% (2008)	91% (2010), EPI report
Proportion of households consuming iodized salt ⁶	84% (2006)	56% (2009), LNSP	20% (2005)	7% (2006)	32% (2006)	76% (2007)	84% (2006)
Proportion of children (0 – 59 months) with diarrhoea who received oral rehydration therapy and therapeutic zinc supplements ⁴	20.4% (2007), DHS	24% any ORT (2010), DHS	31% (DHS 2011)	NA	66.8% any ORT - zinc 1.8% (2008), DHS	NA	NA
Median urinary iodine concentration (µg/L) in children 6-12 years ³	125.8 (1999)	NA	24.5 (2005)	41.8 (1999)	NA	NA	NA
Proportion of children < 6 months who are exclusively breastfed ⁷	43% (2007)	24.8% (2010), DHS	52%	41% (2006)	63% (2008)	50% (2008-09)	26% (2006)
Proportion of children receiving a minimum acceptable diet at 6-23 months ⁸	11.3% (2007)	30.4% (2008), ENIAM		NA	26.7% (2008)	NA	NA

Legal frameworks	Bangladesh	Burkina Faso	Ethiopia	Gambia	Ghana	Guatemala	Lao PDR
Adoption and effective implementation of International Code of Marketing of Breast-milk Substitutes ⁹	Yes	Yes	Yes, partially	NA	Yes	Yes, partially	Yes
Human resources							
Ratio of community health workers to total population: ¹⁰	0.33 (2007)	1.04 (2011)	0.39 (2009)	0.07 (2008)	0.19 (2008)	NA	NA
Water and sanitation							
Proportion of population with sustainable access to an improved water source ¹¹	80%	76%	60% (2005 EDHS)	92%	82%	94%	57%
Food security							
Individual Food Consumption Score (FCS) of children < 5 years ¹²	NA	NA	NA	NA	NA	NA	NA
Mortality							
Infant mortality rate (year 2009, WHS 2011): male, female, sexes combined ¹³	44, 39, 41	NA, NA, 65 (2010), DHS préliminaire	NA, NA, 59 (2011 EDHS)	84, 73, 78	50, 43, 47	33, 32, 33	52, 40, 46
Under five mortality rate (/ 10000/day), (year 2009, source WHS 2011): male, female, sexes combined ¹³	53, 51, 52	NA, NA, 129 (2010), DHS préliminaire	NA, NA, 88 (2011 EDHS)	110, 96, 103	75, 61, 69	39, 40, 40	62, 55, 59
Maternal mortality ratio (per 100,000 live births); year 2008, source WHS 2011 ¹⁴	340 (170-660)	560 (330-950)	673 (2005 EDHS)	400 (190-910)	350 (210-600)	110 (56-190)	405 (MoH official figure 2005)
Nutrition governance							
Intersectoral mechanism for nutrition;	Yes	Yes	Yes (but not functioning)	No information	Yes	Yes	Yes
Existence of a national nutrition plan/ strategy	Yes	Yes	Yes (GNPR,2010)	Yes	Yes	Yes	Yes
Adoption of a national nutrition plan;	Yes	Yes	Yes (GNPR,2010)	No information	Yes	Yes	Yes
Nutrition in national development plan?	No information	Yes	Yes (GNPR,2010)	No information	No information	Yes	Yes
Existence of a national nutrition policy;	Yes	Yes	Yes (GNPR, 2010)	No information	No	Yes	Yes
Adoption of a national nutrition policy?	Yes	Yes	Yes	No information	NA	Yes	Yes
Allocation of budget for national nutrition plan, strategy or policy;	No information	Yes	Yes	No information	No information	No information	Yes, still low
Regular nutrition monitoring/ surveillance	Yes	Yes	Yes (GNPR,2010)	No information	Yes	Yes	Yes, incomplete
Line for nutrition in the health budget	No information	Yes	No information	No information	No information	No information	Yes, still low
Line for nutrition in agricultural budget	No information	No	No	No information	No information	No information	No information
Line for nutrition in social develop budget	No information	No	No information	No information	No information	No information	No information

Nutrition	Malawi	Mali	Mauritania	Mozambique	Nepal	Niger
Proportion of stunted children < 5 years ⁰	47.1% (2010, N=4849), DHS	27.8% (2010, N=NA), MICS	23.0% (2008, N=6338),	43.7% (2008, N=10642), MICS	49.3% (2006, N=5299), DHS	54.8% (2006, N=4451), DHS
Proportion of wasted children < 5 years ⁰	4.0% (2010, N=4849), DHS	8.9% (2010, N=NA), MICS	8.1% (2008, N=6338),	4.2% (2008, N=10642), MICS	12.7% (2006, N=5299), DHS	12.4% (2006, N=4451), DHS
Proportion of babies born with low birth weight ¹	13% (2006), MICS	19% (2006), DHS	34% (2007), MICS	15% (2008), MICS	21% (2006), DHS	27% (2006), DHS
Proportion of thin women of reproductive age ²	NMS (2010)	DHS 2006	DHS 2001	DHS 2003	DHS 2006	DHS 2006
Mild thinness (BMI 17.0 - 18.49)	5.2% <18.5	9.5%	8.2%	6.7%	16.4%	13.5%
Moderate thinness (BMI 16.0 – 16.99)		4.0% <17.0	2.5%	1.4%	8.0% <17.0	3.9%
Severe thinness (BMI <16.0)			2.1%	0.5%		1.6%
Proportion of children < 5 years with Hb ⁸ concentration of < 11 g/dL ³	54.8% (2010), NMS	5.2% (2010), DHS special	NA	74.7% (2001-02)	48.4% (2006)	83.5% (2006)
Proportion of women of reproductive age (15-49 years) ³ Pregnant women with Hb < 11 g/dL at sea level	13.0% (2010), NMS	75.7% (2006)	NA	NA	42.4% (2006)	61.3% (2006)
Non-pregnant women with Hb < 12 g/dL at sea level	32.0% (2010), NMS	65.2% (2006)	NA	48.2% (2001-02)	40.3% (2006)	43.4% (2006)
Breastfeeding women with Hb < 12 g/dL at sea level	NA	68.4% (2006)	NA	NA	34.0% (2006)	42.3% (2006)
Proportion of pregnant women receiving iron & folic acid supplements ⁴	NA	NA	NA	NA	NA	NA
Proportion of children under < 5 years who have received two doses of vitamin A supplements ⁵	95% (2008)	97% (2008)	87% (2008)	83% (2008)	93% (2008)	92% (2008)
Proportion of households consuming iodized salt ⁶	83% (2010)	79% (2006)	2% (2007)	25% (2008)	63% (2000)	46% (2006)
Proportion of children (0 – 59 months) with diarrhoea who received oral rehydration therapy and therapeutic zinc supplements ⁴	NA	NA	NA	70.5% any ORT	40.7% any ORT - 0.4% zinc (2006), DHS	NA
Median urinary iodine concentration (µg/L) in children 6-12 years ³	175 (2010), NMS	68.6 (2005)	NA	60.3 (2004)	188.0 (2005)	10% (2009)
Proportion of children < 6 months who are exclusively breastfed ⁷	71.9% (2010)	34% (2007)	19% (2008)	37% (2008)	53% (2006)	3.1% (2006)
Proportion of children receiving a minimum acceptable diet at 6-23 months ⁸	21.6% (2004)	6.7% (2006)	NA	9.3% (2003)	29.2% (2006)	NA

Legal frameworks	Malawi	Mali	Mauritania	Mozambique	Nepal	Niger
Adoption and effective implementation of International Code of Marketing of Breast-milk Substitutes ⁹	Yes	Yes	No	Yes, partially	Yes	Yes, partially
Human resources						
Ratio of community health workers to total population: ¹⁰	0.73 (2008)	0.08 (2007)	0.28 (2009)	0.0001 (2011)	0.63 (2004)	NA
Water and sanitation						
Proportion of population with sustainable access to an improved water source ¹¹	80%	56%	49%	47%	88%	48%
Food security						
Individual Food Consumption Score (FCS) of children < 5 years ¹²	NA	NA	NA	NA	NA	NA
Mortality						
Infant mortality rate (year 2009, source WHS 2011): male, female, sexes combined ¹³	72, 65, 69	107, 94, 101	79, 69, 74	99, 93, 96	38, 39, 39	78, 73, 76
Under five mortality rate (/ 10000/day), (year 2009, source WHS 2011): male, female, sexes combined ¹³	116, 104, 110	198, 184, 191	123, 111, 117	144, 140, 142	49, 48, 48	163, 158, 160
Maternal mortality ratio (per 100,000 live births); year 2008, source WHS 2011 ¹⁴	510 (300-760)	830 (520-1400)	550 (300-980)	550 (310-870)	380 (210-650)	820 (470-1400)
Nutrition governance						
1. Intersectoral mechanism for nutrition;	Yes	No	No information	Yes	Yes	No information
2. Existence of a national nutrition plan / strategy;	Yes	Yes	Yes	Yes	Yes	No information
3. Adoption of a national nutrition plan;	Yes	Yes	Yes	Yes	Yes	No information
4. Nutrition in national development plan?	Yes	No information	Yes	Yes	No information	No information
5. Existence of a national nutrition policy;	Yes	No	Yes	No information	Yes	No information
6. Adoption of a national nutrition policy;	Yes	NA	Yes	No information	Yes	No information
7. Allocation of budget for national nutrition plan, strategy or policy;	Yes	No information	No information	No information	No information	No information
8. Regular nutrition monitoring/surveillance;	Yes	No information	No information	Yes	Yes	No information
9. Line for nutrition in the health budget	Yes	No information	No information	No information	No information	No information
10. Line for nutrition in agricultural budget	No information	No information	No information	No information	No information	No information
11. Line for nutrition in social develop budget	No information	No information	No information	No information	No information	No information

Nutrition	Peru	Senegal	Tanzania	Uganda	Zambia	Zimbabwe
Proportion of stunted children < 5 years ⁰	23.8% (2009, N=9113), DHS	20.1% (2005, N=3079), DHS	42.5% (2009-10, N=7652), DHS	38.7% (2006, N=2816), DHS	45.4% (2007, N=5945), DHS	31.9% (2010, N=5260), DHS
Proportion of wasted children < 5 years ⁰	0.6% (2009, N=9113), DHS	8.7% (2005, N=3079), DHS	4.9% (2009-10, N=7652), DHS	6.3% (2006, N=2816), DHS	5.2% (2007, N=5945), DHS	3.0% (2010, N=5260), DHS
Proportion of babies born with low birth weight ¹	8% (2007), INEI-ENDES	19% (2005), DHS	10% (2004-05), DHS	14% (2006), DHS	11% (2007), DHS	11% (2005-06), DHS
Proportion of thin women of reproductive age ²	DHS 2009	DHS 2005	DHS 2009-10	DHS 2006	DHS 2007	DHS 2005-06
Mild thinness (BMI 17.0 - 18.49)		11.8%	9.0%	9.6%	7.0%	6.8%
Moderate thinness (BMI 16.0 – 16.99)	1.0%	3.9%	2.4% <17.0	2.5% <17.0	2.6% <17.0	2.4% <17.0
Severe thinness (BMI <16.0)	0.2% <17.0	2.5%	2.1%	0.5%		1.6%
Proportion of children < 5 years with Hb ⁸ concentration of < 11 g/dL ³	37.2% (2009)	82.6% (2005)	58.6% (2009-10)	72.6% (2006)	52.9% (2003)	58.3% (2005-06)
Proportion of women of reproductive age (15-49 years) ³ Pregnant women with Hb < 11 g/dL at sea level	26.6% (2009)	70.6% (2005)	52.7% (2009-10)	64.4% (2006)	46.9% (1998)	47.0% (2005-06)
Non-pregnant women with Hb < 12 g/dL at sea level	20.2% (2009)	57.5% (2005)	38.6% (2009-10)	43.1% (2006)	NA	37.3% (2005-06)
Breastfeeding women with Hb < 12 g/dL at sea level	24.5% (2009)	59.8% (2005)	39.2% (2009-10)	53.1% (2006)	NA	36.3% (2005-06)
Proportion of pregnant women receiving iron & folic acid supplements ⁴	NA	NA	NA	NA	NA	NA
Proportion of children under < 5 years who have received two doses of vitamin A supplements ⁵	2% (2001)	90% (2008)	93% (2008)	67% (2008)	92% (2009)	20% (2008)
Proportion of households consuming iodized salt ⁶	91% (2004)	41% (2005)	58.5% (2009-105)	96% (2006)	77% (2002)	91% (2007)
Proportion of children (0 – 59 months) with diarrhoea who received oral rehydration therapy and therapeutic zinc supplements ⁴	NA (question included in DHS 2009 but no results presented in report)	NA	44.0% (2009-10), DHS	53.5% any ORT - zinc 0.9% (2006), DHS	NA	NA
Median urinary iodine concentration (µg/L) in children 6-12 years ³	180.0 (2001)	NA	203.3 (2004)	463.8 (2005)	245 (2002)	245.0 (1999)
Proportion of children < 6 months who are exclusively breastfed ⁷	70% (2009)	34% (2005)	50% (2010)	60% (2006)	61% (2007)	31.5% (2010)
Proportion of children receiving a minimum acceptable diet at 6-23 months ⁸	65.7% (2004-06 continuous)	21.9% (2005)	18.1% (2004-05)	10.6% (2006)	24.9% (2007)	12.7% (2005-06)

Legal frameworks	Peru	Senegal	Tanzania	Uganda	Zambia	Zimbabwe
Adoption and effective implementation of International Code of Marketing of Breast-milk Substitutes ⁹	Yes, partially	NA	Yes	Yes	Yes	Yes
Human resources						
Ratio of community health workers to total population: ¹⁰	NA	NA	NA	0.19 (2005)	NA	0.04 (2004)
Water and sanitation						
Proportion of population with sustainable access to an improved water source ¹¹	82%	69%	54%	67%	60%	82%
Food security						
Individual Food Consumption Score (FCS) of children < 5 years ¹²	NA	NA	NA	NA	NA	NA
Mortality						
Infant mortality rate (year 2009, source WHS 2011): male, female, sexes combined ¹³	22, 17, 19	55, 46, 51	70, 66, 68	89, 69, 79	70 (2007)	59, 54, 56
Under five mortality rate (/ 10000/day), (year 2009, source WHS 2011): male, female, sexes combined ¹³	24, 19, 21	99, 86, 93	107, 109, 108	140, 114, 128	119 (2007)	93, 86, 89
Maternal mortality ratio (per 100,000 live births); year 2008, source WHS 2011 ¹⁴	98 (62-160)	410 (240-680)	790 (470-1300)	430 (240-670)	591 (2007)	790 (410-1200)
Nutrition governance						
Intersectoral mechanism for nutrition;	Yes	No information	Yes	No	Yes	Yes
Existence of a national nutrition plan/ strat.	Yes	No information	Yes	No	Yes	In planning
Adoption of a national nutrition plan;	Yes	No information	No information	No information	Yes	NA
Nutrition in national development plan;	Yes	No information	No information	No information	No information	No information
Existence of a national nutrition policy;	No	No information	No information	Yes	Yes	Yes
Adoption of a national nutrition policy;	NA	No information	No information	Yes	Yes	No information
Allocation of budget for national nutrition plan, strategy or policy;	No information	No information	No information	No information	No information	No information
Regular nutrition monitoring/surveillance.	Yes	No information	No information	Yes	No information	Yes
Line for nutrition in the health budget	No information	No information	No information	No information	No information	No information
Line for nutrition in agricultural budget	No information	No information	No information	No information	No information	No information
Line for nutrition in social develop budget	No information	No information	No information	No information	No information	No information

Definitions of indicators

Nutrition indicators	Definition of indicator
Proportion of stunted children < 5 years ⁰	Height-for-age < -2 standard deviations of the WHO Child Growth Standards median
Proportion of wasted children < 5 years ⁰	Weight-for-height < -2 standard deviations of the WHO Child Growth Standards median
Proportion of babies born with low birth weight ¹	Weight at birth of < 2500 grams (5.5 pounds)
Proportion of thin women of reproductive age ²	Degree of thinness based on Body-mass Index (BMI)
	BMI 17.0 - 18.49 = mild thinness
	BMI 16.0 - 16.99 = moderate thinness
Proportion of children < 5 years with Hb ⁸ concentration of < 11 g/dL ³	Children 6-59 months with Hb ⁸ < 11 g/dL at sea level
Proportion of women of reproductive age (15-49 years) ³	Pregnant women with Hb < 11 g/dL at sea level
	Non-pregnant women with Hb < 12 g/dL at sea level
	Breastfeeding women with Hb < 12 g/dL at sea level
Proportion of pregnant women receiving iron & folic acid supplements ⁴	Women who received daily iron & folic acid supplements for at least 6 months of pregnancy
Proportion of children under < 5 years who have received two doses of vitamin A supplements ⁵	Children 6–59 months who received two high doses of vitamin A supplements within the last year.
Proportion of households consuming iodized salt ⁶	Households consuming iodized salt.
Proportion of children (0 – 59 months) with diarrhoea who received oral rehydration therapy and therapeutic zinc supplements ⁴	Children 0 – 59 months who had diarrhoea and were treated with oral rehydration salts or an appropriate household solution and were given zinc as part of the treatment for acute diarrhoea.
Median urinary iodine concentration (µg/L) in children 6-12 years ³	Median urinary iodine concentration in children 6-12 years (< 100 µg/l indicates that the iodine intake is insufficient).
Proportion of children < 6 months who are exclusively breastfed ⁷	Infants 0–5 months exclusively breast fed.
Proportion of children receiving a minimum acceptable diet at 6-23 months ⁸	Composite indicator: Breastfed children 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day and, non-breastfed children 6–23 months who received at least two milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day.

Legal frameworks	Definition of indicator
Adoption and effective implementation of International Code of Marketing of Breast-milk Substitutes ⁹	This indicator is defined on the basis of whether a government has adopted legislation for effective national implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes.
Human resources	
Ratio of community health workers to total population: ¹⁰	Community and traditional health workers / 1000 population
Water and sanitation	
Proportion of population with sustainable access to an improved water source ¹¹	Improved drinking-water sources are defined in terms of the types of technology and levels of services that are likely to provide safe water.
Food security	
Individual Food Consumption Score (FCS) of children < 5 years ¹²	Proxy indicator that represents the dietary diversity, energy and macro and micro (content) value of the food that people eat. It is based on dietary diversity – the number of food groups a household consumed in the last 7 days; food frequency – the number of days on which a particular food group is consumed in the last 7 days; and the relative nutritional importance of different food groups.
Mortality	
Infant mortality rate (year 2009, source WHS 2011): male, female, sexes combined ¹³	Probability of dying between birth and 1 year per 1000 live births.
Under five mortality rate (/ 10000/day), (year 2009, source WHS 2011): male, female, sexes combined ¹³	Probability of dying between birth and 5 years per 1000 live births.
Maternal mortality ratio (per 100,000 live births); year 2008, source WHS 2011 ¹⁴	Annual number of female deaths from any cause related to or aggravated by pregnancy and childbirth or within 42 days of termination of pregnancy, per 100,000 live births.
Nutrition governance	
Governance score ¹⁵	<ol style="list-style-type: none"> 1. Existence of an intersectoral mechanism to address nutrition; 2. Existence of a national nutrition plan / strategy, 3. Adoption of a national nutrition plan/strategy? 4. Nutrition included in the national development plan? 5. Existence of a national nutrition policy; 6. Adoption of a national nutrition policy? 7. Allocation of budget for implementation of the national nutrition plan, strategy or policy; 8. Regular nutrition monitoring and surveillance; 9. Existence of a line for nutrition in the health budget 10. Existence of a line for nutrition in the agricultural budget 11. Existence of a line for nutrition in the social development budget

Footnotes for indicators

⁰ WHO Global Database on Child Growth and Malnutrition; and preliminary DHS Burkina Faso, Malawi and Zimbabwe

¹ http://www.childinfo.org/low_birthweight_table.php

² NLiS and new data

³ NLiS and VMNIS

⁴ DHS

⁵ UNICEF database

⁶ NLiS/UNICEF and new DHS Tanzania

⁷ WHS 2011 and preliminary DHS Burkina Faso, Malawi and Zimbabwe

⁸ Re-analyses of DHS data and new surveys

⁹ GPR 2010

¹⁰ Global Atlas of Health Workforce (accessed 21/07/11); and Mozambique MoH

¹¹ www.wssinfo.org - 2008 estimates; identical to WHS Table 5

¹² WFP

¹³ WHS 2011, Table 1; male female, sexes combined

¹⁴ WHS 2011, Table 2

¹⁵ WHO Global Nutrition Policy Review 2010,
WHO Global Database on Nutrition Policies and Programmes 2011
Various Landscape Analysis country assessment

Country papers presented at the Regional consultations on Scaling up Nutrition in the Africa Region (for Anglophone countries in Harare, Zimbabwe, 3 - 5 May 2011 and for Francophone countries in Ouagadougou, Burkina Faso, 4 - 6 July 2011)

Annex 3.2: Indicators of donor partner behaviour against benchmarks identified in 24th September 2010 Development Partner Statement of Intent

Expected Result	Indicator	Target (2013)
<p>1. Clear roles agreed for donor partners Donor partners are effectively coordinating their support to national plans to scale up nutrition</p>	Proportion of SUN countries in which donor partner roles and responsibilities are agreed in support of the national nutrition programme/strategy, documented, and agreed with the government focal point/convener of the “SUN group” in each country	100% of donor partners in SUN countries have mutually agreed and documented roles and responsibilities in support of national nutrition programme/strategy
<p>2. Harmonized and aligned financing Financing from donor partners is harmonized and aligned (for both nutrition-sensitive and nutrition specific interventions or activities) at country level.</p>	Proportion and number of donor partners in a given SUN country which the Government focal point judges to have allocated funding for programmatic or project support in line with the overarching national plan for reducing under-nutrition at scale	> 75% of donor partners financing nutrition in a given SUN country are judged by a Government focal point to be allocating resources in line with the national plan for reducing under-nutrition
<p>3. Financing gaps Donor partners are facilitating the process of identifying financing gaps for addressing under-nutrition at scale in SUN countries and to the extent possible, identifying resources to meet the key gaps.</p>	Proportion of SUN countries in which a process to identify financing gaps for scaling up nutrition has taken place	80% of SUN countries have conducted a process to identify key financing gaps for scaling up nutrition
<p>4. Predictability of donor partner financing Assistance is being provided in a manner that is accessible, timely, and predictable.</p>	Percentage of donor partner financing for nutrition in a given SUN country that is released according to agreed-upon schedules in annual or multi-year frameworks	75% of donor partner assistance for nutrition disbursed within the fiscal year for which it was scheduled
<p>5. Nutrition incorporated across sectors (multi-sectoral approach) Donor partners are incorporating nutrition considerations within their strategies for support of country development programmes across many/most relevant sectors (e.g. agriculture, education, health, social protection) in alignment with the national nutrition strategy in each SUN country.</p>	Proportion of donor partners working in at least two non-health sectors for a given SUN country, documenting integration of nutrition outcome and/or impact indicators in their strategies for support of country development programmes in at least two non-health sectors (e.g. agriculture and education).	75% of donor partners working in at least two non-health sectors will have incorporated nutrition considerations within their strategies for support of country development in at least two non-health sectors
<p>6. Focus on results Development assistance resources are being provided in a way that ensures measureable results within a defined time frame (e.g. through linking with strong leadership, robust institutional arrangements, and sound programme design, implementation and monitoring).</p>	Percentage of SUN countries in which donor partner agreements for development assistance to support nutrition utilize a common core set of indicators recommended in the national plan for nutrition for each SUN country	50% or more of SUN countries have agreement among donor partners to incorporate a core set of the nationally recommended indicators for assessment and evaluation of nutrition results

Expected Result	Indicator	Target (2013)
<p>7. (Optional additional indicator) Alignment of donor partners to Three Ones principle in support of nutrition</p> <p>Donor partners support Government efforts to implement the Three Ones principle: one clear and well-defined nutrition strategy; one national nutrition coordinating body/mechanism; and one monitoring and evaluation results framework to ensure impact on nutrition at scale</p>	<p>Percentage of SUN countries in which donor partner development assistance is aligned to Government efforts to implement the Three Ones principle in support of scaling up nutrition</p>	<p>50% or more of SUN countries have agreement between donor partners and Government to align their support to scaling up nutrition according to the Three Ones principle</p>

Annex 3.3: Indicators of civil society involvement in the SUN Movement at country level

<p>Indicator 1 : Meaningful and on-going involvement of civil society in SUN</p> <p><u>Definition :</u></p> <ul style="list-style-type: none"> • Civil society organisations are involved in each step of the process (consultation/ planning/implementation/evaluation) • The focal point for civil society organisations at national level has been identified and is part of the national task force • References to civil society are included in relevant documents • Civil society is represented and actively engaged in the organisation and delivery of global meetings
<p>Indicator 2 : Transparency and representativeness for civil society participation</p> <p><u>Definition :</u></p> <ul style="list-style-type: none"> • Existence of terms of reference or memorandum of understanding for civil society group involved into the SUN at national level with names and capacities of a civil society organisations • Existence of a coherent national partnership strategy for which the civil society group agree to implement • Share of national/international non-Governmental organisations involved in the process • Civil society engaged in drafting of SUN progress reports (national and international)
<p>Indicator 3: Civil society mobilization</p> <p><u>Definition</u></p> <ul style="list-style-type: none"> • Civil society coalition/partnership is in place (meetings took place, members etc) • Advocacy and communications strategy developed and implemented • Existence of communication mechanisms for civil society organisations in countries to share information and fostering a dialogue on strategic nutrition issues (e.g. : Website portal) • Capacity building workshops organised

Annex 3.4: Indicators of business involvement in the SUN Movement at country level

The objective is to identify sustainable ways and practices in which the local and international private sector community can be better engaged in the efforts to scaling up nutrition. Indicators below will measure progress in both the overall SUN effort and efforts undertaken in three selected SUN countries for specific attention (Bangladesh, Ethiopia, Tanzania).

Expected Result	Indicator
<p>1. Private sector is an accepted and agreed partner in the country's SUN effort. This can include a broad range of private sector players across industries (food, agriculture, retail, finance, insurance, etc) at all levels (small and medium enterprises, national, regional, multinational).</p> <ul style="list-style-type: none"> • define common objective, and individual objectives and how they link together • define and agree roles, responsibilities and resources for each partner to deliver on the common objective. • agree governance structure and management (WOW) • define common performance structure 	<ul style="list-style-type: none"> • <i>Overall SUN effort:</i> Proportion of SUN countries where clear roles have been agreed upon for specific private sector partners. • <i>Selected SUN countries:</i> Number of private sector partners invited and participating in country level SUN efforts • <i>Information sharing and appropriate planning and timing of private sector aligned with SUN action plans</i> • <i>Number of companies scored in ATNI*</i> system and level of scoring if applicable in SUN countries • Utilization of agreed set of SUN indicators
<p>2. Private sector contributions to support scaling up nutrition specific and sensitive interventions in collaboration with the public sector and/or civil society sector (either through financial contributions or with expertise). This would typically include more specific industries (food manufacturers, agriculture, distributors, retailers, etc) at all levels.</p>	<ul style="list-style-type: none"> • <i>Overall SUN effort:</i> Proportion of SUN countries where private sector partners makes measurable contributions in terms of financial or expertise. • <i>Selected SUN countries:</i> Number and /or size of contributions provided by private sector partners (financial and expertise).
<p>3. Private sector market based approaches that contribute to the SUN nutrition objectives that provide sustained access at scale across populations to nutrition products and services</p>	<ul style="list-style-type: none"> • <i>Overall SUN effort:</i> Proportion of SUN countries in which the private sector has strengthened or started market-based approaches. • <i>Selected SUN countries:</i> Size of population reached with general or targeted market-based approaches (appropriate nutritious products or nutrition services)

* Access to Nutrition Index (ATNI) www.accesstonutrition.org (developed by GAIN, Gates Foundation, Wellcome Trust)

Annex 4: Partial summaries of development partner support to three SUN countries

Mozambique

Donor	Funding level (various currencies)	Funding level (US \$ equivalent)	Description	Funding years
CIDA	\$1,500,000	\$1,524,000	REACH - support to Governments to scale up nutrition	2011-2014
CIDA	\$10,000,000	\$10,160,000	WFP - food support for improved health and nutrition	2010-2011
CIDA	\$13,200,000	\$13,411,200	Improved nutritional practices and food security programme	2010-2016
DANIDA	\$30million	\$30 million	Targeted to children nutrition for under two years of age	2012-2017
DFID	£38,000,000	\$60,420,000	Health Sector Support Programme	2007-2013
Irish Aid	€ 1,138,000	\$1,593,200	GAIN and HKI partnership to improve nutrition for pregnant and lactating women living with HIV/AIDS	2010-2013
Irish Aid	€ 720,000	\$1,008,000	Nutrition sensitive programmes	2011
Irish Aid	Pipeline		Ireland is currently in the process of working with Government to develop a new country strategy in Mozambique in support of national frameworks, including nutrition focussed and sensitive programmes	2012-2015
USAID	\$10,000,000	\$10,000,000	Food-assisted multi- year development programme	FY11
USAID	\$4,990,000	\$4,990,000	Nutrition-specific programmes	FY11
USAID	\$18,000,000	\$18,000,000	Nutrition-sensitive agriculture programmes (Feed the Future)	FY11
World Bank	\$10million	\$10million	Out of a total health sector allocation of \$49m	2009-2014
	\$30million	\$30million	Pipeline	2012-2016
World Bank	\$109 million	\$109 million	Complementary investments in agriculture, rural development and health sectors	2011

Nepal

Donor	Funding level (various currencies)	Funding level (US \$ equivalent)	Description	Funding years
CIDA	\$1,500,000	\$1,524,000	REACH - support to Governments to scale up nutrition	2011-2014
DFID	£55,200,000	\$87,768,000	Support to the National Health Sector Programme (II)	2010-2015
DFID	pipeline		Low birth weight trial	
World Bank	\$13 million	\$13 million	Direct nutrition interventions through health and nutrition, and HIV programmes	
World Bank	\$30,000,000	\$30,000,000	Project under preparation that will focus on multi-sectoral approaches to addressing malnutrition in the first thousand days of life	TBC
World Bank	\$2,500,000	\$2,500,000	Technical assistance and analytical work to support scaling up of nutrition programmes	FY11
World Bank	\$172 million	\$172 million	Complementary investments in agriculture, rural development and health sectors	2010-2012

Uganda

Donor	Funding level (various currencies)	Funding level (US \$ equivalent)	Description	Funding years
CIDA	\$1,500,000	\$1,524,000	REACH - support to Governments to scale up nutrition	2011-2014
EC	€15,000,000	\$21,000,000	Support to regional and national nutrition strategy (Uganda focal country)	Pipeline (2011-2015)
USAID	\$11,500,000	\$11,500,000	Food-assisted multi-year development programme	FY11
USAID	\$6,687,000	\$6,687,000	Nutrition-specific programmes	FY11
USAID	\$47,000,000	\$47,000,000	Nutrition-sensitive agriculture programmes (Feed the Future)	FY11
World Bank	\$ 251 million	\$251 million	Complementary investments in agriculture, rural development and health sectors	2010
World Bank/JSDF	\$3.0million	\$3.0million	Bio-fortification	Pipeline

N.B. Provisional data subject to validation by authorities concerned

Annex 5: Definitions

Acute hunger	Acute Hunger is when lack of food is short term, and is often caused when shocks such as drought or war affect vulnerable populations
Chronic hunger	Chronic hunger is a constant or recurrent lack of food and results in underweight and stunted children, and high infant mortality. 'Hidden hunger' is a lack of essential micronutrients in diets.
Disability Adjusted Life Years (DALY)	DALY is the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability (WHO)
Direct nutrition interventions and nutrition-sensitive strategies	Pursuing multi-sectoral strategies that combine direct nutrition interventions and nutrition-sensitive strategies. Direct interventions include those which empower households (especially women) for nutritional security, improve year-round access to nutritious diets, and contribute to improved nutritional status of those most at risk (women, young children, disabled people and those who are chronically ill). These include specific interventions identified in the Lancet (2008)*. At the same time, nutrition sensitive strategies should be incorporated into national plans for economic growth, household resilience and social protection. These are particularly important in the agriculture, social welfare, water/sanitation, health, education and employment sectors, but are ideally implemented across the whole of Government in ways that engage other stakeholders.
Food security	When all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.
Hunger	Hunger is often used to refer in general terms to MDG1 and food insecurity. Hunger is the body's way of signalling that it is running short of food and needs to eat something. Hunger can lead to malnutrition.
Malnutrition	An abnormal physiological condition caused by inadequate, excessive or imbalanced intake in macronutrients, -carbohydrates, protein , fats - and micronutrients
Millennium Development Goal 1 (MDG 1)	Eradicate extreme poverty and hunger - has two associated indicators for its hunger target: 1) Prevalence of underweight among children under five years of age measures under-nutrition at an individual level, collated by WHO and maintained in a global database on nutrition that allows comparability across countries. 2) Proportion of the population below a minimum level of dietary energy consumption measures hunger and food security, and is measured only at a national level (not at an individual level) through national food balance sheets based on aggregate data on food availability and assumed patterns of food distribution in each country. However, increased aggregate food availability is <u>not</u> synonymous with improved nutritional status.
Multi-stakeholder approaches	Working together, stakeholders can draw upon their comparative advantages, catalyze effective country-led actions and harmonize collective support for national efforts to reduce hunger and under-nutrition. Stakeholders come from national authorities, donor agencies, the UN system including the World Bank, civil society and NGOs, the private sector and research institutions.
Nutrition security	Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, to ensure a healthy and active life for all household members.
Severe Acute Malnutrition (SAM)	A weight-for-height measurement of 70% or less below the median or 3 SD or more below the mean international reference values, the presence of bilateral pitting oedema, or a mid-upper arm circumference of less than 115 mm in children 6 – 60 months old.

Stunting	Reflects shortness-for-age; an indicator of chronic malnutrition and calculated by comparing the height-for-age of a child with a reference population of well-nourished and healthy children
Under-nutrition	When the body does not have adequate amounts of one or more nutrients reflected in biochemical tests (e.g. Haemoglobin level for iron deficiency anaemia), in anthropometric indicators such as stunting (low height-for-age) or wasting (low weight-for-height) and/or in clinical signs (e.g. goitre for iodine deficiency or bilateral oedema).
Underweight	Measured by comparing the weight-for-age of a child with a reference population of well-nourished and healthy children.
Wasting	Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Wasting is calculated by comparing weight-for-height of a child with a reference population of well-nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality.