



Compendium of SUN Country Fiches

(September 2013)



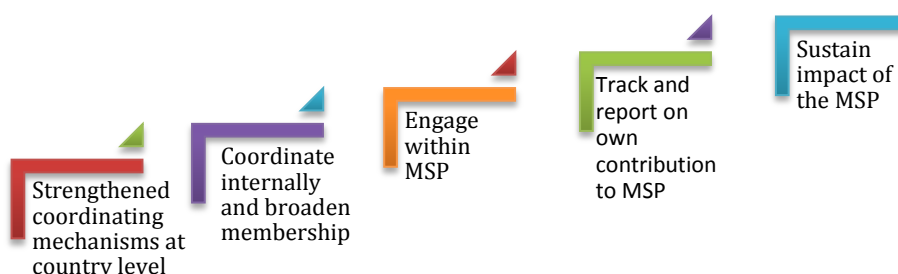
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Introduction

This compendium provides detail of the SUN country achievements over the last year, mapped through a series of progress markers. The introduction to this annex summarises the progress in the SUN countries that were part of the SUN Movement in 2012. Ivory Coast, Myanmar and South Sudan are completing their baselines and, as such, are not included this section. Where information is incomplete countries are not included in the graphics. Countries indicated in **bold script** are those that have reported significant progress since September 2012. Examples are provided in Chapter 2 in the main report. For some progress markers information has only come from in-country networks (UN System, donors, civil society and business) and this has not yet been verified by the SUN government focal point. This has been noted where this is the case.

Process 1: Bringing people in the same space



Progress Marker 1: Strengthened coordinating mechanisms at the country level.

- Strengthened coordinating mechanisms at the country level enable in-country stakeholders to better work together for improved nutrition outcomes.
- Thirty-seven SUN country government focal points have been identified and are working with a high-level steering committee and technical working groups.
- Eleven focal points are situated within government bodies with executive power, 20 are within a line ministry with responsibility for nutrition. Six are part of an independent body.
- Twenty-six countries report having elements of their multi-stakeholder platforms in place that enable them to increase effectiveness.



Progress Marker 2: Coordinate internally and broaden membership.

- Coordination with other actors enables government focal points exert broader influence on the alignment of actions to scale up nutrition.
- Seven SUN countries report that established multi-stakeholder platforms that are actively engaging with executive level political leadership on nutrition issues, have identified processes to involve district and community levels, and have elements in place that enable stakeholders from the four SUN networks to participate.



Progress Marker 3: Engage with multi-stakeholder platforms

- Functioning multi-stakeholder platforms enable the delivery of joint results. This facilitates interaction on nutrition related issues among sector relevant stakeholders, encourages agreement on the prioritisation of issues, supports the identification and mobilisation of relevant stakeholders, enables consensus building around joint interests and recommendations, assists the relevant national bodies in their decision making, and fosters dialogue at the local level.
- Eighteen SUN countries platforms are functioning well with broad representation.
- The impact of the multi stakeholder platforms is demonstrated by the extent that members are able to align their efforts around an agreed common results framework.



Progress Marker 4: Track and report on own contribution

- Reporting on progress, and critically reflecting on accomplishments, enables stakeholders to assess the impact of a shared way of working.
- Government focal points are including participants from different sectors and stakeholders as they seek to improve accountability and share ways of working.
- SUN countries have recently started to track and report on the outcomes of the multi-stakeholder platforms as they are becoming more familiar with the SUN Movement M&E Framework.

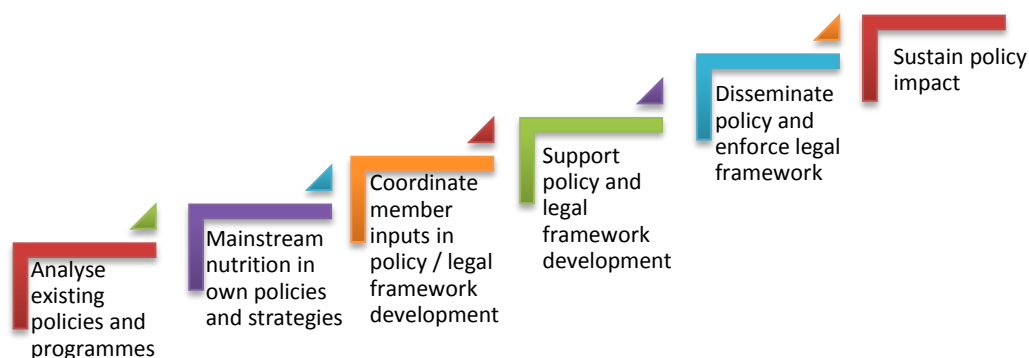


Progress Marker 5: Sustain impact of the multi-stakeholder platform.

- The impact of joint ways of working is considered sustainable when the multi-stakeholder approach to nutrition is included in national development planning and remains a political priority.
- Information for this progress marker comes from in-country networks. This progress marker will be discussed with the SUN government focal points to ensure that progresses in setting up and sustaining an enabling environment for improved nutrition can be fully captured over the coming year.
- In-country networks from six countries believe that most elements are in place to enable the multi-stakeholder platform to become sustainable.



Process 2: Coherent policy and legal framework



Progress Marker 1: Analyse existing policies and programmes.

- Analysing existing policies and programmes enable the identification of those most relevant to improve nutrition outcomes and highlight potential gaps.
- Thirty-seven SUN countries have taken stock of their nutrition policies and regulations.



Progress Marker 2: In-country stakeholders mainstream nutrition into policies and strategies.

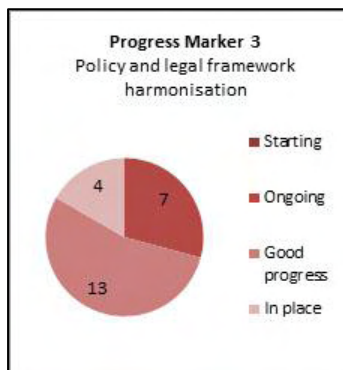
- Ensuring that the policies of in-country networks reflect national nutrition priorities enables a focus on a common goal.
- Information for this progress marker is expected to come only from in-country networks. They all report being in the process of ensuring that their internal policies reflect national nutrition priorities.



Starting	
Ongoing	Chad, El Salvador, Nigeria, Pakistan
Good progress	Bangladesh, Benin, Burkina Faso, Burundi, Cameroon, DR Congo, Ethiopia, Ghana, Guatemala, Guinea, Haiti, Kenya, Kyrgyz Republic, Lao PDR, Malawi, Mali, Mauritania, Mozambique, Namibia, Rwanda, Senegal, Sierra Leone, Sri Lanka, Tanzania, Uganda, Yemen, Zimbabwe
In place	The Gambia, Indonesia, Madagascar, Nepal, Niger, Peru, Zambia

Progress Marker 3: Coordinate inputs into new policy framework development

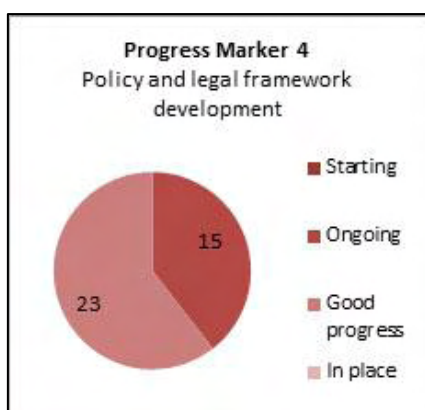
- The coordination of multi-sectoral inputs into new policy and legal frameworks can help improve alignment. This progress marker looks at work underway to develop new, or update existing policies and legislation.
- Thirteen SUN countries report working across sectors to improve existing policies and legislation.



Starting	
Ongoing	Burundi, Guatemala, Kenya, Mali, Mozambique, Niger, Nigeria, Senegal
Good progress	Bangladesh, Benin, Ethiopia, Ghana, Lao PDR, Malawi, Namibia, Peru, Rwanda, Sierra Leone, Tanzania, Zambia, Zimbabwe
In place	The Gambia, Indonesia, Nepal, Uganda

Progress Marker 4: Support new policy and legal framework development.

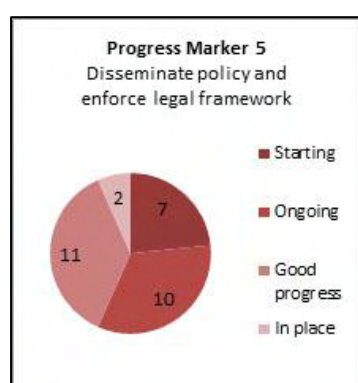
- In-country networks are supporting the government to review policy and legal frameworks. This progress marker looks at new work underway to finalise policies and legislation based on inputs from all members.
- Elements sought include support to the existence of updated policies and strategies specific to nutrition, updated sectoral policies in nutrition-sensitive related approaches and comprehensive legislation relevant to nutrition.
- Countries ascertain policy and legal coherence across different ministries and broaden political support seeking for parliamentary attention.
- Legislation with the most impact on undernutrition include the International Code for the Marketing of Breastmilk Substitutes, food fortification, universal salt iodisation, maternity leave and Right to Food bills.



Starting	
Ongoing	Bangladesh, Burkina Faso, Chad, El Salvador, Guatemala, Guinea, Kyrgyz Republic, Lao PDR, Malawi, Namibia , Nepal, Nigeria, Rwanda, Sierra Leone
Good progress	Benin, Burundi , Cameroon, DR Congo, Ethiopia, The Gambia, Ghana , Haiti, Indonesia, Kenya, Madagascar, Mali, Mauritania, Mozambique, Niger, Peru, Senegal, Sri Lanka, Tanzania, Uganda, Yemen, Zambia, Zimbabwe
In place	

Progress Marker 5: Disseminate policy and enforce the legal framework

- Nine countries have a government led advocacy and communication strategy in place that can support the realisation of policy objectives as well as legal standards and guarantees; 14 other countries have reported efforts are underway to develop these strategies
- Eight countries have identified and are working with nutrition champions: **Indonesia, Kenya, Kyrgyz Republic, Nigeria, Peru, Sierra Leone, Sri Lanka and Tanzania.**
- High-level SUN events have been held in 20 SUN countries in the past year. These include official SUN launches, policy roundtables, and high level meetings at national, district and community levels to leverage commitments, showcase successes and promote urgent action.

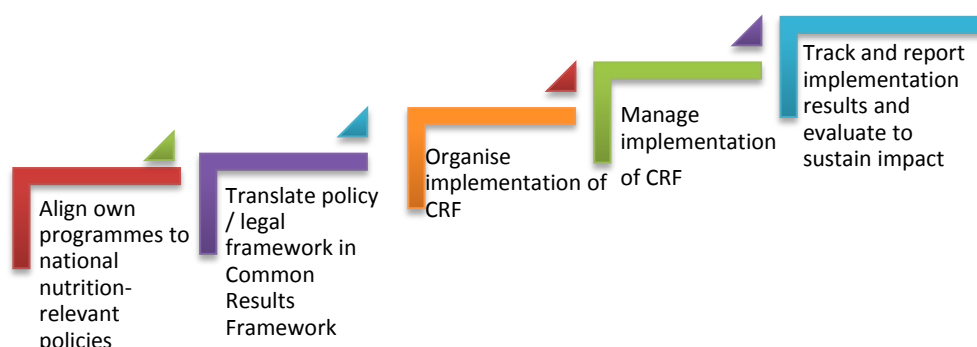


Starting	Burundi, Ghana, Mali, Mozambique, Niger, Rwanda, Senegal
Ongoing	Bangladesh, Burkina Faso, Indonesia , Lao PDR, Madagascar, Mauritania, Sierra Leone , Tanzania, Uganda, Zimbabwe
Good progress	Benin, The Gambia, Ethiopia, Haiti, Kenya, Kyrgyz Republic , Namibia, Nepal, Nigeria, Peru, Zambia
In place	Guatemala, Malawi

Progress Marker 6: Sustaining the impact of a country's policy and legal frameworks.

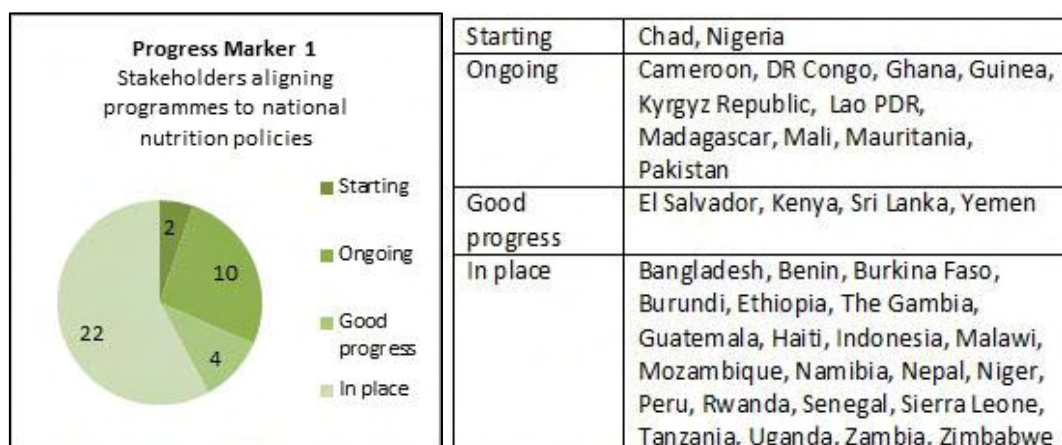
- It is not yet possible to fully appreciate the impact of policy alignment across sectors.
- More studies and evaluations are needed.
- This progress marker will be discussed with the SUN government focal points to ensure that progresses in setting up and sustaining the impact of country's policy and legal frameworks can be fully captured over the coming year.

Process 3: Programme alignment around the Common Results Framework



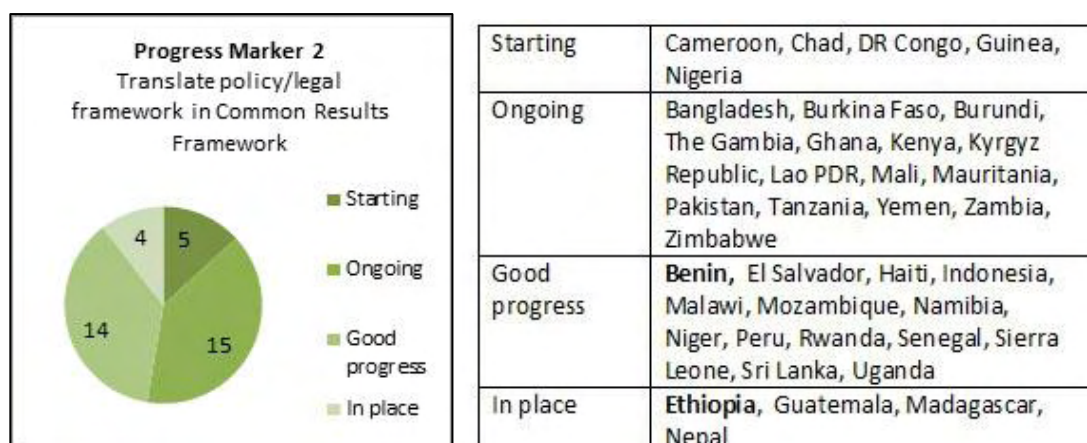
Progress Marker 1: Align programmes around national nutrition policies, goals and targets.

- In-country networks align their own programmes to national nutrition policies.
- Information for this progress marker is expected to come only from in-country networks.
- Stakeholders in 22 SUN countries report the use of national policies, goals and targets to align their own nutrition programming.



Progress Marker 2: Translate policies and legal frameworks into common results frameworks.

- SUN countries are developing common results frameworks for scaling up nutrition using existing or updated policy and legal frameworks, ensuring convergence around the CRF across sectors.
- The priority is to accelerate the implementation of nutrition-specific interventions included in the national nutrition plans and ensure that other sectors can leverage their plans to have an impact on the key determinants of malnutrition.
- Countries that already have a national nutrition plan are considering implementation capacity within each relevant sector and creating favourable linkages to other plans.



Progress Marker 3: Organise implementation of the Common Results Framework.

- The development and mobilisation of implementing capacity across sectors and partners requires aligned programmes to be well designed and well delivered to maximise the impact on nutritional status.
- Implementation requires coordination within sectors, as well as horizontal coordination between sectors.
- Most countries are expanding their capacity to deliver within specific sectors although only a few are addressing capacity gaps across sectors.



Progress Marker 4: Manage implementation of common results frameworks.

- Effective management of common results frameworks enables concerted effort to improve implementation.
- The collection of timely, good quality data often presents a challenge.
- A common cross-sectoral, monitoring and evaluation framework is proving particularly difficult to develop for some countries. In others implementation of data collection systems is ongoing but support is required to improve the analytical and reporting capacity.

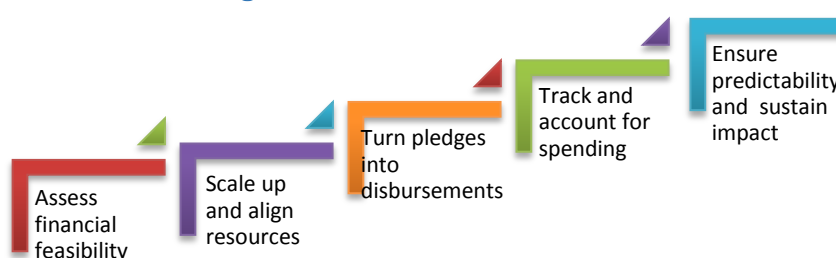
- Ten SUN countries report good progress in strengthening information systems to monitor the level of malnutrition in vulnerable populations and the implementation of relevant programs in line with national priorities



Progress Marker 5: Track and report on implementation and results

- Countries will increasingly use their common results frameworks to evaluate the impact of their programmes to enable learning.
- Information for this progress marker comes from in-country networks. This progress marker will be discussed with the SUN government focal points to ensure that progress in evaluating implementation results and impact can be fully captured over the coming year.
- There is no graphic for this progress marker.

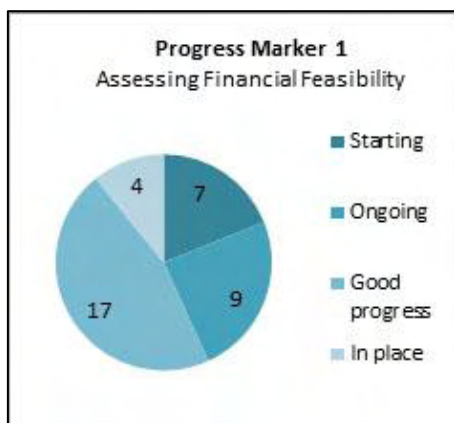
Process 4: Financial tracking and resource mobilisation



Progress Marker 1: Assessing financial feasibility

- Assessing the financial feasibility of national plans to scale up nutrition is essential to determine funding requirements.
- Countries are reviewing and costing their national plans in light of available and expected resources.
- Twenty countries facilitated support for the costing of national nutrition plans

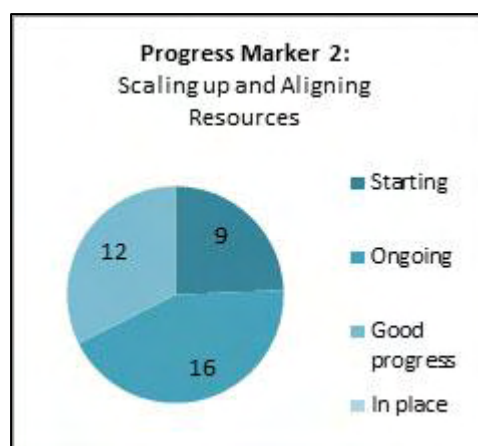
- Four SUN countries report having finalised the costing of their plans based on their priorities and financial feasibility.
- In other countries, good progress is being made to link nutrition costed plans with spending in other sectoral plans, assessing costs at sub-national levels and including missing costs, most notably administrative and personnel costs and costs to maintain current intervention coverage.



Starting	Cameroon, Chad, DR Congo, Ghana, Guinea, Pakistan
Ongoing	Burundi , Kyrgyz Republic, Lao PDR, Mali, Malawi, Mauritania, Nigeria, Zambia, Zimbabwe
Good progress	Bangladesh, Benin, Burkina Faso, The Gambia, Haiti, Indonesia , Kenya, Mozambique, Namibia , Nepal, Niger, Peru, Rwanda, Senegal, Sri Lanka, Tanzania , Uganda, Yemen
In place	Ethiopia , Guatemala, Madagascar, Sierra Leone

Progress Marker 2: Scale up and align of resources.

- In SUN countries that have developed and costed their plans, government authorities and stakeholders from in-country networks are working to align resources to national priorities, estimate the total resource allocation at sub-national level and identify financial gaps.
- No SUN country is currently in a position to estimate the financial resource gap with precision, however, some are beginning to get a better overview of the financial gaps based on an increased understanding of their capacity to maintain the current level of implementation coverage and the requirements for scaling up.



Starting	Cameroon, Chad, El Salvador, Kenya, Lao PDR, Mali, Mauritania, Nigeria, Pakistan
Ongoing	Burkina Faso, Burundi, DR Congo, Ghana, Guinea, Indonesia, Kyrgyz Republic, Namibia, Niger, Peru, Rwanda, Tanzania, Uganda , Yemen, Zambia, Zimbabwe
Good progress	Bangladesh, Benin, Ethiopia , The Gambia, Guatemala, Haiti, Madagascar , Malawi , Mozambique , Nepal, Senegal, Sierra Leone, Sri Lanka
In place	

Progress Marker 3: Honour commitments by turning financial pledges into disbursements

- Countries continue to work on identifying their own resources and secure external commitments. **Bangladesh, Ethiopia, Guatemala, Indonesia, Malawi, Namibia, Nepal, Nigeria, Peru, Senegal, Sierra Leone, Zambia and Zimbabwe** have committed to maintain or increase

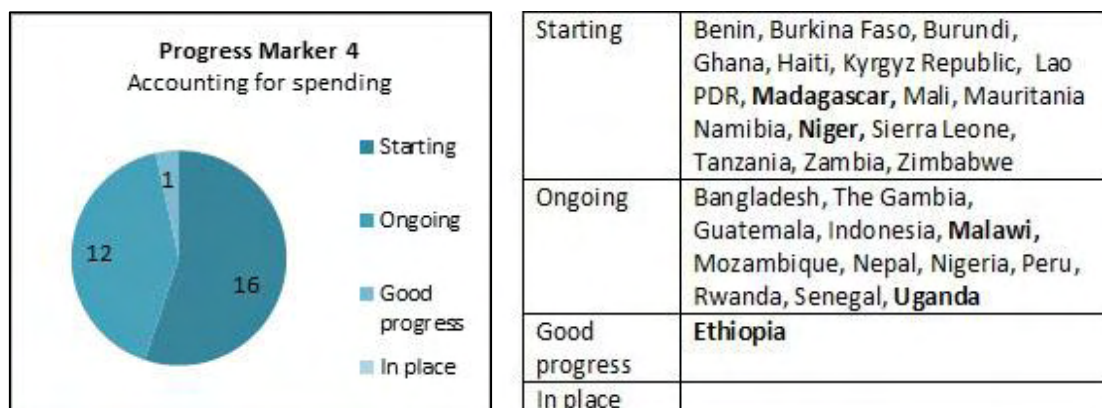
their own nutrition investments in the short and mid-term. **Guatemala, Peru** and **Nepal** report improvements since September 2012.

- Stakeholders from in-country networks in nine SUN countries report confidence that financial pledges will be effectively turned into disbursement. Stakeholders in **Nigeria** report that existing systems can be adjusted to monitor disbursements against commitment.



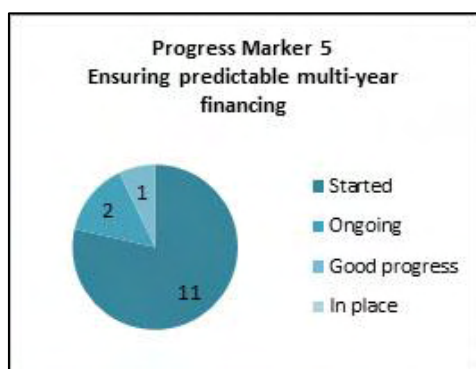
Progress Marker 4: Track and account for spending.

- Even when costed plans are available and investments are committed against them, difficulties are being reported in tracking actual domestic spending within and across sectors. Government spending on nutrition needs first to be identified and later reconciled with the planned estimated costs for nutrition. In addition, recurrent costs for personnel, infrastructure, etc. might not have been captured in the initial plans and might be hard to assign.
- The tracking of external resources across sectors and programmes remains the main challenge, especially considering the amount of funds that are channelled outside government budgets. The mapping and alignment of external resources can help to improve coordination and reporting.
- Seven SUN countries have established a nutrition budget line within sectoral ministries: **Madagascar, Haiti, Mali, Niger, Uganda, Burkina Faso** and **Malawi**. **Burundi, Sierra Leone** and **Benin** are planning to. **Ethiopia** reports having made progress in developing a tracking systems for domestic and external spend on nutrition. This is linked to the National Nutrition Program.



Progress Marker 5: Ensuring predictability of multi-year funding to sustain impact

- Monitoring to ascertain the impact on nutritional status and encourage multi-year funding is key for sustaining impact.
- Information for this progress marker comes from in-country networks. This progress marker will be discussed with the SUN government focal points to ensure that progresses in establishing and tracking predictable multi-year funding can be fully captured over the coming year.
- Stakeholders in 12 SUN countries report improved funding predictability.



Starting	Mali, Namibia, Benin, Indonesia, The Gambia, Peru, Lao PDR, Ghana, Ethiopia, Nepal, Rwanda
Ongoing	Mozambique, Zimbabwe
Good progress	Burundi
In place	

Disclaimer:

Global dataset were used wherever updated. Country published reports where used when new surveys were published and made available by the national focal points. We acknowledge that the country data might be subject to changes in the global datasets due to further re-analysis and adjustments by the global teams

English	French	Spanish
Stunting	Retard de croissance	Retraso en el crecimiento
Wasting	Maigreur	Emaciación / desnutrición aguda
Overweight	Surpoids	Sobrepeso
Low birth weight	Faible poids de naissance	Bajo peso al nacer
Exclusive breastfeeding	Allaitement exclusif	Lactancia exclusiva
Good nutrition practices	Bonnes pratiques nutritionnelles	Buenas prácticas nutricionales
With 3 Infant and Young Child Feeding (IYCF) practices (6-23 months)	Pratiques alimentaires du nourrisson et du jeune enfant (6-23 mois)	Alimentación del lactante y del niño pequeño
Complementary feeding with at least 4 groups per day (6-23 months)	Alimentation de complément avec au moins 4 groupes d'aliments par jour (6-23 mois)	Alimentación complementaria con al menos 4 grupos de alimentos al día (6-23 meses)
Vitamin and mineral intake	Apport en vitamines et minéraux	Ingesta de vitaminas y minerales
Zinc treatment for diarrhoea (U5 children)	Traitement en zinc pour diarrhée (pour enfant de moins de 5 ans)	Tratamiento de Zinc para la diarrea (para niños menores de 5 años)
Pregnant women attending 4 or more ANC visits	Nombre de visites prénatales	Atención prenatal
Vitamin A supplementation (6-59 months)	Supplémentation en vitamine 1 (6-59 mois)	Suplementación con vitamina A (en niños de 6-59 meses)
Presence of iodised salt in the house	Disponibilité de sel iodé dans les ménages	Disponibilidad de sal yodada en el hogar
Women's empowerment	Responsabilisation/émancipation des femmes	Empoderamiento de la mujer
Female literacy	Taux d'alphabétisation des femmes	Alfabetización de mujeres
Female employment rate	Taux d'emploi des femmes	Tasa de empleo femenino
Median age at first marriage	Âge médian à la première union	Edad mediana en el primer matrimonio
Access to skilled birth attendant	Pourcentage dont l'accouchement a été assisté par un prestataire de santé	Porcentaje de partos por profesional de la salud calificado
15-19 years women already mother or with first child	Femmes de 15-19 ans déjà mères	Mujeres de 15-19 años que ya son madres
Fertility rate	Indice Synthétique de Fécondité	Tasa Global de Fecundidad
Wash & Others	Eau, assainissement, hygiène et autres	Agua, saneamiento, higiene y otros
Rate of urbanization	Taux d'urbanisation	Tasa de urbanización
Income share held by lowest 20%	Revenus des 20% de la population les plus pauvres	Porcentaje de renta del 20% de la población con menores ingresos
Open defecation	Défécation en plein air	Defecación al aire libre
Non-improved drinking water source	Source d'eau potable non améliorée	Fuente de agua potable no mejorada

Demographic data (2010, WPP 2012)

National Population:	151.1 million
Children under 5:	15.3 million
Adolescent Girls (15-19):	7.8 million
Average Number of Births:	3.2 million
Population growth rate:	1.09%

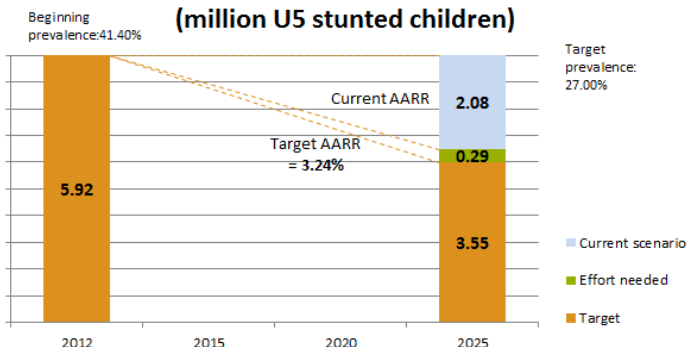
WHA nutrition target indicators (DHS 2011)

Low Birth Weight:	21.60%
Exclusive Breastfeeding:	64.10%
U5 Stunting:	41.30%
U5 Wasting:	15.60%
U5 Overweight:	1.50%

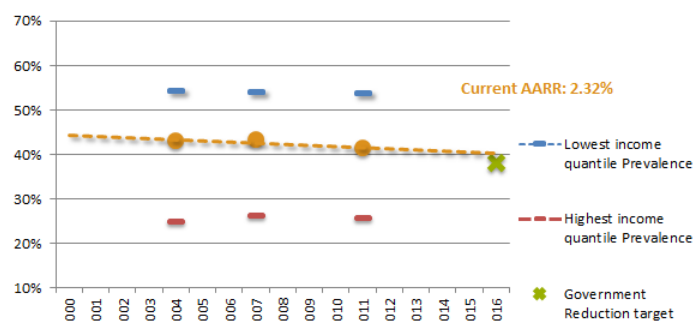
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	20.9%
Complementary feeding with at least 4 groups per day (6-23 months)	25.2%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	49.10%
Pregnant women attending 4 or more ANC visits	25.50%
Vitamin A supplementation (6-59 months)*	94.00%
Presence of iodised salt in the house	81.80%
Women's Empowerment	
Female literacy	62.90%
Female employment rate	54.20%
Median age at first marriage	15.8
Access to skilled birth attendant	32.00%
15-19 years women already mother or with first child	30.20%
Fertility rate	2.4
Other Nutrition Sensitive Indicators	
Rate of urbanization	27.44%
Income share held by lowest 20%	8.88%
Open defecation	4.20%
Non-improved drinking water source	1.50%

Targeted Stunting Reduction - Bangladesh (million U5 stunted children)



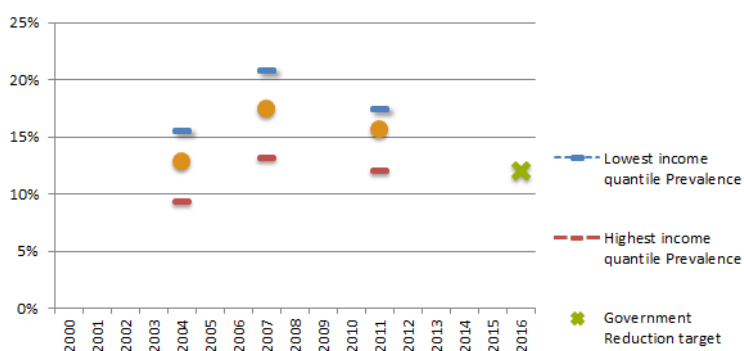
Stunting Reduction Trend and Target - Bangladesh



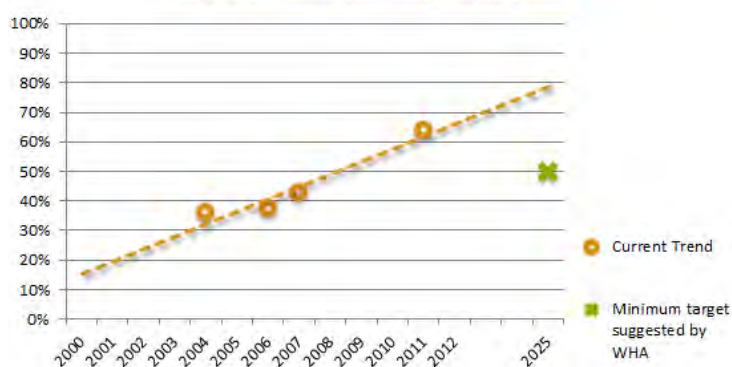
Distribution of stunting across wealth quintiles- Bangladesh











Wasting Prevalence - Bangladesh



Trend of Exclusive Breastfeeding Rate - Bangladesh



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					3
Quality of process					

Bringing people together: Bangladesh is committed to multi-sectoral coordination. Established in December 2011, the Steering Committee for Nutrition Implementation within the Ministry of Health and Family Welfare and chaired by the Ministerial Secretary convenes 28 representatives from 13 Ministries and 10 Departments, donors, UN, academia and the Nutrition Working Group. A Cabinet-level multisectoral Steering Committee involving 13 Ministries also meets regularly, convened by the Ministry of Food, to monitor the implementation of the National Food Policy Plan of Action, NFP PoA (2008-2015), and Country Investment Plan (CIP). With leadership from the Prime Minister, Her Excellency Sheikh Hasina, a member of the SUN Lead Group, different groups are coming together to support actions to improve the nutrition of women and children in Bangladesh. Action to scale up nutrition is supported by strong civil society alliances. The Government is also proposing to strengthen engagement by the business community. SUN donor and UN networks have been established and are bringing their different perspectives together. The national launch of SUN and 1000 Days was held at the beginning of September 2013. The 2013 Lancet Series on maternal and child nutrition was launched in Bangladesh in collaboration with National nutrition services, the Ministry of Health and Family Welfare, Save the Children and ICDDR. UN REACH has begun facilitating a national consultative process to develop a Joint Advocacy and Communications Strategy for nutrition.

Coherent policy and legal framework: Bangladesh is committed to reviewing its 15-year-old national policy for nutrition to ensure attention to both nutrition-specific interventions and nutrition-sensitive approaches. The draft National Nutrition Policy was recently finalized and is awaiting cabinet approval. A National Nutrition Services Operational Plan under the Ministry of Health has been adopted and incorporated within the comprehensive Health Population and Nutrition Sector Development Program 2011-2016. The NFP PoA was developed by the Ministry of Food and Disaster Management (now the Ministry of Food), in collaboration with 16 partner ministries. It outlines both nutrition-specific and nutrition-sensitive interventions in the food, agriculture and health sectors. In 2011, the government developed an updated version of the CIP (2011-2015) which is anchored in the policy and programmatic and financial framework. The CIP includes a coherent set of 12 priority investment programmes to improve agriculture, food security and nutrition in an integrated way, and is monitored intensively on an annual basis. Important recent developments in national legislation include the approval of the National Food Safety Act, the establishment of a National Food Safety Authority and the expansion of food fortification initiatives. The nutrition of mothers and adolescent girls needs urgent attention.

Aligning programs around a Common Results Framework: Bangladesh has recently begun developing a Common Result Framework (CRF) for scaling up nutrition, with the support of UN REACH and other stakeholders. The CRF will draw on several available documents including: (1) the 2011 Country Investment Plan (CIP), a planning, fund mobilization and alignment tool to increase and diversify food availability in a sustainable manner and improve access to food and nutrition security (costed by sector and produced by the Ministry of Food in collaboration with 13 partner ministries); and (2) the FHI360 and Government nutrition costings technical report, published in June 2012. The National Nutrition Services, under the Ministry of Health and Family Welfare, is delivering a comprehensive nutrition package to communities, including support for breastfeeding and complementary feeding, dietary diversification, food supplementation and fortification, and the management of acute malnutrition. Bangladesh is reviewing its national safety net programmes to ensure that they deliver improved nutrition outcomes.

Financial tracking and resource mobilisation: Bangladesh is mobilizing domestic and international finances to support national efforts to improve nutrition. Detailed assessments of what it will cost to provide nutrition-specific interventions at the national level are being conducted. The government facilitated a team of technical experts to visit the country and review the CIP with the government and main stakeholders. The current financing gap has been estimated. Funds for the CIP – from government budget resources as well as from development partners – have been allocated through the Planning Ministry’s Annual Development Programme process. Funds have also been channeled from development partners through non-governmental organizations. The government will cover 62% of the CIP budget, with the remaining 38% coming from development partners. The challenge ahead is the timely and effective use of this funding.

Demographic data (2010, WPP 2012)

National Population:	9.5 million
Children under 5:	1.6 million
Adolescent Girls (15-19):	0.5 million
Average Number of Births:	0.3 million
Population growth rate:	3.01%

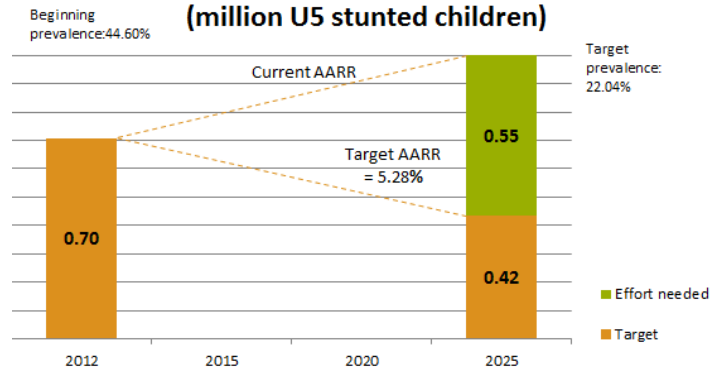
WHA nutrition target indicators (DHS 2006)

Low Birth Weight:	12.50%
Exclusive Breastfeeding:	43.10%
U5 Stunting:	38.00%
U5 Wasting:	8.40%
U5 Overweight:	9.00%

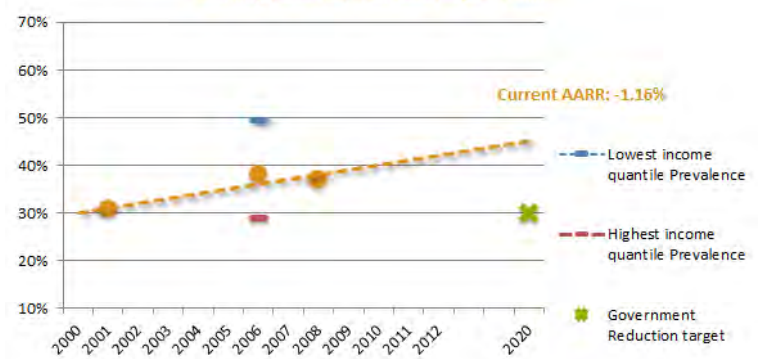
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	32.20%
Complementary feeding with at least 4 groups per day (6-23 months)	61.20%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	60.50%
Vitamin A supplementation (6-59 months)*	98.00%
Presence of iodised salt in the house	59.50%
Women's Empowerment	
Female literacy	27.90%
Female employment rate	67.10%
Median age at first marriage	18.6
Access to skilled birth attendant	77.70%
15-19 years women already mother or with first child	21.40%
Fertility rate	5.31
Other Nutrition Sensitive Indicators	
Rate of urbanization	41.19%
Income share held by lowest 20%	6.99%
Open defecation	65.00%
Non-improved drinking water source	31.60%

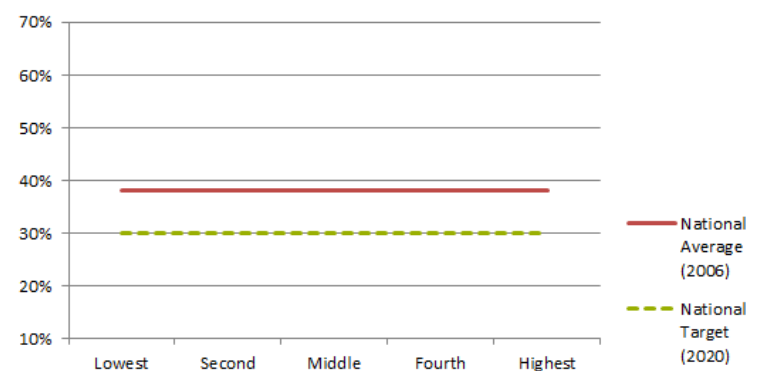
Targeted Stunting Reduction - Benin (million US stunted children)



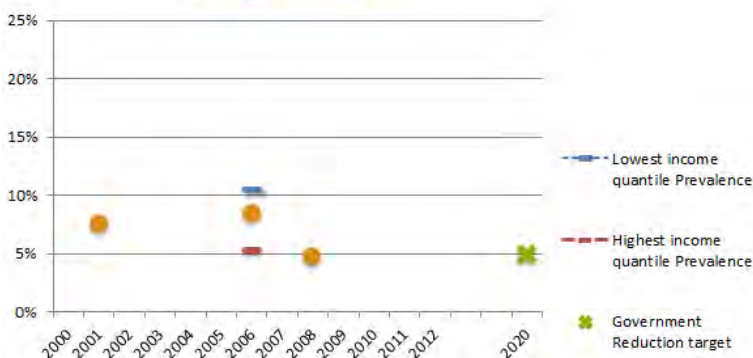
Stunting Reduction Trend and Target - Benin



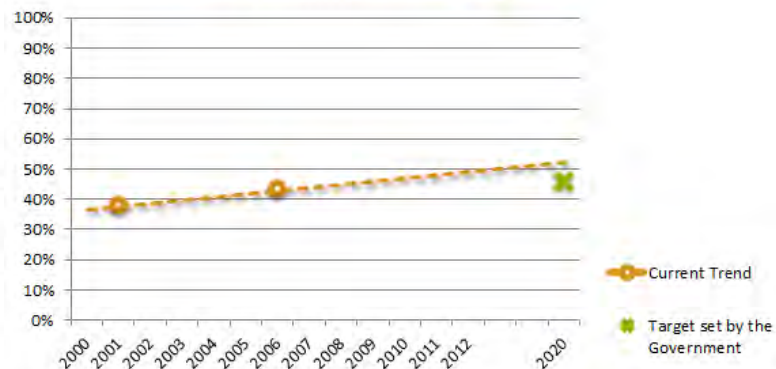
Distribution of stunting across wealth quintiles - Benin



Wasting Prevalence - Benin



Trend of Exclusive Breastfeeding Rate - Benin



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of Elements	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	2 > 3
Quality of Process	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	

Bringing People Together: Significant progress was made in 2012 in elevating nutrition as a political priority in Benin. The *Conseil National de l'Alimentation et de la Nutrition (CAN)* is the multi-sectoral, multi-stakeholder platform for scaling up nutrition and is located at the level of the president of the republic. The CAN is now operational and the permanent secretariat is established. A high level meeting on nutrition was held with Lead Group Member Helene Gayle on 21 February. Benin would like also to organize a national launch of the new Lancet series. The networks continue to work together. An inclusive UN network with participation of UNICEF, FAO, WFP, FNUAP and UNDP is in place and led by UNICEF. : An inclusive donor platform of technical and financial partners is also in place under the joint leadership of the World Bank and UNICEF. The donor convener is UNICEF while the World Bank is the main donor in the country. There is one representative from the research community in the CAN and NGOs and other CSOs are represented by the consumers association. Private sector companies cooperate on initiatives to include nutrients in their products. They participate in the CAN through the representative of the Chamber of Commerce and Industry.

Coherent policy and legal framework: The Strategic Plan for Food and Nutrition Development (PSDAN) is Benin's overarching policy document, which lays out both nutrition-specific and nutrition-sensitive approaches, or "short and long roads" to improving nutrition. The PSDAN is operationalized through the Result-based Food and Nutrition Program (PANAR) and the National Food Security Program. The PANAR has 5 sub-programs that deal with direct nutrition interventions while the National Food Security Program has 2 programs that deal with nutrition-sensitive agriculture. Benin has committed to developing and launching an integrated communication plan to promote exclusive breastfeeding by the end of 2013. The national legislation on nutrition is comprehensive and includes food fortification laws, regulation of the marketing of breast-milk substitutes and maternity protection law.

Aligning programs around a CRF: Benin's SUN Roadmap for Implementation is a new planning document that aims to align both the "short road" and "long road" approaches of the PANAR and the National Food Security Program. The Government has committed to establishing a unified and multi-sectoral monitoring and evaluation plan at the decentralized level to establish a baseline against which to measure progress and integrate nutrition indicators in the sectoral plans. With support from Japan, Benin has launched an Education Community Nutrition Project in 10 vulnerable communities, with the aim to identify effective means for strengthening and scaling up interventions nationwide. Ongoing efforts across different sectoral programmes – agriculture, social protection, education, and gender (with 6 focal points in ministerial departments) – have been established to promote appropriate complementary feeding practices for children under 2 at all levels, including within communities.

Financial tracking and resource mobilization: Full costing of both PANAR and the National Food Security Program have been completed. Benin has participated in the country-led costing work that the SUN movement Secretariat is facilitating. While the government has recently confirmed that a separate nutrition budget line will be established in 2013, funding to fully implement the programs must be raised as a matter of urgency. Benin has committed to developing a resource mobilization strategy to implement the new national program (PANAR).

Demographic data (2010, WPP 2012)

National Population:	15.5 million
Children under 5:	2.8 million
Adolescent Girls (15-19):	0.8 million
Average Number of Births:	0.6 million
Population growth rate:	2.93%

WHA nutrition target indicators (DHS 2010)

Low Birth Weight:	16.20%
Exclusive Breastfeeding:	24.80%
U5 Stunting:	34.60%
U5 Wasting:	15.50%
U5 Overweight:	7.70%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice

Minimum acceptable diet (6-23 months)	3.10%
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Complementary feeding with at least 4 groups per day (6-23 months)	6.00%
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Programs for vitamin and mineral deficiencies

Zinc treatment for diarrhoea (U5 children)	0.40%
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Pregnant women attending 4 or more ANC visits	33.70%
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Vitamin A supplementation (6-59 months)*	87.00%
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Presence of iodised salt in the house	95.40%
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Women's Empowerment

Female literacy	22.50%
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Female employment rate	75.80%
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Median age at first marriage	17.8
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Access to skilled birth attendant	67.10%
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15-19 years women already mother or with first child	23.60%
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Fertility rate	6.08
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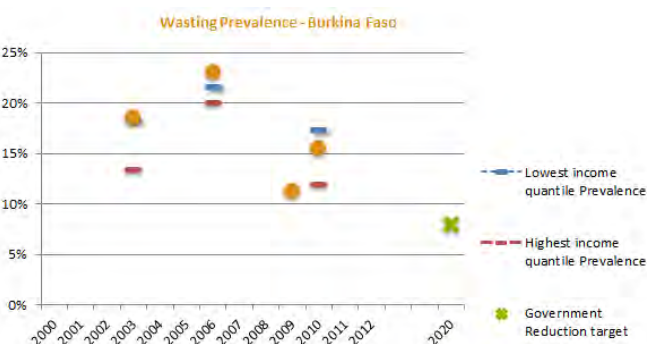
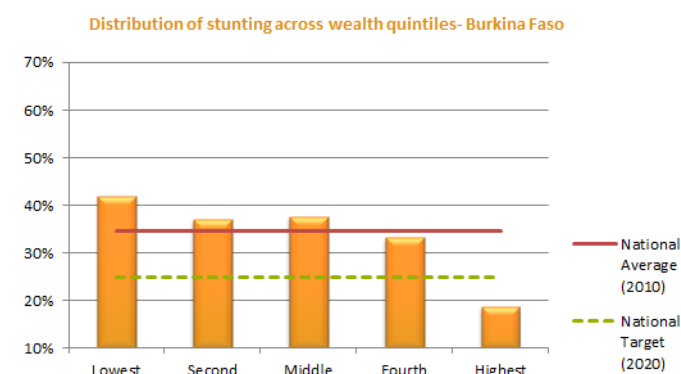
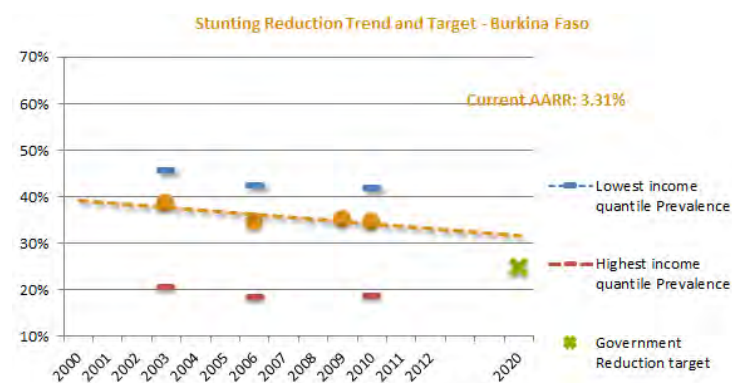
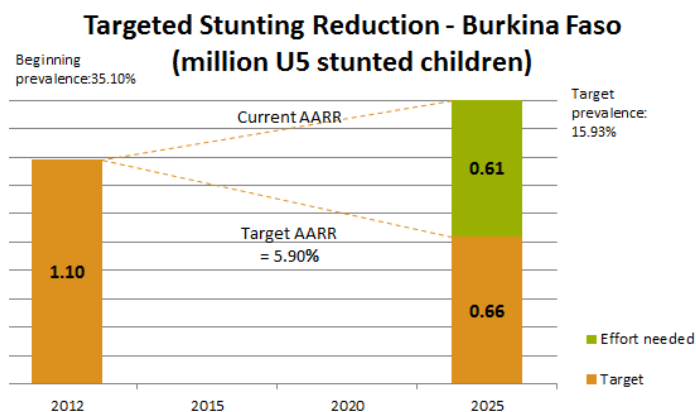
Other Nutrition Sensitive Indicators









Rate of urbanization	27.20%
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Income share held by lowest 20%	6.72%
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Open defecation	63.80%
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Non-improved drinking water source	23.50%
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	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					2
Quality of process					

Bringing people together: Burkina Faso joined the SUN Movement in June 2011 and is continually making progress in setting up the policies and programmes needed to scale up nutrition. The convening body, the National Council for Nutrition Coordination (NCNC), was created in 2008 and is attached to the Ministry of Health and assisted by vice presidents of the Ministry of Agriculture and Food Security, the Ministry of Water and Sanitation (both recently created), the Ministry of Social Action and National Solidarity and the Ministry of the Economy and Finance. The NCNC includes representatives from civil society organisations implementing community projects and representatives from the academic community whose research contributes to the scaling up nutrition efforts. Organisations from the United Nations system continue to contribute to the management and monitoring of the platform's meetings. Development partners have their own platform called the Group of Technical and Financial Partners for Food Security. Businesses apply national directives in accordance with government strategies, particularly in terms of food fortification. They are represented on the NCNC through the Chamber of Commerce and Industry.

Coherent policy and legal framework: Burkina Faso has a Strategic Nutrition Plan (2010-2015) in line with its National Policy for Nutrition (2007). Burkina Faso is committed to finalising a National Nutrition Plan (2016-2020) between now and the end of 2015, and it will define the human resource and funding commitments for supporting specific nutrition interventions and nutrition-sensitive approaches. Burkina Faso is asking for the plan to be reviewed by peers. The National Food Security Council has planned to review the 2003 National Policy on Food Security with the intention of including specific nutritional results. Other nutrition-sensitive strategies and policies cover most of the key sectors, in particular poverty reduction and economic development and education. Recently, Burkina Faso has adopted new legislation in favour of wheat and maize fortification and has undertaken a review of the main legal framework for the multi-sectoral consultation on nutrition, both regionally and nationally. The International Code on the Marketing of Breast-milk Substitutes is fully validated and included in the legislation. The maternity protection law is in line with the ILO's recommendation, which is for 14 weeks' leave. An awareness and communication strategy is being developed.

Aligning programmes around a Common Results Framework: The country's nutrition policies are reflected in numerous nutrition-specific programmes. A roadmap and a common results framework are being developed. Burkina Faso is ready to start to decentralise responsibility for nutrition-sensitive strategies and specific nutrition interventions to the district level. Burkina Faso also plans to finalise a nutritional surveillance system before the end of 2015. The WHO is contributing USD 170,000 to the updating of this system which is aimed at specific target groups. A food security and nutrition programme, funded by the African Development Bank, is under development and will include nutrition-specific interventions and indicators. This programme brings together the Ministries of Agriculture and Health. The total cost of this programme is not yet finalised.

Financial tracking and resource mobilisation: Burkina Faso is taking part in the cost assessment exercise being carried out by several SUN countries and supported by the SUN Movement Secretariat. Monitoring the resources allocated to nutrition is a challenge that has been identified for Burkina Faso. Currently, the specific funds for nutrition are classified as a "sub-account" of the national budget account for maternal and infant health, which makes their monitoring difficult. However, awareness is being raised to get the government to establish a national budget for nutrition in accordance with the June 2013 Nutrition for Growth event. A parliamentary workshop is planned, with the aim of raising MPs' awareness on the funding of nutrition from the national budget. Burkina Faso is looking to the various sectors and parties involved in nutrition for assistance in the financial tracking system. The implementation of the costed plan is mainly the responsibility of the Ministry of Health, with the support of the other ministries involved and technical and financial partners. Responsibility for the districts and regions is entrusted to the relevant authorities. The SUN's governmental focal point has committed to mobilise both national and external resources for nutrition, which is considered a priority. The Strategic Nutrition Plan establishes seven potential sources of financing, including the State budget, the United Nations agencies, local authorities and the private sector.

Demographic data (2010, WPP 2012)

National Population:	9.3 million
Children under 5:	1.7 million
Adolescent Girls (15-19):	0.5 million
Average Number of Births:	0.4 million
Population growth rate:	3.45%

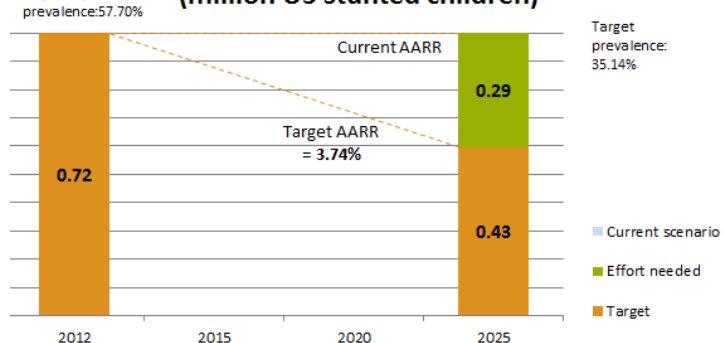
WHA nutrition target indicators (DHS 2010)

Low Birth Weight:	10.70%
Exclusive Breastfeeding:	69.30%
U5 Stunting:	57.70%
U5 Wasting:	5.80%
U5 Overweight:	2.70%

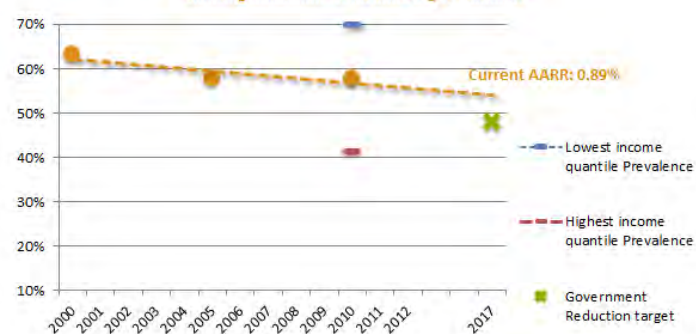
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	8.80%
Complementary feeding with at least 4 groups per day (6-23 months)	18.50%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	0.10%
Pregnant women attending 4 or more ANC visits	33.40%
Vitamin A supplementation (6-59 months)*	83.00%
Presence of iodised salt in the house	95.60%
Women's Empowerment	
Female literacy	61.50%
Female employment rate	78.60%
Median age at first marriage	20.3
Access to skilled birth attendant	60.30%
15-19 years women already mother or with first child	10.50%
Fertility rate	6.52
Other Nutrition Sensitive Indicators	
Rate of urbanization	9.66%
Income share held by lowest 20%	8.96%
Open defecation	2.90%
Non-improved drinking water source	23.10%

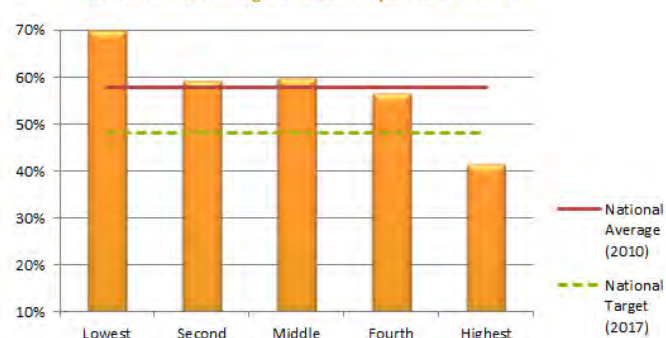
Targeted Stunting Reduction - Burundi (million U5 stunted children)



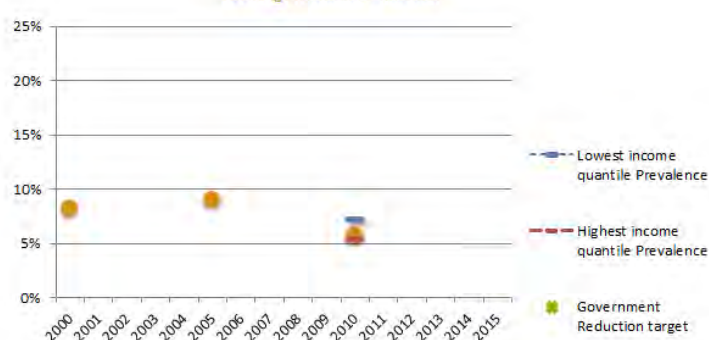
Stunting Reduction Trend and Target - Burundi



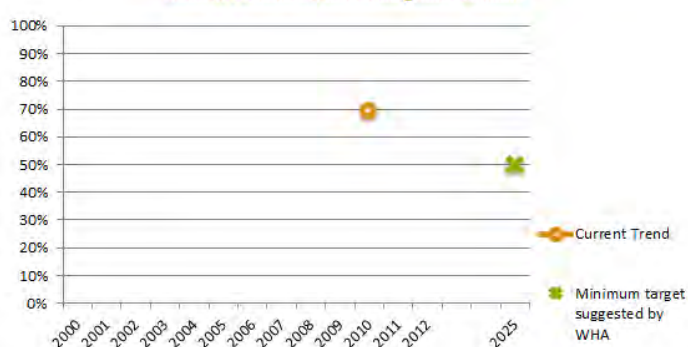
Distribution of stunting across wealth quintiles - Burundi











Wasting Prevalence - Burundi



Trend of Exclusive Breastfeeding Rate - Burundi



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					2>3
Quality of process					

Bringing people together: A SUN focal point is now appointed within the office of the second vice president. The technical committee on nutrition is also set up and is operational. The launch of the multi-sectoral platform by His Excellency the President of the Republic took place on 18 July 2013 in Ngozi, a province which has the highest malnutrition rate in the country. The platform includes ministerial departments, international organisations, the private sector, civil society, religious groups and research institutions. During the launch, the information concerning the SUN Movement in Burundi and the progress already made, the nutrition situation and the multi-sectoral strategic plan to fight malnutrition in Burundi was presented. After the platform launch phase, a series of activities will take place throughout the country, in particular the launch of the platform in the country's other provinces, the identification of champions, the appointment of a donor convener, awareness-raising activities and the establishment of decentralised committees. The government and United Nations agencies are working together with open and excellent collaboration: a joint mission of the government and the United Nations agencies (UNICEF and WFP) travelled to Brussels, Paris and Rome in May 2013. Following and as a result of this mission, a REACH initiative mission to Burundi from 30 June to 5 July 2013 took place to support a one and a half day workshop analysing the strengths, weakness, challenges and opportunities of the governance in Burundi in respect of nutrition. The key sectoral ministries, United Nations agencies and representatives from national and international NGOs participated in the workshop. The REACH mission met several potential funders to report the results of this workshop and to encourage them to support nutrition. The Minister of External Relations and Cooperation conducted a mission in Brazil in April 2013 and signed a memorandum of understanding with the Brazilian Government in the area of the Eradication of Hunger and Poverty. Also, a joint mission of WFP and the government, represented by the Minister of Agriculture and the Minister of Foreign Affairs, took place in May 2013 in Brazil to share best practices in relation to school feeding programmes. Some members of the SUN technical committee and UNICEF took part in the Regional Forum on Nutrition in May 2013 in Zambia. The government's SUN focal point and the Minister of Public Health and the Fight against AIDS, representing His Excellency the President of the Republic, took part in the Nutrition for Growth' meeting in London in June 2013 and, like other countries, made strong commitments in respect of the fight against malnutrition in strategic areas such as legislation, nutrition and food security. This visit to London allowed Burundi to advocate the importance of improving nutrition to development partners who are not already working in the country. The CSOs have their own platform, but this does not specifically focus on nutrition. Neither research units nor businesses are yet actively contributing to efforts to scale up nutrition. Burundi has asked for assistance for the multi-sectoral coordination of nutrition.

Coherent policy and legal framework: The analysis of the malnutrition situation in Burundi has been completed and figures are available. Burundi committed to enhancing the protection of both maternity leave and the feeding of infants by developing and adopting a new code for the marketing of breast-milk substitutes. It has also committed to launch the Alliance for the Fortification of Food in Burundi (in link with the national policy and strategy). The terms of reference are now validated, and a workshop to validate the results of the feasibility study on the national strategy for fortification was organized by WFP on 4 June 2013 enabling effective communication and large-scale dissemination of information on the malnutrition situation in Burundi. Burundi has laws and decrees on nutrition which include the a code on the marketing of breast-milk substitutes, food fortification, labour regulations, the importing and marketing of salt for human consumption, and free healthcare for children under five years old and women (during pregnancy). Multi-annual strategies and policies focused on nutrition cover key sectors and nutrition will be included in the strategy of the livestock sector. Following the mission of the ministries responsible for agriculture and livestock and basic education, a workshop for raising awareness and mobilising partners for endogenous school canteens was arranged on 19 June 2013. This workshop, held under the high patronage of the Second Vice President of the Republic, was the opportunity for numerous participants, including the Minister of Basic Education, the Minister of Agriculture and Livestock as well as technical and financial partners to express their

support for this initiative which enables education indicators and agricultural production in Burundi to be improved. Burundi has committed to apply national directives on the feeding of infants and young children, and also to put more emphasis on food production and diversification, food security and nutritional education.

Aligning programmes around a Common Results Framework: Burundi finalised its multi-sectoral roadmap for the scaling up of nutrition in January 2012 and validated the National Multi-sectoral Strategic Plan Against Malnutrition in June 2013. This plan contains nine areas of strategic focus, including the strengthening of political commitment, the promotion of breastfeeding, micronutrient supplementation and food fortification, and also a better integration of nutrition interventions in primary healthcare. Using the United Nations' One Health cost calculation tool, Burundi will draw up its costed plan based on the fundamental elements of the existing strategic plans covering nutrition, agriculture and health. Financing shortfalls will be assessed with the help of experts coordinated by the SUN Movement Secretariat. The bilateral donors (Switzerland and USAID) will also give their support. Burundi is seeking assistance to finalise the plan for implementing and developing a monitoring/evaluation framework. A surveillance system will be adopted by all stakeholders between now and July 2013. Burundi is preparing to set up a communication system relating to nutrition data. The project to accelerate the achievement of the MDGs (2012) has been implemented in eight provinces by the Ministry of of Public Health and the Fight against AIDS, and also by the Ministry of Agriculture, WFP, UNICEF and FAO. The other programmes, which are focused either on communities or on food security, are implemented by the Ministry of Health independently or in conjunction with the Ministry of Agriculture.

Financial tracking and resource mobilisation: Work is being carried out with different partners to identify funds allocated to nutrition. The government has set up a budget line for nutrition and food security, granted with USD 641,037 for the agricultural sector. In December 2012, USD 10,850,018 (EUR 8 million) were also mobilised by the European Union to provide four years' support for food fortification programmes and for programmes enhancing capacities and communication in respect of nutrition. Plans are also in place to allocate funds from the national budget to set up strategic stocks to ensure food security. The Ministry of Public Health and the Fight against AIDS also holds a budget line allocated to nutrition. A joint advocacy mission was organised in Brussels and Rome in May 2013 by the SUN government focal point and representatives from UNICEF and WFP. Burundi has asked for assistance to develop a financial tracking system.

Demographic data (2010, WPP 2012)

National Population:	20.6 million
Children under 5:	3.4 million
Adolescent Girls (15-19):	1.1 million
Average Number of Births:	0.8 million
Population growth rate:	2.57%

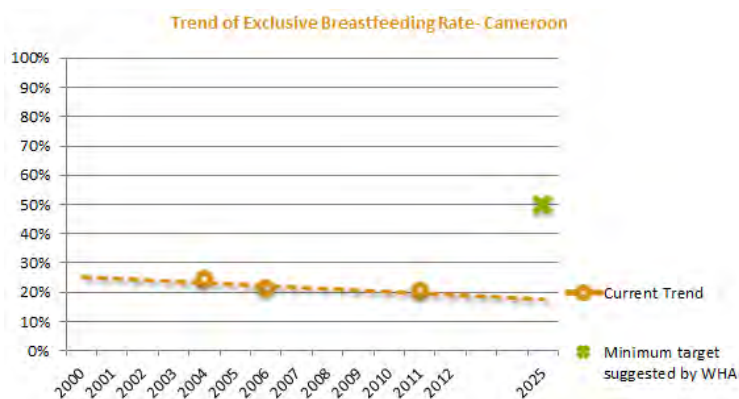
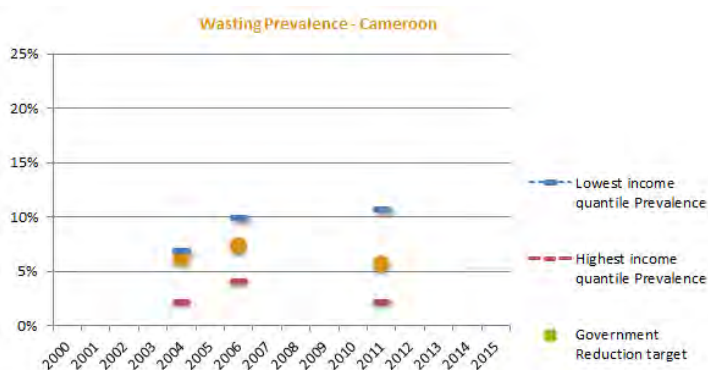
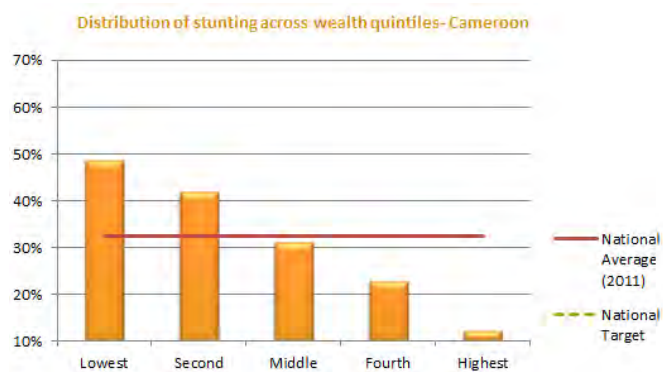
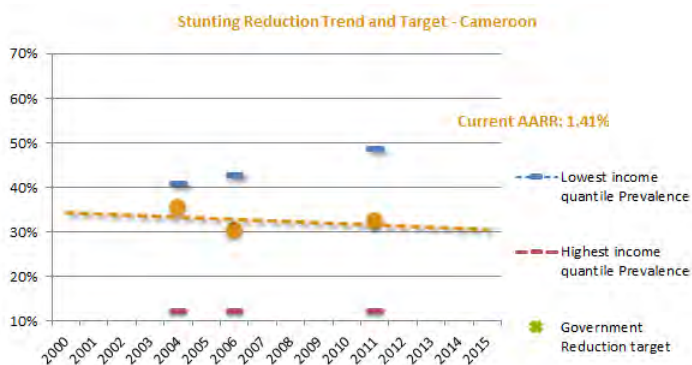
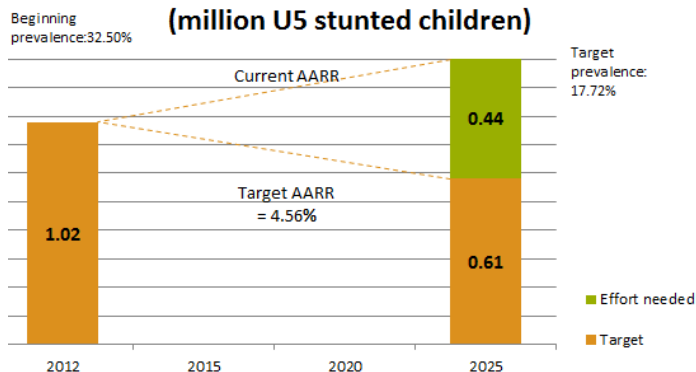
WHA nutrition target indicators (DHS 2011)

Low Birth Weight:	7.60%
Exclusive Breastfeeding:	20.40%
U5 Stunting:	32.50%
U5 Wasting:	5.60%
U5 Overweight:	6.20%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	-
Complementary feeding with at least 4 groups per day (6-23 months)	-
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	0.10%
Pregnant women attending 4 or more ANC visits	62.20%
Vitamin A supplementation (6-59 months)	55.30%
Presence of iodised salt in the house	49.10%
Women's Empowerment	
Female literacy	69.20%
Female employment rate	61.50%
Median age at first marriage	18.7
Access to skilled birth attendant	63.60%
15-19 years women already mother or with first child	25.20%
Fertility rate	5.21
Other Nutrition Sensitive Indicators	
Rate of urbanization	48.95%
Income share held by lowest 20%	6.73%
Open defecation	7.20%
Non-improved drinking water source	30.50%

Targeted Stunting Reduction - Cameroon (million U5 stunted children)



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	
Quality of process	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	

Bringing people together: Cameroon joined the SUN Movement in March 2013 and has not yet set up a multi-sectoral platform. Whilst waiting for this structure to be set up, the Nutrition Work Group (NWG), a multi-sectoral and multi-stakeholder technical body, carries out the consultation, coordination and strategic support work in relation to nutrition. The NWG holds an ordinary meeting once every six months. It is convened by its Chairman, who is the Secretary General of the Ministry of Public Health. There is a clear understanding of the multi-sectoral nature of the malnutrition problem and an understanding of the need to involve the other ministries and the other sectors carrying out nutrition-sensitive interventions. The Inter-ministerial Committee for Food Security, created by Decree 2009/0045/PM of 14 January 2009 and chaired by the Secretary General of the Prime Minister's Office, is responsible for the delivery of the national food security programme. Its remit is to develop the political and strategic guidelines for food security actions in Cameroon and it includes 19 ministries. Mr Georges OKALA, Assistant Director for Food and Nutrition at the Ministry of Public Health was appointed as SUN focal point in June 2013. A donor convener or focal point has not yet been identified. The country does however have a partner coordination system. With the prospect of the official launch of the SUN initiative in September 2013, the country intends to set up all of the structures needed to achieve the millennium development goals for nutrition through high impact nutrition interventions (platform of technical and financial partners, the United Nations' focal point, and civil society's focal point).

Coherent policy and legal framework: Cameroon has a number of nutrition policy and strategy documents, which are being reviewed and which are in line with the multi-sectoral approach. They include the areas of agriculture, food and nutritional security, the water sector, sanitation, education and scientific research on nutrition. There are also sectoral documents with a nutrition component (health, agriculture/food security/rural development, social protection, education, poverty reduction/growth stimulation). There are also laws and decrees on the marketing of breast-milk substitutes, fortification and maternity leave.

Aligning programmes around a Common Results Framework: The multi-sectoral platform which will be set up will be responsible for carrying out the analyses and mapping needed to build a common results framework. The direct interventions in respect of nutrition are concentrated on the "window of opportunity" of the first 1,000 days, with activities centred around essential nutrition actions, the fight against micronutrient deficiencies through large-scale food fortification and home fortification using micronutrient powders, vitamin A, iron and folic acid supplementation, dealing with acute malnutrition, WASH and maternal nutrition.

Financial tracking: Currently, there is no specific budget line for nutrition. The common results framework which will be drawn up should allow nutrition to be included in the Government's roadmap and the subsequent budgetary forecasts to be made for the coming years in the various sectors.

Demographic data (2010, WPP 2012)

National Population:	11.7 million
Children under 5:	2.3 million
Adolescent Girls (15-19):	0.6 million
Average Number of Births:	0.5 million
Population growth rate:	3.15%

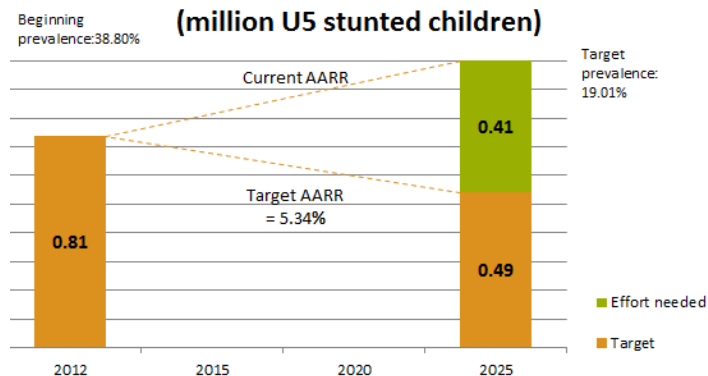
WHA nutrition target indicators (MICS 2010)

Low Birth Weight:	20.00%
Exclusive Breastfeeding:	3.40%
U5 Stunting:	38.70%
U5 Wasting:	15.70%
U5 Overweight:	2.80%

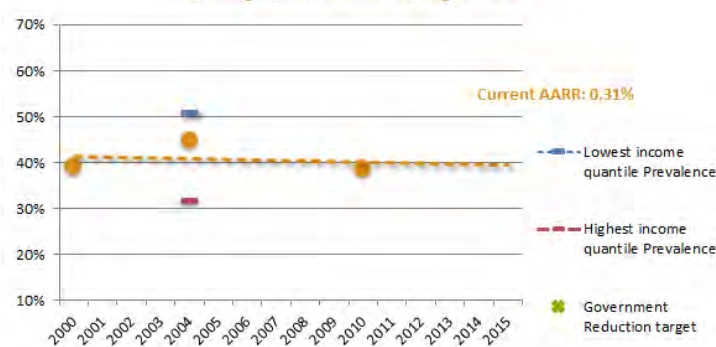
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	-
Complementary feeding with at least 4 groups per day (6-23 months)	-
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	0.20%
Pregnant women attending 4 or more ANC visits	23.10%
Vitamin A supplementation (6-59 months)	97.50%
Presence of iodised salt in the house	53.80%
Women's Empowerment	
Female literacy	12.10%
Female employment rate	60.20%
Median age at first marriage	-
Access to skilled birth attendant	22.70%
15-19 years women already mother or with first child	44.40%
Fertility rate	6.85
Other Nutrition Sensitive Indicators	
Rate of urbanization	20.83%
Income share held by lowest 20%	6.26%
Open defecation	65.60%
Non-improved drinking water source	47.90%

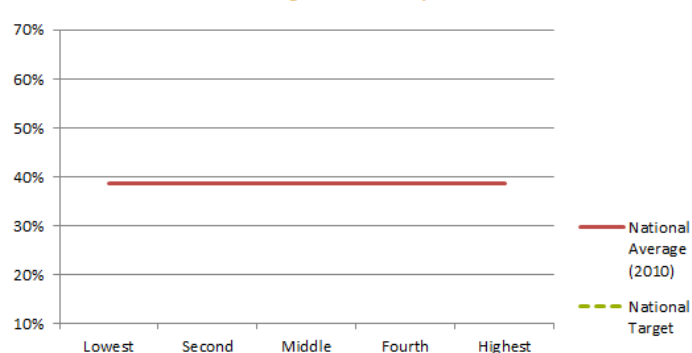
Targeted Stunting Reduction - Chad (million U5 stunted children)



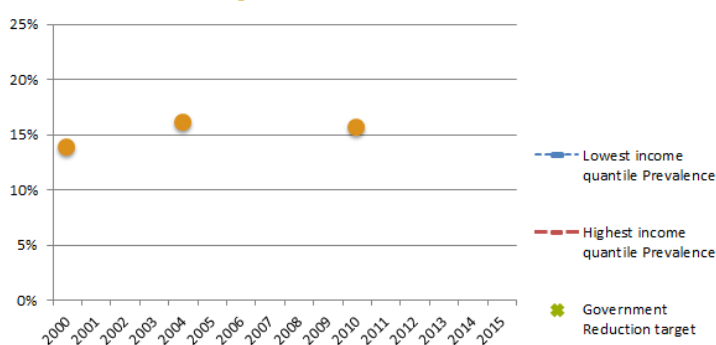
Stunting Reduction Trend and Target - Chad



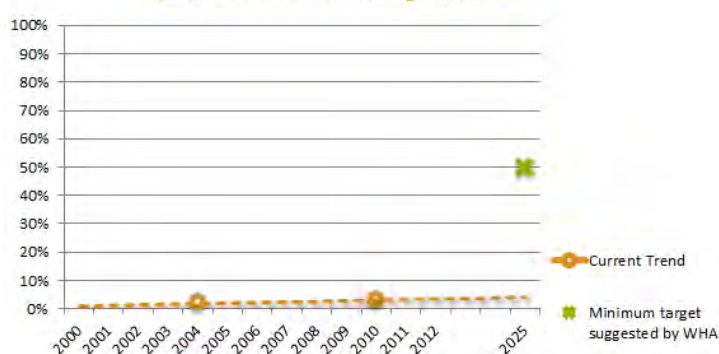
Distribution of stunting across wealth quintiles - Chad



Wasting Prevalence - Chad



Trend of Exclusive Breastfeeding Rate - Chad



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	
Quality of process	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	

Bringing people together: A multi-sectoral and multi-stakeholder platform, made up of representatives from the key sectors in public administration, representatives from the NGOs, academic and civil society partners and institutions, was established in May 2013 in Chad. It organises weekly meetings and has set up specialist technical subgroups. Sometimes, and in order to maintain nutrition's strategic positioning and to encourage a consensus between stakeholders, points are added to the agenda of the meetings which provide an opportunity to give feedback from studies or workshops or focus on a specific interventions.

Coherent policy and legal framework: Currently the platform is working on developing a national food and nutrition policy. Chad has a 2013-2015 Strategic Development Plan, a 2013-2015 National Plan for the Health Sector, and has had a National Food Security Programme since 2010. These strategic documents still do not have a sufficient focus on nutrition. An interim plan for the United Nations covering the period 2014-2015, which does include nutrition, is being prepared along the lines of the Strategic Development Plan.

Aligning programmes around a Common Results Framework: This indicator cannot be dealt with efficiently in the absence of a national nutrition policy combined with a multi-sectoral action plan; the process for development of these documents is currently under way.

Financial tracking and resource mobilisation: In the absence of a common results framework, the significant resources being mobilised for Nutrition, particularly resources from development partners, are primarily responding to emergency situations. The Government also provides funds in this area, and since 2012, a budget line for nutrition has been created in the form of a grant.

Demographic data (2010, WPP 2012)

National Population:	19.0 million
Children under 5:	2.9 million
Adolescent Girls (15-19):	1.0 million
Average Number of Births:	0.7 million
Population growth rate:	1.74%

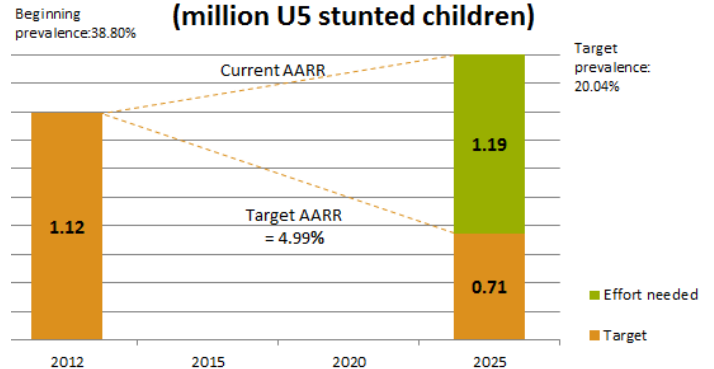
WHA nutrition target indicators (DHS 2012)

Low Birth Weight:	14.20%
Exclusive Breastfeeding:	12.10%
U5 Stunting:	29.80%
U5 Wasting:	7.50%
U5 Overweight:	3.00%

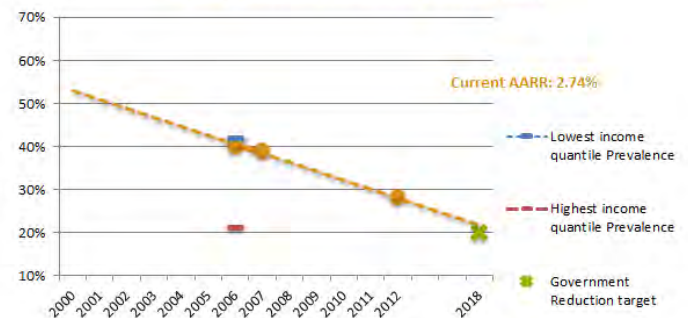
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	4.6%
Complementary feeding with at least 4 groups per day (6-23 months)	11.3%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	0.5%
Pregnant women attending 4 or more ANC visits	60.8%
Vitamin A supplementation (6-59 months)*	100.0%
Presence of iodised salt in the house	90.9%
Women's Empowerment	
Female literacy	37.7%
Female employment rate	71.1%
Median age at first marriage	19.8
Access to skilled birth attendant	57.4%
15-19 years women already mother or with first child	29.6%
Fertility rate	5.0%
Other Nutrition Sensitive Indicators	
Rate of urbanization	52.58%
Income share held by lowest 20%	5.60%
Open defecation	34.6%
Non-improved drinking water source	20.9%

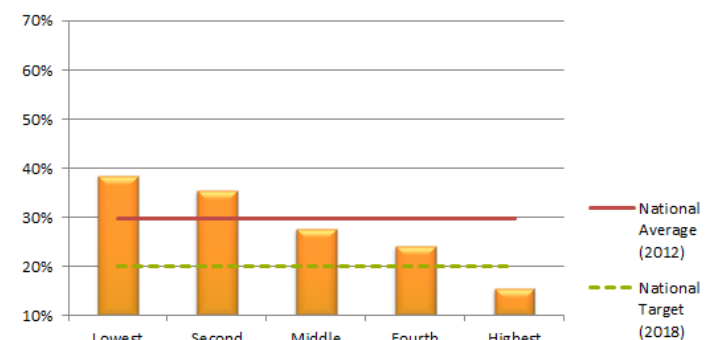
Targeted Stunting Reduction - Côte d'Ivoire (million U5 stunted children)



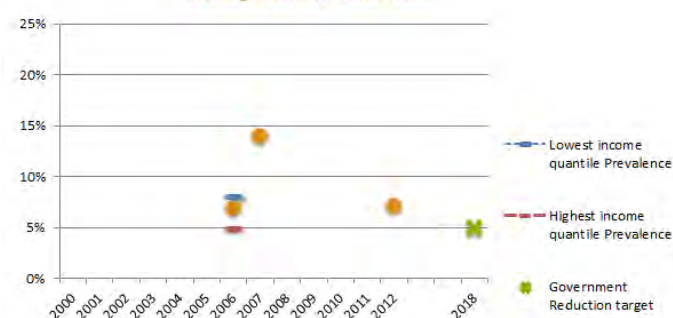
Stunting Reduction Trend and Target - Côte d'Ivoire



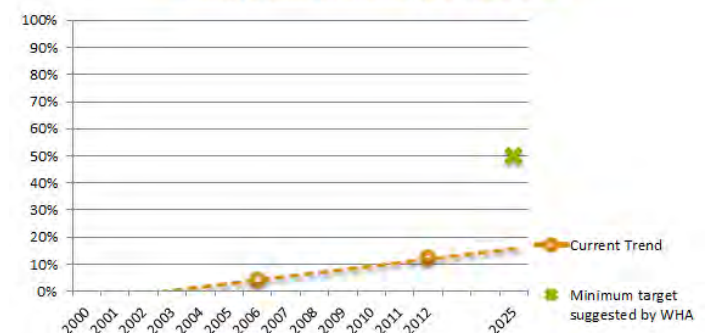
Distribution of stunting across wealth quintiles - Côte d'Ivoire



Wasting Prevalence - Côte d'Ivoire



Trend of Exclusive Breastfeeding Rate - Côte d'Ivoire



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of preparedness
Presence of elements	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	
Quality of process	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	

Bringing people together: The Ivory Coast joined the SUN Movement in June 2013 by means of a letter signed by the prime minister. A National Council for Nutrition will be established within the prime minister's office and will be the multi-sectoral platform. This council will have a decision-making political committee, chaired by the prime minister and including about ten ministries and a technical committee. The technical committee will be chaired by the SUN government focal point. To ensure the effective establishment of the platform, the government has assessed the various sectors involved in nutrition and three consultations were held with the public sector, donors and technical and financial partners, the private sector, civil society and academia. Commitment from these different sectors to support the process of scaling up nutrition was demonstrated throughout the consultations.

Until recently, nutrition activities were coordinated by the National Nutrition Programme Coordination Directorate (NNPCD) with the support of a scientific group and thematic groups such as the Food and Nutritional Safety Group (FNAG), the National Alliance for Fortification (NAF), the Codex Alimentarius of the Ivory Coast (CNACI), the HIV Nutrition Thematic Group, the PNOEV (National Programme for Looking After Orphans and Other Children Made Vulnerable because of HIV/Aids) Thematic Group, the Group on Social Protection.

Two focal points for the SUN Movement have been appointed: one focal point, namely the deputy chief of staff to the Office of the Prime Minister (Mr Emmanuel Koffi AHOUTOU) and a full time technique focal point (Dr Patricia NGORAN THECKLY), who must is responsible for operationalizing the technical secretariat and is based within the Minister of Health. The SUN Movement and the multi-sectoral platform should be launched in October 2013. Mr. Monteiro's presence at the launch is requested. The process of appointing a donor convener is under way. The country does however have a partner coordination system.

Coherent policy and legal framework: The Ivory Coast has a National Nutrition Policy (2010) and a Strategic Five-year Plan for High-Impact Nutrition Actions. A new protocol for dealing with malnutrition was adopted in 2009 and revised in August 2013. The Ivory Coast also has a 2012-2015 National Agricultural Investment Programme (NAIP). Legislation that is favourable to nutrition includes regulation for the marketing of breast-milk substitutes, maternity leave, the fight against iodine deficiency, oil and flour fortification and school feeding programmes. Various sectoral policies also have nutritional objectives (health, agriculture, social protection, education and environment). The Ivory Coast has a raising awareness and communication strategy aimed at enhancing nutrition nationally.

Aligning programmes around a Common Results Framework: One of the overriding commitments of the multi-sectoral platform will be to draw up a common results framework (CRF) and have it adopted by the government for which support is requested from across the SUN Movement.

Financial tracking and resource mobilisation: One of the overriding commitments of the multi-sectoral platform will be to arrange consultations and round tables with partners for the additional mobilisation of resources to enhance Nutrition. There is a government budget specifically for nutrition which ranges from CFA Francs 200,000,000 to 800,000,000 per annum. As far as support from partners is concerned, although the number of partners has gone up from two to more than ten, this support is still insufficient and unpredictable. Improved support from partners will be critical to national efforts to scale up nutrition.

Demographic data (2010, WPP 2012)

National Population:	62.2 million
Children under 5:	11.2 million
Adolescent Girls (15-19):	3.4 million
Average Number of Births:	2.6 million
Population growth rate:	2.81%

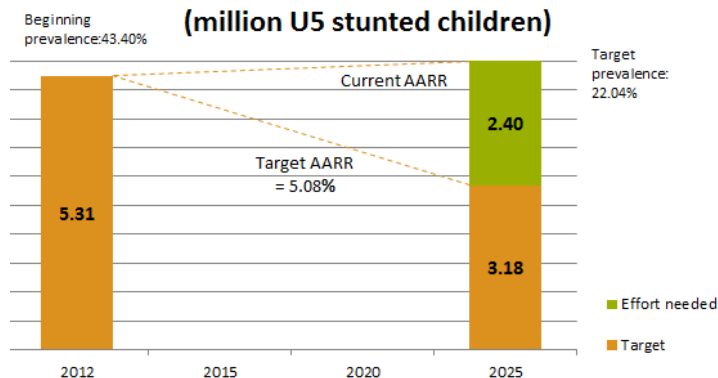
WHA nutrition target indicators (MICS 2010)

Low Birth Weight:	7.70%
Exclusive Breastfeeding:	36.10%
U5 Stunting:	43.40%
U5 Wasting:	8.50%
U5 Overweight:	5.70%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	15.40%
Complementary feeding with at least 4 groups per day (6-23 months)	50.60%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	46.70%
Vitamin A supplementation (6-59 months)*	98.00%
Presence of iodised salt in the house	59.00%
Women's Empowerment	
Female literacy	58.90%
Female employment rate	66.10%
Median age at first marriage	18.7
Access to skilled birth attendant	80.00%
15-19 years women already mother or with first child	23.80%
Fertility rate	6.5
Other Nutrition Sensitive Indicators	
Rate of urbanization	35.77%
Income share held by lowest 20%	5.47%
Open defecation	9.80%
Non-improved drinking water source	53.00%

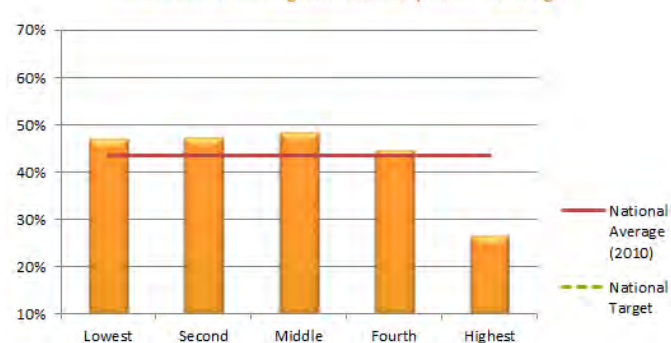
Targeted Stunting Reduction -DR Congo (million US stunted children)



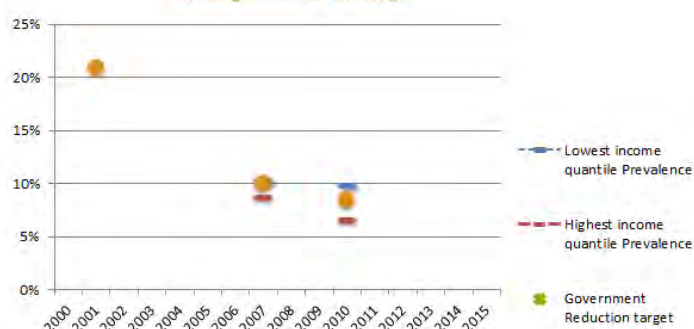
Stunting Reduction Trend and Target - DR Congo



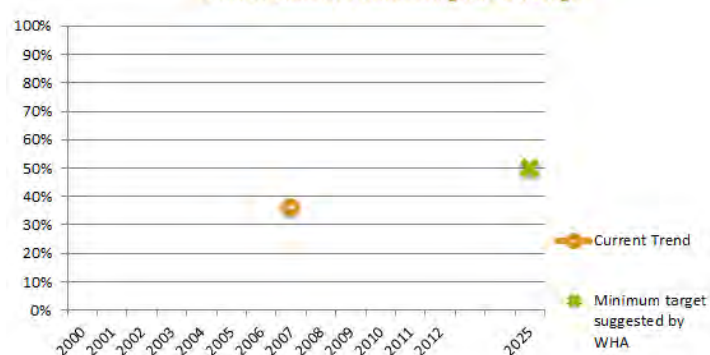
Distribution of stunting across wealth quintiles- DR Congo









Wasting Prevalence - DR Congo



Trend of Exclusive Breastfeeding Rate- DR Congo



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements	 	 			
Quality of process					

Bringing people together: The multi-stakeholder platform to enhance nutrition has not yet been established. It is expected that it will be called the "*National Nutrition Council (NNC)*". This structure is expected to be attached to the Prime Minister's office and will have guidance, decision-making and monitoring/evaluation functions. There will be two meetings per year. However, during the initial phase, the Committee will meet once a quarter. Technical meetings will be arranged to develop and approve basic documents. The NNC will be chaired by the prime minister and the minister of public health will be the vice-chairman. The NNC will be comprised of representatives from the government (prime minister, NNC focal point, representatives from seven ministries, the FEC (Federation of Congolese Enterprises), civil society, professional agricultural organisations, directors of the PRONANUT (National Programme for Nutrition), research institutions, religious denominations, the National Agricultural Statistics Department) and representatives from the United Nations agencies (UNICEF, FAO, WFP and WHO). PRONANUT will act as secretary for the NNC.. The SUN focal point will be situated in the Office of the Prime Minister of the Democratic Republic of Congo. Discussions on the final organisation of the NNC are ongoing. There is a single and inclusive platform in the DRC which brings together all of the technical and financial partners (donors, United Nations system agencies, bilateral assistance) and civil society for health. There is also a Thematic Group on Agriculture and Food Security. Discussions are under way to establish a mechanism to link these consultation frameworks and a gateway enabling issues relating to nutrition to be discussed as a whole.

Coherent policy and legal framework: The DRC has established a solid basis for the acceleration of progress towards achieving the MDGs, in particular MDGs 4, 5 and 6 through the National Health Development Plan 2011-2015 (NHDP, Nutrition section). The DRC has a set of policy documents, plans and strategies, which are at different stage of development and/or implementation. These include (i) the National Nutrition Policy, which is at the draft stage; (ii) The National Strategy on the feeding of infants and young children; (iii) The Protocol for the Integrated Management of Acute Malnutrition (IMAM); (iv) the National Nutrition Plan (NHDP, Nutrition section) 2011-2015; (v) the National Protocol for Managing People Living with HIV; (vi) the Strategic Communication Plan for the feeding of infants, young children and pregnant and breastfeeding women; (vii) The International Code on the Marketing of Breast-milk Substitutes; (viii) the interdepartmental order on the compulsory iodisation of salt for human consumption; (ix) The law or decree on food fortification. As part of the nutrition-sensitive interventions, the following plans, programmes and law are in place: (i) the National Food Security Programme (N.F.S.P); (ii) the Strategy Documents for the Reduction of Poverty (SDRP); (iii) 5-site plan; (iv) National Health Development Plan (NHDP) 2011-2015; (v) Framework for accelerating the reduction of mother and child mortality in the Democratic Republic of Congo; (vi) "Ma Nutrition, c'est ma Santé" [*My Nutrition, it's my Health*] Programme (2012-2014) – Education. As a basis for a multi-sectoral and integrated response, a survey of the political, legal and strategic environment which defines the nutrition-sensitive interventions will be completed in the near future. On the basis of this the National Nutrition Policy will be reviewed and revised to reflect the multi-sectoral dimension of nutrition.

Aligning programmes around a Common Results Framework: Based on the revised National Nutrition Policy, a budgeted strategic plan will be developed with a common results framework to which all stakeholders will align. A "business case" which has been carried out 4 of the 11 Provinces of the country will act as the starting point for the development of a national strategic plan for nutrition and a common results framework to monitor (specific and sensitive) nutrition interventions. As part of the fight against malnutrition, the focus is on specific (preventative and curative) nutrition interventions. The nutrition interventions are supported by a nutritional surveillance system for an early warning of food and nutritional crisis situations.

Financial tracking and resource mobilisation: As soon as a costed strategic plan is finalised and adopted, with a common results framework, a mechanism for monitoring the resource mobilisation and the effectiveness and efficiency of resource allocations will be developed. This will draw on experience from the existing model developed by health sector in the DRC. At the Nutrition for Growth meeting in London, the Government undertook to contribute to the appropriate funding of nutrition activities and to remove taxes from nutritional products (ready-to-use therapeutic foods).

Demographic data (2010, WPP 2012)

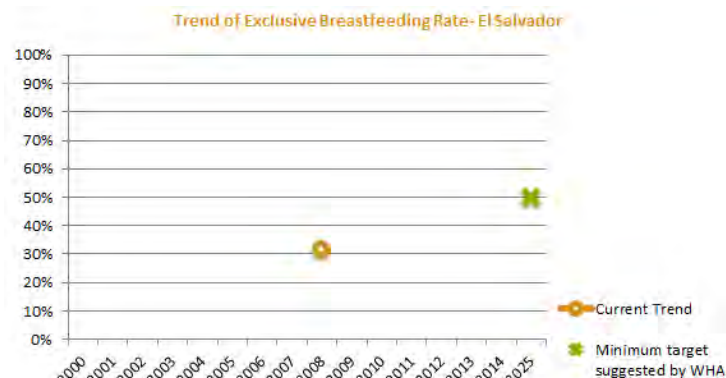
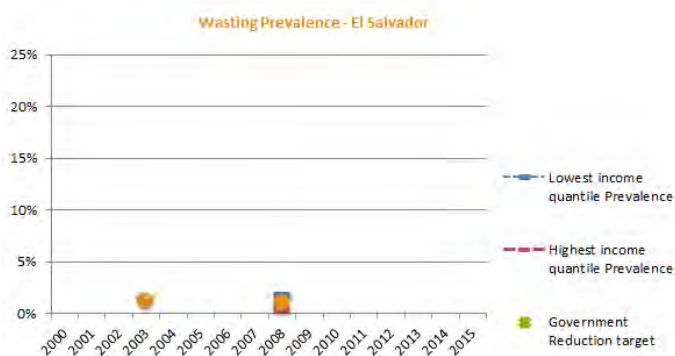
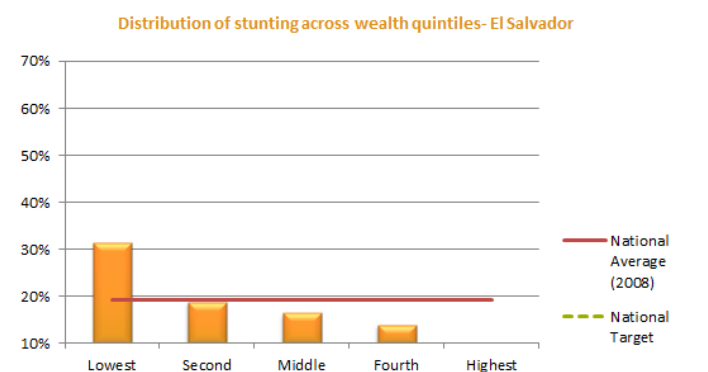
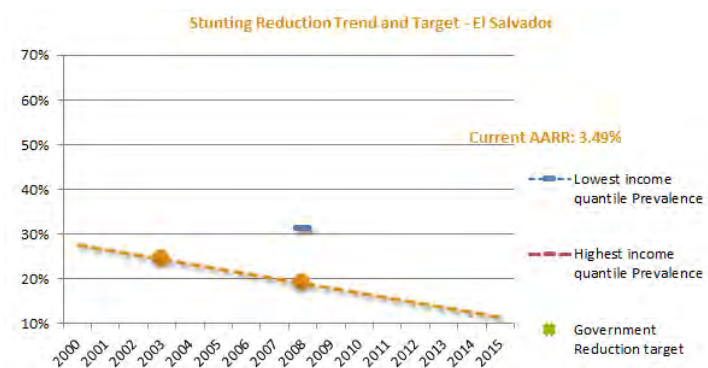
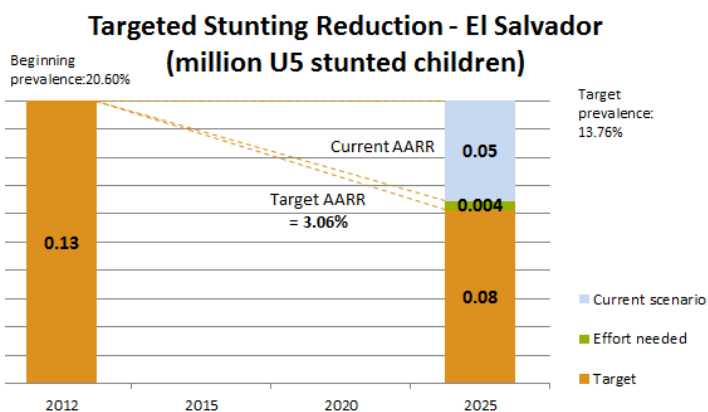
National Population:	6.2 million
Children under 5:	0.6 million
Adolescent Girls (15-19):	0.4 million
Average Number of Births:	0.1 million
Population growth rate:	0.47%





WHA nutrition target indicators (FESAL 2008)

Low Birth Weight:	N/A
Exclusive Breastfeeding:	31.40%
U5 Stunting:	19.20%
U5 Wasting:	1.00%
U5 Overweight:	6.00%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	-
Complementary feeding with at least 4 groups per day (6-23 months)	-
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	12.30%
Pregnant women attending 4 or more ANC visits	-
Vitamin A supplementation (6-59 months)	86.00%
Presence of iodised salt in the house	62.00%
Women's Empowerment	
Female literacy	82.30%
Female employment rate	45.30%
Median age at first marriage	-
Access to skilled birth attendant	95.50%
15-19 years women already mother or with first child	-
Fertility rate	2.35
Other Nutrition Sensitive Indicators	
Rate of urbanization	64.02%
Income share held by lowest 20%	3.71%
Open defecation	-
Non-improved drinking water source	-



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					2

Bringing people together: The National Council on Food and Nutrition Security (CONASAN) is a government body established in 2009 by presidential decree and is responsible for defining the National Policy and Strategy for Food Safety and Nutrition (SAN) through coordination and articulation of national plans and cross-cutting programs. It is composed of the Ministers of Health and Agriculture, the technical secretary of the Presidency and secretary of Social Inclusion. CONASAN is chaired by the Minister of Health and reports to the President of the Republic. CONASAN also includes: a Technical Committee of Food Security and Nutrition (COTSAN), departmental and municipal councils for food security and nutrition and a consultative committee which involves various political and social actors. The UN system and other development partners, NGOs, the business community and civil society are also involved in defining the broad lines of policy, implementation and monitoring. At the national level, several roundtables have been established to promote nutrition including a donor roundtable as well as a roundtable composed of national and international NGOs working on food security and nutrition as well as representatives of the Bureau of Industry and the Academic Departmental Board of Governors. Involvement of the business community is underway.

Civil Society is part of the National Council on Food and Nutritional Security through their participation in the consultative committee of CONASAN. Civil society organizations have also participated in the development of several municipal level nutrition plans. Various groups representing food producers, women and supporters of food sovereignty participated in the drafting of the Food Security and Nutrition Bill. It is also considered part of CONASAN and COTSAN.

A donor converner has not yet been identified in El Salvador. At the level of the United Nations System is the Pan-American Health Organization. WFP, UNDP, UNICEF, PAHO/WHO and FAO have made significant contributions in recent years by supporting national processes to promote nutrition through the inter-agency "Children, Food Security and Nutrition" group. The University of El Salvador and several private universities contribute to capacity building and knowledge creation to promote nutrition in the country, and have recently established a working group/roundtable for academia for nutrition.

Coherent policy and legal framework: The Food Security and Nutrition Bill was recently sent to the National Assembly for approval. The Breastfeeding Act was approved in 2013. The National Policy on Food and Nutrition Security was officially endorsed in 2010, while the Strategic Plan for Food and Nutrition Security (2012-2016) was endorsed in 2013. El Salvador has a National Policy for Advocacy, Support and Protection of Breastfeeding, a Plan for Reducing Micronutrient Deficiencies, and a Care Strategy for Child Nutrition that targets the 100 poorest municipalities in the country since 2010.

The country has legislation in key sectors related to nutrition (mainly health) for some years. There is also a Social Protection Act, and a Protection of Women and Gender Equity Act. The country is in the process of formulating a communication strategy for promotion of nutrition. El Salvador has also started to develop a School Food Act to regulate the quality and sustainability of the School Feeding Programme.

Aligning programs around a Common Results Framework: The Strategic Plan for Food and Nutrition Security (PESAN) (2012 and 2016) is the common results framework for nutrition and will be launched by the end of 2013. It has been prepared with the participation of the Ministries of Health, Education, Agriculture, Social Inclusion and all other national bodies related to food security and nutrition and represented in the COTSAN. The Sectoral Operational Strategic Plan for Reducing Malnutrition is the instrument that will be used implement the PESAN; efforts to cost the various elements of this plan are underway.

The Ministry of Health and the Social Investment Fund for Local Development have signed an agreement for the implementation of nutrition interventions in 100 municipalities with high poverty levels. WFP has also signed an agreement with the technical secretariat of the presidency, the Ministry of Social Inclusion and the Ministry of Health to implement priority actions focused on 1,000 day window of opportunity during pregnancy and a child's second birthday in 36 municipalities with the highest chronic malnutrition rates. NGOs working in the country will also support this work.

El Salvador is also developing an inter-institutional information system that will track the 66 most relevant indicators of food security and nutrition nationwide. A monitoring and evaluation system to monitor the implementation of the Operational Plan is under development.

Financial tracking and resource mobilization: Costing of the Sectoral Operational Strategic Plan for Reducing Malnutrition is underway. El Salvador has requested to participate in the costing exercise which is facilitated by the SUN Movement Secretariat. There is no specific monitoring system established to track nutrition investments.

Demographic data (2010, WPP 2012)

National Population:	87.1 million
Children under 5:	13.8 million
Adolescent Girls (15-19):	4.9 million
Average Number of Births:	3.0 million
Population growth rate:	2.68%

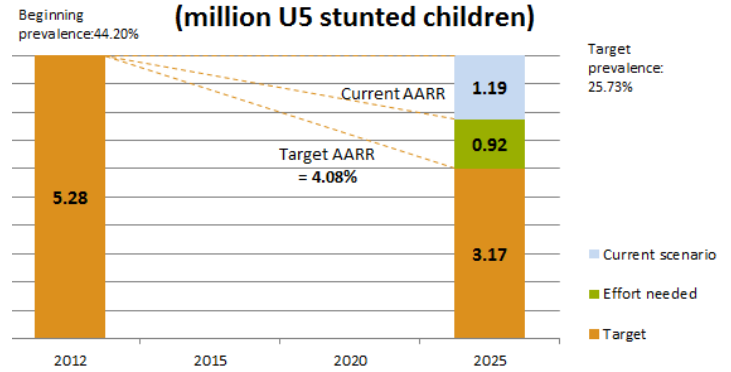
WHA nutrition target indicators (DHS 2011)

Low Birth Weight:	10.80%
Exclusive Breastfeeding:	52.00%
U5 Stunting:	44.40%
U5 Wasting:	9.70%
U5 Overweight:	1.70%

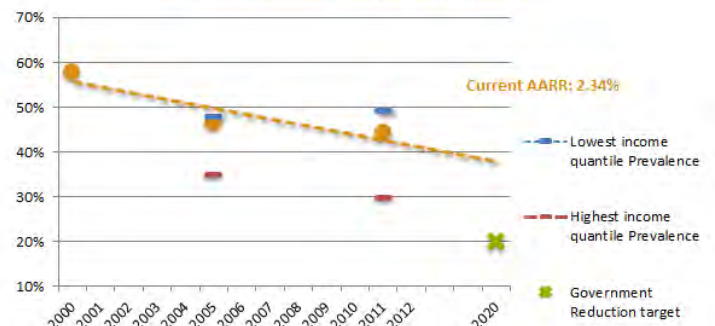
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	4.10%
Complementary feeding with at least 4 groups per day (6-23 months)	4.80%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	19.10%
Vitamin A supplementation (6-59 months)*	71.00%
Presence of iodised salt in the house	15.50%
Women's Empowerment	
Female literacy	38.40%
Female employment rate	71.50%
Median age at first marriage	17.1
Access to skilled birth attendant	10.00%
15-19 years women already mother or with first child	12.40%
Fertility rate	5.26
Other Nutrition Sensitive Indicators	
Rate of urbanization	15.96%
Income share held by lowest 20%	7.96%
Open defecation	38.20%
Non-improved drinking water source	49.20%

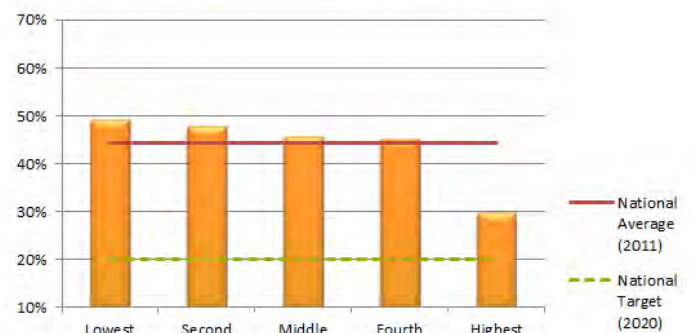
Targeted Stunting Reduction - Ethiopia (million US stunted children)



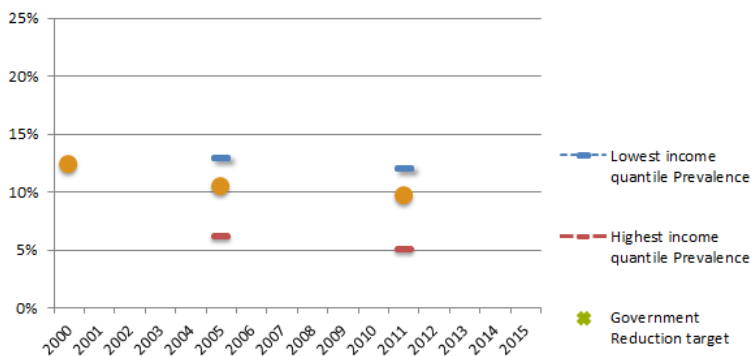
Stunting Reduction Trend and Target - Ethiopia



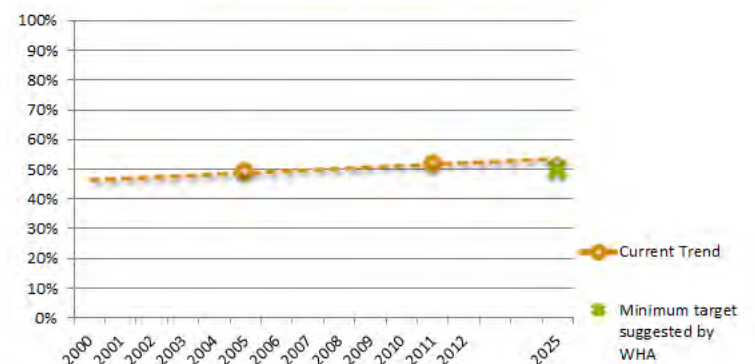
Distribution of stunting across wealth quintiles - Ethiopia











Wasting Prevalence - Ethiopia



Trend of Exclusive Breastfeeding Rate - Ethiopia



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					3
Quality of process					

Bringing people together: The National Nutrition Coordination Body (NNCB) convenes nine ministers from relevant sectors every 3 months. It includes country representatives from UN agencies, bilateral donors and academia. The NNCB has met twice in the last year to review, endorse and launch the revised National Nutrition Program (NNP) by signing a declaration in the presence of the deputy prime minister. The National Nutrition Technical Committee (NNTC) met throughout the year to work on the revision of the NNP. It also met twice (with all stakeholders) to finalize and submit the revised NNP to the NNCB. The Emergency Nutrition Coordination Unit (the Ministry of Agriculture) convenes partners delivering emergency nutrition interventions. The National Nutrition Platform is planning to expand membership; regional coordination platforms will be established soon. REACH acts as a UN coordination mechanism for nutrition and is instrumental in revitalizing and strengthening the NNCB, NNTC and existing national plan – the NNP. The Nutrition Development Partner (NDP) Group, which involves UN agencies, donors and civil society, meets every month. DFID and UNICEF act as donor conveners. Active donors are: the EU; Governments of the US, the UK, Ireland, Japan, Canada and the Netherlands; the Gates Foundation; the World Bank; the UN agencies and GAIN. From early June 2013, the CSO’s convened the first CSO SUN group for Ethiopia. Terms of reference for this group have been drafted and are under review. CSOs also participate in the Nutrition Development Partner Group and engage in other relevant sector-specific platforms that relate to nutrition. The “Health Development Army”, made up of 3 million women, is fully engaged in combating child mortality and malnutrition. The business community has its own platform through the Ethiopian Chamber of Commerce through which it is able to address any concerns pertaining to the food industry and nutrition. There is also a Multi-stakeholder Food Fortification Working Group that has been instrumental in setting quality standards for salt iodization and flour and oil fortification.

Coherent policy and legal framework: Ethiopia has a National Nutrition Strategy (2008). Its National Nutrition Program has recently been revised and endorsed by eight sector ministers, representatives of development agencies, academia and the private sector. A number of specific policies relating to the promotion of good nutritional practices, micronutrient supplementation, nutrition support for people living with HIV/AIDS, and treatment of severe and moderate acute malnutrition are in place. Important progress in national legislation with a bearing on nutrition was made with the endorsement of the Salt Iodization Regulation in 2011 and with the International Code of Marketing of Breast-milk Substitutes, which is in the final stage of adoption into law. The Maternity Protection Law foresees 90 days of maternity leave (close to the ILO recommendation). Legislation on flour and oil fortification is in progress. An advocacy plan for scaling up nutrition is in place.

Aligning programs around a CRF: The Government of Ethiopia is committed to reducing the prevalence of stunting to 20% and underweight to 15% by 2020 by building on existing multi-sectoral coordination systems to accelerate the scaling up of proven nutrition interventions and monitoring progress at all levels. The revised NNP provides the framework for strategic objectives and interventions across relevant sectors including health, agriculture, education, water, labor and social affairs, and women, children and youth affairs. Efforts are underway to ensure that programs in these key sectors are nutrition-sensitive and aligned with the NNP. Agriculture, education, water, sanitation and social sectors responsible for protection are engaged, but there is a need to strengthen links at the community level. Large-scale programs to improve access to health in remote and drought-stricken areas and to provide safety nets for vulnerable families have been scaled up. The Food Fortification Program is still at an early stage of formulation while universal salt iodization is being scaled up after the endorsement of the regulation in 2011 and the mandatory enforcement of the regulation since January 2012. As a part of the revision of the NNP, an M&E framework is being developed, which will include key indicators from relevant sectors working on nutrition-sensitive actions.

Financial tracking and resources mobilization: The costed NNP has been shared with the SUN Movement Secretariat and will be analyzed with support from technical experts. Implementing the NNP requires budgeting and mapping of contributions from partners and by sector, as well as tracking expenditures. The country has advanced the development of a sustainable financial tracking system, which is allowing Ethiopia to estimate the contribution of main donors against key interventions of the plan. Financial information is available for other sectoral programs but is not accounted for against the NNP. The challenge is to improve harmonization of financial information ensuring tracking of financial expenditures across sectors. The government has committed to allocating additional domestic financing of USD 15 million per year to nutrition until 2020.

Demographic data (2010, WPP 2012)

National Population:	24.3 million
Children under 5:	3.5 million
Adolescent Girls (15-19):	1.3 million
Average Number of Births:	0.8 million
Population growth rate:	2.53%

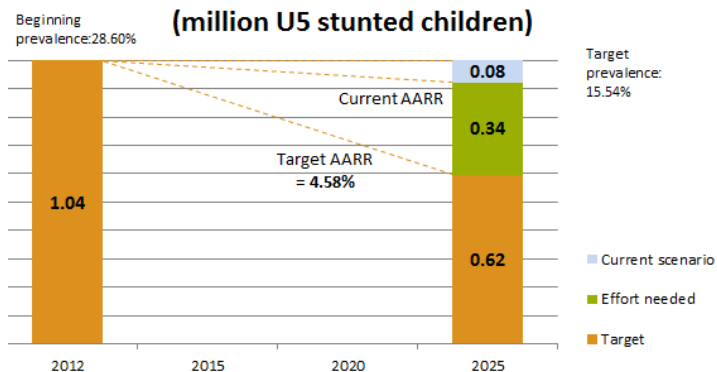
WHA nutrition target indicators (DHS 2008)

Low Birth Weight:	10.00%
Exclusive Breastfeeding:	62.80%
U5 Stunting:	28.00%
U5 Wasting:	8.50%
U5 Overweight:	5.30%

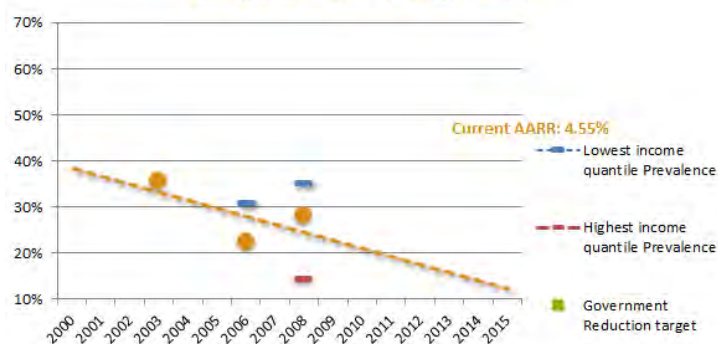
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	36.20%
Complementary feeding with at least 4 groups per day (6-23 months)	68.90%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	1.80%
Pregnant women attending 4 or more ANC visits	78.20%
Vitamin A supplementation (6-59 months)	55.80%
Presence of iodised salt in the house	32.40%
Women's Empowerment	
Female literacy	62.90%
Female employment rate	64.20%
Median age at first marriage	19.8
Access to skilled birth attendant	58.70%
15-19 years women already mother or with first child	13.30%
Fertility rate	4.22
Other Nutrition Sensitive Indicators	
Rate of urbanization	51.49%
Income share held by lowest 20%	5.24%
Open defecation	22.90%
Non-improved drinking water source	15.40%

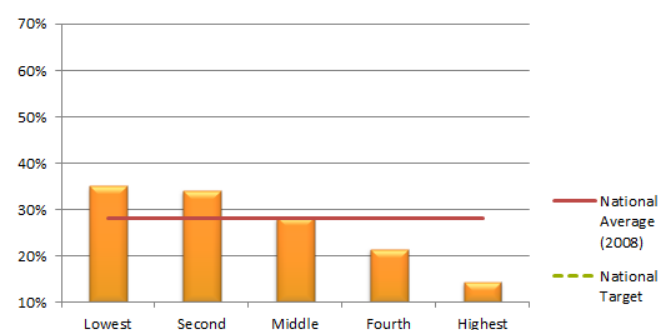
Targeted Stunting Reduction - Ghana (million U5 stunted children)



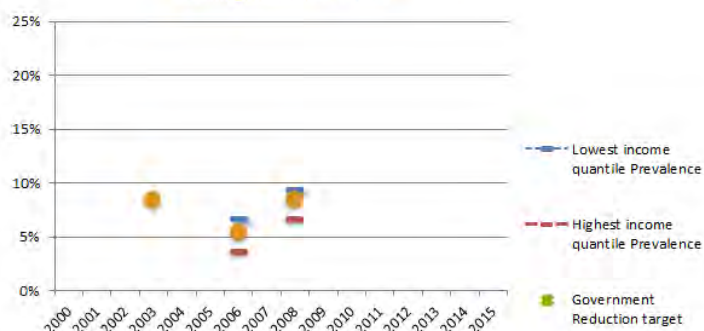
Stunting Reduction Trend and Target - Ghana



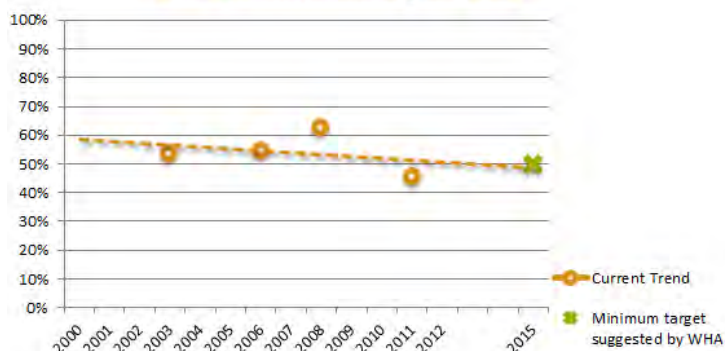
Distribution of stunting across wealth quintiles- Ghana











Wasting Prevalence- Ghana



Trend of Exclusive Breastfeeding Rate- Ghana



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					2
Quality of process					

Bringing people together: Ghana has two main multi-stakeholder, multi-sector platforms: the Cross Sectoral Planning Group (CSPG) that includes various government entities, CSOs, businesses, research institutions and technical specialists, convened by the National Development Planning Commission; and an Inter-Ministerial Platform for Nutrition Partners, convened by the Nutrition Department of the Ghana Health Service. The UN agencies are all members of the CSPG. In addition, the UN REACH mechanism is fully aligned with the UNDAF 2012-2016, particularly with the thematic area on food security and nutrition. Donors harmonize their support for national plans through existing systems and are also members of the CSPG. There is no separate donor platform. USAID acts as donor convener for nutrition. CSOs participate in the CSPG and have their own separate platform coordinated by the Hunger Alliance of Ghana, which includes grassroots farmer associations and community-based organizations. Decentralization of coordination mechanisms is a challenge in which civil society has an important role to play. The business community has had limited involvement with SUN and is not yet represented on the CSPG. It has, however, been involved in the Food Fortification Alliance. Engagement of the media is seen as important to improving advocacy for nutrition.

Coherent policy and legal framework: The Ghana National Nutrition Policy has been finalized by the CSPG. There are a number of current strategies concerning nutrition-specific interventions including infant and young child feeding, salt iodization and nutrition guidelines for people living with HIV/AIDs. Policies in key nutrition-related sectors cover agriculture, development, a number of health policies and social protection. National legislation is in place regulating the use of breast-milk substitutes in line with the International Code of Marketing of Breast-milk Substitutes. The Maternity Protection Law, passed in 2003, allows for 12 weeks of maternity leave, which is 2 weeks less than the time recommended by the ILO. Food fortification laws only relate to the iodization of salt. An Advocacy and Communications Strategy has been finalized.

Aligning programs around a CRF: Under the coordination of the National Development Planning Commission, a draft SUN country framework has been developed as a first step towards the development of a common results framework around which sector and donor alignment will be secured. The framework is aligned with the objectives of the National Nutrition Policy. The Health Sector Working Group, under Ghana’s multi-donor budget system, operates around a results framework on health, which includes nutrition indicators. Development partners align their work towards national priorities through this framework. Meanwhile, the Minister of Agriculture is integrating nutrition into the medium-term Agriculture Investment Plan, with the support of REACH and FAO. Implementation in the field is ongoing, with collaboration between health service community workers and agricultural extension workers. A large training program focused on nutrition in the first 1,000 days is being conducted to accelerate implementation.

Financial tracking and resource mobilization: Costing has been done for a limited number of specific nutrition interventions. However, further work is needed to understand domestic and external resource allocation and expenditures around nutrition. The CSPG Working Group on Resource Allocation is tasked with establishing a baseline and monitoring trends in nutrition financing going forward. UN REACH is supporting the government in identifying financing gaps and estimating implementation costs. The country has participated in the Cost of Hunger in Africa study. Further work on estimating costs of the common results framework and on developing a financial tracking system are a priority.

Demographic data (2010, WPP 2012)

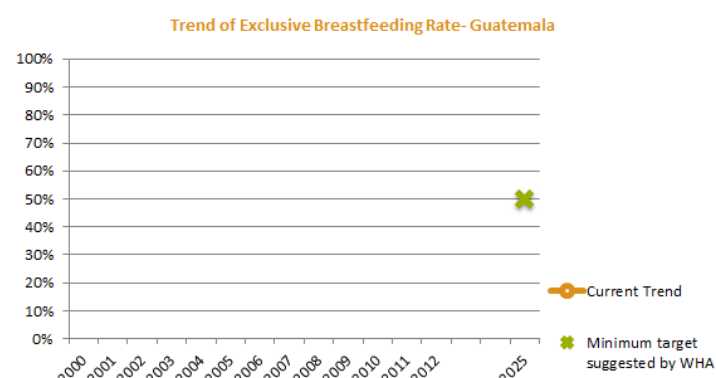
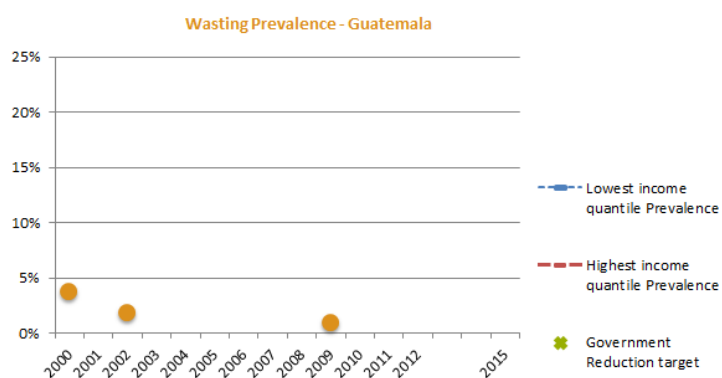
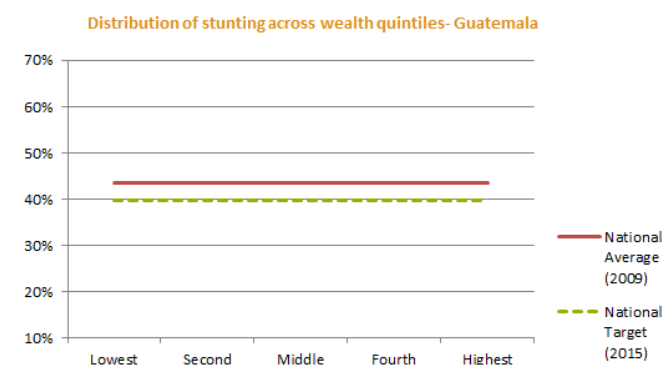
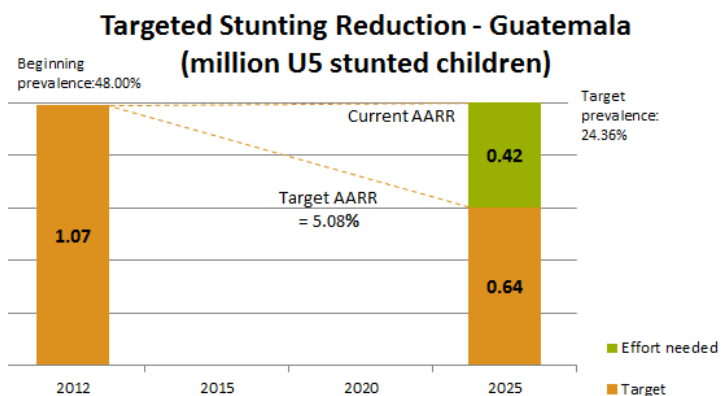
National Population:	14.3 million
Children under 5:	2.2 million
Adolescent Girls (15-19):	0.8 million
Average Number of Births:	0.4 million
Population growth rate:	2.46%



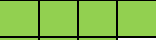





WHA nutrition target indicators (ENSMI 2008-2009)

Low Birth Weight:	11.40%
Exclusive Breastfeeding:	50.60%
U5 Stunting:	43.40%
U5 Wasting:	0.90%
U5 Overweight:	4.90%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	-
Complementary feeding with at least 4 groups per day (6-23 months)	-
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	-
Vitamin A supplementation (6-59 months)*	28.00%
Presence of iodised salt in the house	76.00%
Women's Empowerment	
Female literacy	70.30%
Female employment rate	47.30%
Median age at first marriage	-
Access to skilled birth attendant	52.00%
15-19 years women already mother or with first child	-
Fertility rate	4.15
Other Nutrition Sensitive Indicators	
Rate of urbanization	49.49%
Income share held by lowest 20%	3.08%
Open defecation	-
Non-improved drinking water source	-



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					3
Quality of process					

Bringing people together: Guatemala’s National System for Food Security and Nutrition is recognized as a model for multi-sector, multi-stakeholder food and nutrition security governance in the Latin American region. In 2012, as part of his “National Agenda for Change”, President Otto Perez Molina vowed to tackle malnutrition through the National Zero Hunger Pact, through which he committed to reducing chronic malnutrition by 10% before the end of his presidential tenure. The National Council for Food Security and Nutrition has been selected as the implementing body and the Secretariat for Food Security and Nutrition (SESAN) has been selected as the coordinating body. The UN system established a technical working group on food security and nutrition, with participation by UNICEF, OPS/WHO, FAO, WFP, OHCHR and UNFPA. In addition, the “G13” (the major 13 donors and development partners) have a working group on food security. The World Bank is the donor convener with support from the Inter-American Development Bank and WFP. Donor network members have their own agenda and work independently. The Instance for Consultation and Social Participation is a civil society platform consisting of 20 members from different sectors: NGOs, indigenous peoples, churches, academia, the private sector, trade unions and women’s groups. The business community signed the National Zero Hunger Pact together with government institutions and national and international NGOs. Some private companies have included specific programs to support nutrition activities in their domains.

Coherent policy and legal framework: Guatemala has a Strategic Plan for Food Security and Nutrition (PESAN) for the period 2012-2016 and a National Strategy for the Reduction of Chronic Malnutrition (ENRDC) for the period 2006-2016. In 2012 the main components of this plan are integrated into the Zero Hunger Plan. Policies and legislation in key sectors have been in place for some years, with only a few of them having been updated recently. There is national legislation on food fortification (approved in 1992) and the Law for Commercialization of Breast-Milk Substitutes (approved in 1983); however, there is a lack of reporting on the effective monitoring of their application.

Aligning programs around a CRF: Guatemala has developed a common results framework for SUN- the Zero Hunger Plan for the period 2012-2016, which is a comprehensive governmental strategy to fight chronic child malnutrition, acute malnutrition, micronutrient deficiency and food insecurity for children under five in the country. The plan includes specific nutrition interventions, such as the promotion of exclusive breastfeeding and improved access to fortified food and to health and nutrition services, as well as programs that address the underlying causes of under-nutrition, such as the creation of income generation opportunities, improved water and sanitation facilities and better education for women. The Government of Guatemala is committed to reducing the prevalence of chronic malnutrition from 49.8% in 2009 to 39.8% by 2015, ensuring that there are no deaths from acute malnutrition through enhanced care practices, reducing the prevalence of anemia among women of reproductive age and pregnant women, and reducing the prevalence of anemia in children under five. The Government has also announced its commitment to adequately monitor and evaluate the Zero Hunger Pact and Zero Hunger Plan and to support the implementation of the One Thousand Days Window Opportunity Program, a key component of the Zero Hunger Plan which targets children under two and pregnant women and includes interventions such as promotion of exclusive breastfeeding and hygienic practices, vitamin A supplementation, iron and folic acid supplementation of pregnant women in order to prevent anemia, salt iodization, or severe acute malnutrition management in primary health services.

Financial tracking and resource mobilization: Guatemala is making efforts to estimate overall financial investments for nutrition and establish a special budget for interventions to support the fight against chronic child malnutrition and infant-maternal mortality. In 2012 a budget line named “1,000 days” was created. There is no reference to funding contributions from donors and development partners unless they are subsumed under the overall state budget for food and nutrition security. The development of a financial tracking system for nutrition is a priority. The government is committed to increasing the budget for food and nutrition security by 32% by 2014 (from a 2013 baseline) through an inter-sectoral approach it is also committed to increasing its budget for supporting the implementation of the One Thousand Days Window Program interventions, taking into account Guatemala’s population growth rate. The national costed plan has been shared with the SUN Movement Secretariat and it is being analyzed with support from technical experts.

Demographic data (2010, WPP 2012)

National Population:	10.9 million
Children under 5:	1.8 million
Adolescent Girls (15-19):	0.6 million
Average Number of Births:	0.4 million
Population growth rate:	2.55%

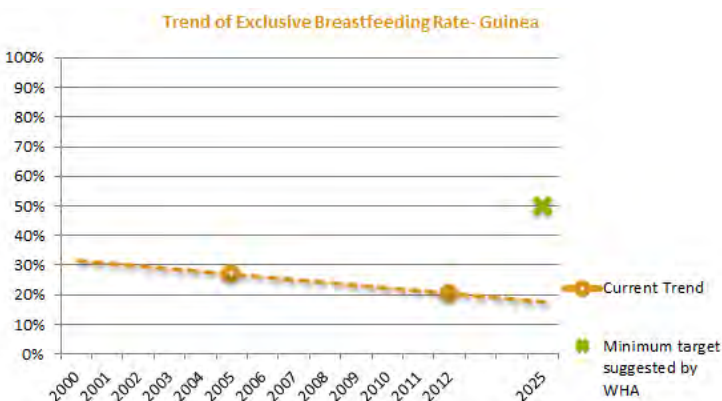
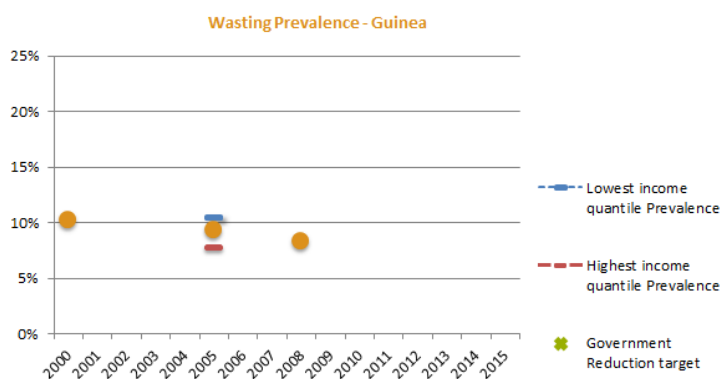
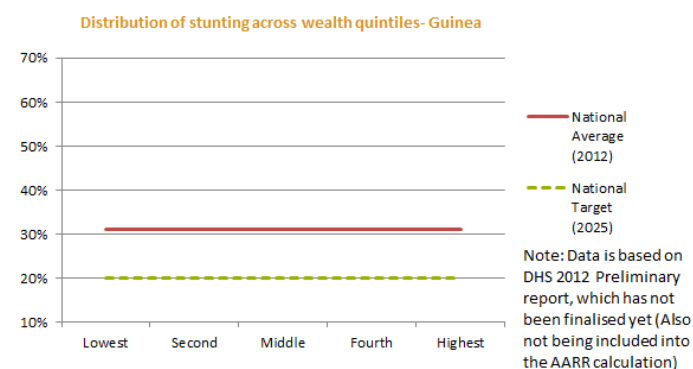
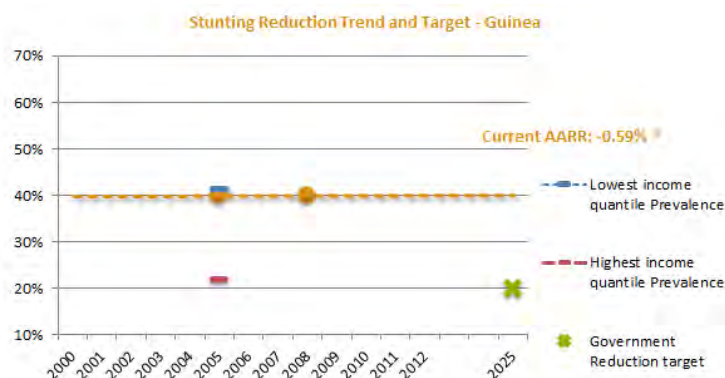
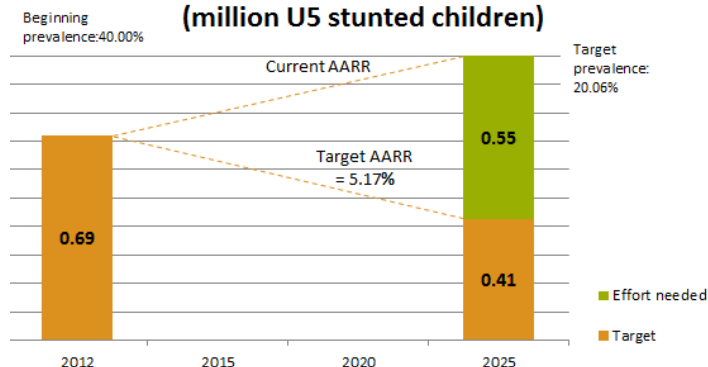
WHA nutrition target indicators (DHS 2012 Pre)

Low Birth Weight:	N/A
Exclusive Breastfeeding:	20.50%
U5 Stunting:	31.20%
U5 Wasting:	9.60%
U5 Overweight:	3.60%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	-
Complementary feeding with at least 4 groups per day (6-23 months)	-
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	48.80%
Vitamin A supplementation (6-59 months)*	88.00%
Presence of iodised salt in the house	52.30%
Women's Empowerment	
Female literacy	16.10%
Female employment rate	63.80%
Median age at first marriage	16.3
Access to skilled birth attendant	38.10%
15-19 years women already mother or with first child	31.80%
Fertility rate	5.39
Other Nutrition Sensitive Indicators	
Rate of urbanization	32.09%
Income share held by lowest 20%	6.35%
Open defecation	30.30%
Non-improved drinking water source	36.70%

Targeted Stunting Reduction - Guinea (million U5 stunted children)



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	
Quality of process	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	

Bringing people together: The National Food Security and Nutrition Council (NFSNC) is responsible for convening meeting of the multi-sectoral platform. Sixteen ministries are involved, as well as representatives from civil society organisations and the private sector. It is chaired by the prime minister's adviser for food security and nutrition. The NFSNC meets twice every a year. At the Nutrition for Growth event, the Guinean government committed to the creation of a national inter-ministerial committee on nutrition and food based in the Prime Minister's Office and to appoint focal points for nutrition in all of the relevant ministries. The National Fortification Alliance is widely involved in food fortification.

The country has just joined REACH and stakeholders from civil society and the private sector have their own platform: the National Council of the Civil Society Organisations.

Coherent policy and legal framework: The Guinean government has had a National Food and Nutrition Policy (NFNP) since 2005 aimed at improving infant and young child feeding, and which forms an integral part of the multi-sectoral nutrition plan. This policy is centred around the following strategies: (i) The 1,000 days Initiative, with interventions focused on infant and young child feeding, the control of micronutrient deficiencies, the management of acute malnutrition, hygiene and maternal nutrition, and community-based nutrition. National legislation on nutrition is extensive and includes laws on the fortification of food such as salt, oil and wheat flour (2012). Breastfeeding is promoted, encouraged and protected through the national directives enacted in 2003 on breastfeeding. In addition, the International Code on the Marketing of Breast-milk Substitutes is in the process of revision and enactment; (ii) other strategies centred on nutrition include all key sectors such as agriculture and food security (new Agriculture and Food Security Investment Plan, 2011), public health and education (Health Development Plan-2006, National School Food Policy-2012), and social protection (National Social Development Policy). At the Nutrition for Growth event, the Guinean Government undertook to develop a new strategic plan for food and nutrition interventions. In 2013 the NFNP has to be revised to include the 1,000 days initiative and the multi-sectoral strategic plan.

Aligning programmes around a Common Results Framework: A technical group on nutrition, which concentrates on direct nutrition interventions, is comprised of eight sub-programmes. They are implemented by local governments with the technical support of the other sectors. The eight sub-programmes are described below: (i) The sub-programme for infant and young child feeding is aimed at improving the practices in respect of breastfeeding and supplementary feeding and controlling micronutrient deficiencies in children less than five years old; (ii) The sub-programme for exclusive breastfeeding is aimed at improving the rate of exclusive breastfeeding; (iii) The sub-programme for counselling pregnant and breastfeeding women is aimed at improving the nutrition of pregnant and breastfeeding women, both through health facilities and in the community; (iv) The sub-programme for managing acute malnutrition will allow the identification of at least 90% of the children who are suffering from severe and moderate acute malnutrition. All 33 health districts and the five municipalities of the city of Conakry in Guinea have already been trained to deal with and prevent acute malnutrition. Within communities, community workers carry out malnutrition screening; (v) The sub-programme for community nutrition is aimed at improving essential family practices in respect of nutrition in communities; (vi) The sub-programme for the fight against micronutrient deficiencies contributes to food fortification and vitamin A and folic acid supplementation; (vii) The sub-programme for the nutritional management of children born to mothers infected with HIV is aimed at improving the nutrition of children born to mothers infected with HIV; (viii) The sub-programme for nutritional research/action assesses the relevance of the interventions by their results.

Financial tracking and resource mobilisation: Nutrition interventions are not currently coordinated in financial terms. The State does not have a specific budget line for nutrition. Each participant in the sector has responsibility for its own budget. At the Nutrition for Growth event, the Guinean Government undertook to increase the national budget for nutrition interventions by 10% between 2013 and 2020 and to establish budget lines for nutrition within the Ministries of Health and Agriculture.

Demographic data (2010, WPP 2012)

National Population:	9.9 million
Children under 5:	1.2 million
Adolescent Girls (15-19):	0.5 million
Average Number of Births:	0.3 million
Population growth rate:	1.33%

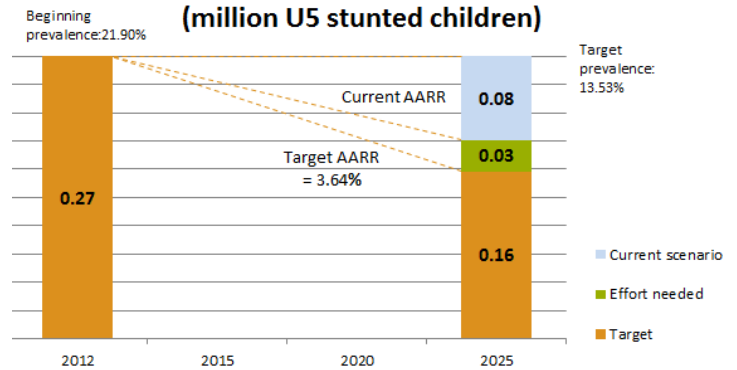
WHA nutrition target indicators (DHS 2012)

Low Birth Weight:	19.10%
Exclusive Breastfeeding:	39.70%
U5 Stunting:	21.90%
U5 Wasting:	5.10%
U5 Overweight:	3.60%

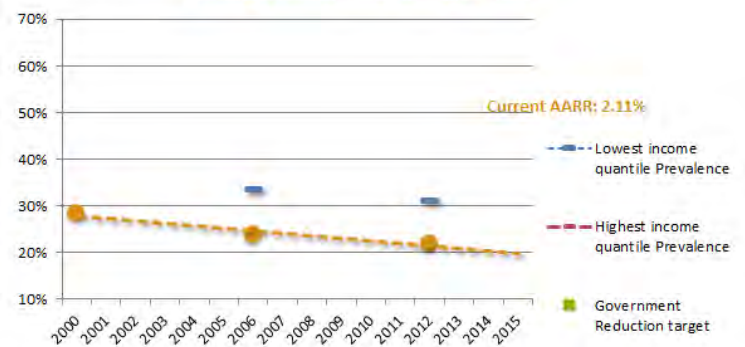
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	13.60%
Complementary feeding with at least 4 groups per day (6-23 months)	29.20%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	0.30%
Pregnant women attending 4 or more ANC visits	67.30%
Vitamin A supplementation (6-59 months)*	36.00%
Presence of iodised salt in the house	16.90%
Women's Empowerment	
Female literacy	73.60%
Female employment rate	54.40%
Median age at first marriage	21.8
Access to skilled birth attendant	37.30%
15-19 years women already mother or with first child	14.20%
Fertility rate	3.5
Other Nutrition Sensitive Indicators	
Rate of urbanization	52.50%
Income share held by lowest 20%	2.38%
Open defecation	34.70%
Non-improved drinking water source	35.00%

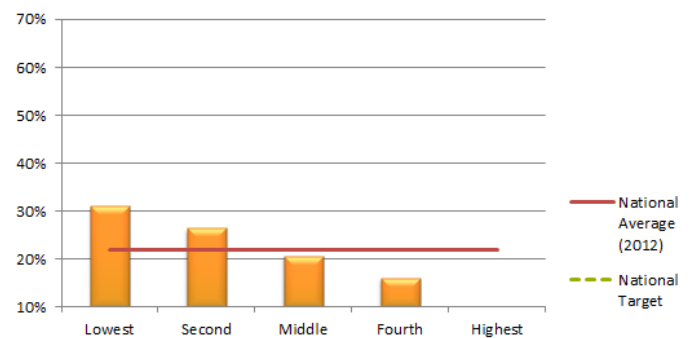
Targeted Stunting Reduction - Haiti (million U5 stunted children)



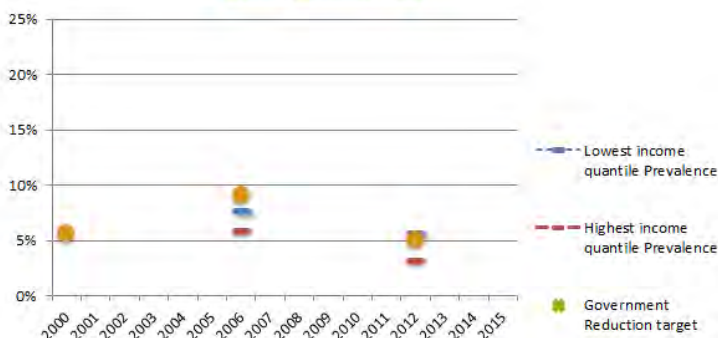
Stunting Reduction Trend and Target - Haiti



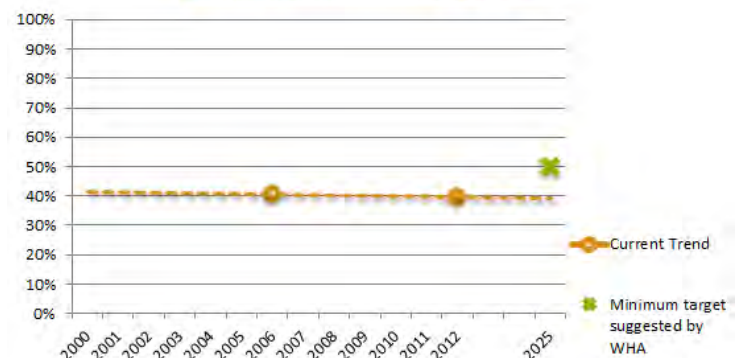
Distribution of stunting across wealth quintiles- Haiti











Wasting Prevalence- Haiti



Trend of Exclusive Breastfeeding Rate- Haiti



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					3
Quality of process					

Bringing people together: The Commission for the Fight Against Hunger and Malnutrition (COLFAM) is responsible for the strategic guidance of ABA GRANGO (the Haitian government's strategic national framework for fighting hunger and malnutrition). Chaired by the first lady of the Republic of Haiti, COLFAM is made up of representatives from the president's office, the relevant ministries and parliament. The National Coordination Unit of ABA GRANGO (UNAG) is responsible for executing and coordinating the activities defined in this national framework. The SUN Movement will be officially launched in Haiti. A national workshop on nutrition (Moringa) took place at the end of April. A Donor Convenor is in the process of being identified. The Ministry of Health coordinates the activities of donors to ensure the continuity and sustainability of the work being carried out. United Nations agencies are involved through a Technical Committee on Nutrition nationally, and within departments, and also through sectoral roundtables and a select group on nutrition. Civil society has its own forum called the Association of Private Health Workers; however, it is not yet part of the multi-sectoral platform. Initial contacts by the government with the business community include the Chamber of Commerce and national food producers and importers.

Coherent policy and legal framework: In January 2012 Haiti published its updated national nutritional policy which focusses on children up to 59 months, pregnant and breastfeeding women, older people and people living with HIV and AIDS and tuberculosis. Numerous other policies and strategies contribute to nutrition through different sectors, these include the poverty reduction strategy (National Strategy for Growth and the Reduction of Poverty 2008-2010) and the National Investment Plan for Agriculture, Informal Education and Social Protection (May 2010). The right to food is defined in the Constitution. Haiti has special legislation on the fortification of salt, flour and oil with iodine, iron and vitamin A and on maternity leave. A bill has been tabled to enhance food security (meat and poultry breeding bill by the Ministry of Agriculture) and to set up a National Nutrition Council. A communication plan has been finalised.

Aligning programmes around a Common Results Framework: ABA GRANGO is the Haitian government's common results framework for fighting hunger and malnutrition, driven by the president of the republic, with the support of the first lady. It has a detailed implementation plan and a matrix of the apportionment of responsibilities between ministries. Nine ministries, seven autonomous agencies, the Haitian Red Cross (HRC) and 21 government programmes are harmonised under ABA GRANGO's strategic framework. Through government ministries, ABA GRANGO implements programmes in three strategic areas: (i) social safety nets to improve access to food for the most vulnerable; (ii) agricultural investment to increase national food production; (iii) the basic services, particularly in health and nutrition, improvement of the drinking water and sanitation infrastructures and storage of crops for the most vulnerable families. A request has been made for support to draw up a multi-sectoral monitoring and evaluation framework. With the support of the USAID, Haiti has already set up 92 sentinel sites in four departments. The advocacy and social mobilisation capacities for all sections of the population need to be strengthened.

Financial tracking and resource mobilisation: The Framework's budget has been determined. Partners' data are awaited so that the funding gap in relation to the requirements can be defined. Support has been requested to finalise the framework's costing. The mobilisation of external financial resources, beyond emergency funds, is considered a priority. € 100,000 of support from the European Union has been allocated to nutrition activities. A budget line for nutrition from the government has been mobilised in 2013 (HTG 15 million) in order to start activities. The focus will be on the social safety nets, agriculture and community development projects.

Demographic data (2010, WPP 2012)

National Population:	240.7 million
Children under 5:	25.1 million
Adolescent Girls (15-19):	10.2 million
Average Number of Births:	4.9 million
Population growth rate:	1.39%

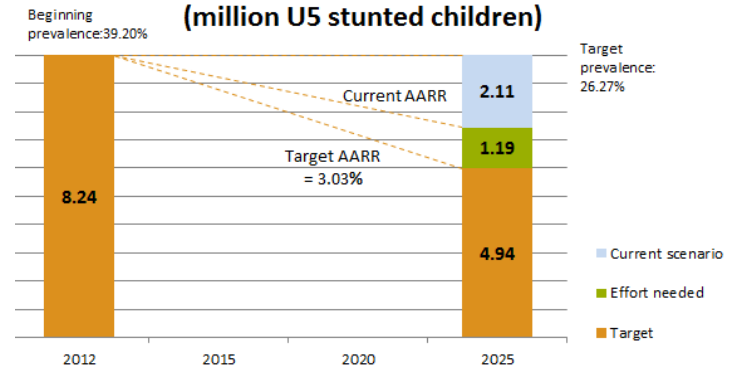
WHA nutrition target indicators (DHS 2007/2012)

Low Birth Weight:	5.50%
Exclusive Breastfeeding:	41.50%
U5 Stunting:	37.00%
U5 Wasting:	13.30%
U5 Overweight:	12.20%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	41.20%
Complementary feeding with at least 4 groups per day (6-23 months)	76.30%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	81.50%
Vitamin A supplementation (6-59 months)*	76.00%
Presence of iodised salt in the house	62.00%
Women's Empowerment	
Female literacy	87.40%
Female employment rate	46.80%
Median age at first marriage	19.8
Access to skilled birth attendant	79.00%
15-19 years women already mother or with first child	8.50%
Fertility rate	2.5
Other Nutrition Sensitive Indicators	
Rate of urbanization	49.76%
Income share held by lowest 20%	7.27%
Open defecation	23.00%
Non-improved drinking water source	30.20%

Targeted Stunting Reduction - Indonesia (million US stunted children)



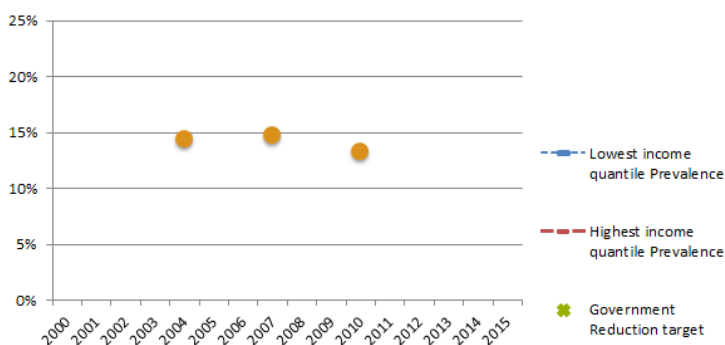
Stunting Reduction Trend and Target - Indonesia



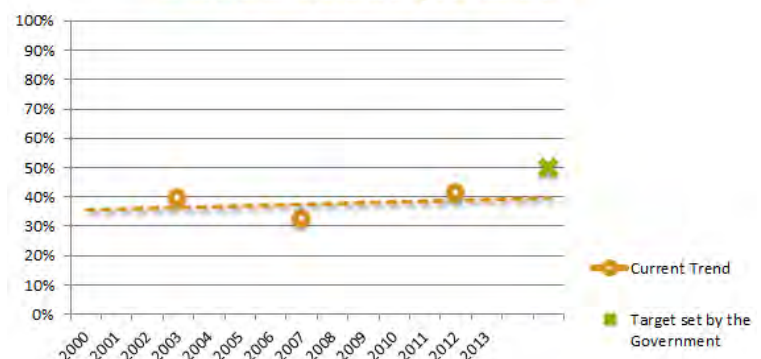
Distribution of stunting across wealth quintiles - Indonesia











Wasting Prevalence - Indonesia



Trend of Exclusive Breastfeeding Rate - Indonesia



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					3
Quality of process					

Bringing people together: In September 2012, Indonesia launched its national policy framework for the SUN Movement. Four ministers (of People’s Welfare, Development and Planning, Health, and Women’s Empowerment and Child Protection) launched the “First 1,000 Days of Life Movement”, the objectives of which are set out in a policy framework together with five national nutrition targets for 2015 for reductions in child chronic and acute malnutrition, anemia in women, low birth weight babies, exclusive breastfeeding and childhood obesity. More recently, on 24 May 2013, President Susilo Bambang Yudhoyono signed Presidential Decree Number 42, which provides the legitimate regulatory framework to facilitate the operationalization of scaling up nutrition efforts in Indonesia. The decree establishes the basis for multi-sector, multi-stakeholder coordination mechanisms for scaling up nutrition in the country under the Coordinating Ministry for People’s Welfare (which acts as the convening body). Implementation of the decree is a priority in the short-term. Mechanisms for coordination need to be strengthened especially at sub-national level. In October 2013, an official launch of the SUN Movement will be held, which will bring together all provincial-level policymakers that have a major role in implementing the SUN Policy Framework at the subnational level. A high-level task force for the national movement is led by the Coordinating Minister of the People’s Welfare and reports directly to the President. Under the task force, a technical team led by the Deputy Minister for Human Resource Development and Cultural Affairs of the National Development Planning Agency, has been established to synchronize the development and implementation of the plans stated in the National and Subnational Action Plans on Food and Nutrition, and other nutrition-sensitive programmes implemented by the various ministries and agencies. In addition, this group consolidates the efforts of other existing coordinating platforms that have been established across key constituencies. The technical team is advised by an expert group, and has working groups on advocacy, campaigns, planning and budgeting, training, and partnerships. The government identified representatives from all stakeholder groups for each working group. The SUN Platform of Development Partners brings together UNICEF, AusAid, USAID, the World Bank, ADB, WFP, WHO and MCC. UN agencies established a mechanism to coordinate activities around nutrition. Civil society organisations meet through the Nutrition Forum to share experience among 16 NGOs and professional organisations. The private sector is represented in the expert working group on partnerships by different actors, including Unilever, IndoFoods and Pertamina.

Coherent policy and legal framework: Indonesia has updated nutrition-specific policies and strategies since 2005. Legislative approval to a wide range of policies and strategies in relevant sectors provides a coherent framework for multi-sectoral action. National legislation with a bearing on nutrition covers a range of health and food laws (food safety, food quality, food labeling and advertisement). Many provisions for the implementation of the International Code of Marketing of Breast-milk Substitutes have been endorsed into Government Regulation Number 33 (2012) on Exclusive Breastfeeding. Legislation on flour fortification and salt iodization is also in place. Oil fortification with vitamin A will be mandatory from 2014. Rice fortification is under preparation. An advocacy and communications strategy is being developed.

Aligning programs around a CRF: The National Food and Nutrition Action Plan (2011-2015) provides a common results framework for improving nutrition in Indonesia. As this plan was developed before Indonesia joined the SUN Movement, a harmonization process to align the indicators and targets in both the plan and the SUN Policy Framework is underway. Community-based nutrition programs, fortification schemes and nutrition-sensitive social protection initiatives complement this framework. Large-scale programs are implemented by different ministries. More information is required to assess the degree to which these programs converge or have shared results. Indonesia is committed to a decentralized approach to scaling up nutrition. Emphasis will be placed on the implementation of specific evidence-based nutrition interventions, including the promotion of maternal, infant and young child feeding, the improvement of micronutrient intake through supplementation and food fortification and the management of severe acute malnutrition. Stakeholders at provincial and district level will prioritize nutrition efforts in their development plans and budgets. The government is committed to achieving universal coverage of health insurance. Social protection schemes – like ongoing conditional transfer initiatives – will be strengthened as a tool to improve social equity and nutritional status of vulnerable children and women. National health insurance under the Social Security Scheme covers poor communities and starts in January 2014

Financial tracking and resource mobilization: Financial information is tracked for nutrition-specific programmes. Total funds allocated at central level to Ministry of Health, Department of Nutrition, is USD 30 million per year. Each province (34) and each district (497) manages its own resources, which are in addition to the central level contribution. Funding gaps are not yet clearly identified and contributions by external donors are not yet explicit.

Demographic data (2010, WPP 2012)

National Population:	40.9 million
Children under 5:	6.7 million
Adolescent Girls (15-19):	2.1 million
Average Number of Births:	1.5 million
Population growth rate:	2.68%

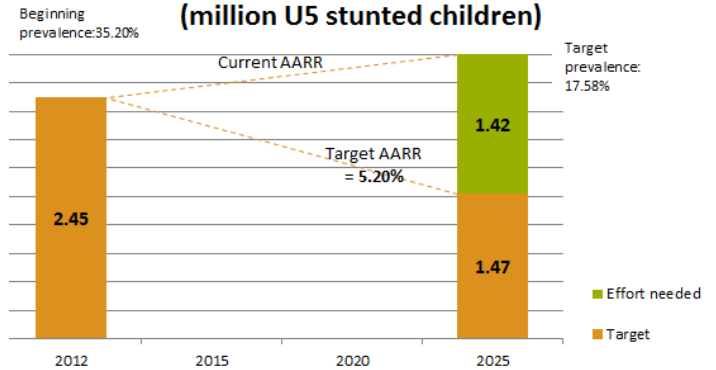
WHA nutrition target indicators (DHS 2008-2009)

Low Birth Weight:	5.60%
Exclusive Breastfeeding:	31.90%
U5 Stunting:	35.30%
U5 Wasting:	6.70%
U5 Overweight:	4.70%

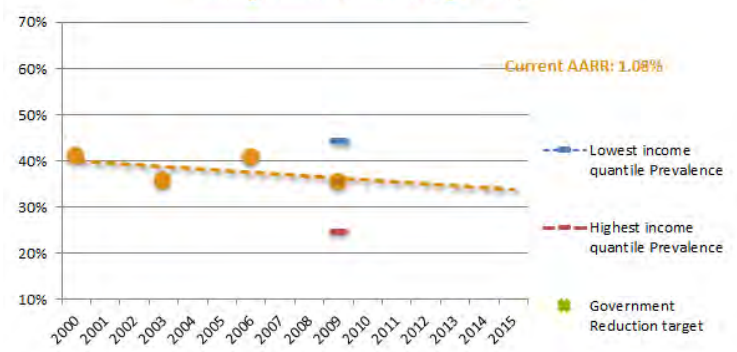
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	38.50%
Complementary feeding with at least 4 groups per day (6-23 months)	54.30%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	0.20%
Pregnant women attending 4 or more ANC visits	-
Vitamin A supplementation (6-59 months)	30.30%
Presence of iodised salt in the house	97.70%
Women's Empowerment	
Female literacy	84.90%
Female employment rate	55.40%
Median age at first marriage	20
Access to skilled birth attendant	43.80%
15-19 years women already mother or with first child	17.70%
Fertility rate	4.8
Other Nutrition Sensitive Indicators	
Rate of urbanization	23.34%
Income share held by lowest 20%	4.84%
Open defecation	14.50%
Non-improved drinking water source	38.70%

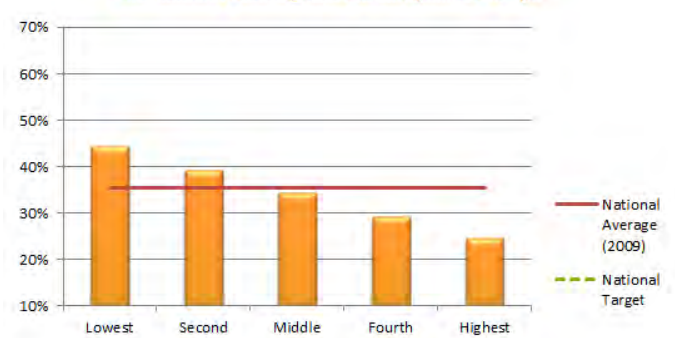
Targeted Stunting Reduction - Kenya (million U5 stunted children)



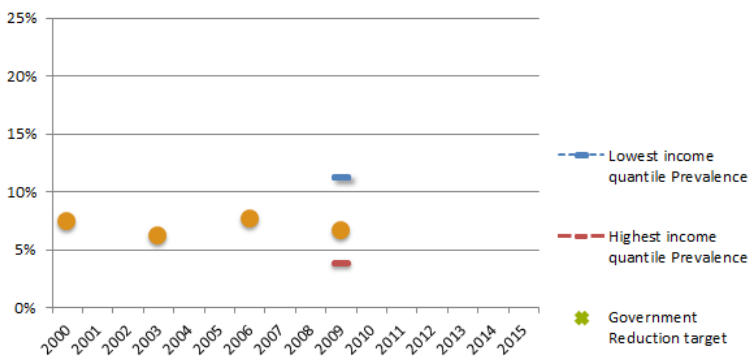
Stunting Reduction Trend and Target - Kenya



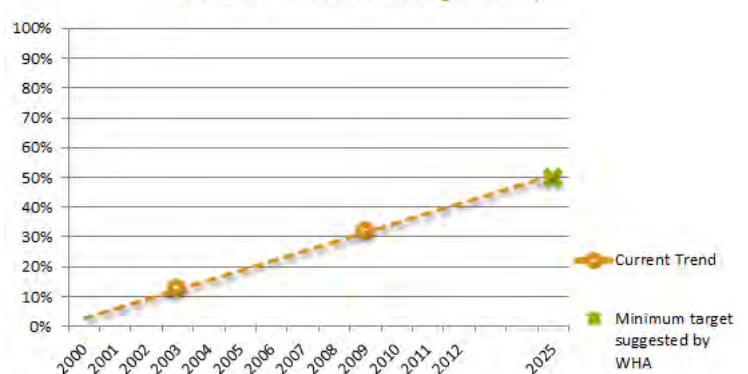
Distribution of stunting across wealth quintiles - Kenya







Wasting Prevalence - Kenya



Trend of Exclusive Breastfeeding Rate - Kenya



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					2

Bringing people together: The Nutrition Interagency Coordinating Committee (NICC) serves as the multi-stakeholder and multi-agency platform that coordinates nutrition in Kenya. The NICC meets on a quarterly basis and is chaired by the head of the Division of Nutrition in the Ministry of Public Health & Sanitation, who is also the SUN government focal point. The membership includes at least five line ministries, UN Agencies, civil society and academic institutions. The NICC endorses key policy, guidelines and strategy documents on food and nutrition security and mobilizes resources for annual nutrition plans. The SUN Coordination Team, with representation from at least nine line ministries that signed up to the Kenya Food and Nutrition Security Policy, was formed and met ahead of the country's SUN launch in November 2012. The terms of reference for the SUN Coordination Team are under development and the secretariat is located within the Division of Nutrition. Sectors included in the team are agriculture, livestock, fisheries, education, trade, gender, social protection, finance, planning as well as representatives working on the country's long-term development blue-print 'Vision 2030'. The new Government of Kenya is committed to nutrition and has highlighted the implementation of the Food and Nutrition Security Policy as part of the key priorities for the cabinet secretaries in the Ministries of Agriculture and Health. This will be further supported with the establishment of higher level coordination structures, namely the National Food Security and Nutrition Steering Committee (NFSNSC) and the National Food and Nutrition Security Secretariat (NFNSS) that will be housed in the Office of the President or the Ministry of Devolution and Planning. A civil society network has been well established since 2008 with clear terms of reference and meets on a monthly basis to provide technical guidance for nutrition service delivery. This forum laid the ground work that resulted in Kenya joining the SUN Movement in November 2012. . The UN Network (currently under review), the Donor Network and the Business Network work closely with civil society and the government to support nutrition in country through advocacy, technical and financial support.

Coherent policy and legal framework: Kenya has a National Food and Nutrition Security Policy (2012) and a National Nutrition Action Plan for 2012–2017. Both documents guide nutrition work and interventions in country. Nutrition legislations that have been developed include the Breast-milk Substitutes (Regulations and Control) Act 2012 and legislation on mandatory fortification that was approved 2012. Further, guidelines and detailed work plans for specific nutrition areas have been developed including: the National Policy on Maternal Infant and Young Child Nutrition and the National Policy Guideline on Combined Iron and Folic Acid Supplementation for Pregnant Mothers in Kenya. Nutrition-sensitive policies, strategies and plans exist under various sectors, e.g. under national development and poverty reduction (Kenya VISION 2030 and Economic Recovery Strategy for wealth and employment creation 2003), agriculture (Agriculture Sector Development Strategy 2010-2015), education (National School Health Policy 2009), social protection (National Social Protection Policy 2012) and health (Comprehensive National Health Policy Framework 2011-2030).

Aligning programs around a Common Results Framework: The country has developed a National Nutrition Action Plan 2012-2017 (NNAP) that was launched at a national SUN symposium in November 2012. The NNAP provides a framework for coordinated implementation of Kenya's commitment to nutrition. The plan has 11 strategic objectives focusing on high-impact nutrition interventions, prevention and management of non communicable diseases, monitoring and evaluation systems and enhancing coordination mechanisms. The NNAP further contains a performance monitoring and evaluation framework. NNAP is already being rolled out at the national and provincial levels with nutrition-specific interventions targeting women and young children. The NNAP also addresses needs of school-aged children and other population groups facing challenges of overweight, obesity and non-communicable diseases.

Financial tracking and resource mobilization: Government budget allocation in Kenya Shillings (Ksh) for the key sectors in 2013/2014 includes: health-34.7 billion, agriculture-38.1 billion, social protection-13.4 billion, orphans and vulnerable groups-8 billion, older persons-3.2 billion, disabled persons-425 million, urban food subsidy- 356 million and school feeding-2.6 billion. The costed NNAP plan has been shared with the SUN Movement Secretariat, which facilitated a visit to the country by a team of experts to review and analyze the plan with the government and main stakeholders. The total cost of the NNAP over five years is Ksh 70 billion (approximately \$824 million, averaging \$165 million per year, with a per capita annual cost of less than \$4). The majority of resources (70%) are targeted at children under five years of age. The costing of the NNAP, conducted over a three-month period, was spearheaded by the Government of Kenya and UNICEF, with input from additional stakeholders.

Demographic data (2010, WPP 2012)

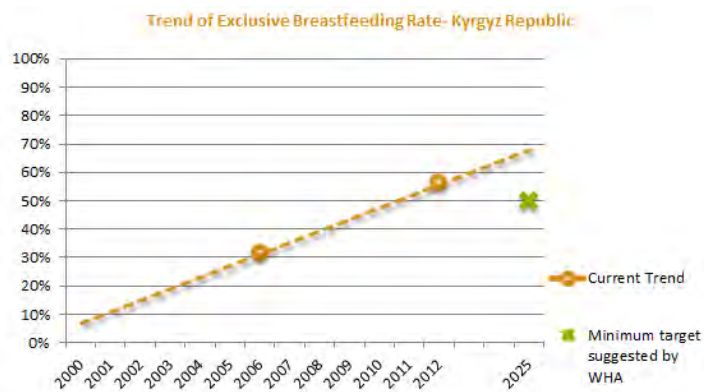
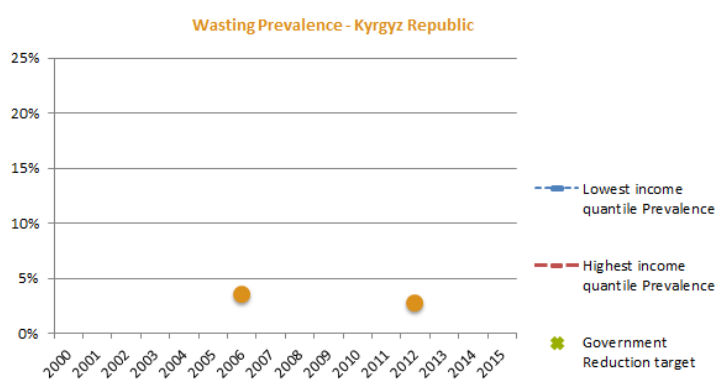
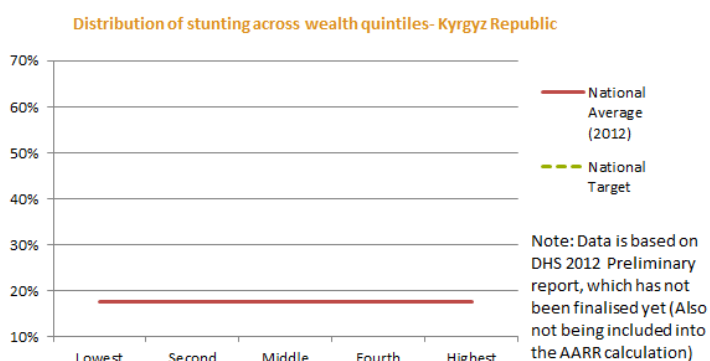
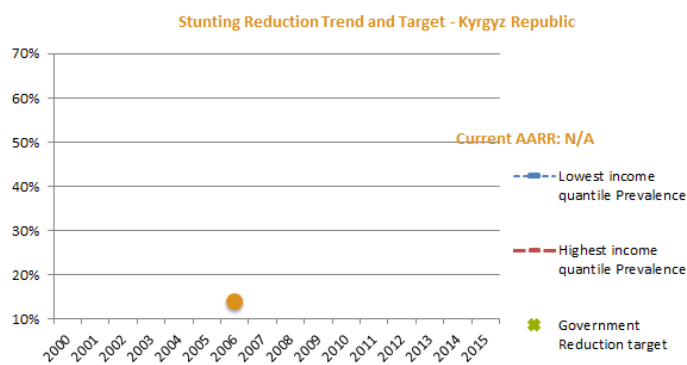
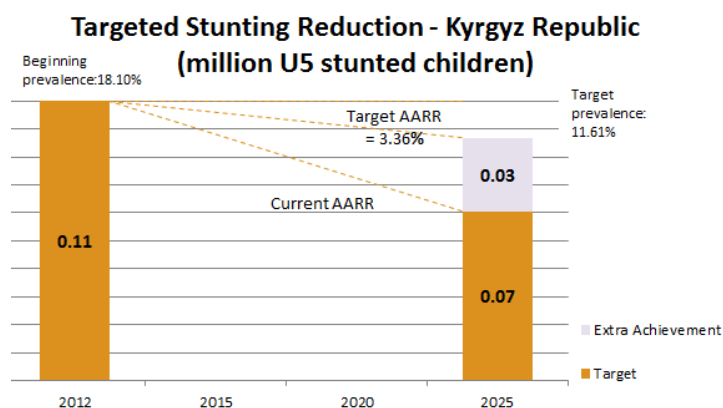
National Population:	5.3 million
Children under 5:	0.6 million
Adolescent Girls (15-19):	0.3 million
Average Number of Births:	0.1 million
Population growth rate:	1.13%









WHA nutrition target indicators (DHS 2012 Pre)

Low Birth Weight:	5.30%
Exclusive Breastfeeding:	56.10%
U5 Stunting:	17.70%
U5 Wasting:	2.70%
U5 Overweight:	8.50%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	-
Complementary feeding with at least 4 groups per day (6-23 months)	-
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	-
Vitamin A supplementation (6-59 months)	47.00%
Presence of iodised salt in the house	76.10%
Women's Empowerment	
Female literacy	99.90%
Female employment rate	50.30%
Median age at first marriage	-
Access to skilled birth attendant	97.60%
15-19 years women already mother or with first child	-
Fertility rate	2.78
Other Nutrition Sensitive Indicators	
Rate of urbanization	35.30%
Income share held by lowest 20%	7.68%
Open defecation	0.10%
Non-improved drinking water source	11.80%



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					2
Quality of process					

Bringing people together: The Kyrgyz Republic joined the SUN Movement in December 2011, and government commitment for nutrition at the highest level continues to grow, including support from the Vice Prime Minister. The Food Security Council is a consultative body formed by the Government to make decisions regarding the stable and uninterrupted provision of food and measures aimed at improved food quality. The Council is co-chaired by the Minister of Agriculture and Minister of Internal Affairs and includes representation from a broad range of government ministries. Representation on the Council from the private sector and donor community is also planned. A high-level meeting on Development was held on 10 and 11 July and included a session focusing on nutrition. Donors use the Nutrition Cluster and Nutrition Group within the Health Sector Wide Approach (SWAP), a specific platform to coordinate their efforts. CSOs work with government through the Association of Village Committees of Health. Salt and vitamin producers are the main actors from the business community involved in the Food Security Council, which is the multi-sectoral platform.

Coherent policy and legal framework: A National Public Nutrition Improvement Strategy (2013-2017) has been developed but has not yet been endorsed. Before submitting to the Government for approval, there is a need to estimate costs. Efforts to improve food fortification have provided the entry point into wider engagement in nutrition. A national food fortification law has been discussed in Parliament and sent back to the Government to reconsider. Legislation for the regulation of flour fortification was approved in 2009 and amendments are currently being developed. Salt producers are working together with the Government to identify barriers in nutrition policy to increase coverage of salt iodization. Technical regulations on safety of the production, storage, transportation, sale and distribution of baby foods have been adopted with support of the Law on Protection of Breastfeeding and Marketing of Breast-milk Substitutes. There are a number of updated policies and strategies that cover key sectors like agriculture, poverty reduction and development and social protection. A communication strategy for nutrition is also under development.

Aligning programs around a CRF: The National Nutrition Strategy, which includes a Common Results Framework outlining the responsibilities of all parties involved, has been developed but not yet approved. With support from UNICEF, the Kyrgyz Republic has employed an expert consultant to assist in the costing of the National Nutrition Strategy. To increase the capacity of the Food Security Council, FAO and WFP are providing technical and financial support to improve the country's food security monitoring system. Through the Village Committees for Health system, 14,000 volunteers, who are linked to the government's public health system, are providing nutrition information to their communities.

Financial tracking and resource mobilisation: National nutrition programs are developed and implemented with both state budget and donor support. While the country spends over USD 13 million annually on its school feeding program and activities of the specialized agency for food security, funding gaps have been identified in several strategic areas including nutrition awareness campaigns, and the development and implementation of a monitoring system for nutrition. No accurate information is available from other sectors regarding available resources, funding gaps, or the types of nutrition-sensitive activities they are or could be implementing.

Demographic data (2010, WPP 2012)

National Population:	6.4 million
Children under 5:	0.8 million
Adolescent Girls (15-19):	0.4 million
Average Number of Births:	0.2 million
Population growth rate:	1.99%

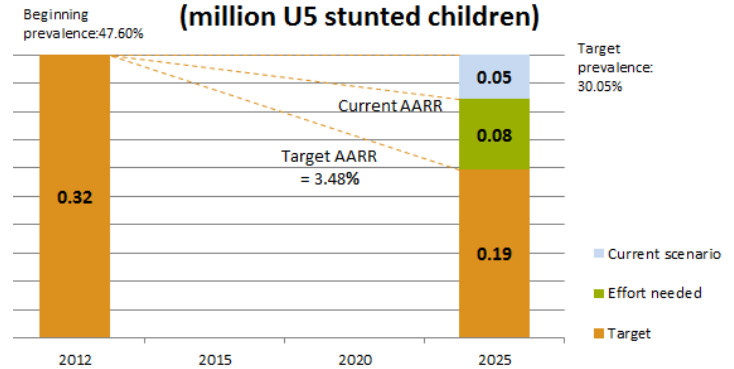
WHA nutrition target indicators (LSIS 2011)

Low Birth Weight:	14.80%
Exclusive Breastfeeding:	40.40%
U5 Stunting:	44.20%
U5 Wasting:	5.90%
U5 Overweight:	2.00%

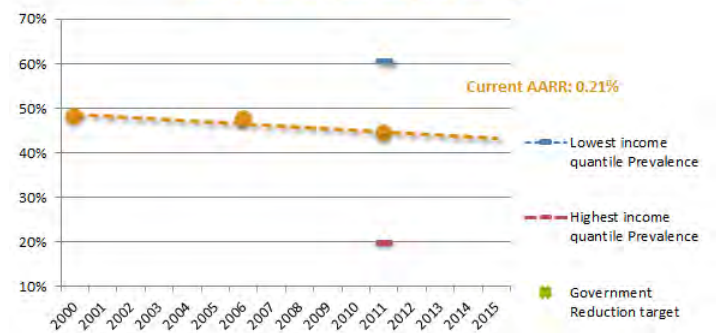
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	-
Complementary feeding with at least 4 groups per day (6-23 months)	-
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	1.00%
Pregnant women attending 4 or more ANC visits	36.90%
Vitamin A supplementation (6-59 months)*	92.00%
Presence of iodised salt in the house	79.50%
Women's Empowerment	
Female literacy	68.70%
Female employment rate	75.60%
Median age at first marriage	19.2
Access to skilled birth attendant	41.50%
15-19 years women already mother or with first child	14.00%
Fertility rate	3.2
Other Nutrition Sensitive Indicators	
Rate of urbanization	32.11%
Income share held by lowest 20%	7.64%
Open defecation	37.90%
Non-improved drinking water source	30.10%

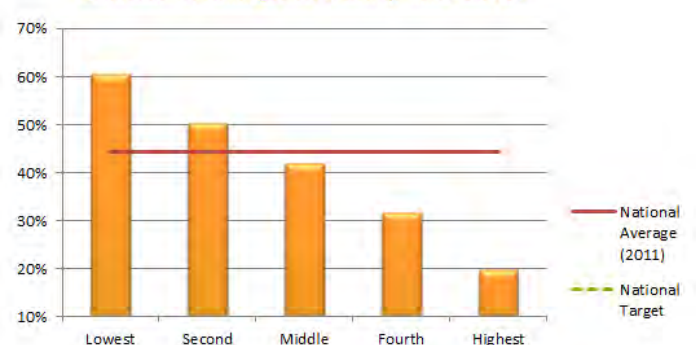
Targeted Stunting Reduction - Lao PDR (million US stunted children)



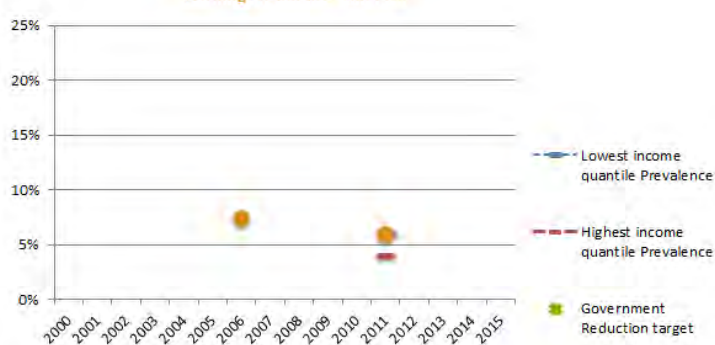
Stunting Reduction Trend and Target - Lao PDR



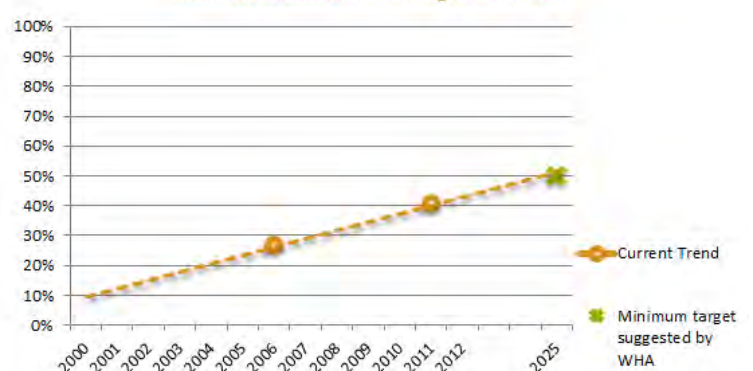
Distribution of stunting across wealth quintiles - Lao PDR











Wasting Prevalence - Lao PDR



Trend of Exclusive Breastfeeding Rate - Lao PDR



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					2
Quality of process					

Bringing people together: Lao PDR joined the SUN Movement in 2011 and is in the process of consolidating political commitment and action among government and key stakeholders. The Ministry of Health, together with other government ministries and partners, is working to establish a systematic approach to scaling up nutrition for the period 2013-2015 and a high-level round table meeting focusing on multi-sectoral action for scaling up nutrition was held in June 2013. While Lao PDR would like to learn from other countries' experience of cross-sectoral collaboration, the prime minister signed a decree to establish the National Nutrition Committee and its secretariat on 31 July 2013. This committee includes the Prime Minister's Office, the Ministries of Health and of Forestry and Agriculture, relevant line ministries and mass-organizations. The Ministry of Health is establishing a Multi-sectoral Task Force on Nutrition, which will be linked with the Technical Multi-sectoral Food Security Working Group established by the Ministry of Agriculture. The meetings of the Multi-sectoral Task Force on Nutrition will be held at the national and provincial level with the involvement of the Ministries of Agriculture and Forestry; Health; and Education, and the Lao Women's Union. While the establishment of a multi-sectoral, multi-stakeholder platform is ongoing, the existing Round Table Process for Aid Effectiveness and its relevant sector-wide working groups provide an appropriate platform to promote inter-ministerial cooperation on nutrition and food security activities. The donor community supports the creation of the multi-sectoral, multi-stakeholder platform. There is currently no representation from the business community in Lao PDR's multi-stakeholder effort to scale up nutrition.

Coherent policy and legal framework: The National Nutrition Strategy and Plan of Action 2010-2015 provides strategic guidance for all stakeholders on what should be undertaken to address malnutrition and its determinants. With support from the EU and other development partners, the government is planning to review this document, prioritizing immediate actions for 2015 as an effort to secure attainment of the MDGs. Updated nutrition-sensitive policies and strategies cover most key sectors including agriculture and food security, development, public health and education. A National Growth and Poverty Eradication Strategy was adopted in 2006. The Ministry of Health is also considering ways to strengthen the implementation of the International Code of Marketing for Breast-milk Substitutes and universal salt iodization efforts, but legislation in these areas has not yet been endorsed. The consultative and advocacy process on revising the maternity protection law provides for 90 days of maternity leave, just under the minimum recommended length of 14 weeks by the ILO. The multi-stakeholder platform is working with Ministry of Public Works to explore improvements in WASH plans for rural areas.

Aligning programs around a CRF: Lao PDR has not yet agreed upon a common results framework for nutrition. The Ministry of Health has prioritized nutrition (specific and sensitive) in the health sector reform framework for the immediate term (2013-2015), middle term (2015-2020) and long term (2020-2025). The government is also determining the best approach to increase provincial level involvement in nutrition activities. Lao PDR plans to accelerate the implementation of the National Nutrition Strategy and Plan of Action incorporating a food security component and promoting improved harmonization, donor alignment and coordination. Lao PDR plans also to set up an M&E framework on nutrition and food security. Civil society organizations' activities are integrated into the development planning process of the Ministry of Agriculture and Forestry. Civil society continues to play a key role in implementing the 2020 Agriculture Strategy, which also addresses the issue of food security and nutrition.

Financial tracking and resource mobilization: The Ministry of Health has submitted a budget plan for 2013-2014 with a proposed increase in investment for scaling up nutrition interventions. With support from development partners, a mapping exercise of existing projects and activities is underway in order to estimate full nutrition budgetary needs and any corresponding funding gaps. Technical support is required to estimate costs of nutrition-sensitive strategies and interventions. Resource mobilization has been identified as a challenging area for the country. In line with recent efforts at the national level to improve the effectiveness of aid, the government is discussing options with development partners to ensure a more consistent, less fragmented approach to funding, including resources for food and nutrition security. The National Assembly has approved a health sector reform strategy and increased the health budget to 9% of total government expenditures, which is an encouraging sign for nutrition resourcing. Tracking of domestic funding through the current public finance system is also a significant challenge. Efforts are underway to explore how best to track nutrition allocations in different sectors. The EU aims at increasing its commitment for nutrition-specific and nutrition-sensitive actions in its next strategy for Lao PDR. An impact assessment of malnutrition on social and economic development in Lao PDR has been carried out with UNICEF support. Findings are being disseminated and were presented at the high-level round table meeting held in June 2013.

Demographic data (2010, WPP 2012)

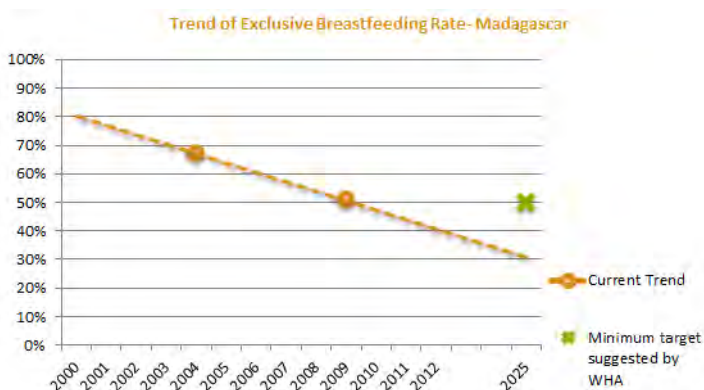
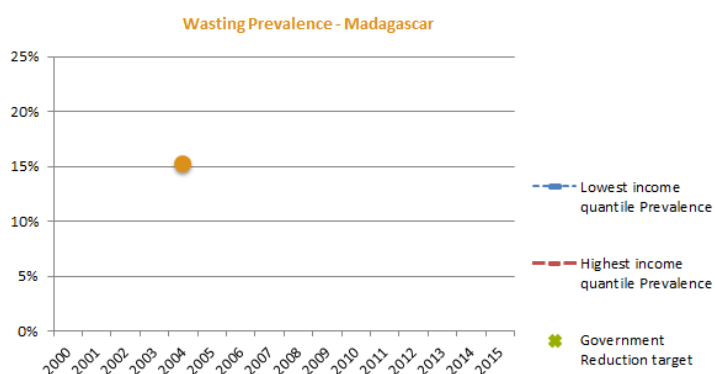
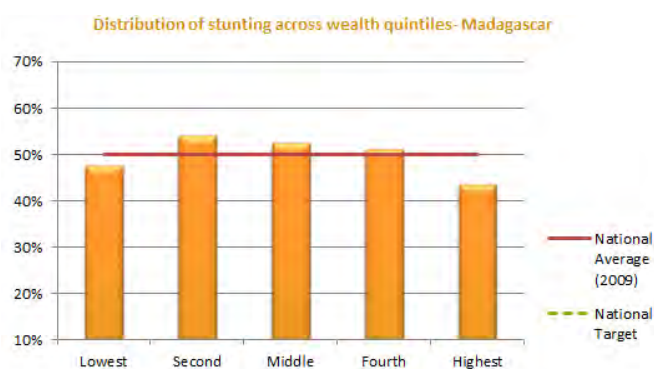
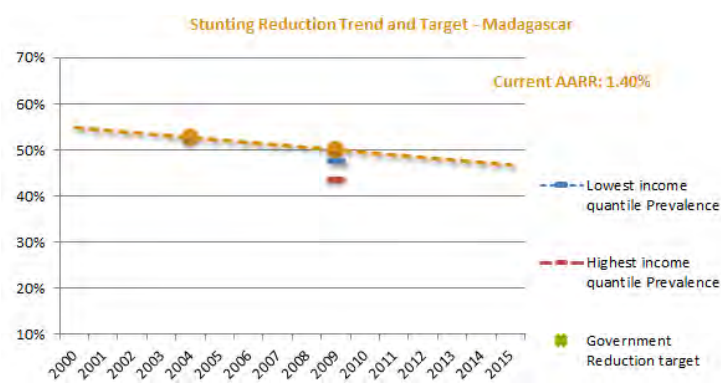
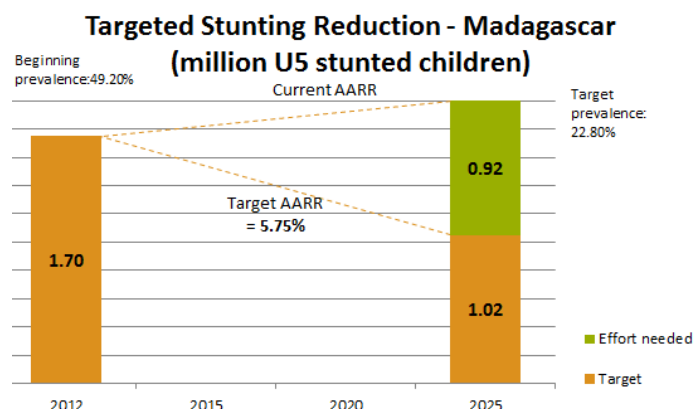
National Population:	21.1 million
Children under 5:	3.4 million
Adolescent Girls (15-19):	1.2 million
Average Number of Births:	0.7 million
Population growth rate:	2.84%

WHA nutrition target indicators (DHS 2008-2009)

Low Birth Weight:	12.70%
Exclusive Breastfeeding:	50.70%
U5 Stunting:	50.10%
U5 Wasting:	15.2% (2004)
U5 Overweight:	6.20%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	2.70%
Complementary feeding with at least 4 groups per day (6-23 months)	62.80%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	1.40%
Pregnant women attending 4 or more ANC visits	49.30%
Vitamin A supplementation (6-59 months)*	91.00%
Presence of iodised salt in the house	46.60%
Women's Empowerment	
Female literacy	74.70%
Female employment rate	80.30%
Median age at first marriage	18.7
Access to skilled birth attendant	43.90%
15-19 years women already mother or with first child	31.70%
Fertility rate	4.83
Other Nutrition Sensitive Indicators	
Rate of urbanization	31.38%
Income share held by lowest 20%	5.41%
Open defecation	43.70%
Non-improved drinking water source	59.60%



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	3
Quality of process	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	■ ■ ■ ■ ■	

Bringing people together: Nutrition occupies a central position in Madagascar. The Prime Minister directly runs and oversees the National Nutrition Council (NNC). This is a multi-sectoral and multi-stakeholder platform for nutrition, made up of representatives from a broad range of sectoral ministries and stakeholders, including members of parliament. There are similar platforms in each of the 22 regions of Madagascar. The NNC acts as a guidance and coordination centre for the National Nutrition Policy (NNP) and supports the NNO (National Nutrition Office) which is attached to the Office of the Prime Minister. The NNO ensures multi-sectoral and multi-stakeholder coordination. It monitors implementation of the NNP and of the National Action Plan for Nutrition (NAPN) in conjunction with the sectoral ministries and UN agencies. Five platforms have been established under the SUN Movement during the first quarter of 2013. These are: Government, CSOs, Businesses, the UN and Donors. The focal points of the five platforms are members of the NNC and take part in all NNC meetings. The government focal point chairs and moderates the meetings with the focal points of each platform. Support is sought to further strengthen multi-sectoral coordination capacity. A donor convener is still to be identified. Madagascar arranges major social mobilisations for nutrition each year, in particular through the National Day of Nutrition (NDN), the Week for the Health of Mothers and Children (WHMC) - twice per year (April and October), the World Food Day (WFD) and the World Peasant Women's Day. As part of the National Community Nutrition Programme (NCNP), which has existed since 1992, a community mobilisation is organised by Women's Associations, local NGOs and Nutrition Community Workers.

Coherent policy and legal framework: The NNP dates from 2004 and covers the 2005-2015 period. A National Action Plan for Nutrition (NAPN), for the 2005-2009 period developed under the NNP, was updated (NAPN II) in 2012. Policies are in place in all key sectors, in particular agriculture and food security, development, public health, education and social protection with an action plan for equality and development. Nutrition is in the process of being included in policies and programmes dealing with gender, water and sanitation, social protection and the environment. The country is prioritising the empowerment of women as a basic element of all nutrition enhancement activities. The Ministry of the Environment is working to ensure that the linkages between nutrition and climate change are included in national plans. National legislation covering food fortification, salt iodisation and the protection of maternity is in place. The International Code on the Marketing of Breast-milk Substitutes is in place. Madagascar has asked for support in drawing up its advocacy and communication strategy.

Aligning programmes around a Common Results Framework: The common results framework with an implementation plan had been developed from the Monitoring and Evaluation Plan (MEP) of the NAPN II. The monitoring and evaluation framework has already been developed and approved, and is used as a reference document for all stakeholders in nutrition. The NAPN II includes five strategic priorities covering the prevention and management of malnutrition, the improvement of nutritional and food security and the effectiveness of coordination in respect of nutrition. As part of the effective decentralisation of scaling up nutrition, there are Platforms similar to the NNC in each of the 22 regions of Madagascar such as Regional Nutrition Councils (RNC) and Regional Monitoring/Evaluation Groups (RMEGs); however, they are not operational due to a lack of funding. Civil society are directly involved in the implementation of the NAPN II at the community level. The setting up of a Nutritional and Food Monitoring (NFM) system within the NNO for all stakeholders has been requested. For the purposes of monitoring and evaluation, data are collected in municipalities and districts, consolidated regionally and then transferred to a national level. Monitoring of the quality of the data takes place from the collection to the publication of the results.

Financial tracking and resource mobilisation: Nutrition in Madagascar has been included in the Finance Act, supported by a State and Public Investment Programme (PIP) budget line since 2004. The Government is thus involved in the operation of the NNO and the NCNP. The NAPN II has been costed and budgeted for. Funding gaps

have been estimated. The funding of the nutrition sector is well below the level estimated to meet the objectives of NAPN II. Madagascar has taken part in the cost analysis work supported by the SUN Movement Secretariat, with MQSUN consultants visiting the country. The participation of donors in the funding of nutrition is as follows: A Funding Agreement has been signed between the Madagascan Government and the World Bank for:

- the multi-sectoral Emergency Support Project for Essential Education, Health and Nutrition Services in the targeted vulnerable zones (PAUSENS), which is funded to at USD 65 million for three years,
- The Emergency Project for the Preservation of the Infrastructures and the Reduction of Vulnerability (PUPIRV) by creating income-generating activities for poor households in the targeted zones through Cash For Work (CFW) Programmes and Agricultural Intensification Programmes, with USD 102 million over three years.
- the locust control project led by the Ministry of Agriculture has received funding from the following donors: USD 10,000,000 from the World Bank and EUR 2,000,000 from the European Union. This funding is coordinated by the FAO and implemented by the Ministry of Agriculture.

Funding of EUR 12.5 million for a period of 36 months from the European Union for the AINA (Integrated Action on Nutrition and Food) policy, which is coordinated by the FAO and implemented in the six regions by a consortium of seven stakeholders (Association Intercooperation Madagascar (AIM), CARE, FAO, IFAD, GRET, ICCO, WFP, and WeltHungerHilfe (WHH)).

Demographic data (2010, WPP 2012)

National Population:	15.0 million
Children under 5:	2.7 million
Adolescent Girls (15-19):	0.8 million
Average Number of Births:	0.6 million
Population growth rate:	3.00%

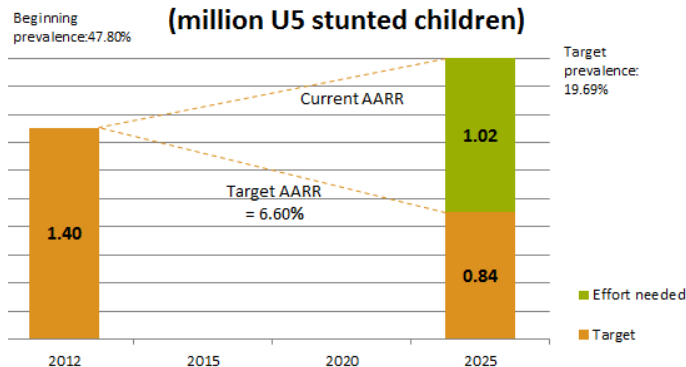
WHA nutrition target indicators (DHS 2010)

Low Birth Weight:	12.30%
Exclusive Breastfeeding:	71.40%
U5 Stunting:	47.10%
U5 Wasting:	4.00%
U5 Overweight:	8.30%

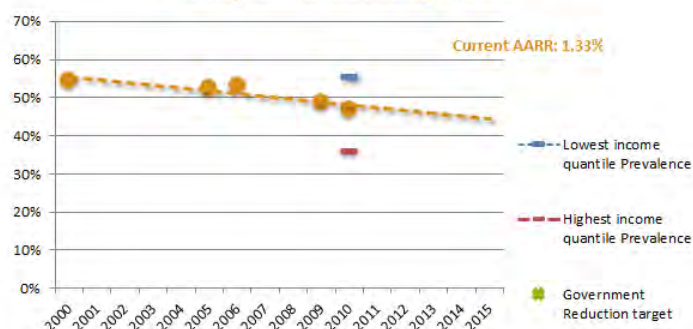
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	18.50%
Complementary feeding with at least 4 groups per day (6-23 months)	29.40%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	0.20%
Pregnant women attending 4 or more ANC visits	45.50%
Vitamin A supplementation (6-59 months)*	96.00%
Presence of iodised salt in the house	97.10%
Women's Empowerment	
Female literacy	67.60%
Female employment rate	77.00%
Median age at first marriage	17.9
Access to skilled birth attendant	94.70%
15-19 years women already mother or with first child	25.60%
Fertility rate	5.83
Other Nutrition Sensitive Indicators	
Rate of urbanization	15.43%
Income share held by lowest 20%	5.64%
Open defecation	9.90%
Non-improved drinking water source	36.00%

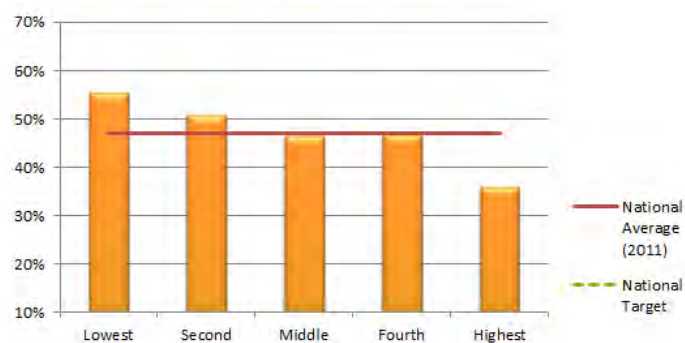
Targeted Stunting Reduction - Malawi (million US stunted children)



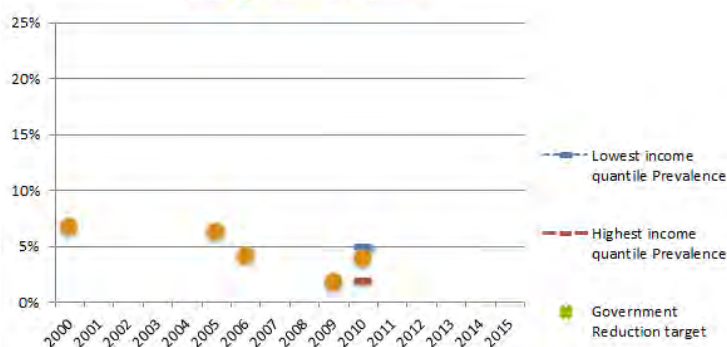
Stunting Reduction Trend and Target - Malawi



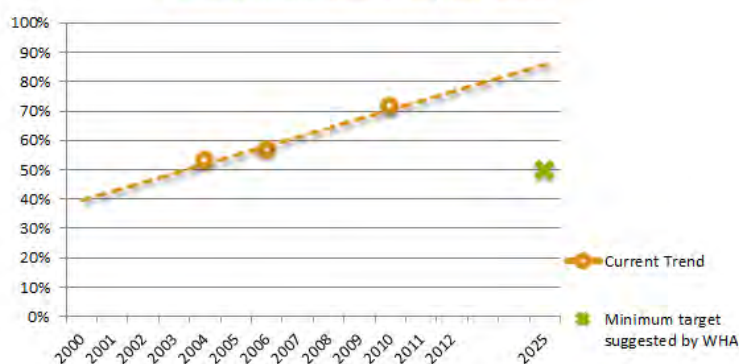
Distribution of stunting across wealth quintiles- Malawi











Wasting Prevalence- Malawi



Trend of Exclusive Breastfeeding Rate- Malawi



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					3
Quality of process					

Bringing people together: The National Nutrition Committee is the multi-stakeholder platform and convening body for coordinating action on scaling up nutrition. Its main function is to coordinate nutrition interventions behind national plans, mobilize resources and support from partners implementing nutrition interventions, monitor progress, and evaluate impact. The SUN government focal point is the principal secretary on Nutrition, HIV and AIDS, supported by the chief nutrition officer as SUN national coordinator. The coordinator chairs the SUN Task Force Committee, which brings together the government, UN agencies, CSOs, donors and the private sector. The multi-sectoral Policy Advisory Committee (which supports provision of policy guidance to the Department of Nutrition, HIV and AIDS), the District Nutrition Coordination Committee, and the District SUN Taskforce have been established. At sub-district level the Aerial Development Committee and Village Development Committee have been set up to ensure community level involvement and ownership., The Technical Working Groups (TWGs) support monitoring of nutrition interventions at national and district levels and also provide technical guidance to the districts. At village level, the Village Development Committee, led by the Group Village Headman, is responsible for all nutrition interventions. UNICEF and USAID act as donor conveners for scaling up nutrition, and UNICEF also leads the UN forum on nutrition. The Nutrition Development Partners Group for Nutrition, chaired by UNICEF and co-chaired by USAID, meet to share information, advocate and review the progress on the implementation of the National Nutrition Policy and Strategic Plan and provide technical support in nutrition programming. The private sector has a separate business platform through the Malawi Chamber of Commerce and is a member of the National Fortification Alliance.

Coherent policy and legal framework: Malawi has a Food and Nutrition Security Policy (2005) and a National Nutrition Policy and Strategic Plan for the period 2007-2012, which is under review. Nutrition-sensitive policies and strategies are being updated and will cover all key sectors: agriculture and food security, health (with a cross-sectoral policy and strategy for HIV/AIDS), education, gender and the social protection. The SUN-NECS (Nutrition Education and Communications Strategy) was approved and has been rolled out in 10 districts. Malawi has planned to roll out NECS in 50% of the districts by September 2013. Malawi has also developed the National Micronutrient Strategy and is in the process of reviewing its Infant and Young Child Strategy. The national legislation with a bearing on nutrition covers salt iodization, fortification of centrally processed foods and consumer protection. The New Labor Act has increased maternity leave to 12 weeks in the public sector and 8 weeks in the private sector, but is still less than the minimum recommended length of 14 weeks (ILO). Many provisions for the implementation of the International Code of Marketing of Breast-milk Substitutes (BMS) have been adopted into law. A Nutrition Act, which will promote food fortification with the aim of better handling high micronutrient deficiencies, is being developed with financial support from the World Bank.

Aligning programs around a CRF: The Department of Nutrition, HIV and AIDS in the Office of the President and Cabinet with support from UNICEF, the World Bank, Irish Aid and USAID developed and operationalized the SUN Roll-out Framework, with several sectors involved. The National Nutrition M&E framework has been developed with support from the World Bank and is expected to be rolled out to all districts by December 2013. The Government intends to scale up the coverage of community-based nutrition services in all districts at traditional authority and village levels by 2016 and to scale up coverage of CMAM from 50 to 80% within the district. Support for decentralized implementation through capacity building at district and community (sub-district) level is a priority. Malawi is also planning for a national micronutrient survey with financial support from Irish Aid and technical support from the Centers for Disease Control.

Financial tracking and resource mobilization: Malawi commits to increasing the proportion of total annual government expenditures allocated to nutrition from 0.1 to 0.3% by 2020. Nutrition was mainstreamed in sectoral budgets that have a role in fighting malnutrition, like education, agriculture, health, gender and local government; however, advocacy for ensuring there is adequate budgetary allocation for nutrition in these sectors is ongoing. Some funds have been allocated by the government for nutrition-specific programs for the period 2010-2014. This includes community-based management of acute malnutrition; the Social Protection Program; and the Infant and Young Child Feeding Program. Contributions from donors are expected to come from UNICEF, the World Bank, Irish Aid, USAID and CIDA. The Government is committed to increasing accountability by rolling out financial tracking tools. Harmonizing the existing diversity of funding sources and accounting mechanisms is a challenge. An in-depth examination of domestic and external funding streams to cover the costs of the National Nutrition Policy and Strategic Plan will be carried out to estimate the funding gap.

Demographic data (2010, WPP 2012)

National Population:	14.0 million
Children under 5:	2.7 million
Adolescent Girls (15-19):	0.7 million
Average Number of Births:	0.6 million
Population growth rate:	3.16%

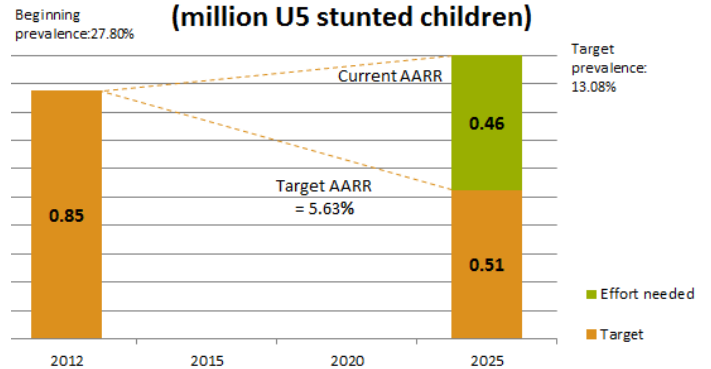
WHA nutrition target indicators (DHS 2006)

Low Birth Weight:	14.40%
Exclusive Breastfeeding:	37.80%
U5 Stunting:	27.8% (2010 Pre)
U5 Wasting:	15.20%
U5 Overweight:	4.70%

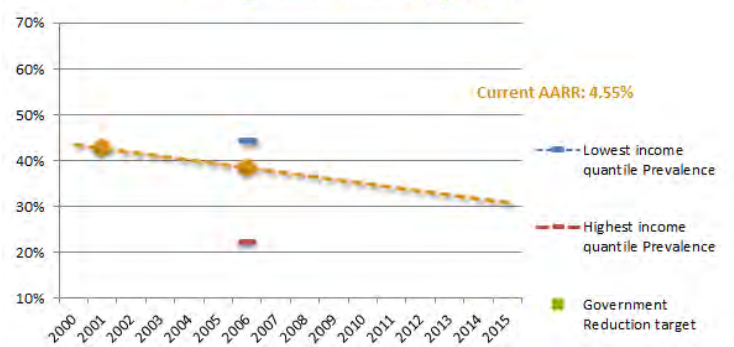
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	-
Complementary feeding with at least 4 groups per day (6-23 months)	-
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	35.40%
Vitamin A supplementation (6-59 months)*	96.00%
Presence of iodised salt in the house	78.70%
Women's Empowerment	
Female literacy	17.00%
Female employment rate	34.20%
Median age at first marriage	16.6
Access to skilled birth attendant	49.00%
15-19 years women already mother or with first child	35.50%
Fertility rate	6.8
Other Nutrition Sensitive Indicators	
Rate of urbanization	37.67%
Income share held by lowest 20%	7.97%
Open defecation	19.60%
Non-improved drinking water source	20.70%

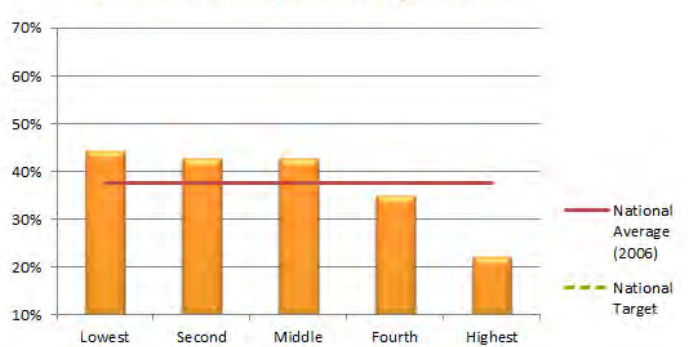
Targeted Stunting Reduction - Mali (million U5 stunted children)



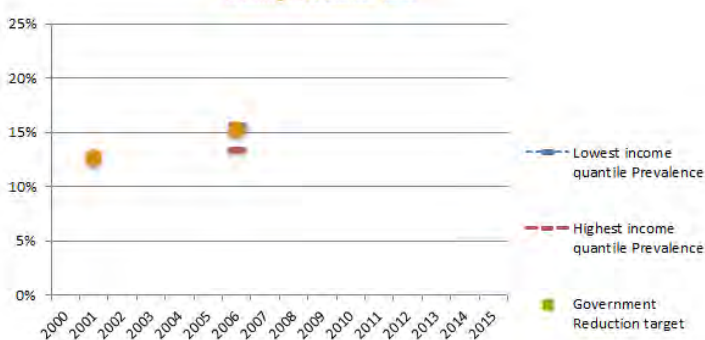
Stunting Reduction Trend and Target - Mali



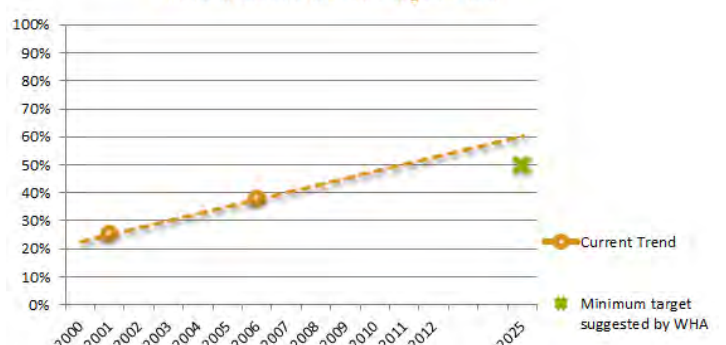
Distribution of stunting across wealth quintiles- Mali



Wasting Prevalence - Mali



Trend of Exclusive Breastfeeding Rate- Mali



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements	■ ■ ■ ■	■ ■ ■ ■ ■ ■ ■ ■	■ ■ ■ ■ ■ ■ ■ ■	■ ■ ■ ■ ■ ■ ■ ■	2
Quality of process	■ ■ ■ ■	■ ■ ■ ■ ■ ■ ■ ■	■ ■ ■ ■ ■ ■ ■ ■	■ ■ ■ ■ ■ ■ ■ ■	

Bringing people together: The National Nutrition Council (NNC) was established following the adoption of the National Nutrition Policy in January 2013. An Inter-sectoral Technical Committee has also been convened and brings together the Ministries of Health, Agriculture, Social Development and Education). Expansion of the inter-sectoral technical group is being considered. Civil society organisations (CSOs) are already taking an active part. On 31 January 2013, Mali arranged an official launch to present its activities with the REACH initiative (since September 2012) and the SUN Movement, and also to raise awareness of the multi-sectoral aspects of nutrition. Civil society is setting up its own platform to coordinate support for the scaling up of nutrition. The business community is mainly involved in agricultural investments.

In October 2013, a master's degree in nutrition will be launched within the Department of Education and Research in Public Health of Bamako's Faculty of Medicine and Odontostomatology with a view to strengthening the capacity of human resources to implement effective nutrition interventions.

Coherent policy and legal framework: The National Nutrition Policy was adopted by the government in January 2013 and a chronic malnutrition prevention strategy is also being developed. An investment plan is being developed and will be submitted for approval. Various nutrition-specific policies and strategies are already in existence, including: the National Strategic Plan for Food and Nutrition (2006), the National Strategy for the Nutritional Care of people living with HIV (2006), and other provisions relating to the nutrition of infants and young children. In addition, national legislation covering agriculture, food, wheat flour fortification and the protection of maternity is in place. Numerous provisions for the implementation of the Code on the Marketing of Breast Milk Substitutes are currently in force.

Aligning programmes around a Common Results Framework: An agenda for drawing up a multi-sectoral Nutrition Action Plan has been put in place with the first meeting taking place in June, followed by two workshops (June & July) with a final meeting in July. An initial draft has been issued on July. The country has also developed a national multi-sectoral roadmap which is used as a guide for the development of a costed multi-sectoral plan. Programmes managed by the Ministries of Health and Agriculture are in line with sectoral plans and strategies; however, the current focus is on response to emergency nutrition situations through a number of national programmes that are not yet fully operational. Civil society projects are under way, in association with REACH. A civil society alliance coming together supported through the SUN Multi-partner Trust Fund. Donor supported activities are monitored as part of the annual health programme.

Nutrition is considered a separate area within Mali's new Strategic Framework document for Growth and the Reduction of Poverty (SFGRP) 2012-2017.

Financial tracking and resource mobilisation: REACH will provide training on costing. Currently, the calculation of the costs is available for a set of nutritional programmes. A specific budget for nutrition in the government's budget does not yet exist, however, individual lines exist in sectoral budgets. While data on the financial resource need and availability from external partners is inadequate; it is clear that funding for nutrition is insufficient overall and the lack of funding is a major challenge for the country. Although the funding is quite small, all of the regions of Mali received funds in 2012.

Demographic data (2010, WPP 2012)

National Population:	3.6 million
Children under 5:	0.6 million
Adolescent Girls (15-19):	0.2 million
Average Number of Births:	0.1 million
Population growth rate:	2.75%

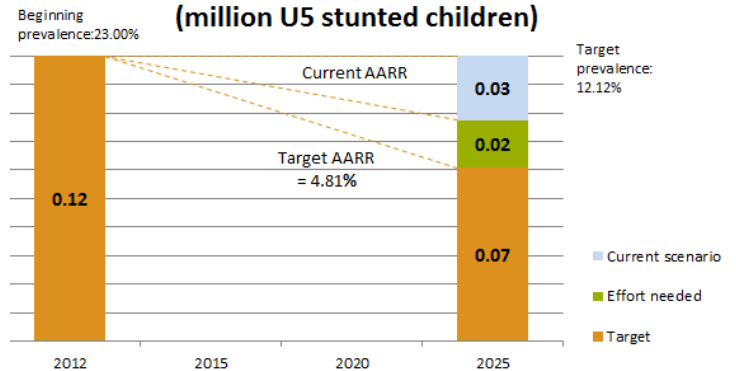
WHA nutrition target indicators (SMART 2011)

Low Birth Weight:	33.70%
Exclusive Breastfeeding:	11.40%
U5 Stunting:	18.00%
U5 Wasting:	11.90%
U5 Overweight:	1.30%

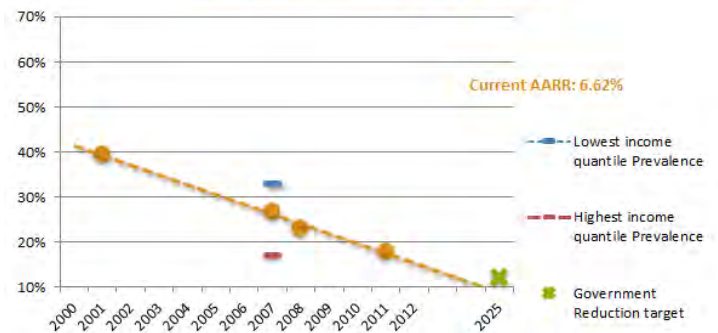
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	-
Complementary feeding with at least 4 groups per day (6-23 months)	-
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	-
Vitamin A supplementation (6-59 months)*	100.00%
Presence of iodised salt in the house	1.60%
Women's Empowerment	
Female literacy	46.80%
Female employment rate	19.60%
Median age at first marriage	-
Access to skilled birth attendant	60.90%
15-19 years women already mother or with first child	-
Fertility rate	4.96
Other Nutrition Sensitive Indicators	
Rate of urbanization	39.51%
Income share held by lowest 20%	6.02%
Open defecation	45.50%
Non-improved drinking water source	49.60%

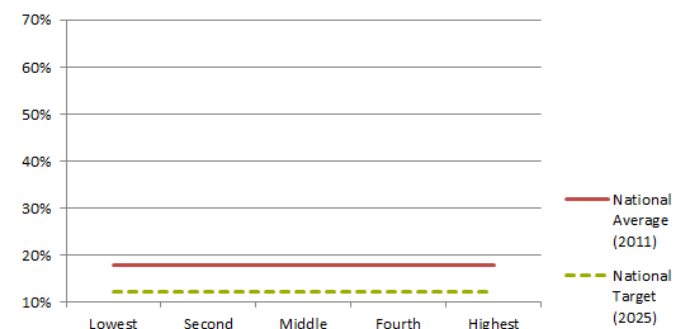
Targeted Stunting Reduction - Mauritania (million U5 stunted children)



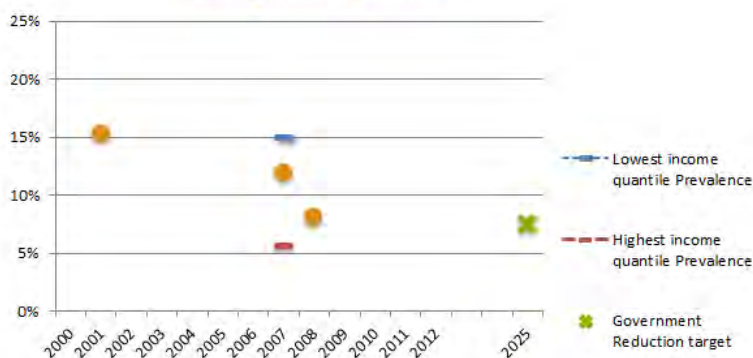
Stunting Reduction Trend and Target - Mauritania



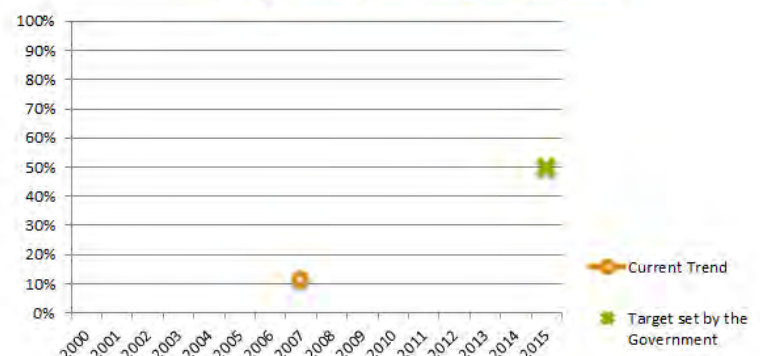
Distribution of stunting across wealth quintiles- Mauritania



Wasting Prevalence - Mauritania



Trend of Exclusive Breastfeeding Rate- Mauritania



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements	■ ■ ■ ■	■ ■ ■ ■ ■ ■ ■ ■	■ ■ ■ ■ ■ ■ ■ ■	■ ■ ■ ■ ■ ■ ■ ■	2
Quality of process	■ ■ ■ ■ ■ ■ ■ ■	■ ■ ■ ■ ■ ■ ■ ■	■ ■ ■ ■ ■ ■ ■ ■	■ ■ ■ ■ ■ ■ ■ ■	

Bringing people together: The multi-stakeholder and multi-sectoral platform - the National Council for Nutrition Development (NCND) - was created in 2010 with Permanent Technical Committee established as part of the NCND. International NGOs and the business community are active members of the platform; however, the private sector's involvement in implementation is limited. REACH has been present since 2008. Terms of reference (TOR) are being developed to create linkages between REACH and SUN, and to define REACH's positioning within the government. Partnership and co-leadership training for nutrition stakeholders who are participating in the multi-sectoral platform has taken place with NGOs, donors and the government participating. TOR for the role of Donor Convenor have been developed and shared with partners and a Donor Convenor is in the process of being identified.

Coherent policy and legal framework: Sectoral policies and strategies in most key sectors, such as agriculture and food security, the reduction of poverty and development, public health and social protection take nutrition into consideration. They have been updated and have a long-term vision up to 2020. Nutrition related legislation includes a wide range of policies and strategies in relevant sectors and provides a coherent framework for the multi-sectoral action. A food fortification strategy has recently been validated and Mauritania is committed to increasing the rate of exclusive breastfeeding for the first six months of life by 50% between now and 2025. The implementation of the International Code on the Marketing of Breast-milk Substitutes is currently being reviewed. An advocacy and communication strategy is in the process of being developed.

Aligning programmes around a Common Results Framework: Mauritania is committed to finalising the Inter-sectoral Action Plan on Nutrition (IAPN), costing it, and developing an advocacy tool to increase the share of the State budget allotted to nutrition and the investments in this area. The IAPN has been enlarged to include key sectors other than health, and it is in the process of being finalised. The IAPN will serve as the common results framework. A workshop for the implementation of the IAPN is being organised. Mauritania has prepared a case for investment to support the IAPN which includes a financial analysis of the current nutrition interventions, presents an economic model for research on nutrition and identifies the funding needs and opportunities. Mauritania is also working on developing a common results framework which will allow the commitment of the basic sectors, other than health, to be strengthened. Mauritania has asked for support to review the IAPN (review the costs and the results- oriented objectives, based on the case for investment).

Financial tracking and resource mobilisation: A lack of alignment of programmes, funding challenges and a lack of qualified human resources in the nutrition sector have been identified as the main factors preventing the implementation of the IAPN. Although the IAPN is not yet operational, several other programmes are currently in force which focus on specific nutrition and nutrition sensitive development, in particular social protection and water, sanitation and hygiene. However, there are significant funding shortages. Currently, costs and allocations have only been made available for two programmes. While each sector includes certain nutrition activities in its budget, there is not yet a specific budget line for nutrition.

Demographic data (2010, WPP 2012)

National Population:	24.0 million
Children under 5:	4.2 million
Adolescent Girls (15-19):	1.3 million
Average Number of Births:	1.0 million
Population growth rate:	2.63%

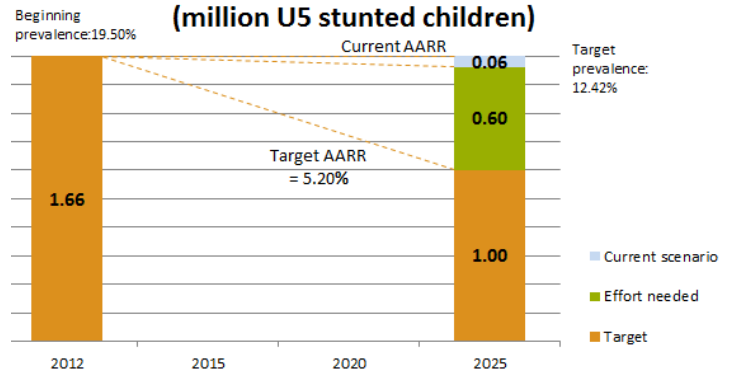
WHA nutrition target indicators (DHS 2011)

Low Birth Weight:	16.00%
Exclusive Breastfeeding:	42.80%
U5 Stunting:	42.60%
U5 Wasting:	5.90%
U5 Overweight:	7.40%

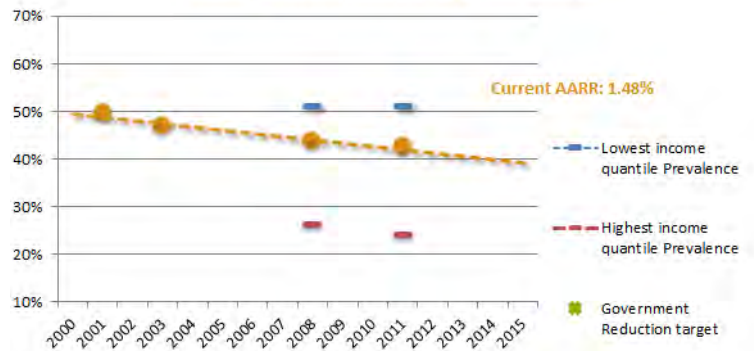
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	13.00%
Complementary feeding with at least 4 groups per day (6-23 months)	30.10%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	50.60%
Vitamin A supplementation (6-59 months)*	100.00%
Presence of iodised salt in the house	45.60%
Women's Empowerment	
Female literacy	40.20%
Female employment rate	80.70%
Median age at first marriage	18.6
Access to skilled birth attendant	54.30%
15-19 years women already mother or with first child	-
Fertility rate	5.57
Other Nutrition Sensitive Indicators	
Rate of urbanization	30.21%
Income share held by lowest 20%	5.23%
Open defecation	39.40%
Non-improved drinking water source	57.00%

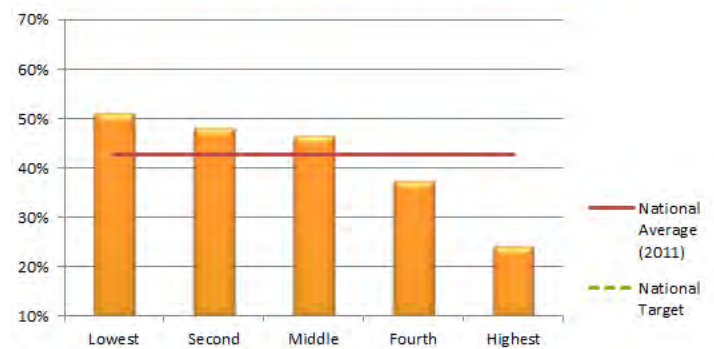
Targeted Stunting Reduction - Mozambique (million U5 stunted children)



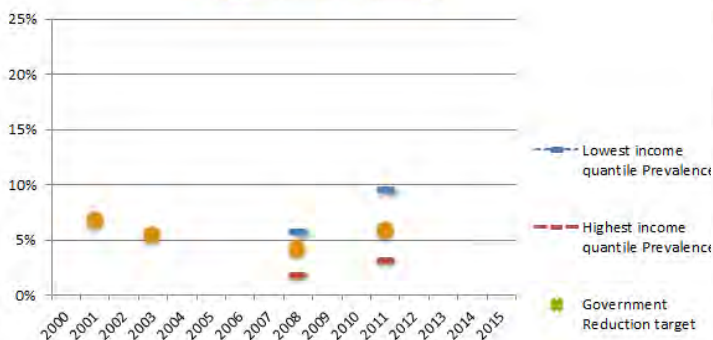
Stunting Reduction Trend and Target - Mozambique



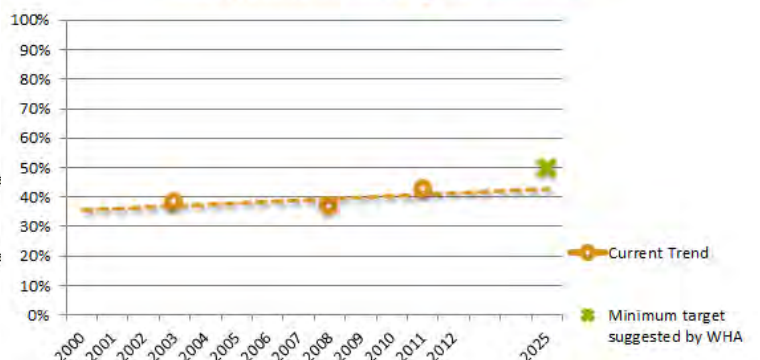
Distribution of stunting across wealth quintiles - Mozambique







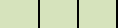
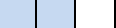


Wasting Prevalence - Mozambique



Trend of Exclusive Breastfeeding Rate - Mozambique



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					3
Quality of process					

Bringing people together: While Mozambique has not yet designated a high-level convening body for nutrition, the SUN government focal point for Mozambique (and Coordinator of the Technical Secretariat for Food and Nutrition Security - SETSAN) reports to the Council of Ministers twice a year on the progress of the implementation of the National Multi-sectoral Action Plan to reduce Chronic Under-nutrition (PAMRDC) 2011-2015(20). The President of Mozambique, H.E. Armando Guebuza, is a member of the SUN Lead Group. SETSAN, an institution operating under the guidance of the Ministry of Agriculture, is the coordinating body for nutrition. SETSAN facilitates the monthly meetings of the Technical Group for Multi-sectoral Action Plan to reduce Chronic Malnutrition (GT-PAMRDC), which includes representatives from government sectors, UN agencies, donors and civil society. UN REACH is supporting SETSAN with coordination of the group as active engagement of some sectors remains a challenge. Under SETSAN leadership, technical groups have been established in 9 of 11 provinces. The Nutrition Partners Forum is a coordination mechanism for donors and partners providing support to the implementation of the PAMRDC. This forum is hosted by Mozambique’s SUN donor conveners – UNICEF and DANIDA– and meets on a monthly basis. The Civil Society Platform on Nutrition, which is in the process of being established, will be hosted by the Nutrition and Food Security Association (ANSA) and a member of both GT-PAMRDC and the Nutrition Partners Forum. A National Advocacy and Communications Strategy on Chronic Under-nutrition has been drafted by SETSAN with active engagement by members of the multi-stakeholder platform with the specific aim to increase knowledge and commitment among decision makers and opinion leaders on chronic under-nutrition and to mobilize resources for the implementation of the PAMRDC.

Coherent policy and legal framework: The Food Security and Nutrition Strategy (ESAN II) 2008-2015 paved the way for the development of the PAMRDC, which was approved by the Council of Ministers in 2010. In 2013, the government launched the National Investment Plan for the Agriculture Sector (PNISA), which includes a chapter on food security and nutrition. The Maternity Protection Law has a provision for 8.5 weeks of maternity leave (less than the ILO recommendations of 14 weeks), and a National Code of Marketing of Breast-milk Substitutes is in place. A ministerial decree on salt iodization was approved in 2000, the National Food Fortification Programme was launched in 2013 and legislation on food fortification has been drafted and is presently under review. However, at all levels, enforcement of legislation remains a challenge.

Aligning programs around a CRF: The PAMRDC serves as the country’s common results framework for nutrition with a specific focus on adolescents, children under two and pregnant women. The framework includes nutrition-specific and nutrition-sensitive activities. A mid-term review is planned this year to document lessons learned and guide the way forward. Additional work in harmonizing information systems and strengthening nutrition surveillance is planned. Some nutrition-specific interventions need to be scaled up while alignment by sectoral programs is being strengthened through joint planning meetings. Decentralization is under way through the development of multi-sectoral provincial nutrition action plans coordinated by SETSAN and with financial support from key development partners. Training is underway in results-based nutrition planning and monitoring, and a manual incorporating a rights-based approach is being developed. Institutional capacities for service delivery and programme implementation remain a challenge. Target setting and budgeting needs further attention.

Financial tracking and resource mobilization: The PAMRDC was costed in 2010. Information on national investments in nutrition is not available, and it is difficult to determine sectoral contributions. An initial inventory of investments shows that donors have committed to date an estimated USD 45 million for the implementation of the PAMRDC. No system is in place to reconcile estimates of costs with national investments across sectors and external contributions towards the implementation of the PAMRDC. DANIDA is supporting the government with the establishment of a multi-sectoral funding mechanism that can help fund national and provincial level interventions, including the provincial nutrition plans.

Demographic data (2010, WPP 2012)

National Population:	51.9 million
Children under 5:	4.4 million
Adolescent Girls (15-19):	2.4 million
Average Number of Births:	0.9 million
Population growth rate:	0.69%

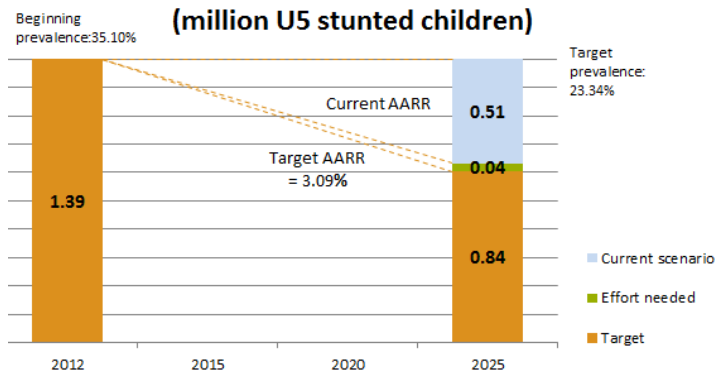
WHA nutrition target indicators (MICS 2009-2010)

Low Birth Weight:	8.60%
Exclusive Breastfeeding:	23.60%
U5 Stunting:	35.10%
U5 Wasting:	7.90%
U5 Overweight:	2.60%

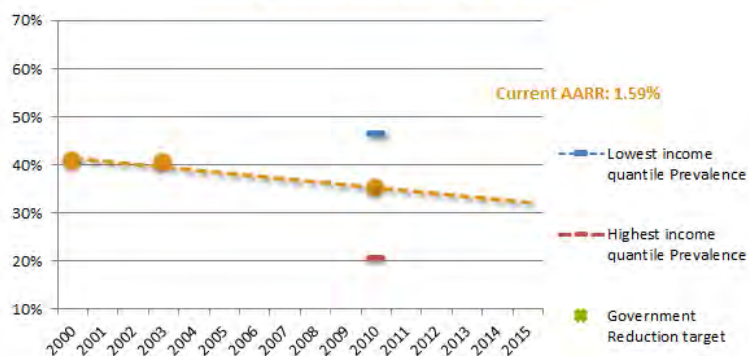
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	-
Complementary feeding with at least 4 groups per day (6-23 months)	-
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	-
Vitamin A supplementation (6-59 months)*	96.00%
Presence of iodised salt in the house	92.90%
Women's Empowerment	
Female literacy	40.20%
Female employment rate	72.20%
Median age at first marriage	-
Access to skilled birth attendant	70.60%
15-19 years women already mother or with first child	-
Fertility rate	2.07
Other Nutrition Sensitive Indicators	
Rate of urbanization	29.63%
Income share held by lowest 20%	-
Open defecation	7.00%
Non-improved drinking water source	17.70%

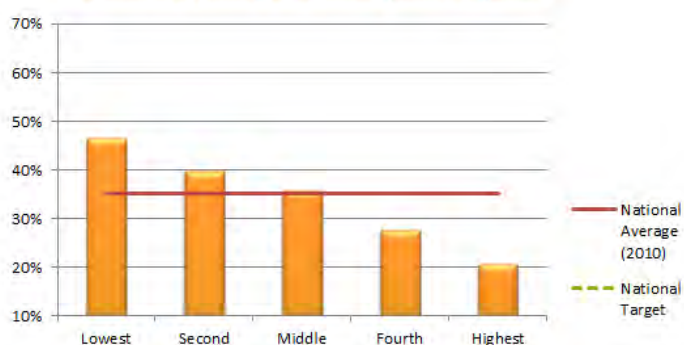
Targeted Stunting Reduction - Myanmar (million U5 stunted children)



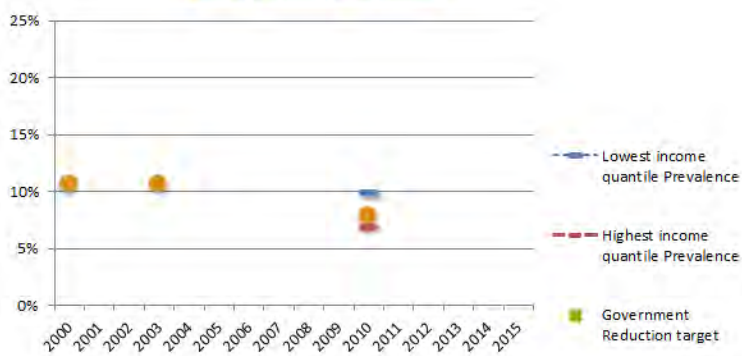
Stunting Reduction Trend and Target - Myanmar



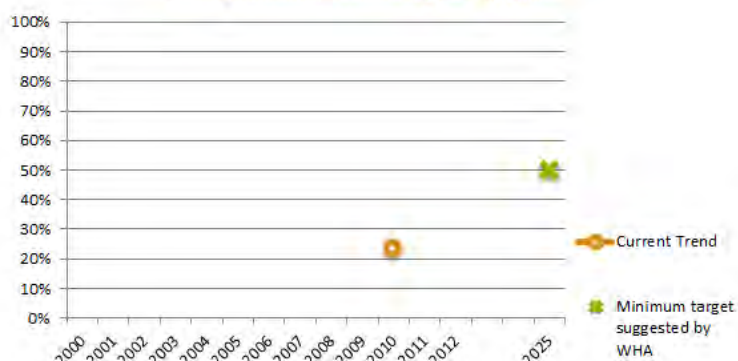
Distribution of stunting across wealth quintiles - Myanmar







Wasting Prevalence - Myanmar



Trend of Exclusive Breastfeeding Rate - Myanmar



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					1 > 2

Bringing people together: The Central Board for Food and Nutrition (CBFN) is the body responsible for overseeing and coordinating the implementation of the National Nutrition Policy and Plan. Myanmar is currently planning to establish a convening body under the (CBFN). This body will be located in the Ministry of Health and will be composed of representatives of Ministries of Health, Agriculture and Irrigation, Livestock and Fisheries, National Planning and Economic Development, Mine, Industry, Education, Commerce, Information, Labor, Social Welfare, Relief and Resettlement, Home Affairs, Border Affairs, Cooperatives, Environmental Conservation, Forestry, and Attorney General Office.

The Myanmar Nutrition Technical Network (MNTN) is co-chaired by the National Nutrition Center, Department of Health and UNICEF. It provides technical support and inputs for nutrition programming, both regularly and in emergency contexts, in a coordinated manner, through technical consensus and regular information sharing. It includes UN agencies, international and local NGOs. The establishment of national Donors and Business Networks is underway.

The SUN government focal point is the Director General of the Department of Health and is responsible for the launch of the SUN Movement in Myanmar and the establishment of a SUN Support Group. The SUN Government Focal Point will also oversee the establishment of UN, CSO, Donor, Business and Academic multi-stakeholder platforms, the development of a national SUN Implementation Plan (MSIP), its roll out, monitoring and evaluation, and the establishment of a coordination office and the recruitment of SUN focal persons at state and regional levels.

Coherent policy and legal framework: Myanmar has a National Plan of Action for Food and Nutrition, as well as national strategies for Infant and Young Child Feeding (IYCF); Home Fortification with Multi-micronutrient Sprinkles, Iodine Deficiency Disorders (IDD) Elimination and Deworming. In addition, National Guidelines on Iron Folate Supplementation; Vitamin A Supplementation; Vitamin B1 Supplementation are in place as well as a National Interim Guidance on Management of Acute Malnutrition and an Operational Guidance on Infant Feeding in Emergency. Myanmar's National Nutrition Policy will be revised.

Nutrition-sensitive policies and strategies are in place and updated. These include: the National Economic and Social Development Plan 2011/12-2015/16, the National Strategy on Rural Development and Poverty Alleviation (2011), the Agriculture Sector Review (2004), the National Economic and Social Development Plan 2011/12-2015/16 the National Forest Master Plan (NFMP) from the Ministry of Livestock and Fisheries and a 30-year roadmap (2001/2002-2030/2031).

The national legislation with a bearing on nutrition covers salt iodization. The Order for Code of Marketing of Breast-milk Substitutes which was linked to the National Food Law has been drafted. Under the Civil Servant Law, rules for maternity leave were drafted and it includes maternity leave up to 6 months for the public sector. Social security law allows maternity leave for private sector up to 18 weeks.

Aligning programs around a Common Results Framework: Myanmar SUN Implementation Plan (MSIP) will be developed and finalized in 2013. The plan will include and scale up nutrition-specific interventions such as Breastfeeding, Complementary feeding, Improved hygiene practices, periodic Vitamin A supplements, therapeutic zinc supplements for diarrhea management, de-worming drugs for children, salt iodization, prevention or treatment for moderate under-nutrition and treatment of severe acute malnutrition with ready to use therapeutic food. Nutrition-sensitive interventions will also be incorporated in the plan and scaled up.

Financial tracking and resource mobilization: UNICEF contributes approximately US\$ 2 million per year to existing nutrition specific interventions. Starting from 2013, MOH is going to contribute some nutrition supplies. There is no nutrition financial tracking system in place in the country. It is envisioned that the elaboration of the Myanmar SUN Implementation Plan will present an opportunity for the development of a coordinated budgeting and financing mechanism for nutrition.

Demographic data (2010, WPP 2012)

National Population:	2.2 million
Children under 5:	0.3 million
Adolescent Girls (15-19):	0.1 million
Average Number of Births:	0.06 million
Population growth rate:	1.45%

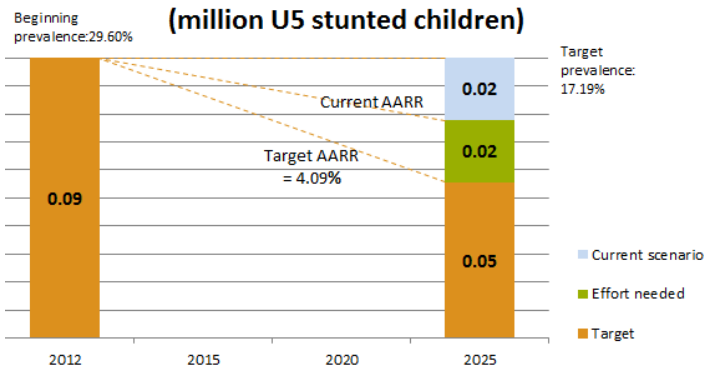
WHA nutrition target indicators (DHS 2006-2007)

Low Birth Weight:	14.00%
Exclusive Breastfeeding:	23.90%
U5 Stunting:	29.00%
U5 Wasting:	7.50%
U5 Overweight:	4.30%

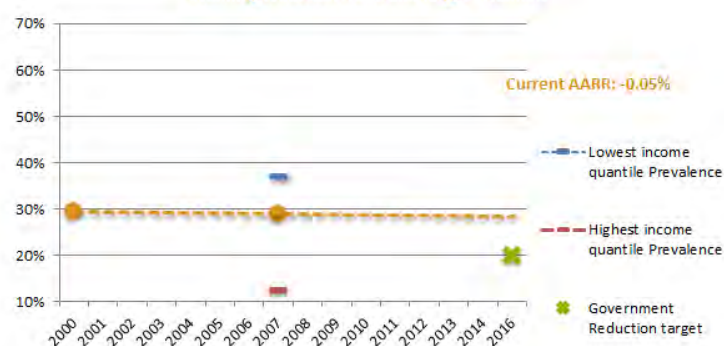
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	25.80%
Complementary feeding with at least 4 groups per day (6-23 months)	61.00%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	70.40%
Vitamin A supplementation (6-59 months)	51.50%
Presence of iodised salt in the house	62.90%
Women's Empowerment	
Female literacy	90.90%
Female employment rate	36.50%
Median age at first marriage	29.1
Access to skilled birth attendant	81.40%
15-19 years women already mother or with first child	15.40%
Fertility rate	3.4
Other Nutrition Sensitive Indicators	
Rate of urbanization	39.61%
Income share held by lowest 20%	3.15%
Open defecation	53.40%
Non-improved drinking water source	11.80%

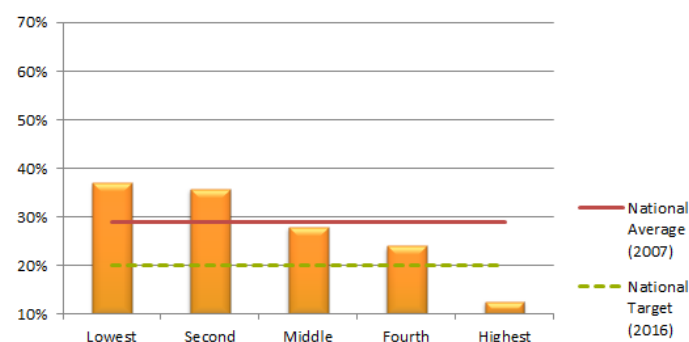
Targeted Stunting Reduction - Namibia (million U5 stunted children)



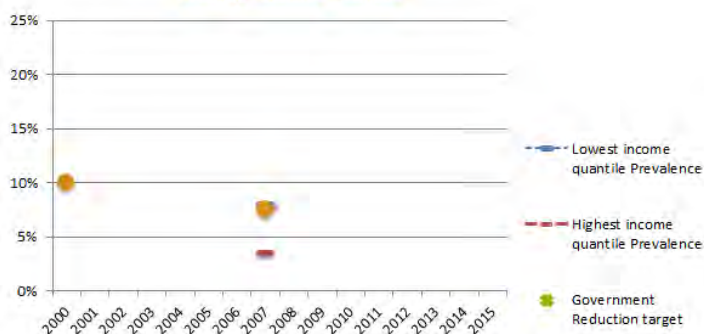
Stunting Reduction Trend and Target - Namibia



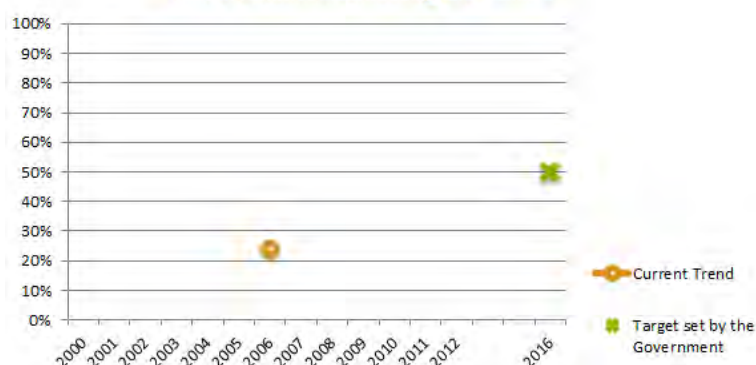
Distribution of stunting across wealth quintiles - Namibia







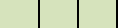



Wasting Prevalence - Namibia



Trend of Exclusive Breastfeeding Rate - Namibia



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					2 > 3
Quality of process					

Bringing people together: The Office of the Prime Minister (OPM) convenes the Namibian Alliance for Improved Nutrition (NAFIN), the multi-sector, multi-stakeholder platform chaired by the Honorable Minister Nahas Angula, who is also a member of the SUN Lead Group. Several specialized task forces and working groups, accountable to NAFIN, have been created with their own terms of reference. NAFIN involves 10 ministries, development partners, CSOs and the private sector. Although the Head of Nutrition from Ministry of Health and Social Services (MoHSS) is the acting SUN focal point with support from Synergos and UNICEF as SUN country network members, an official SUN Focal Point is yet to be appointed by the Government. The Nutrition Landscape Analysis Report launch in November 2012, which was supported through a visit by Ms. Graça Machel, represented increased commitment to scaling up nutrition by different stakeholders, including senior government officials, UN agencies, civil society leaders, donor representatives, the private sector, parliamentarians and the media. UN REACH has provided technical assistance on preparation of the Country Implementation Plan (CIP) and its results matrix and continue to provide support. The costing exercise of the CIP was carried out with support from the World Bank and UNICEF. UN members active in NAFIN include UNICEF, WHO, WFP, UNESCO, FAO and UNDP. The Donor Convener is UNICEF and USAID and the Centres for Disease Control and Prevention (CDC) participate in NAFIN. CSOs are also members of NAFIN. The Namibia Non-Government Organizations Forum Trust is the CSO umbrella body. CSOs contribute to scaling up nutrition in communities through direct activities at community and household level. The business community has provided financial support to nutrition through the Pupkewitz Foundation, a leading Namibian entrepreneur and the Namibian Millers Association. A number of industries like Namib Mills, Namibia Dairies and Praktika Afrika are fully engaged in the Food Fortification Technical Working Group chaired by the Namibian Agronomic Board (NAB).

Coherent policy and legal framework: Namibia has a National Food and Nutrition Policy (1995) and a National Strategic Plan for Nutrition (2010). In addition, there are a variety of nutrition-specific strategies and guidelines covering infant and young child feeding, micronutrient deficiency control, acute malnutrition management, and nutrition management for people living with HIV/AIDS. Nutrition-sensitive policies and strategies in Namibia cover all key sectors. The national legislation with a bearing on nutrition covers salt iodization, water management and social protection. The Social Security Act, which provides for the payment of maternity leave benefits and sets up distribution schemes that allow for better access to nutrition for the most disadvantaged, was amended in 2004. Maternity protection law provides for 12 weeks of maternity leave. Measures for the implementation of the International Code of Marketing of Breast-milk Substitutes are currently awaiting final approval. A Civic Organization Partnership Policy adopted in 2005 aims to create a working partnership for the entire country: its citizens, civic organizations, and the government, setting the basis for multi-stakeholder development planning.

Aligning programs around a CRF: The Country Implementation Plan (2013-2016), which includes a results matrix and a dashboard of indicators to monitor SUN progress, is ready to be implemented and will be used as the costed common results framework for improving nutrition. The Country Implementation Plan aims to reduce the percentage of stunted children under five from 29 to 20%, reach all pregnant women and children under five with effective nutrition interventions, and save the lives of 26,000 children under five by reducing stunting, increasing exclusive breastfeeding to 50% and increasing treatment of severe acute malnutrition by 2015. As a part of nutrition-specific programs, the MoHSS is implementing national supplementation and deworming programs. The MoHSS is also implementing nation-wide programs including vitamin A supplementation, deworming, iron/folic acid supplementation, zinc treatment for diarrhea, and treatment of severe acute malnutrition. Activities being carried out by private sector actors, such as Namib Mills, are also reflected in the National Nutrition Plan of the Ministry of Health and Social services. Different sectoral programs are in need of alignment. Nutrition-sensitive programs led by cross-sector ministries, including agriculture, social protection, education, and water and sanitation, are in place.

Financial tracking and resource mobilization: The Ministry of Finance is providing NAFIN with N\$ 200,000 per year (about USD 24,000) for a period of 4 years (2011-2014). There is agreement about limitations in the financial resources available and allocated to nutrition between government and partners, but the amount has not been agreed upon. Currently, there is no system in place to track financial contributions by government sectors and external partners. The costed CIP, which has been shared with the SUN Movement Secretariat for feedback, is expected to support resource alignment by sectors and external stakeholders.

Demographic data (2010, WPP 2012)

National Population:	26.8 million
Children under 5:	3.2 million
Adolescent Girls (15-19):	1.5 million
Average Number of Births:	0.7 million
Population growth rate:	1.19%

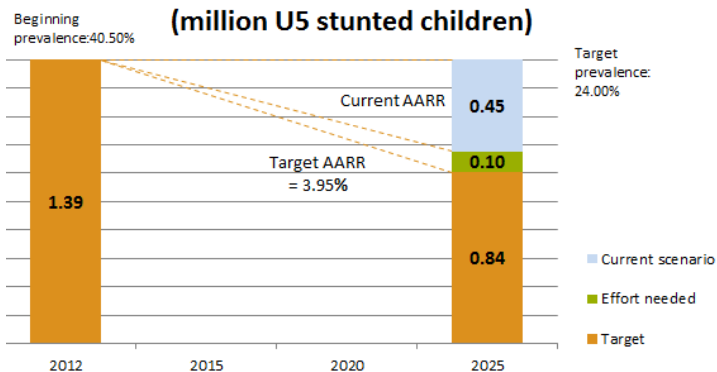
WHA nutrition target indicators (DHS 2011)

Low Birth Weight:	12.40%
Exclusive Breastfeeding:	69.60%
U5 Stunting:	40.50%
U5 Wasting:	10.90%
U5 Overweight:	1.40%

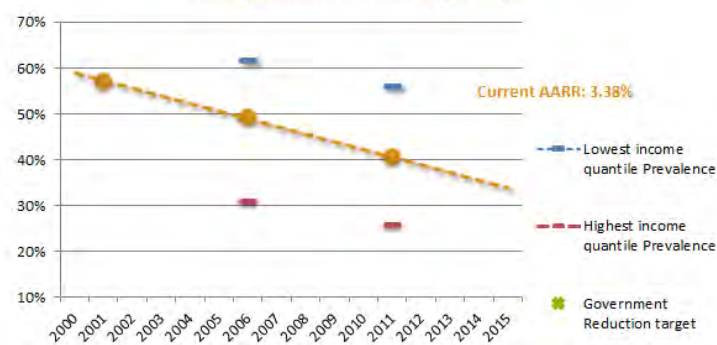
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	24.40%
Complementary feeding with at least 4 groups per day (6-23 months)	28.50%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	6.20%
Pregnant women attending 4 or more ANC visits	50.10%
Vitamin A supplementation (6-59 months)*	91.00%
Presence of iodised salt in the house	72.50%
Women's Empowerment	
Female literacy	66.70%
Female employment rate	78.80%
Median age at first marriage	17.80%
Access to skilled birth attendant	36.00%
15-19 years women already mother or with first child	16.70%
Fertility rate	2.99
Other Nutrition Sensitive Indicators	
Rate of urbanization	18.59%
Income share held by lowest 20%	8.27%
Open defecation	38.40%
Non-improved drinking water source	11.40%

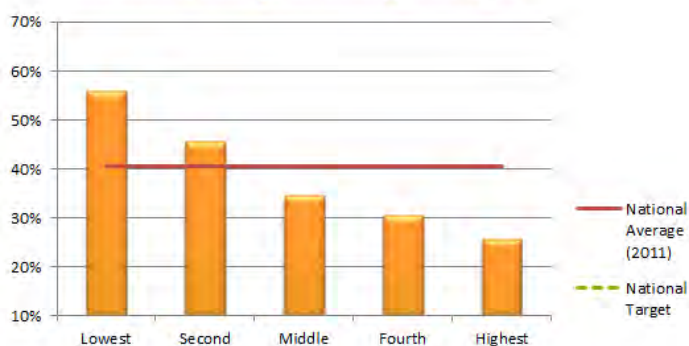
Targeted Stunting Reduction - Nepal (million U5 stunted children)



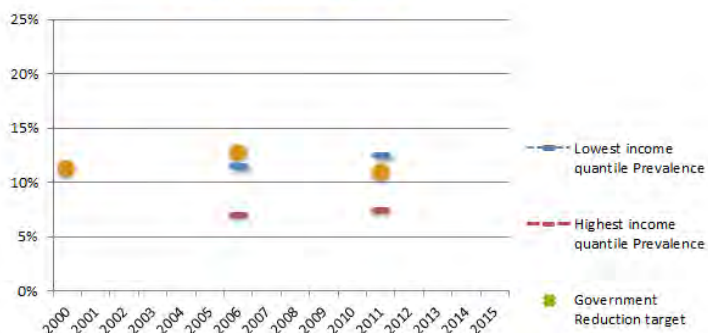
Stunting Reduction Trend and Target - Nepal



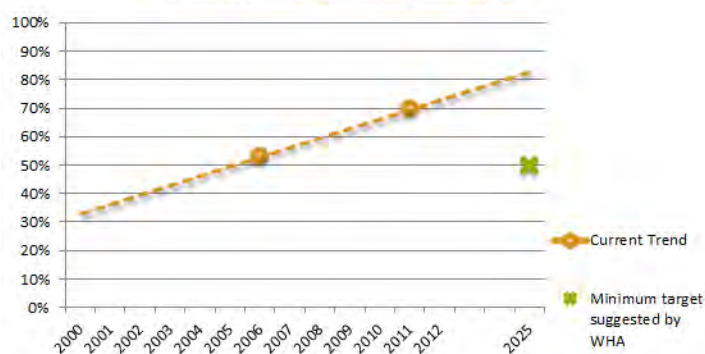
Distribution of stunting across wealth quintiles - Nepal











Wasting Prevalence - Nepal



Trend of Exclusive Breastfeeding Rate - Nepal



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					3
Quality of process					

Bringing people together: Commitment to scaling up nutrition in Nepal has been demonstrated at the highest level, with Prime Minister Baburam Bhattara serving as a SUN Lead Group member. In September 2012, the Government of Nepal, representatives from UN agencies, development partners, civil society and the private sector signed a Declaration of Commitment to support the implementation of a Multi-sectoral Nutrition Plan for an Accelerated Improvement in Maternal and Child Nutrition. There is not an officially nominated SUN government focal point at the moment. The high level Nutrition and Food Security Steering Committee (NFSSC), chaired by the Vice Minister of National Planning Commission, is the highest-level body for nutrition. Functioning as a multi-stakeholder platform, this committee includes representatives from three areas: the social sector (health and education); agriculture and development; and social welfare, women and child, and commerce and supplies. In addition, there is also a Nutrition and Food Security Coordination Committee that includes high-level government officers in five key ministries. UN agencies working on nutrition include UNICEF, WHO, WFP and FAO, which are members of the National Nutrition and Food Security Coordination Committee. Through REACH the UN System coordinates its support to the National Planning Commission and relevant ministries to review annual plans and budgets regarding nutrition-sensitive activities. The World Bank is the donor convener. There are two separate platforms for the donor community and development partners: the National Nutrition Group and the National Food Security Working Group. CSOs and academia are represented both in the high level steering and coordination committees. Around 10 INGOs work through the Association for International NGOs and are thoroughly involved in the preparation of the Multi-Sectoral Nutrition Plan. The business community is not yet involved. Finally, a Nutrition Cluster under the lead of the Ministry of Health and Population, with open membership for all agencies working in the nutrition sector, is fully functional to oversee nutrition during natural disasters.

Coherent policy and legal framework: In June 2012, the Cabinet (Council of Ministers) approved Nepal's Multi-Sectoral Nutrition Plan (MSNP) that covers both nutrition-specific interventions and nutrition-sensitive policies and strategies for key sectors. Nutrition-specific interventions include micronutrient provision, promotion of good nutritional practice and a multi-sectoral strategy for school health and nutrition. The National Nutrition Policy and Strategy, which is to be reviewed and updated, is seen as an important opportunity to reinforce the MSNP. A national Emergency Nutrition Policy was adopted in 2008. Nutrition-relevant legislation covers food fortification (flour) and salt iodization. Provisions for the implementation of the International Code of Marketing of Breast-milk Substitutes are fully endorsed by law. The Maternity Protection Law includes paternity leave and provides 60 days (less than 8 weeks) paid maternity leave, which is less than the minimum 14 weeks recommended by the ILO.

Aligning programs around a Common Results Framework: The National MSNP provides a common results framework for scaling up nutrition. It was prepared by five key government sectors – health, education, agriculture, local development and WASH – under the lead of the National Planning Commission (NPC) and in collaboration with development partners. It offers a package of activities/interventions with priority strategic objectives by sector. The MSNP is at the early stage of implementation, having recently been officially launched in 6 (out of a total of 75) districts in Nepal. The National Planning Commission intends to roll out the MSNP throughout the country by 2017. Nepal is ready to advance the decentralization of responsibility for nutrition-sensitive strategies and nutrition-specific interventions to the district level. Support has been requested to scale up implementation of the MSNP, particularly in hard to reach areas, and for the implementation of the M&E framework. The Government of Nepal is prioritizing the implementation of the MSNP, the development of a long-term National Food Security and Nutrition Action Plan (NFSNAP), institutional strengthening and capacity building of key sectors for efficient implementation of the MSNP and the NFSNAP; and strengthening of multi-sectoral nutrition information systems.

Financial tracking and resource mobilization: There is a government budget line for nutrition specific interventions that is channeled through the Ministry of Health and Population. The domestic allocation for nutrition was expected to be doubled for 2012/2013, of which 90% is being secured. External assistance increased from USD 0.2 million to USD 5 million. A basket fund for the Multi-sectoral Nutrition Plan is being set up and will receive funding from the government and development partners. The National Planning Commission will be in charge of releasing funds to sectors and to districts, and responsible for monitoring of funding. The national costed plan has been shared with the SUN Movement Secretariat, which facilitated a visit to the country by technical experts to review the plan with the government and key stakeholders. Guidelines for decentralized costing of the MSNP have been developed. An in-depth examination of domestic and external funding streams to cover the costs of the MSNP will be carried out to estimate the funding gap.

Demographic data (2010, WPP 2012)

National Population:	15.9 million
Children under 5:	3.3 million
Adolescent Girls (15-19):	0.8 million
Average Number of Births:	0.7 million
Population growth rate:	3.74%

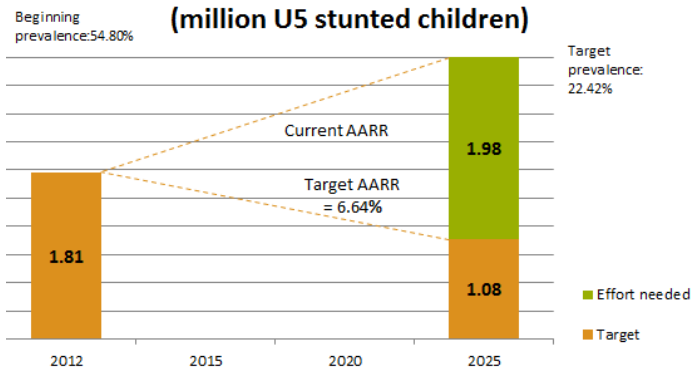
WHA nutrition target indicators (DHS 2012/2006)

Low Birth Weight:	20.50%
Exclusive Breastfeeding:	23.30%
U5 Stunting:	43.90%
U5 Wasting:	18.00%
U5 Overweight:	2.40%

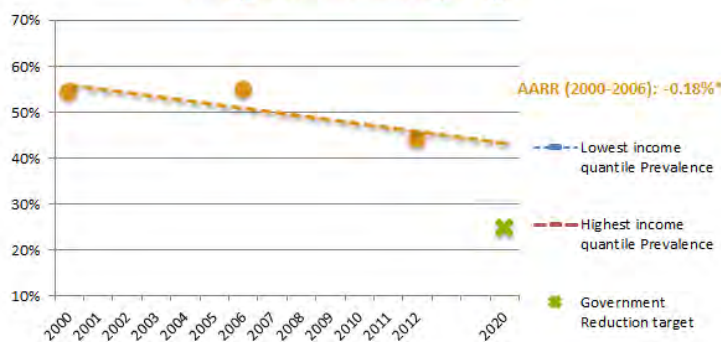
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	-
Complementary feeding with at least 4 groups per day (6-23 months)	-
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	14.90%
Vitamin A supplementation (6-59 months)*	95.00%
Presence of iodised salt in the house	49.00%
Women's Empowerment	
Female literacy	11.60%
Female employment rate	38.50%
Median age at first marriage	15.6
Access to skilled birth attendant	18.00%
15-19 years women already mother or with first child	39.30%
Fertility rate	7.58
Other Nutrition Sensitive Indicators	
Rate of urbanization	17.20%
Income share held by lowest 20%	8.09%
Open defecation	81.00%
Non-improved drinking water source	57.60%

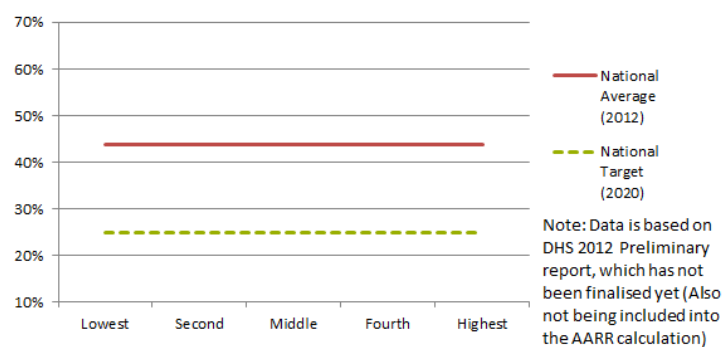
Targeted Stunting Reduction - Niger (million U5 stunted children)



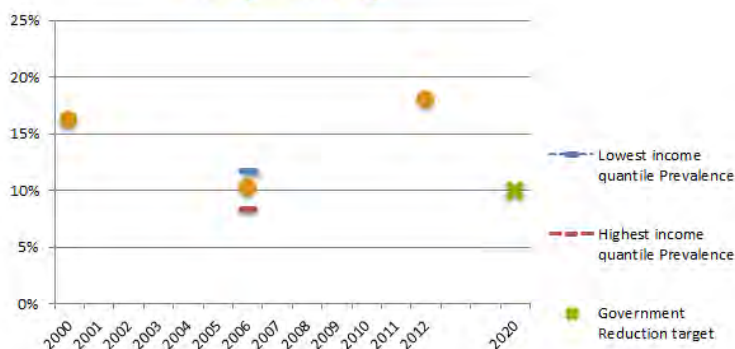
Stunting Reduction Trend and Target - Niger



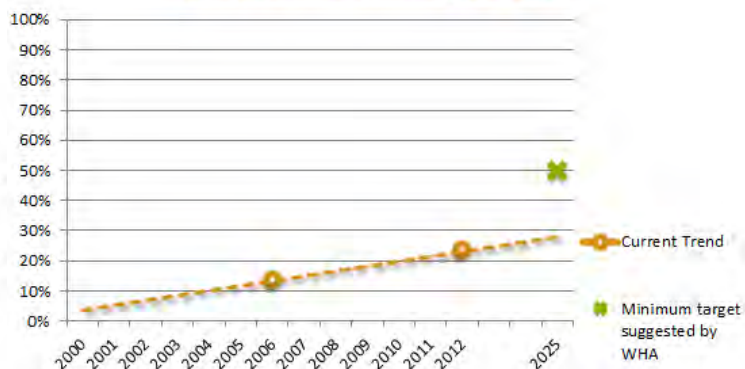
Distribution of stunting across wealth quintiles - Niger











Wasting Prevalence - Niger



Trend of Exclusive Breastfeeding Rate - Niger



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					2>3
Quality of process					

Bringing people together: Niger is continuing with the implementation of its 3N Initiative (Nigeriens Nourish Nigeriens) through its action plan for the period 2012-2015. Its objective is to guarantee that all Nigerien people have sufficient food of good quality throughout the year. This multi-sectoral initiative includes different programmes aimed at strengthening the agricultural sector whilst also fostering resilience to food crises and improving the population's nutritional situation. The Inter-ministerial Steering Committee for the 3N Initiative, chaired by the prime minister, is the organising body for the multi-stakeholder platform, the Multi-sectoral Committee for the management of the strategic programme for area of focus 4 of the initiative (MCSP 4). The Multi-sectoral Committee is chaired by the minister of public health. MCSP 4 involves the relevant ministries, technical and financial partners, representatives from civil society, the private sector and research and training institutions. An event for the official launch of the SUN movement took place on 3 July 2013 during which the nutrition MCSP was set up. Civil society organisations have set up their own multi-sectoral platform. Public and private university institutions are working on drawing up political and strategic documents for the 3N initiative. The business community is committed to the Food Fortification Alliance, but is not yet fully involved in the multi-sectoral platform. A Network of MPs for Nutrition and Food Security has been established and a platform is in the process of being at an academic level (need for expertise from another country). Niger has two REACH facilitators (one international and one national) who are based at the Office of the High Commissioner for the 3N initiative (HC3N). The HC3N has appointed regional coordinators for the 3N initiative who will be assisted by the regional REACH facilitators.

Coherent policy and legal framework: The National Nutrition Policy (NNP) and the multi-sectoral strategic plan have been finalised and are in the process of being adopted. The same applies to the strategy for the prevention of chronic malnutrition which was validated on 4 July 2013. There are updated policies in force in the key sectors. The 3N strategy concentrates on food security and the prevalence of malnutrition. This plan has as its focus pregnant and breastfeeding women, infants and young children and people living with HIV and AIDS. A diagnostic document on gender has been in place since 2009. An investment plan under preparation and will be submitted for approval. The decree on the regulations for the marketing of breast-milk substitutes, and the decree on the importing, marketing and use of iodised salt were both revised in 2011 and are in the process of being adopted by the government. Other relevant laws cover food hygiene (1998), the potability of water (2004), the fortification of oil with vitamin A (2012) and the fortification of wheat flour with iron and folic acid.

Aligning programmes around a Common Results Framework: The "3N" initiative will enable improved alignment of programmes, particularly since a roadmap for the alignment of sectors and partners has been finalised. A logical framework is being developed. A strategic plan has just been published, and a consultant will be recruited by REACH to finalise the costing of this strategic plan. REACH's secretariat supports the Government in the collection of data (a situation analysis taking account of the different data has already been done) and monitoring and evaluation. Niger has committed to recruiting additional nutritionists on an annual basis to increase the capacity of the nutrition treatment centres (CRENAM, CRENAS, CRENI) and to strengthening community infant feeding support groups.

Financial tracking and resource mobilisation: The Strategic Multi-sectoral Nutrition Plan 2013-2017 has been finalised and an expert assessment from the SUN Movement Secretariat has been requested to cost it. A consultant is in the process of being recruited to finalise the cost of this strategic plan. The government has established a national budget line for nutrition (for the purchase of therapeutic foods) of CFA Francs 500 million, which will be doubled to reach CFA Francs 1 billion in 2013 (USD 2 million). Niger is receiving USD 100 million of support from USAID to combat malnutrition in 3 regions over 5 years. The EU is involved in a USD 25 million project for the acceleration of the achievement of the MDGs. Other external partners, who are involved in the form of direct budget support, are United Nations agencies and several non-governmental organisations, including Helen Keller International, Action Against Hunger and Doctors Without Borders.

Demographic data (2010, WPP 2012)

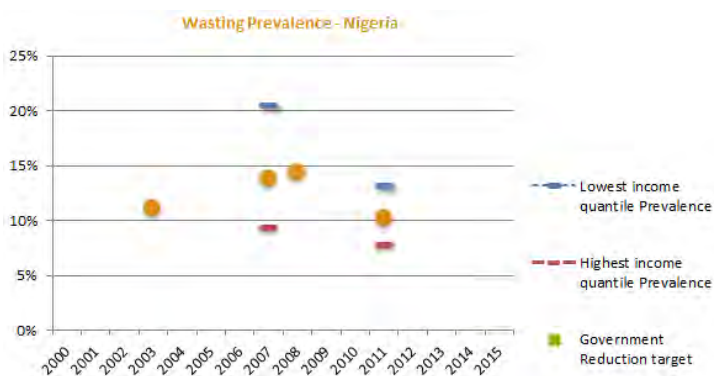
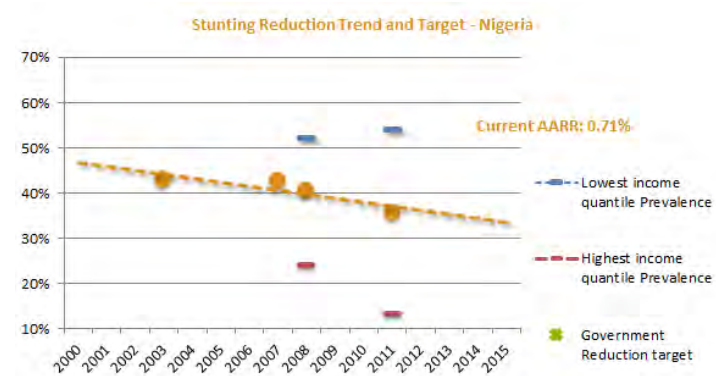
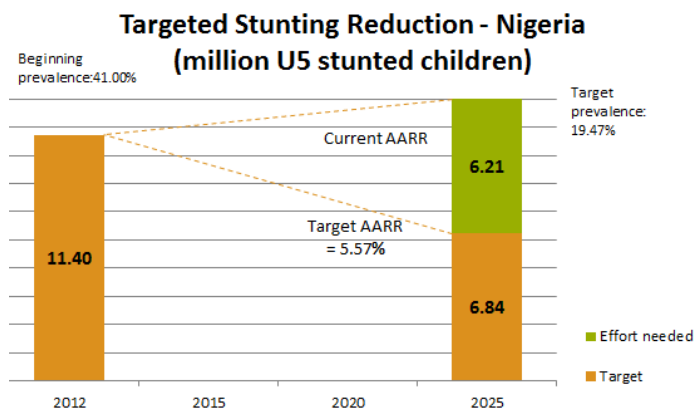
National Population:	159.7 million
Children under 5:	28.0 million
Adolescent Girls (15-19):	8.0 million
Average Number of Births:	6.3 million
Population growth rate:	2.69%

















WHA nutrition target indicators (MICS 2011)

Low Birth Weight:	15.20%
Exclusive Breastfeeding:	15.10%
U5 Stunting:	35.80%
U5 Wasting:	10.20%
U5 Overweight:	3.00%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	30.30%
Complementary feeding with at least 4 groups per day (6-23 months)	54.90%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	0.70%
Pregnant women attending 4 or more ANC visits	44.80%
Vitamin A supplementation (6-59 months)*	73.00%
Presence of iodised salt in the house	52.90%
Women's Empowerment	
Female literacy	53.70%
Female employment rate	45.00%
Median age at first marriage	18.6
Access to skilled birth attendant	39.00%
15-19 years women already mother or with first child	22.90%
Fertility rate	6.01
Other Nutrition Sensitive Indicators	
Rate of urbanization	48.61%
Income share held by lowest 20%	5.89%
Open defecation	28.50%
Non-improved drinking water source	41.50%



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements	 	  		 	1 > 2
Quality of process	 	  		 	

Bringing people together: In 2012, the President of Nigeria launched the Saving One Million Lives Initiative, with nutrition as a key pillar, which reflects a shift from a traditional input-oriented approach to a health outcome- and results-oriented approach. The National Nutrition Partners Forum convened by the Federal Ministry of Health and involving development partners appears to be the only multi-sectoral, multi-stakeholder functional platform. Different ministries are engaged through the forum, which meets at least four times each year. Private sector actors, national and international NGOs, UN agencies, donors and the media participate in this forum. The Nutrition Division, located in the Department of Family Health in the Federal Ministry of Health, is the current convening government body responsible for scaling up nutrition. DFID and UNICEF act as donor conveners. The National Committee on Food and Nutrition, which is convened by the National Planning Commission, is being reactivated and strengthened to assist the National Planning Commission to assess and enhance the various policies on food and nutrition and to plan national programmes on food and nutrition. Nigeria is considering the best way to develop a strong multi-stakeholder platform to improve coordination and advance progress on scaling up nutrition, including the creation of a National Nutrition Council under the presidency, to include membership of multiple government ministries and external stakeholders. UN agencies active in scaling up nutrition are UNICEF, FAO and WHO. The CSO Convener for the SUN CSO Alliance is Save the Children and includes a wide range of international NGOs. The Private Sector has its own business platform – the Chamber of Commerce – and engages in SUN through the National Fortification Alliance. Strengthening the multi-sector coordination mechanism and further advocating for highest-level leadership for scaling up nutrition are two key priorities for the country.

Coherent policy and legal framework: Nigeria is updating its National Plan of Action on Food and Nutrition (2004) and has recently updated its Infant and Youth Child Feeding Policy and the Micronutrient Deficiency Control Guidelines. Nutrition-sensitive policies and strategies in Nigeria cover key sectors. There are significant provisions for the implementation of the International Code of Marketing of Breast Milk Substitutes. The Maternity Protection Law provides for 16 weeks of maternity leave. The laws for mandatory fortification of wheat flour, maize flour and vegetable oil is in place. Nigeria achieved universal salt iodization (USI) certification in 2005. The civil society platform is advocating around core nutrition issues, including women’s empowerment and the right to food. A nutrition advocacy and communications strategy is being developed. A national communications framework for nutrition has been developed.

Aligning programs around a Common results Framework: There are several nutrition interventions that need to be aligned under a commonly agreed plan. CMAM is being scaled up while the Ministry of Agriculture is promoting production of high-energy food and food fortification with the engagement of local enterprises. Support is required to develop a roadmap to guide action across sectors and stakeholders behind a common results framework. The National Nutrition Policy and the nutrition component of the “One Million Lives Saved” Initiative could set the basis for the development of a multi-sectoral national costed action plan for nutrition. Taking advantage of the country’s agricultural transformation, and building on the National Policy on Food and Nutrition, Nigeria is moving forward with a comprehensive multi-sectoral response. Within the health sector, the focus is on building care givers’ capacity, improving access to basic services and preventing micronutrient deficiencies. The government is committed to leveraging the use of mobile technology to reach mothers and children, empower health workers and strengthen the delivery system, as well as to expand monitoring and evaluation of nutrition programs over time, through the expansion of the use of SMART surveys and other tools.

Financial tracking and resource mobilization: There is currently no budget line specifically for nutrition in line ministries at national and state levels. In addition, there is no financial tracking system to track the contributions of external partners. However, the Government of Nigeria has expressed commitment to sustain the current average of annual federal expenditures of USD 10 million on nutrition-specific interventions and to reallocate an additional USD 20 million towards nutrition-specific interventions in the 2014 budget; to establish a distinct budget line for nutrition within the budget in the National Primary Healthcare Development Agency; and to sustain the level of funding under the Petroleum Subsidy Reinvestment Programme (SURE P) and Midwifery Service Scheme (MSS), which currently deploys 10,000 health workers. Additional work is needed to identify the funding gap for scaling up nutrition interventions and determine a sustainable funding strategy to support national plans. The World Bank is currently supporting Nigeria to develop a costed framework for nutrition. An advocacy strategy for public and private resource mobilization is in development.

Demographic data (2010, WPP 2012)

National Population:	173.1 million
Children under 5:	21.3 million
Adolescent Girls (15-19):	9.5 million
Average Number of Births:	4.6 million
Population growth rate:	1.84%

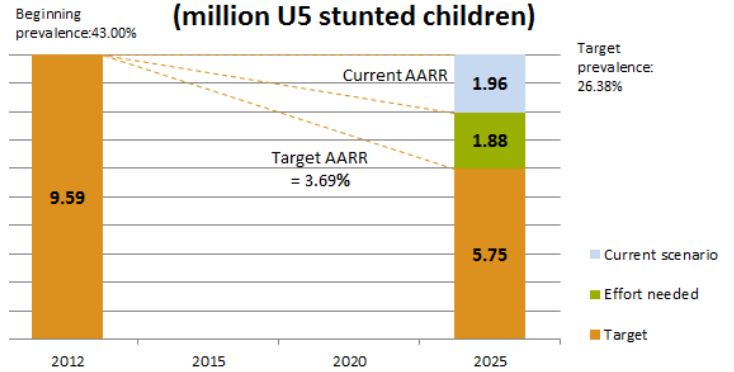
WHA nutrition target indicators (NNS 2011)

Low Birth Weight:	22.30%
Exclusive Breastfeeding:	15.00%
U5 Stunting:	43.70%
U5 Wasting:	15.10%
U5 Overweight:	N/A

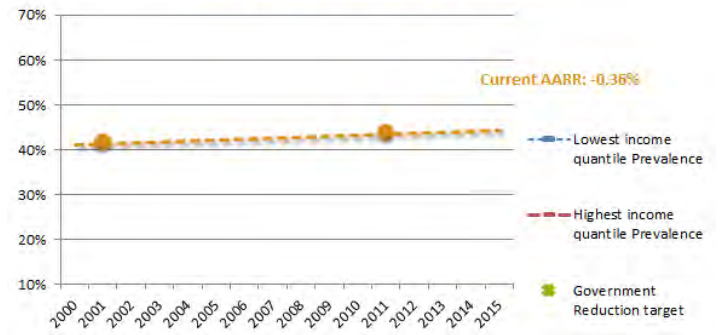
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	-
Complementary feeding with at least 4 groups per day (6-23 months)	-
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	-
Vitamin A supplementation (6-59 months)*	90.00%
Presence of iodised salt in the house	69.00%
Women's Empowerment	
Female literacy	35.40%
Female employment rate	20.60%
Median age at first marriage	19.8
Access to skilled birth attendant	38.80%
15-19 years women already mother or with first child	9.10%
Fertility rate	3.65
Other Nutrition Sensitive Indicators	
Rate of urbanization	35.97%
Income share held by lowest 20%	9.60%
Open defecation	28.40%
Non-improved drinking water source	6.30%

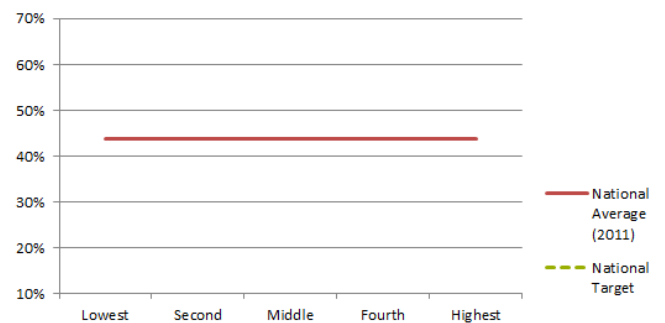
Targeted Stunting Reduction - Pakistan (million U5 stunted children)



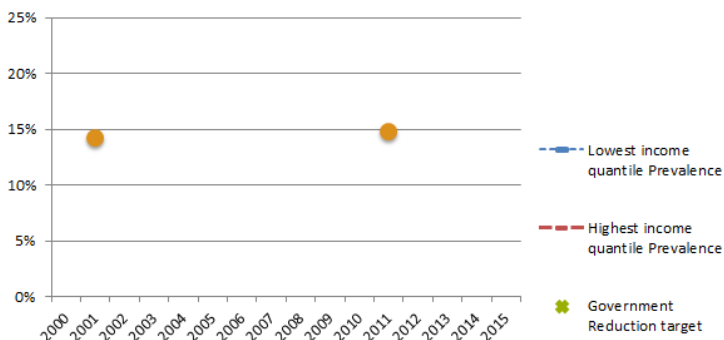
Stunting Reduction Trend and Target - Pakistan



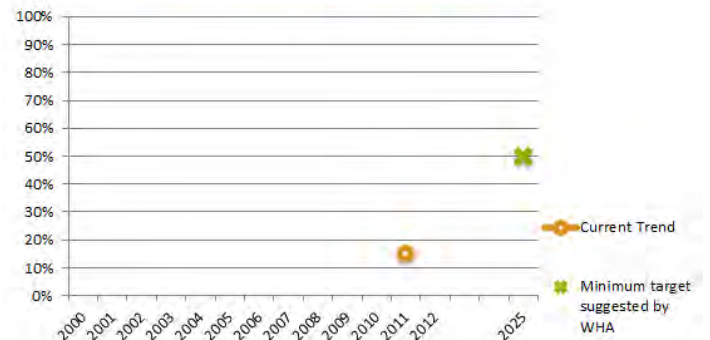
Distribution of stunting across wealth quintiles - Pakistan










Wasting Prevalence - Pakistan



Trend of Exclusive Breastfeeding Rate - Pakistan



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements	 	 	 		1 > 2

Bringing people together: Nutrition as a multi-sectoral development concern was institutionalized into Pakistan’s national planning process since the mid-1970s. A high level National Nutrition Committee (NCC) exists at the Ministry of Planning and Development (MPD) to oversee nutrition planning and implementation across sectors and ensure multi-sectoral implementation of nutrition interventions. The NCC is the highest national level decision making committee headed by the Minister of Planning and Development, and includes participation of all of the secretaries of the key ministries. Country representatives of UN and donors are also present. A national committee was recently put in place at the MPD to foster a multi-sectoral approach to address nutrition by overseeing policy, strategy and surveillance. This is a working level platform which provides a forum for different stakeholders (government, UN & developmental partners) to plan towards common goals and act in a synergistic manner. The platform coordinates technical support to provinces (from development and UN partners) to draft provincial nutrition plans that are coherent with the National Nutrition Plan. Because of Pakistan’s federal system, a multi-sectoral approach was adopted to respond to nutrition-related issues also at a decentralized level. The Planning & Development Department of the MPD leads overall policy formulation and inter-sectoral coordination at the provincial level. It coordinates the Provincial Nutrition Steering Committees tasked to provide strategic planning, coordination, oversight and monitoring across sectors and partners. These committees, include membership of all the major departments of key ministries and are supported by technical working groups that elaborate nutrition-sensitive sectoral plans at the provincial level. There are Multi-sectoral Working Groups which help review sectoral plans and provide technical inputs to the Provincial Nutrition Steering Committees. The Nutrition Partners Group, a platform that brings together donors, UN agencies, NGOs and the business community, is operational and supporting multi-sectoral strategic development. World Bank and DFID have been appointed donor co-conveners. A Parliamentary Standing Committee on Food Security has been established in both the upper house- Senate and the lower house- National Assembly. These Standing Committees convene regular meetings to review the food and nutrition security situation at individual, household, regional and country levels.

Coherent policy and legal framework: In Pakistan, responsibility for food and nutrition security is shared by the federal, provincial and local governments. Both the National Food Security and Nutrition Policy and the Five Year National Nutrition Plan have been developed through multi-stakeholder consultation and are in final stages of preparation. The Five Year National Nutrition Plan is translated into annual development plans/programs that feature both nutrition-specific and sensitive initiatives. An Infant and Youth Child feeding Policy has been developed and a code for the marketing of breast milk substitutes has been adopted. Over the last six months the government has been developing a multi-sectoral strategy for nutrition.

Aligning programs around a Common Results Framework: The federal and provincial governments and development partners are jointly committed to an integrative strategy at the provincial level. Policy guidance notes and development of multi-sectoral nutrition strategies are under preparation through inclusive processes in 5 provinces. The strategies include nutrition-specific interventions and nutrition-sensitive actions in the agriculture, food, WASH, education and social protection sectors and also give considerable attention to gender issues and to public-private partnerships. The strategies include the establishment of coordination mechanisms and results monitoring frameworks with clear objectives and targets over a five year period. The government intends to finalize the provincial strategies, develop a federal “umbrella” strategy to support these sub-national initiatives, and launch the SUN Initiative building on national and provincial initiatives. Some vertical initiatives have been underway at the federal level, including valuable micronutrient supplementation and fortification programs and community-based programs to address acute malnutrition in children. The Banazir Income Support Program (BISP), the largest income transfer program in Pakistan, covering 3.5 million families, was initiated in October 2008 and continues as a hallmark program. Management of severe and acute malnutrition and surveillance started in the provinces with support by WHO, establishing 38 sentinel sites.

Financial tracking and resource mobilization: The government has plans to track national donor spending. Increasing resources are expected from government and development partners.

Demographic data (2010, WPP 2012)

National Population:	29.3 million
Children under 5:	2.9 million
Adolescent Girls (15-19):	1.4 million
Average Number of Births:	0.6 million
Population growth rate:	1.08%

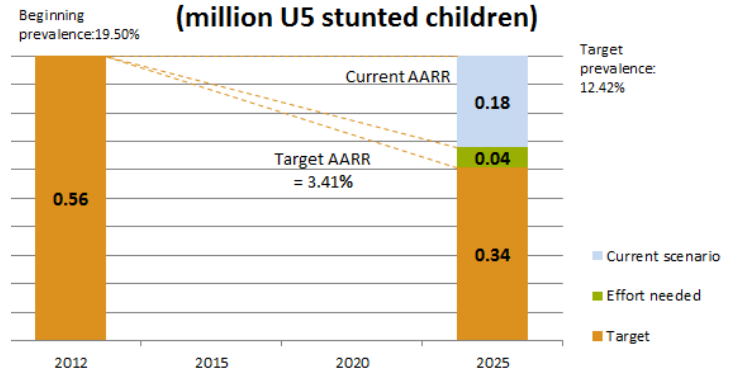
WHA nutrition target indicators (DHS 2012)

Low Birth Weight:	6.90%
Exclusive Breastfeeding:	67.60%
U5 Stunting:	18.10%
U5 Wasting:	0.60%
U5 Overweight:	9.80%

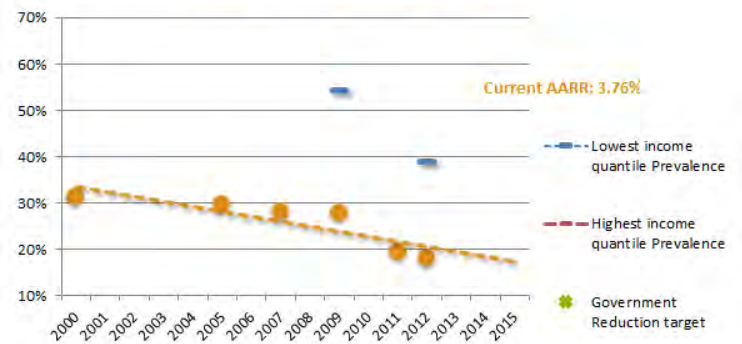
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	80.40%
Complementary feeding with at least 4 groups per day (6-23 months)	91.90%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	94.40%
Vitamin A supplementation (6-59 months)	3.10%
Presence of iodised salt in the house	90.50%
Women's Empowerment	
Female literacy	94.60%
Female employment rate	63.60%
Median age at first marriage	21.6
Access to skilled birth attendant	86.70%
15-19 years women already mother or with first child	13.20%
Fertility rate	2.6
Other Nutrition Sensitive Indicators	
Rate of urbanization	76.42%
Income share held by lowest 20%	3.91%
Open defecation	11.40%
Non-improved drinking water source	18.30%

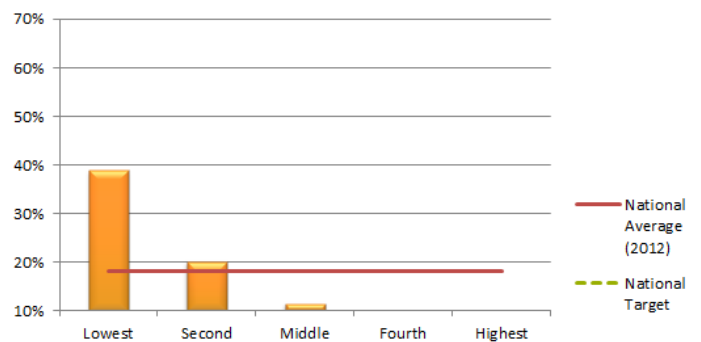
Targeted Stunting Reduction - Peru (million U5 stunted children)



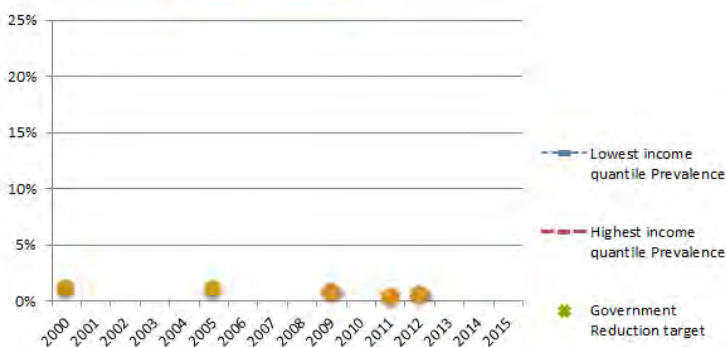
Stunting Reduction Trend and Target - Peru



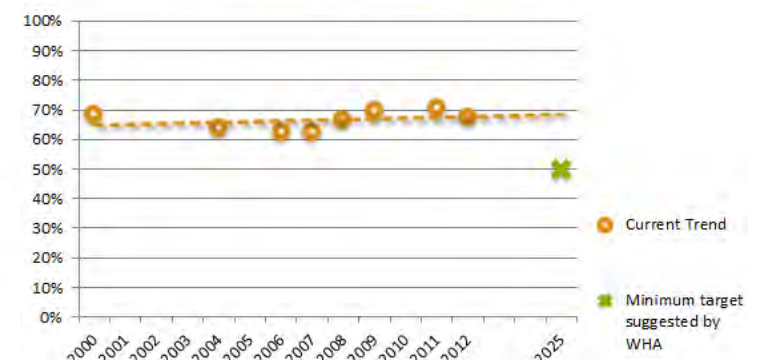
Distribution of stunting across wealth quintiles- Peru











Wasting Prevalence- Peru



Trend of Exclusive Breastfeeding Rate- Peru



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					3
Quality of process					

Bringing people together: The Ministry of Development and Social Inclusion (MIDIS) ensures inter-governmental and inter-sectorial coordination for the implementation of the National Development and Social Inclusion Strategy. The Inter-Ministerial Commission for Social Affairs is the governmental multi-sectoral platform in charge of coordinating national social policy and fighting malnutrition. It is chaired by the prime minister and its members are the ministers of social sectors. The First Lady Nadine Heredia continues to be engaged as a member of the SUN Lead Group. Since August 2012 the government has been engaging decentralized government levels – through the National Agreement for a Coordinated Action against Child Malnutrition. The government engages with civil society and the private sector through the Round Table for the Fight against Poverty (MCLCP), which operates at national and decentralized levels. The donor community is organized around the “Initiative Against Children’s Chronic Malnutrition (IDI)”, which comprises 17 institutions. MIDIS works regularly with UN agencies in support of specific components of its social programs, including the fight against malnutrition. Research organizations, think tanks, NGOs, private firms and public agencies form the Economic and Social Research Consortium (CIES), which has the mission of both producing relevant knowledge in social sciences and using it to inform decision-making. The government intends to improve engagement of the business community in national efforts to fight malnutrition. There is clear leadership and high-level political commitment to flight malnutrition, as shown by the endorsement of the National Commitment for Coordinated Action Against Chronic Malnutrition by central and provincial government leaders.

Coherent policy and legal framework: The National Social Inclusion Strategy “Include to Grow” (INCLUIR PARA CRECER) has been recently approved. It integrates a number of sectoral, inter-sectoral and inter-governmental policies that contribute to reducing malnutrition. Earlier strategies on food security paved the way for the 2012 MIDIS Guidelines for Inter-sectoral and Intergovernmental Management to Reduce Child Malnutrition. The national legislation with a bearing on nutrition covers water and sanitation, agriculture, education and food (flour fortification and salt iodization). The Maternity Protection Law provides 90 days of paid leave – almost 13 weeks which is one week less than the 14 week minimum set out in the ILO Maternity Protection Convention, 2000 (No. 183). Measures for the implementation of the International Code of Marketing of Breast-milk Substitutes are integrated into Peruvian law.

Aligning programs around a Common Results Framework: INCLUIR PARA CRECER is the common results framework for nutrition in the country and focuses on equity and social inclusion. The National Articulated Program (PAN) uses a budget allocation system linked to performance as a means to align single interventions and programs from different ministries around a common set of agreed results. The framework includes nutrition-specific and -sensitive programs with clear goals, targets and baselines. Coordinated decentralized implementation is underway through collaboration between different governmental levels, particularly on budgeting, financing gap estimations, and target setting. Assessing institutional capacities for service delivery and program implementation, particularly in remote areas, remains a challenge. Culturally sensitive advocacy for improved nutrition is needed to engage indigenous communities in national efforts to fight malnutrition. The Comprehensive Health Insurance System (which includes health programs) together with the five social programs currently under direct management of MIDIS, water and sanitation, and food security programs are the preferred programmatic instruments indicated by the government in the fight against child malnutrition. The central government is working with 25 regional government bodies to define specific development targets at the sub-national level and estimate funding gaps. It is also collaborating with municipalities in the implementation of health and sanitation interventions funded by the National Fund for Rural Infrastructure.

Financial tracking and resource mobilization: The government allocates USD 2.1 billion each year to fight child malnutrition. There is a multi-annual budgetary commitment to increase or at least maintain the financial resources associated to reduce and prevent children’s chronic malnutrition. The government, the Private Sector Confederation (CONFIEP) and the Inter-American Development Bank are preparing a Social Innovation Fund to identify and finance creative ways to solve social problems (including chronic malnutrition). The level of financial alignment of donors is to be clarified. Peru has made progress in developing methodological guidelines to estimate the public budget focused on actions to fight chronic malnutrition in different regions of the country. However, further work is required in the utilization of a unit cost methodology, on the tracking of non-governmental expenditures and on the multi-year budgeting for nutrition-related programs and interventions. This will allow Peru to estimate funding gaps for the implementation of programs aimed at reducing chronic malnutrition. The country, together with a team of experts facilitated by the SUN Movement Secretariat, is analyzing the structure of national funding for nutrition.

Demographic data (2010, WPP 2012)

National Population:	10.8 million
Children under 5:	1.8 million
Adolescent Girls (15-19):	0.5 million
Average Number of Births:	0.4 million
Population growth rate:	2.78%

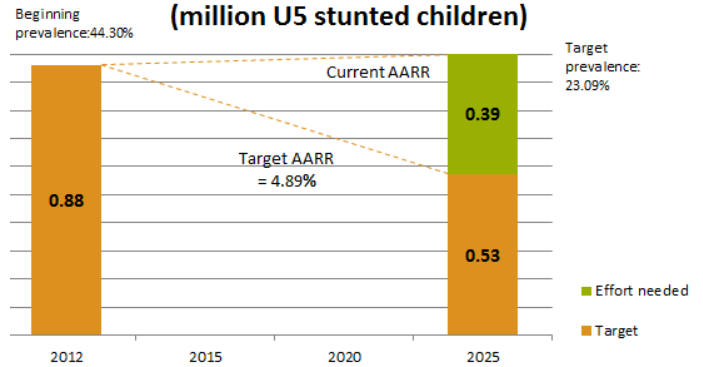
WHA nutrition target indicators (DHS 2010)

Low Birth Weight:	6.20%
Exclusive Breastfeeding:	84.90%
U5 Stunting:	44.20%
U5 Wasting:	2.80%
U5 Overweight:	6.70%

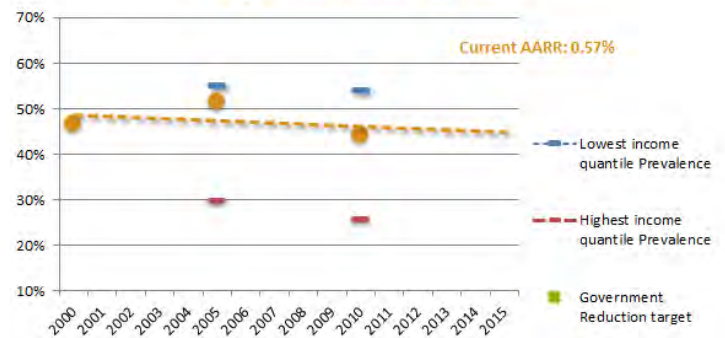
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	16.80%
Complementary feeding with at least 4 groups per day (6-23 months)	25.80%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	35.40%
Vitamin A supplementation (6-59 months)*	76.00%
Presence of iodised salt in the house	99.30%
Women's Empowerment	
Female literacy	76.90%
Female employment rate	86.10%
Median age at first marriage	21.4
Access to skilled birth attendant	98.00%
15-19 years women already mother or with first child	6.10%
Fertility rate	5.13
Other Nutrition Sensitive Indicators	
Rate of urbanization	18.44%
Income share held by lowest 20%	5.16%
Open defecation	1.10%
Non-improved drinking water source	25.20%

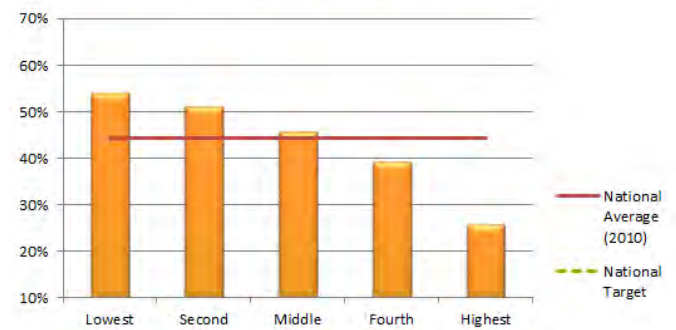
Targeted Stunting Reduction - Rwanda (million U5 stunted children)



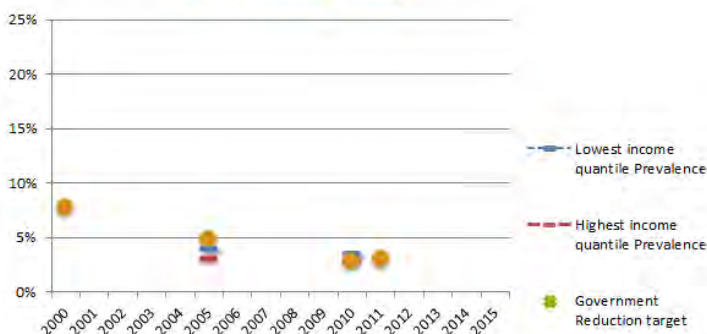
Stunting Reduction Trend and Target - Rwanda



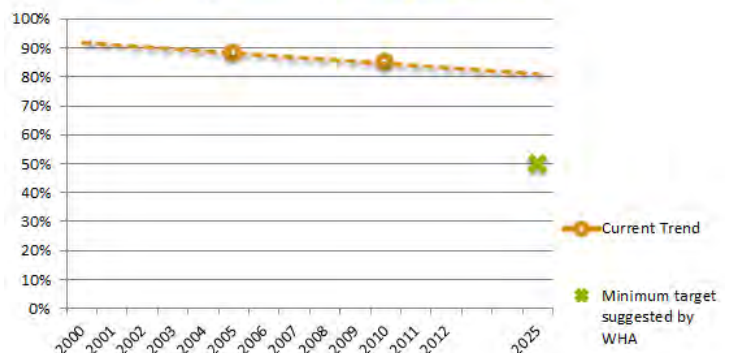
Distribution of stunting across wealth quintiles - Rwanda











Wasting Prevalence - Rwanda



Trend of Exclusive Breastfeeding Rate - Rwanda



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					3
Quality of process					

Bringing people together: Rwanda is strongly committed to reducing malnutrition. Several multi-stakeholder platforms to scale up nutrition have been set up at central and local level. The Inter-Ministerial Coordination Committee is the highest-level government convening body under the leadership of the Minister of Health; a Government and Development Partners’ Group, co-chaired by the Ministry of Finance and the UN resident coordinator, brings together donors and development partners from various sectors. Within the Development Partners’ Group, two relevant sectors – health and agriculture – have established specific nutrition coordination platforms, namely the Nutrition Technical Working Group, co-chaired by the Ministry of Health and USAID, and the Nutrition Technical Working Group (NTWG), co-chaired by the Ministry of Agriculture and FAO. REACH serves as the coordinating mechanism on nutrition for UN agencies (WHO, WFP, UNICEF and FAO). The UN system participates at multi-sectoral level through the Nutrition Technical Working Group and supports strategic planning and analysis, advocacy, as well as knowledge sharing for scaling up nutrition and food security. It also supports the SUN government focal point to perform her role. Civil society and academia engage through the NTWG. The private sector has established the National Food Fortification Alliance, a platform under the auspices of the NTWG within the Ministry of Health. It includes industries, consumer associations, academia and government ministries and consults mainly on food fortification. At the local level multi-sectoral nutrition committees are composed of mayors, district directors of health, nutritionists, agronomists and social protection, veterinary, and hygiene and sanitation officers.

Coherent policy and legal framework: The National Strategy to Eliminate Malnutrition 2010-2013 includes both nutrition-specific and nutrition-sensitive approaches to addressing under-nutrition. It was developed in 2010 and is currently being updated. There are current policies in key sectors that have an impact on nutritional outcomes including agriculture, poverty reduction and development, health, education and social protection. These include the Strategic Plan for the Transformation of Agriculture in Rwanda Phase III Plan 2013-2017, which incorporates nutrition as a sub-program, and the Annual Strategic Plan 2013-2014 of the Ministry of Gender, which integrates a behavior change communication campaign on nutrition. The Ministry of Local Government is also currently updating the Social Protection Strategy, which now integrates nutrition as part of the support to vulnerable people. The Maternity Protection Law, which provides 12 weeks of maternity leave has not yet been officially approved. Measures for the implementation of the International Code of Marketing of Breast-milk Substitutes await final approval. Food fortification legislation is drafted and awaiting approval.

Aligning programs around a Common Results Framework: In order to operationalize the National Strategy to Eliminate Malnutrition, Rwanda has engaged 5 key ministries (Health, Agriculture, Education, Gender and Local Government) to establish a common results framework for nutrition -the “Joint Action Plan to Eliminate Malnutrition”- for 2013. All 30 districts have each developed District Plans for the Elimination of Malnutrition (DPEM), which are currently being implemented to varying degrees. The Joint Action Plan to Eliminate Malnutrition is multi-sectoral and includes nutrition-sensitive and nutrition-specific actions such as young child feeding, home fortification, growth integration and promotion, screening and treatment of acute malnutrition, nutrition support HIV/AIDS, and nutrition integration into agriculture. Programmes are being progressively scaled up with increasing coverage. The plan is being implemented throughout the country and has a monitoring and evaluation element that utilizes innovative mechanisms such as rapid SMS or performance-based contracts with mayors. The country is already using DevInfo as a monitoring tool in six districts and intends to use this system at the central level. The monitoring system needs strengthening. The updating of the National Strategy to Eliminate Malnutrition for 2014-2017 will be based on the lessons learnt from the Joint Action Plan to Eliminate Malnutrition.

Financial tracking and resource mobilization: The comprehensive Joint Action Plan to Fight Malnutrition is costed on an annual basis. Rwanda has agreed to participate in the costing analysis exercise facilitated by the SUN Movement Secretariat, using its 2012 plan. The Government’s financial contribution has been clearly identified, but more clarity on partners’ contributions is needed. The Government has signed a memorandum of understanding with the EU to provide USD 10 million for nutrition over the next 3 years. Various partners are leveraging funds from donors both in country and outside. It is estimated that Rwanda may receive up to USD 12 million per year for nutrition over the next 3 years. The Swiss Agency for Development Cooperation (SDC) also provided USD 3 million starting in 2013 to support implementation of DPEMs in two districts through the One UN joint nutrition project. Also in development is the Embassy of the Kingdom of the Netherlands Nutrition program to support 10 districts, which is coordinated by UNICEF.

Demographic data (2010, WPP 2012)

National Population:	13.0 million
Children under 5:	2.2 million
Adolescent Girls (15-19):	0.7 million
Average Number of Births:	0.5 million
Population growth rate:	2.78%

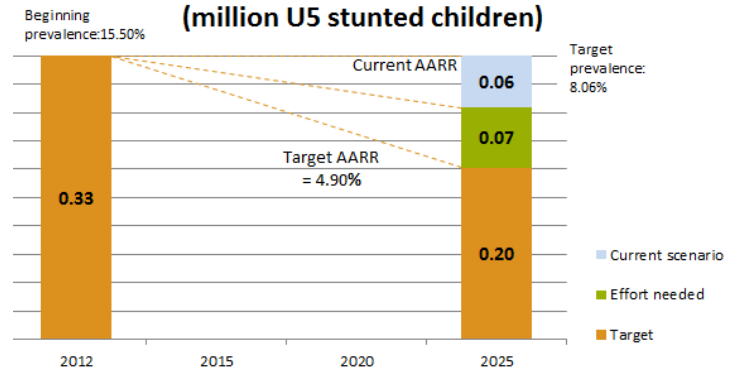
WHA nutrition target indicators (SMART 2012/DHS 2011)

Low Birth Weight:	15.90%
Exclusive Breastfeeding:	39.00%
U5 Stunting:	15.50%
U5 Wasting:	8.80%
U5 Overweight:	2.50%

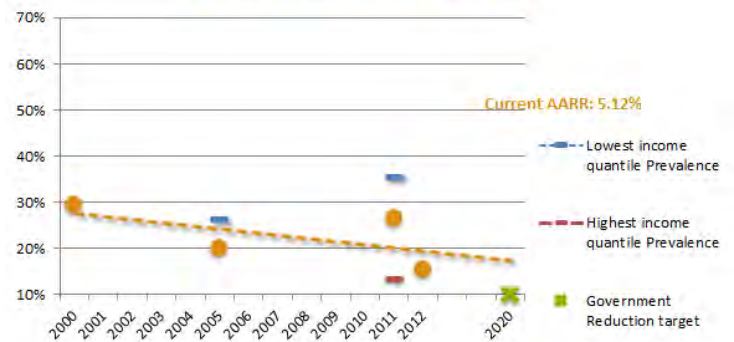
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	9.20%
Complementary feeding with at least 4 groups per day (6-23 months)	27.40%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	0.20%
Pregnant women attending 4 or more ANC visits	50.00%
Vitamin A supplementation (6-59 months)	78.40%
Presence of iodised salt in the house	41.50%
Women's Empowerment	
Female literacy	27.80%
Female employment rate	57.50%
Median age at first marriage	19.6
Access to skilled birth attendant	66.10%
15-19 years women already mother or with first child	18.70%
Fertility rate	5.11
Other Nutrition Sensitive Indicators	
Rate of urbanization	40.56%
Income share held by lowest 20%	6.05%
Open defecation	16.50%
Non-improved drinking water source	21.70%

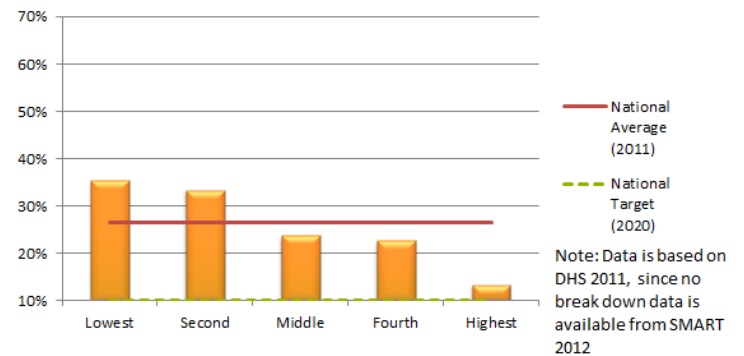
Targeted Stunting Reduction - Senegal (million U5 stunted children)



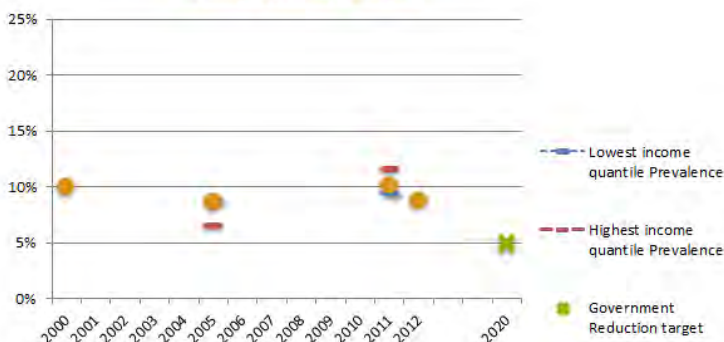
Stunting Reduction Trend and Target - Senegal



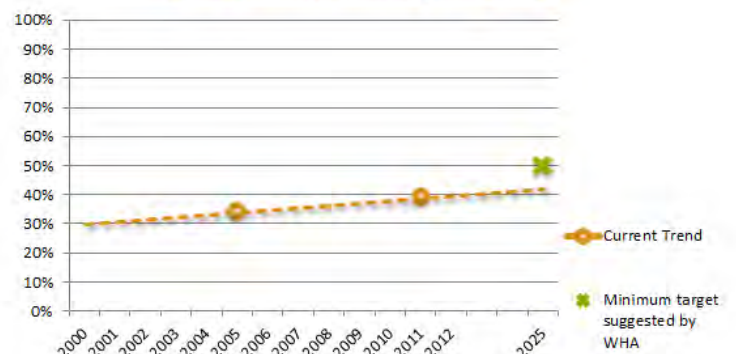
Distribution of stunting across wealth quintiles - Senegal











Wasting Prevalence - Senegal



Trend of Exclusive Breastfeeding Rate - Senegal



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					3
Quality of process					

Bringing people together: Political commitment to the scaling up of nutrition is found at the highest level with the Fight against Malnutrition Unit (CLM) attached to the Prime Minister's office. However, the multi-sectoral platform must be further strengthened. Senegal has committed to improving multi-sectoral coordination and harmonising actions. Special emphasis will be put on policy dialogue, in particular through a better involvement of the agricultural sector and the private sector and monitoring/evaluation. Senegal has also committed to ensuring the transparency and accountability of the various stakeholders through a close monitoring of progress. A donor convenor has not yet been agreed.

Coherent policy and legal framework: Senegal is in the process of revising its Policy Paper for the Development of Nutrition which dates from 2001; once this has been validated, a Multi-sectoral Strategic Plan 2013-2018 will be published. A common results framework will be developed in accordance with the Multi-sectoral Strategic Plan and through a participatory approach involving all relevant sectors. The CLM implements programmes covering key areas: community nutrition, social transfers, the fight against micronutrient deficiencies and food security. In addition, the National Agricultural Investment Programme (2011-2015) targets the reduction of poverty by tackling the issues of hunger and malnutrition and includes indicators on the impact on food security and nutrition. The Communications Strategy for Infant and Young Child Feeding (IYCF) is currently being validated, as is the strategic plan for food fortification.

Aligning programmes around a Common Results Framework: The Multi-sectoral Strategic Plan 2013-2018 will be drawn up once the Policy Paper for the Development of Nutrition has been validated. The common results framework will be drawn up on the basis of this strategic plan, as part of an inclusive approach, with all sectors involved. Senegal has committed to developing community-based nutrition services in order to reach at least 90% of pregnant women and children under the age of five between now and 2020 with direct nutrition interventions. Senegal has also committed to reducing micronutrient deficiencies (Iron, vitamin A and iodine) in children less than five years old. A monitoring and evaluation mechanism will also be established to monitor implementation of the nutrition policy.

Financial tracking and resource mobilisation: In 2011, the government undertook to increase funding for nutrition year on year, to reach CFA Francs 2.8 billion per year in 2015. This investment will leverage other resources which will need to be mobilised to scale up effective nutrition interventions.

The mobilisation of funding from other partners is still important, in order to ensure sustainability of the interventions can go on beyond 2014. Senegal is currently working on the mobilisation of resources for nutrition for the period after 2014. Senegal has thus taken part in the costing analysis exercise carried out by the countries and supported by the SUN Movement Secretariat.

Demographic data (2010, WPP 2012)

National Population:	5.8 million
Children under 5:	0.9 million
Adolescent Girls (15-19):	0.3 million
Average Number of Births:	0.2 million
Population growth rate:	2.33%

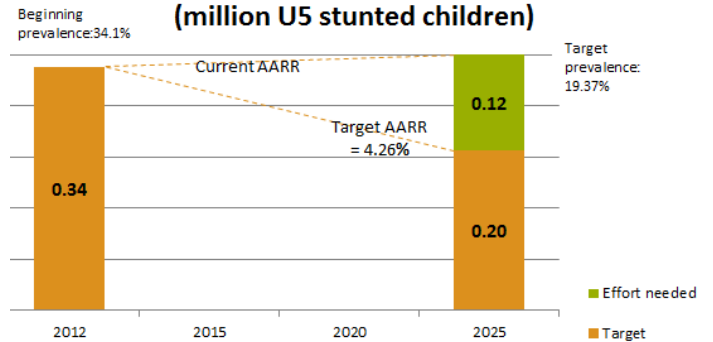
WHA nutrition target indicators (SMART 2010)

Low Birth Weight:	10.50%
Exclusive Breastfeeding:	31.60%
U5 Stunting:	34.10%
U5 Wasting:	6.90%
U5 Overweight:	9.60%

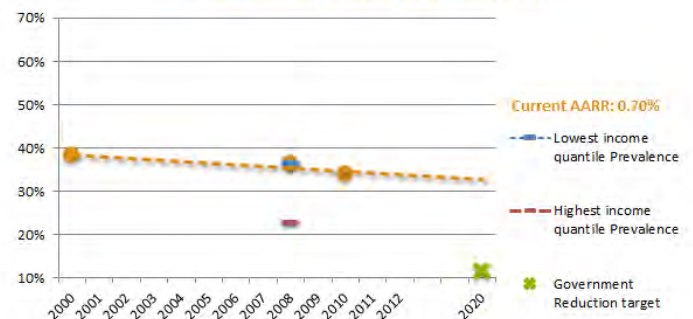
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	-
Complementary feeding with at least 4 groups per day (6-23 months)	-
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	7.40%
Pregnant women attending 4 or more ANC visits	74.66%
Vitamin A supplementation (6-59 months)*	99.00%
Presence of iodised salt in the house	63.00%
Women's Empowerment	
Female literacy	26.20%
Female employment rate	64.90%
Median age at first marriage	-
Access to skilled birth attendant	62.00%
15-19 years women already mother or with first child	32.20%
Fertility rate	5.16
Other Nutrition Sensitive Indicators	
Rate of urbanization	39.66%
Income share held by lowest 20%	7.81%
Open defecation	28.90%
Non-improved drinking water source	43.00%

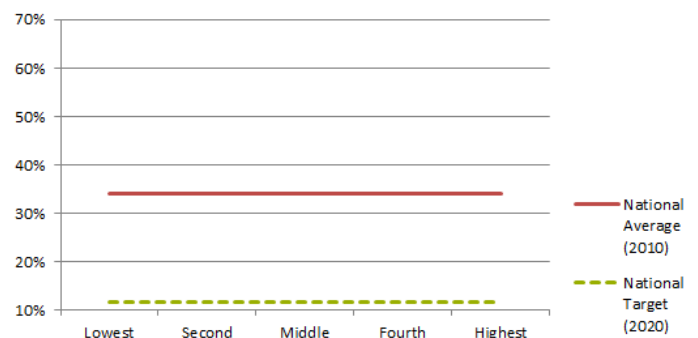
Targeted Stunting Reduction - Sierra Leone (million U5 stunted children)



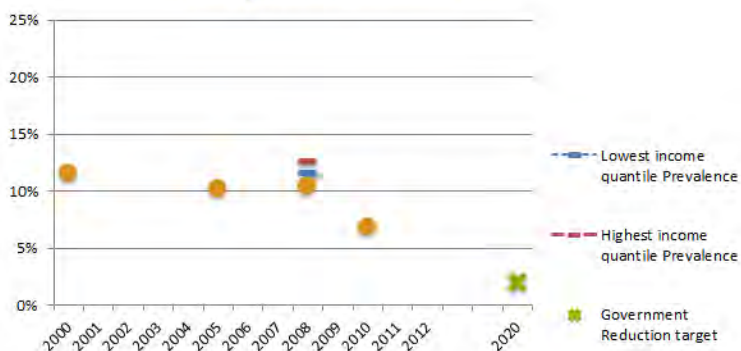
Stunting Reduction Trend and Target - Sierra Leone



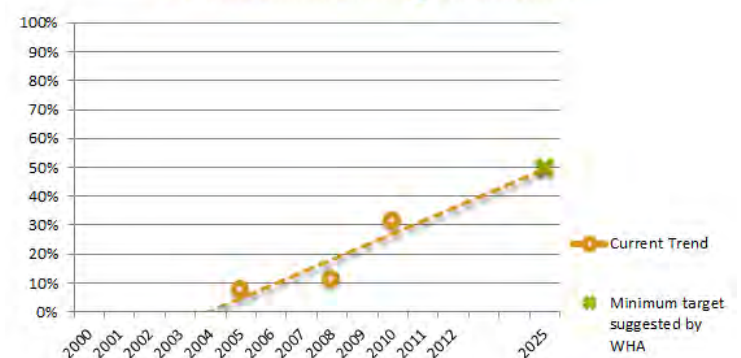
Distribution of stunting across wealth quintiles - Sierra Leone











Wasting Prevalence - Sierra Leone



Trend of Exclusive Breastfeeding Rate - Sierra Leone



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					3
Quality of process					

Bringing people together: The Vice President convenes and chairs the multi-sectoral platform, the Food and Nutrition Security Steering Committee, which coordinates across multiple stakeholders. A SUN Secretariat has recently been established within the Office of the Vice President. Donors, UN agencies and CSOs also participate in the Health Development Partners Group (chaired by the Minister of Health), the Presidential Task Force in Agriculture (Chaired by the President) and the Agriculture Advisory Group (chaired by the Minister of Agriculture). The Donor Convener is Irish Aid. Development partners use the multi-sectoral Nutrition Working Group co-chaired by Irish Aid and USAID to share updates in food and nutrition security with the government, UN agencies and CSOs. UNFPA, UNICEF, WFP, FAO, WHO, and UNAIDS have coordinated their efforts with support of UN REACH to work with the government to conduct situation analyses, and advocate for the inclusion of nutrition in development policy making. They have also supported the development of the costed Food and Nutrition Policy Implementation Plan. Civil Society Organizations participate in a number of existing platforms including the Ministry of Agriculture, Forestry and Food Security NGO Coordination Platform, chaired by the Ministry of Agriculture, Forestry and Food Security (MAFFS) with participation from FAO; the Health NGO Forum; the Sierra Leone Association of NGOs; and the Food Security Technical Meeting, chaired by FAO. They are also active members of the Nutrition Working Group and the REACH Technical Committee. The business community is in the process of forming its own platform, though the Chamber of Commerce and a functioning Multi-stakeholder National Food Fortification Alliance exist. The latter has been instrumental in engaging the private sector in the development of nutrition-related strategies and of the National Food and Nutrition Implementation Plan with regards to fortification, as well as in setting mandatory quality standards for the fortification of flour, salt and oil.

Coherent policy and legal framework: Sierra Leone has made nutrition a priority in its five-year Poverty Reduction Strategic Plan – the “Agenda for Prosperity”. The National Food and Nutrition Policy and other nutrition-specific policies and strategies on infant and young child malnutrition, managing acute malnutrition and micronutrient supplementation have been recently developed. Nutrition-sensitive policies and plans cover key sectors like agriculture and food security, poverty reduction and development, as well as public health. The government has committed to enforcing the Code for the Marketing of Breast-milk Substitutes and to improving food fortification. The maternity leave in place covers 12 weeks, which is less than the minimum recommendation of the ILO of 14 weeks. Support is requested to develop an advocacy and communications strategy that engages all sectors, particularly local authorities.

Aligning programs around a Common Results Framework: The National Food and Nutrition Implementation Plan is the common results framework. Its development, following the endorsement of the National Food and Nutrition Policy, was the result of the concerted efforts led by the Ministry of Health and Sanitation and the Ministry of Agriculture, together with ministries and stakeholders. Additionally, the implementation of the Free Healthcare Initiative that focuses on ensuring access and care for women and children is expected to contribute to a reduction in child and maternal morbidity and mortality. The government, which has set clear targets to reduce stunting and wasting and increase exclusive breastfeeding rates by 2020, is committed to scaling up community support networks for nutrition and food security and is increasing the number of qualified nutritionists. Programs have been aligned around seven priorities with involvement of relevant ministries, local government and multiple stakeholders. Focal persons are now identified in nine ministries in support of mainstreaming the implementation of relevant interventions and services at scale. The Ministry of Health and Sanitation, having recognized the importance of nutrition for child survival and development in country, has elevated the nutrition program to directorate status with greater responsibility and orientation towards research. Earlier in the year the nutrition syllabus of allied health training institutions was revised for five cadres of health staff, tutors have been trained and these revisions are now

being integrated into the curriculum of these institutions. However, there are constraints in the multi-sectoral integration and coordination to ensure actual implementation of relevant interventions and services at scale.

Financial tracking and resource mobilization: Sierra Leone has participated in the costing exercise that is being facilitated by the SUN Movement Secretariat. The budget of the Food and Nutrition Policy Implementation Plan was recently finalized. This budget will be used to reconcile estimates with investments in order to identify financial gaps. The government, which finances many of the system costs for nutrition (including costs for staffing and operations), has committed to increase financial allocations to nutrition and food security and to create a specific budget line for nutrition in the budgets of the Ministry of Health and Sanitation and the Ministry of Agriculture, among other relevant ministries. The current funding gap for scaling up nutrition has been estimated at around USD 81million for 5 years. Despite this, the overwhelming view is that the resource shortfall is substantial. The cost of scale up to full coverage has not been estimated.

Demographic data (2010, WPP 2012)

National Population:	20.8 million
Children under 5:	1.9 million
Adolescent Girls (15-19):	0.8 million
Average Number of Births:	0.4 million
Population growth rate:	0.79%

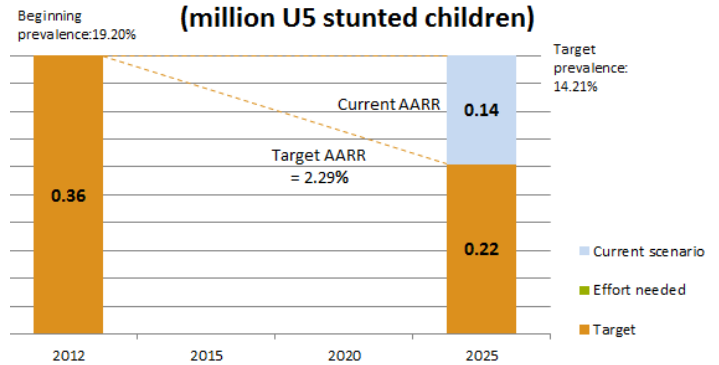
WHA nutrition target indicators (NFS 2009)

Low Birth Weight:	18.10%
Exclusive Breastfeeding:	75.80%
U5 Stunting:	19.20%
U5 Wasting:	11.70%
U5 Overweight:	0.90%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	-
Complementary feeding with at least 4 groups per day (6-23 months)	72.90%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	-
Vitamin A supplementation (6-59 months)	80.80%
Presence of iodised salt in the house	92.40%
Women's Empowerment	
Female literacy	90.00%
Female employment rate	32.50%
Median age at first marriage	-
Access to skilled birth attendant	-
15-19 years women already mother or with first child	-
Fertility rate	2.31
Other Nutrition Sensitive Indicators	
Rate of urbanization	15.12%
Income share held by lowest 20%	7.72%
Open defecation	-
Non-improved drinking water source	-

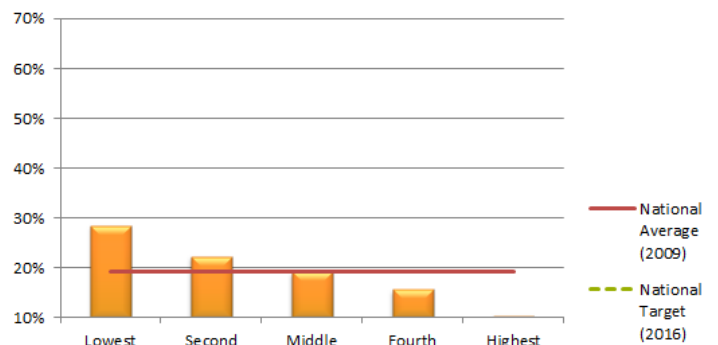
Targeted Stunting Reduction - Sri Lanka (million U5 stunted children)



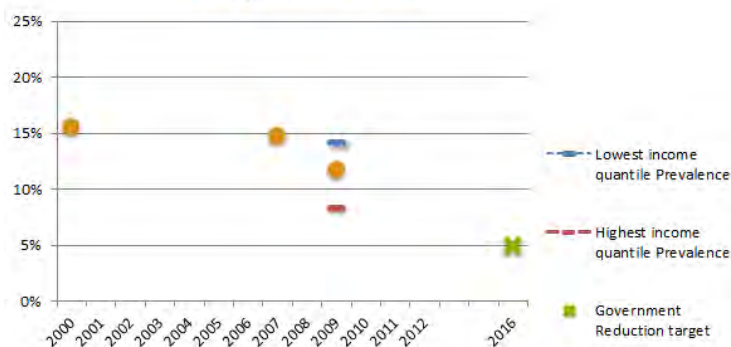
Stunting Reduction Trend and Target - Sri Lanka



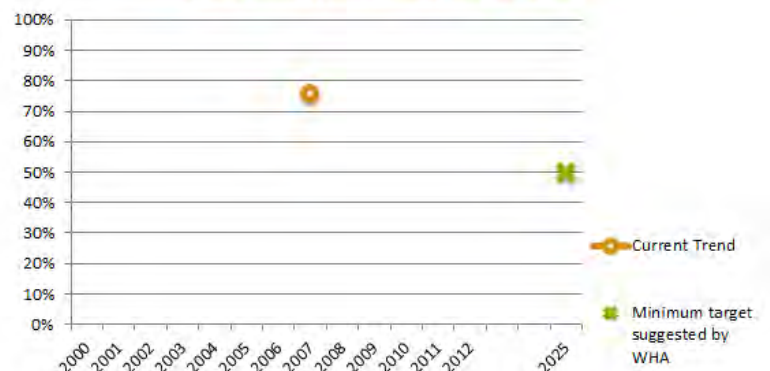
Distribution of stunting across wealth quintiles - Sri Lanka







Wasting Prevalence - Sri Lanka



Trend of Exclusive Breastfeeding Rate - Sri Lanka



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					2 > 3

Bringing people together: The National Nutrition Council of Sri Lanka (NNC), chaired by the president, is the highest-level body in charge of nutrition. The National Steering Committee on Nutrition (NSCN), which is the implementation arm of the above, is chaired by the secretary to the president and co-chaired by an additional secretary and national coordinator for nutrition. Its main function is the implementation of nutrition interventions as indicated in the Multi-sector Action Plan for Nutrition (MsAPN), by coordinating with the secretaries of relevant ministries and the chief secretaries of provinces. The Technical Advisory Committee on Nutrition (TACN) comprises technical experts in relevant fields, including civil society and the private sector. The TACN, whilst providing necessary technical support to National Nutrition Secretariat, will also be involved in monitoring and evaluating the implementation of the MsAPN. The National Nutrition Secretariat of Sri Lanka (NNSSL) established in the Office of the President is responsible for formulating, implementing, coordinating, monitoring and evaluating the three year MsAPN entitled “Vision 2013 – Sri Lanka: A Nourished Nation” based on the National Nutrition Policy of 2010, using a multi-sector approach. The SUN focal point is the national nutrition coordinator, who chairs and coordinates the technical sub-committees. The national multi-sector institutional setting is reflected at national, provincial, district and divisional levels by the involvement of relevant officers under the existing administrative system. This multi-sectoral approach is also reflected at the community level through the coordination of grassroots level workers in different sectors of the government. Further engagement at the grassroots level is mostly through the members of community based organizations. UN Agencies that support the government to achieve improved food and nutrition security outcomes include: UNICEF, WFP, FAO and WHO. Civil society organizations were engaged during development of the MsAPN as well. There are very few international NGOs active in Sri Lanka. The academic sector is also involved in conducting operational research, performing gap analyses, and building the capacity of both health and non-health sectors.

Coherent policy and legal framework: Sri Lanka has a National Nutrition Policy and Strategic Plan for the period 2010-2015. Nutrition-specific guidelines cover all interventions carried out by the Ministry of Health. Nutrition-sensitive policies and strategies are updated and cover all key sectors including: agriculture and food security (Agriculture Policy and Strategic Plan), education (National School Health Policy) and child care (Early Child Care Development Policy). The national legislation with a bearing on nutrition covers the salt iodization, food labeling and advertisement and consumer protection. The Maternity Ordinance has increased maternity leave to 6 months paid leave and 6 months unpaid leave in the public sector and 3 months in the private sector. Further, the Ministry of Health implements the International Code of Marketing of Breast-milk Substitutes (BMS) into the Sri Lanka Code for the Promotion, Protection and Support of Breast Feeding and Marketing of Designed Products (1985).

Aligning programs around a Common Results Framework: Sri Lanka has commenced implementation of the MsAPN, which includes increased domestic and international resources for 17 implementing ministries for both nutrition-specific and nutrition-sensitive interventions. This action plan will focus on enhancing and facilitating the on-going nutrition-related activities by relevant ministries and departments. The MsAPN provides a common platform to target and coordinate these interventions to meet the needs of nutritionally vulnerable populations. The key national level nutrition intervention programmes carried out by ministries include: (i) the Integrated Maternal and Child Health (MCH) and Nutrition Programme, (ii) food subsidies and poverty alleviation programmes, (iii) school nutrition programmes, (iv) supplementary feeding programmes for mothers and children, (v) micro-nutrient supplementation programmes (vi) food fortification, (vii) food security programmes and (viii) provincial and community level nutrition programmes.

Financial tracking and resource mobilization: Financing is provided mainly by the government and donor agencies using a variety of mechanisms and reporting systems. As a result of the MsAPN, each ministry has been instructed by the treasury to create a separate budget line for nutrition-related activities. A major share of funds have been

allocated by the government towards the MsAPN for nutrition specific programmes under the Ministry of Health as well as for nutrition-sensitive programmes in other relevant ministries, especially the Ministry of Education, Ministry of Economic Development and Ministry of Agriculture. Key contributing donors so far include UNICEF, WFP, the World Bank, WHO, FAO, AUSAID. Currently the government spends around Rs. 4.5 billion each year on nutrition-specific programmes and approximately Rs. 100 billion each year on nutrition-related programs. UNICEF has also mobilized resources to pilot a community-based program for scaling up nutrition. The NNSL is in discussions with the World Bank to provide funds to develop a monitoring system and AusAID for a social marketing and advocacy programme. During the Nutrition for Growth event held in London on 8 June 2013, the government committed to increasing domestic financial and technical resources for nutrition in the health, agriculture and education sectors by up to 30% by 2016 and for other key sectors by 10% from current levels starting from 2014.

Demographic data (2010, WPP 2012)

National Population:	44.9 million
Children under 5:	8.1 million
Adolescent Girls (15-19):	2.4 million
Average Number of Births:	1.7 million
Population growth rate (2010):	2.90%

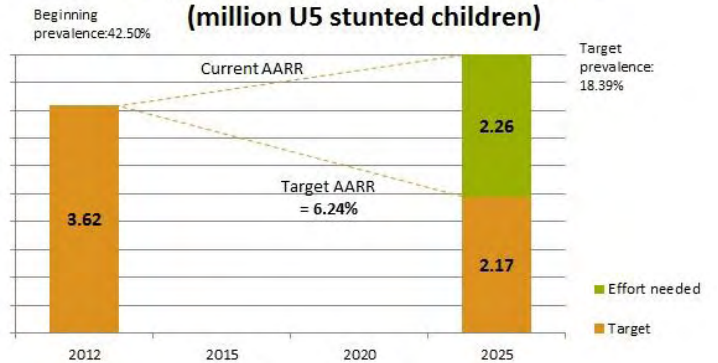
WHA nutrition target indicators (DHS 2010)

Low Birth Weight:	6.90%
Exclusive Breastfeeding:	49.80%
U5 Stunting:	42.00%
U5 Wasting:	4.80%
U5 Overweight:	5.00%

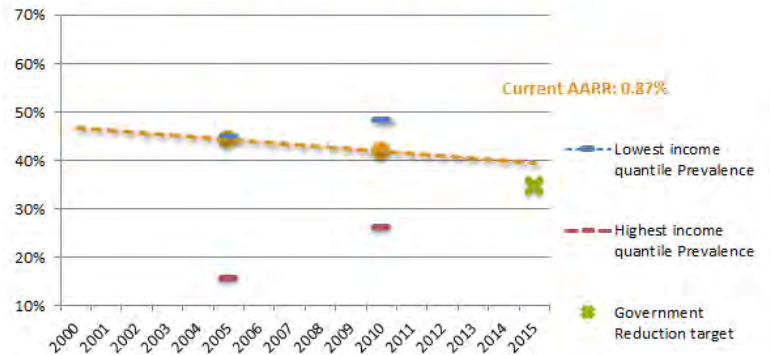
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	21.30%
Complementary feeding with at least 4 groups per day (6-23 months)	56.40%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	48.70%
Pregnant women attending 4 or more ANC visits	42.80%
Vitamin A supplementation (6-59 months)*	97.00%
Presence of iodised salt in the house	55.20%
Women's Empowerment	
Female literacy	72.20%
Female employment rate	77.10%
Median age at first marriage	18.9
Access to skilled birth attendant	51.00%
15-19 years women already mother or with first child	22.80%
Fertility rate	5.58
Other Nutrition Sensitive Indicators	
Rate of urbanization	26.20%
Income share held by lowest 20%	6.80%
Open defecation	15.90%
Non-improved drinking water source	45.50%

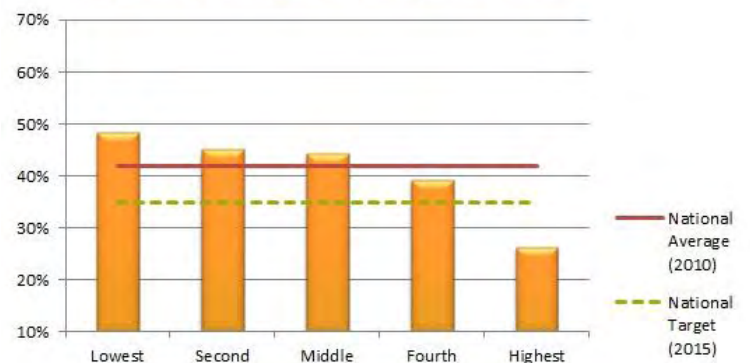
Targeted Stunting Reduction - Tanzania (million U5 stunted children)



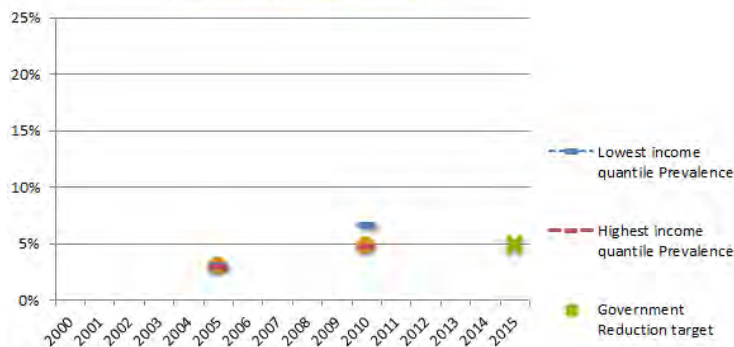
Stunting Reduction Trend and Target - Tanzania



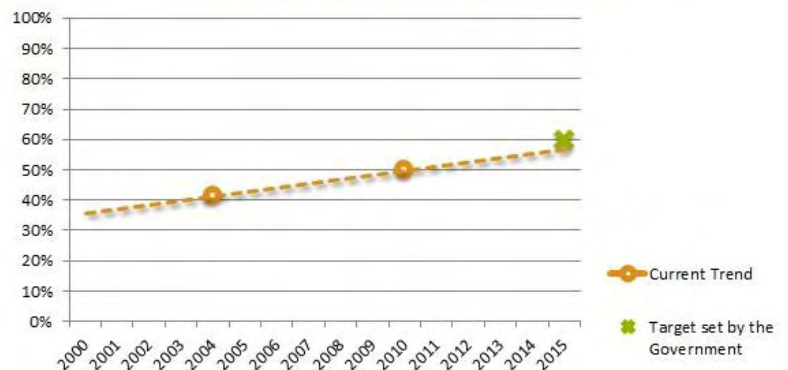
Distribution of stunting across wealth quintiles - Tanzania











Wasting Prevalence - Tanzania



Trend of Exclusive Breastfeeding Rate - Tanzania



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					2 > 3
Quality of process					

Bringing people together: Under the guidance of President H.E. Jakaya Mrisho Kikwete, Tanzania has created a new leadership and accountability structure within government to oversee and track progress on nutrition. At the highest level, the new Presidential Task Force provides guidance on a special presidential directive to promote multi-sectoral nutrition intervention at the regional level. The High Level Nutrition Steering Committee continues to regularly gather Permanent Secretary representatives from nine relevant sectors and stakeholders from the Tanzania Food and Nutrition Centre (TFNC), donors, UN organizations, civil society, academia and the private sector. A multi-sector Nutrition Technical Working Group chaired by the Director of TFNC provides strategic direction and supports the High Level Nutrition Steering Committee and serves an important coordination function at the national level. At the sub-national level, new Nutrition Council Steering Committees led by District Nutrition Officers in 140 out of 163 districts provide technical support and assist with the coordination of nutrition activities across sectors. Nutrition-related information is shared between national and district levels via 20 Regional Nutrition Officers (out of 26 regions) and the Prime Minister’s Office for Regional and Local Government. Irish Aid and USAID serve as the SUN donor conveners in Tanzania. They work closely with the Development Partners Group on Nutrition to facilitate alignment and coordinate efforts across bilateral donors, UN agencies and civil society organizations. A REACH Coordinator brings together the nutrition programs funded by UN agencies and provides technical support to the Tanzania Food and Nutrition Centre and the Prime Minister’s Office. REACH has recently completed a “Who Does What Where?” mapping exercise to inform government and other stakeholders on current activities and to highlight underserved areas. The civil society network organization, Partnership for Nutrition in Tanzania (PANITA), created in 2011, now comprises over 300 members and plays an important role in advocacy and communicates nutrition information out to the rural civil society organizations. The Parliamentary group on nutrition, created in 2011, brings together 26 Members of Parliament with a strategic plan (2013 – 2017) to advance nutrition prioritization in development plans. The business community engages in the SUN movement through the National Food Fortification Alliance and other private sector fora.

Coherent policy and legal framework: Tanzania’s five year National Nutrition Strategy was approved in 2012, A costed implementation plan was finalized and endorsed in May 2013. The National Food and Nutrition Policy is currently being updated and will be finalized by the end of 2013. In May 2013, Tanzania also launched the national nutrition Social Behavior Change Communication Strategy (SBCC) as well as the national food fortification program. TFNC, Tanzania Bureau of Standards (TBS) and Tanzania Food and Drug Authority (TFDA) jointly monitor compliance and enforcement as per the food fortification regulations and guidelines developed in 2011. The International Code of Marketing of Breast milk Substitutes was recently reviewed and updated. Tanzania has begun data collection on a study that will guide the World Health Assembly (WHA) on appropriate marketing of breast milk substitutes and complementary foods. Nutrition outcomes have been incorporated in an on-going design of the Agriculture Sector Development program Phase II in line with the Tanzania Food Security Investment Plan (TAFSIP).

Aligning programs around a Common Results Framework: The National Nutrition Strategy provides a five year framework under which the government and its partners can work together to improve nutrition outcomes and measure results against nine clearly defined targets: Reduce the prevalence of underweight in children aged 0-59 months from 16% to 11%, Reduce the prevalence of stunting in children aged 0-59 months from 42% to 27%, Increase the prevalence of exclusive breastfeeding in children < 6 months from 50% (2010) to 60%, Sustain the prevalence of wasting in children aged 0-59 months below 5% at all times, Sustain the prevalence of thinness among women of reproductive age below the 2005 prevalence of 10% at all times, Reduce the prevalence of vitamin A deficiency among children aged 6-59 months from 24% in 1997 to <15%, Reduce the prevalence of anaemia among pregnant women from 48.4% in 2004/5 to 35%, Reduce the prevalence of anaemia among children aged 6-59 months from 71.8% in 2004/5 to 55%, and Maintain the prevalence of iodine deficiency among children aged 6-12

years at < 50%. Support is required to strengthen the decentralization of nutrition services in rural areas and to rigorously monitor and evaluate progress on the Nutrition Strategy.

Financial tracking and resource mobilization: A Public Expenditure Review for nutrition, to be completed in 2013, will provide baseline information on allocations and expenditures on nutrition, against which to assess progress after the introduction of the budget line on nutrition in financial year 2012-2013. Budgeting guidelines for nutrition have been developed and rolled out to regional and district council officials to inform planning, budgeting and spending at the sub-national level. USAID, Irish Aid, the World Bank, DFID, CIDA, DANIDA and the UN all provide support for nutrition activities in Tanzania. The recent “Who does what where” exercise has mapped out funding provided for programs across the country by all partners.

Demographic data (2010, WPP 2012)

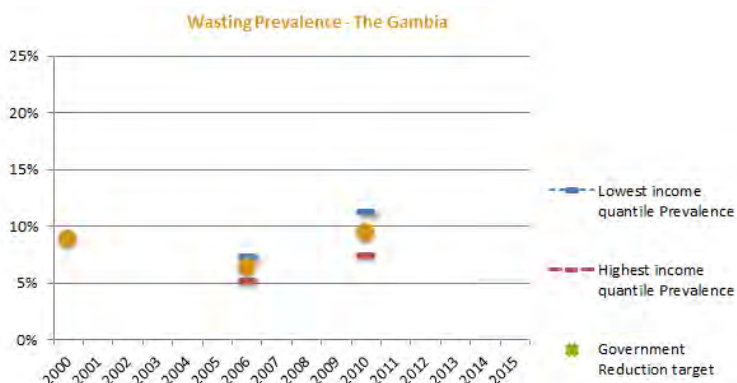
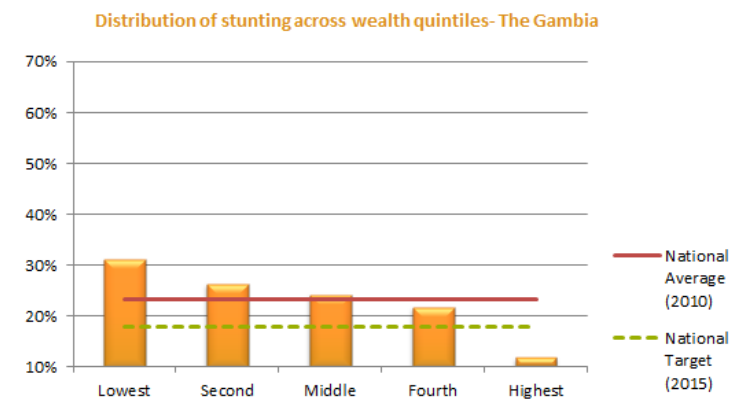
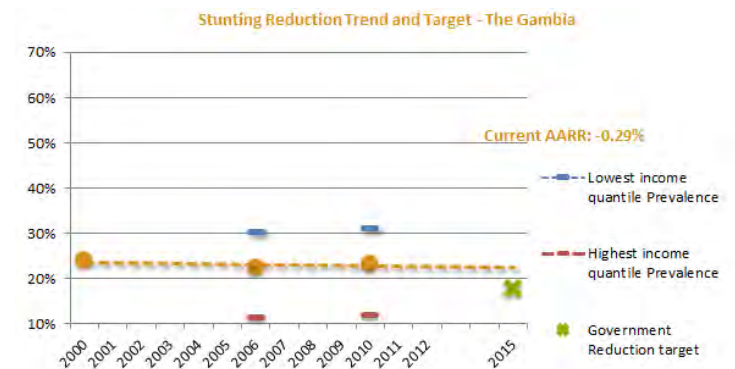
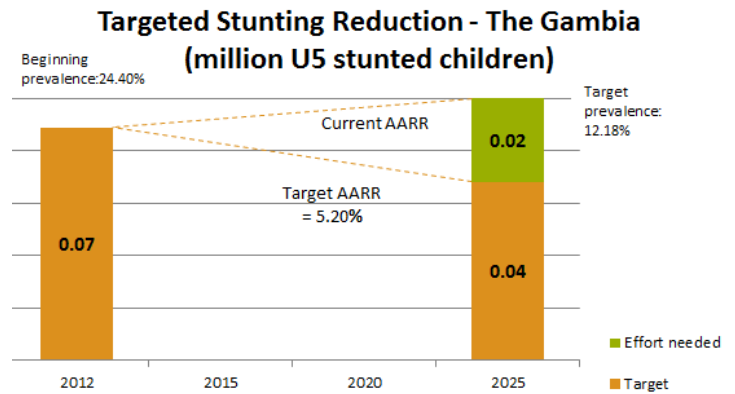
National Population:	1.7 million
Children under 5:	0.3 million
Adolescent Girls (15-19):	0.09 million
Average Number of Births:	0.07 million
Population growth rate:	3.14%

WHA nutrition target indicators (MICS 2010)

Low Birth Weight:	10.20%
Exclusive Breastfeeding:	33.50%
U5 Stunting:	23.40%
U5 Wasting:	9.50%
U5 Overweight:	1.90%

Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	-
Complementary feeding with at least 4 groups per day (6-23 months)	-
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	-
Vitamin A supplementation (6-59 months)*	93.00%
Presence of iodised salt in the house	6.60%
Women's Empowerment	
Female literacy	43.10%
Female employment rate	67.70%
Median age at first marriage	-
Access to skilled birth attendant	56.80%
15-19 years women already mother or with first child	-
Fertility rate	5.79
Other Nutrition Sensitive Indicators	
Rate of urbanization	58.24%
Income share held by lowest 20%	4.79%
Open defecation	2.80%
Non-improved drinking water source	14.20%



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					3
Quality of process					

Bringing people together: The Vice President and Minister of Women’s Affairs, H.E. Aja Isatou Njie-Saidy, is a committed supporter of efforts to scale up nutrition in The Gambia. In July 2012, she launched a tool called “Scaling Up Nutrition in The Gambia” to support national leadership for nutrition and foster broader ownership and accountability for results. The National Nutrition Agency (NaNA) – which is under the Office of the Vice President, is funded by the Government of The Gambia and other donors such as UNICEF and the World Bank, and reports directly to the National Assembly members. The NaNA is responsible for overseeing and coordinating the implementation of the National Nutrition Policy (2010-2020). Discussions are ongoing to identify a donor convener. At national level, the NaNA convenes all relevant government sectors through the National Nutrition Council that is chaired by the vice-president. A multi-sectoral Nutrition Technical Advisory Committee has been operative since 2012 and is comprised of stakeholders from the public sector, civil society and development partners. It serves both as a coordination body and as a platform for sharing information and experience. Except for UN agencies and the World Bank, there are no other identified donors. NGOs have formed an association (TANGO) with around 80 national and international members to better influence government decisions and policies and to effectively liaise and coordinate with government programs. However, there is a need to increase engagement of civil society and the private sector.

Coherent policy and legal framework: The Gambia has updated its National Nutrition Policy (2010-2020) and validated a costed National Nutrition Strategic Plan (2011-2015) and a Business Plan for Better Nutrition. Updated policies are present in all key sectors – agriculture, poverty reduction, health and education – and nutrition-relevant legislation. The Gambia has a National Gender and Women Empowerment Policy (2010-2020) and a Women’s Act 2010 that provides for the minimum recommended maternity leave of six months. The Women’s Act 2010 also provides 10 working days of paternity leave for each child born. The Ministry of Agriculture is integrating nutrition into its own programs. With a growing involvement of the private sector, standards and capacities for food safety and quality have been updated with attention to food processing, packaging and labeling. In 2011 the Food Safety and Quality Act and of the Fish and Fish Product Regulation were enacted. The Code of Marketing of Breast-milk Substitutes has been fully integrated into Gambian law (WHO 2012). NaNA is mandated to coordinate the International Baby Food Action Network activities for the protection, promotion and support of infant and young children feeding practices. A National Nutrition Communication Strategy has been finalized.

Aligning programs around a CRF: The National Nutrition Strategic Plan, which contains the First 1,000 Most Critical Day Program, requires further work to include other types of inputs to nutrition. The Baby Friendly Community Initiative, which started in 1995 under the Office of the Vice President and the Ministry of Women’s Affairs, is rapidly scaling up, reaching nearly half of all communities. Its main supporters are UNICEF and the World Bank; NGOs are contributing to its implementation as well. Large-scale programs and systems are in place but not yet at full scale. Alignment of sectoral programs around a common results framework needs further clarification. The government is committed to reducing stunting prevalence and increasing exclusive breastfeeding rates.

Financial tracking and resource mobilization: NaNA tracks required and available resources. Financial information available for nutrition-specific programs indicates a substantial gap for some programs. Partners’ contributions are only indicated for the Baby Friendly Community Initiative (29% funded) and the Micro-Nutrient Deficiency Control Program (56% funded). UNICEF and the World Bank are the main investors in nutrition-specific programs, and the government also provides funds in support of nutrition programs. Challenges of obtaining financial information across sectors and harmonizing the financial tracking system beyond the health sector remain.

Demographic data (2010, WPP 2012)

National Population:	34.0 million
Children under 5:	6.6 million
Adolescent Girls (15-19):	1.9 million
Average Number of Births:	1.4 million
Population growth rate:	3.36%

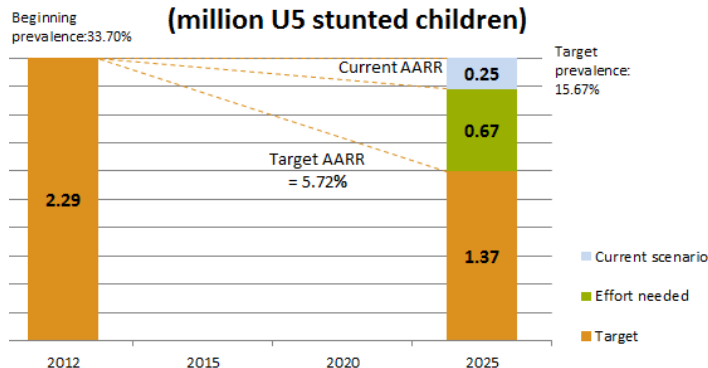
WHA nutrition target indicators (DHS 2011)

Low Birth Weight:	10.20%
Exclusive Breastfeeding:	63.20%
U5 Stunting:	33.40%
U5 Wasting:	4.70%
U5 Overweight:	3.40%

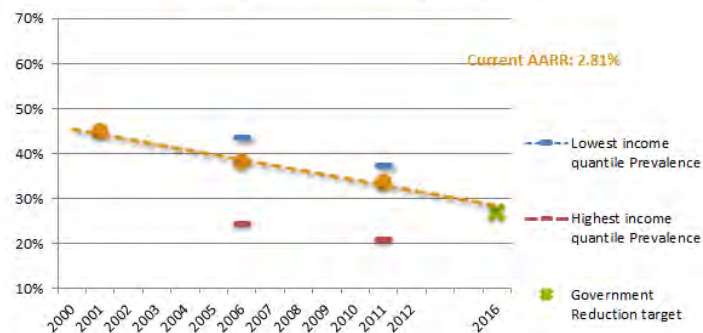
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	5.80%
Complementary feeding with at least 4 groups per day (6-23 months)	12.80%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	1.90%
Pregnant women attending 4 or more ANC visits	47.60%
Vitamin A supplementation (6-59 months)*	60.00%
Presence of iodised salt in the house	99.00%
Women's Empowerment	
Female literacy	64.20%
Female employment rate	72.30%
Median age at first marriage	18.1
Access to skilled birth attendant	58.00%
15-19 years women already mother or with first child	23.80%
Fertility rate	6.38
Other Nutrition Sensitive Indicators	
Rate of urbanization	14.91%
Income share held by lowest 20%	5.84%
Open defecation	9.60%
Non-improved drinking water source	30.00%

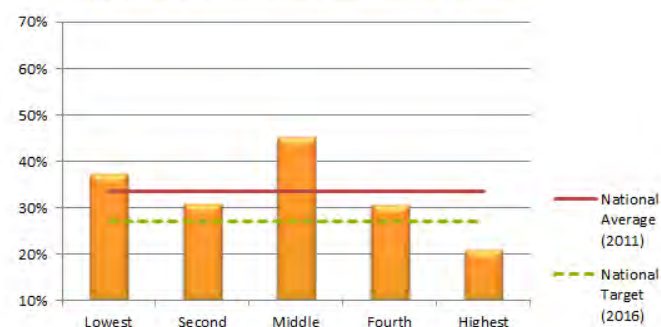
Targeted Stunting Reduction - Uganda (million U5 stunted children)



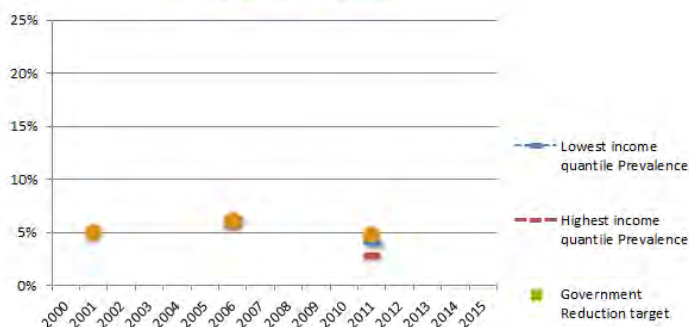
Stunting Reduction Trend and Target - Uganda



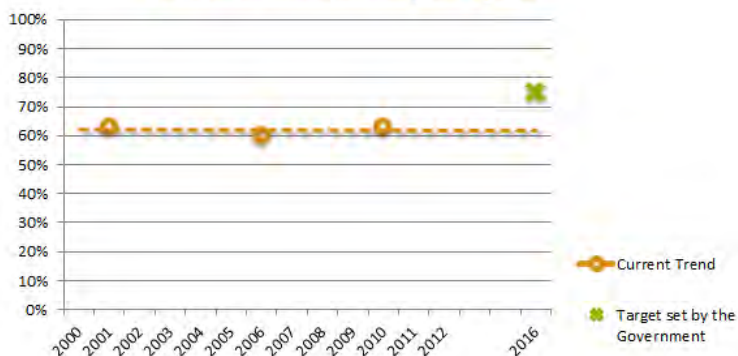
Distribution of stunting across wealth quintiles - Uganda











Wasting Prevalence - Uganda



Trend of Exclusive Breastfeeding Rate - Uganda



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					3
Quality of process					

Bringing people together: The Office of the Prime Minister is the convening body responsible for the coordination of the Uganda Nutrition Action Plan (UNAP). It does so through different platforms, such as the Multi-Sectoral Technical Coordination Committee (MSTCC) comprised of eight implementing ministries, the National Planning Authority, development partners, CSOs, the academia and the private sector. There are also sector coordination committees, district coordination committees, the Nutrition Development Partner’s Coordination Committee, the Food and Nutrition Council and the Cabinet Sub-committee on Nutrition. The Office of the Prime Minister is fully engaged and has brought together all the key sectors to identify and agree on high impact priority interventions for taking forward the nutrition agenda. In February 2013, he presided over the launch of SUN initiatives in the 13 districts in South Western Uganda. Donors and UN agencies are convened by USAID using separate platforms: the Health Development Partners Group, the Social Protection Donor Group, UN REACH working group and the Development Partners Sectoral Committees. Different UN agencies have established an Inter-agency Nutrition Technical Working Group to ensure alignment between their plans and programming. International, national and local CSOs form the Uganda Civil Society Coalition on Scaling Up Nutrition (UCCO-SUN), while the private sector engages in SUN through the Private Sector Foundation Uganda (PSFU), mostly in food fortification. The PSFU works with government agencies to implement the government’s food fortification program and sensitize businesses on their corporate social responsibility. It is represented in the MSTCC. Although over 50 districts have set up district nutrition coordination committees and appointed nutrition focal persons responsible for implementing nutrition-specific and nutrition sensitive programs, key challenges remain regarding effective planning and budgeting for nutrition. Plans are underway to build the capacity both at the center and local levels to implement nutrition-specific and nutrition sensitive programs effectively.

Coherent policy and legal framework: Uganda has put in place a Nutrition Action Plan (UNAP), 2011-2016 to guide the implementation of nutrition interventions and act as the national strategic framework for scaling-up nutrition in the country using a multi-sectoral approach. The National Food and Nutrition Policy is being revised accordingly to ensure relevance and effectiveness. There are various nutrition-sensitive policies across key sectoral areas including social protection, community development, school-feeding, education and early childhood development. Several of these policies are under review to ensure that they are nutrition sensitive. Existing national legislation with a bearing on nutrition include mandatory food fortification (which covers wheat, maize flour and oil). The Maternity Protection Law provides 60 days (approximately 9 weeks) of maternity leave, which is less than the ILO recommendation of 14 weeks. The International Code of Marketing of Breast-milk Substitutes has just been updated and it is fully into Law. The Food and Nutrition Security Bill is not yet approved.

Aligning programs around a Common Results Framework: The UNAP has been fully costed and serves as the common results framework for nutrition. Uganda is ready to decentralize responsibilities for specific nutrition interventions to district level. The capacity building of districts is currently reaching 45 out of the 112 districts of Uganda. An orientation guide has been disseminated to help local governments implement the UNAP. Community-based approaches to nutrition are being strengthened in 13 districts in the south western part of the country, which has some of the worst nutrition indicators according to the Uganda Demographic and Health Survey 2011. Members of UCCO-SUN actively participate in the development and rolling out of the UNAP at district levels, orient local district leaders on the UNAP and feed data into the district surveillance systems to facilitate planning. A nutrition advocacy strategy has been developed and this will be combined with a behavioral change communication strategy as well as a social mobilizations strategy to form a complete National Communication Strategy for Nutrition. A mapping exercise is underway to assess actual implementation and alignment of programs and interventions within the UNAP framework. An integrated nutrition surveillance system aimed at taking stock of the nutrition status at community, district and national levels and an M&E plan for the implementation of the UNAP are being developed.

Working with partners, Uganda has begun to document the experience of the SUN process in the country using the mult-sectoral approach which will inform an information sharing platform -both nationally and internationally.

Financial tracking and resource mobilization: While the UNAP has already been costed, the costing exercise is being extended to high impact/priority nutrition strategic interventions in sectoral action plans for key ministries including Water & Sanitation, Gender and Social Development, Local Government, Trade and Industry, Education and Health. There is no system yet in place to track financial commitments and expenditures across sectors and with external partners. No comprehensive information is provided on domestic and external financial contribution. However, nutrition has been included into the budget cycle for the fiscal year 2013-2014, and nutrition is now included in the output budgeting tool which spells out government priorities across the medium term for all ministries.

Demographic data (2010, WPP 2012)

National Population:	22.8 million
Children under 5:	3.3 million
Adolescent Girls (15-19):	1.4 million
Average Number of Births:	0.7 million
Population growth rate:	2.45%

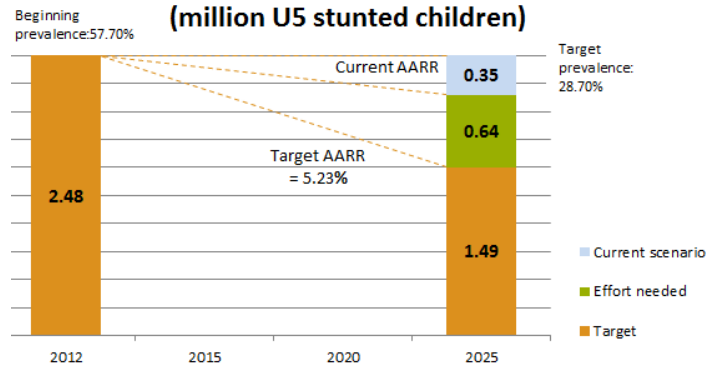
WHA nutrition target indicators (FHS 2003/MICS 2006)

Low Birth Weight:	27.00%
Exclusive Breastfeeding:	11.50%
U5 Stunting:	57.70%
U5 Wasting:	15.20%
U5 Overweight:	5.00%

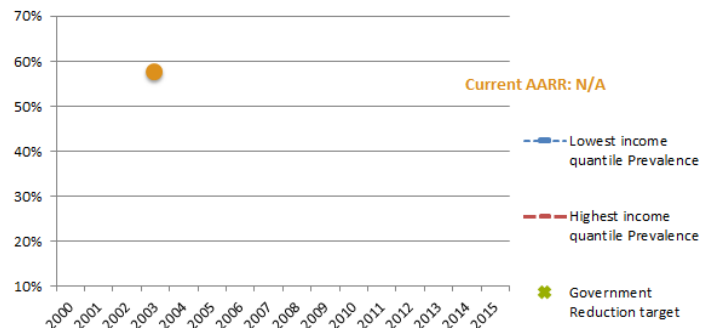
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	-
Complementary feeding with at least 4 groups per day (6-23 months)	-
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	-
Vitamin A supplementation (6-59 months)*	9.00%
Presence of iodised salt in the house	29.50%
Women's Empowerment	
Female literacy	60.60%
Female employment rate	18.60%
Median age at first marriage	-
Access to skilled birth attendant	36.00%
15-19 years women already mother or with first child	-
Fertility rate	4.91
Other Nutrition Sensitive Indicators	
Rate of urbanization	33.54%
Income share held by lowest 20%	7.18%
Open defecation	21.40%
Non-improved drinking water source	41.00%

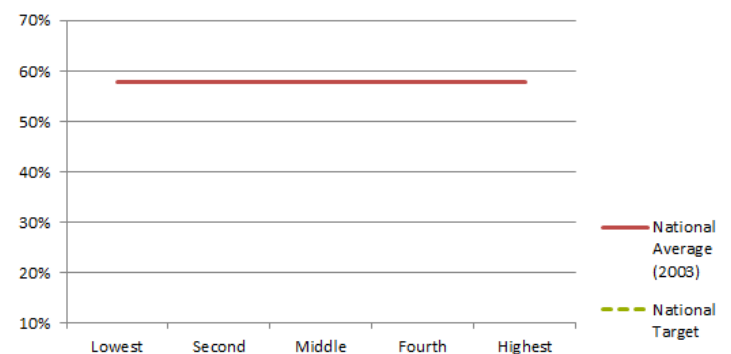
Targeted Stunting Reduction - Yemen (million U5 stunted children)



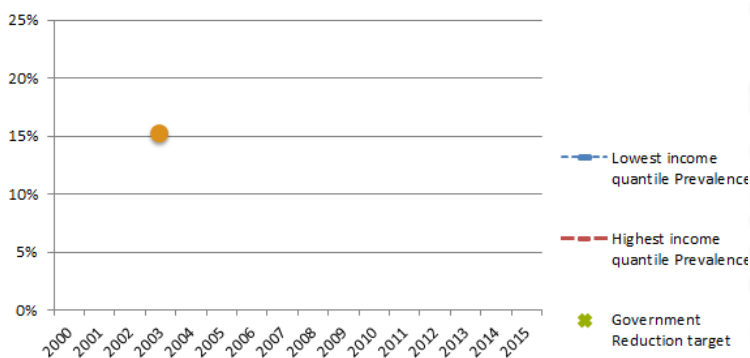
Stunting Reduction Trend and Target - Yemen



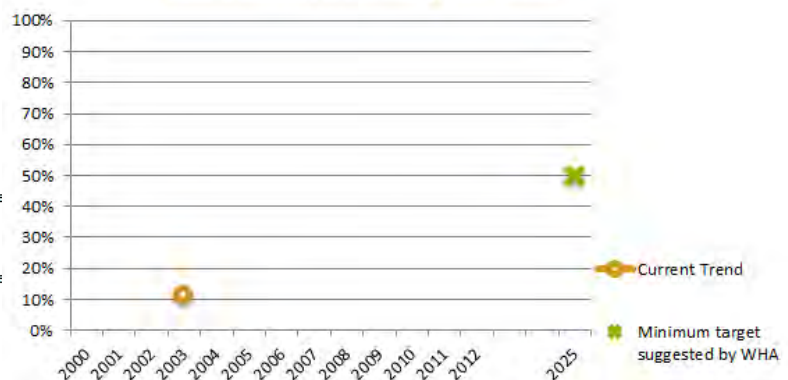
Distribution of stunting across wealth quintiles - Yemen







Wasting Prevalence - Yemen



Trend of Exclusive Breastfeeding Rate - Yemen



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					2

Bringing people together: The Government of Yemen is fully committed to prioritizing nutrition as a lead agenda item. The Ministry of Planning and International Cooperation (MOPIC) is responsible for coordinating with different sectors, line ministries, UN agencies and civil society organizations (CSO) and for overseeing and coordinating the implementation of the Yemen National Nutrition Multi-sectoral Plan (NNMSP). The prime minister has recently issued a decree, which emphasizes the need for a multi-sectoral approach to nutrition and also requests the Ministries of Health, Finance and MOPIC to address nutrition as a priority in their respective plans. A High Council for Food Security, chaired by the prime minister, has been established, as well as a National SUN Steering Committee – chaired by the vice minister of the Ministry of Planning and International Cooperation and comprised of different ministries, UN agencies, development donors, civil society organizations, academia, and the private sector – and a Technical Working Group, coordinated by UNICEF. The main function of the National SUN Steering Committee is to lead the development of the National Nutrition Multi-sectoral Action Plan, mobilize resources and support for the implementation of nutrition interventions in line with the NNMSP, monitor progress, evaluate impact and lead recommendations for policy, strategic and programmatic changes based on the latest evidence. The donor convener is DFID. A number of development partners have jointly mobilized their resources for ensuring community-based scaling-up of nutrition. There are a great number of international NGOs active in Yemen. Save the Children, ACF, IMC, OXFAM and Merlin have been nominated as the conveners for civil society organizations (CSOs). The private sector participates in multi-sector, multi-stakeholder platforms at all levels. It has its own separate business platform through the Chamber of Commerce of Yemen and collaborates with Yemen authorities on setting up standards for the fortification of salt, sugar, wheat and maize flour. The Consumers Association plays a role in monitoring, managing and anticipating potential “conflicts of interest”. The academic sector is also involved in conducting operational research and gap analysis and in building capacity of frontline workers and middle managers.

Coherent policy and legal framework: Yemen has a Food and Nutrition Security Policy (2011) and a National Nutrition Strategy for the health sector for the period 2012-2014. Nutrition-specific guidelines cover the promotion of good nutritional practices. There are national CMAM guidelines in place while the NNMSP will be in place from 2013 onwards. Nutrition-sensitive policies and strategies are updated and cover all key sectors: agriculture and food security (Food Security Policy and Strategy 2011, National Health Sector Reform Strategy 2025 and the Social Welfare Fund Legislation, 2008). The existing national legislation for salt iodization, sugar and flour fortification was established in 1996. Provisions for the implementation of the International Code of Marketing of Breast-Milk Substitutes (BMS) were endorsed into law in 2002.

Aligning programs around a Common Results Framework: Yemen is in the process of developing a common results framework for scaling up nutrition based on the National Nutrition Strategy (2013-2014), the National Agriculture Sector Strategy (2012-2016) and the National Fishery Strategy (2012-2015). Interventions target selected districts in accordance with MOPIC’s strategic advice, and incorporates costing for humanitarian and emergency needs, basic services to citizens. A large percentage of the costs in the National Nutrition Strategy are for management of acute malnutrition and promotion of good nutrition practices. The government is committed to establishing realistic targets for reducing stunting and wasting, increasing production and consumption of diversified nutritious foods and developing a real-time monitoring system to measure the extent into which nutrition outcomes are reached.

Financial tracking and resource mobilization: The Government of Yemen has committed to increasing its resource allocation for nutrition and multi-sectoral involvement in the upcoming budgets by establishing new budget lines in relevant ministries for nutrition programming, as well as to increase human resources for nutrition by 10-20% as a minimum, and publish national spending on nutrition on the SUN Movement website. Financing is provided from different sources; the main donors for scaling up nutrition are UKAID, EU/ECHO, USAID/OFDA, UNICEF and WFP. The cost of scaling up nutrition in Yemen is derived from the three plans and are estimated for 5 years (2013-2017) at approximately USD 1.2 billion (per capita annual cost USD 8). The plans have been shared with the SUN Movement Secretariat and have been analyzed. The estimated cost of the National Nutrition Strategy (2013-2014) is USD 177,163,848 and approximately USD 27 million have been confirmed as financing commitments to support the implementation. Resource mobilization and prioritization of interventions are necessary to achieve nutrition results in the country.

Demographic data (2010, WPP 2012)

National Population:	13.2 million
Children under 5:	2.4 million
Adolescent Girls (15-19):	0.7 million
Average Number of Births:	0.5 million
Population growth rate:	2.84%

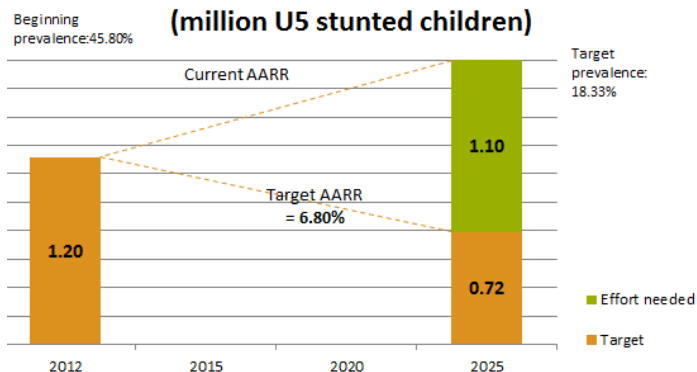
WHA nutrition target indicators (DHS 2007)

Low Birth Weight:	4.40%
Exclusive Breastfeeding:	60.90%
U5 Stunting:	45.40%
U5 Wasting:	5.20%
U5 Overweight:	7.90%

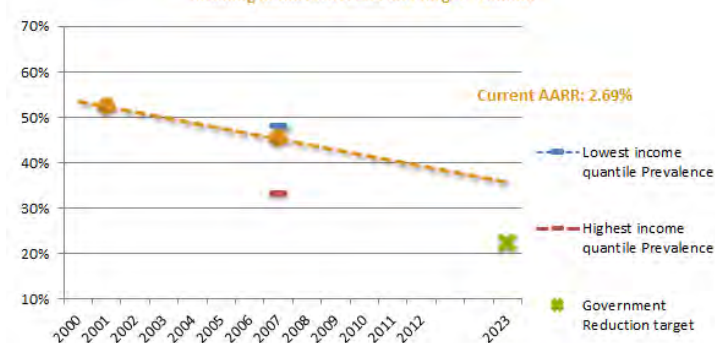
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	37.30%
Complementary feeding with at least 4 groups per day (6-23 months)	65.70%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	-
Pregnant women attending 4 or more ANC visits	60.30%
Vitamin A supplementation (6-59 months)*	72.00%
Presence of iodised salt in the house	77.40%
Women's Empowerment	
Female literacy	63.70%
Female employment rate	63.60%
Median age at first marriage	18.4
Access to skilled birth attendant	46.50%
15-19 years women already mother or with first child	27.90%
Fertility rate	5.9
Other Nutrition Sensitive Indicators	
Rate of urbanization	38.35%
Income share held by lowest 20%	3.58%
Open defecation	23.50%
Non-improved drinking water source	58.10%

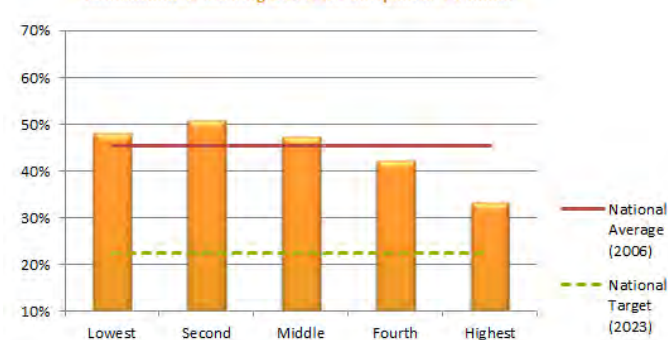
Targeted Stunting Reduction - Zambia (million U5 stunted children)



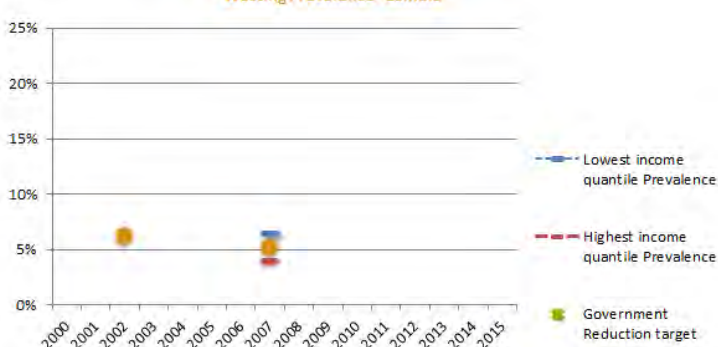
Stunting Reduction Trend and Target - Zambia



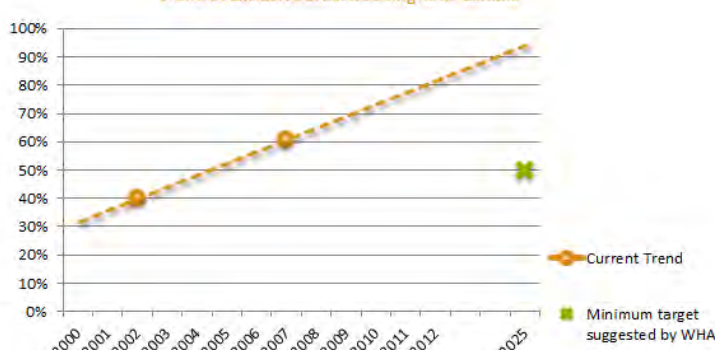
Distribution of stunting across wealth quintiles - Zambia











Wasting Prevalence - Zambia



Trend of Exclusive Breastfeeding Rate - Zambia



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					2 > 3
Quality of process					

Bringing people together: The National Food and Nutrition Commission (NFNC) is the designated convening body to coordinate action on nutrition in Zambia. The establishment of a multi-stakeholder platform for SUN is in its initial stages, but civil society organizations, academia, UN organizations and the Manufacturers Association of Zambia are fully engaged. A priority for the government is to strengthen the accountability of the NFNC to adequately coordinate across key sectors. The NFNC has further facilitated multi-sectoral district planning through the district commissioners' offices. The process has inspired the participating key line ministries and civil society to establish multi-sectoral nutrition committees or teams at district level that include local authorities as well. The Nutrition Cooperating Partners' Group (NCPG) brings together donors engaged in scaling up nutrition in the country, including UN agencies. This group is represented in several multi-sectoral platforms that are coordinated by key line ministries. Civil society through the CSO-SUN Alliance has brought together diverse actors to raise demand for and increase understanding of nutrition services. In addition, members of parliament acting as champions of nutrition are raising awareness in parliament and hence contributing to improved accountability of national nutrition efforts. Nutrition is gaining momentum and capturing the attention of high-level political authorities as well as decision makers in provincial and district administrations.

Coherent policy and legal framework: The National Food and Nutrition Policy (2006) includes a series of nutrition-specific provisions such as the promotion of infant and young child feeding. Nutrition-sensitive policies and strategies are present in key sectors including agriculture and food security, poverty reduction, community development and public health. Under the CAADP framework, Zambia is developing a National Agriculture Investment Plan in which food security and nutrition are important components. Mandatory fortification of food such as sugar and salt are provided under the Food and Drugs Act, and a statutory instrument to include wheat and maize flours is under development. The Maternity Protection Law includes a provision for 12 weeks of maternity leave, while other provisions for the implementation of the International Code of Marketing of Breast-milk substitutes are endorsed by law.

Aligning programs around a Common Results Framework: The National Food and Nutrition Strategic Plan (NFNSP) covering the period 2011-2015 was developed through broad consultations and participation of stakeholders including senior government officers in key cross-sector ministries and departments, international partners, representatives of NGOs, civil society, academics, and the business community. This process was coordinated and led by the NFNC with financial and technical support provided by development partners and UN agencies participating in the Nutrition Cooperating Partners' Group. The plan serves as the common results framework for nutrition. Baselines are being established to allow the setting up of an M&E framework for the implementation of the First 1,000 Most Critical Days Program (MCDP), which is a key element of the NFNSP. Both nutrition-specific and nutrition-sensitive interventions have been aligned around five priorities of the MCDP. Some nutrition-specific interventions need to be scaled up and alignment by sectoral programs needs further clarification. Special attention is being placed on reinforcing capacities to deliver at the community level.

Financial tracking and resource mobilization: There is not an overall financial system in place to reconcile estimates of costs with national investments across sectors and external contributions towards the implementation of the NFNSP. However, the government is currently working on the development of a mechanism to track nutrition funds either from pooled funds or direct support, as well as government funding for nutrition. The forthcoming SUN Fund a proposed joint funding mechanism to support the Government of Zambia's implementation of the MCDP will be able to track specific allocations to nutrition-specific and nutrition-sensitive interventions from all participating donors. While funding for government programmes is prioritized through sector medium term expenditure frameworks, there is only limited information available on external financial contributions for specific programmes. The Government of Zambia has committed to increase financial contributions to nutrition at least by 20% annually for the next 10 years and to reach the estimated additional US\$30 per U5 child required to scale up high impact nutrition interventions.

Demographic data (2010, WPP 2012)

National Population:	13.1 million
Children under 5:	2.0 million
Adolescent Girls (15-19):	0.8 million
Average Number of Births:	0.4 million
Population growth rate:	0.57%

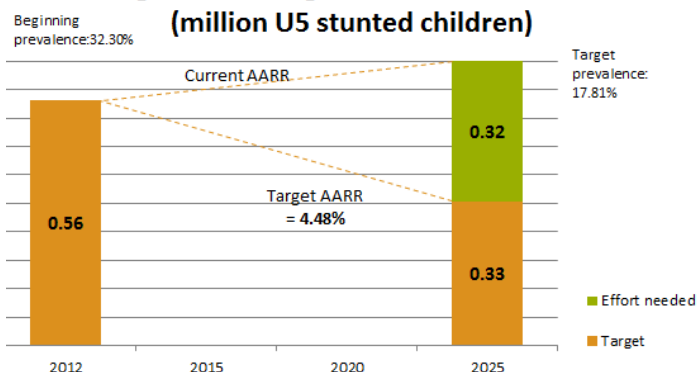
WHA nutrition target indicators (DHS 2010-2011)

Low Birth Weight:	9.50%
Exclusive Breastfeeding:	31.40%
U5 Stunting:	32.00%
U5 Wasting:	3.00%
U5 Overweight:	5.50%

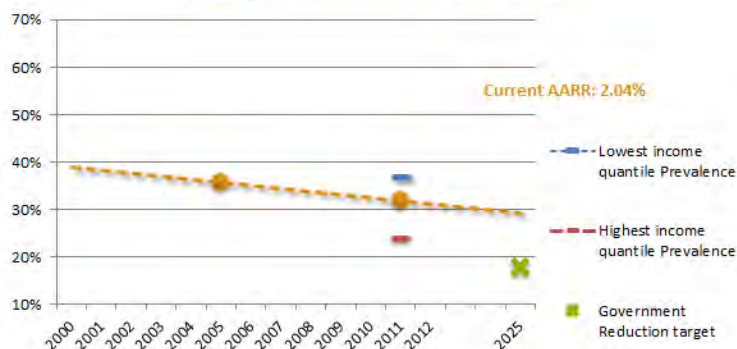
Coverage of Nutrition-relevant Factors

Infant and young child feeding practice	
Minimum acceptable diet (6-23 months)	11.00%
Complementary feeding with at least 4 groups per day (6-23 months)	23.50%
Programs for vitamin and mineral deficiencies	
Zinc treatment for diarrhoea (U5 children)	10.00%
Pregnant women attending 4 or more ANC visits	64.30%
Vitamin A supplementation (6-59 months)*	56.00%
Presence of iodised salt in the house	93.50%
Women's Empowerment	
Female literacy	93.80%
Female employment rate	80.40%
Median age at first marriage	19.7
Access to skilled birth attendant	66.20%
15-19 years women already mother or with first child	23.50%
Fertility rate	3.9
Other Nutrition Sensitive Indicators	
Rate of urbanization	36.65%
Income share held by lowest 20%	-
Open defecation	28.30%
Non-improved drinking water source	23.30%

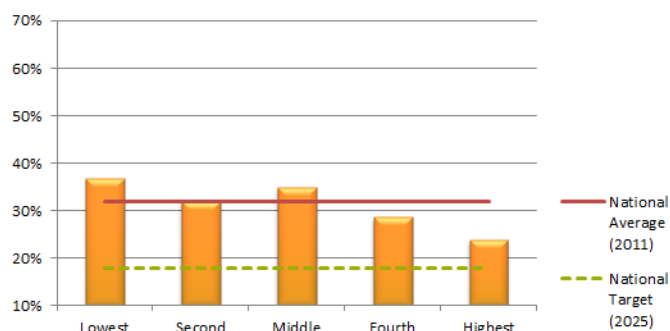
Targeted Stunting Reduction - Zimbabwe (million U5 stunted children)



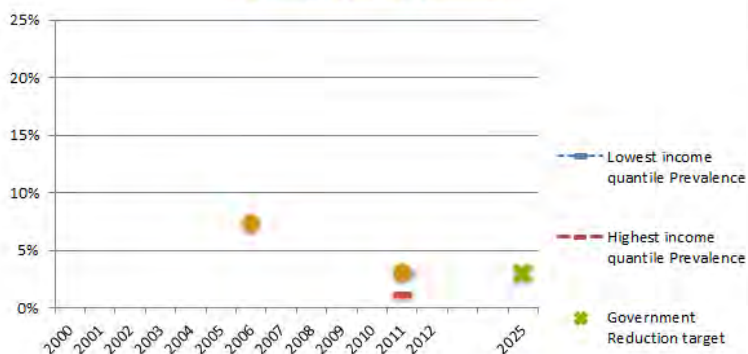
Stunting Reduction Trend and Target - Zimbabwe



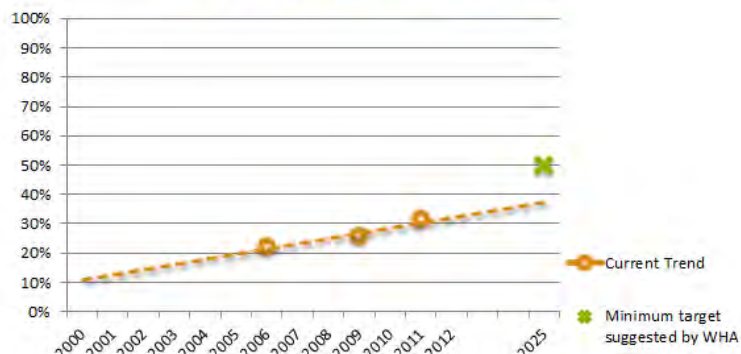
Distribution of stunting across wealth quintiles - Zimbabwe











Wasting Prevalence - Zimbabwe



Trend of Exclusive Breastfeeding Rate - Zimbabwe



	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Stage of Preparedness
Presence of elements					2 > 3
Quality of process					

Bringing people together: Nutrition is prioritized at the highest level in Zimbabwe. The new constitution ensures the right to food and the country has set up mechanisms to allow for multi-sector coordination for scaling up nutrition. The Food and Nutrition Council (FNC) is the national agency mandated to lead in coordination, analysis and promotion of a multi-sectoral response to food and nutrition insecurity in Zimbabwe. The FNC engages multiple ministries and other stakeholders including UN agencies and the business community and is well placed to lead and convene on national food and nutrition security issues. The SUN Government Focal Point is the Director of the Food and Nutrition Council (FNC). A deliberate effort to strengthen and prioritize the assessment, monitoring and research capacity of the FNC will be critical to improve effectiveness of national action to scaling up nutrition. This is expected to be done in collaboration with other existing coordination mechanisms such as the Cabinet Committee, chaired by the vice-president; the Inter-Ministerial Task force for Food and Nutrition Security, chaired by the Minister of Agriculture and the Working Party of Permanent Secretaries of key ministries engaged in food security and nutrition and the Food and Nutrition Security Advisory Group, which includes government officials, UN agencies and NGOs. Vertical links between local level and national level structures are currently being strengthened. At the national, provincial, district, ward and village level, inter-sectoral teams (Food and Nutrition Security Committees) are being revived. They are expected to report to the Food and Nutrition Security Advisory Group, which in turn is coordinated by the FNC. The government is keen to improve accountability on food and nutrition security. Donors, civil society and private sector have established their own platforms and are engaged in the food and nutrition security policy implementation and monitoring processes. FAO, WFP, WHO and UNICEF coordinate their assistance to the country on nutrition under the ONE UN Flagship.

Coherent policy and legal framework: The Food and Nutrition Security Policy has been launched by the president in May 2013. The policy provides the legal framework for the multi-sectoral and multi-stakeholder approach. There is also a Nutrition and AIDS Policy in place since 2010. Nutrition-sensitive policies and strategies are present in all key sectors. The national legislation with a bearing on nutrition predominantly covers public health. The maternity protection law provides for 16 weeks of maternity leave, exceeding the minimum of 14 weeks recommended by the ILO. Provisions for the implementation of the International Code of Marketing of Breast-milk Substitutes are fully endorsed by law covering children of the age of 0-60 months.

Aligning programs around a Common Results Framework: The government is strongly committed to lead the elaboration of a high quality, validated and costed 5 year national nutrition strategy by the end of 2013. To this regard, an inception report has already been developed with emphasis placed on the setting up of a process and impact monitoring framework to increase accountability. The Implementation Matrix for Food and Nutrition Security Policy is currently being used as the common results framework to monitor commitments across sectors. Large-scale programmes exist in key sectors like agriculture and food security, social protection water & sanitation and health, which address both direct and underlying determinants of malnutrition. Clear targets on stunting reduction (at least 40% by 2015), acute malnutrition (maintain rates below 3%) or coverage of scaling up nutrition interventions (higher than 80% in 2020) have been established.

Financial tracking and results mobilization: Zimbabwe announced it will honour its commitments on allocations for social services and will ensure such investment is nutrition sensitive, as well as on fully establishing financial and results tracking systems for food and nutrition interventions by 2014. Although some budget analysis has been done on nutrition-related funding, further work is required in this area.

Technical Note on the statistical page

17/01/14

1. Definition of data and indicators

1.1 Demographic data for population groups

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

Data Source:

World Population Prospects: The 2012 Revision, 2013, Population Division of the United Nations Department of Economic and Social Affairs of the United Nations Secretariat.

The 2012 Revision of the World Population Prospects is the twenty-third round of global demographic estimates and projections undertaken by the Population Division of the United Nations Department of Economic and Social Affairs of the United Nations

Secretariat. The world population prospects are used widely throughout the United Nations and by many international organizations, research centers, academic researchers and the media.

1.2 World Health Assembly nutrition targets (WHA 65.6)

Indicator	Definition	WHA target
Low Birth Weight	Percentage of live births that weighed less than 2,500 grams at birth.	30% reduction in low birth weight by 2025
Exclusive breastfeeding	Percentage of infants 0-5 months who were exclusively breastfed.	Increase exclusive breastfeeding rate in the first 6 months up to at least 50% by 2025
U5 stunting	Percentage of children 0-59 months who are below minus two (moderate and severe) and below minus three (severe) standard deviations from median height for age of the WHO Child Growth Standards.	40% reduction in the number of children under 5 who are stunted by 2025
U5 wasting	Percentage of children 0-59 months who are below minus two (moderate and severe) and below minus three (severe) standard deviations from median weight for height of the WHO Child Growth Standards.	Reduce and maintain childhood wasting to less than 5% by 2025
U5 overweight	Percentage of children 0-59 months who are above two (moderate and severe) standard deviations from median weight for age of the WHO Child Growth Standards.	No increase in childhood overweight through 2025

Note:

- 1) Due to the data limitation, the indicator ‘anaemia in women of reproductive age’ has not been included in this report.

Link to the website: http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/

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

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

1.3 Infant and young child feeding practice

Indicator	Definition	Relevance
Minimum acceptable diet and minimum diet diversity (3 IYCF)	Percentage of young children 6-23 months who receive the 3 key Infant and Young Child Feeding practices during the previous day in line with the World Health Organization guidelines ¹ :	Apart from breast-milk, an acceptable diet is achieved when there is the minimum dietary diversity and meal frequency (as well as minimum milk feeds for non-breastfed children).

¹ WHO, Nutrition Landscape Information System: Country Profile Indicators, (Interpretation Guide) 2010. p.18

Indicator	Definition	Relevance
	<p>For breastfed children:</p> <ul style="list-style-type: none"> ● Feeding infants 6-8 months \geq two times and young children 9-23 months \geq three times with solid, semi-solid or soft foods ● Feeding with foods from four or more out of seven food groups <p>For non-breastfed children:</p> <ul style="list-style-type: none"> ● \geq two milk feeds \geq four times with solid, semi-solid or soft foods or milk feeds ● Feeding with foods from four or more out of six food groups 	<p>An acceptable diet is essential to ensure appropriate growth and development of a young child in the critical time between 6 and 23 months when they are most vulnerable to malnutrition, morbidity and mortality.</p> <p>There is strong evidence that appropriate complementary feeding reduces the incidence of stunting.²</p> <p>The evidence reviewed in the 2013 Lancet Series found significant effects of <i>nutrition education targeted to food secure population</i>: increased height gain (SMD 0.35, 95% CI 0.08-0.62), height-for-age (RR 0.34, 95% CI 0.21-0.54) and weight gain (SMD 0.40, 95% CI 0.02-0.78). <i>Nutrition education targeted to food insecure population</i> had significant effects on: stunting reduction (RR 0.68, 95% CI 0.60-0.76), increased height-for-age (SMD 0.25, 95% CI 0.09-0.42) and increased weight-for-age (SMD 0.26, 95% CI 0.12-0.41).</p> <p><i>Complementary food provision with or without education in food insecure populations</i> had significant effects on: increased height-for-age (SMD 0.39, 95% CI 0.05-0.73) and increased weight-for-age (SMD 0.26, 95% CI 0.04-0.41) but not on stunting reduction.³</p>
<p>Complementary feeding with foods from at least four groups (6-23 months)</p>	<p>Percentage of children 6-23 months who receive food from four or more out of seven food groups.</p> <p><i>Note: few countries are still using 'at least three or more food groups' as the minimum.</i></p>	

² Bhutta Z. et al, Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? Maternal and Child Nutrition 2, June 2013, p.22

³ Bhutta Z. et al., p.47

1.4 Programs for vitamin and mineral deficiencies

Indicator	Definition	Relevance
<p>Zinc Supplementation for Diarrhea (U5 Children)</p>	<p>Percentage of children under 5 years with acute diarrhea who were given supplements of 20 mg zinc daily for 10–14 days or 10 mg zinc daily for infants under 6 months⁴.</p> <p>Note: There are no internationally accepted indicators or tools for data collection and compilation for zinc treatment of children with diarrhea⁵.</p>	<p>Diarrheal diseases account for nearly 2 million deaths a year among children under 5, making them the second most common cause of child death worldwide. Studies have consistently shown that diarrhea is the most important infectious disease determinant of stunting of linear growth. A pooled analysis of nine community-based studies in low-income countries found that the odds of stunting at 24 months of age increased multiplicatively with each diarrhea episode or day of diarrhea before that age. The proportion of stunting attributed to five previous episodes of diarrhea was 25% (95% CI 8-38%).⁶</p> <p>Zinc supplementation is recommended as safe and effective during the management of diarrhea. Specifically, zinc supplements given during an episode of acute diarrhea reduce the duration and severity of the episode and giving zinc supplements for 10–14 days lowers the incidence of diarrhea in the following 2–3 months.⁷</p> <p>The evidence reviewed in the 2013 Lancet Series found significant effects of zinc supplementation for diarrhea on: all-cause mortality reduced by 46% (95% CI 12-68), diarrhea-related admissions to hospital reduced by 23% (95% CI 15-31), duration of acute diarrhea reduced by 0.5 days and persistent diarrhea reduced by 0.68 days.⁸</p>

⁴ WHO, Nutrition Landscape Information System, p. 10-11

⁵ WHO, Nutrition Landscape Information System, p. 11

⁶ Bhutta Z. et al., p.22

⁷ WHO and the United Nations Children's Fund (UNICEF) recommend for prevention and management of acute diarrhea: exclusive breastfeeding, vitamin A supplementation, improved hygiene, better access to cleaner sources of drinking water and sanitation facilities, vaccination against rotavirus and also the use of zinc, which is safe and effective. Specifically, zinc supplements given during an episode of acute diarrhea in the clinical management of acute diarrhea

⁸ Bhutta Z. et al, p.49

Indicator	Definition	Relevance
<p>Pregnant Women Attending 4 or more Antenatal Care Visits</p>	<p>Percentage of women 15-49 years old who received antenatal care at least four times during pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy⁹.</p>	<p>To achieve the full life-saving potential that ANC promises for women and babies, four visits providing essential evidence-based interventions – a package often called focused antenatal care – are required.</p> <p>This indicator is used as a proxy for access to Iron and Folic Acid Supplementation.</p> <p>The World Health Organization recommends daily oral Iron and Folic Acid supplementation as part of the antenatal care.</p> <p>The evidence reviewed in the 2013 Lancet Series found significant effects of Iron and Folic Acid Supplementation on: birth-weight (MD 57.7 g, 95% CI 7.66-107.79), anaemia at term (RR 0.34, 95% CI 0.21-0.54) and serum hemoglobin concentration at term (MD 16.13 g/l, 95% CI 12.74-19.52).¹⁰</p>
<p>Vitamin A supplementation</p>	<p>Proportion of children aged 6–59 months who received two high-dose vitamin A supplements within a given year¹¹.</p> <p>The recommended doses are 100,000 IU for children aged 6–11 months and 200,000 IU for children aged 12–59 months.</p>	<p>The Global Vitamin A Alliance defines full coverage of VAS as the percentage of children 6-59 months old who received two doses about 4-6 months apart during a given calendar year. National estimates are collected globally and reported annually based on administrative data by UNICEF. Of particular limitation to VAS estimates reported based on HH survey data is the inability to provide a two-dose estimate for any given year; lack of consideration for national campaigns, distribution mechanisms, and timing when estimating VAS coverage.</p> <p>UNICEF maintains a database on this indicator at: http://www.childinfo.org/vitamina.html</p>

⁹ The Partnership for Maternal, Newborn and Child Health. Opportunities for Africa's Newborns, Chapter 2: Antenatal Care. WHO, 2006. p. 51

¹⁰ Bhutta Z. et al., p.44

¹¹ WHO, Nutrition Landscape Information System, p.9

Indicator	Definition	Relevance
<p>Presence of Iodized Salt in the House</p>	<p>Percentage of households consuming adequately iodized salt, defined as salt containing 15–40 parts per million of iodine¹².</p>	<p>Iodine deficiency is most commonly and visibly associated with thyroid problems but takes its greatest toll in impaired mental growth and development, which contributes to poor school performance, reduced intellectual ability and impaired work performance.</p> <p>The evidence reviewed in the 2013 Lancet Series found significant effects on pregnant women: birth-weight 3.82-6.30% higher, reduced cretinism at 4 years of age (RR 0.27, 95% CI 0.12-0.60) and developmental scores 10-20% higher in young children.¹³</p> <p>To achieve the Universal Salt Iodization target, the proportion of households consuming adequately iodized salt should be greater than 90%.</p>

¹² WHO, Nutrition Landscape Information System, pp. 15-16

¹³ Bhutta Z. et al., p.44

1.5 Women's Empowerment

Indicator	Definition	Relevance
<p>Female Literacy</p>	<p>Percentage of women able to demonstrate their ability to read all or part of a simple sentence in any of the major language groups of the country¹⁴.</p>	<p>The ability to read is an important personal asset allowing women increased opportunities in life.</p> <p>An analysis of 19 datasets from the Demographic and Health Survey (collected since 1999) showed that the risk of stunting is significantly lower among mothers with at least some primary schooling (odds ratio [OR] 0.89, 95% CI 0.85-0.93) and even lower ($p < 0.001$) among mothers with some secondary schooling (0.75, 0.71-0.79). Paternal education at both the primary and secondary levels also reduced the risk of stunting although the respective ORs are smaller than for maternal schooling. Despite the overall association, there is appreciable heterogeneity in effect sizes in individual countries, probably indicative of differences in both quality of education and quality of data.¹⁵</p>
<p>Female Employment Rate¹⁶</p>	<p>Employment rates are calculated as the ratio of the employed to the working age population. Working age is generally defined as persons in the 15 to 64 age bracket although in some countries working age is defined as 16 to 64¹⁷.</p>	<p>Women are increasingly entering the labor force, and mothers are required to fit their child-care and domestic responsibilities around their hours of work, often leaving little time for themselves. On the other hand, income from wage work may offer health benefits to women by allowing them to purchase basic necessities such as housing and food.</p> <p>Women's work has been found to improve dietary intake and to influence fertility. Women's autonomy and well-being are enhanced by income earned from work outside the home, thereby reducing their social dependence on a male partner.</p>

¹⁴ Mukuria et al., The Context of Women's Health: Results from the Demographic and Health Surveys, 1994-2001, DHS Comparative Reports No. 11, ORC Macro, December 2005, p. 23.

¹⁵ Ruel M. et al., Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition? Maternal and Child Nutrition 3, June 2013, p.66

¹⁶ Mukuria et al., p. 27

¹⁷ OECD, OECD Employment Outlook, 2006

Indicator	Definition	Relevance
15-19 years women already mother or with first child	Percentage of women 20-24 years old who gave birth before age 18 ¹⁸ .	<p>However, economic pressures on women living in poverty draw them into agricultural work, and women's nutritional status and health may be diminished by the long hours and heavy work required.</p> <p>Pregnancies in adolescents have a higher risk of complications and mortality in mothers and children and poorer birth outcomes than pregnancies in older women. Furthermore, pregnancy in adolescence will slow and stunt a girl's growth. In some countries as many as half of adolescents are stunted, increasing the risk of poor birth outcomes.¹⁹</p> <p>Births to young women between 15-19 years are strongly associated with health risks for both the mothers and the infants. Many of these risks are also associated with giving birth for the first time. Because adolescent mothers are usually also first-time mothers, it is difficult to separate these risks. The rate of death of adolescents in childbirth is disproportionately high. In many countries, the risk for dying from pregnancy-related causes is twice as high for adolescents aged 15-19 years as for older women²⁰.</p>
Median age at first marriage²¹	The mean age of women at first marriage if subject throughout their lives to the age-specific marriage rates of	Age of first intercourse, first marriage, and first birth provide a picture of initial influences on fertility that is suggestive of fertility-related outcomes. In most countries, marriage is a primary indication of the exposure of a woman to the risk of pregnancy and therefore is important in understanding fertility.

¹⁸ WHO, Help Topic: Women 15-19 years who are mothers or pregnant with their first child

¹⁹ Black R. et al, Maternal and child undernutrition and overweight in low-income and middle-income countries, Maternal and Child Nutrition 1, June 2013 p.17

²⁰ WHO, Nutrition Landscape Information System, p.20

²¹ Mukuria et al., pp.35-36

Indicator	Definition	Relevance
	first marriages only in a given year ²² .	Populations in which the age at first marriage is low tend to have early childbearing and high fertility; therefore, it is important to examine trends in age at first marriage. Data on age at first sexual intercourse are a more direct measure of the beginning of exposure to pregnancy. The age at which childbearing begins is associated with the number of children a woman bears during her reproductive period in the absence of any active fertility control.
Fertility Rate ²³	Total fertility rate represents the number of children that would be born to a woman if she were to live to the end of her childbearing years and bear children in accordance with current age-specific fertility rates ²⁴ .	<p>This indicator is used as a proxy for child birth space.</p> <p>In countries, and among groups, where the fertility rate is high, there is a correlation with poor maternal health and nutrition.</p> <p>Short inter-pregnancy intervals increase the risk of low birth-weight (OR 1.65, 95% CI 1.27-2.14) and pre-term births (OR 1.45, 95% CI 1.30-1.61). Repeated pregnancies and advanced maternal age are also found to have an impact on low-birth weight (RR 1.61, 95% CI 1.16-2.24). These findings emphasize the need to optimize age at first pregnancy, family size and inter-pregnancy intervals²⁵.</p>
Access to Skilled Birth Attendant ²⁶	Percentage of live births attended by skilled health personnel (doctors, nurses or midwives).	Skilled attendance at all births is considered to be the single most critical intervention for ensuring safe motherhood, because it hastens the timely delivery of emergency obstetric and newborn care when life-threatening complications arise ²⁷ .

²² United Nations, World Fertility Report 2009

²³ Mukuria et al., p.38

²⁴ World Bank, Indicator Fertility rate, total (births per woman)

²⁵ Bhutta et al., p.43

²⁶ UNFPA, Skilled Attendance at Birth

²⁷ Black R. et al. Maternal and child undernutrition and overweight in low-income and middle-income countries, Maternal and Child Nutrition 3, June 2013

Indicator	Definition	Relevance
		Skilled attendance denotes not only the presence of midwives and others with midwifery skills (MOMS) but also the enabling environment they need in order to be able to perform capably. It also implies access to a more comprehensive level of obstetric care in case of complications requiring surgery or blood transfusions.

1.6 Other Nutrition Sensitive Indicators

Indicator	Definition	Relevance
Rate of Urbanization	Percentage of population living in urban areas as defined according to the national <i>definition</i> used in the most recent population census.	<p>Urban poverty is often overlooked and the children living in urban poverty are at risk of not being reached by development efforts. Increase in urban growth is likely to widen the gap in inequality and consequently escalate the needs of urban children, particularly in Urban Africa which is currently experiencing the highest urban growth rates with 200 million children living in urban areas while 60 percent of Africa’s urban population lives in slum conditions²⁸.</p> <p>A regression analysis conducted by Save the Children to establish the relative and absolute importance of underlying and structural drivers of stunting in a dataset of 128 countries found that higher urban population and higher mean GDP per capita are significantly correlated with lower levels of stunting prevalence²⁹.</p>
Income share held by lowest 20%	Percentage share of income or consumption held by the	Income share of the poorest quintile of the population is an important driver of stunting among countries with high-burden of stunting – but not elsewhere ³¹ .

²⁸ Save The Children, Voices from Urban Africa, The Impact of Urban Growth on Children, November 2012. p. 8

²⁹ Save the Children, Global stunting reduction target: focus on the poorest or leave millions behind

Indicator	Definition	Relevance
	lowest 20% of the population indicated by quintiles ³⁰ .	

Studies have shown that there is a significant relationship between defecation, access to clean water and child's height. For more details see "The Water, Sanitation, and Children's Health" (Evidence from 172 DHS surveys) <http://sanitationupdates.files.wordpress.com/2010/05/worldbank-dhs2010.pdf>

Indicator	Definition	Relevance
Open defecation	Percentage of population defecating in fields, forests, bushes, bodies of water and other open spaces.	Open defecation explained 54% of international variation in child height by contrast with GDP, which only explained 29%. A 20 percentage point reduction in open defecation was associated with a 0.1 SD increase in child height ³² .
Non-improved water supply	Percentage of population using unimproved drinking water sources including: Unprotected dug well, unprotected spring, small cart with tank/drum, tanker truck, surface water (river, dam, lake, pond, stream, channel, irrigation channel) orbottled water.	Access to adequate water supply is not only a fundamental need but also a human right. Access to water supply also has considerable health and economic benefits to households and individuals. Equitable access to improved drinking water and sanitation is of fundamental importance to health and will speed the achievement of all eight MDGs ²⁹ . The regression analysis conducted by Save the Children found that access to safe drinking water in rural areas was among the main drivers for reducing

³¹ Save the Children, Global stunting reduction target: focus on the poorest or leave millions behind

³⁰ World Bank, Development Research Group. Data are based on primary household survey data obtained from government statistical agencies and World Bank country departments. Data for high-income economies are from the Luxembourg Income Study database. <http://research.worldbank.org/PovcalNet/Index.htm>

³²

Indicator	Definition	Relevance
		<p>stunting³³ .</p> <p>A Cochrane review of the effect of WASH interventions on nutrition outcomes placed emphasis on the improvement of the <i>quality</i> of the water (as well and above water supply)³⁴ .</p>

³³ Save the Children, Global stunting reduction target: focus on the poorest or leave millions behind

³⁴ Dangour et al. Interventions to improve water quality and supply, sanitation and hygiene practices and their effects on the nutritional status of children, *Cochrane Database Syst Rev* 2013. p. 27

2. Interpreting area graphs

2.1 Graph with stunting reduction target

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

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

In the analysis of the trend in the reduction of stunting prevalence among children under five in Uganda, the SRCT uses the AARR to quantify the rate of change of the prevalence from 1985 to 2012. The calculation was developed based on historical stunting prevalence from the WHO Global Health Observatory Data Repository and demographic data from the World Population Prospects, 2010.

Indicator	Definition	Relevance
Average Annual Rate of Reduction (AARR)	AARR is used for the analysis for monitoring and evaluation of the global trend in stunting prevalence	The global prevalence of stunting in children under the age of 5 has declined 36% over the past two decades – from an estimated 40% in 1990 to 26% in 2011. This is an average annual rate of reduction of 2.1% per year ³⁶ .

³⁶ UNICEF, Improving Child Nutrition: The achievable imperative for global progress, UNICEF, April 2013. p.8

Indicator	Definition	Relevance
	among children under five, to quantify the rate of change of the prevalence from baseline to the current year. If the prevalence is known and the annual rate of reduction is constant, then the prevalence of the next year can be calculated ³⁵ .	An Average Annual Rate of Reduction (AARR) is 3.9% to meet the global target of a 40% reduction in the number of children in the world who are stunted by 2025.

2.2 Trends and targets for stunting, wasting and exclusive breastfeeding

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

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

The Average Annual Reduction Rate is calculated only for stunting.

2.3 Distribution of stunting across wealth quintiles

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

³⁵ UNICEF, Technical Note: How to calculate Average Annual Rate of Reduction (AARR) of Underweight Prevalence

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

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

3. Data Sources

The primary sources of nutrition indicators are the published national household surveys such as the Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS). In the absence of recently released DHS or MICS reports, national-level Standardized Monitoring and Assessment of Relief and Transition (SMART) surveys are utilized³⁷.

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

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³⁷ SMART surveys have been used as source of data for Senegal, Mauritania, and Sierra Leone.

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