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حركة تعزيز التغذية


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تقرير التقدم السنوي

مجمعة بروفايلات الدول

سبتمبر 2014

شكر وتقدير - جميع المعلومات الواردة في هذا التقرير جمعتها وراجعتها الأمانة العامة لحركة تعزيز التغذية أثناء شهري تموز/يوليه وآب/أغسطس 2014.
وتتلقى الأمانة العامة لحركة تعزيز التغذية الدعم من مؤسسة بيل وميليندا غيتس بكندا، والاتحاد الأوروبي، وفرنسا، وألمانيا، وأيرلندا، وهولندا، والمملكة المتحدة.

حركة تعزيز التغذية

تقرير التقدم السنوي

مجمعة بروفايلات الدول

سبتمبر 2014

المحتويات

قائمة بروفايلات الدول

تظهر الدول في الفصل الثالث حسب تاريخ انضمامها إلى حركة تعزيز التغذية. لسهولة الرجوع إليها، تجدون أدناه قائمة أبجدية للدول وصفحات كل واحدة منها.

الفصل 1

الفصل الأول:
المقاربات المنهجية لحركة تعزيز التغذية 2014 تقرير التقدم السنوي

1.1 رصد التقدّم في حركة تعزيز التغذية: ملاحظة منهجية

1.1.1 تخطيط النتائج- أحد المكونات الرئيسية لإطار الرصد والتقييم الخاص بالحركة

تم تطوير إطار الرصد والتقييم الخاص بحركة تعزيز التغذية في نيسان/أبريل من عام 2013. تهدف إلى توفير أداة لتقييم التطوير داخل الحركة عن طريق قياس الطريقة التي تهيئ بها تلك البلدان وأصحاب المصلحة داخل الحركة سلوكياتها للوفاء بالأهداف الإستراتيجية الأربعة بشكل أفضل في إستراتيجية حركة تعزيز التغذية 2012 – 2015. ويضع إطار الرصد والتقييم الخاص بحركة تعزيز التغذية في اعتباره طبيعة التقدم التي تتسم بالتعقيد وعدم التوقع واللاخطّية التي يواجهها أصحاب المصلحة الذين يتعاملون مع التغذية كجزءٍ من التزامهم الجماعي.

يتكون إطار الرصد والتقييم (M&E) الخاص بحركة تعزيز التغذية من ثلاثة عناصر للتقييم، مع مزيد من التفصيل في الجدول أدناه. (أ) تتبع تأثير الجهود الرامية لتعزيز التغذية داخل بلدان الحركة (ب) وتقييم نتائج الجهود الرامية لتعزيز التغذية التي مارسها مختلف أصحاب المصلحة داخل الحركة (ج) ورصد الخدمات أو النواتج التي توفرها الأمانة العامة لحركة تعزيز التغذية.

ويوفر إطار الرصد والتقييم (M&E) الخاص بحركة تعزيز التغذية الأساس للرصد المستمر لتقدم الحركة. علاوة على ذلك، بدأ الفريق التوجيهي لمبادرة تعزيز التغذية تقييمًا مستقلاً شاملاً (ICE)، ويجري هذا التقييم بين شهري حزيران/يونيو وكانون أول/ديسمبر من عام 2014.

العنصر	ما يتم اعتباره؟	القائم بتنفيذ هذا العمل؟	توقيت التقييم؟
التأثير	تم تحديد جمعية الصحة العالمية لعام 2012 للأهداف. توجد حاجة إلى بياناتٍ لإتاحة تقييم التقدم فيما يتعلق بالأهداف (مثل متوسط المعدلات السنوية للانخفاض في انتشار التقزّم بين الأطفال الأقل من خمس سنوات)	تجمع السلطات البيانات وتحللها وتفسّرها داخل البلدان التي تستخدم إجراءات قياسية (مثل الاستقصاءات الديمغرافية والصحية)	يتم الاتفاق على الفترات الفاصلة بين التقييمات في البلدان: يسعى أصحاب المصلحة في حركة تعزيز التغذية إلى زيادة معدل تكرار تقييمات التأثير من خلال برامج المعلومات الوطنية للتغذية
النتائج القطرية	يجري طرح أربع عمليات محددة داخل بلدان حركة تعزيز التغذية؛ حيث تعكس هذه العمليات الأهداف الإستراتيجية الأربعة لدى حركة تعزيز التغذية. ويُقيَّم التقدم باستخدام مجموعة من "علامات التقدم" لكل عملية.	في عامي 2012 و2013 - قام الأمانة العامة لحركة تعزيز التغذية (SMS) بالتنفيذ وذلك باستخدام بيانات حول التقدم من جهات اتصال حكومية في دول الحركة: وتم التحقق عن طريقها قبل تقديم التقارير. وبحلول عام 2014، أجرت 37[1] بلدًا من بين 41 ممن انضموا إلى الحركة قبل أيلول/سبتمبر 2013 تقييماتها[2]. كما أجرت الأمانة العامة لحركة تعزيز التغذية التقييمات الأساسية لعشرة[3] بلدان منضمَّة حديثًا. ثم أجرت الأمانة العامة لحركة تعزيز التغذية تحليلاً للنتائج المنبثقة عن التقييمات بدعمٍ من مكتب MDF.	سنويًا

[1] بنغلاديش، بنين، بوركينا فاسو، بوروندي، الكاميرون، تشاد، جمهورية الكونغو الديمقراطية، كوت ديفوار، السلفادور، إثيوبيا، غانا، غواتيمالا، غينيا، هايتي، إندونيسيا، كينيا، جمهورية قيرغيزستان، جمهورية لاوس الديمقراطية الشعبية، مدغشقر، ملاوي، مالي، موريتانيا، موزمبيق، ميانمار، ناميبيا، نيبال، النيجر، نيجيريا، باكستان، بيرو، رواندا، السنغال، سيراليون، سري لانكا، تنزانيا، غامبيا، أوغندا، اليمن، زامبيا، زيمبابوي

[2] أجرت الأمانة العامة لحركة تعزيز التغذية تقييمات لثلاثة بلدان لم تكن قادرةً على إجراء التقييمات بأنفسها خلال الإطار الزمني لتقديم التقارير: إثيوبيا، سري لانكا، زامبيا.

[3] جزر القمر، الكونغو، كوستاريكا، غينيا-بيساو، ليبريا، جنوب السودان، سوازيلند، طاجيكستان، توغو، فييت نام.

العنصر	ما يتم اعتباره؟	القائم بتنفيذ هذا العمل؟	توقيت التقييم؟
نتائج الشبكة	يمكن الغرض من شبكات حركة تعزيز التغذية في الاستجابة لدول الحركة ودعمها. ويُقيّم السلوك التقدمي الذي يصاحب إسهام شبكات تعزيز التغذية للحركة، عالميًا، باستخدام مجموعة مكونة من ثماني "علامات للتقييم".	كما يُجري ميسّرو شبكة تعزيز التغذية تقييمًا ذاتيًا لتقدم الشبكة، ويبلغون ذلك للأمانة العامة لحركة تعزيز التغذية. وفي عام 2013، أبلغ ميسّرو الشبكة حول كلٍ من عامي 2012، بأثرٍ رجعي كعامٍ أساسي، و2013.	سنويًا
النواتج	تم توضيح المتغيرات المُستخدمة لرصد أداء الأمانة العامة لحركة تعزيز التغذية في إطارها المنطقي	تقديم الأمانة العامة لحركة تعزيز التغذية التقارير حول أنشطتها	سنويًا

ويعتمد تقرير حركة تعزيز التغذية لعام 2014 اعتمادًا كبيرًا على **رصد النتائج** داخل الحركة وذلك لعرض حالة تقدم الحركة.

استُخدمت وسائل **تخطيط النتائج** لرصدها، وتمحورت حول عمليات أربع (في السعي لتحقيق أربعة أهداف إستراتيجية) انعكست في إستراتيجية حركة تعزيز التغذية 2012 – 2015:

- **العملية واحد:** جلب الناس إلى مساحة مشتركة للعمل
- **العملية اثنان:** ضمان سياسة متماسكة وإطار قانوني
- **العملية ثلاثة:** المواءمة حول إطار نتائج مشترك
- **العملية أربعة:** التتبع المالي وحشد الموارد

يعتمد هذا المنهج الخاص بتخطيط النتائج على التقييم الذاتي عن طريق جهاتٍ فاعلة خلال الحركة، وينظر إلى كيفية تغيّر سلوك الجهات الفاعلة على الصعيد القُطري (أي الحكومة والدوائر المختلفة المضمنة في الحركة على الصعيد الوطني) داخل سياق العمليات الأربعة لحركة تعزيز التغذية. وينظر منهج تخطيط النتائج أيضًا في سلوكيات الجهات الفاعلة داخل الشبكات العالمية الأربعة (شبكة المانحين والمجتمع المدني وقطاع الأعمال والأمم المتحدة) (انظر الفصل الثاني لتقرير السنوي للتقدم لعام 2014 الخاص بحركة تعزيز التغذية). ويدرك تخطيط النتائج أن الجهات الفاعلة (الأشخاص، المنظمات، الشبكات) تقود عمليات التغيير. يعدّ التقييم الذاتي في تخطيط النتائج أساس إطار المساءلة المتبادلة في ظل غرضٍ محدد لإتاحة القيادة في المستقبل لحركة تعزيز التغذية والتعلم داخل الحركة.

2.1.1 علامات التقدم – فهم النتائج السلوكية التي تدعّم عمليات العمليات الأربعة لحركة تعزيز التغذية

توجد في مركز هذا المنهج الخاص بمخطط النتائج **مجموعةً من علامات التقدم[4] التي توضّح النتائج السلوكية** التي كان يُنتظر عرضها من قِبل الجهات الفاعلة المختلفة. وقد تم تحديد علامات التقدم لكلٍ من العمليات الأربعة.

يقيس منهج مخطط النتائج لإطار الرصد والتقييم (M&E) الخاص بحركة تعزيز التغذية تقدُّم **السلوكيات المختلفة** التي تفعِّل العمليات الأربعة. ولهذا الغرض، تم تحديد عدد من العلامات لكل عملية، كما يكشف مخطط النتائج النقاب عن السلوكيات المختلفة – العلاقات أو الإجراءات أو الأنشطة أو السياسات أو الممارسات – المصاحبة لكل عملية باستخدام **علامات التقدم**. وتُسجَّل الإنجازات المتعلقة بكل علامةٍ باستخدام مقياسٍ من خمس نقاط (أي سلوك غائب/غير متوفر (الدرجة = 0) أو بدأ (1) أو مستمر (2) أو مكتمل نسبيًا (3) أو مكتمل (4)).

تمثِّل **علامات التقدم الأولى** داخل كلٍ من العمليات الأربعة أنواع النتائج السلوكية التي بات تحقيقها أكثر سهولةً نوعًا ما في الوقت الذي تمثِّل **علامات التقدم** اللاحقة داخل كل عملية تغيّرًا أكثر صعوبةً / طموحًا[5]. ولتجسيد ذلك، يتم تجميع نتائج كل علامة من علامات التقدم وحساب معامل الترجيح[6] مع إعطاء علامات التقدم الأولى (التي يتم تحقيقها بسهولة بالغة) معامل ترجيح أقل من العلامات الأكثر تقدمًا (والأكثر صعوبة).

[4] يُرجى الرجوع إلى قائمة العمليات وعلامات التقدم في الجدول 2

[5] يُرجى الرجوع إلى إطار الرصد والتقييم الخاص بحركة تعزيز التغذية

[6] انظر الجدول 3

3.1.1 التقييم الذاتي – الملكية المشتركة للرصد والمساءلة المتبادلة، وذلك عبر حركة تعزيز التغذية

يساعد منهج تخطيط النتائج، باستخدام التقييمات الذاتية عن طريق البلدان، البرامج الوطنية للعديد من أصحاب المصالح على تقييم فعاليتها، ثم تحسينها بعد ذلك. ومن المنتظر أن تساعد عملية التقييم الذاتي أصحاب المصلحة في الحصول على رصد للتقدم والاستفادة منه، والتمتع بالمسؤولية المتبادلة عن إجراءاتهم الجماعية.

في تموز/يوليو 2014، تمكنت جهات اتصال من 37 بلدًا[7] في حركة تعزيز التغذية من تسهيل تقييماتها الذاتية الأولى. وقد نفّذوا ذلك بمشاركة دوائر مختلفة ظهرت داخل البرامج الوطنية لحركة تعزيز التغذية. وتتضمن هذه البرامج مشاركين من وزارات قطاعية وأجزاء من الحكومة، فضلاً عن ممثلين من الوكالات المانحة والمجتمع المدني والمنظمات والوكالات وقطاع الأعمال التابع للأمم المتحدة. يُطلب من أصحاب المصلحة في البلدان، كجزءٍ من هذا التقييم الذاتي، تسجيل نتائجهم، بشكل فردي وجماعي، في مقابل علامات التقدم التي تم تعيينها لكل عملية من العمليات الأربعة لحركة تعزيز التغذية.

4.1.1 تدريب تخطيط النتائج لحركة تعزيز التغذية لعام 2014

تمكّن سبعة وثلاثون بلدًا، في تقييماتها الذاتية لعام 2014، من بين أربعين بلدًا كان قد انضم إلى الحركة قبل أيلول/سبتمبر 2013، من إجراء تدريب التقييم الذاتي وتسجيل نتائج جميع علامات التقدم. وقد أجرت الأمانة العامة لحركة تعزيز التغذية حسابًا خارجيًا مؤقتًا للنتائج في ثلاثة بلدان لم تكن قادرةً على إجراء التقييم الذاتي في الوقت المحدد. كما أجرت الأمانة العامة لحركة تعزيز التغذية تقييمًا أساسيًا لتسعة بلدان كانت قد انضمت للحركة بعد أيلول/سبتمبر 2013 ولجنوب السودان. وتُنهي حاليًا ثلاثة بلدان[8] تقييمها الأساسي.

وردت نتائج تدريب تخطيط النتائج لحركة تعزيز التغذية لعام 2014 في موجز قُطري فردي سوف يظهر في خلاصة الموجز القُطري لحركة تعزيز التغذية لعام 2014. وتتعلق الملاحظات الخاصة بمجمل أنماط التغيير الناشئة بالحركة ككل، وتم الإبلاغ عنها في تقرير التقدم لعام 2014 الخاص بحركة تعزيز التغذية.

وفي الموجز القُطري لعام 2014، عُرِضت مجموعتان من النتائج لكل بلدٍ انضم إلى الحركة قبل أيلول/سبتمبر من عام 2013: (1) تقييم مبدئي ارتكز على البيانات الأساسية من البلد في عام الانضمام (2) وتقييم للوضع الحالي داخل البلد. تعكس النتائج بداخل الصحائف القُطرية للتسعة وعشرين بلدًا الذي انضم قبل أيلول/سبتمبر 2012 التقييمات التي أُجريت في عامي 2012 و2014. وتعكس النتائج بداخل الصحائف القُطرية للأحد عشر بلدًا الذي انضم بين أيلول/سبتمبر 2012 وأيلول/سبتمبر 2013 التقييمات التي أُجريت في عامي 2013 و2014[9].

تمكن سبعة وثلاثون بلدًا، في عام **2014**، من إجراء تدريب التقييم الذاتي وتسجيل نتائج جميع علامات التقدم. يجب تنفيذ أية مقارنات بين نتائج التقدم في عام 2014 و2012 أو 2013 بعناية؛ نظرًا لاختلاف تحضير البيانات: فقد كان ثمة تغيير من التقييم الخارجي (في عامي 2012 و2013) إلى التقييم الذاتي في عام 2014. ويوجد تفسير لهذا التغيير بمزيدٍ من التفصيل في الفقرتين التاليتين.

يرتكز الرصد الخاص بعام 2014 على التقييمات الذاتية التي تم إجراؤها هذا العام. بينما ارتكز الرصد الخاص بعامي 2012 و2013 على البيانات التي أصدرتها الأمانة العامة لحركة تعزيز التغذية. وقد استُمدت هذه البيانات من المعلومات التي قدمتها جهات الاتصال القُطرية لدى حركة تعزيز التغذية بشأن التقدم فيما يتعلق بالعمليات الأربعة. وقُدّمت هذه المعلومات من خلال استقصاءات أساسية واجتماعات شبكة جهات الاتصال الوطنية الحكومية لدى حركة تعزيز التغذية على مدار شهرين.

وتم التأكد من صحة البيانات التي طوّرتها الأمانة العامة لحركة تعزيز التغذية لكل بلدٍ في عامي 2012 و2013 عن طريق جهة الاتصال الحكومية الخاصة بها قبل أن تُستخدم في أي تقرير خاص بالتقدم. كان التركيز، خلال عام 2012، حينما كانت البيانات قيد التطوير، تدور إما عن وجود العناصر الرئيسية لكل عملية من عمليات حركة تعزيز التغذية أم لا. وفي أثناء عام 2013، طُرحت علامات التقدم حتى تكون التقييمات في ذلك الوقت أكثر منهجيةً وشمولاً. وتغطي علامات التقدم السلوكيات والممارسات والعلاقات والإجراءات اللازمة للتقدم في كلٍ من هذه العمليات. كانت البيانات التي أصدرتها الأمانة العامة لحركة تعزيز التغذية لعلامات التقدم هذه في عام 2013 أكثر سطحية من البيانات التي أُصدرت في 2014 خلال التفاعلات (أثناء التقييمات الذاتية) التي تضمنت العديد من أصحاب المصالح داخل البلد.

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[7] انظر للقائمة الكاملة للبلدان والنقاط المرجعية في الجدول 1

[8] كمبوديا والفلبين والصومال

[9] وبالنسبة لجنوب السودان، تم تحضير تقييم أساسي في عام 2014 ارتكز على المعلومات المتاحة.

5.1.1 فهم بعض التحديات الملحوظة في تفسير النتائج ومقارنتها عبر البلدان وبمرور الوقت

يُشير تحليل النتائج التي صدرت خلال التقييمات الذاتية لعام 2014 من خلال بلدان حركة تعزيز التغذية السبع والثلاثين إلى أن أصحاب المصلحة داخل البلد أقل تحررًا عند تقييم علامات التقدم مما كانت عليه الأمانة العامة لحركة تعزيز التغذية. ويكشف تحليل الأمانة العامة لحركة تعزيز التغذية للنتائج أن التقييمات الذاتية الوطنية في عام 2014 قد تضمنت قدرًا كبيرًا من التفكّر، لا سيّما بشأن جوانب التقييم التي لا يمكن الحصول عليها بسهولة خارج البلد. ويبدو أن التقييم الذاتي يعكس عدم تجانس الجهات الفاعلة المختلفة التي كانت مشاركة، في الوقت الذي بدت فيه التقييمات الخارجية، حتى عند التأكد من صحتها داخل البلد، أنها تعكس منظور صاحب المصلحة الرئيسي. ومن ثم؛ بدت التقييمات الذاتية لعام 2014 وكأنها أكثر انتقادًا لذاتها من التقييمات الخارجية لعامي 2012 و2013.

ومن المتوقع أن تشير نتيجة علامة التقدم ما بين 1 و4 إلى وجود سلوكٍ معين. ومع ذلك، يبدو أن بعض نتائج التقييم الذاتي لعلامات معينة قد تأثرت بالقيمة التي ربطها بها هؤلاء الأشخاص الذين يستكملون التقييمات الذاتية.

فمثل هذه النظرة الذاتية متوقعة عندما يعتمد رصد النتائج على منهج تخطيط النتائج. فبسؤال التقييم عمّا إذا كان سلوك معين "في بدايته" أو "مستمر" أو "في محله": يُدعى الأشخاص المسؤولون عن التقييم إلى إجراء التقييم بناءً على أحكامهم الخاصة.

وهذا يعني أنه ينبغي عدم استخدام نتائج التقييمات الذاتية لمقارنة التقدم بين البلدان. إلا أن بإمكانهم المساعدة في التعرف على الأنماط الناشئة للتحول المؤسسي داخل بلدٍ وتفسيرها. وسيلزم تفسير النتائج بعناية نظرًا لتأثر المنهج بالتفاعل بين أصحاب المصلحة وصعوبة القضايا التي يتم تناولها والطبيعة الفريدة لبيئة كل بلد. يؤمن الكثير داخل شبكة جهات الاتصال القُطرية لدى حركة تعزيز التغذية بأنه في حالة تطبيق أصحاب المصلحة داخل البلد لمنهج التقييم الذاتي ذاته عامًا بعد عام، فسيتمكنون بصورة أفضل من وصف التحديات التي تواجههم ونجاح الجهود للتعامل معها.

6.1.1 تخطيط النتائج كوسيلة للتفكّر لشبكات حركة تعزيز التغذية

يتجسد إسهام شبكات حركة تعزيز التغذية على المستوى القُطري من خلال تدريب تخطيط النتائج (ورش عمل التقييم الذاتي) على المستوى القُطري. وتحشد الشبكات "العالمية" لدى حركة تعزيز التغذية مجموعات أصحاب المصالح بالحركة – قطاع الأعمال والمجتمع المدني والمانحين ومنظومة الأمم المتحدة – على الصعيد العالمي. كما تدعم الشبكات العالمية نظيراتها على المستوى القُطري حتى تتيح جهود الحركة في بلدان حركة تعزيز التغذية وتدعمها. بالإضافة إلى ذلك، تضع الشبكات العالمية تركيزًا قويًا على تقديم مزيد من الاتساق في السياسات والبرامج العالمية داخل مجموعات أصحاب المصالح لديها وخلالها، وضمان بقاء التغذية كأولوية عالمية، والعمل خلال مجموعات أصحاب المصالح لتقديم استجابات عالمية للاحتياجات المحددة للبلدان.

وتمثّل الشبكات "العالمية" لدى حركة تعزيز التغذية جزءًا لا يتجزأ من حركة تعزيز التغذية، إلا أنها تُعدّ جهات فاعلة منفصلة لغرض رصد النتائج، حتى تحصل تنال الدور التكميلي الذي تلعبه.

وموضح أدناه مجموعة من ثماني علامات للتقييم[10]، والتي توضح النتائج السلوكية التي يُنتظر عرضها من الشبكات. تُستخدم علامات التقدم هذه في متابعة إسهام الشبكات العالمية لحركة تعزيز التغذية (انظر الجدول 4).

يستخدم منهج تخطيط النتائج تقييمات ذاتية عن طريق الشبكات للحصول على التقدم بشأن سلوك شبكات حركة تعزيز التغذية. وفي عامي 2013 و2014، أنهى ميسِّرو الشبكة استبيانًا مفصلاً يشير إلى مدى مشابهة سلوك فعلي للشبكة لعلامة تقدم معينة. كما أجرى ميسِّرو الشبكة، في عام 2013، مراجعةً للموقف بأثرٍ رجعي في أيلول/سبتمبر 2012 من أجل تعيين خط الأساس. تم تسجيل نتائج الوضع الحالي فيما يتعلق بكل علامة تقدم باستخدام مقياس من خمس نقاط (أي لا على الإطلاق (لا توجد علامة في محلها) (الدرجة = 0)، إلى حد ما (1)، مقبول (2)، إلى حد كبير (3)، تمامًا (4)).

[10] انظر الجدول 4

7.1.1 فهم بعض التحديات الملحوظة في تفسير النتائج ومقارنتها عبر الشبكات وبمرور الوقت

في الوقت الذي استُخدمت فيه طرق مماثلة لتجميع البيانات (أي مسح مع تقييمات ذاتية)) من القياس الأول لخط الأساس فصاعدًا، من الممكن إجراء تحليل للنتائج بمرور الوقت للشبكات العالمية مع تحفظات أقل مما إذا كانت على مستوى الجهات الفاعلة القُطرية. ومع ذلك، ينبغي إجراء مقارنة النتائج خلال الشبكات المختلفة بحذر، حيث إن مستويات الطموح ومدى النقد الذاتي أمر مختلف. وبعبارة أخرى، تشير نتيجة معينة إلى نطاق التحسين الذي تؤمن شبكة معينة ببقائه، إلا أنه نظرًا لوجود كل شبكة على حدة، فإن هذا لا يعني طريقة أداء إحدى الشبكات بالنسبة لشبكةٍ أخرى.


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الجدول 1: البيانات التي تم تحليلها للتقرير السنوي للتقدم لعام 2014

	البلد	نقطة مرجعية[11]			تقديم تقارير التقييم الذاتي لعام 2014
		2012	2013	2014	
.1	بنغلاديش	■	■	■	يتم التقديم عن طريق البلد
.2	بنن	■	■	■	يتم التقديم عن طريق البلد
.3	بوركينا فاسو	■	■	■	يتم التقديم عن طريق البلد
.4	بوروندي	■	■	■	يتم التقديم عن طريق البلد
.5	الكاميرون		■	■	يتم التقديم عن طريق البلد
.6	تشاد		■	■	يتم التقديم عن طريق البلد
.7	جمهورية الكونغو الديمقراطية		■	■	يتم التقديم عن طريق البلد
.8	كوت ديفوار		■	■	يتم التقديم عن طريق البلد
.9	السلفادور		■	■	يتم التقديم عن طريق البلد
.10	إثيوبيا	■	■	■	تم التقييم من قِبَل الأمانة العامة لحركة تعزيز التغذية
.11	غانا	■	■	■	يتم التقديم عن طريق البلد
.12	غواتيمالا	■	■	■	يتم التقديم عن طريق البلد
.13	غينيا		■	■	يتم التقديم عن طريق البلد
.14	هايتي	■	■	■	يتم التقديم عن طريق البلد
.15	إندونيسيا	■	■	■	يتم التقديم عن طريق البلد
.16	كينيا		■	■	يتم التقديم عن طريق البلد
.17	قيرغيزستان	■	■	■	يتم التقديم عن طريق البلد
.18	جمهورية لاو الديمقراطية الشعبية	■	■	■	يتم التقديم عن طريق البلد
.19	مدغشقر	■	■	■	يتم التقديم عن طريق البلد
.20	ملاوي	■	■	■	يتم التقديم عن طريق البلد
.21	مالي	■	■	■	يتم التقديم عن طريق البلد
.22	موريتانيا	■	■	■	يتم التقديم عن طريق البلد
.23	موزمبيق	■	■	■	يتم التقديم عن طريق البلد
.24	ميانمار		■	■	يتم التقديم عن طريق البلد
.25	ناميبيا	■	■	■	يتم التقديم عن طريق البلد
.26	نيبال	■	■	■	يتم التقديم عن طريق البلد
.27	النيجر	■	■	■	يتم التقديم عن طريق البلد
.28	نيجيريا	■	■	■	يتم التقديم عن طريق البلد
.29	باكستان		■	■	يتم التقديم عن طريق البلد
.30	بيرو	■	■	■	يتم التقديم عن طريق البلد
.31	رواندا	■	■	■	يتم التقديم عن طريق البلد
.32	السنغال	■	■	■	يتم التقديم عن طريق البلد
.33	سيراليون	■	■	■	يتم التقديم عن طريق البلد
.34	سري لانكا		■	■	تم التقييم من قِبَل الأمانة العامة لحركة تعزيز التغذية
.35	تنزانيا	■	■	■	يتم التقديم عن طريق البلد
.36	غامبيا	■	■	■	يتم التقديم عن طريق البلد
.37	أوغندا	■	■	■	يتم التقديم عن طريق البلد
.38	اليمن		■	■	يتم التقديم عن طريق البلد
.39	زامبيا	■	■	■	تم التقييم من قِبَل الأمانة العامة لحركة تعزيز التغذية
.40	زيمبابوي	■	■	■	يتم التقديم عن طريق البلد

[11] ترتكز البيانات الخاصة بعامي 2012 و2013 على معلومات تم استلامها في محادثات الشبكة على المستوى القُطري على مدار شهرين. وقد تأكدت جهات الاتصال الحكومية لدى حركة تعزيز التغذية منها قبل تقديم التقارير. وفي عام 2014، تم تسجيل النتائج من خلال التقييم الذاتي عن طريق البلدان؛ أما بالنسبة للبلدان التي لم يكن بوسعها إجراء التقييم الذاتي خلال الإطار الزمني المحدد، أجرت الأمانة العامة لحركة تعزيز التغذية تقييمها.

		تقديم التقارير الأساسية للبلدان الجديدة لعام 2014[12]	التقييم
.41	جزر القمر	يتم التقديم عن طريق البلد	الأمانة العامة لحركة تعزيز التغذية
.42	الكونغو	يتم التقديم عن طريق البلد	الأمانة العامة لحركة تعزيز التغذية
.43	كوستاريكا	يتم التقديم عن طريق البلد	الأمانة العامة لحركة تعزيز التغذية
.44	غينيا - بيساو	يتم التقديم عن طريق البلد	الأمانة العامة لحركة تعزيز التغذية
.45	ليبريا	يتم التقديم عن طريق البلد	الأمانة العامة لحركة تعزيز التغذية
.46	جنوب السودان	تم التقييم من قِبَل الأمانة العامة لحركة تعزيز التغذية	الأمانة العامة لحركة تعزيز التغذية
.47	سوازيلند	يتم التقديم عن طريق البلد	الأمانة العامة لحركة تعزيز التغذية
.48	طاجيكستان	يتم التقديم عن طريق البلد	الأمانة العامة لحركة تعزيز التغذية
.49	توغو	يتم التقديم عن طريق البلد	الأمانة العامة لحركة تعزيز التغذية
.50	فييت نام	يتم التقديم عن طريق البلد	الأمانة العامة لحركة تعزيز التغذية

الجدول 2: العمليات وعلامات التقدم لتقديم تقارير التقييم الذاتي القُطرية لعام 2014

العملية 1: جلب الناس إلى مساحة مشتركة للعمل	
علامة التقدم (PM) رقم 1	تحديد / تطوير آليات التنسيق على المستوى القُطري
علامة التقدم (PM) رقم 2	التنسيق الداخلي وتوسيع العضوية / الانخراط مع الجهات الفاعلة الأخرى لتوسيع النفوذ
علامة التقدم (PM) رقم 3	الانخراط / المساهمة في منصة أصحاب المصلحة المتعددين
علامة التقدم (PM) رقم 4	تتبع المساهمة الخاصة في منصة أصحاب المصلحة والإبلاغ عنها
علامة التقدم (PM) رقم 5	الحفاظ على تأثير منصة أصحاب المصلحة المتعددين

العملية 2: ضمان سياسة متماسكة وإطار قانوني	
علامة التقدم (PM) رقم 1	تحليل سياسات وبرامج التغذية القائمة ذات الصلة
علامة التقدم (PM) رقم 2	التغذية السائدة في السياسات والاستراتيجيات الخاصة
علامة التقدم (PM) رقم 3	تنسيق / مواءمة إسهامات الأعضاء في تطوير الإطار السياسي / القانوني
علامة التقدم (PM) رقم 4	العمل على تطوير إطار قانوني / سياسي (جديد) من خلال التأثير على المناصرة / المساهمة
علامة التقدم (PM) رقم 5	نشر السياسات وتفعيل / إنفاذ الإطار القانوني
علامة التقدم (PM) رقم 6	تتبع النتائج والإبلاغ عنها للقيادة والتعرف على تأثير السياسة والمحافظة عليه

العملية 3: المواءمة حول إطار نتائج مشترك	
علامة التقدم (PM) رقم 1	تأييد البرامج الخاصة لسياسات التغذية الوطنية ذات الصلة
علامة التقدم (PM) رقم 2	ترجمة الإطار السياسي / القانوني إلى إطار نتائج مشترك (FRC) لحركة تعزيز التغذية
علامة التقدم (PM) رقم 3	تنظيم تنفيذ إطار نتائج مشترك
علامة التقدم (PM) رقم 4	إدارة تنفيذ إطار نتائج مشترك
علامة التقدم (PM) رقم 5	تتبع تنفيذ النتائج والإبلاغ عنها للقيادة والتعلم / التقييم للمحافظة على التأثير

العملية 4: التتبع المالي وحشد الموارد	
علامة التقدم (PM) رقم 1	تقييم الجدوى المالية
علامة التقدم (PM) رقم 2	التتبع (الشفاف) للإنفاق والمحاسبة
علامة التقدم (PM) رقم 3	زيادة ومواءمة الموارد (بما في ذلك سد الثغرات)
علامة التقدم (PM) رقم 4	التزامات الشرف (تحويل التعهدات إلى إنفاقات)
علامة التقدم (PM) رقم 5	ضمان قابلية التنبؤ / المحافظة على التأثير / التمويل المتعدد السنوات

[12] قدّم كل بلدٍ المعلومات الأساسية عند انضمامه للحركة. ثم أجرت الأمانة العامة لحركة تعزيز التغذية التقييمات وفقًا للمعلومات المُستَلمة

الجدول 3: معاملات الترجيح لعلامات التقدم في كل عملية

	معامل الترجيح لعلامة التقدم 1	معامل الترجيح لعلامة التقدم 2	معامل الترجيح لعلامة التقدم 3	معامل الترجيح لعلامة التقدم 4	معامل الترجيح لعلامة التقدم 5	معامل الترجيح لعلامة التقدم 6	مجموع معاملات الترجيح (تجميع)
العملية 1							
		-	6	6	5	4	4
	%100	-	%24	%24	%20	%16	%16
العملية 2							
		6	6	4	4	2	2
	%100	%16	%24	%16	%16	%8	%8
العملية 3							
		-	6	6	5	4	4
	%100	-	%24	%24	%20	%16	%16
العملية 4							
		-	6	6	5	4	4
	%100	-	%24	%24	%20	%16	%16

الجدول 4 – علامات التقدم للشبكات العالمية لدى حركة تعزيز التغذية

الشبكات العالمية لدى حركة تعزيز التغذية	
علامة التقدم (PM) رقم 1	التأسيس والتنسيق داخل الشبكة
علامة التقدم (PM) رقم 2	الانخراط بصوت واحد ضمن حركة تعزيز التغذية
علامة التقدم (PM) رقم 3	المناصرة للحفاظ على التغذية في جدول الأعمال العالمي (بما في ذلك حشد الموارد)
علامة التقدم (PM) رقم 4	خلق كتلة حرجة لنفوذ أوسع
علامة التقدم (PM) رقم 5	مواءمة السياسات الخاصة، والبرامج والموارد لاستراتيجية حركة تعزيز التغذية
علامة التقدم (PM) رقم 6	خلق التفاعل مع البلدان والشبكات على المستوى القُطري
علامة التقدم (PM) رقم 7	الاستجابة لمطالب المستوى القُطري المرتبطة بالدعم (التحول)
علامة التقدم (PM) رقم 8	التفكير في التعلم والتحسين

2.1 ملاحظة فنية على الصفحة الإحصائية

1.2.1 تعريف البيانات والمؤشرات

البيانات الديمغرافية للجماعات السكانية

البيانات	التعريف
التعداد السكاني الوطني	مجموع السكان بدولة ما وفقًا لتقديرات شعبة السكان بالأمم المتحدة
الأطفال دون سن الخامسة	مجموع السكان من الأطفال بدولة ما ممن لديهم أقل من 5 سنوات وفقًا لتقديرات شعبة السكان بالأمم المتحدة
المراهقات (15-19)	مجموع السكان من الإناث بدولة ما ممن لديهن ما بين 51 عامًا و 91 عامًا وفقًا لتقديرات شعبة السكان بالأمم المتحدة
متوسط عدد المواليد	المتوسط السنوي لعدد الأطفال حديثي الولادة بدولة ما وفقًا لتقديرات شعبة السكان بالأمم المتحدة
معدل نمو السكان	المعدل الذي عنده يزيد عدد الأفراد في مجموعة سكانية في فترة زمنية معينة بوصفه كسرًا للمجموع السكاني الأولي.

مصدر البيانات:

التوقعات السكانية في العالم: تنقيح 2012، 2013،شعبة السكان بإدارة الشؤون الاقتصادية والاجتماعية بالأمم المتحدة التابعة لأمانة الأمم المتحدة.

يُعد تنقيح عام 2012 للتوقعات السكانية حول العالم الجولة الثالثة والعشرين من التقديرات والإسقاطات الديمغرافية العالمية التي تولت تنفيذها شعبة السكان بإدارة الشؤون الاقتصادية والاجتماعية بالأمم المتحدة التابعة لأمانة الأمم المتحدة. وتستخدم الأمم المتحدة والعديد من المنظمات الدولية والمراكز البحثية، علاوة على الباحثين الأكاديميين ووسائل الإعلام التوقعات السكانية حول العالم إلى حد بعيد.

الأهداف الغذائية لجمعية الصحة العالمية (جمعية الصحة العالمية 65.6)

المؤشر	التعريف	هدف جمعية الصحة العالمية
انخفاض وزن المواليد	نسبة المواليد الأحياء ممن تقل أوزانهم عن 2،500 جرام عند الولادة.	تقليص انخفاض الوزن عند الولادة بنسبة 30٪ بحلول عام 2025
أشهر الرضاعة الطبيعية الحصرية 0-5	نسبة الرضع من عمر يوم إلى خمسة أشهر ممن يتغذون على الرضاعة الطبيعية الخالصة.	زيادة معدلات الرضاعة الطبيعية الخالصة خلال الأشهر الستة الأولى لدى ما يصل إلى 50٪ من الرضع على الأقل بحلول عام 2025
التقزم لدى الأطفال دون سن الخامسة	نسبة الأطفال الذين تبلغ أعمارهم ما بين يوم إلى 59 شهرًا ممن هم أقل درجتين (متوسط وحاد) وأقل ثلاث درجات (حاد) من مستوى الانحرافات المعيارية عن متوسط الطول إلى السن مقارنة بمعايير نمو الأطفال لدى منظمة الصحة العالمية.	تقليص نسبة عدد الأطفال دون الخامسة ممن يعانون من التقزّم بنسبة 40% بحلول عام 2025
الهزال لدى الأطفال دون سن الخامسة	نسبة الأطفال الذين تبلغ أعمارهم ما بين يوم إلى 59 شهرًا ممن هم أقل درجتين (متوسط وحاد) وأقل ثلاث درجات (حاد) من مستوى الانحرافات المعيارية عن متوسط الوزن إلى السن مقارنة بمعايير نمو الأطفال لدى منظمة الصحة العالمية.	تقليص نسبة هزال الأطفال إلى أقل من 5٪ ومواصلة تقليصها بحلول عام2025
زيادة الوزن لدى الأطفال دون سن الخامسة	نسبة الأطفال الذين تبلغ أعمارهم ما بين يوم إلى 59 شهرًا ممن هم أعلى من درجتين (متوسط وحاد) من مستوى الانحرافات المعيارية عن متوسط الوزن إلى السن مقارنة بمعايير نمو الأطفال لدى منظمة الصحة العالمية.	انتفاء زيادة الوزن عند الأطفال بحلول عام 2025

ملاحظة:

1) نتيجة لنقص البيانات، تعذر ذكر "مؤشر إصابة النساء في سن الإنجاب بفقر الدم" في هذا التقرير. الارتباط الخاص بالموقع على الإنترنت: http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/

2) تم استعراض المنهجيات والعمليات الكامنة للتقديرات المشتركة بين اليونيسيف ومنظمة الصحة العالمية والبنك الدولي في التقديرات المشتركة لسوء التغذية لدى الأطفال لعام 2012، وقد تم تحديث البيانات بعد ذلك من خلال إصدار عام 2013. وتتضمن مجموعة البيانات المشتركة التي يجري تحديثها بشكل منتظم تقديرات المقاييس البشرية التمثيلية الوطنية، عقب عملية الاختبار بحسب كل وكالة وبمجرد الاتفاق عليها بشكل جماعي.

3) في إطار الجهد المبذول للحفاظ على تسلسل زمني متسق لبيانات المقاييس البشرية القابلة للمقارنة بشكل دولي، يتطلب جزء من عملية التوفيق، التي تستهدف حساب المتوسطات الإقليمية والعالمية وبإجراء تحليلات الاتجاهات، إعادة حساب جميع تقديرات الانتشار المرتبطة بالمقاييس البشرية باستخدام طريقة حسابية معيارية. وقد تم برمجة هذه الطريقة الحسابية في برنامج WHO Anthro ووحدات الماكرو الخاصة به، وقد قام مشروع MEASURE DHS[13] (قياس الاستقصاءات الديمغرافية والصحية) واليونيسيف بمراجعتها. وعلاوة على ما سبق، قامت بعض المؤسسات (مثل مراكز مكافحة الأمراض والوقاية بالولايات المتحدة) بتضمين الطريقة الحسابية في العملية التحليلية للاستقصاء المتعلق بالتغذية. وفي الدول التي يجري فيها جمع بيانات المقاييس البشرية كجزء من استقصاء الديمغرافية والصحة أو المسح العنقودي المتعدد المؤشرات، إما أن تتوفر البيانات الأولية بشكل معلن وإما أن تتضمن برامج معالجة بيانات المسح الطريقة الحسابية التابعة لمنظمة الصحة العالمية بالفعل، و إما أن تتضمن كلا الأمرين. وفي الدول التي تجمع بيانات المقاييس البشرية من خلال مسح وطني خاص بالتغذية (أو نوع آخر من أنواع الاستقصاءات) حيث يجري تحليلها باستخدام طريقة حسابية مختلفة، تُعد إعادة حساب الانتشار المتعلق بالمقاييس البشرية أمرًا ضروريًا من أجل جعل التقديرات قابلة للمقارنة بين الدول وعلى مدار الوقت.

ممارسات تغذية الرضع والأطفال الصغار

المؤشر	التعريف	العلاقة
النظام الغذائي المقبول لمن تبلغ أعمارهم 6-23 شهرًا على الأقل	نسبة الأطفال صغار السن ممن تبلغ أعمارهم 6-23 شهرًا ممن يتغذون بطرق تعكس 3 ممارسات رئيسية لتغذية الرضع والأطفال الصغار خلال اليوم السابق [وفق المبادئ التوجيهية لمنظمة الصحة العالمية[14]]: فيما يتعلق بالأطفال الذين يتغذون بالرضاعة الطبيعية: • تغذية الرضع البالغين 6-8 أشهر مرتين أو أكثر، والأطفال الصغار ممن لديهم 9 إلى 23 شهرًا ثلاث مرات أو أكثر، بالأطعمة الجامدة أو شبه الجامدة أو اللينة • التغذية بالأطعمة التي تنتمي لأربع مجموعات أو أكثر من بين سبع مجموعات من مجموعات الأطعمة فيما يتعلق بالأطفال الذين لا يتغذون بالرضاعة الطبيعية: • رضعتان طبيعيتان باللبن أو أقل مما يساوي تغذية أربع مرات بالطعام الجامد أو شبه الجامد أو اللين أو رضعات اللبن أو أكثر • التغذية بالأطعمة التي تنتمي لأربع مجموعات أو أكثر من بين ست مجموعات من مجموعات الأطعمة	بعيدًا عن الرضاعة الطبيعية، يتحقق النظام الغذائي المقبول عندما يتوفر الحد الأدنى من التنوع الغذائي وتكرار الوجبات على فترات زمنية (إلى جانب مرات الرضاعة الطبيعية باللبن للأطفال الذين لا يتغذون بالرضاعة الطبيعية). يُعد النظام الغذائي المقبول ضروريًا لضمان النمو والتطور المناسبين لدى الأطفال الصغار في الوقت الحرج في الفترة العمرية بين 6 إلى 23 شهرًا عندما يكونون عرضة لسوء التغذية والمرض والوفاة. يوجد دليل قوي على أن التغذية التكميلية المناسبة تقلل من حدوث التقزّم[15]. **اكتشف الدليل الذي تم استعراضه في سلسلة Lancet عام 2013 تأثيرًا كبيرًا للتوعية التغذوية الموجَّهة للسكان الذين لديهم أمن غذائي: اكتساب زائد للطول (متوسط الفرق المعياري 0.35، 95% درجة ثقة 0.08-0.62)، الطول إلى السن (الخطر النسبي 0.34، 95% درجات ثقة 0.21-0.54) واكتساب الوزن (متوسط الفرق المعياري 0.40، 95% درجة ثقة 0.02-0.78).**
التنوع الغذائي لمن تبلغ أعمارهم 6-23 شهرًا على الأقل	نسبة الأطفال ممن لديهم ما بين 6 إلى 23 شهرًا ممن يتغذون على أطعمة أربع مجموعات أو أكثر من سبع مجموعات طعام. ملاحظة: لا تزال دول قليلة تستخدم "ثلاثة على الأقل أو أكثر من مجموعات الطعام" بصفته الحد الأقصى.	

[13] http://microdata.worldbank.org/index.php/catalog/dhs/about

[14] Bhutta Z. et al.، التدخلات المدعومة بالأدلة لتحسن تغذية الأم والطفل: ما يمكن فعله وما تكلفته؟ تغذية الأم والطفل، 2 يونيو، 2013، صفحة 22

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

المؤشر	التعريف	العلاقة
		كان للتوعية التغذوية الموجَّهة للسكان الذين يعانون من عدم الأمن الغذائي آثار كبيرة على: تقليص التقزّم (الخطر النسبي 0.68، 95% درجة الثقة 0.60-0.76)، وزيادة الطول إلى السن (متوسط الفرق المعياري 0.25، 95% درجة ثقة 0.09-0.42)، وزيادة الوزن إلى السن (متوسط الفرق المعياري 0.26، 95% درجة ثقة 0.12-0.41). كان لتقديم الطعام التكميلي مع التوعية أو دونها للسكان الذين يعانون من عدم الأمن الغذائي آثار كبيرة على زيادة الطول إلى السن (متوسط الفرق المعياري 0.39، 95% درجة ثقة 0.05-0.73)، وزيادة الوزن إلى السن (متوسط الفرق المعياري 0.26، 95% درجة ثقة 0.04-0.41) ولكن دون التأثير على تقليص التقزّم[16].

تدخلات الوقاية من نقص الفيتامينات والمعادن

المؤشر	التعريف	العلاقة
الزنك كعلاج للإسهال (لدى الأطفال دون سن الخامسة)	نسبة الأطفال دون السنوات الخمس المصابين بالإسهال الحاد ممن كانوا يحصلون على مكملات تبلغ 20 ملجم من الزنك (ليس أملاح تعويض السوائل عن طريق الفم) يوميًا لمدة بين 10 و14 يومًا، أو 10 ملجم من الزنك يوميًا للرضع دون الأشهر الستة[17]. ملاحظة: لا تتوفر مؤشرات ولا أدوات مقبولة دوليًا لجمع البيانات وتصنيفها فيما يتعلق بمعالجة الأطفال المصابين بالإسهال بالزنك[18].	تؤدي الأمراض المرتبطة بالإسهال إلى وقوع 2 مليون حالة وفاة بين الأطفال دون السنوات الخمس، مما يجعلها ثاني أكثر أسباب وفيات الأطفال انتشارًا في العالم. وقد أشارت الدراسات بشكل متوافق إلى أن الإسهال يمثل أكثر الأمراض الخطيرة المعدية المحددة التي تسبب تقزّم النمو الطولي. وقد أشار تحليل تجميعي لتسع دراسات مجتمعية في الدول ذات الدخل المنخفض إلى أن احتمالات التقزّم خلال عمر 24 شهرًا زادت بشكل مضاعف مع كل نوبة إسهال أو مع كل يوم من الإصابة بالإسهال قبل ذلك العمر. وكانت نسبة التقزّم المتعلقة بآخر خمس نوبات إسهال 25% (95%، درجة الثقة 8-38%)[19]. يوصي الأطباء بإعطاء المريض المكملات التي تحتوي على الزنك حيث تُعد آمنة وفعَّالة خلال معالجة الإسهال. وعلى وجه التحديد، تقلل المكملات التي تحتوي على الزنك والتي يتناولها المريض خلال نوبة الإسهال الحاد فترة النوبة وحدتها، كما أن تناول المكملات التي تحتوي على الزنك مدة بين 10 إلى 14 يومًا يقلل حدوث الإسهال خلال الشهرين التاليين أو الثلاثة أشهر التالية[20]. اكتشف الدليل الذي تم استعراضه في سلسلة Lancet عام 2013 تأثيرًا كبيرًا لتناول مكملات الزنك لعلاج الإسهال فيما يتعلق بما يلي: تقليص التسبب الكامل في الوفاة بنسبة 46% (95%، درجة الثقة 12-68)، وتقليل دخول المستشفى نتيجة أمراض تتعلق بالإصابة بالإسهال بنسبة 23% (95%، درجة الثقة 15-31)، وتقليل فترة الإصابة بالإسهال الحاد بنسبة 0.5 يوم وهذا علاوة على تقليص استمرار الإسهال بفترة 0.68 يوم[21].
النساء الحوامل اللاتي يحضرن 4 زيارات أو أكثر من زيارات رعاية ما قبل الولادة	نسبة النساء ممن تبلغ أعمارهن 15-49 عامًا ممن حصلن على رعاية ما قبل الولادة أربع مرات على الأقل خلال فترة الحمل عن طريق أحد مقدمي الرعاية (ذوي المهارات أو غير ذوي المهارات) نتيجة أسباب تتعلق بالحمل[22].	لتحقيق الإمكانية الكامل لحماية الحياة التي وعدت بها المؤتمر الوطني الأفريقي للنساء والرضع، ينبغي إجراء أربع زيارات تتضمن تقديم التدخلات المرتكزة على الدليل الأساسي وهي الحزمة التي يُطلق غالبًا عليها اسم رعاية الأمومة المركزة. يُستخدم هذا المؤشر بصفة أداة غير مباشرة تتعلق بالحصول على المكملات التي تحتوي على الحديد وحمض الفوليك. توصي منظمة الصحة العالمية بالحصول على جرعة يومية من المكملات التي تحتوي على الحديد وحمض الفوليك عن طريق الفم كجزء من رعاية الأمومة. اكتشف الدليل الذي تم استعراضه في سلسلة Lancet عام 2013 تأثيرًا كبيرًا لتناول المكملات التي تحتوي على الحديد وحمض الفوليك على وزن المواليد (متوسط الفرق 57.7جم، 95% درجة ثقة 7.66-107.79)، وعلى فقد الدم في الفترة المحددة (متوسط الفرق 16.13 جم/لتر، 95% درجة ثقة 12.74-19.52)[23].

[16] Bhutta Z. et al.، صفحة 74

[17] منظمة الصحة العالمية، نظام معلومات مشاهد التغذية، صفحة 10-11

[18] منظمة الصحة العالمية، نظام معلومات مشاهد التغذية، صفحة 11

[19] Bhutta Z. et al.، صفحة 22

[20] للوقاية من الإسهال الحاد ومعالجته، توصي منظمة الأمم المتحدة ومنظمة الأمم المتحدة للطفولة (يونيسيف) بما يلي: الرضاعة الطبيعية الخالصة، وتناول مكمل يحتوي على فيتامين أ، وتحسين النظافة الصحية، وتحسين الحصول على مصادر أكثر نظافة من مصادر مياه الشرب ومرافق الصرف الصحي، والحصول على اللقاح المقاوم للفيروسة العجلية، وأيضًا تناول الزنك الذي يُعد آمنًا وفعَّالاً. على وجه التحديد، المكملات التي تحتوي على الزنك والتي تُعطى للمريض خلال نوبة الإسهال الحاد في فترة المعالجة السريرية للإسهال الحاد.

[21] Bhutta Z. et al.، صفحة 49

[22] شراكة صحة الأم والوليد والطفل. فرص مواليد أفريقيا، الفصل الثاني: رعاية الأمومة. منظمة الصحة العالمية 2006، صفحة 51

[23] Bhutta Z. et al.، صفحة 44

المؤشر	التعريف	العلاقة
مكمل فيتامين أ (6-59 شهرًا)	نسبة الأطفال ما بين 6 إلى 59 شهرًا ممن حصلوا على جرعتين عاليتين من المكملات التي تحتوي على فيتامين أ خلال سنة محددة[24]. الجرعات الموصى بها هي 100،000 وحدة دولية للأطفال ما بين 6 إلى 11 شهرًا، و200،000 وحدة دولية للأطفال ما بين 12 إلى 59 شهرًا.	حدد "التحالف العالمي لفيتامين أ" التغطية الكاملة لفترة تناول المكملات التي تحتوي على فيتامين أ بأنها نسبة الأطفال ما بين 6 و59 شهرًا الذين يحصلون على جرعتين تتراوح المدة بينهما نحو 4 إلى 6 أشهر خلال سنة ميلادية محددة. يجري تجمع التقديرات الوطنية عالميًا وتُعد التقارير المتعلقة بها سنويًا بناءً على البيانات الإدارية عن طريق اليونيسيف. ويتسم العجز عن توفير تقدير الجرعتين للعام المحدد، ونقص اعتبار الحملات الوطنية، وآليات التوزيع، والتوقيت عند تقدير تغطية عمليات تناول المكملات التي تحتوي على فيتامين أ، بأنه مقتصر تحديدًا على تقديرات المكملات التي تحتوي على فيتامين أ المبلغ عنها بناءً على بيانات استقصاء الأسر المعيشية. تحتفظ الوينيسيف بقاعدة بيانات تتعلق بهذا المؤشر على الرابط: http://www.childinfo.org/vitamina.html
الأسر المعيشية التي تستهلك الملح المضاف إليه يود بالقدر الكافي	نسبة الأسر المعيشية التي تستهلك الملح المضاف إليه اليود بالقدر الكافي، وفقًا لتعريف الملح الذي يحتوي على 15-40 جزءًا لكل مليون جزء من اليود[25].	تنتشر الإصابة بنقص اليود وتقترن بشكل واضح بأمراض الغدة الدرقية، ولكن يظهر أثره الشديد في اعتلال النمو والتطور العقليين مما يساهم في ظهور الأداء الدراسي الضعيف وانخفاض القدرة العقلية واعتلال الأداء الوظيفي. اكتشف الدليل الذي تم استعراضه في سلسلة Lancet عام 2013 تأثيرًا كبيرًا على النساء الحوامل: وزن المولود أعلى بنسبة 3.82-6.30%، انخفاض نقص التطور بسبب درقي عند عمر الرابعة (نسبة الخطر 2.27، 95% درجة الثقة 0.12-0.60) وارتفاع الدرجات التنموية 10-20% لدى الأطفال الصغار[26]. لتحقيق الهدف العالمي لإضافة اليود إلى الملح، ينبغي أن تكون نسبة استهلاك الأسر المعيشية للملح المضاف إليه يود بالقدر الكافي أعلى من 90%.

تمكين المرأة

المؤشر	التعريف	العلاقة
محو أمية الإناث	نسبة النساء القادرات على إظهار قدرتهن على قراءة جملة بسيطة بشكل كامل أو جزئي بأي لغة من اللغات التي تنتمي لمجموعة اللغات الرئيسية الموجودة بالدولة[27].	تُعد القدرة على القراءة ثروة شخصية بالغة الأهمية تتيح للمرأة الانتفاع بمزيد من الفرص في الحياة. أظهر تحليل ارتكز على 19 مجموعة بيانات من الاستقصاء الديمغرافي والصحي (جُمعت منذ 1999) أن التعرض لخطر التقزّم يقل بشكل بارز بين الأمهات الحاصلات على التعليم الابتدائي على الأقل (نسبة الاحتمالات 0.89، 95% درجة ثقة 0.85-0.93)، وتنخفض أيضًا (قيمة احتمالية أقل من 0.001) بين الأمهات الحاصلات على التعليم الثانوي (0.75، 0.71-0.79). ويقلل التعليم الأبوي أيضًا، بالحصول على كلٍ من مستويي التعليم الابتدائي أو الثانوي، خطر التعرض للتقزّم بالرغم من انخفاض نسبة الاحتمالات مقارنة بتعليم الأمهات. وبالرغم من الاقتران الشامل، يوجد تغايير جدير بالتقدير في أحجام التأثير في الدول المنفردة، مما يُعد مؤشرًا على الاختلافات في كلٍ من جودة التعليم والبيانات[28].
معدل عمالة الإناث[29]	تُحسب معدلات العمالة باعتبارها نسبة العاملات إلى السكان في سن العمل. يتحدد سن العمل بشكل عام بأنه الأفراد في الفئة العمرية ما بين 15 إلى 64 عامًا وهذا بالرغم من أن سن العمل في بعض الدول يتحدد بأنه ما بين 16 إلى 64 عامًا[30].	تدخل النساء بشكل متزايد إلى القوة العاملة، وتحتاج الأمهات إلى التوفيق بين رعاية الأطفال والمسؤوليات المنزلية بما يتناسب مع ساعات العمل، وغالبًا ما يتركن وقتًا قليلاً للاعتناء بأنفسهن. وعلى الجانب الآخر، ربما يقدم الدخل المستفاد من الأجور فوائد صحية للنساء بالسماح لهن بشراء الحاجات الأساسية مثل المسكن والمأكل. لقد أظهر عمل المرأة تأثيره بتحسين تناول الأنظمة الغذائية والتأثير على الخصوبة. ويعزز استقلال المرأة وحسن معيشتها نتيجة الدخل المكتسب من العمل خارج المنزل، وهو ما من خلاله انخفضت اعتماديتها الاجتماعية على الشريك من الذكور. ومع ذلك، دفعت الضغوط الاقتصادية المفروضة على المرأة التي تعيش في حالة من الفقر إلى مباشرة أعمال الزراعة، وقد تتقهقر الحالة الغذائية للمرأة وصحتها بسبب ما يستلزمه العمل من طول الساعات والمشقة.

[24] منظمة الصحة العالمية، نظام معلومات مشاهد التغذية، صفحة 9

[25] منظمة الصحة العالمية، نظام معلومات مشاهد التغذية، صفحة 51-61

[26] Bhutta Z. et al.، صفحة 44

[27] Mukuria et al.، سياق صحة المرأة: النتائج الواردة في الاستقصاءات الديمغرافية والصحية، 1994-2001، التقارير الديمغرافية المقارنة رقم 11، شركة ORC Macro، ديسمبر 2005، ص. 23.

[28] Ruel M. et al.، التدخلات والبرامج التي تراعي التغذية: كيف يمكن أن تساعد في تسريع التقدم في تحسين تغذية الأم والطفل؟ تغذية الأم والطفل، 3 يونيو، 2013، صفحة 22

[29] Mukuria et al.، ص. 27

[30] منظمة التعاون والتنمية في الميدان الاقتصادي، الدراسة الاستشرافية التابعة لمنظمة التعاون والتنمية في الميدان الاقتصادي حول العمالة، 2006

المؤشر	التعريف	العلاقة
متوسط العمر في الزواج الأول[31]	يخضع متوسط عمر المرأة في الزواج الأول خلال حياتها إلى معدلات أعمار الزواج المحددة للزواج الأول فقط في عام محدد[32].	يقدم عمر أول علاقة زوجية وأول زواج وأول إنجاب صورة للتأثيرات الأولية على الخصوبة والتي تُعد إيحائية فيما يتعلق بالنتائج المرتبطة بالخصوبة. في معظم الدول، يُعد الزواج المؤشر الأولي لتعرض المرأة لخطر الحمل ولذلك يُعد مهمًا لفهم الخصوبة. تميل المجتمعات السكانية التي ينخفض فيها سن الزواج إلى الإنجاب في سن مبكر وإلى الخصوبة العالية، ولذلك من الأهمية اختبار الاتجاهات العمرية في الزواج الأول. تُعد البيانات التي تتعلق بالسن عند أول علاقة جنسية مقياسًا مباشرًا لبداية التعرض للحمل. ويقترن السن الذي يبدأ عنده الإنجاب بعدد الأطفال الذين تنجبهم المرأة خلال فترة الإنجاب في ظل غياب أي تحكم نشط في الخصوبة.
الحصول على القبالة الماهرة[33]	نسبة عمليات ولادة الأحياء التي يحضرها أفراد رعاية صحية ماهرون (الأطباء، أو الممرضات، أو القابلات)	يُعتبر حضور موظفي الرعاية الصحية الماهرين في جميع عمليات الولادة أهم التدخلات الدقيقة لضمان الأمومة الآمنة، وهذا لكون ذلك يسرِّع الولادة في الوقت المناسب لعمليات التوليد العاجلة ورعاية المواليد وذلك عند ظهور المضاعفات التي تهدد الحياة[34]. لا يشير حضور أفراد الرعاية الصحية الماهرين إلى وجود القابلات وغيرهن ممن لديهم مهارات القبالة فحسب، (الأمهات اللاتي يقدمن خدمة للأمهات)، ولكن يشير أيضًا إلى البيئة التمكينية التي يحتجن إليها ليستطعن أداء دورهن بكفاءة. ويشير ضمنًا أيضًا إلى الحصول على مستوى من رعاية التوليد أكثر شمولية في حالة وجود مضاعفات تتطلب إجراء عملية جراحية أو نقل دم.
النساء اللاتي يلدن للمرة الأولى قبل بلوغ سن 18 عامًا	نسبة النساء ما بين 02 و42 عامًا ممن يلدن للمرة الأولى قبل بلوغ سن 81 عامًا[35].	يحيط حالات الحمل في سن المراهقة ارتفاع خطر تعرض الأمهات والأطفال للمضاعفات وللوفاة وحصول نتائج ولادة أسوأ مقارنة بحالات الحمل لدى النساء الأكبر سنًا. وعلاوة على ما سبق، يؤدي الحمل في سن المراهقة إلى تقليل سرعة نمو الفتاة وتقزّمها. وفي بعض البلدان يعاني كثير من الفتيات في سن المراهقة بما يبلغ نصف الفتيات من التقزّم مما يزيد خطر التعرض لنتائج الولادة السيئة[36]. تقترن عمليات الولادة لدى النساء الصغيرات بين سن 51 و91 عامًا بشدة بمخاطر صحية يعاني منها الأمهات والرضع على السواء. وكثيرٌ من هذه المخاطر يقترن بالولادة للمرة الأولى. ولكون الأمهات في سن المراهقة عادةً ما يصبحن أمهات للمرة الأولى، يُعد فصل هذه المخاطر عنهن أمرًا صعبًا. وأما معدل وفيات المراهقات أثناء الولادة، فمرتفع بشكل غير متناسب. ففي العديد من الدول، يزيد خطر وفاة المراهقات بين سن 51 و91 عامًا نتيجة الأسباب المرتبطة بالحمل ضعفين مقارنة بالنساء الأكبر سنًا[37].
معدل الخصوبة[38]	يمثل معدل الخصوبة الإجمالي عدد الأطفال الذين يمكن أن تلدهم المرأة إذا ما بقيت لتعيش إلى نهاية سنوات الإنجاب وأنجبت الأطفال في ضوء المعدلات الحالية للخصوبة المحددة بالسن[39].	**يُستخدم هذا المؤشر بصفة أداة غير مباشرة تتعلق بالمباعدة بين مرات الولادة.** يوجد ترابط مع سوء الحالة الصحية للأم وسوء تغذيتها وذلك في الدول وبين المجموعات التي تشهد ارتفاع معدل الخصوبة. تزيد الفترات القصيرة بين مرات الحمل خطر انخفاض وزن المواليد (نسبة الاحتمال 56.1، 59% درجة ثقة 41.2-72.1)، وخطر الولادة المبكرة (نسبة الاحتمالات 54.1، 59% درجة ثقة 16.1-03.1). وأظهرت التقارير أن تكرار مرات الحمل وسن الأمومة المتقدم يؤثران أيضًا في انخفاض وزن المواليد (نسبة الخطر 16.1، 59% درجة الثقة 42.2-61.1). تؤكد هذه النتائج على ضرورة تحسين أوضاع عمر المرأة عند الحمل الأول وحجم الأسرة والفواصل الزمنية بين مرات الحمل[40].

[31] Mukuria et al.، ص.35-36

[32] الأمم المتحدة، تقرير الخصوبة في العالم، 2009

[33] صندوق الأمم المتحدة للسكان، الرعاية الصحية الماهرة عند الولادة

[34] Black R. et al. نقص تغذية الأم والطفل وزيادة الوزن في الدول ذات الدخل المنخفض والمتوسط، تغذية الأم والطفل 3، يونيو 2013

[35] منظمة الصحة العالمية، موضوع المساعدة: النساء بين سن 15 و19 عامًا ممن أصبحن أمهات أو حوامل في المولود الأول

[36] Black R. et al.، نقص تغذية الأم والطفل وزيادة الوزن في الدول ذات الدخل المنخفض والمتوسط، تغذية الأم والطفل 1، يونيو 2013، ص. 17

[37] منظمة الصحة العالمية، نظام معلومات مشاهد التغذية، صفحة 20

[38] Mukuria et al.، ص.38

[39] البنك الدولي، مؤشر معدل الخصوبة، إجمالي (مرات الولادة لكل امرأة)

[40] Bhutta et al.، صفحة 43

المؤشرات الأخرى التي تراعي التغذية

المؤشر	التعريف	العلاقة
معدل التحضر	نسبة السكان الذين يعيشون في المناطق الحضرية وفقًا لتعريفه حسب التعريف الوطني المستخدم في أحدث الإحصاءات السكانية.	غالبًا ما يتم تجاهل فقراء المدن، كما أن الأطفال الذين يعيشون في إطار المناطق الحضرية الفقيرة يعانون من خطر تعذر وصول جهود التنمية إليهم. كما أن زيادة النمو الحضري من المحتمل أن تتسبب في اتساع فجوة عدم المساواة وبالتالي ترتفع احتياجات الأطفال بالمناطق الحضرية، وخاصة في المناطق الحضرية بأفريقيا والتي تشهد حاليًا أعلى معدلات للنمو الحضري مع وجود 200 مليون طفل يعيشون بالمناطق الحضرية، بينما يعيش 60 بالمائة من سكان المناطق الحضرية بأفريقيا في ظروف الأحياء الفقيرة[41]. وقد أظهر تحليل الارتداد، الذي أجرته منظمة "إنقاذ الطفولة" لبيان الأهمية النسبية والمطلقة للعوامل الكامنة والهيكلية للتقزّم في مجموع بيانات 128 دولة، أن ارتفاع السكان بالمناطق الحضرية وارتفاع متوسط الناتج الإجمالي المحلي لكل فرد يرتبط بشكل كبير بانخفاض مستويات انتشار التقزّم[42].
نصيب الدخل الذي يستحوذ عليه قطاع نسبة 20% الأقل	نسبة نصيب الدخل أو الاستهلاك الذي يستحوذ عليه أقل من 20% من السكان المشار إليه بالخمس[43].	يُعد نصيب دخل الخمس الأفقر من السكان عاملاً مهمًا في وجود التقزّم بين الدول التي تعاني من ارتفاع عبء التقزّم - دون غيرها من المناطق[44].
السعرات الحرارية للفرد في اليوم (كيلو كالوري/فرد/يوم)	يقدر الإمداد بالسعرات الحرارية بالكيلو كالوري لكل فرد يوميًا، مؤشر **جودة الطعام**[45].	تقترن كمية الإمداد بالطعام (السعرات الحرارية المتوفرة لكل فرد) بشدة باستخدام الأسمدة لكل وحدة أرض وبنسبة الأراضي الزراعية. ومن الناحية الأخرى، ترتبط سلبيًا بتنوع الناتج المحلي[46].
الطاقة من إمدادات أخرى غير الأغذية الأساسية	تقدر نسبة السعرات الحرارية المستفادة من الأطعمة غير الرئيسية (جميعها عدا الحبوب والجذور والدرنيات) في الإجمالي المحلي للإمداد بالطاقة، كمؤشر على **تنوع النظام الغذائي**[47].	يُعد تنوع الإمداد بالطعام (الطاقة المستفادة من غير الأطعمة الرئيسية، بما يعني منتجات المحاصيل والمواشي التي تختلف عن الحبوب والدرنيات) أحد المقاييس التي تراعي التغذية والتي تتأثر بالتحولات الاقتصادية. وفي الدول ذات الدخل المنخفض، يُعتمد على تنوع الناتج المحلي خلافًا للدول التي تشهد تحولات اقتصادية والدول ذات الدخول المرتفعة حيث يصبح الدخل والتجارة أكثر أهمية. ويتمثل المؤشران الإيجابيان الآخران في الحصول على التمويل لصالح المزارعين وتحسين البنية الأساسية للطرق، وعلى النقيض، يقترن تكثيف الزراعة (يقاس بعدد الجرارات المتوفرة لكل وحدة أرض زراعية) سلبيًا بتنوع إمدادات الطعام[48].
توفر الحديد من المنتجات الحيوانية (ملغ/فرد/يوم)	يقدر توفر الحديد الحيواني (ملجم لكل فرد يوميًا) في إمداد الغذاء الوطني، كمؤشر على توفر المغذيات الصغرى[49].	يقترن توفر الحديد من المنتجات الحيوانية بإمدادات التغذية بشكل إيجابي بالبحث والتنمية الزراعيين، ويُعد أحد الأمور التي تقترن بشكل سلبي بتعريفة استيراد المنتجات الزراعية. ولا توجد علاقة بعدد الحيوانات المتوفرة لكل فرد في الإنتاج[50].
الحصول على مرافق الصرف الصحي المحسَّنة	يشير الحصول على مرافق الصرف الصحي المحسَّنة إلى نسبة السكان المنتفعين بهذه المرافق. تتضمن مرافق الصرف الصحي المحسَّنة تدفق الماء/التنظيف بسكب الماء (إلى أنابيب شبكة المجاري، خزان التحليل، مرحاض بئري)، والمرحاض المحسن المهوى، والمرحاض البئري المبلَّط والمراحيض السمادية[51].	لقد أظهرت الدراسات وجود علاقة بارزة بين الاعتلال والحصول على الماء النظيف وطول الأطفال. للحصول على مزيد من التفاصيل، يرجى مطالعة "المياه والصرف الصحي وصحة الأطفال" (الدليل المستفاد من 172 استقصاءً من الاستقصاءات الديمغرافية والصحية) http://sanitationupdates.files.wordpress.com/2010/05/worldbank-dhs2010.pdf

[41] منظمة إنقاذ الطفولة، نداء من المناطق الحضرية بأفريقيا، تأثير النمو الحضري على الأطفال، نوفمبر 2012، ص 8

[42] منظمة إنقاذ الطفولة، هدف تقليص التقزّم حول العالم: التركيز على الأفقر أو الملايين المهملة

[43] البنك الدولي، مجموعة بحوث التنمية. تعتمد البيانات على بيانات المسح الأولي للأسر المعيشية التي قدمتها الوكالات الحكومية والإدارات القطرية التابعة للبنك الدولي. البيانات المتعلقة بالاقتصاديات ذات الدخل المرتفع واردة من قاعدة بيانات دراسة الدخل بلكسمبورغ. http://iresearch.worldbank.org/PovcalNet/index.htm

[44] منظمة إنقاذ الطفولة، هدف تقليص التقزّم حول العالم: التركيز على الأفقر أو الملايين المهملة

[45] FAOStat http://faostat.fao.org/

[46] معهد الأرض، جامعة كولومبيا، محاكاة إمكانية الاستثمارات المعنية بالتغذية

[47] FAOStat http://faostat.fao.org/

[48] Earth Institute, Columbia University, Simulating Potential of Nutrition-Sensitive Investments

[49] FAOStat http://faostat.fao.org/

[50] Earth Institute, Columbia University, Simulating Potential of Nutrition-Sensitive Investments

[51] WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org)

المؤشر	التعريف	العلاقة
التغوط في العراء	نسبة تغوط السكان في العراء في الحقول والغابات والأدغال والكتل المائية وغيرها من المساحات المفتوحة[52].	يفسر التغوط في العراء نسبة 54% من التغيير الدولي في طول الأطفال مقارنة مع الناتج الإجمالي المحلي والذي يفسر 29%. ويقترن 20 بالمائة من تقليص التغوط في العراء بزيادة 0.1 فرق معياري في طول الطفل[53].
الحصول على مصادر مياه الشرب المحسَّنة	يشير الحصول على مصادر مياه الشرب المحسَّنة إلى نسبة السكان المنتفعين بهذه المصادر. يتحدد مصدر مياه الشرب المحسَّن بأنه المصدر المحمي، نتيجة طبيعة تركيبه أو من خلال التدخل النشط، من التلوث الخارجي وخاصةً من التلوث بالمواد الغائطية[54].	لا يُعد الحصول على إمدادات المياه المناسبة حاجة أساسية فحسب، ولكنه حق إنساني أيضًا. علاوة على أن الحصول على إمدادات المياه يحقق منافع صحية واقتصادية كبيرة للأسر المعيشية والأفراد. ومن المسلمات أيضًا أن الحصول على مياه الشرب والصرف الصحي المحسَّنين يشكل أهمية أساسية وسوف يسرِّع وتيرة إنجاز الأهداف الإنمائية الثمانية للألفية جميعها[55]. لقد أظهر تحليل الارتداد الذي أجرته منظمة "إنقاذ الأطفال" أن الحصول على مياه الشرب الآمنة في المناطق الريفية كان من بين العوامل الرئيسية لتقليص التقزّم[56]. أكدت مراجعة مؤسسة كوكرين لتأثير تدخلات "توفير المياه وخدمات الصرف الصحي والنظافة الصحية للجميع" على نتائج التغذية، أهمية تحسين جودة المياه (أيضًا وعلى إمدادات المياه العلوية)[57].
الحصول على المياه المنقولة بالأنابيب بالمباني	نسبة السكان المنتفعين بالمياه المنقولة عبر الأنابيب بصفتها مصدرًا لمياه الشرب.	
المياه السطحية بصفتها مصدرًا لمياه الشرب	نسبة السكان المنتفعين بالمياه السطحية (النهر، السد، البحيرة، البركة، البركة، العين، القناة، قناة الري) بصفتها مصادر لمياه الشرب[58].	
الناتج الإجمالي المحلي لكل فرد (بالدولار الأمريكي حاليًا، 2013)	يمثل الناتج الإجمالي المحلي لكل فرد قيمة الناتج الإجمالي المحلي مقسومًا على السكان في منتصف العام. يمثل الناتج الإجمالي المحلي مجموع القيمة الإجمالية التي يضيفها جميع المنتجين المقيمين إلى الاقتصاد مضافًا إليها أي ضرائب مفروضة على المنتجات مطروحًا منها أي دعم لا تتضمنه قيمة المنتجات. وتُحسب دون إجراء أي خصومات نتيجة استهلاك الأصول المصنوعة أو نضوب الموارد الطبيعية أو تدهورها[59].	
صادرات الناتج الإجمالي المحلي لكل فرد (بالدولار الأمريكي حاليًا، 2012) / واردات الناتج الإجمالي المحلي لكل فرد (بالدولار الأمريكي حاليًا، 2012)	يمثل تصدير/استيراد المنتجات الزراعية لكل فرد القيمة الإجمالية بالدولار للتصدير والاستيراد الزراعيين مقسومًا على السكان في منتصف العام[60].	يمكن أن يؤدي التحول من زراعة الكفاف إلى الزراعة التجارية - غالبًا في ارتباط بالصادرات - إلى تعريض عملية المقايضة إلى خطر يتمثل في تصدير عناصر الأطعمة الغذائية وانخفاض مستوى حصول الأسر المعيشية المحلية على الأطعمة الغذائية والانتفاع بها بشكل فعلي. تشير دراسة الحالة التي تتعلق بماليزيا وغانا أيضًا إلى أنه بجانب تحول الدول ذات الدخول المنخفضة إلى الإنتاج المتخصص للمحاصيل القليلة، من الأهمية ضمان توفير الإمداد بالأطعمة المتنوعة خلال السوق العالمي.

[52] WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org)

[53] WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org)

[54] WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org)

[55] WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org)

[56] منظمة إنقاذ الطفولة، هدف تقليص التقزّم حول العالم: التركيز على الأفقر أو الملايين المهملة

[57] Dangour et al. التدخلات من أجل تحسين جودة المياه وإمداداتها، وممارسات الصرف الصحي والنظافة الصحية وتأثيرها على حالة الغذائية للأطفال، قاعدة بيانات نظام كوكرين المنقَّح عام 2013. ص. 27

[58] WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org)

[59] World Bank, Indicator GDP per capita (current US$)

[60] World Trade Organization

2.2.1 تفسير رسوم المجالات

رسوم هدف تقليص التقزّم

توصي جمعية الصحة العالمية بتحقيق متوسط معدل تخفيض سنوي يبلغ 3.9% لاستيفاء الهدف العالمي الذي يتطلع إلى تخفيض 40% من عدد الأطفال المصابين بالتقزّم حول العالم بحلول عام 2025. ولتحديد إنجاز الانخفاض والفجوة المحتملة بحلول 2025 في ضوء السيناريو الحالي، صممت هيئة الخدمات الاستشارية في مجال التغذية التابعة للمفوضية الأوروبية بالتعاون مع منظمة الصحة العالمية "أداة حساب تقليص التقزّم"، والتي تقدر الرقم المتوقع للأطفال المصابين بالتقزّم بحلول عام 2025 على المستوى القطري وفقًا للاتجاه الحالي لتقليص التقزّم أو المرغوب في تحقيقه (بما يعني 40% من الرقم الحالي).

تطبق الحسابات في ظل السيناريو الحالي متوسط معدل التخفيض السنوي الحالي على أحدث قيمة انتشار متوفرة والتي انتقلت إلى العام الذي يمثل خط الأساس (بما يعني عام 2012)، بينما يبدأ السيناريو المفضَّل من تقدير الرقم المستهدف للأطفال المصابين بالتقزّم في عام 2025، أي 40% أقل من العدد المقدَّر للأطفال المصابين بالتقزّم لدى خط الأساس. ولذلك، تعتمد الحسابات على هذا الهدف عام 2025، في عدد الأطفال، ويُحسب الانتشار المطابق باستخدام الإسقاطات الديمغرافية. وبعد ذلك يُستخدم المنحدر بين الانتشار عند خط النهاية والانتشار عند عام البدء (لأي خطة/برنامج لتقليص التقزّم)، وعدد السنوات بين هاتين النقطتين الزمنيتين لحساب متوسط معدل التخفيض السنوي (الهدف) المرغوب في تحقيقه اللازم للوصول إلى الانتشار المستهدف.

الاتجاهات والأهداف المتعلقة بالتقزّم والهزال والرضاعة الطبيعية الخالصة

المؤشر	التعريف	العلاقة
متوسط معدل التخفيض السنوي	يُستخدم متوسط معدل التخفيض السنوي للتحليل من أجل مراقبة وتقييم الاتجاه العالمي في انتشار التقزّم بين الأطفال دون الخامسة، ولتحديد قدر معدل تغيير الانتشار من خط الأساس إلى العام الحالي. وإذا كان الانتشار معلومًا وكان معدل التخفيض السنوي ثابتًا، فمن ثمَّ يمكن حساب الانتشار في العام التالي[61].	انخفض انتشار التقزّم على مستوى العالم للأطفال دون الخامسة بنسبة 36% خلال العقدين الماضيين - من تقدير بلغ 40% عام 1990 إلى 26% عام 2011. وهذا يحقق متوسط معدل تخفيض سنوي يبلغ 2.1% كل عام[62]. يبلغ متوسط معدل التخفيض السنوي يبلغ 3.9% لاستيفاء الهدف العالمي الذي يتطلع إلى تخفيض 40% من عدد الأطفال المصابين بالتقزّم حول العالم بحلول عام 2025.

خلال فعاليات حدث "التغذية من أجل النمو" المنعقد في 8 يونيو عام 2013 بلندن، تعهدت حكومة 15 دولة بزيادة الموارد المحلية لرفع مستوى التغذية، وأعلنت حكومات 12 دولة مشاركة في "التغذية من أجل النمو" الأهداف المحلية التي تنشد تخفيض التقزّم. وبالتالي تم ذكر هذه الأهداف الوطنية في السجلات القطرية لكل دولة منفردة.

ويشير كل رسم إلى انتشار التقزّم والهزال والرضاعة الطبيعية الخالصة لكل نقطة بيانات متوفرة منذ عام 2000 بالاعتماد على استقصاءات الأسر المعيشية. وفي حالة التوفر، يُشار إلى مستوى الانتشار في دول الخمس الأقل دخلاً و مستوى الانتشار في دول الخمس الأعلى دخلاً. ويفسر الخط المنقَّط الارتداد الطولي.

لا يُحسب متوسط معدل التخفيض السنوي إلا لحالات التقزّم فحسب.

[61] الونيسيف، الملاحظة الفنية: كيفية احتساب متوسط معدل التخفيض السنوي لانتشار نقصان الوزن

[62] اليونيسيف، تحسين تغذية الأطفال: واجب التقدم العالمي القابل للتحقيق، اليونيسيف، أبريل 3102، ص.8.

توزيع حالات التقزّم عبر الخمس المستحوذ على الثروات

يعرض جدول توزيع التقزّم عدم المساواة في الحالة التغذوية عبر جميع قطاعات الخمس المستحوذة على الثروة - الأدنى، والثاني، والمتوسط، والرابع، والأعلى. ويستخدم الجدول أحدث نقطة بيانات متوفرة مأخوذة من الاستقصاء الوطني للأسر المعيشية.

ويتحدد متوسط انتشار التقزّم الوطني إلى جانب الهدف الوطني لانتشاره لعرض الفرق في انتشار التقزّم لدى كل خمس من الأخماس المستحوذة على الثروة.

ويتوفر غالبًا توزيع التقزّم عبر الأخماس المستحوذة على الثروة عن طريق تقارير الاستقصاءات الديمغرافية والصحية والمسوحات العنقودية المتعددة المؤشرات الصادرة خلال السنوات القليلة الماضية.

3.2.1 مصادر البيانات

تتمثل المصادر الأولية لمؤشرات التغذية في الاستقصاءات الوطنية للأسر المعيشية المنشورة مثل الاستقصاءات الديمغرافية والصحية والمسوحات العنقودية المتعددة المؤشرات. وفي حالة عدم توفر تقارير الاستقصاءات الديمغرافية والصحية أو المسوحات العنقودية المتعددة المؤشرات، يتم الاستفادة باستقصاءات المستوى الوطني التابعة لمبادرة الرصد الموحد وتقييم الإغاثة والحالات الانتقالية[63].

وتتضمن مصادر البيانات الإضافية: قاعدة بيانات البنك الدولي، وقاعدة بيانات التقديرات السكانية بالأمم المتحدة، وقاعدة بيانات اليونيسيف المتعلقة بنقص فيتامين أ، وغير ذلك من مصادر البيانات المذكورة في الببليوغرافية.

معلومات الاتصال:

للاستفسار حول مصادر الأرقام والبيانات، يرجى الاتصال بالأستاذ شاويو لين
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نتوجه بشكر خاص إلى الزملاء في إدارة السياسة والتخطيط، بقسم الإحصاءات والرصد، بمنظمة الأمم المتحدة للطفولة، والذين كانت المدخلات التي قدموها بالغة الأهمية وأساسية في إنجاز هذه الوثيقة.

[63] يُعتمد على استقصاءات مبادرة الرصد الموحد وتقييم الإغاثة والحالات الانتقالية بصفتها مصدرًا للبيانات في السنغال وموريتانيا وسيراليون.

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الفصل 2

الفصل الثاني:
نظرة عامة على التقدم الذي حققته الدول المشتركة في حركة تعزيز التغذية (SUN)

يقدم هذا الفصل نظرة عامة على الإنجازات المحققة في 37 دولة مشتركة في حركة تعزيز التغذية خلال العام الماضي، وقد تم تعيينها من خلال سلسلة من علامات التقدم التي سجلها الأعضاء في منصات أصحاب المصلحة المتعددين الوطنية (MSPs) من داخل الدول المشتركة في الحركة. ويلخص المعلومات الواردة في التقارير المتداولة بين الدول المشتركة في حركة تعزيز التغذية قبل سبتمبر 2013[64]. وقامت الدول المنضمة إلى الحركة خلال العام الماضي بتجميع تقرير أساسي يُقدم في الموجزات القطرية في الفصل الثالث من هذا الملخص.

نفذت 37 دولة تدريب التقييم الذاتي بين شهري أبريل ويونيو 2014، وكان من بينها 17 دولة انضمت إلى الحركة قبل سبتمبر 2011 (منها ثلاث دول انضمت في نهاية 2010)، و 10 دول اشتركت في الفترة بين سبتمبر 2011 وسبتمبر 2012، وكذلك 10 دول أخرى في الفترة بين سبتمبر 2012 و سبتمبر 2013.

تم الانتهاء من التقييم الذاتي للتقدم السنوي المحرز بما يتماشى مع أربع عمليات مرتبطة بالأهداف الاستراتيجية المحددة في إستراتيجية حركة تعزيز التغذية في الفترة بين 2012-2015:

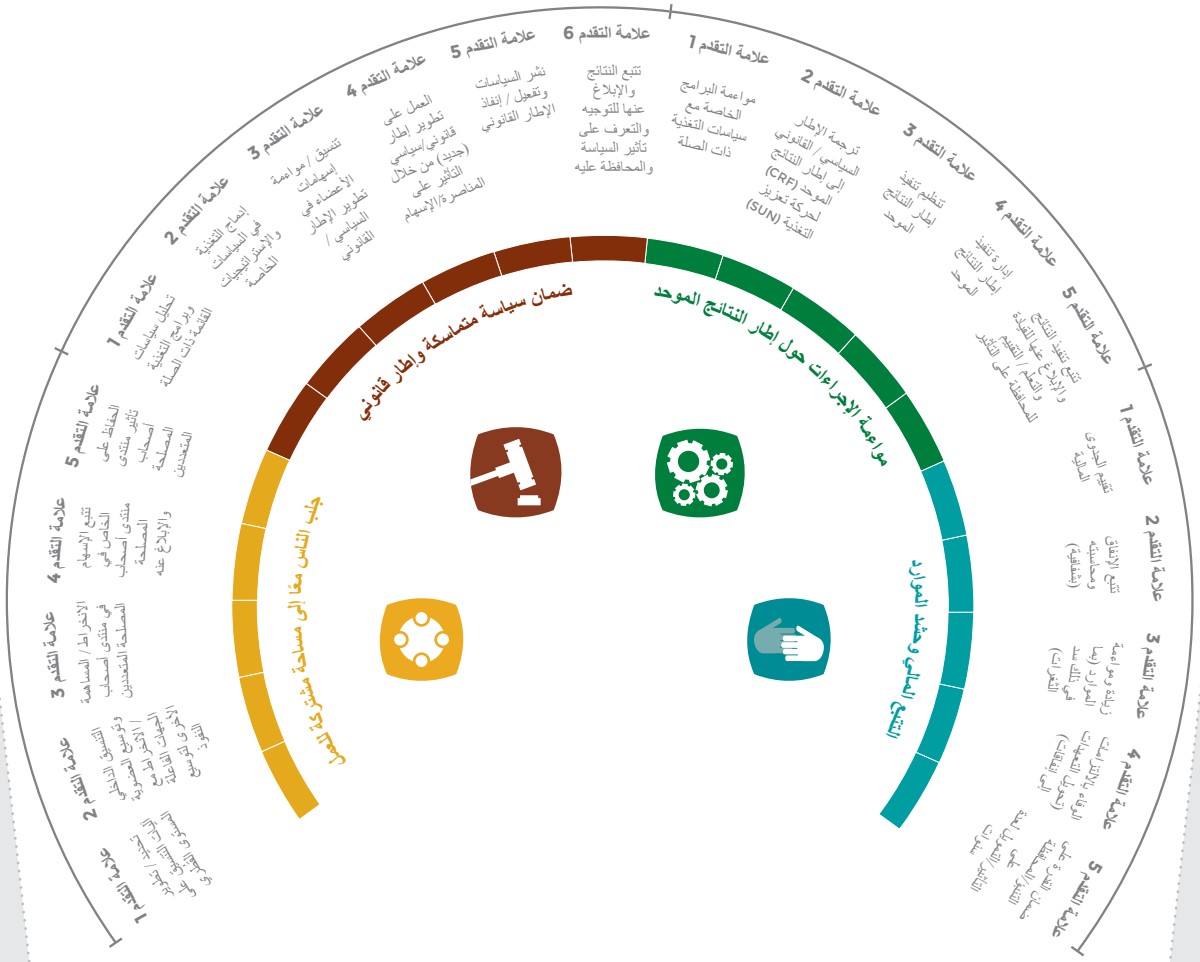
1. جلب الناس إلى مساحة مشتركة للعمل
2. ضمان سياسة متماسكة وإطار قانوني
3. المواءمة حول إطار نتائج مشترك
4. التتبع المالي وحشد الموارد

[46] لم تستطع كل من إثيوبيا وسريلانكا وزامبيا تنظيم حلقات العمل المعنية بالتقييم الذاتي. وتولت الأمانة العامة لحركة تعزيز التغذية رصد النتائج التي حققتها الدول، بينما تمت مصادقتها من قبل المراكز التنسيقية الحكومية المعنية بحركة تعزيز التغذية.

استكملت 37 دولة مشتركة في حركة تعزيز التغذية تقييماتها الذاتية في عام 2014. تم تجميع تحليلات الـ 13 دولة المتبقية من خلال التواصل مع أمانة حركة تعزيز التغذية. دول حركة تعزيز التغذية الأربعة الجديدة - كمبوديا، وليسوتو، والفلبين، والصومال - لم تتم تغطيتها بالتفصيل. انظر الفصل الأول للحصول على نظرة عامة كاملة حول المنهجية.

التقدم المحرز في 50 دولة مشتركة في حركة تعزيز التغذية

العمليات الأربعة لحركة تعزيز التغذية
وعلامات التقدم المرتبطة بها



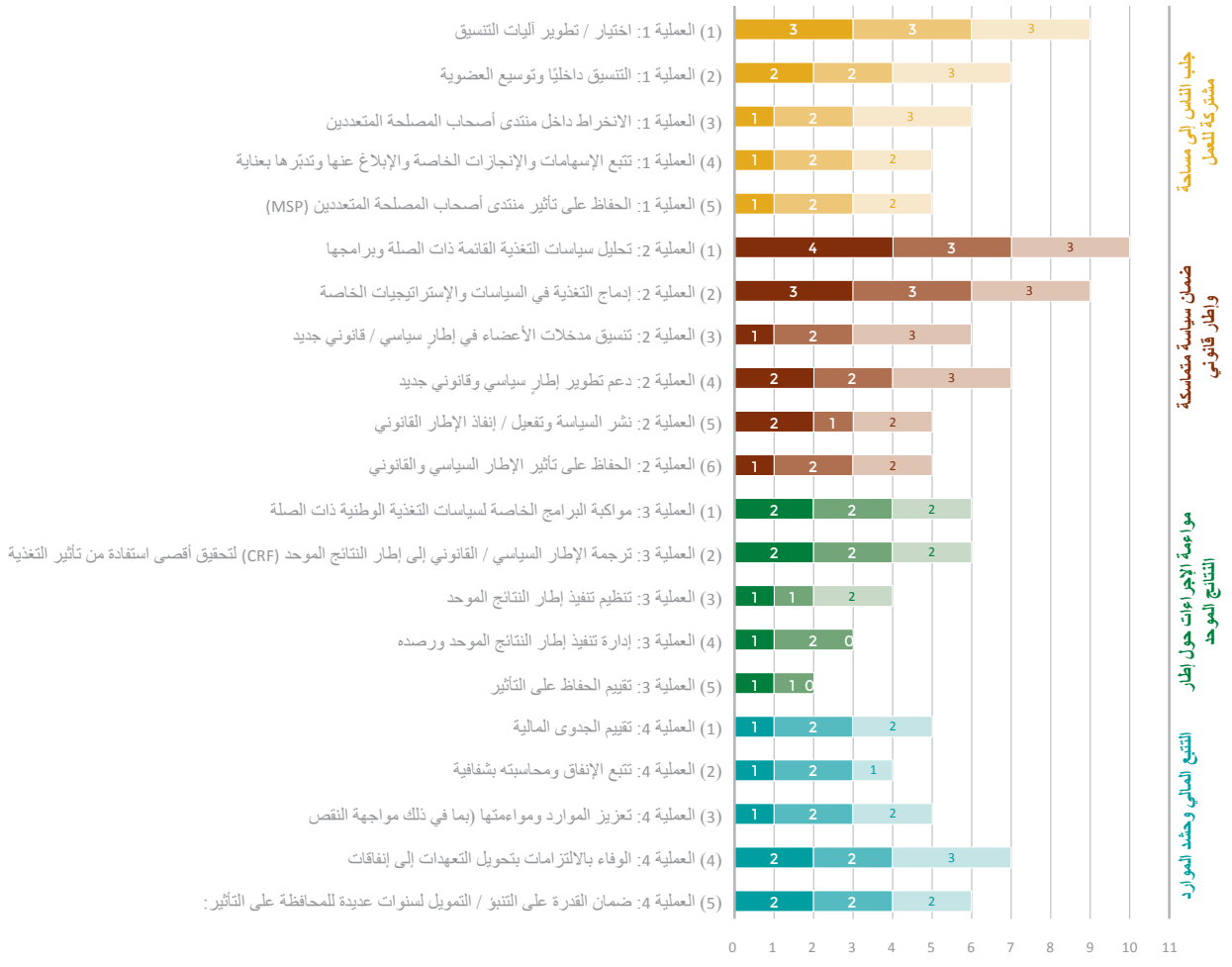
العمليات الأربعة لحركة تعزيز التغذية المرتبطة بالأهداف الاستراتيجية الأربعة الموضحة في استراتيجية حركة تعزيز التغذية لعام 2012-2015.

وقد طُلب من المشاركين الاتفاق الجماعي على نتيجة مشتركة بشأن المدى الذي تظهر به كل علامة تقدم في منصة أصحاب المصلحة المتعددين. ولرصد النتائج، استخدموا مقياس من خمس نقاط (مثلاً، النتيجة أنه غائب/لا ينطبق (النتيجة = 0) أو بدأ (1) أو مستمر (2) أو أوشك على الانتهاء (3) أو انتهى (4).

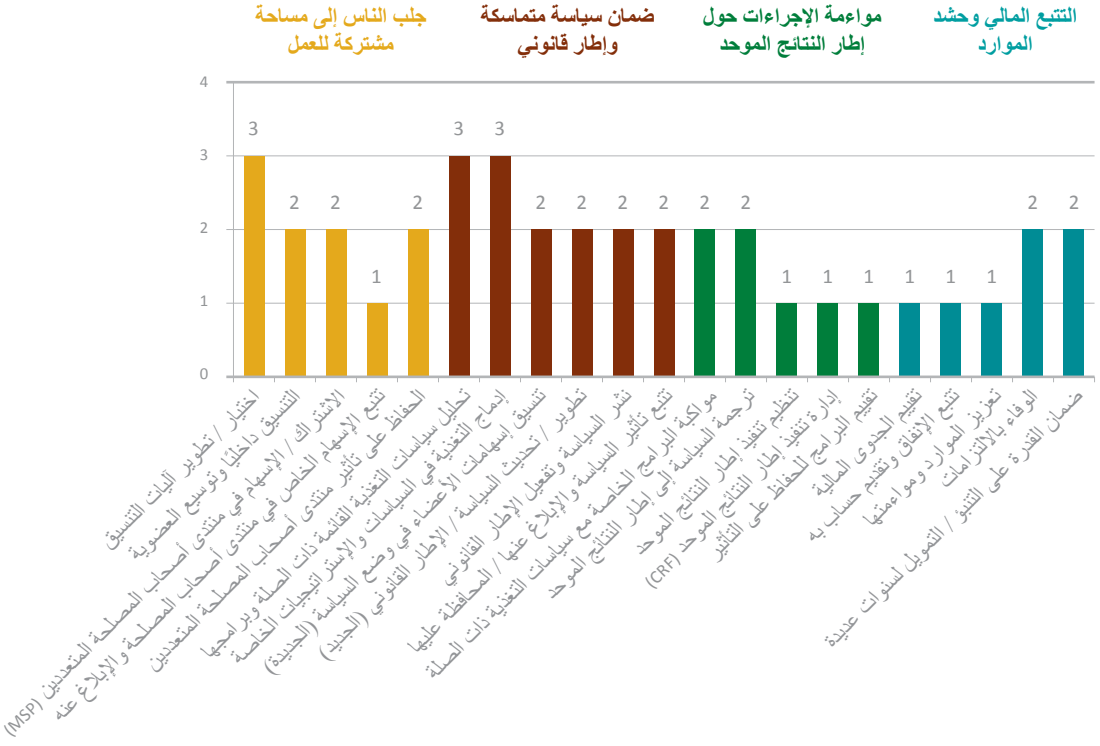
يشير **الشكل X1 و/أو الشكل X2** إلى تقديم كل الدول تقارير تفيد بأنها أكثر تقدمًا بشكل ملحوظ في تطوير آليات التنسيق (العملية 1)، وتحليل ووضع سياسة متماسكة وأطر عمل تشريعية (العملية 2)، وحشد الموارد عن طريق تحويل التعهدات إلى مدفوعات مالية (العملية 4). وعلى الجانب الآخر، تشير النتائج الواردة من تدريب التقييم الذاتي إلى وجود ثغرات كبيرة في عملية تطبيق النشاطات حول النتائج المشتركة (العملية 3)، وكذلك في تنسيق استثمارات التغذية وتتبعها (العملية 4).

أما فيما يتعلق بقيود معينة، فيبدو أن غالبية الدول سجلت نفسها على أنها فقط في بداية المهمات التي ترتبط ارتباطًا وثيقًا بالتتبع ورفع التقارير في منصة أصحاب المصلحة المتعددين (العملية 1)، وكذلك تنظيم النشاطات وإدارتها ومراقبتها وتقييم تنفيذها (العملية 3)، إلى جانب حساب تكاليف استثمارات التغذية وتتبعها (العملية 4). وتُظهر عملية توزيع نتائج علامات التقدم الأكثر تكرارًا أن الجهود المضنية والمستمرة التي تبذلها العديد من الدول من أجل زيادة التعاون بين أصحاب المصلحة المتعددين وتطوير السياسات والتشريعات وحشد الموارد الخاصة بالتغذية لم تُحول بعد بشكل كامل إلى نشاطات تتم إدارتها ومراقبتها بصورة ملائمة، وكذلك الاستثمارات التي يتم تعزيزها وتنسيقها وحسابها على النحو المطلوب.

النتيجة الأكثر تكرارًا (المنوال) في علامات التقدم في عام 2014 (37 دولة)



الشكل X1: نتائج المنوال لكل علامة، كل العمليات، في 37 دولة في عام 2014



رسائل رئيسية:

1. يوجد زخم للتحرك نحو الأمام في كل الدول المشتركة في حركة تعزيز التغذية، كما يتضح في الالتزام السياسي واستعداد القطاعات والجهات الفاعلة المختلفة للعمل سويًا.
2. وبالرغم من ارتفاع نسبة الالتزام السياسي، فإنه هش كما يتضح في الثغرات الواضحة بين السياسات المعلنة والنشاطات الجارية.
3. هناك احتمالات كبيرة لتبادل المعرفة فيما بين الدول كما يتضح من عدد الدول التي منحت نفسها أعلى الدرجات في علامات التقدم المحددة، وخصوصًا تلك النتائج الخاصة بتجميع الناس (العملية 1) وتطوير سياسة متماسكة وإطار عمل تشريعي (العملية 2).
4. وفي السنوات القليلة الماضية، أسفرت الالتزامات السياسية العالية والجهود المشتركة بين الجهات الفاعلة المختلفة عن عائدات تخص التعهدات المالية والمدفوعات وفقًا لتقارير دول عديدة.
5. إن عواقب التقاعس مضرة. لن تفي الدول بالتزاماتها السياسية والمالية ما لم تتحول السياسات إلى نشاطات مطبقة في أرض الواقع، بل وتتم مراقبتها ومحاسبتها بصورة منتظمة فيما يخص المدفوعات (مخصصات الميزانية) والنتائج والتأثير. وهذا يتطلب أسرع استجابة مشتركة من الجهات الفاعلة في نظام التغذية العالمي.

المضي قدمًا:

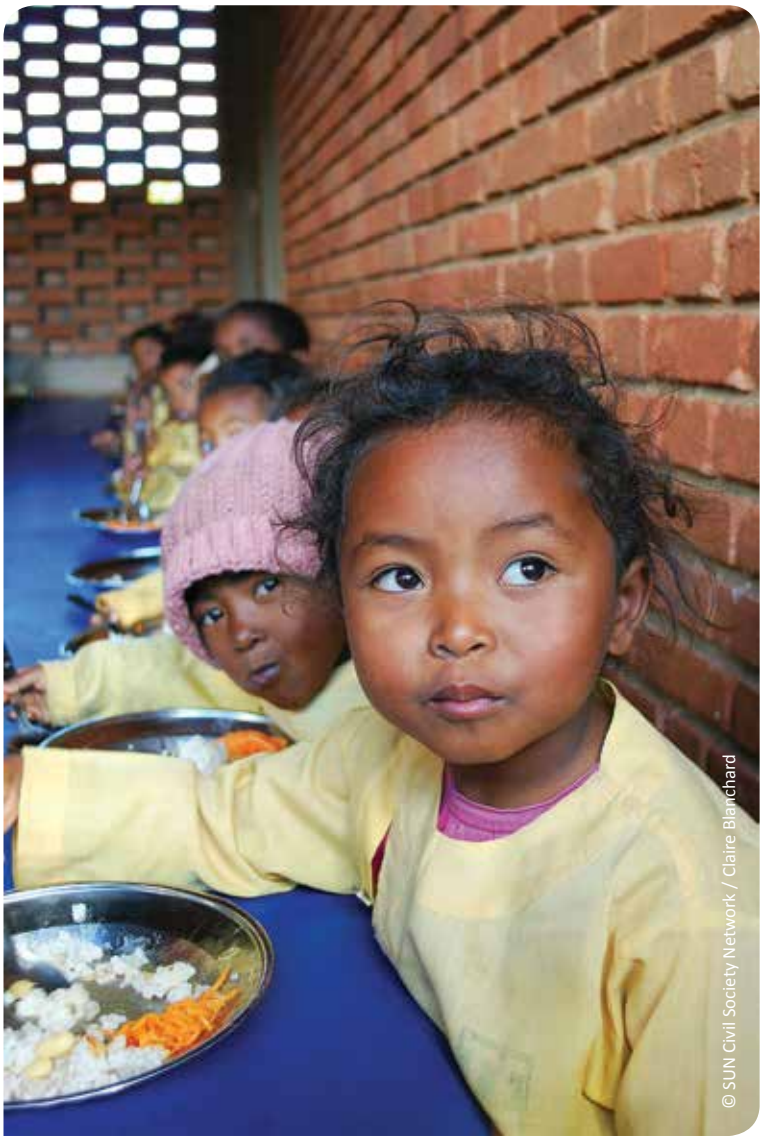
1. يجب تعزيز **الحشد الاجتماعي والتأييد والاتصالات** بين أعضاء حركة تعزيز التغذية لضمان الحفاظ على استمرار الزخم السياسي.
2. يتعين استخدام **الموقع الإلكتروني التابع لحركة تعزيز التغذية والاتصالات الميسرة بين الدول التي تُنظم كل شهرين** في دعم توثيق أفضل الممارسات ونشرها وتعلمها (مثلاً، راجع حركة تعزيز التغذية في التطبيق العملي). وينبغي على الدول التي منحت نفسها أعلى الدرجات في علامات التقدم المحددة (راجع الجدول X1 والجدول X2) مساعدة غيرها من الدول المشتركة في حركة تعزيز التغذية عن طريق مشاركة الوثائق المساندة المتاحة (مثلاً، مرجعيات الترتيبات المؤسسية والسياسات والاستراتيجيات وخطط العمل وتقديرات التكاليف وأطر عمل المراقبة والتقييم، وكذلك الاستبيانات الاستقصائية وإرشاداتها والتقارير الاستقصائية وتقارير/نشرات المراقبة وتأثير مرجعيات دراسات التقييم وتأثير تقارير التقييم).
3. ويمكن أن تضمن **مسارات التعلم الخاصة بحركة تعزيز التغذية التعلم القائم على الخبرة فيما بين الدول.** وتتعلم الدول الأعضاء التي انضمت مؤخرًا من الدول التي انضمت إلى الحركة منذ عامي 2011 و 2012.
4. ويجب **توظيف إطار عمل مراقبة حركة تعزيز التغذية** في مساعدة أصحاب المصلحة من داخل الدول المشتركة في قياس مدى التزامهم. ويمكّن التتبع المنتظم لعلامات التقدم ذات الأولوية الجهات الفاعلة في منصة أصحاب المصلحة المتعددين من تقديم تقارير عن إسهاماتهم.
5. ويجب أن تضمن **جماعات الممارسين لحركة تعزيز التغذية**، تضافر جهود **شبكات مقدمي الخدمات التقنية**، مثل تعزيز جودة حركة تعزيز التغذية (MQSUN) والمساعدة التقنية للغذاء والتغذية (FANTA) وتعزيز الشراكات والنتائج والابتكارات في تعزيز التغذية عالميًا (SPRING) والبنك الدولي ومهمات خبراء الأمم المتحدة المشتركة **في دعم أصحاب المصلحة من الدول المشتركة** في سبيل ترسيخ وإدارة:
   - أ. خطط تنفيذ تضم عمليات تدخل محسوبة في الموازنة في مقابل أهداف قابلة للتحقيق وقائمة على التقديرات المعقولة لتكاليف الوحدة. ينبغي أن تتضمن خطط التنفيذ عمليات تدخل لنشر السياسات وإنفاذ القوانين.
   - ب. تطبيق أنظمة مراقبة تسمح بتجميع بيانات الأداء وتحليلها بطريقة شفافة وقابلة للنسخ باستخدام المصادر المتاحة عبر القطاعات والجهات الفاعلة.
   - ج. أنظمة التتبع المالية الأساسية التي تسمح بتجميع البيانات المالية وتحليلها بطريقة شفافة وقابلة للنسخ باستخدام المصادر المتاحة (مثل، المتبرعين الذين يستخدمون بيانات المساعدة والحكومات التي تستخدم الموازنات الوطنية).
   - د. التأثير على أنظمة التقييم.

الدول التي قدمت تقريرا عن "استكمال" السلوكيات المرتبطة بعلامات التقدم لحركة تعزيز التغذية

علامات التقدم #	وصف علامة التقدم	الدول التي سجلت أعلى النتائج (النتيجة 4)
1.1	اختيار / تطوير آليات التنسيق	بوروندي واليمن والسنغال وموزمبيق ورواندا ومدغشقر
2.1	التنسيق داخليًا وتوسيع العضوية	تشاد
3.1	الانخراط في منصة أصحاب المصلحة المتعددين	غامبيا
4.1	تتبع ونقد المساهمات والإنجازات الخاصة والإبلاغ عنها	السنغال
5.1	الحفاظ على تأثير منصة أصحاب المصلحة المتعددين	تشاد وموريتانيا
1.2	تحليل سياسات وبرامج التغذية القائمة ذات الصلة	الكاميرون وتشاد وكينيا وجمهورية الكونغو الديمقراطية، وملاوي ومالي وبيرو وسيراليون وزيمبابوي ورواندا
2.2	التغذية السائدة في السياسات والاستراتيجيات الخاصة	غواتيمالا وموريتانيا وبيرو ورواندا والسنغال وسيراليون
3.2	تنسيق/مواءمة إسهامات الأعضاء في إطار العمل السياسي والقانوني الجديد	السنغال وسيراليون وتشاد
4.2	دعم تطوير إطار العمل السياسي والقانوني الجديد	زيمبابوي
5.2	نشر السياسات وتفعيل/إنفاذ إطار العمل القانوني	-
6.2	الحفاظ على تأثير إطار العمل السياسي والقانوني	بيرو
1.3	مواءمة البرامج الخاصة مع سياسات التغذية الوطنية ذات الصلة	بنغلاديش وملاوي وغواتيمالا والنيجر والسنغال وبنن ورواندا
2.3	تحويل إطار العمل السياسي والقانوني إلى إطار نتائج مشترك لتحقيق أقصى تأثير للتغذية	غواتيمالا ورواندا
4.3	تنظيم عملية تنفيذ إطار النتائج المشترك	-
5.3	إدارة عملية تنفيذ إطار النتائج المشترك ومراقبته	-
6.3	التقييم للحفاظ على التأثير	-
1.4	تقييم الجدوى المالية	-
2.4	التتبع والمحاسبة الشفافة للإنفاق	السلفادور
3.4	تعزيز وتنسيق الموارد (وتتضمن معالجة جوانب العجز)	-
4.4	الإيفاء بالالتزامات عن طريق تحويل التعهدات إلى مدفوعات	بيرو والسنغال
5.4	ضمان القدرة على التنبؤ / التمويل على سنوات عديدة للحفاظ على التأثير	-

الدول التي قدمت تقريرا عن "قرب استكمال" السلوكيات المرتبطة بعلامات التقدم لحركة تعزيز التغذية

علامات التقدم #	وصف علامة التقدم	الدول التي أحرزت تقدمًا ملحوظًا (النتيجة 3)
1.1	اختيار / تطوير آليات التنسيق	غالبية الدول
2.1	التنسيق داخليًا وتوسيع العضوية	كينيا وجمهورية الكونغو الديمقراطية ومدغشقر والنيجر وغانا ورواندا وتنزانيا وسيراليون وأوغندا وبيرو، وساحل العاج وغامبيا
3.1	الانخراط في منصة أصحاب المصلحة المتعددين	اليمن وتشاد والنيجر وبوركينا فاسو وغانا ومالي ورواندا وموزبيق وملاوي وبيرو وسيراليون
4.1	تتبع ونقد المساهمات والإنجازات الخاصة والإبلاغ عنها	تشاد ومدغشقر ورواندا وملاوي وسيراليون وساحل العاج وغامبيا
5.1	الحفاظ على تأثير منصة أصحاب المصلحة المتعددين	اليمن وساحل العاج وبنغلاديش وملاوي وسيراليون وغامبيا
1.2	تحليل سياسات وبرامج التغذية القائمة ذات الصلة	غالبية الدول
2.2	إدخال التغذية في السياسات والاستراتيجيات الخاصة	غالبية الدول
3.2	تنسيق/مواءمة إسهامات الأعضاء في تطوير إطار العمل السياسي والقانوني الجديد	بنغلاديش وبوركينا فاسو وغانا وجواتيمالا وملاوي وموريتانيا والنيجر وتنزانيا ومدغشقر ورواندا والسلفادور واليمن
4.2	دعم تطوير إطار العمل السياسي والقانوني الجديد	تشاد وكينيا وساحل العاج وبنغلاديش وغانا وغواتيمالا وملاوي وبيرو ورواندا وتنزانيا
5.2	نشر السياسات وتفعيل/إنفاذ إطار العمل القانوني	هايتي وملاوي وبيرو ورواندا والسنغال وسيراليون
6.2	الحفاظ على تأثير إطار العمل السياسي والقانوني	تشاد وساحل العاج وبنغلاديش وملاوي وغامبيا
1.3	مواءمة البرامج الخاصة مع سياسات التغذية الوطنية ذات الصلة	جمهورية الكونغو الديمقراطية وساحل العاج وكينيا وبوركينا فاسو وهايتي وإندونيسيا ومدغشقر وموريتانيا ونيبال وتنزانيا
2.3	تحويل إطار العمل السياسي والقانوني إلى إطار نتائج مشترك لتحقيق أقصى تأثير للتغذية	تشاد وبنغلاديش وبنن وغانا وملاوي وموريتانيا وموزمبيق وناميبيا والسنغال وسيراليون
4.3	تنظيم عملية تنفيذ إطار النتائج المشترك	كينيا وبنغلاديش وبنن وملاوي ورواندا والسنغال وسيراليون
5.3	إدارة عملية تنفيذ إطار النتائج المشترك ومراقبته	بنغلاديش وبنن وملاوي وغواتيمالا
6.3	التقييم للحفاظ على التأثير	أوغندا
1.4	تقييم الجدوى المالية	غواتيمالا وملاوي ومدغشقر والنيجر وبيرو ورواندا
2.4	التتبع والمحاسبة الشفافة للإنفاق	بنغلاديش وملاوي وبيرو ونيبال
3.4	تعزيز وتنسيق الموارد (وتتضمن معالجة جوانب العجز)	بنغلاديش وملاوي وبيرو ونيبال
4.4	الإيفاء بالالتزامات عن طريق تحويل التعهدات إلى مدفوعات	تشاد وبنغلاديش وبوركينا فاسو وملاوي ونيبال ورواندا وغامبيا
5.4	ضمان القدرة على التنبؤ / التمويل على سنوات عديدة للحفاظ على التأثير	ساحل العاج وأوغندا وبيرو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الفصل 3

الفصل الثالث:
بروفايلات الدول المشتركة في حركة تعزيز التغذية

الدول التي انضمت إلى الحركة في عام 2010 و 2011

الدول التي انضمت إلى الحركة في عام 2012

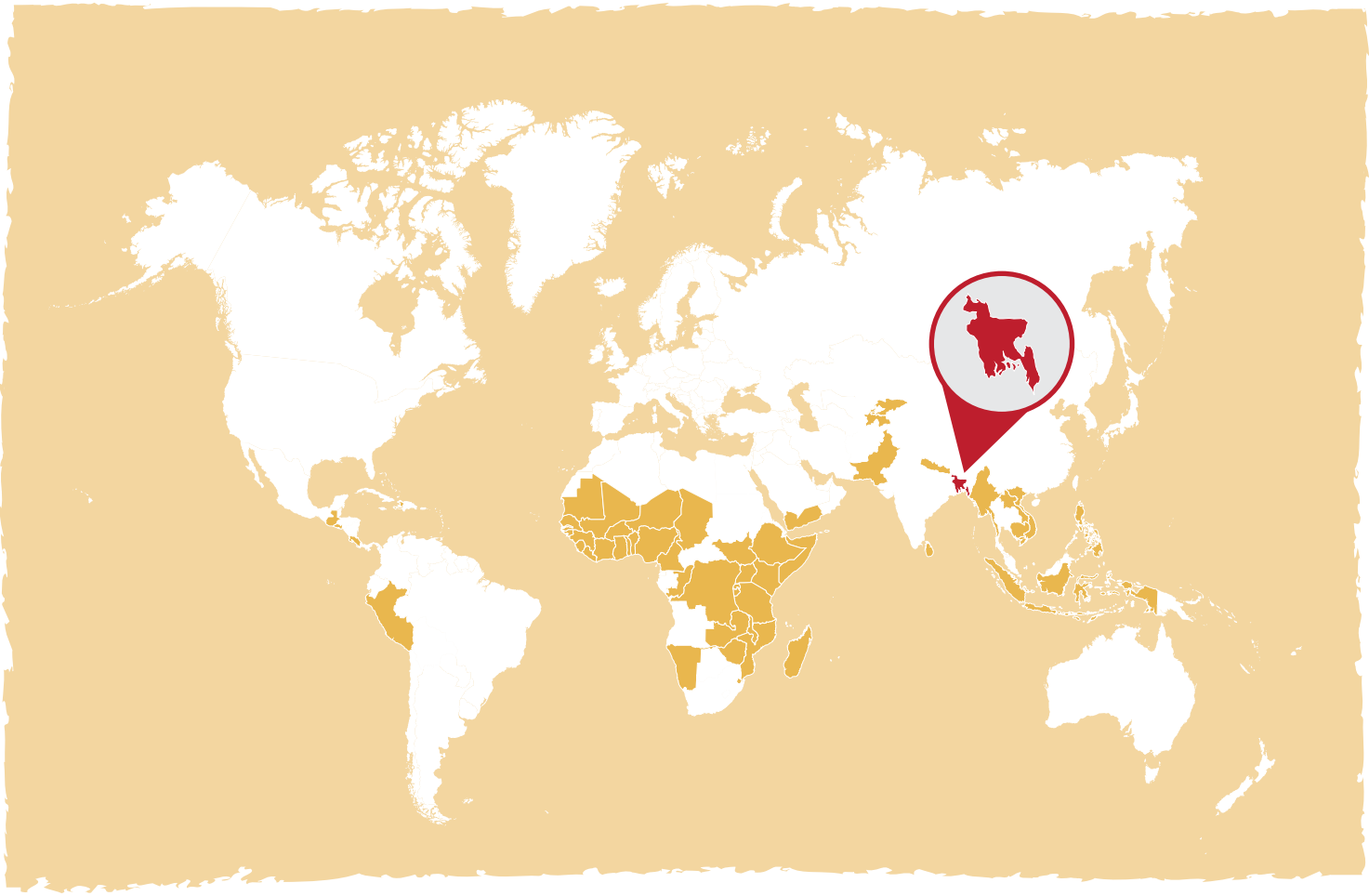
الدول التي انضمت إلى الحركة في عام 2013

الدول الجديدة المشتركة في حركة تعزيز التغذية
(خط الأساس لعام 2014)

الدول التي انضمت إلى الحركة في عام 2010 و 2011

بنغلاديش
إثيوبيا
بيرو
غواتيمالا
زامبيا
النيجر
مالاوي
أوغندا
مالي
غانا
جمهورية لاوس الديمقراطية الشعبية
نيبال
موريتانيا
تنزانيا
السنغال
زيمبابوي
بوركينا فاسو
غامبيا
موزمبيق
بنين
ناميبيا
نيجيريا
قيرغيزستان
إندونيسيا
رواندا

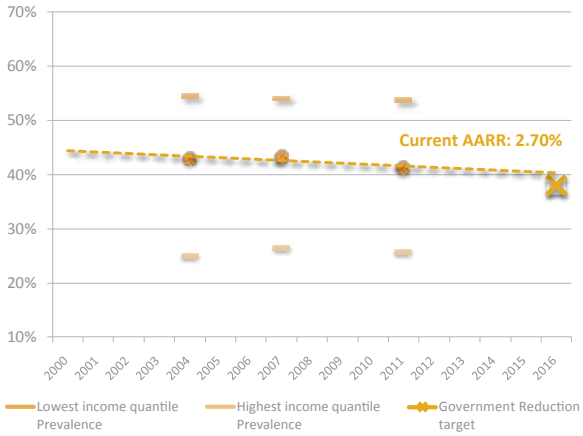
Bangladesh



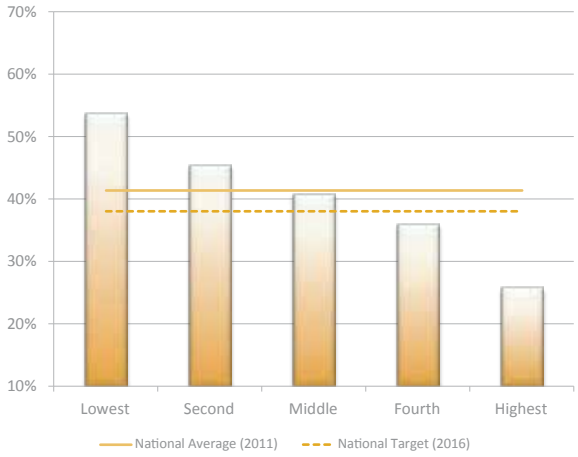
Joined: September 2010

Demographic data	
National Population (million, 2010)	151,1
Children under 5 (million, 2010)	15,3
Adolescent Girls (15-19)(million, 2010)	7,80
Average Number of Births (million, 2010)	3,20
Population growth rate (2010)	1,09%
WHA nutrition target indicators (DHS 2011)	
Low-birth weight	21,6%
0-5 months Exclusive Breastfeeding	64,1%
Under five stunting	41,4%
Under five wasting	15,7%
Under five over weight	1,9%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	20,9%
6-23 months with Minimum Diet Diversity	25,2%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	49,1%
Pregnant Women Attending 4 or more Antenatal Care Visits	25,5%
Vitamin A supplementation (6-59 months)	99,0%
Households Consuming Adequately Iodized Salt	57,6%
Women's Empowerment	
Female literacy	62,9%
Female employment rate	54,2%
Median age at first marriage	15,8
Access to skilled birth attendant	32,0%
Women who have first birth before age 18	30,2%
Fertility rate	2,4
Other Nutrition-relevant indicators	
Rate of urbanization	27,44%
Income share held by lowest 20%	8,88%
Calories per capita per day (kcal/capita/day)	2.402,9
Energy from non-staples in supply	16,99%
Iron availability from animal products (mg/capita/day)	0,9
Access to Improved Sanitation Facilities	36,6%
Open defecation	4,2%
Access to Improved Drinking Water Sources	98,5%
Access to Piped Water on Premises	5,6%
Surface Water as Drinking Water Source	1,2%
GDP per capita (current US$, 2013)	829,00
Exports-Agr Products per capita (current US$, 2012)	0,03
Imports-Agr Products per capita (current US$,2012)	0,19

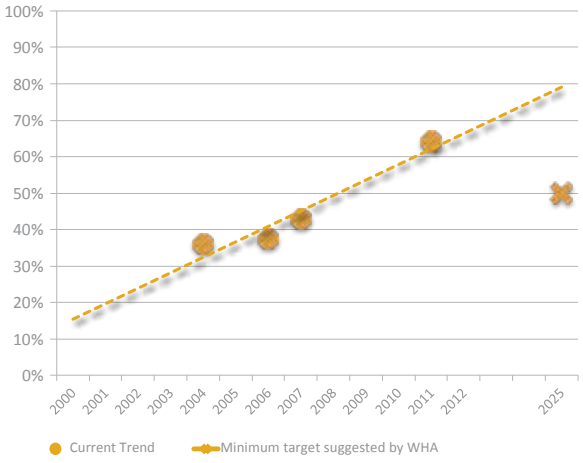
Stunting Reduction Trend and Target



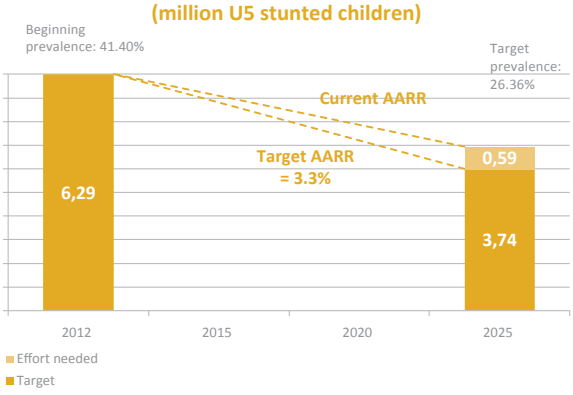
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million U5 stunted children)



Bringing people together into a shared space for action

Established in December 2011, the Steering Committee for Nutrition Implementation chaired by the Secretary of the Ministry of Health and Family Welfare (MoHFW) regularly convenes meetings with 28 representatives from 13 Ministries and 10 Departments, donors, UN, academia as well as the Nutrition Working Group (NWG). A multi-sectoral Steering Committee convened by the Ministry of Food (MoF) also gathers 13 Ministries to monitor the implementation of the National Food Policy Plan of Action (2008-2015) and the Country Investment Plan - CIP (2011 -2015). Civil Societies, NGOs and private sectors are also actively engaged with the Government through different platforms like NWG and Civil Society Networks.

Nutrition has been declared as the central component of the national development agenda by the Honorable Prime Minister. To ensure the dynamism of the multi-sectoral approach of nutrition related services, Bangladesh National Nutrition Council (BNNC) is going to be revitalized and chaired by the Honorable Prime Minister. In 2014, UN agencies in the REACH partnership (IFAD, FAO, UNICEF, WFP, WHO) produced a 'Common Narrative on Under-nutrition' to strengthen their coherence on nutrition as a developmental priority and to set out how they will support the government and citizens in scaling up nutrition through multi-sectoral approaches. Later on, this document was endorsed by 5 other development partners (Canada, UK, EU, USAID, WB) and others. A pilot of catalyzing a multi-sectoral platform for scaling up nutrition is lead at sub-national level, focusing on one District.

Aligning actions around a Common Results Framework

Bangladesh has begun developing a Common Result Framework (CRF) with the involvement of all relevant stakeholders and it would be based on existing frameworks in key sectors : National Plan of Action for Nutrition (1997); National Sixth Five Year Plan; Vision 2021; 2011 Country Investment Plan for Agriculture, Food Security and Nutrition; Draft National Nutrition Policy-2014; other relevant sectoral policies. All Government and Non-Government actors are implementing their programs in line with national policies and programs.

The National Nutrition Services, under the MoHFW, delivers a comprehensive nutrition package to communities, including support for IYCF, dietary diversification, food supplementation and fortification, and management of acute malnutrition both at facility and community level.

All Government initiatives including education, women empowerment, safety net programmes are moving towards being more nutrition-sensitive. NGOs and Civil Societies are also focusing on nutrition- sensitive activities.

Ensuring a coherent policy and legal framework

Bangladesh has revisited National Food and Nutrition Policy (1997) and drafted National Nutrition Policy 2012 (NNP) focused on nutrition-sensitive and nutrition-specific interventions.

Through its web-site, MOHFW shared NNP with people of Bangladesh and key nutrition actors to integrate their feedback by mid-2014. It is now in process to be placed in cabinet for final endorsement by the Government.

The National Food Policy Plan of Action on which the Ministry of Food was working since 2006 was developed through a multisectoral approach and finalised. It outlines nutrition-specific and nutrition-sensitive interventions in the food, agriculture and health sectors.

Bangladesh national legislation includes laws on Food Safety, BMS Act 2013, food fortification and maternal leave up to 6 months, all widely disseminated. A National Nutrition Services Operational Plan was adopted and incorporated within the comprehensive Health Population and Nutrition Sector Development Program 2011-2016 of the Ministry of Health. The 1,000 Days of Life framework is now widely incorporated into the Health, population and nutrition sector-wide programs of Bangladesh.

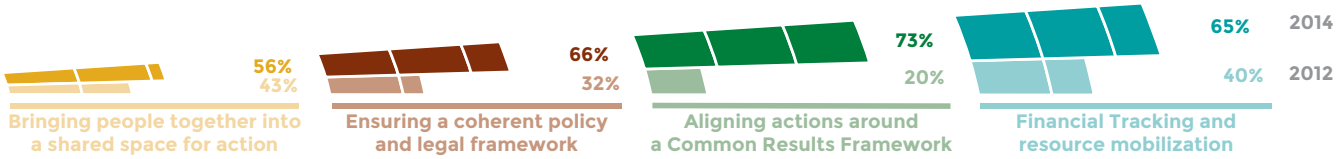
Financial Tracking and resource mobilization

Bangladesh is mobilizing domestic and international finances to support national efforts to improve nutrition. Funds from government and development partners have been allocated through the Government's Annual Development Programme, formulated by Ministry of Planning with all the line ministries and departments. Funds have also been channelled from development partners to non-governmental organizations.

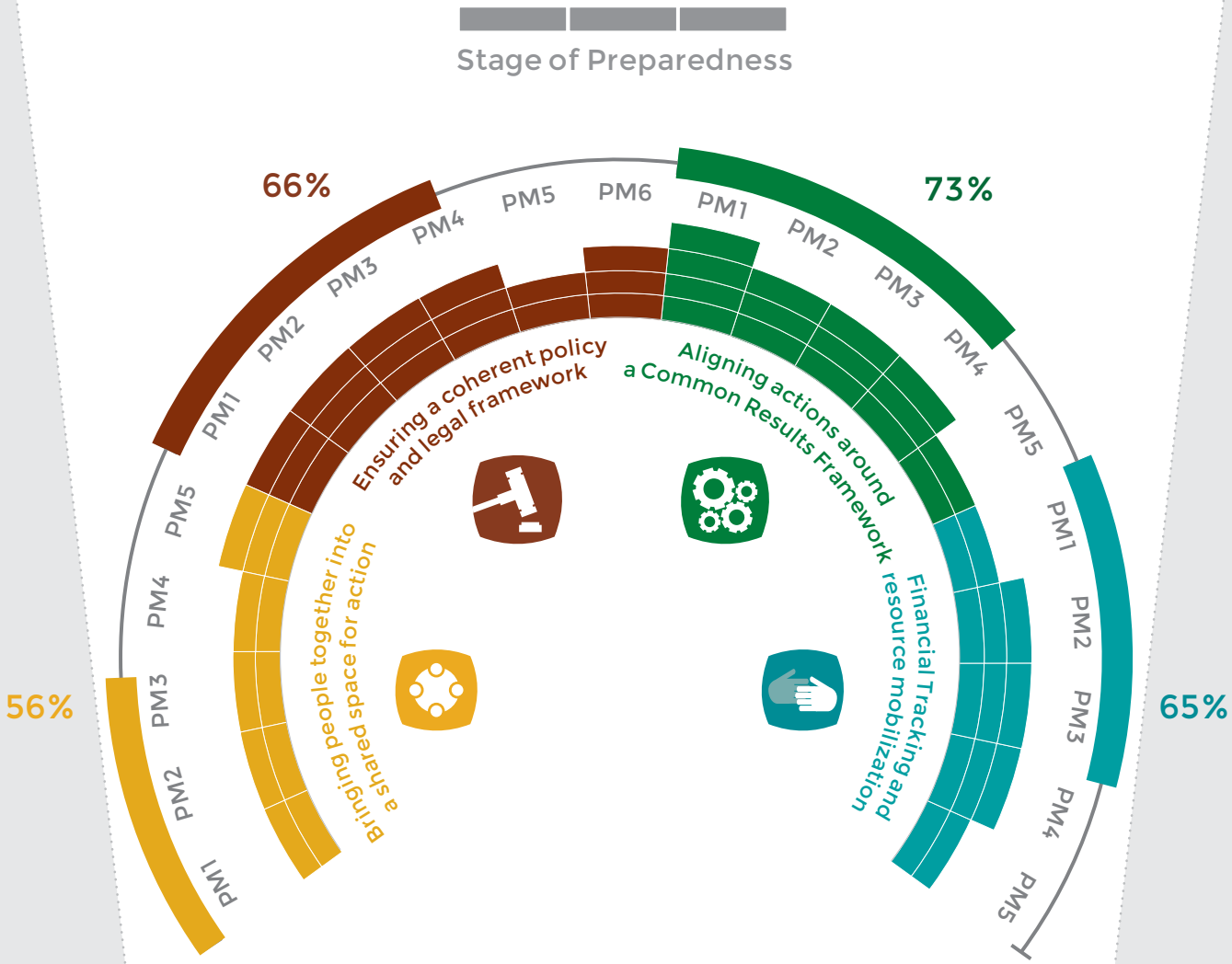
Both the Ministry of Health and Food have robust mechanisms for tracking expenditures, in particular for the Flagship Nutrition Program- National Nutrition Services (NNS) of MoHFW and the Country Investment Plan (CIP) for agriculture, food security and nutrition.

Progress Across Four SUN Processes
Bangladesh

2012[1] and 2014[2] Scoring of Progress Markers



2014 Dashboard for Progress Markers

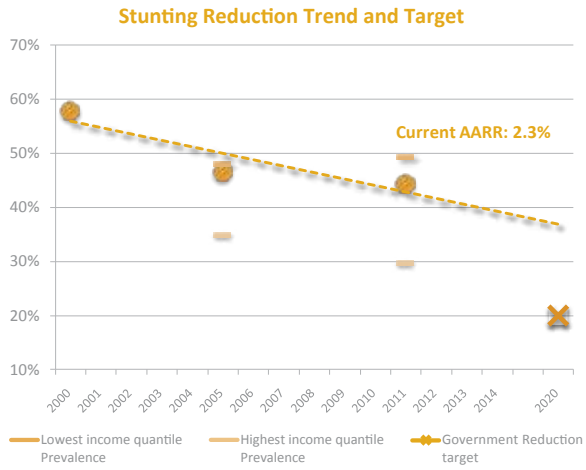


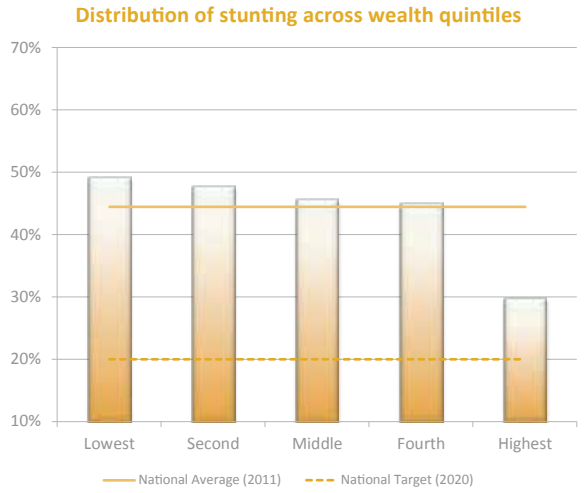
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

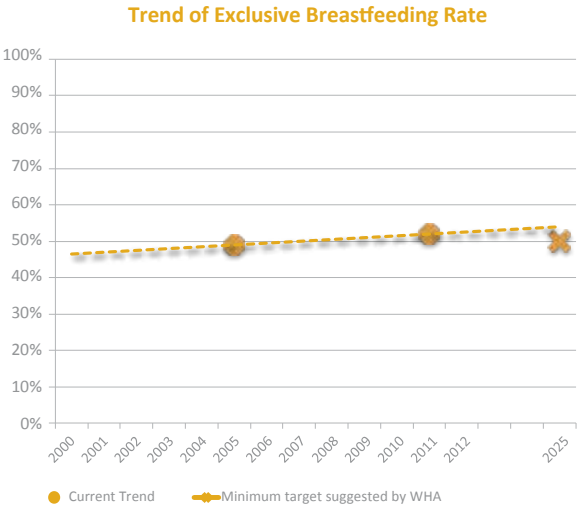
Ethiopia

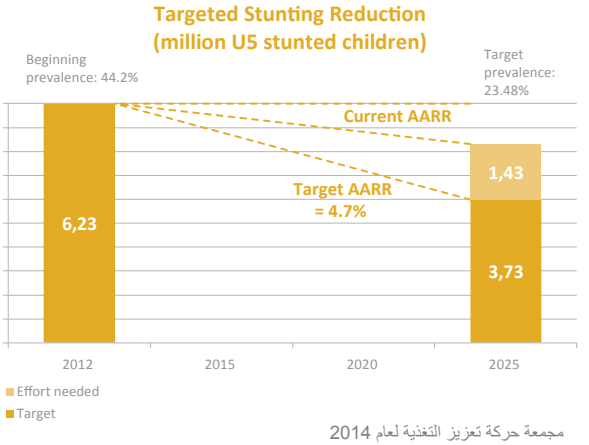
Joined: September 2010

Demographic data	
National Population (million, 2010)	87,1
Children under 5 (million, 2010)	13,8
Adolescent Girls (15-19)(million, 2010)	4,90
Average Number of Births (million, 2010)	3,00
Population growth rate (2010)	2,68%
WHA nutrition target indicators (DHS 2011)	
Low-birth weight	10,8%
0-5 months Exclusive Breastfeeding	52,0%
Under five stunting	44,2%
Under five wasting	10,1%
Under five over weight	1,8%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	4,1%
6-23 months with Minimum Diet Diversity	4,8%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	19,1%
Vitamin A supplementation (6-59 months)	31,0%
Households Consuming Adequately Iodized Salt	15,5%
Women's Empowerment	
Female literacy	38,4%
Female employment rate	71,5%
Median age at first marriage	17,1
Access to skilled birth attendant	10,0%
Women who have first birth before age 18	12,4%
Fertility rate	5,3
Other Nutrition-relevant indicators	
Rate of urbanization	15,96%
Income share held by lowest 20%	7,96%
Calories per capita per day (kcal/capita/day)	1.951,8
Energy from non-staples in supply	15,79%
Iron availability from animal products (mg/capita/day)	0,8
Access to Improved Sanitation Facilities	8,8
Open defecation	38,2%
Access to Improved Drinking Water Sources	50,8%
Access to Piped Water on Premises	0,9%
Surface Water as Drinking Water Source	17,3%
GDP per capita (current US$, 2013)	498,00
Exports-Agr Products per capita (current US$, 2012)	0,97
Imports-Agr Products per capita (current US$,2012)	0,18









Bringing people together into a shared space for action

The National Nutrition Coordination Body (NNCB) convenes nine Ministers from relevant sectors 3-monthly. It includes country representatives from UN agencies, bilateral donors and academia. It has a National Nutrition Technical Committee (NNTC). The Emergency Nutrition Coordination Unit (Ministry of Agriculture) convenes partners delivering emergency nutrition interventions. The National Nutrition Coordination Body is planning to expand membership and regional coordination platforms will be put in place soon.

The Nutrition Development Partner Group involves UN agencies, donors and civil society, and meets monthly. DFID and UNICEF act as donor conveners.

CSOs participate in the Nutrition Development Partner Group and engage in other relevant sector-specific platforms that relate to nutrition. On June 24 2013, the establishment of the Ethiopian Civil Society Coalition (ECSC) for Scaling Up Nutrition was heralded, in a view to galvanise efforts to alleviate the burden of malnutrition in the country. 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. 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.

Aligning actions around a Common Results Framework

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.

There is a need to strengthen an accountability framework. The revised National Nutrition Program (NNP) provides the framework for strategic objectives and interventions across relevant sectors including health, agriculture, education, water, labour and social affairs, and women, children and youth affairs. It is a costed plan that details interventions in key sectors (food security and agriculture, water, education and social protection) and includes a logframe of activities, a CRF, a disaster risk management and a government coordination component. The M&E framework includes key indicators from relevant sectors and yearly targets for progress. Ethiopia is also advancing on the development of a capacity building framework and of sectoral scorecards.

Efforts are underway to ensure that programs in these key sectors are nutrition-sensitive and aligned but there is a need to strengthen links at the community level. Nutrition-sensitive agriculture is a pillar of the CAADP Implementation Plan and the Food Security Program derived from the National Agriculture Plan which includes social protection and focuses on 1,000 days.

Ensuring a coherent policy and legal framework

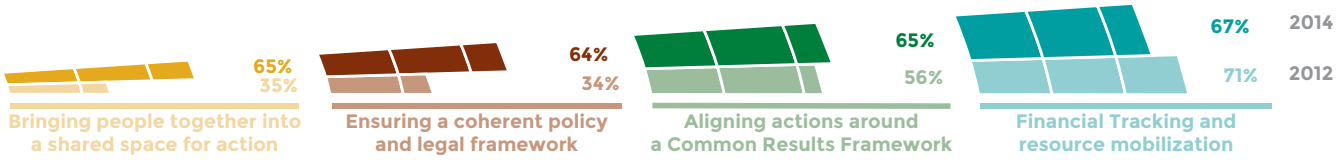
Ethiopia has a National Nutrition Strategy (2008). Its National Nutrition Program has recently been revised and endorsed by multiple stakeholder. A number of specific policies relating to promotion of good nutritional practices; micronutrient supplementation; nutrition support for people living with HIV/AIDS; and treatment of severe and moderate acute malnutrition are in place. The International Code of Marketing of Breast-milk Substitutes is in the final stage of adoption into Law. The maternity protection law foresees 90 days of maternity leave. Legislation on flour and oil fortification is in progress. An advocacy plan for scaling up nutrition is in place. Social Mobilisation and Advocacy & Communication Strategies exist and are aligned with national nutrition plans.

Financial Tracking and resource mobilization

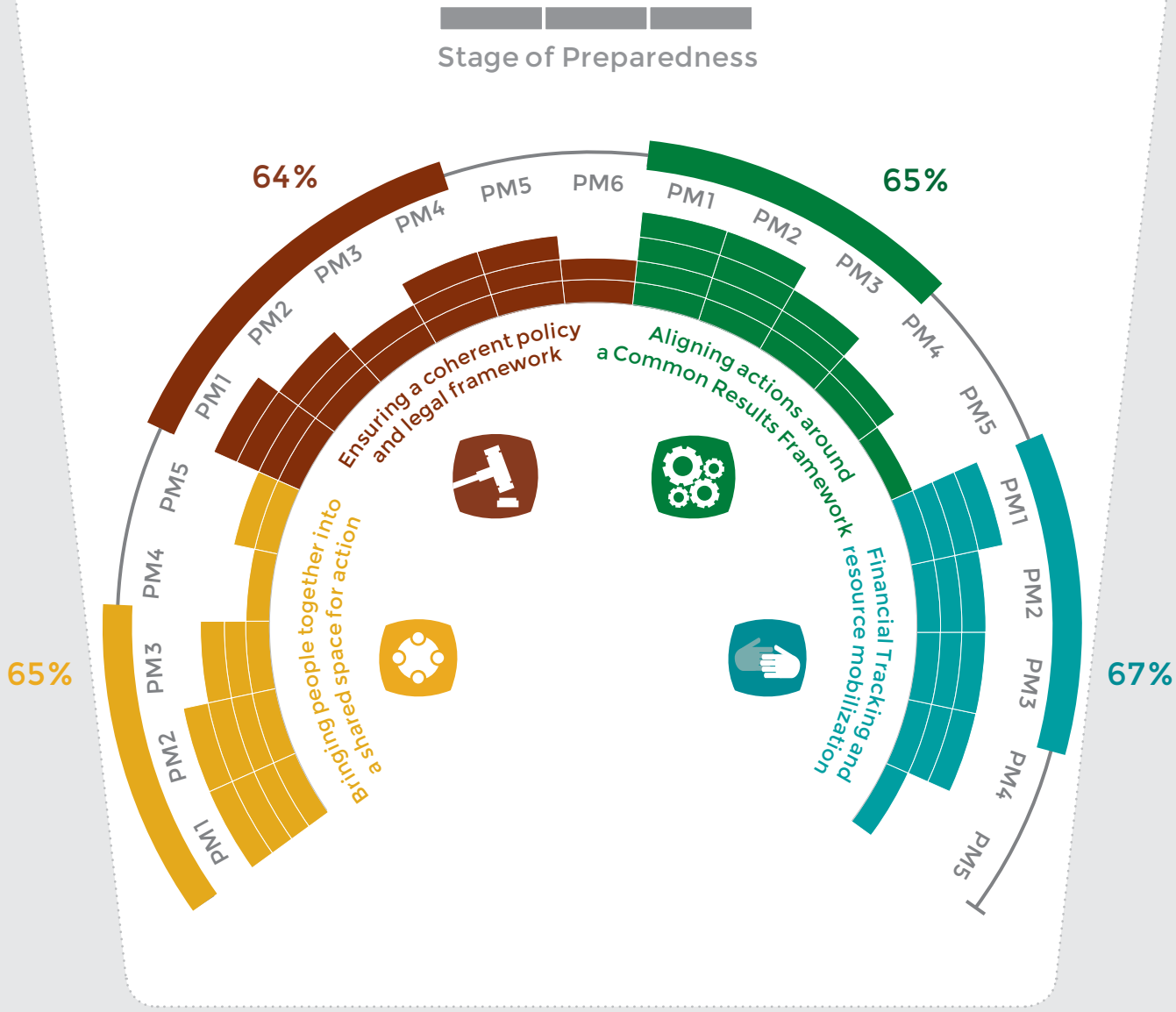
Implementing the National Nutrition Plan requires budgeting and mapping of contributions from partners and by sectors as well as tracking expenditure. The country has advanced in the development of a sustainable financial tracking system which allows an estimation of the contribution of main donors to key interventions of the plan and to mobilise new partners. Financial information is available for other sectoral programs but it is not accounted for against the NNP. The challenge is to improve harmonization of financial information to ensure tracking of financial expenditures across sectors. The Government has committed to allocate additional domestic financing of USD 15 million per year to nutrition until 2020.

Progress Across Four SUN Processes
Ethiopia

2012[1] and 2014[2] Scoring of Progress Markers

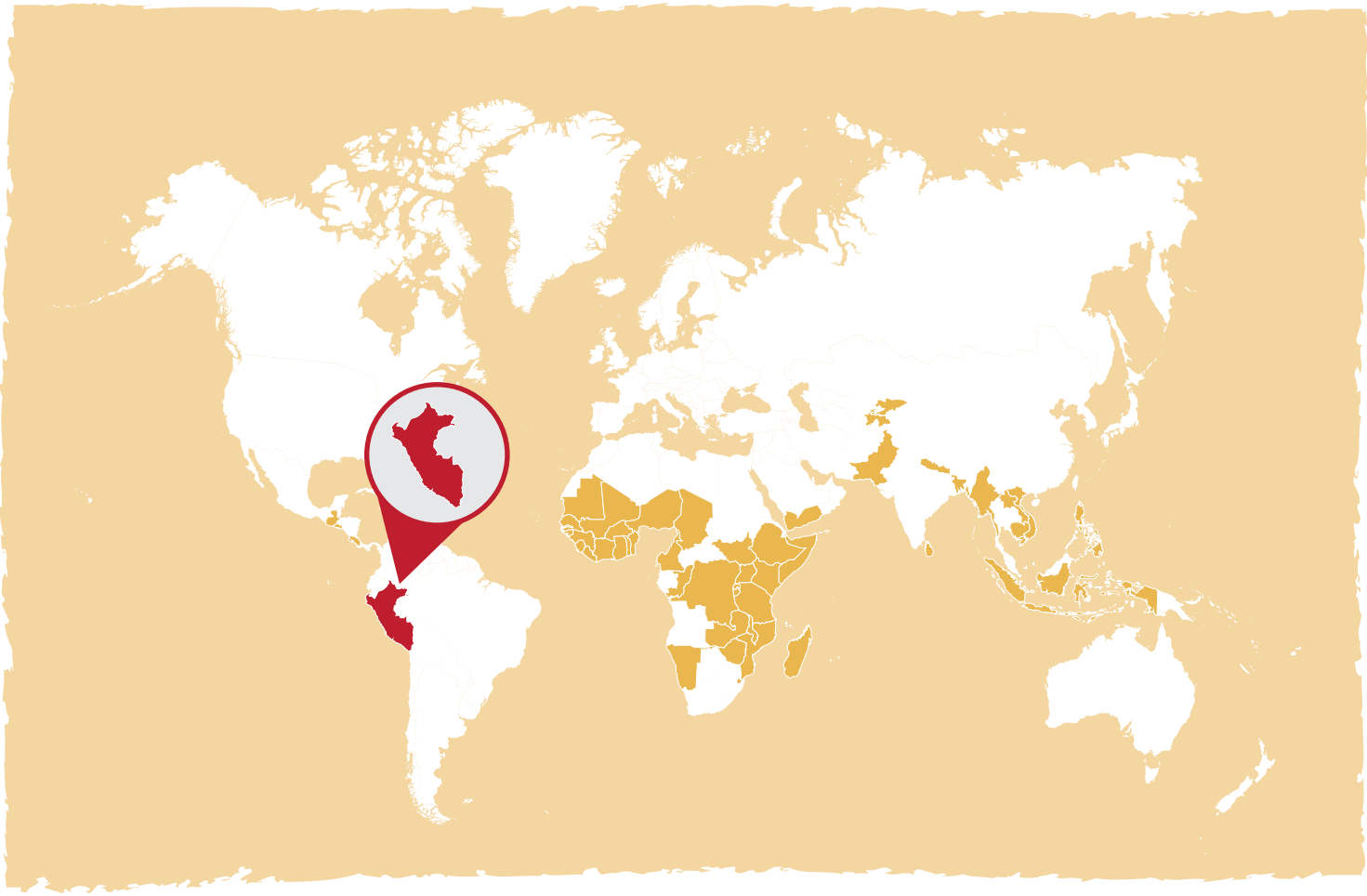


2014 Dashboard for Progress Markers



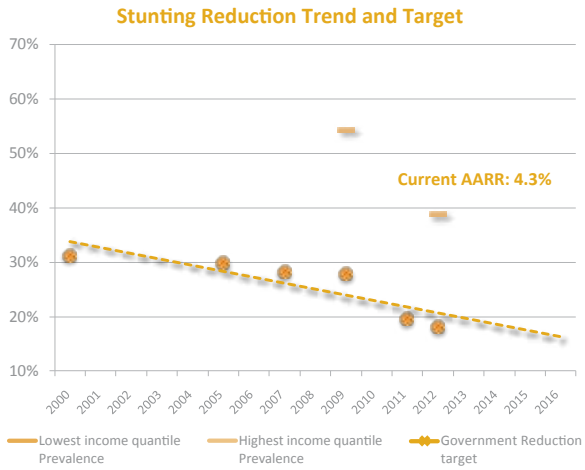
[1]Externally assessed by the SUN Movement Secretariat
[2]Externally assessed by the SUN Movement Secretariat

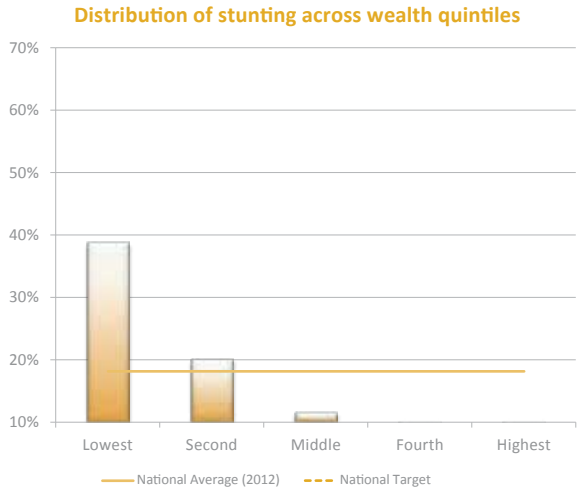
Peru

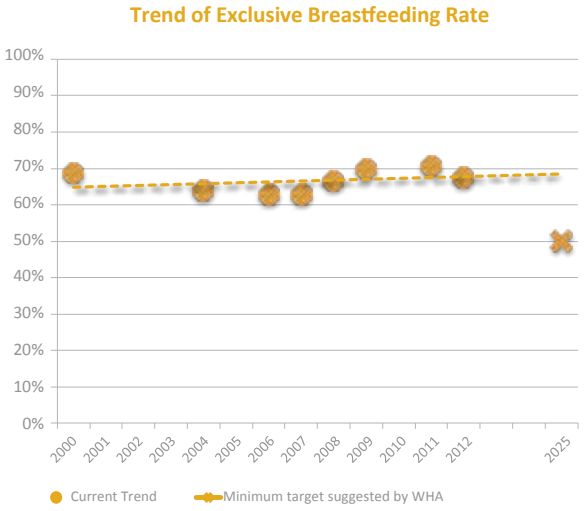


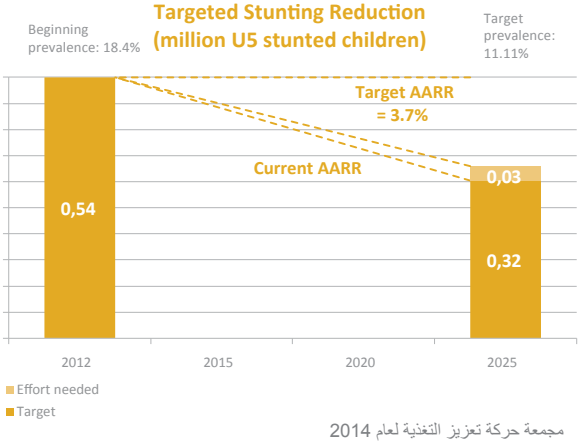
Joined: November 2010

Demographic data	
National Population (million, 2010)	29,3
Children under 5 (million, 2010)	2,9
Adolescent Girls (15-19)(million, 2010)	1,40
Average Number of Births (million, 2010)	0,60
Population growth rate (2010)	1,08%
WHA nutrition target indicators (DHS 2012)	
Low-birth weight	6,9%
0-5 months Exclusive Breastfeeding	67,6%
Under five stunting	18,4%
Under five wasting	0,6%
Under five over weight	7,2%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	94,4%
Vitamin A supplementation (6-59 months)	-
Households Consuming Adequately Iodized Salt	90,5%
Women's Empowerment	
Female literacy	94,6%
Female employment rate	63,6%
Median age at first marriage	21,6
Access to skilled birth attendant	86,7%
Women who have first birth before age 18	13,2%
Fertility rate	2,6
Other Nutrition-relevant indicators	
Rate of urbanization	76,42%
Income share held by lowest 20%	3,91%
Calories per capita per day (kcal/capita/day)	2.409,3
Energy from non-staples in supply	38,77%
Iron availability from animal products (mg/capita/day)	3,3
Access to Improved Sanitation Facilities	-
Open defecation	11,4%
Access to Improved Drinking Water Sources	-
Access to Piped Water on Premises	-
Surface Water as Drinking Water Source	-
GDP per capita (current US$, 2013)	6.660,00
Exports-Agr Products per capita (current US$, 2012)	0,57
Imports-Agr Products per capita (current US$,2012)	0,39









Bringing people together into a shared space for action

The Ministry of Social Development and Inclusion (MIDIS) is responsible for the interdepartmental and intersectoral coordination of the National Strategy for Social Development and Inclusion "Inclusion for Growth" (ENDIS). Strong leadership and high-level political commitment are on hand in the fight against undernutrition. However, although the Interdepartmental Commission for Social Issues provides a multisectoral governmental platform for coordinating national social policy, there is no high-level political platform operating above sector level to specifically coordinate national efforts to counter undernutrition.

The Government promotes coordinated action to fight child undernutrition through regional and local levels of government. The government involves both civil society and the private sector through the Round Table Against Poverty (MCLCP). In addition, the Initiative against Child Undernutrition (IDI) is a collective effort of NGOs, UN organizations, donors and the MCLCP to monitor government action. Measures are being put into practice to achieve better participation from the private sector in the national efforts to fight undernutrition. In September 2014, Peru will organize a "pathway to learning" in which several SUN countries will share their experiences of coordination between different sectors and between the various levels of local and central government.

Ensuring a coherent policy and legal framework

The "Inclusion for Growth" Strategy, adopted in 2013, entails a series of sectoral, intersectoral and interdepartmental policies that contribute to reducing malnutrition. In the same year, MIDIS initiated the preparation of the Guidelines for Coordinated Management to Promote Early Childhood Development, taking into account diverse sectoral and interdepartmental strategies. Peru has a National Action Plan for Infancy and Adolescence (PNAIA). National legislation with an impact on nutrition covers water and sanitation, agriculture, education and diet. The law provides for 90 days of maternity leave and includes measures to apply the International Code of Marketing of Breast-milk Substitutes.

Aligning actions around a Common Results Framework

The "Inclusion for Growth" Strategy is centred on equality and social inclusion. The Coordinated Nutrition Programme (PAN) uses a results-linked budget assignation system to align programmes from the various ministries to an agreed set of results, and includes programmes relating specifically to nutrition. The budget programmes and integral health insurance, alongside social programmes currently under the direct administration of MIDIS, and the programmes for water and sanitation and food security are the government's main programmatic tools to combat child undernutrition.

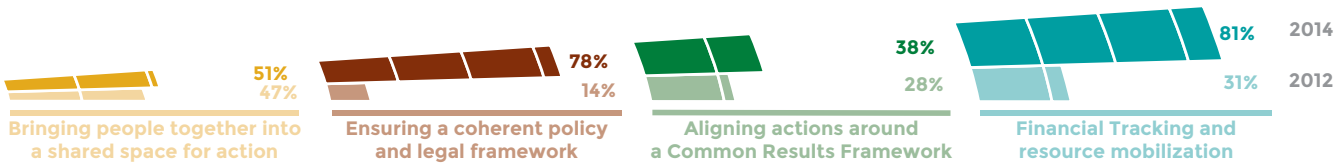
The central government coordinates its actions with 25 regional governments to define specific development objectives. Decentralized processes are already under way. Capacity building for technical teams within the regional governments has been identified as a priority. The scope and quality of implementation will increase in tandem with the improvement of the capacity to provide services to remote areas of the country improves. A deceleration has been detected in the reduction of chronic child undernutrition in the country; studies must be carried out to analyse the causes thereof. The IDI monitors the implementation of nutrition policies. The existing national system to monitor and assess programmes could be strengthened at a regional level.

Financial Tracking and resource mobilization

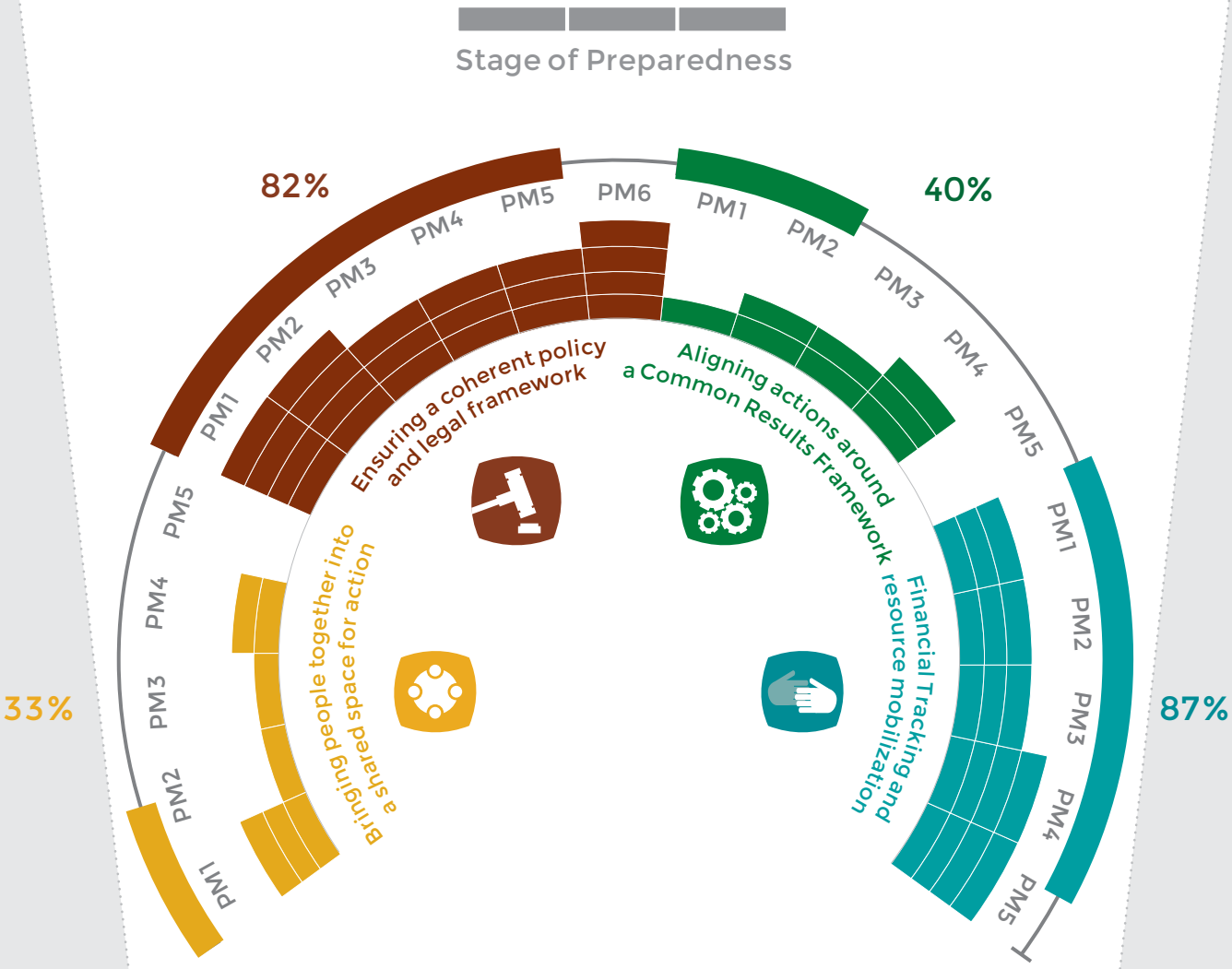
There is a long-term budgetary commitment to maintain and increase financial resources allocated to reducing and preventing chronic child undernutrition. Central government budgets are predictable. The budget allocated to specific actions needs to be quantified according to the public objective and coverage. At a decentralized level, budgets are drawn up based on results which boost the efficiency of implementation. Monitoring is carried out on the quality of spending on social programmes, including nutrition-related programmes and interventions.

Progress Across Four SUN Processes
Peru

2012[1] and 2014[2] Scoring of Progress Markers



2014 Dashboard for Progress Markers

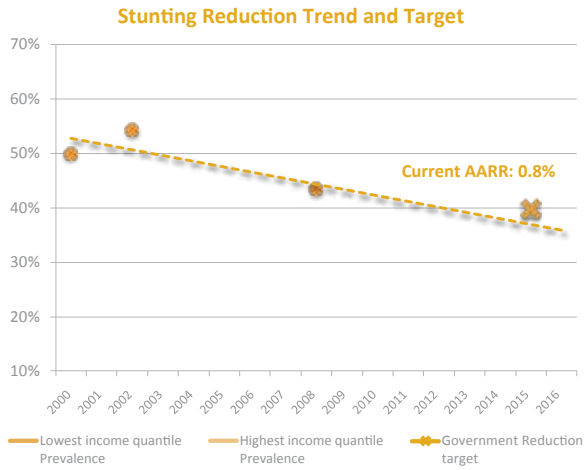


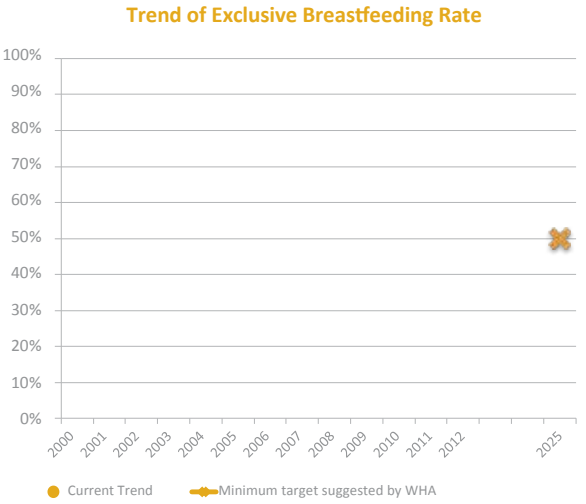
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

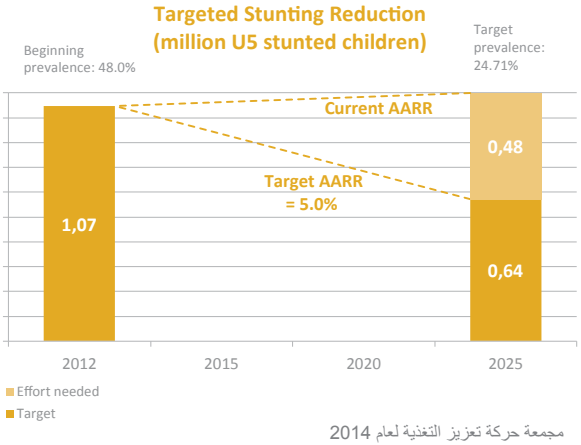
Guatemala

Joined: December 2010

Demographic data	
National Population (million, 2010)	14,3
Children under 5 (million, 2010)	2,2
Adolescent Girls (15-19)(million, 2010)	0,80
Average Number of Births (million, 2010)	0,40
Population growth rate (2010)	2,46%
WHA nutrition target indicators (ENSMI 2008-2009)	
Low-birth weight	11,4%
0-5 months Exclusive Breastfeeding	49,6%
Under five stunting	48,0%
Under five wasting	1,1%
Under five over weight	4,9%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	-
Vitamin A supplementation (6-59 months)	14,0%
Households Consuming Adequately Iodized Salt	76,0%
Women's Empowerment	
Female literacy	70,3%
Female employment rate	47,3%
Median age at first marriage	-
Access to skilled birth attendant	52,0%
Women who have first birth before age 18	-
Fertility rate	4,2
Other Nutrition-relevant indicators	
Rate of urbanization	49,49%
Income share held by lowest 20%	3,08%
Calories per capita per day (kcal/capita/day)	2.192,9
Energy from non-staples in supply	49,81%
Iron availability from animal products (mg/capita/day)	1,4
Access to Improved Sanitation Facilities	78%
Open defecation	
Access to Improved Drinking Water Sources	82,0%
Access to Piped Water on Premises	-
Surface Water as Drinking Water Source	-
GDP per capita (current US$, 2013)	3.478,00
Exports-Agr Products per capita (current US$, 2012)	-
Imports-Agr Products per capita (current US$,2012)	1,03







Bringing people together into a shared space for action

Guatemala has implemented a successful model of intersectoral governance for the promotion of nutrition. In 2012, the President of Guatemala secured the signing of the Zero Hunger Pact, in which different stakeholders and institutions made a commitment to reduce the prevalence of chronic child undernutrition by 10 per cent in four years, as well as to prevent and reduce mortality from acute undernutrition in children under five years of age. The Pact pools the efforts of public institutions, local authorities and various sectors: actors from the worlds of academia, politics and business, the media, voluntary services, NGOs, embassies, the United Nations, indigenous peoples, women, religious groups, farmers, syndicates and civil society.

The National Council for Food Security and Nutrition (CONASAN) is the body responsible for implementing the Pact, while the Secretariat for Food Security and Nutrition (SESAN) is in charge of coordinating the actions of the different stakeholders and institutions involved in the fight against undernutrition. The CONASAN is responsible for driving actions to promote food security and nutrition (FSN) in the country's political, economic, cultural, operational and financial arenas. CONASAN has representatives from nine ministries and three secretariats of central government, as well as the business sector and civil society. Multi-stakeholder nutrition governance structures have been set up at both departmental and municipal levels.

Ensuring a coherent policy and legal framework

Guatemala has a Policy on Food Security and Nutrition (POLSAN) and a Law on the National System for Food Security and Nutrition (SINASAN) that defines the strategic institutional framework for organization and coordination by prioritizing, classifying into hierarchies, harmonizing, designing and executing actions related to FSN. There are also a Strategic Plan for Food Security and Nutrition (PESAN 2012-2016) and a National Strategy for Reducing Chronic Undernutrition (ENRDC).

In order to put into practice the Zero Hunger Pact, the Zero Hunger Pact Plan was designed, which is covered by the ENRDC and the Thousand-Day Window. The operative tool of the Zero Hunger Pact Plan is the Food Security and Nutrition Operational Plan (POASAN).

Aligning actions around a Common Results Framework

The Zero Hunger Pact Plan (2012-2016) is a common results framework in Guatemala. It is the technical operational tool for executing the Zero Hunger Pact. It promotes alignment, harmonization, resource management and coordination with the private sector, civil society and national and international partners. The Plan builds on the approach proposed in the ENRDC and the Thousand-Day Window strategy, including the four objectives laid down in the Zero Hunger Pact. Its coverage and scope are comprehensive and national. In order to tackle chronic hunger, the plan focuses on 166 high-priority municipalities in 2013 and on the rest of the country in 2014 and 2015.

On Friday, 25 July 2014, the results were published of the Second Monitoring Survey for the Zero Hunger Pact Plan implemented in the 166 high-priority municipalities designated by the Plan. Results showed that the prevalence of chronic undernutrition in children under five years of age had been reduced by 1.7 per cent and the prevalence of anaemia in children under five had been reduced by 4.5 per cent.

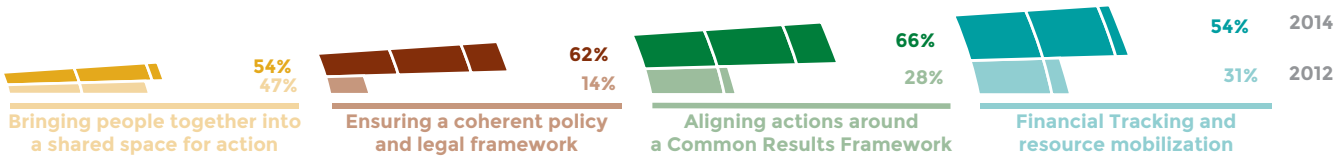
Financial Tracking and resource mobilization

Until 2011, there was no integrated, coordinated budget focusing on FSN and/or directed towards the actions of the Thousand-Day Window. In 2012, a process was initialised to develop and consolidate resources in support of FSN using the Integrated Accounting System (SICOIN) – the official system for public budget spending in Guatemala. The use of resources can now be consulted online in real time.

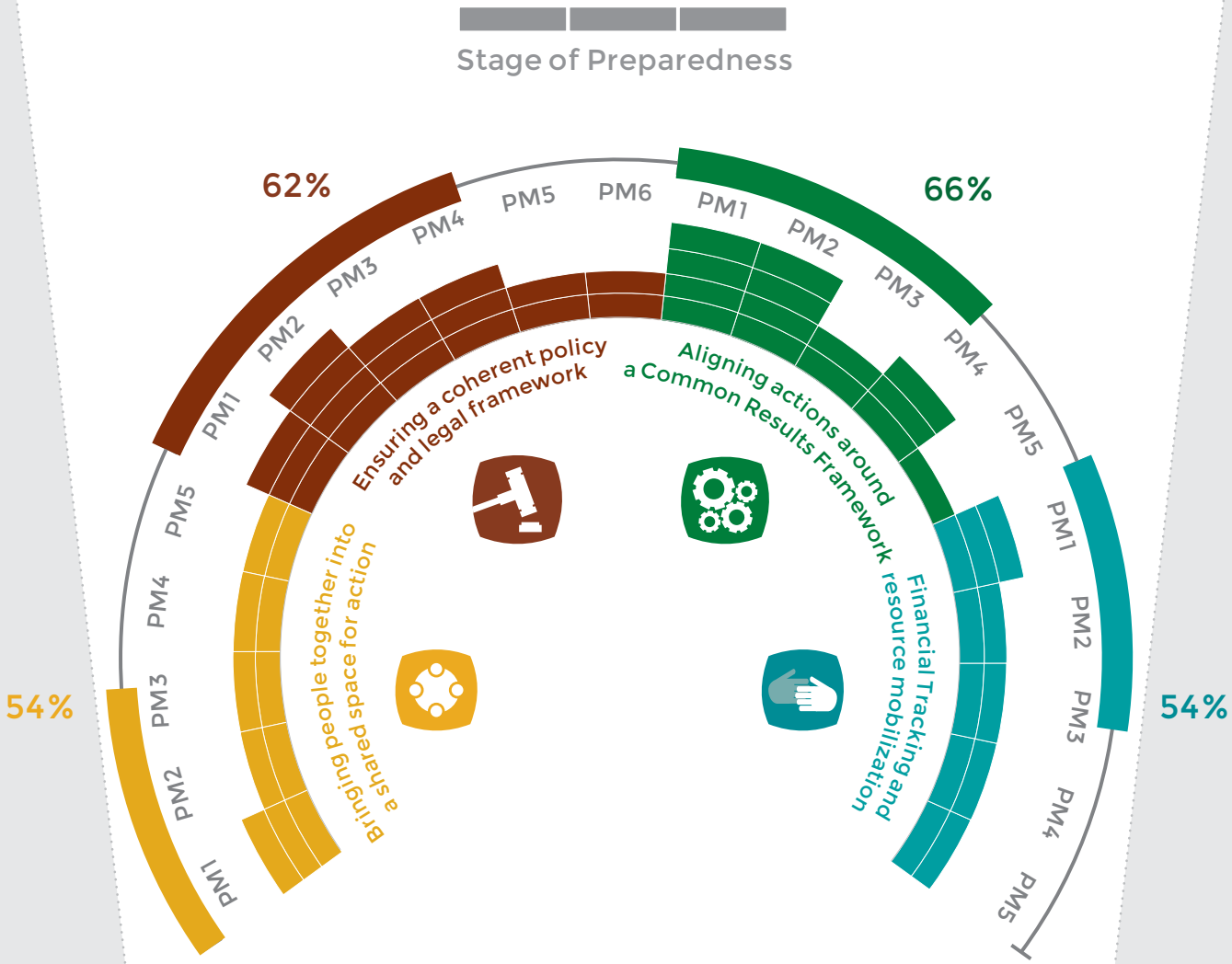
Pursuant to the Act on Free Access to Information of SICOIN, reports written as a result of the coordinated work between the Ministry of Finance and the Secretariat for Food Security and Nutrition are available on the official webpage www.minfin.gob.gt. At present, 14 institutions are subject to specific monitoring of their spending and physical targets (goods or services that the public institution provides for the population).

Progress Across Four SUN Processes
Guatemala

2012[1] and 2014[2] Scoring of Progress Markers

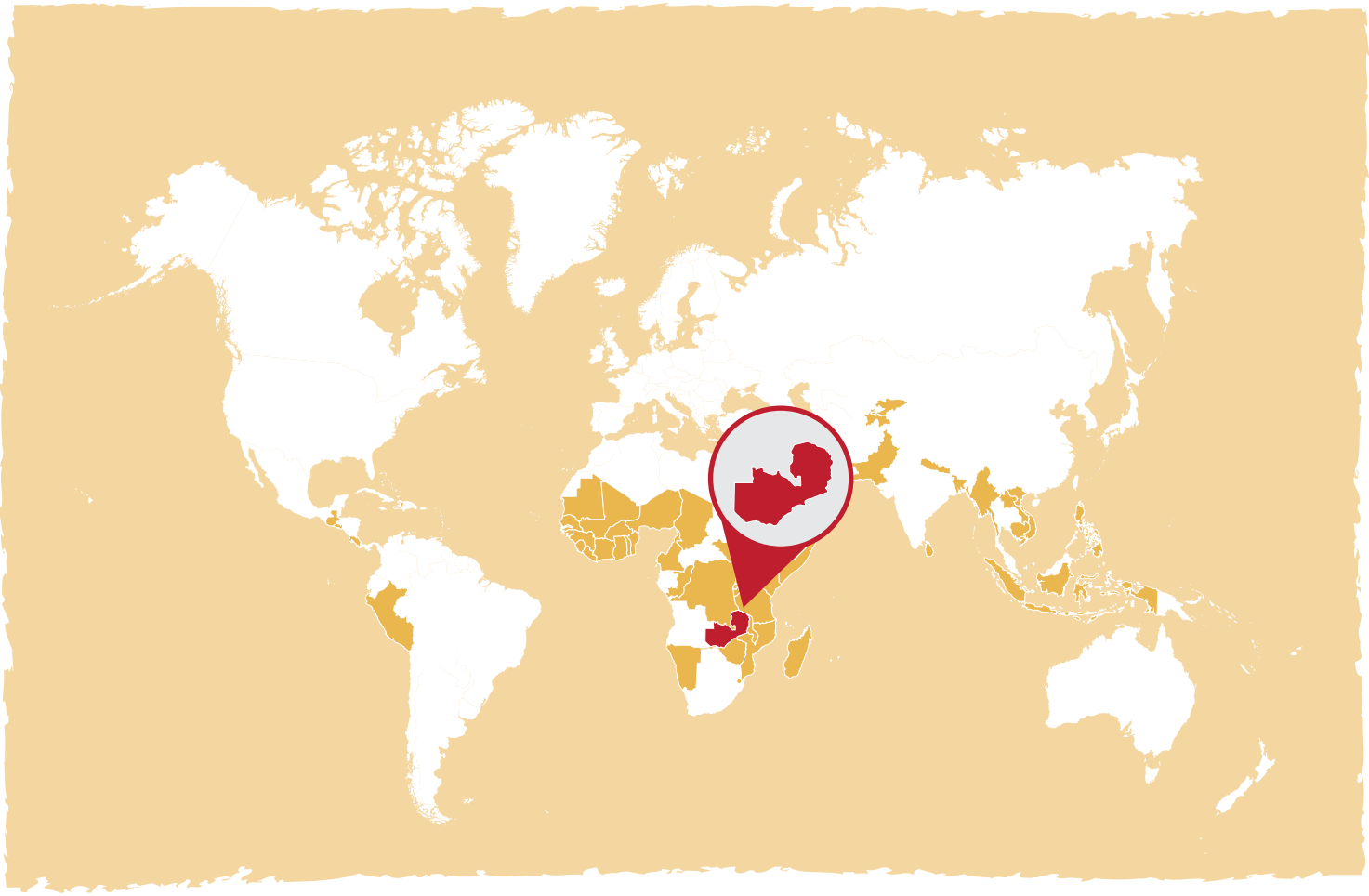


2014 Dashboard for Progress Markers



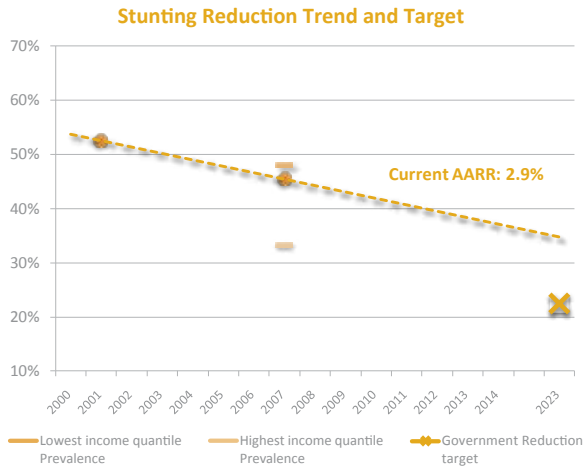
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

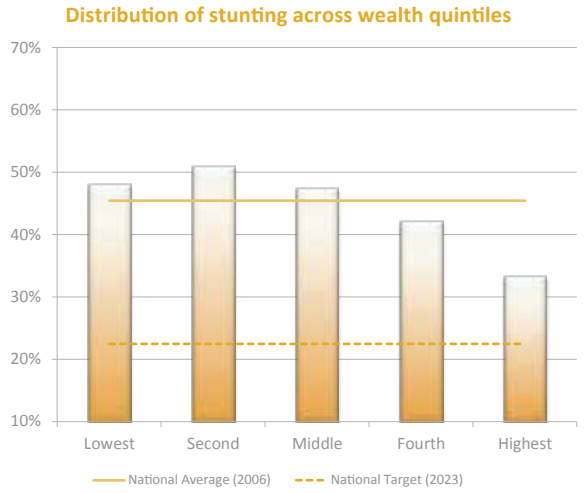
Zambia

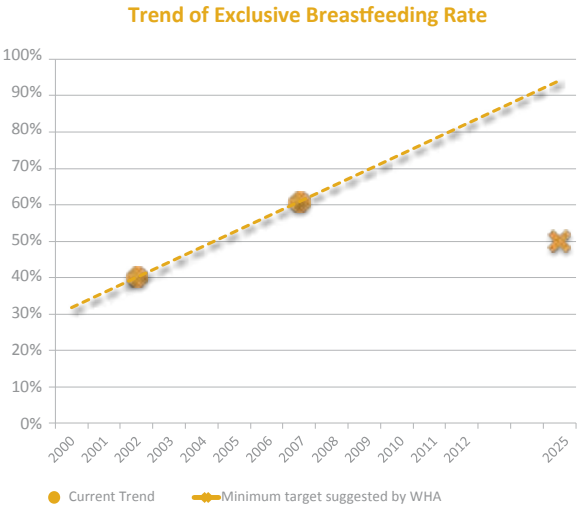


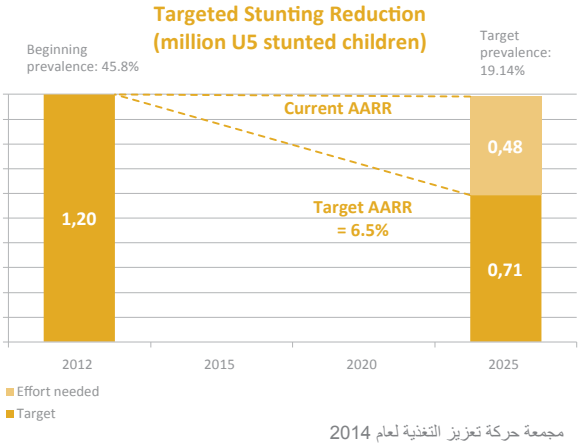
Joined: December 2010

Demographic data	
National Population (million, 2010)	13,2
Children under 5 (million, 2010)	2,4
Adolescent Girls (15-19)(million, 2010)	0,70
Average Number of Births (million, 2010)	0,50
Population growth rate (2010)	2,84%
WHA nutrition target AZ8 (DHS 2007)	
Low-birth weight	4,4%
0-5 months Exclusive Breastfeeding	60,9%
Under five stunting	45,8%
Under five wasting	5,6%
Under five over weight	8,4%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	60,3%
Vitamin A supplementation (6-59 months)	-
Households Consuming Adequately Iodized Salt	77,4%
Women's Empowerment	
Female literacy	63,7%
Female employment rate	63,6%
Median age at first marriage	18,4
Access to skilled birth attendant	46,5%
Women who have first birth before age 18	27,9%
Fertility rate	5,9
Other Nutrition-relevant indicators	
Rate of urbanization	38,35%
Income share held by lowest 20%	3,58%
Calories per capita per day (kcal/capita/day)	-
Energy from non-staples in supply	23,34%
Iron availability from animal products (mg/capita/day)	1,2
Access to Improved Sanitation Facilities	23,9%
Open defecation	23,5%
Access to Improved Drinking Water Sources	41,9%
Access to Piped Water on Premises	16,0%
Surface Water as Drinking Water Source	20,1%
GDP per capita (current US$, 2013)	1.540,00
Exports-Agr Products per capita (current US$, 2012)	0,66
Imports-Agr Products per capita (current US$,2012)	0,42









Bringing people together into a shared space for action

The National Food and Nutrition Commission (NFNC) is the designated convening body to coordinate action on nutrition in Zambia, under the Ministry of Health. It involves civil society organizations, academia, UN organizations and the Manufacturers Association of Zambia, which are fully engaged. In March 2014, the NFNC voted to approve the principle of revising its act of incorporation inter alia to step up effective coordination, by expanding its mandate across sectors. Work is underway to improve the functioning of the National Food and Nutrition Steering Committee which is an independent multi-sectoral platform.

The NFNC facilitated multi-sectoral district planning through the District Commissioners' Offices. The process has inspired the participating key line ministries and civil society to establish Nutrition Coordination Committees in some districts and provinces that includes the local authorities.

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-sectorial platforms.

Civil society through the CSO-SUN Alliance has brought together diverse actors to raise demand and understanding of nutrition services and composed a song on nutrition. In addition, members of parliament (MPs) acting as champions of Nutrition have organised themselves in a network referred to as the "MPs on SUN" which contributes to improved accountability of national nutrition efforts.

Ensuring a coherent policy and legal framework

The National Food and Nutrition Policy (2006) include 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 is a key component.

Mandatory fortification of food such as sugar and salt are provided under the Food and Drugs Act. 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 actions around a Common Results Framework

The National Food and Nutrition Strategic Plan (NFNSP) covering the period 2011-2015 was developed through broad consultations. The plan serves as the common results framework for nutrition. Together with the World Bank, costing is underway and should be ready by the end of 2014.

Baselines have been carried out in 7 districts out of 14 planned, with the view of establishing an M&E framework for the implementation of the First 1,000 Most Critical Days Program (MCDP). This is a key element of the NFNSP and a consultant is working on developing a global strategic plan for monitoring and evaluating food and nutrition strategies.

An analysis on technical, managerial and advocacy capacity gaps of human resources positioned at the district and central levels is on-going. A field reference workers' guide for the 1,000 days program is being finalized.

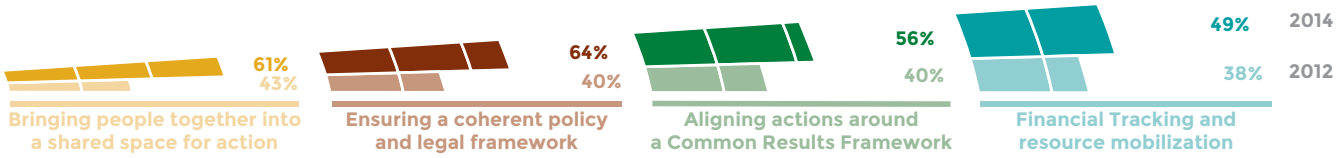
Financial Tracking and resource mobilization

An overall financial system to reconcile estimates of costs with national investments across sectors and external contributions towards the implementation of the NFNSP is not fully in place yet. Information on financial tracking is only available on domestic and external contributions for specific programs. However, the Government is currently working on the development of a mechanism to track nutrition funds either from pooled fund or direct support as well as government funding. The forthcoming SUN Fund will be able to track allocations for nutrition-specific and nutrition-sensitive interventions from all pooling donors.

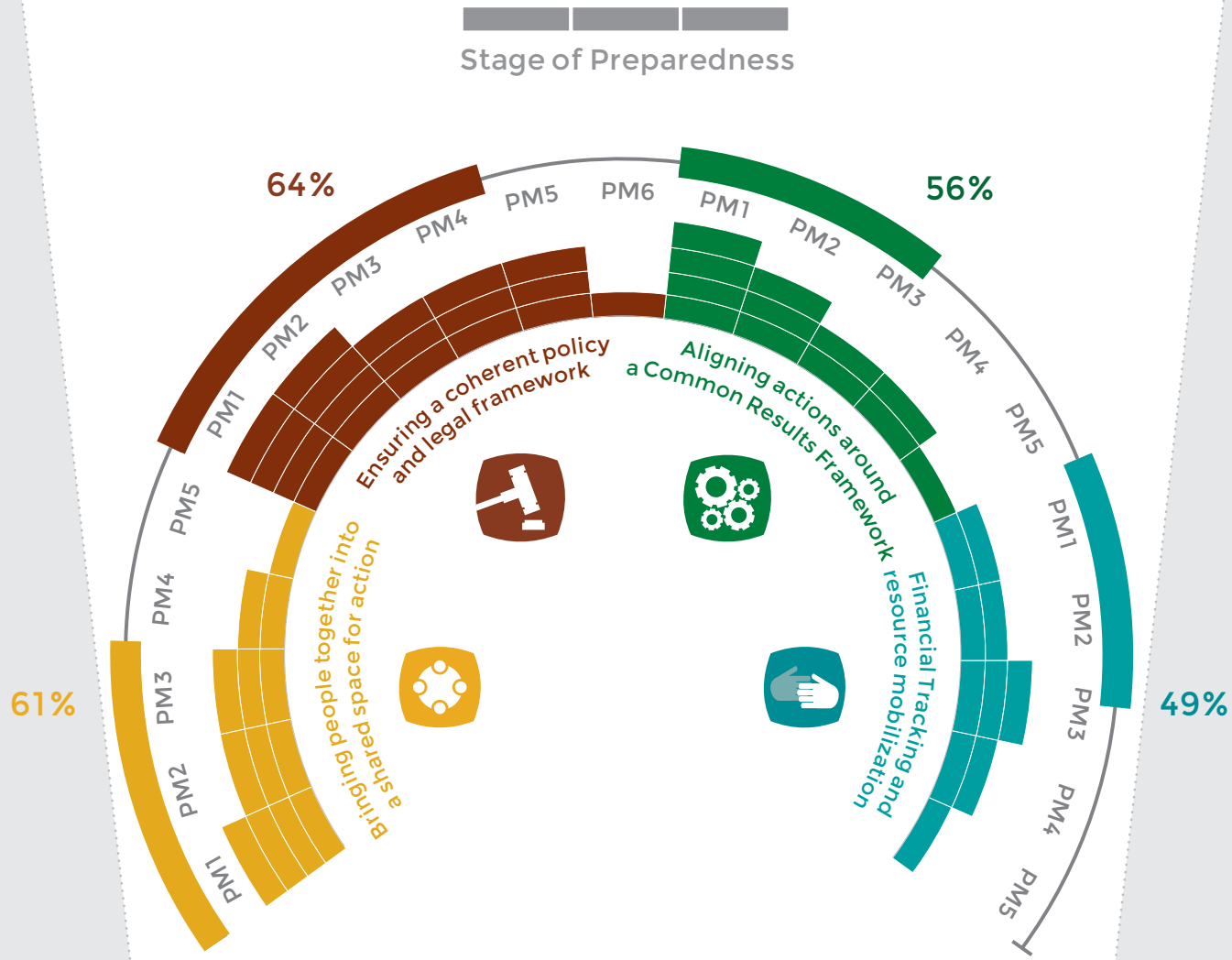
The Zambian Government commits to increase financial contributions to nutrition by at least 20% annually for the next 10 years and to reach the estimated additional USD30 per U5 child required to scale up high impact nutrition interventions. Zambia has developed the Nutrition Trust Fund, a pooled fund which supports innovative approaches to scaling up nutrition and is already in implementation phase.

Progress Across Four SUN Processes
Zambia

2012[1] and 2014[2] Scoring of Progress Markers

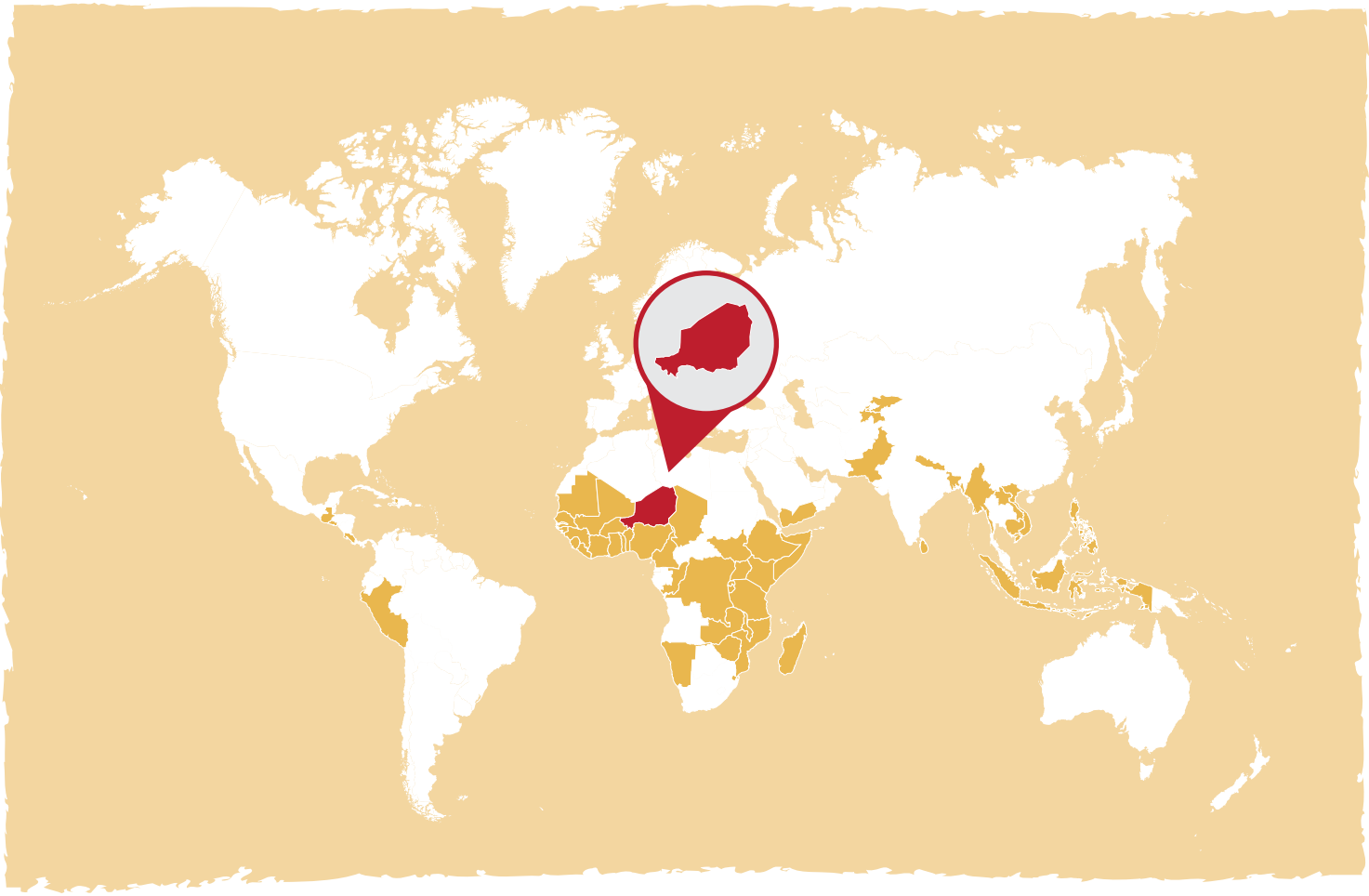


2014 Dashboard for Progress Markers



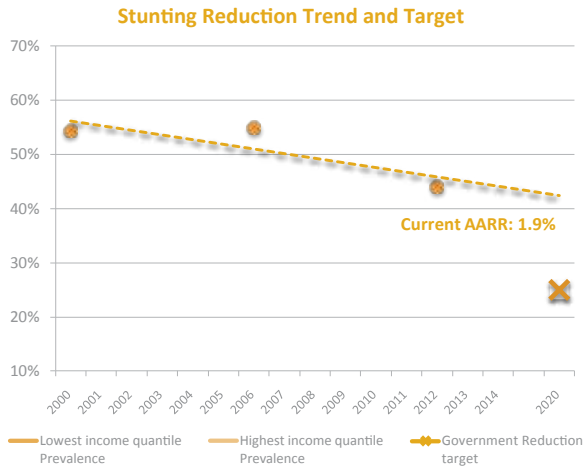
[1]Externally assessed by the SUN Movement Secretariat
[2]Externally assessed by the SUN Movement Secretariat

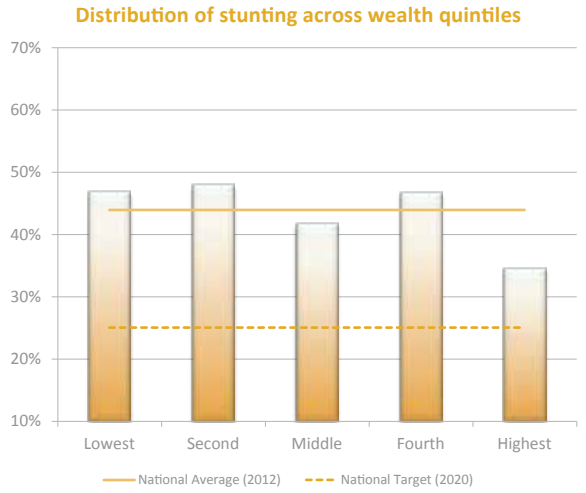
Niger

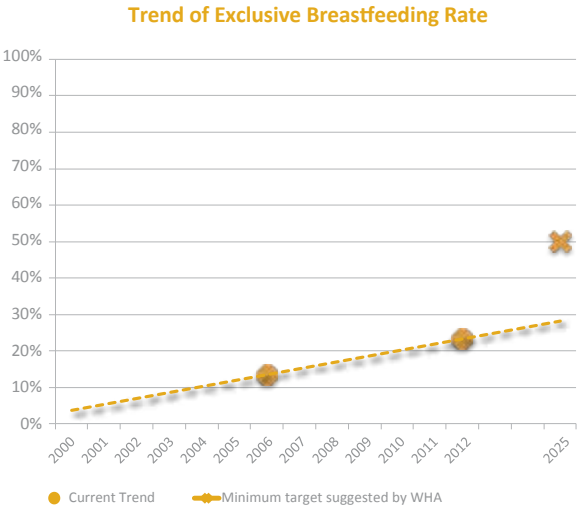


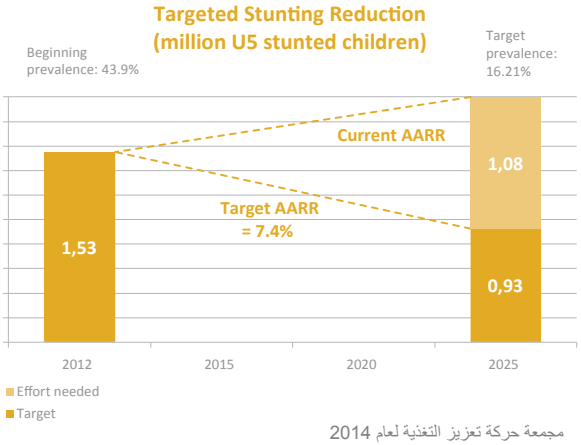
Joined: February 2011

Demographic data	
National Population (million, 2010)	15,9
Children under 5 (million, 2010)	3,3
Adolescent Girls (15-19)(million, 2010)	0,80
Average Number of Births (million, 2010)	0,70
Population growth rate (2010)	3,74%
WHA nutrition target indicators (DHS 2012)	
Low-birth weight	12,0%
0-5 months Exclusive Breastfeeding	23,3%
Under five stunting	43,0%
Under five wasting	18,7%
Under five over weight	3,0%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	5,6%
6-23 months with Minimum Diet Diversity	9,8%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	10,3%
Pregnant Women Attending 4 or more Antenatal Care Visits	32,8%
Vitamin A supplementation (6-59 months)	98,0%
Households Consuming Adequately Iodized Salt	58,5%
Women's Empowerment	
Female literacy	14,0%
Female employment rate	29,2%
Median age at first marriage	15,8
Access to skilled birth attendant	18,0%
Women who have first birth before age 18	40,4%
Fertility rate	7,6
Other Nutrition-relevant indicators	
Rate of urbanization	17,20%
Income share held by lowest 20%	8,09%
Calories per capita per day (kcal/capita/day)	2.306,4
Energy from non-staples in supply	22,91%
Iron availability from animal products (mg/capita/day)	2,2
Access to Improved Sanitation Facilities	9,3%
Open defecation	81,0%
Access to Improved Drinking Water Sources	66,5%
Access to Piped Water on Premises	2,9%
Surface Water as Drinking Water Source	1,1%
GDP per capita (current US$, 2013)	413,00
Exports-Agr Products per capita (current US$, 2012)	0,73
Imports-Agr Products per capita (current US$,2012)	0,82









Bringing people together into a shared space for action

The Nigerien authorities now understand that nutrition is a development issue and have included it in the political agenda. It is Priority 3 of the Prime Minister's General Policy Declaration (DPG), operationalized by the Economic and Social Development Plan (PDES). In this PDES, food and nutritional security is specifically coordinated by a High Commission responsible for implementing a strategy broken down into 5 strategic programs, the 4th of which is entitled "Improving the Nutritional Status of Nigerians".

The implementation of each program is monitored by a Multi-sectoral Steering Committee (CMPS) chaired by the Minister whose office is the most relevant.

The Health Ministry, which implements most of the 10 direct nutrition interventions, chairs CMPS4, with the support of other technical ministries implementing nutrition interventions (Agriculture, Livestock, Education, Environment, Hydropower, Population) and UNICEF (leader of technical and financial partners in the health sector) acting as vice-chair.

CMPS resolutions are notified to the Interministerial Orientation Council (CIO), chaired by the President of the Republic and seconded by the Prime Minister.

The last CMPS4 meeting approved a number of important resolutions, including revising the ministerial order setting it up, in order to bring in more participants including the European Union and USAID. The composition of CMPS4 is in line with the SUN platform.

Ensuring a coherent policy and legal framework

The single overarching framework for nutrition interventions remains Initiative 3N, known as "Nigeriens feeding Nigeriens" (I3N).

An innovative approach bringing all sectors together in the same place and at the same time with the Commune as an entry point has been implemented. 35 communes known as convergence communes are identified for this purpose (11 in 2014, 12 in 2015 and 12 in 2016). This approach is implemented in the 11 communes scheduled in 2014, and will be rolled out in the other 12 where participatory planning with the relevant local authorities is already under way. This recognizes the program harmonization implemented in accordance with I3N.

Aligning actions around a Common Results Framework

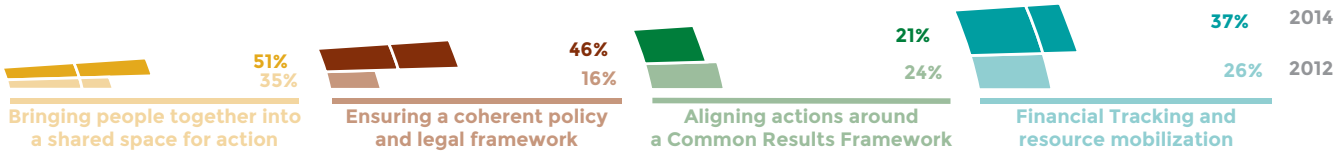
Reinforcing the Secretariat to support CMPS4 and the need to accelerate the finalization and adoption of all nutrition policy and/or strategy documents is one of the important resolutions of CMPS4. The directory of national policies and strategies to be updated and submitted for adoption is currently being drawn up and will be presented at forthcoming CMPS4 sessions.

Financial Tracking and resource mobilization

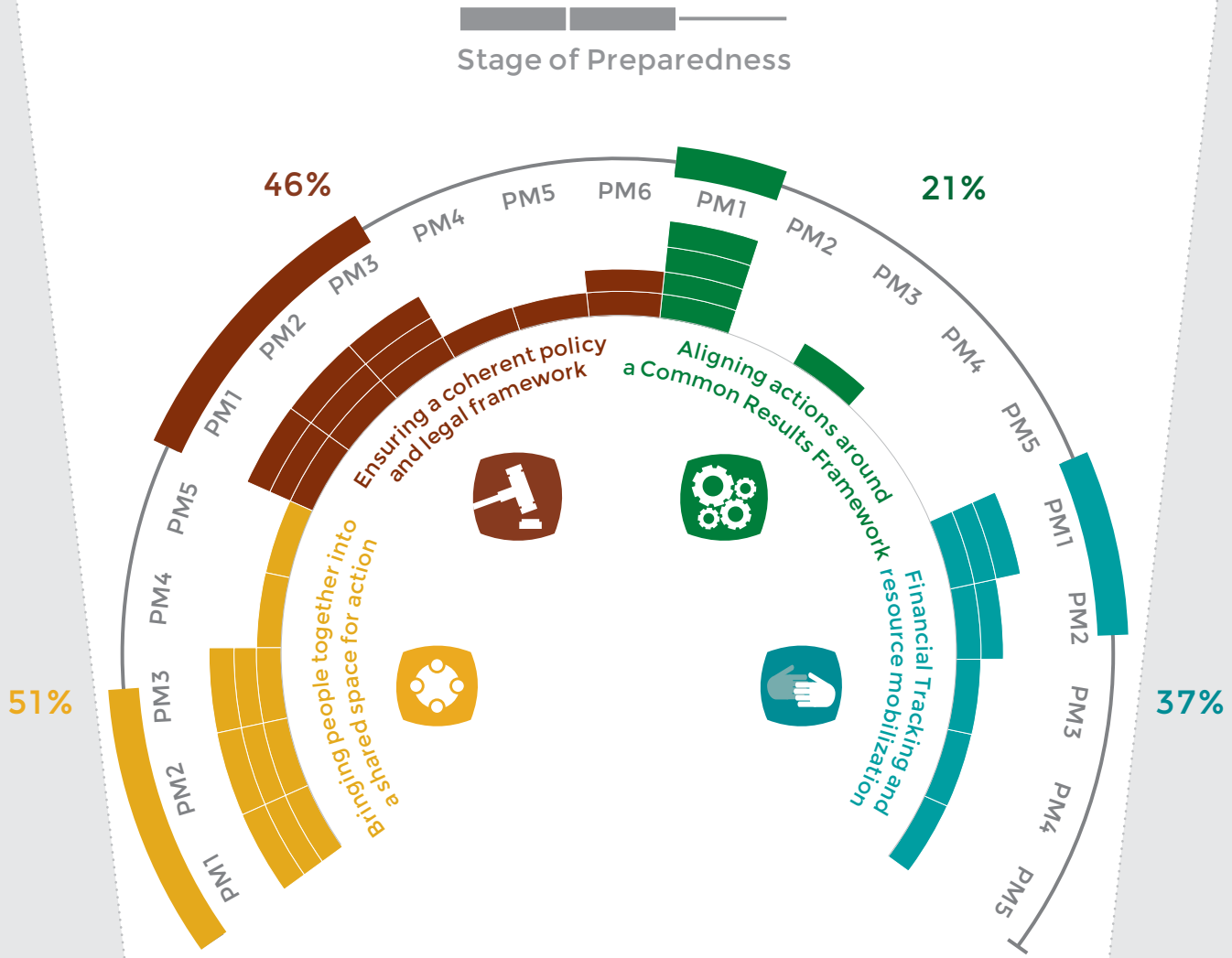
A proposed Budgeted Multi-sectoral Action Plan will be presented at the next CMPS4 session to assess contribution from other sectors and improve understanding of the nutrition financing in Niger.

Progress Across Four SUN Processes
Niger

2012[1] and 2014[2] Scoring of Progress Markers

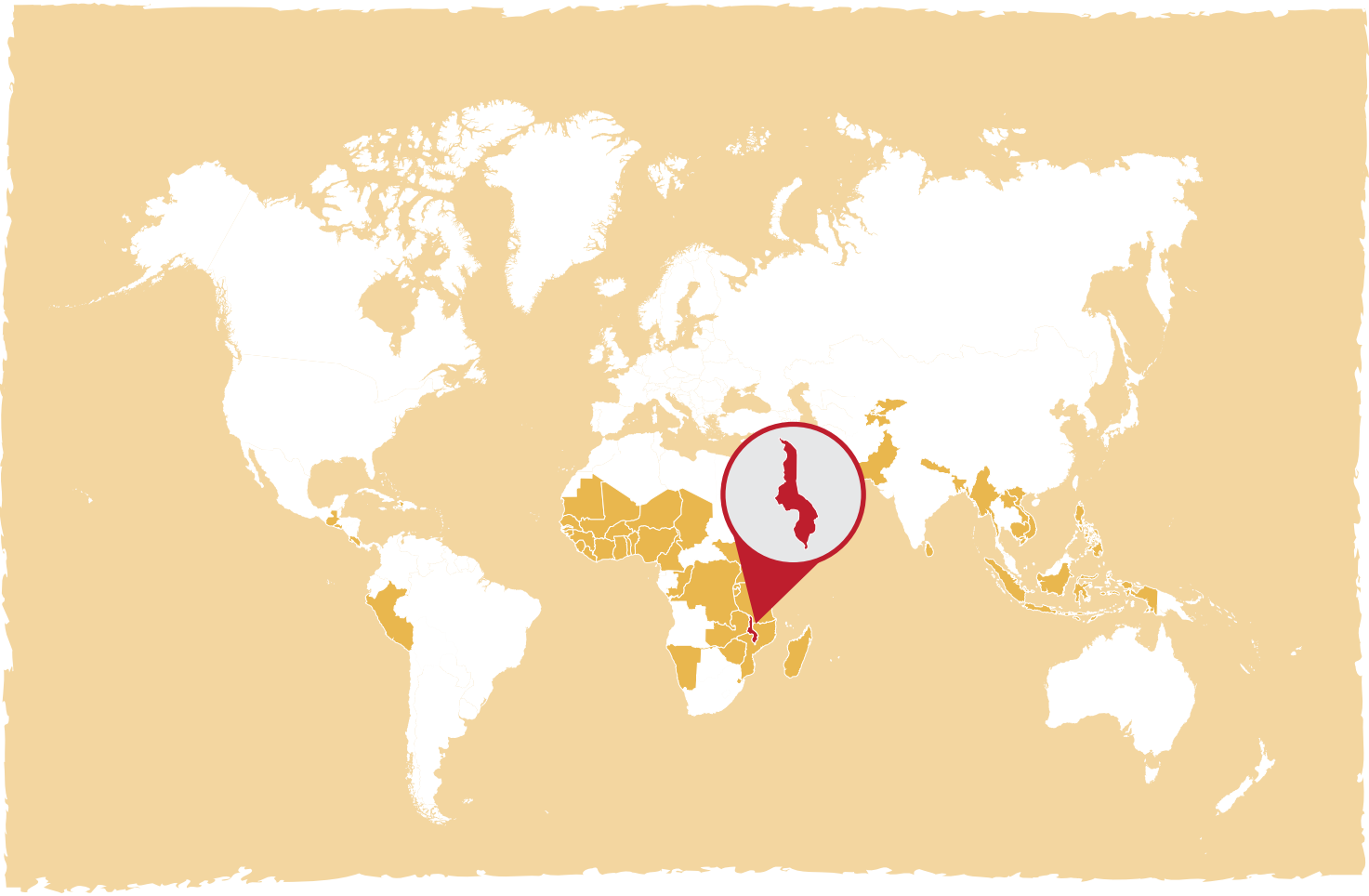


2014 Dashboard for Progress Markers



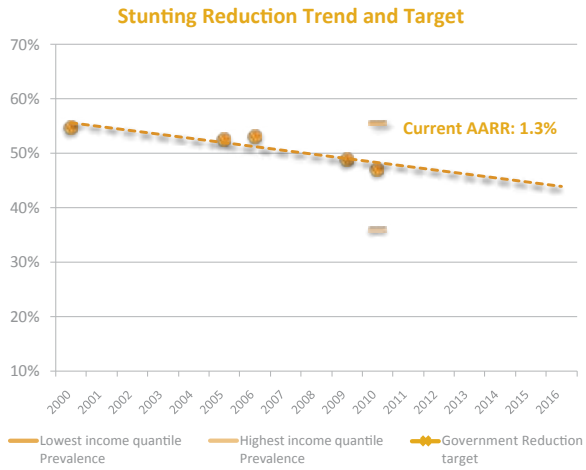
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

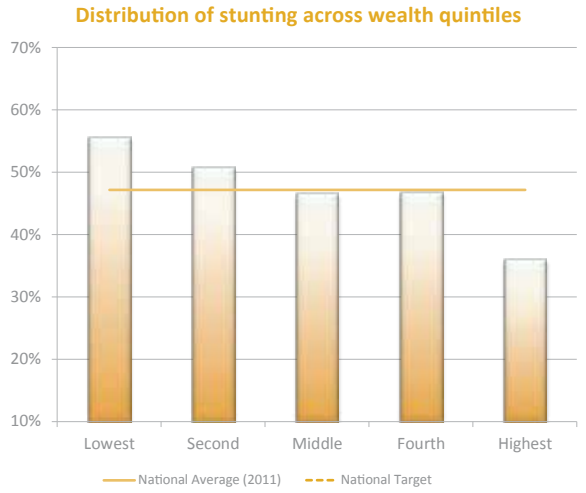
Malawi

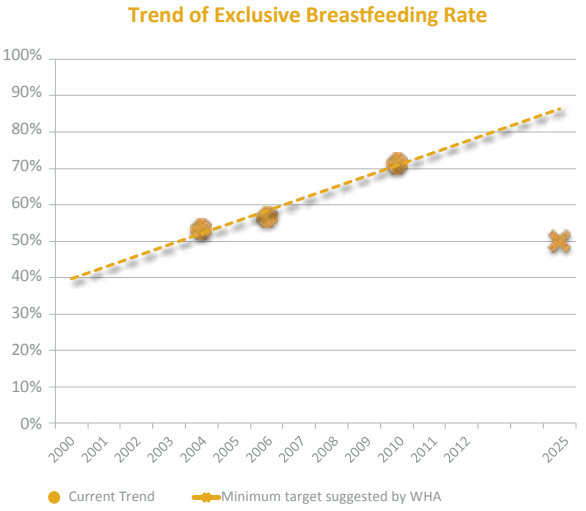


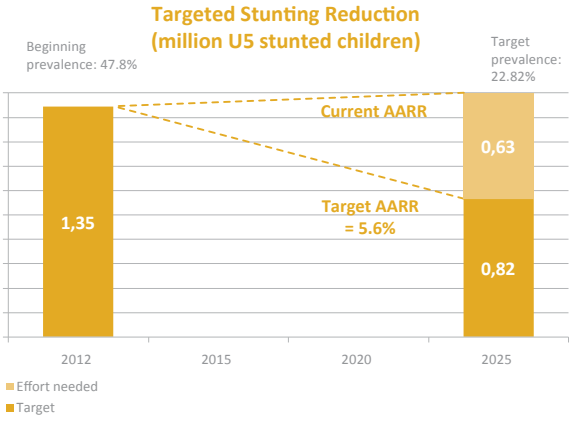
Joined: March 2011

Demographic data	
National Population (million, 2010)	15
Children under 5 (million, 2010)	2,7
Adolescent Girls (15-19)(million, 2010)	0,80
Average Number of Births (million, 2010)	0,60
Population growth rate (2010)	3,00%
WHA nutrition target indicators (DHS 2010)	
Low-birth weight	12,3%
0-5 months Exclusive Breastfeeding	71,4%
Under five stunting	47,8%
Under five wasting	4,1%
Under five over weight	9,2%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	18,5%
6-23 months with Minimum Diet Diversity	29,4%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	0,2%
Pregnant Women Attending 4 or more Antenatal Care Visits	45,5%
Vitamin A supplementation (6-59 months)	60,0%
Households Consuming Adequately Iodized Salt	97,1%
Women's Empowerment	
Female literacy	67,6%
Female employment rate	77,0%
Median age at first marriage	17,9
Access to skilled birth attendant	94,7%
Women who have first birth before age 18	25,6%
Fertility rate	5,8
Other Nutrition-relevant indicators	
Rate of urbanization	15,43%
Income share held by lowest 20%	5,64%
Calories per capita per day (kcal/capita/day)	2.239,5
Energy from non-staples in supply	24,59%
Iron availability from animal products (mg/capita/day)	0,5
Access to Improved Sanitation Facilities	8,8%
Open defecation	9,9%
Access to Improved Drinking Water Sources	79,3%
Access to Piped Water on Premises	6,6%
Surface Water as Drinking Water Source	2,8%
GDP per capita (current US$, 2013)	226,00
Exports-Agr Products per capita (current US$, 2012)	5,39
Imports-Agr Products per capita (current US$,2012)	0,96









Bringing people together into a shared space for action

Two multi-sectoral and multi-stakeholder platforms (MSPs) have been set up to coordinate nutrition plans and actions: the National Nutrition Committee (NNC) and the SUN Task Force Committee. Both are composed of a cross section of stakeholders including representatives of key sectoral ministries, development partners, civil society organizations, academics, private sector and other institutions implementing nutrition. The NNC is the convening body for coordinating action on scaling up nutrition and provides technical guidance on implementation of the National Nutrition Policy and Strategic Plan within sectors. Under the NNC, there are seven multi-stakeholder technical working groups. The SUN Task Force Committee brings together the government, UN agencies, CSOs, donors and the private sector to strengthen the multi-sector coordination.

Multi-sectoral District Nutrition Coordination Committees have been put in place in 77% of the districts while at sub-district level, Area and village development committees have been established.. The committees are linked from the national to the village level. The President appointed a Nutrition Champions Committee composed of traditional leaders and technocrats to support social mobilization and the roll out of the Nutrition Education and Communications Strategy (NECS) at the local level.

The Donor group for Nutrition Security (DONUTS) is led through a troika arrangement composed of UNICEF, USAID and WFP. The group is chaired by USAID while Irish Aid is a donor convener. On the other hand UNICEF leads the UN Forum on Nutrition. The Development Partners Group for Nutrition meet to share information on nutrition programming, provide technical and financial support, advocate and review progress on the implementation of the National Nutrition Policy and Strategic Plan. UN, donor and civil society networks are in place. A Civil Society on Nutrition Alliance (CSONA) coordinates action of NGOs engaged in nutrition at national and district level. A business platform has been established through the Malawi Chamber of Commerce and is a member of the National Fortification Alliance. Lilongwe University of Agriculture and Natural Resources (LUANAR) is supporting capacity building initiatives for scaling up nutrition. Malawi conducts national nutrition Joint Annual Reviews and learning forums.

Aligning actions around a Common Results Framework

The Department of Nutrition, HIV and AIDS in the Office of the President and Cabinet, with support from UNICEF, WB, Irish Aid, USAID and other sectors involved, developed the SUN Roll-out Framework, which includes a National Nutrition M&E plan which is now being rolled out in all the districts. The M&E plan includes the national nutrition framework and a web-based database which tracks progress from sub-district and district to national level. A National Nutrition Survey has been conducted and will help establish a baseline to measure progress in SUN implementation. Rapid assessments have been completed in 3 districts. SUN-NECS is being rolled out in 21 out of 28 districts.

Ensuring a coherent policy and legal framework

Malawi's National Nutrition Policy has been reviewed and is awaiting submission to cabinet for approval. A Nutrition Act has been drafted and is expected to be finalized by 2015, while the Nutrition Strategic Plan is being revised in line with the reviewed policy and is expected to be ready by December 2014. The roll out of the National Nutrition Education and Communication Strategy (NECS) is being decentralized and includes advocacy and behaviour change components. A National Nutrition Research Agenda and a Nutrition Care Support and Treatment Strategy are in place, as well as a National Micronutrient Strategy. Nutrition-sensitive policies and strategies are being updated and will cover all key sectors.

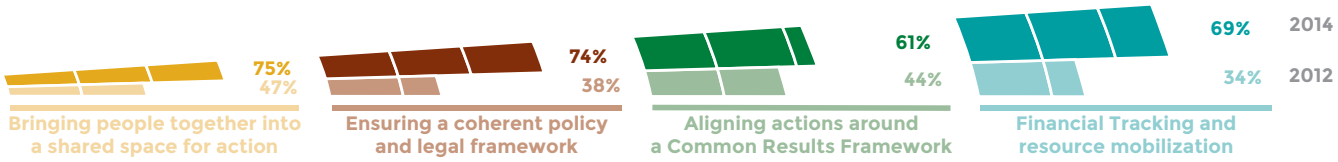
The national legislation with a bearing on nutrition covers salt iodization, fortification of centrally processed foods and consumer protection. The New Labour Act has increased maternity leave to 12 weeks in the public sector and 8 weeks in the private sector. Many provisions for the implementation of the International Code of Marketing of Breast-milk Substitutes (BMS) have been adopted into law.

Financial Tracking and resource mobilization

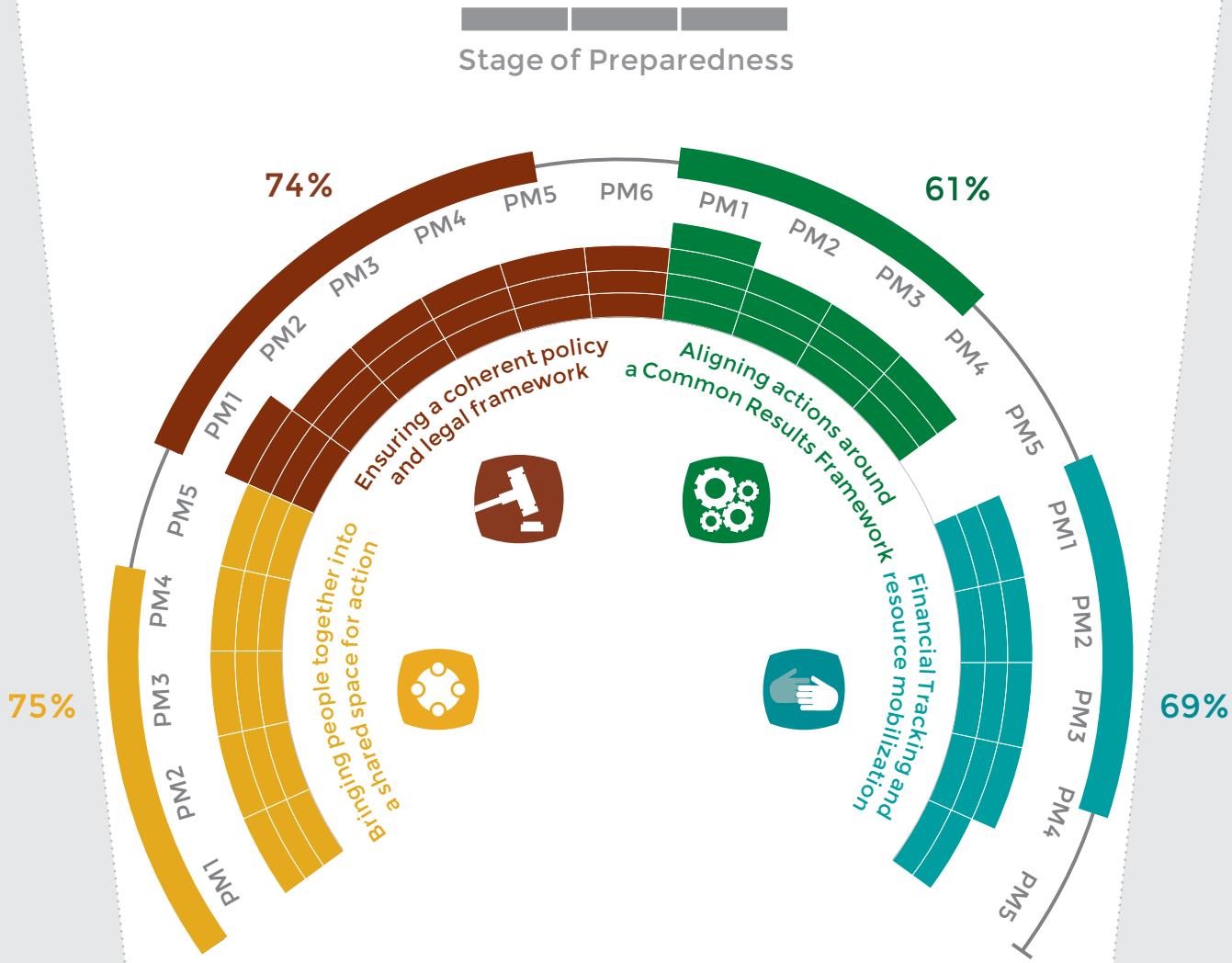
A pooled fund has been set up with WB and CIDA in support of 15 of the 28 districts, while USAID, UNICEF, Irish Aid and WFP support other districts. Plans are underway to conduct resource mapping at national and district levels and to come up with a web-based tracking tool with support from the SUN Secretariat. High-level advocacy meetings with Principal Secretaries and Members of Parliament have been conducted with the purpose of advocating for increase in budgetary allocation for nutrition in their sectors.

Progress Across Four SUN Processes
Malawi

2012[1] and 2014[2] Scoring of Progress Markers

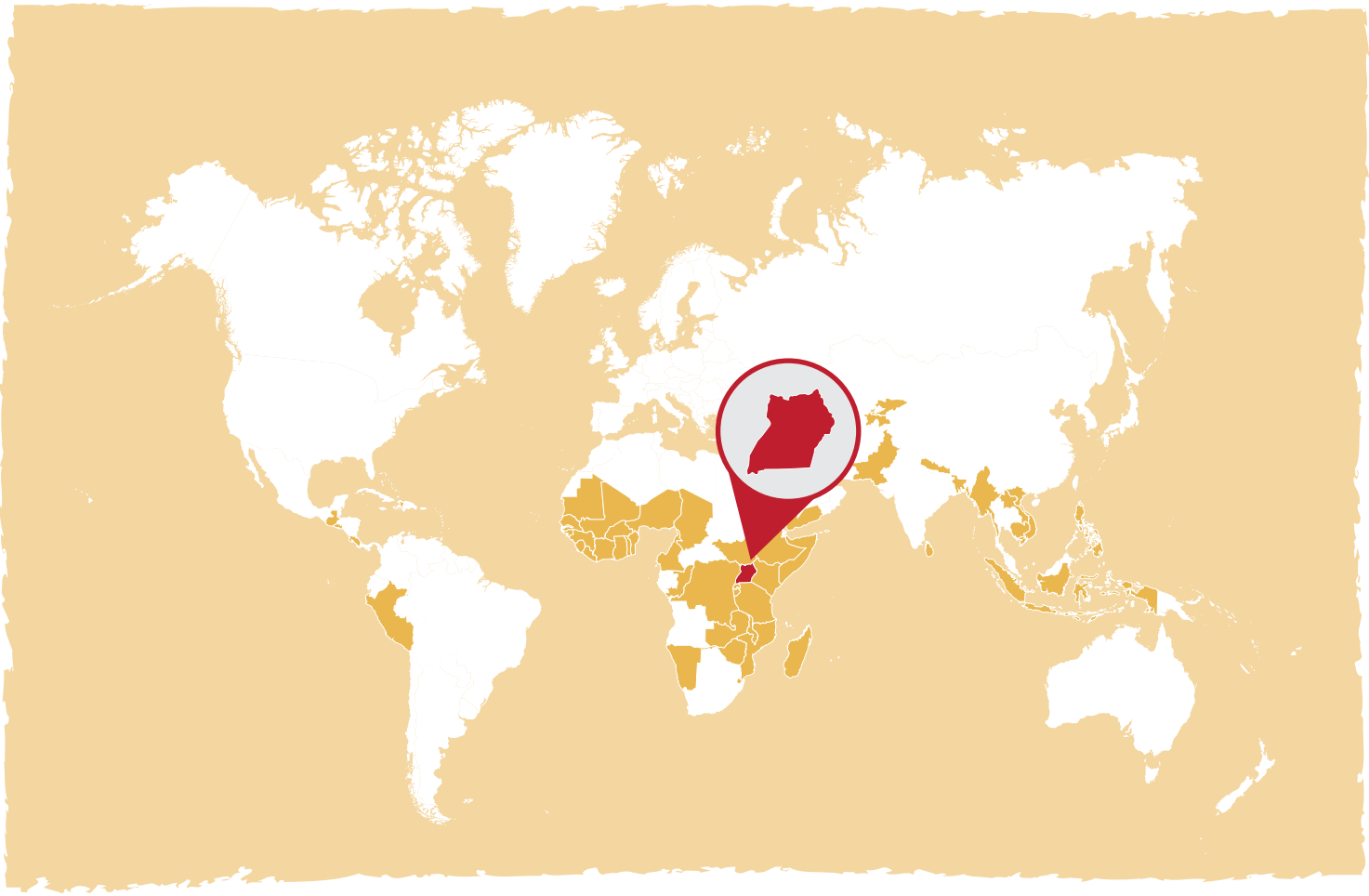


2014 Dashboard for Progress Markers



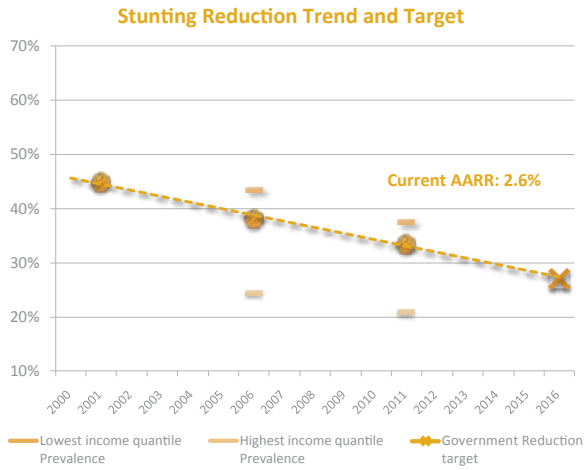
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

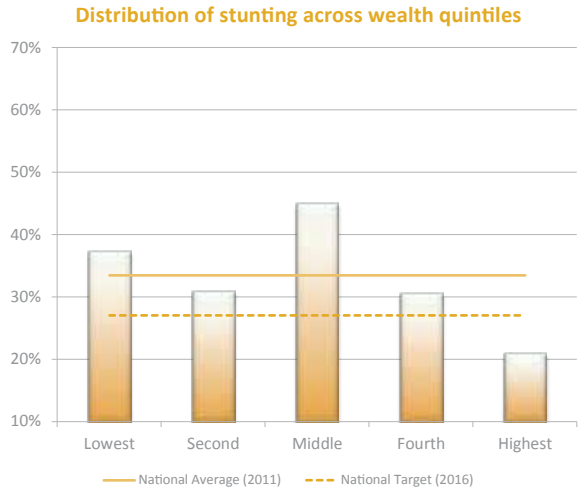
Uganda

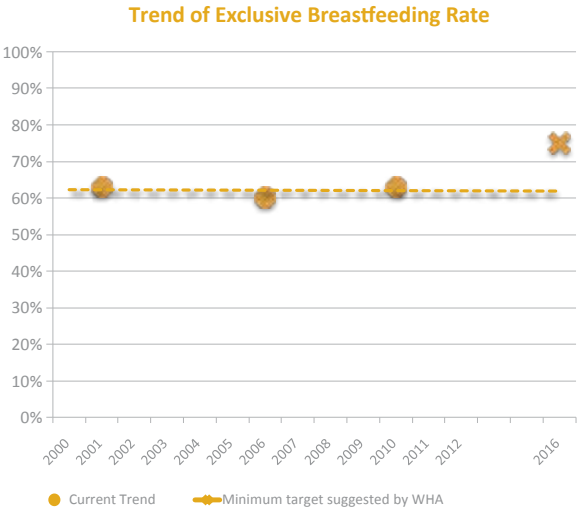


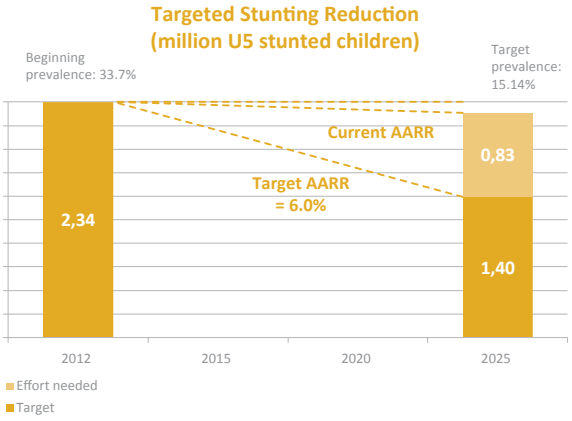
Joined: March 2011

Demographic data	
National Population (million, 2010)	34
Children under 5 (million, 2010)	6,6
Adolescent Girls (15-19)(million, 2010)	1,90
Average Number of Births (million, 2010)	1,40
Population growth rate (2010)	3,36%
WHA nutrition target indicators (DHS 2011)	
Low-birth weight	10,2%
0-5 months Exclusive Breastfeeding	63,2%
Under five stunting	33,7%
Under five wasting	4,8%
Under five over weight	3,8%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	5,8%
6-23 months with Minimum Diet Diversity	12,8%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	1,9%
Pregnant Women Attending 4 or more Antenatal Care Visits	47,6%
Vitamin A supplementation (6-59 months)	70,0%
Households Consuming Adequately Iodized Salt	55,2%
Women's Empowerment	
Female literacy	72,2%
Female employment rate	77,1%
Median age at first marriage	18,9
Access to skilled birth attendant	51,0%
Women who have first birth before age 18	22,8%
Fertility rate	5,6
Other Nutrition-relevant indicators	
Rate of urbanization	26,20%
Income share held by lowest 20%	6,80%
Calories per capita per day (kcal/capita/day)	2.302,5
Energy from non-staples in supply	48,68%
Iron availability from animal products (mg/capita/day)	1,0
Access to Improved Sanitation Facilities	18,7%
Open defecation	9,6%
Access to Improved Drinking Water Sources	70,0%
Access to Piped Water on Premises	5,3%
Surface Water as Drinking Water Source	12,6%
GDP per capita (current US$, 2013)	572,00
Exports-Agr Products per capita (current US$, 2012)	1,54
Imports-Agr Products per capita (current US$,2012)	0,35









Bringing people together into a shared space for action

Uganda shows high level commitment to scale up nutrition and . The Prime Minister is a nutrition champion. Uganda successfully created multi-sectoral mechanisms and is now focusing on more ambitious parameters such as their effective functioning. This explains the lower perception of progress in bringing stakeholders together compared to previous years. The Office of the Prime Minister is the convening body responsible for the coordination of the Uganda Nutrition Action Plan (UNAP). It hosts a Secretariat which supports coordination and monitoring of the UNAP.

The Multi-Sectoral Technical Coordination Committee (MSTCC) is the main nutrition multi-stakeholder platform in the country. It comprises eight implementing line ministries including the National Planning Authority, development partners, CSOs, the academia and the private sector. There are sector and district coordination committees, the Nutrition Development Partner's Coordination Committee, the Food and Nutrition Council – comprising of UNAP Sectors-and the Cabinet Sub-committee on Nutrition.

One third of the districts have Nutrition Coordination Committees. Multi-stakeholder engagement at the district and community levels is a priority. Nominating cultural and religious leaders as nutrition champions in their territories would be useful. Different UN agencies have established an Inter-agency Nutrition Technical Working Group to ensure alignment between their plans and national priorities. the Uganda Civil Society Coalition on Scaling Up Nutrition (UCCO-SUN) exists while the Private Sector Foundation Uganda (PSFU) is engaged in the SUN, mostly in food fortification. Strengthening the capacity of the UNAP Secretariat to monitor various activities is a priority.

Aligning actions around a Common Results Framework

The UNAP serves as the multi-sectoral common results framework for nutrition. Its implementation is ongoing with important involvement of Ministries of Education, Agriculture and Health, Trade and industry, Gender, Community and social development, Local Government, Ministry of Finance, and could be strengthened through the involvement of high level government officials and improved advocacy. The UNAP M&E framework is being developed with support from the World Bank, while its budgetary framework is partially completed. District Nutrition Coordination Committees need to play an important role in UNAP rollout. To date, over 80 districts have now been oriented on their roles and mandate in implementation of UNAP

The conduction of a UNAP mid-term review is foreseen in 2014. Monitoring tools are being finalized while reporting of progress needs to be strengthened. A Nutrition Advocacy Strategy has been developed and has been combined with a Behavioural Change Communication Strategy as well as a Social Mobilization Strategy to form a complete National Communication Strategy for Nutrition. This is will be launched by the Prime Minister.

Ensuring a coherent policy and legal framework

Following the development and implementation of the UNAP, a relevant and enabling policy framework is needed. An analysis has been carried out of all existing legal and policy documentation and an appropriate policy framework in line with the UNAP will be developed. The Ministry of Gender, Labour & Social Development has developed a policy on maternity leave which provides 60 days of maternity leavePolicyto support exclusive breastfeeding is under review.

Various nutrition-sensitive policies across key sectors exist, on social protection, community development, school-feeding: The Education Act, the Gender policy and the and early childhood development.

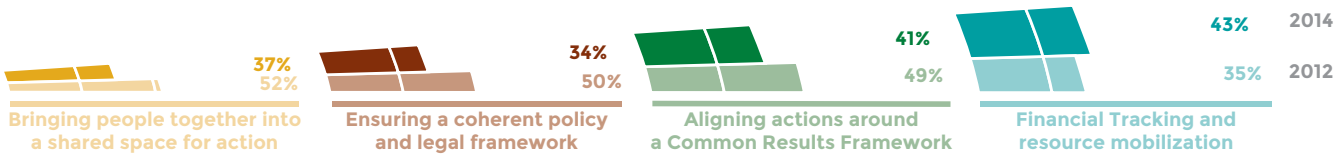
Existing national legislation with a bearing on nutrition include mandatory food fortification. The International Code of Marketing of Breast-milk Substitutes has been updated.

Financial Tracking and resource mobilization

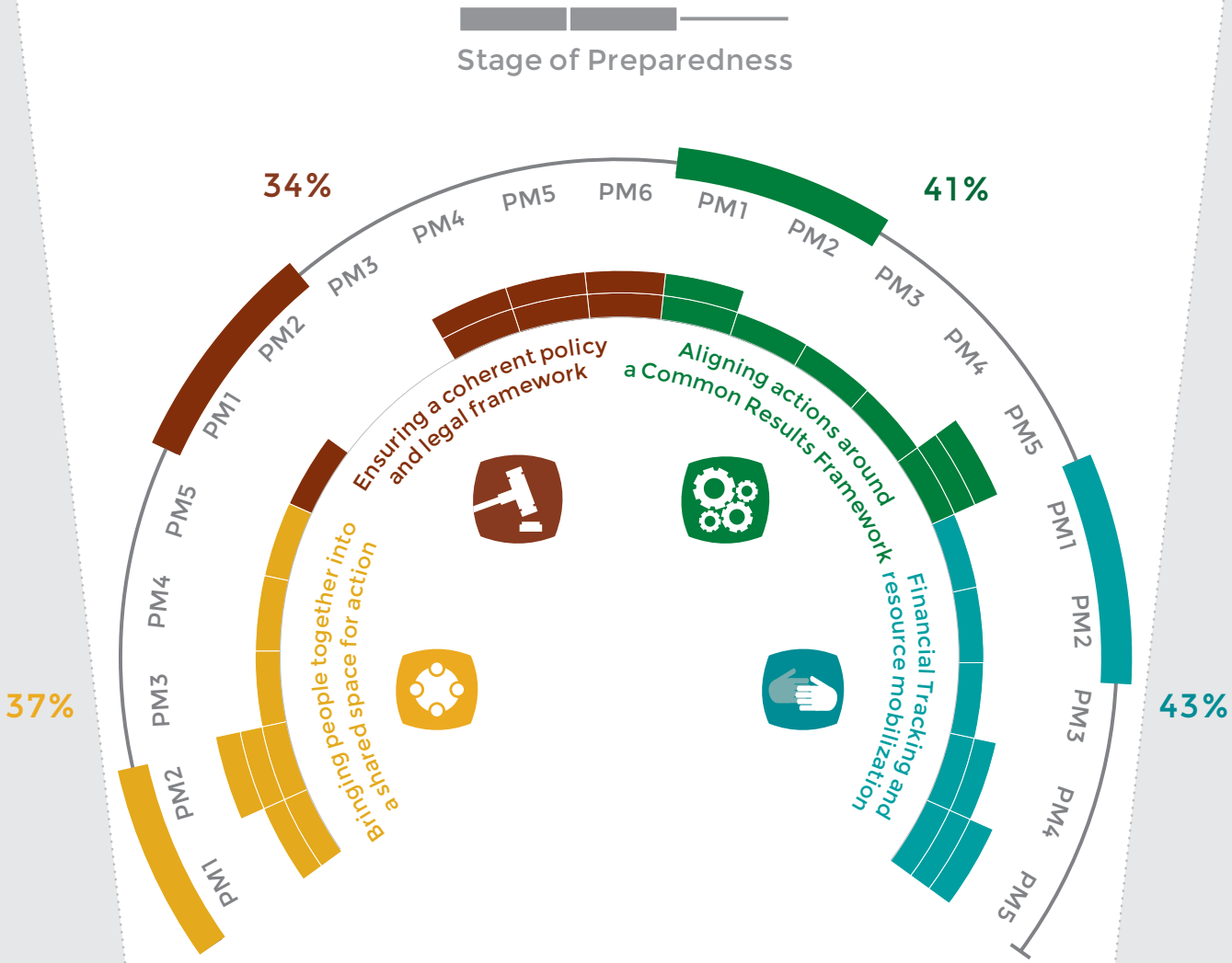
While the UNAP has already been costed, there is not a transparent mechanism to track nutrition expenditure. There is a lack of information on commitments from different stakeholders involved in nutrition. Despite donors being successfully engaged in the nutrition agenda, there are limited resources in support of Government programmes. UN agencies share financial information on nutrition activities and have started to coordinate their budgets. Building national capacity for financial tracking and develop an appropriate policy framework to guide nutrition financial management is a priority. It would be convenient to mobilize domestic resources for nutrition and to improve disbursements from donors. Financial tracking of nutrition investments could be enhanced by the development of financial guidelines and the establishment of sectoral nutrition budget lines.

Progress Across Four SUN Processes
Uganda

2012[1] and 2014[2] Scoring of Progress Markers

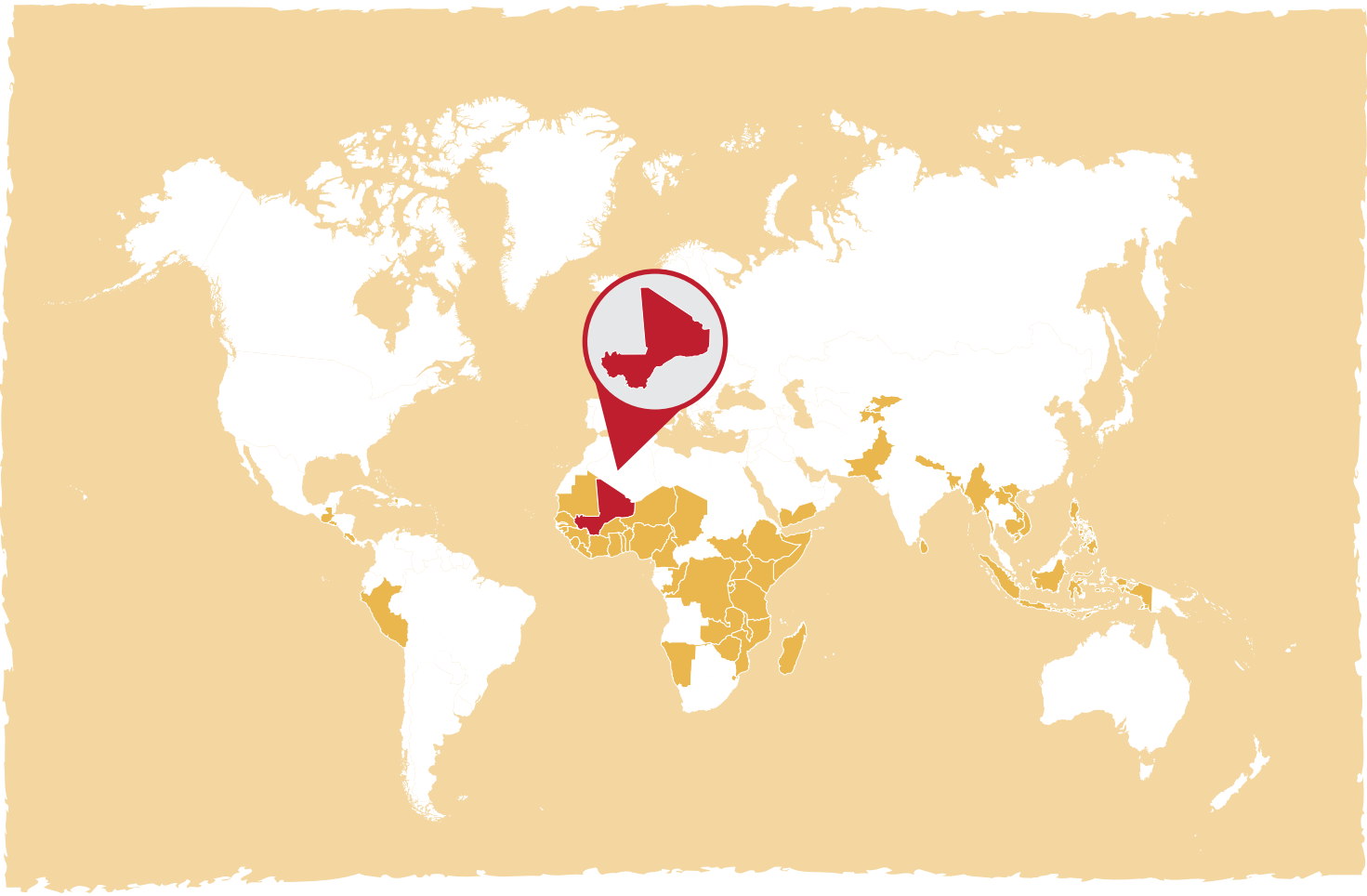


2014 Dashboard for Progress Markers



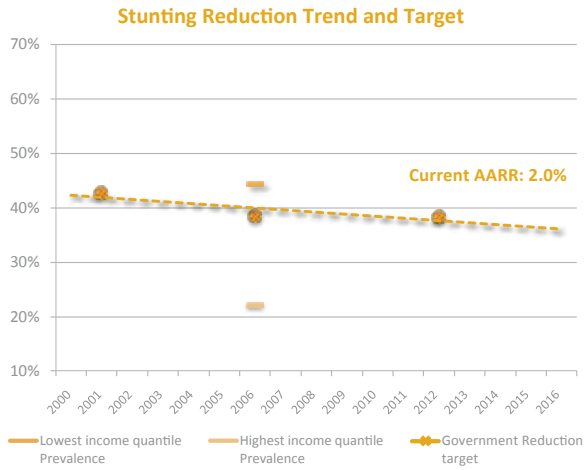
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

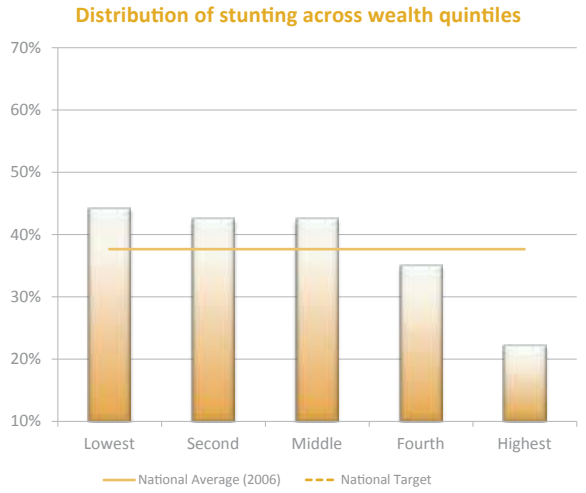
Mali

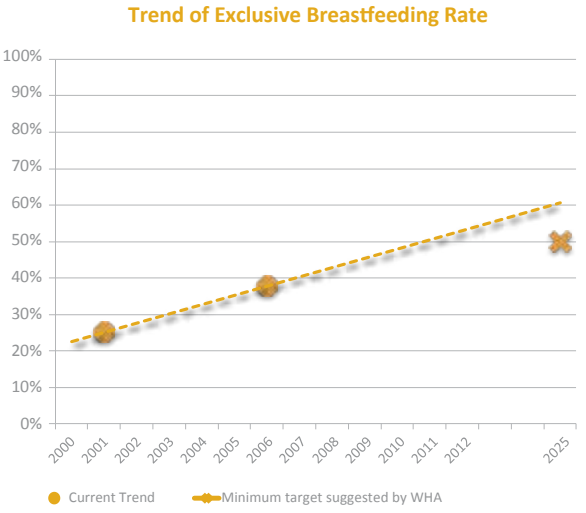


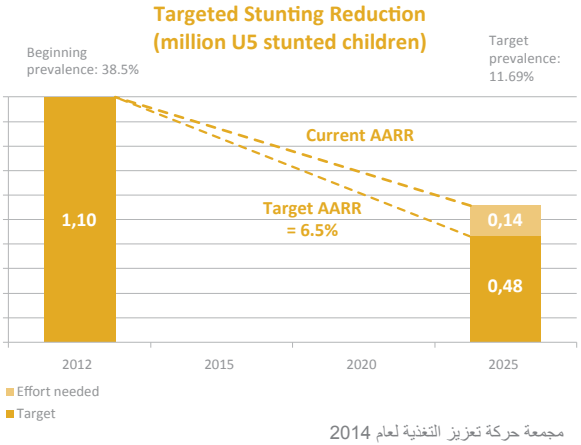
Joined: March 2011

Demographic data	
National Population (million, 2010)	14
Children under 5 (million, 2010)	2,7
Adolescent Girls (15-19)(million, 2010)	0,70
Average Number of Births (million, 2010)	0,60
Population growth rate (2010)	3,16%
WHA nutrition target indicators (DHS 2012-13)	
Low-birth weight	15,5%
0-5 months Exclusive Breastfeeding	32,9%
Under five stunting	38,3%
Under five wasting	12,7%
Under five over weight	2,3%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	7,7%
6-23 months with Minimum Diet Diversity	21,6%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	2,1%
Pregnant Women Attending 4 or more Antenatal Care Visits	41,0%
Vitamin A supplementation (6-59 months)	93,0%
Households Consuming Adequately Iodized Salt	94,7%
Women's Empowerment	
Female literacy	20,6%
Female employment rate	42,6%
Median age at first marriage	18
Access to skilled birth attendant	59,0%
Women who have first birth before age 18	33,0%
Fertility rate	6,1
Other Nutrition-relevant indicators	
Rate of urbanization	37,67%
Income share held by lowest 20%	7,97%
Calories per capita per day (kcal/capita/day)	2.385,0
Energy from non-staples in supply	26,31%
Iron availability from animal products (mg/capita/day)	2,0
Access to Improved Sanitation Facilities	23,8%
Open defecation	10,9%
Access to Improved Drinking Water Sources	66,4%
Access to Piped Water on Premises	8,8%
Surface Water as Drinking Water Source	1,1%
GDP per capita (current US$, 2013)	715,00
Exports-Agr Products per capita (current US$, 2012)	1,79
Imports-Agr Products per capita (current US$,2012)	1,07









Bringing people together into a shared space for action

The national nutrition policy adopted in January 2013 is a reference framework all those involved in nutrition. Multi-sector coordination was entrusted to the Ministry of Health and Public Hygiene. The bodies coordinating the national nutrition policy include government representatives, technical and financial partners, the United Nations system, the private sector and civil society. They comprise:

- the National Nutrition Council, with 17 ministerial departments, the high council of local authorities, the private sector and civil society. Its mission is high-level planning and coordination of the national nutrition policy.
- An Inter-sectoral Technical Nutrition Committee (CTIN) comprising around sixty stakeholder representatives (public and private sectors, academia, civil society, technical and financial partners). It acts as a nutrition observatory, publishing indicator trends and ensuring that the various sectoral operational plans are harmonized.
- There is a technical secretariat leading CTIN and CNN activities.

Ensuring a coherent policy and legal framework

The national nutrition policy was implemented starting June 2014, with the launch of the 2014-2018 multi-sectoral nutrition action plan. Mali was the first SUN group country in Africa to adopt a detailed multi-sectoral nutrition action plan with budgeting by strategic line and activity.

Nutrition is an integral part of the strategic framework for growth and poverty reduction and of the new 2012-2017 strategic framework for Mali for growth and poverty reduction. Nutrition has been incorporated into the new ten-year health and social development plan (2014-2023), the social and health development program (2014-2018), the agriculture development policy and the educational development program.

Nutrition-specific policies cover the national strategy on food for babies and young children, the International Code of Marketing of Breast Milk Substitutes, the nutrition document on policy, standards and procedures (PNP), the national protocol for managing acute malnutrition and the national program for food fortification.

Aligning actions around a Common Results Framework

The drafting of the multi-sectoral nutrition action plan was finalized in 2014, with the full-scale official launch in June 2014. The plan includes a common results framework clearly indicating who is responsible for implementation. The policy from which it is derived describes the coordination mechanism for monitoring the implementation of the plan.

The technical and financial partners, as well as civil society, will continue to work together and to align the assistance they provide to help implement the plan and achieve targets to advance nutrition in Mali.

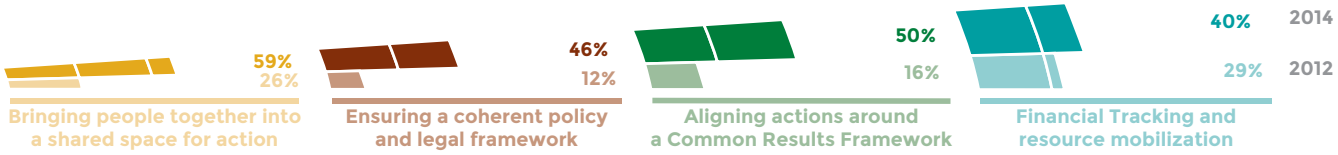
Financial Tracking and resource mobilization

The budgeting of the multi-sector nutrition action plan is a great step forward in terms of mobilizing resources. The next stage for 2014 is to take stock of activities already funded and of funding gaps and to priorities activities.

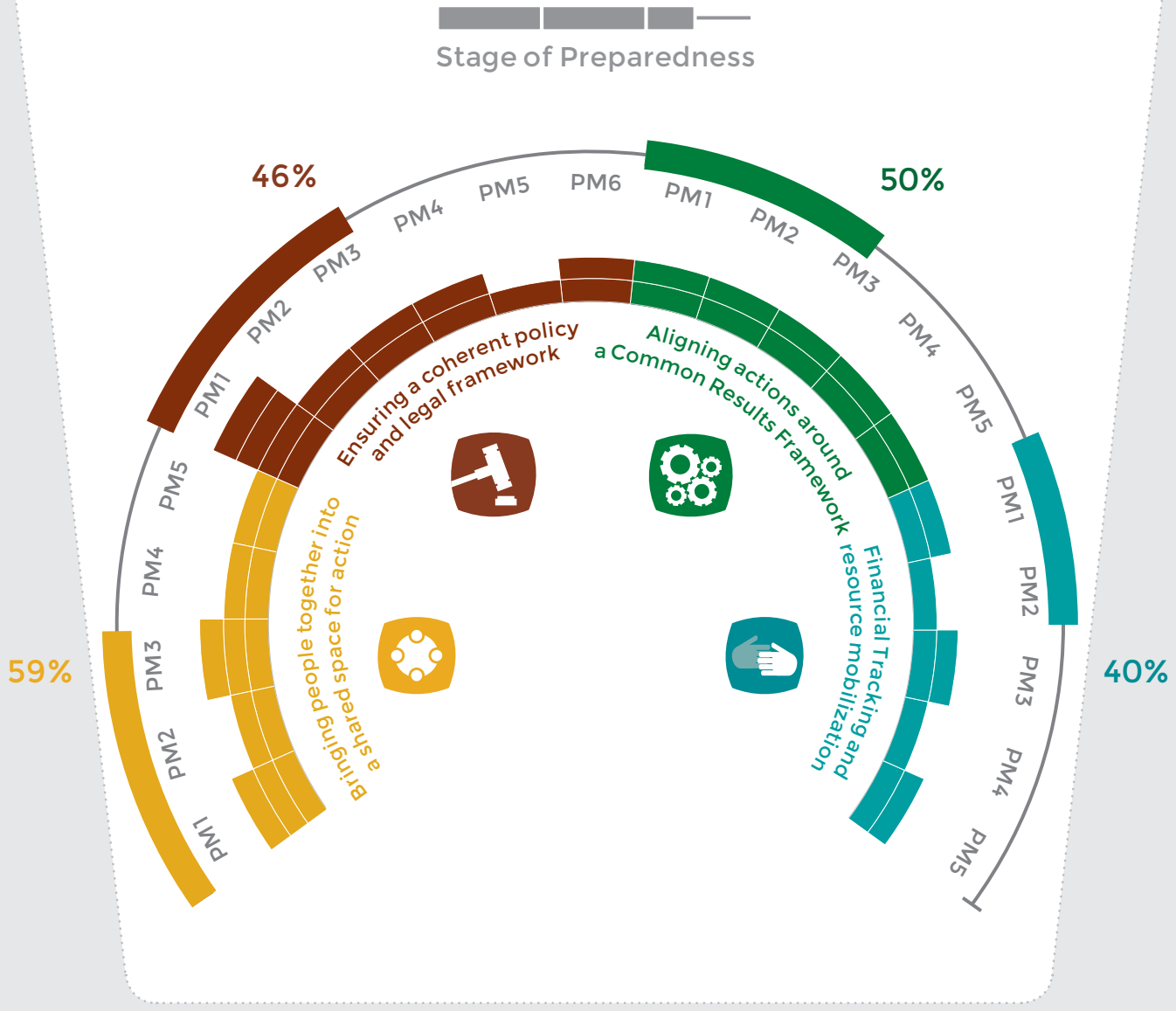
The government has committed to finance nutrition as one of the priority development areas.

Progress Across Four SUN Processes
Mali

2012[1] and 2014[2] Scoring of Progress Markers

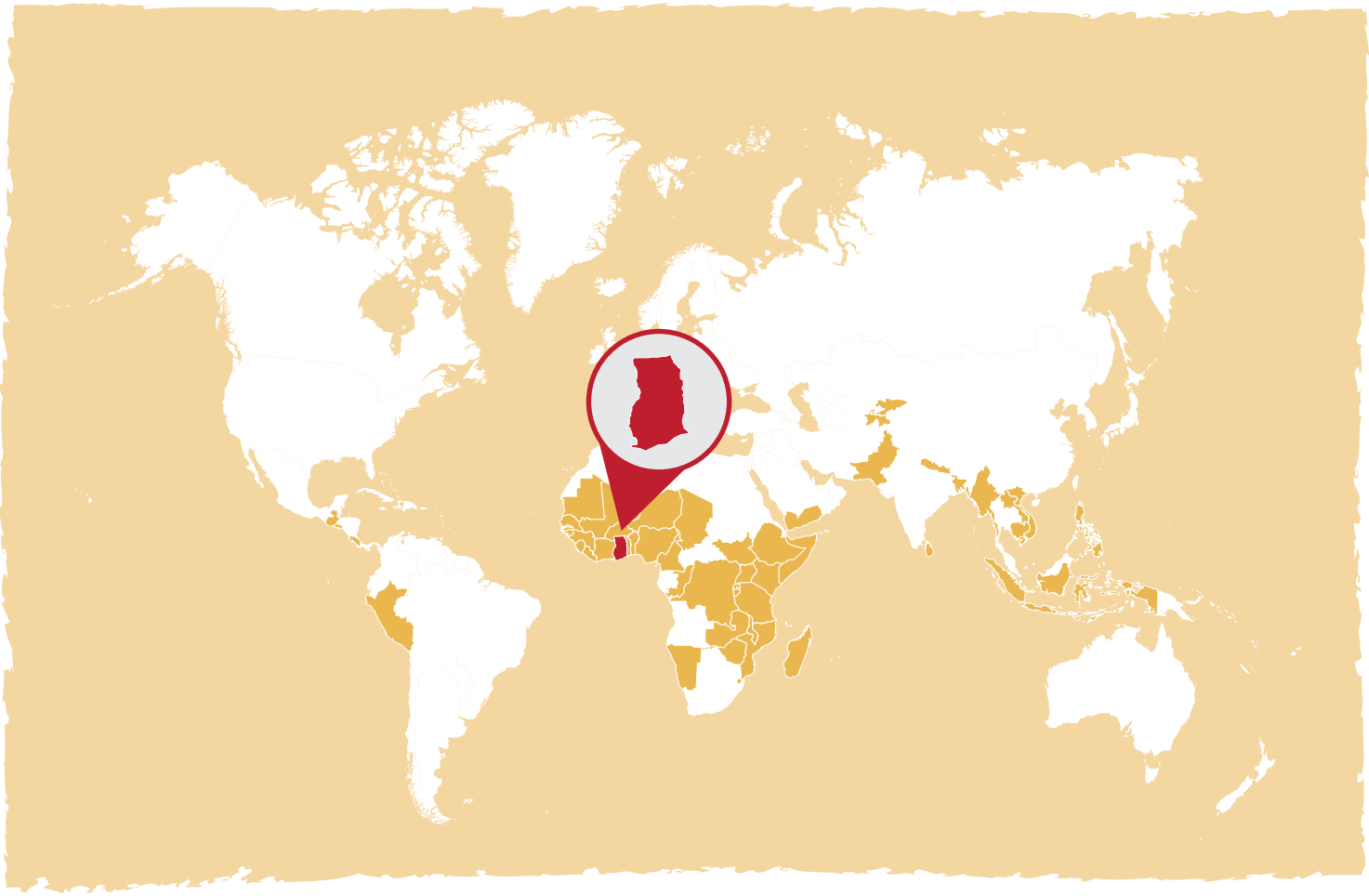


2014 Dashboard for Progress Markers



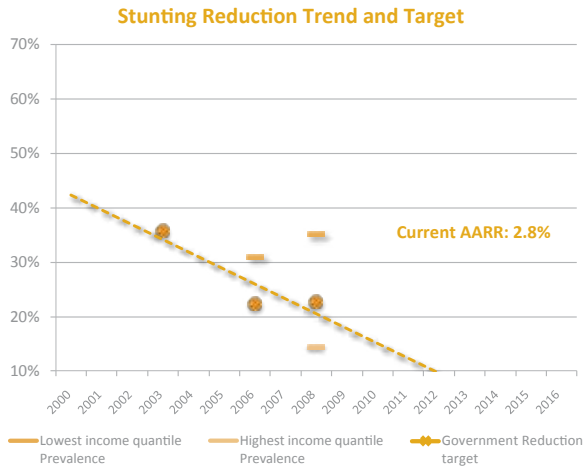
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

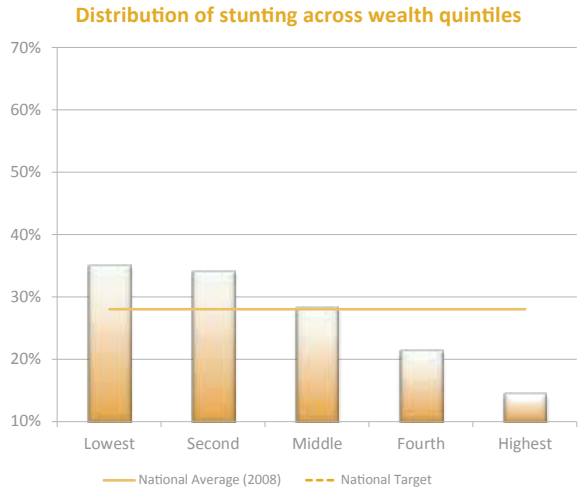
Ghana

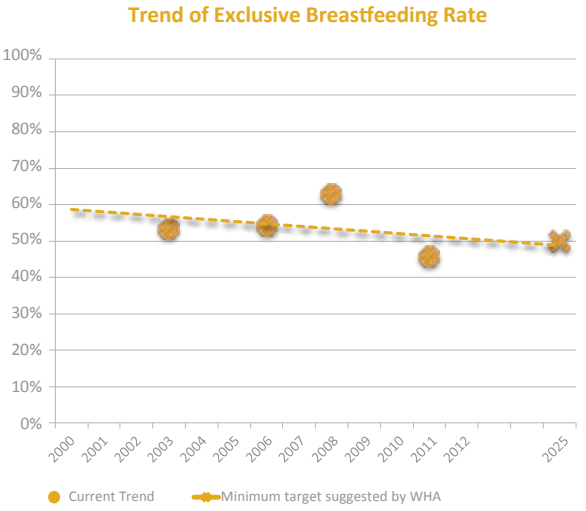


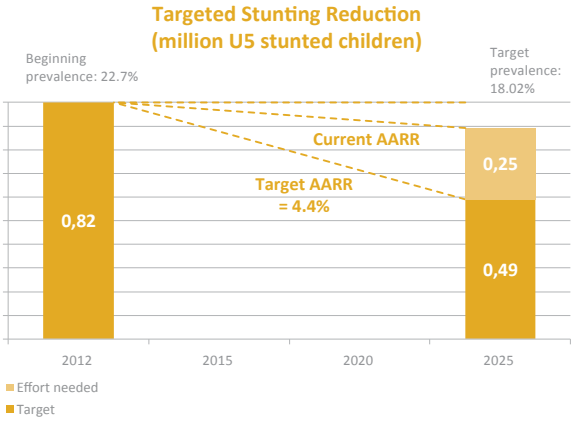
Joined: March 2011

Demographic data	
National Population (million, 2010)	24,3
Children under 5 (million, 2010)	3,5
Adolescent Girls (15-19)(million, 2010)	1,30
Average Number of Births (million, 2010)	0,80
Population growth rate (2010)	2,53%
WHA nutrition target indicators (DHS 2008)	
Low-birth weight	10,0%
0-5 months Exclusive Breastfeeding	62,8%
Under five stunting	22,7%
Under five wasting	6,2%
Under five over weight	2,6%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	31,0%
6-23 months with Minimum Diet Diversity	46,5%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	1,8%
Pregnant Women Attending 4 or more Antenatal Care Visits	78,2%
Vitamin A supplementation (6-59 months)	17,0%
Households Consuming Adequately Iodized Salt	32,4%
Women's Empowerment	
Female literacy	62,9%
Female employment rate	64,2%
Median age at first marriage	19,8
Access to skilled birth attendant	58,7%
Women who have first birth before age 18	13,3%
Fertility rate	4,2
Other Nutrition-relevant indicators	
Rate of urbanization	51,49%
Income share held by lowest 20%	5,24%
Calories per capita per day (kcal/capita/day)	2.674,7
Energy from non-staples in supply	29,73%
Iron availability from animal products (mg/capita/day)	1,7
Access to Improved Sanitation Facilities	12,4%
Open defecation	22,9%
Access to Improved Drinking Water Sources	83,8%
Access to Piped Water on Premises	13,1%
Surface Water as Drinking Water Source	11,1%
GDP per capita (current US$, 2013)	1.850,00
Exports-Agr Products per capita (current US$, 2012)	1,86
Imports-Agr Products per capita (current US$,2012)	0,45









Bringing people together into a shared space for action

The main multi-stakeholder and multi-sector platform is the Cross Sectoral Planning Group (CSPG) that includes various government entities, CSOs, businesses, research institutions and technical specialists. This is convened by the National Development Planning Commission. The UN agencies are all members of the CSPG and are supported through the UN REACH mechanism. Donors harmonize their support for national plans through existing systems and are also members of the CSPG. CSOs participate in the CSPG and have their own separate platform coordinated by the Ghana Civil Society Alliance for Scaling up Nutrition (GHACSSUN).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.

The NDPC is engaging more with the technical working groups of the CSPG to expedite the achievement of the SUN process indicators. The larger CSPG which is thus not meeting regularly. It met once in 2013, and is yet to meet in 2014. The challenge is to strengthen communication with members of the larger CSPG on progress of work within the technical working groups to eliminate information asymmetries.

Aligning actions around a Common Results Framework

The CRF has not yet been developed for the whole of the SUN Movement in Ghana. The process to develop the CRF has been initiated under the coordination of the National Development Planning Commission with engagement of all key sectors and development partners. A draft framework, based on the objectives and strategies in the NNP will be finalised after the sector and district planning processes.

UN Agencies are fully aligned under the UNDAF 2012-2016, particularly with the thematic area on food security and nutrition.

Ensuring a coherent policy and legal framework

Ghana has developed several strategies for nutrition-specific interventions including infant and young child feeding, salt iodization and nutrition guidelines for people living with HIV/AIDs. Policies are available in key nutrition-related sectors including agriculture, development and social protection.

The Ghana National Nutrition Policy (NNP) has been finalized by the CSPG but to get Government's approval and support, a Cabinet Memo is needed. The CSPG is preparing a number of deliverables to get the Cabinet Memo including: background information, options and impacts, comparative analysis of resource requirements for all options, recommended course of action, implementation plan, risk assessment, institutional arrangements, monitoring and evaluation plan, and communication plan.

The Cabinet Memo will seek to mainstream the NNP as part of government policies and strategies. Advocacy, especially at Parliament level, is crucial to get government to officially adopt this policy. The Cabinet memo will ensure financial support and commitment from government. Once the NNP has been approved, all stakeholders will begin aligning their nutrition policies and programmes at a larger scale, Donor agencies will know where to put financial resources, all in a bid to achieve one common result as a team.

Financial Tracking and resource mobilization

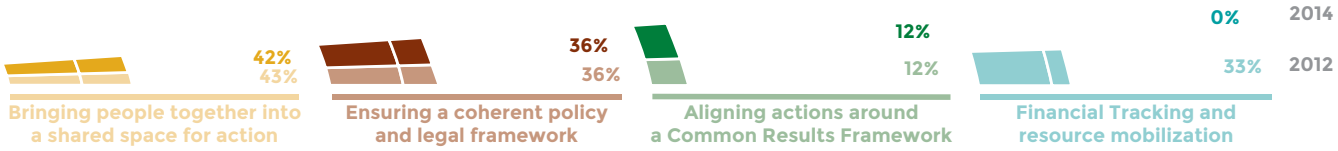
Note: no score was provided for this process.

Costing has been done for a limited number of specific nutrition interventions. Local consultants will be recruited to assist government at sector and district level to cost the nutrition specific and nutrition sensitive interventions and to develop a financial tracking system. Some stakeholders, like the UN agencies, are able to track expenditure on nutrition, but only at agency/network level.

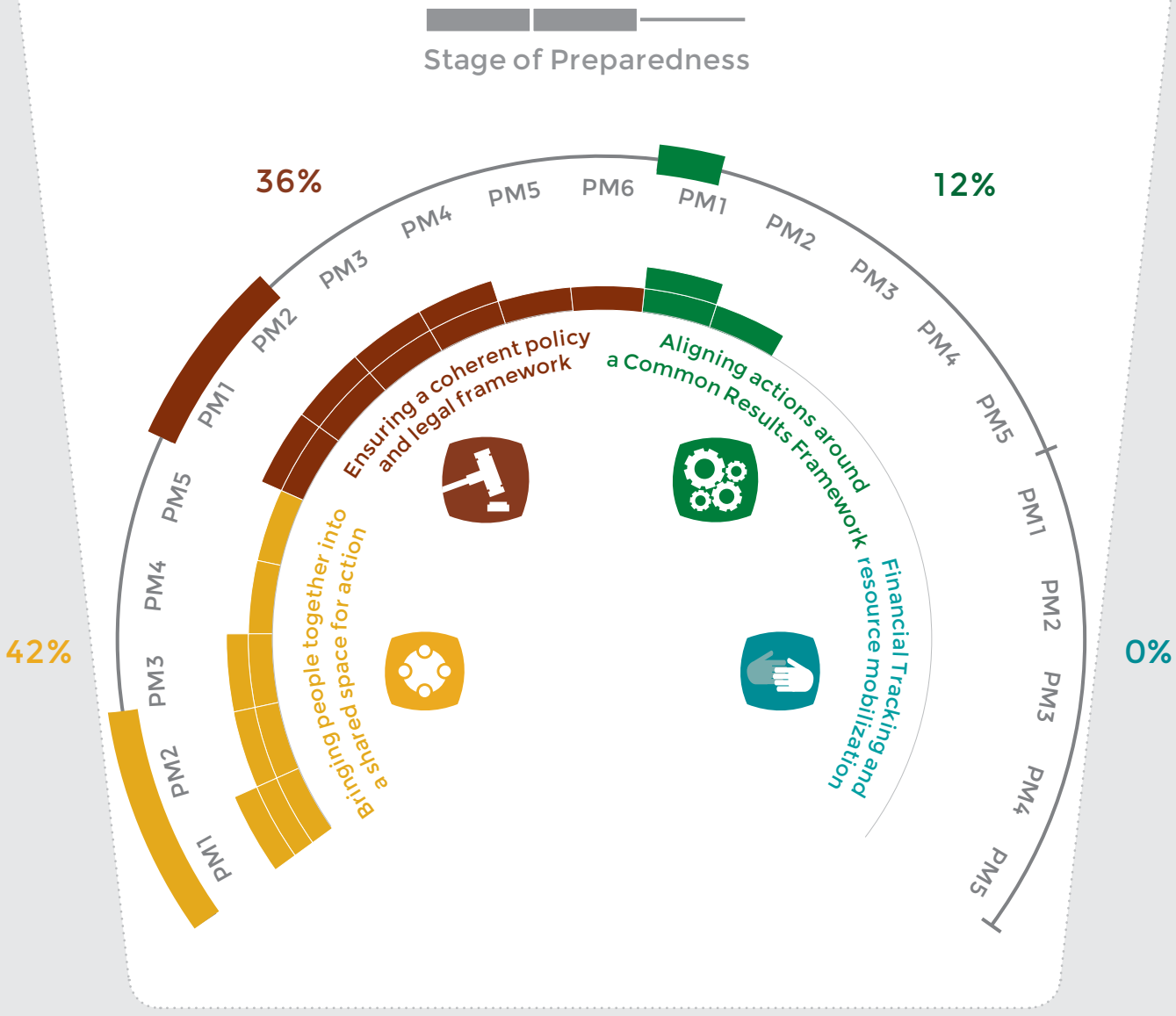
The Ghana Integrated Financial Management Information System (GIFMIS) was introduced by the Ministry of Finance to better account for, and monitor expenditure in the public sector, through an electronic accounting system. A team from MQSUN is supporting the National Development Planning Commission to track domestic and external resource allocation and expenditures around nutrition, and develop an expenditure tracking mechanism based on the GIFMIS. The CSPG Working Group on Resource Allocation is tasked with establishing a baseline and monitoring trends in nutrition financing going forward.

Progress Across Four SUN Processes
Ghana

2012[1] and 2014[2] Scoring of Progress Markers

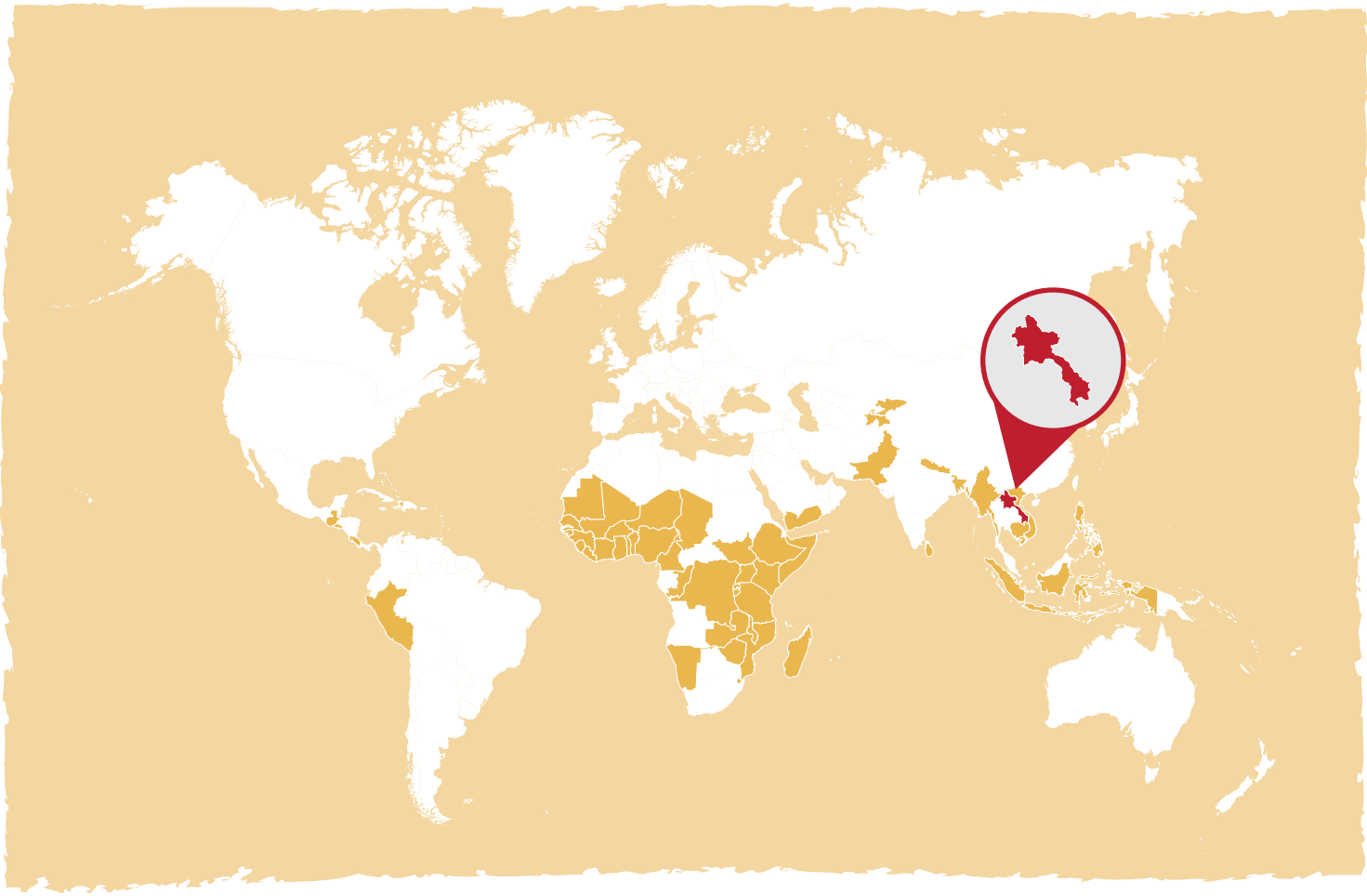


2014 Dashboard for Progress Markers



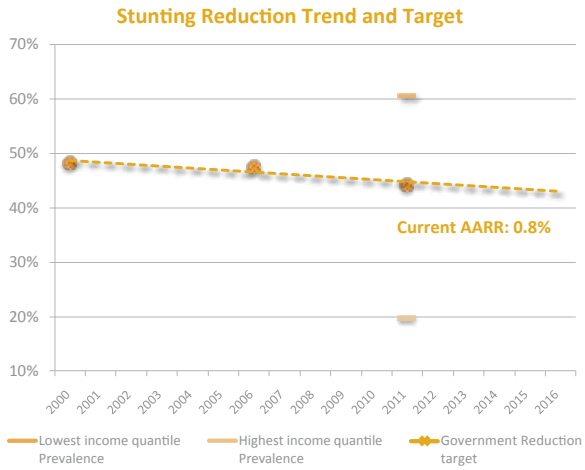
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

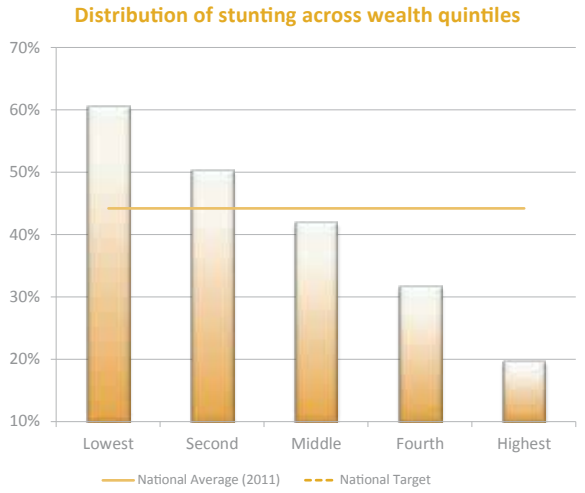
Lao, PDR

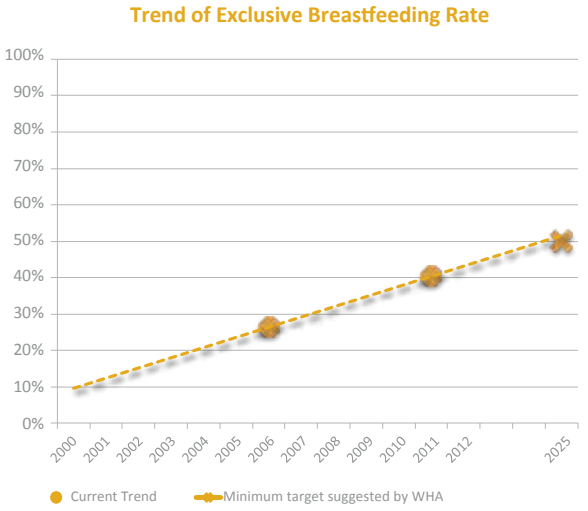


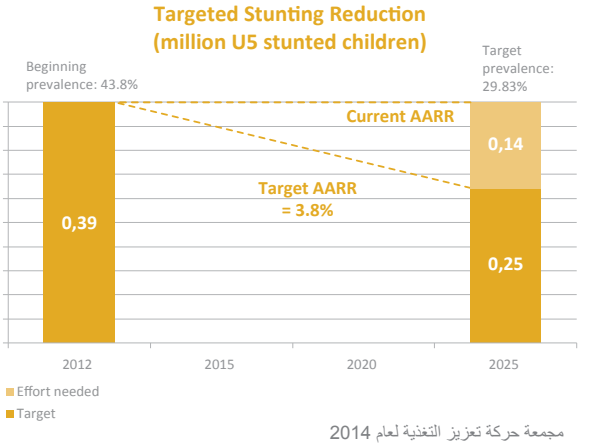
Joined: April 2011

Demographic data	
National Population (million, 2010)	6,4
Children under 5 (million, 2010)	0,8
Adolescent Girls (15-19)(million, 2010)	0,40
Average Number of Births (million, 2010)	0,20
Population growth rate (2010)	1,99%
WHA nutrition target indicators (LSIS 2011)	
Low-birth weight	14,8%
0-5 months Exclusive Breastfeeding	40,4%
Under five stunting	43,8%
Under five wasting	6,4%
Under five over weight	2,0%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	1,0%
Pregnant Women Attending 4 or more Antenatal Care Visits	36,9%
Vitamin A supplementation (6-59 months)	47,0%
Households Consuming Adequately Iodized Salt	37,0%
Women's Empowerment	
Female literacy	68,7%
Female employment rate	75,6%
Median age at first marriage	19,2
Access to skilled birth attendant	41,5%
Women who have first birth before age 18	14,0%
Fertility rate	3,2
Other Nutrition-relevant indicators	
Rate of urbanization	32,11%
Income share held by lowest 20%	7,64%
Calories per capita per day (kcal/capita/day)	2.238,5
Energy from non-staples in supply	20,49%
Iron availability from animal products (mg/capita/day)	-
Access to Improved Sanitation Facilities	59,2%
Open defecation	37,9%
Access to Improved Drinking Water Sources	69,9%
Access to Piped Water on Premises	4,9%
Surface Water as Drinking Water Source	9,7%
GDP per capita (current US$, 2013)	1.646,00
Exports-Agr Products per capita (current US$, 2012)	-
Imports-Agr Products per capita (current US$,2012)	-









Bringing people together into a shared space for action

Since joining the SUN Movement in 2011, the government issued a formal decision to establish a National Nutrition Committee chaired by the Deputy Prime Minister. The Secretariat to the NNC has been formed with the inclusion of appointed focal points from the various Government ministries. The NNC has developed a normative and operational framework to help development partners, including donors, to better work with the Government.

A UN Task Team (IFAD, UNICEF, WFP, WHO, FAO, UNDP) is established and meets regularly to review progress and joint support to the Government. The EU is operating as donor convenor and is co-convening with UNICEF on a broader Development Partners group interested in nutrition (including donors); meetings have been organized on quarterly basis since November 2013. SUN CSA was established in early 2014. CSA and development partners are deepening their partnership with the government.

Periodic meetings are organized by the Government through technical working group meetings and 6-weekly meetings for SUN conference calls. Attendance to these meetings is ad-hoc thus requiring a more advanced planning for these meetings.

Ensuring a coherent policy and legal framework

Government of Lao PDR has specific nutrition goals in its 7th National Socio-economic Development Plan; the country adopted a National Nutrition Policy (2008) and developed a National Nutrition Strategy and Plan of Action 2010-2015 that cover most nutrition specific interventions and mention the need for nutrition sensitive development. The policy, strategy and plan are going to be reviewed in the near future.

Support to nutrition specific and nutrition sensitive interventions represents a core mandate for UN agencies and it is integrated into UNDAF, UN agencies programmes and plans of action. Nutrition is one of the priority areas for the EU, and other donors (i.e. Ireland, WB, AusAid) are also considering investing in nutrition. Nutrition represents a programme focus for many NGOs.

The National Assembly has approved a health sector reform strategy that includes nutrition as a priority. The MoH has submitted budget plan for 2013-2014 for scaling up nutrition interventions. Systems for monitoring policy outcomes and impact need strengthening.

Impact assessment of malnutrition on social and economic development in Lao PDR has been carried out with UNICEF support and findings are being disseminated. With assistance from the UN, a national convergence Food and Nutrition Security Multi-Sectoral Action Plan is being drafted to mobilize donors' support.

Aligning actions around a Common Results Framework

Lao PDR is developing and agreeing a common results framework (CRF), which it plans to roll out at local level by testing it in three provinces first before scaling up to other provinces. These 3 provinces having a high rate of malnourished children and existing programs on specific and sensitive nutrition intervention. Meetings with stakeholders have been organized by the Government to rationalize and operationalize national nutrition and food security plans. The National Nutrition Policy and (sub) sector strategies and plans of action are being used as guiding frameworks for implementation in a number of sectors/ministries: health, agriculture, education, planning and investment.

While few monitoring tools are available in each sector there is no comprehensive multi-sectoral tool. Tools or guidelines for monitoring nutrition sensitive interventions are not yet available and will need to be developed.

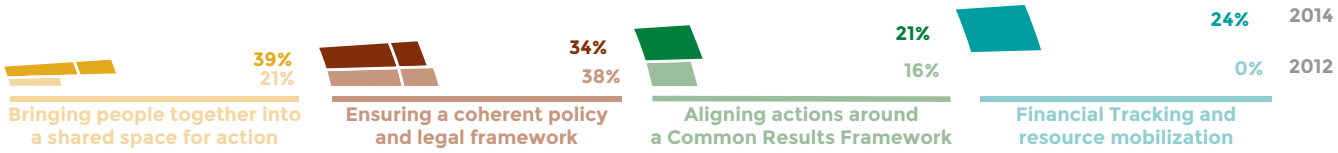
Financial Tracking and resource mobilization

Lao PDR is mapping existing projects and activities in order to estimate full budget and funding gap. The Government is developing an investment plan for nutrition and modifying the legal context to support this work. There has been already a 9% government increase in investments for the entire health sector and nutrition-specific interventions are covered through the health sector reform budget. There is no mechanism yet to identify nutrition-sensitive spending in other sectoral budgets.

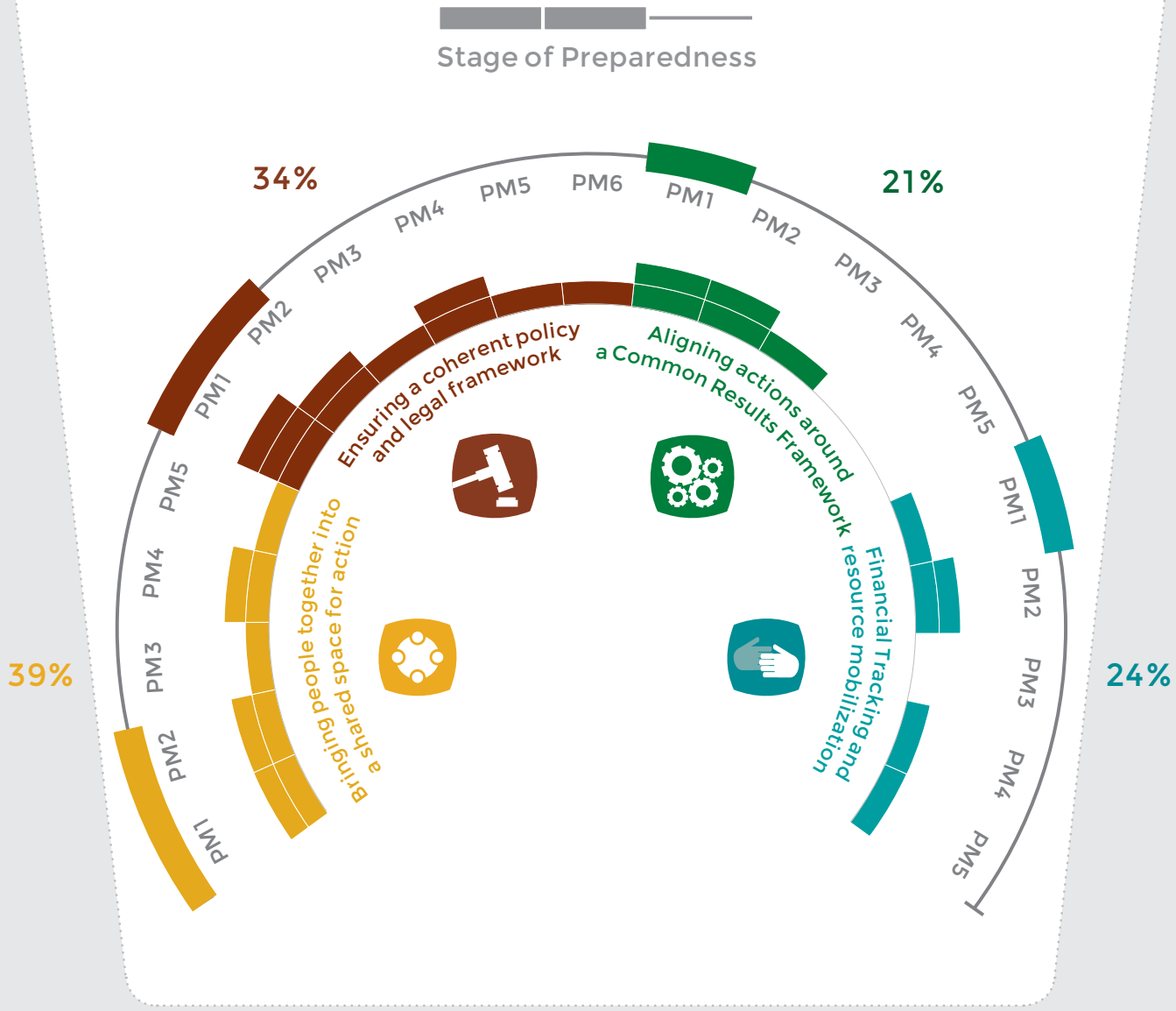
An upcoming priority is the analysis of fiscal space to assess the feasibility of scaling up. Cost benefit analysis will be done to inform prioritization of Government funds to various nutrition programmes/ interventions. A strategy will be developed to protect essential costs in the times of crisis and emergency.

Progress Across Four SUN Processes
Lao, PDR

2012[1] and 2014[2] Scoring of Progress Markers

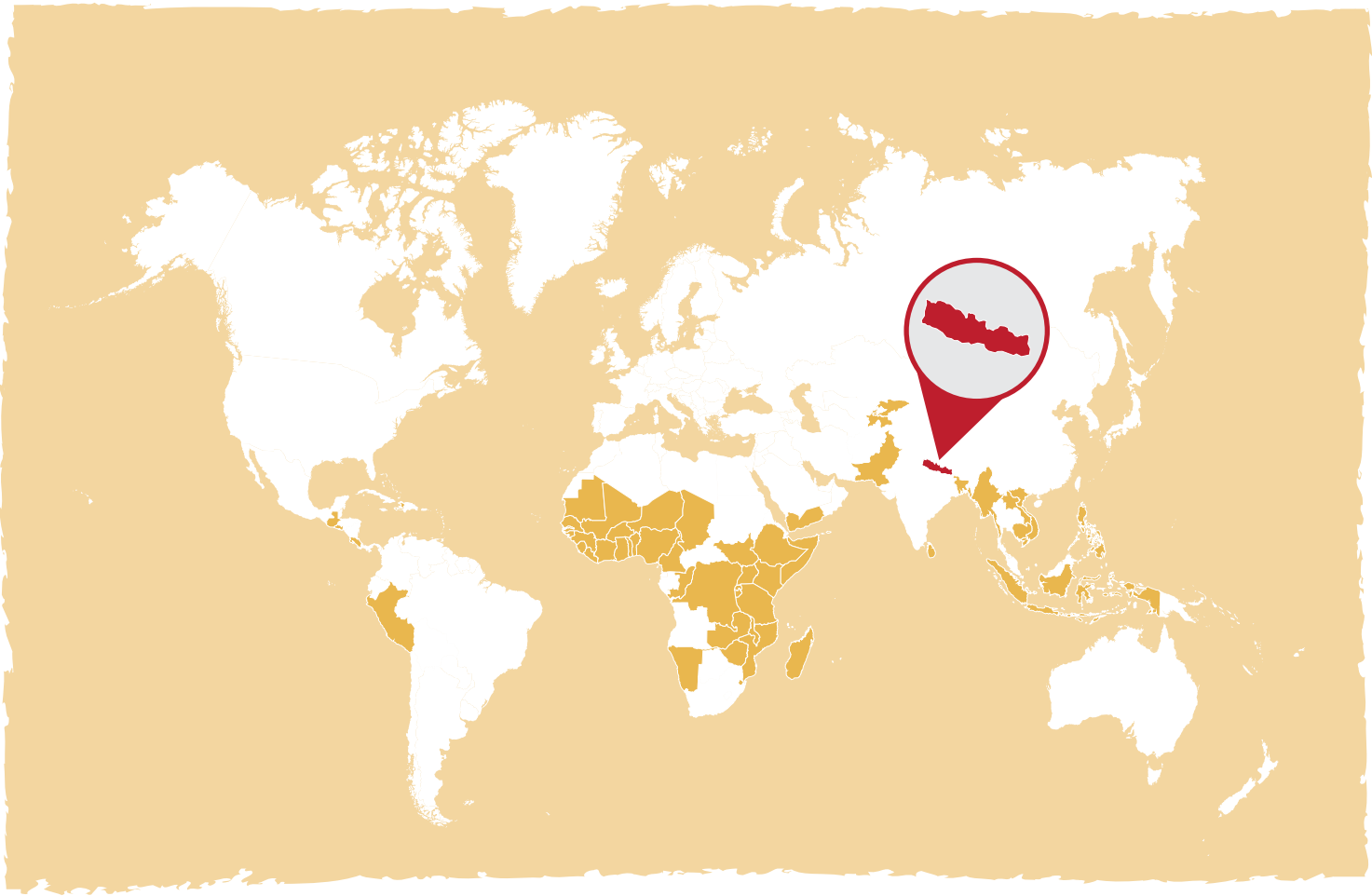


2014 Dashboard for Progress Markers



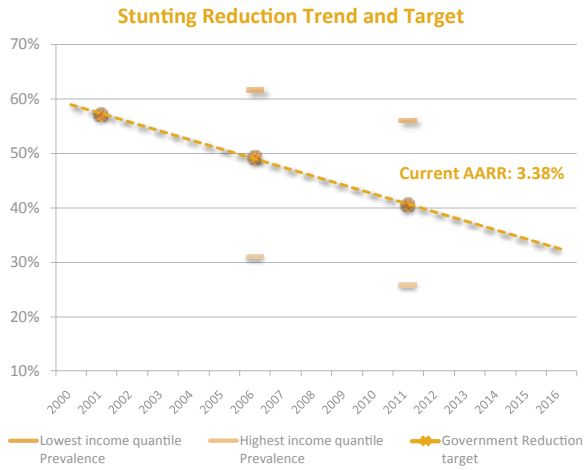
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

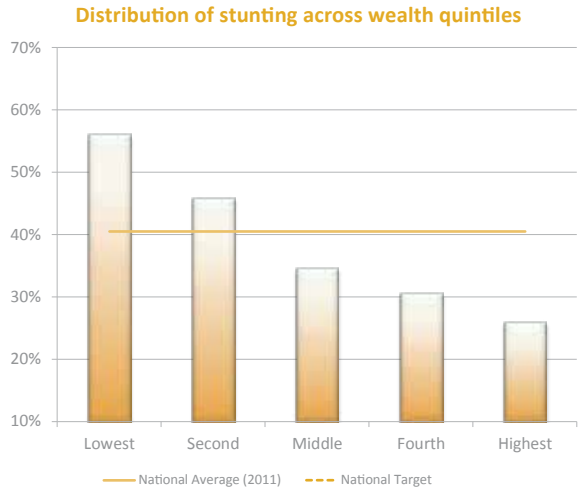
Nepal

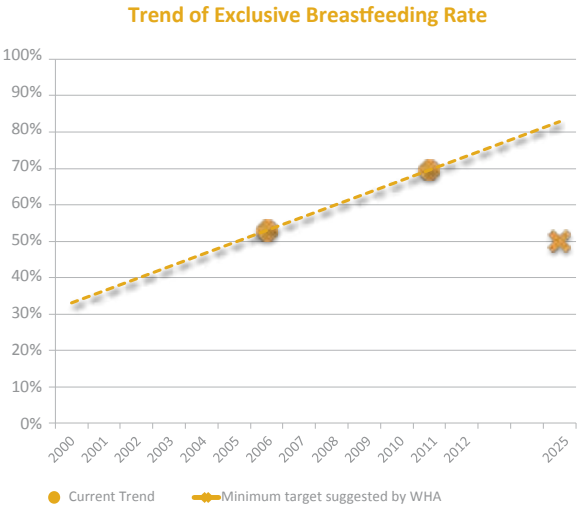


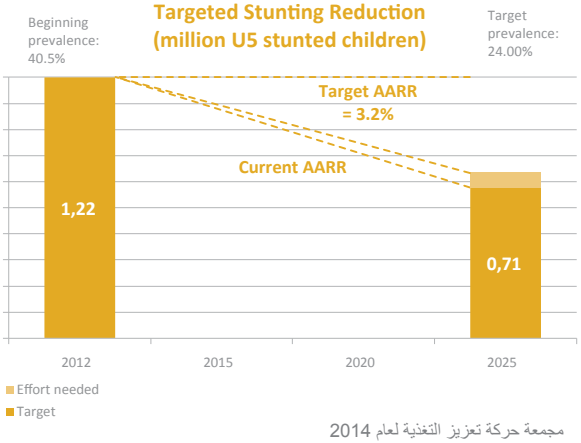
Joined: May 2011

Demographic data	
National Population (million, 2010)	26,8
Children under 5 (million, 2010)	3,2
Adolescent Girls (15-19)(million, 2010)	1,50
Average Number of Births (million, 2010)	0,70
Population growth rate (2010)	1,19%
WHA nutrition target indicators (DHS 2011)	
Low-birth weight	12,4%
0-5 months Exclusive Breastfeeding	69,6%
Under five stunting	40,5%
Under five wasting	11,2%
Under five over weight	1,5%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	24,4%
6-23 months with Minimum Diet Diversity	28,5%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	6,2%
Pregnant Women Attending 4 or more Antenatal Care Visits	50,1%
Vitamin A supplementation (6-59 months)	95,0%
Households Consuming Adequately Iodized Salt	72,5%
Women's Empowerment	
Female literacy	66,7%
Female employment rate	78,8%
Median age at first marriage	17,8
Access to skilled birth attendant	36,0%
Women who have first birth before age 18	16,7%
Fertility rate	3,0
Other Nutrition-relevant indicators	
Rate of urbanization	18,59%
Income share held by lowest 20%	8,27%
Calories per capita per day (kcal/capita/day)	2.332,9
Energy from non-staples in supply	20,52%
Iron availability from animal products (mg/capita/day)	1,0
Access to Improved Sanitation Facilities	39,5%
Open defecation	38,4%
Access to Improved Drinking Water Sources	88,6%
Access to Piped Water on Premises	20,6%
Surface Water as Drinking Water Source	7,7%
GDP per capita (current US$, 2013)	694,00
Exports-Agr Products per capita (current US$, 2012)	0,82
Imports-Agr Products per capita (current US$,2012)	0,61









Bringing people together into a shared space for action

Nepal has set up mechanisms to foster coordination, moreover, given this is the initial year of establishment, stakeholders are positive that many ore results are yet to be achieved in the coming years.

The National Nutrition and Food Security Secretariat (NNFSS) was established in May 2013 to provide technical support to the National Nutrition and Food Security Coordination Committee (NNFSC) and the High Level Nutrition and Food Security Steering Committee (HLNFSSC). The latter is chaired by the National Planning Commission (NPC) and gathers several ministries (Health, Agriculture, Education, local and urban development), recently joined by the Ministries of Women/Children/Social Welfare and Information/Communication. Multi-stakeholder NNFSC are decentralised at the district levels.

NNFSS is currently supported by an academic platform and three multi-sectoral working groups (WG) -Capacity development, Advocacy and Communication, Monitoring and Evaluation and Management Information System - to which UN, donors, INGOs participate. NNFSS is yet to be fully institutionalized, however, meetings of HLNFSSC and WG are held on periodic basis.

The future composition and funding of the NNFSS are still to be defined and a long-term perspective for the NNFSS will be drafted, including the transition phase.

A civil society alliance was created at the beginning of 2014 and members need to involve local stakeholders. The business sector formally stated its interest in participating to the SUN.

Ensuring a 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 (micronutrient provision, promotion of good nutritional practice) and nutrition-sensitive policies and strategies (including a multi-sectoral strategy for school health and nutrition). It was prepared by five ministries (health, education, agriculture, local development and WASH) under the lead of the NPC, in collaboration with development partners and is being advanced at the centre of government.

On national level, a Maternal, Infant and Young Child Nutrition multiyear plan has been developed and will be implemented. A maternal nutrition policy is available. The Agriculture Development Strategy (ADS) and Agriculture Food Security and Nutrition Plan are being finalized. Nepal has developed an MDG Acceleration Framework for sanitation launched in January, which includes nutrition interventions. A Food Security and Nutrition Plan has been developed by the Ministry of Agriculture Development and has been finalized with support from FAO and WFP.

UN agencies report that their policies & strategies reflect nutrition but need to be implemented in their programs. Priorities remain in the finalisation of these policies and the diffusion of existing ones.

Aligning actions around a Common Results Framework

Similar to process one, Nepal feels that many more results will be achieved in the coming years thanks to the ongoing initiatives:

The MSNP includes a common results framework and a package of interventions with priority strategic objectives by sector. The review of its Monitoring and evaluation system has just been completed so the document will need to be updated accordingly.

Sectoral ministries report that they are in the process of aligning their programs at the national level, while donors and CSOs report that most of their programme are already aligned with the MSNP.

The MSNP was launched in 2013 in six selected districts but is to be expanded to 15 others in the future. District level committees and plans are being established to monitor the implementation. It is also expected that implementation guidelines will be finalized in 2014.

A WASH Master Plan was developed and completed by 2014.

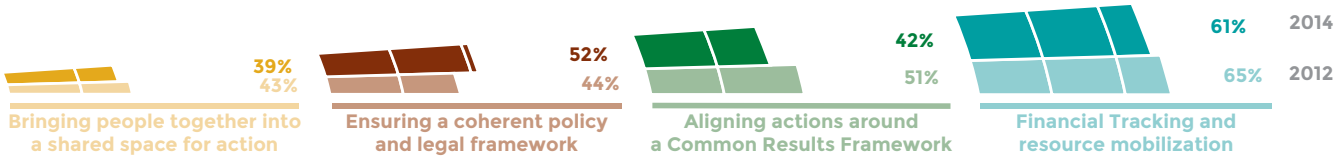
Financial Tracking and resource mobilization

The MSNP has been costed and technical experts have been in the country to assist the Ministry of Finance with analysis of the costed plan. It envisions a multi-year financial planning. NPC is responsible for allocation of budget and ensured each sector had increased budget. Government committed to even more additional budget but the UN have started filling in these gap of the MSNP.

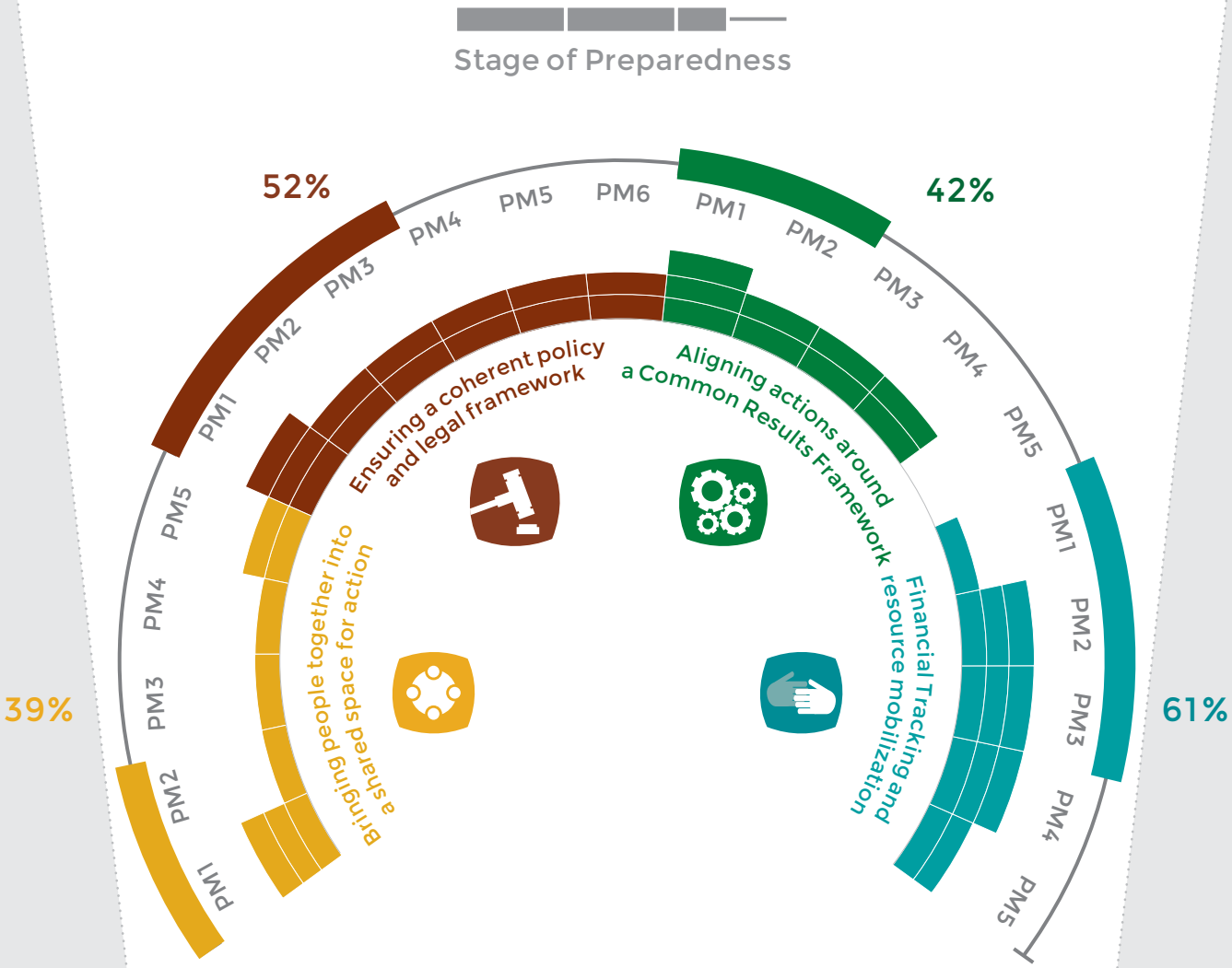
A transparent financial reporting and tracking system is in place for the government budget but donors track their contributions on an individual level.

Progress Across Four SUN Processes
Nepal

2012[1] and 2014[2] Scoring of Progress Markers

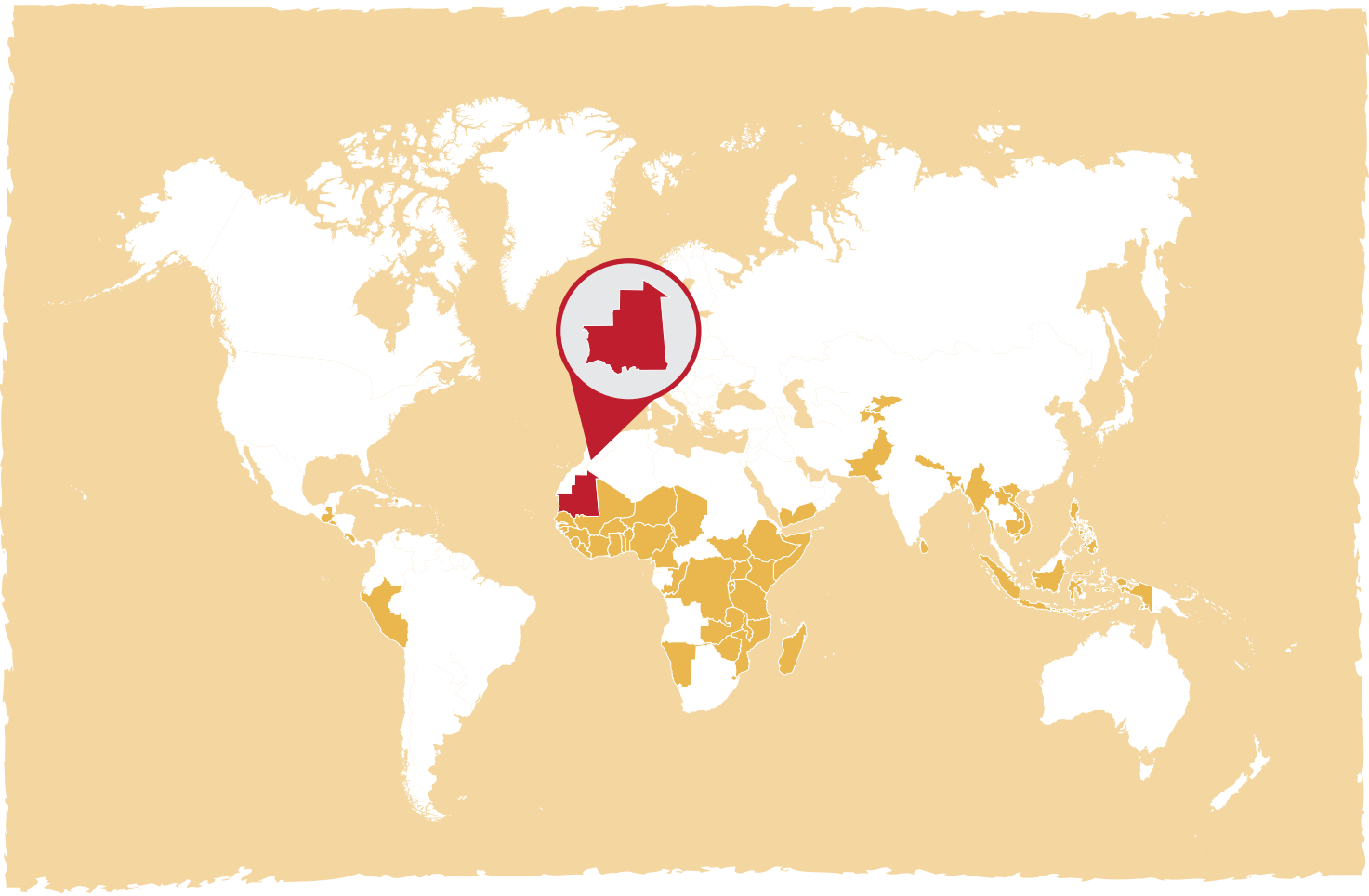


2014 Dashboard for Progress Markers



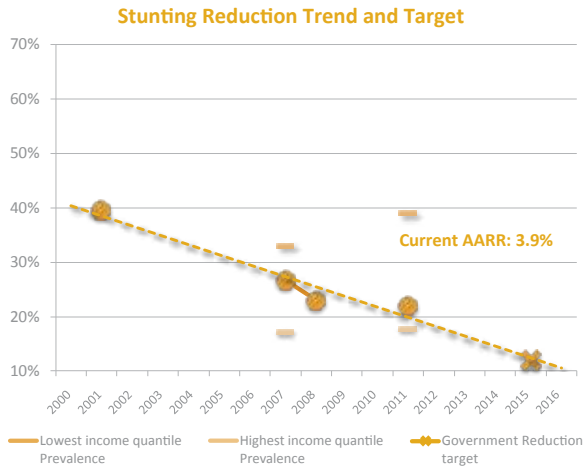
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

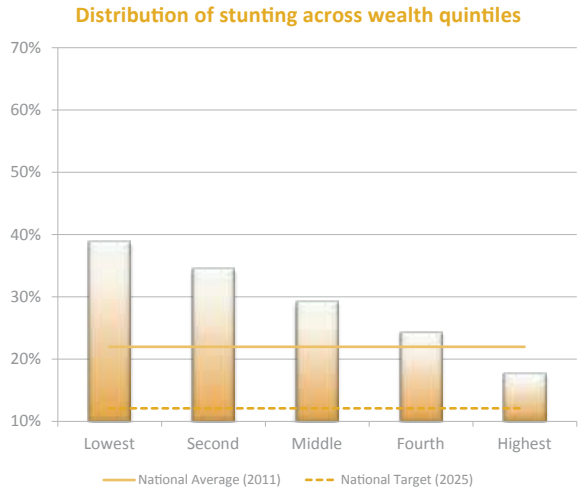
Mauritania

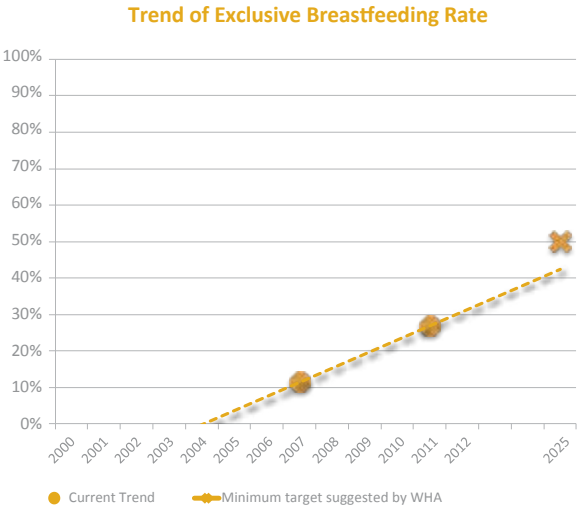


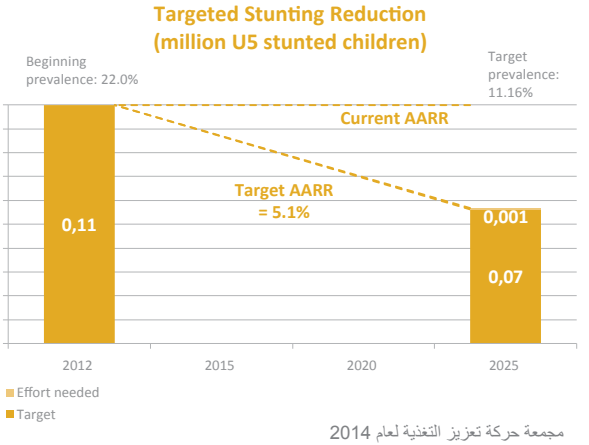
Joined: May 2011

Demographic data	
National Population (million, 2010)	3,6
Children under 5 (million, 2010)	0,6
Adolescent Girls (15-19)(million, 2010)	0,20
Average Number of Births (million, 2010)	0,10
Population growth rate (2010)	2,75%
WHA nutrition target indicators (MICS 2011/SMART 2012)	
Low-birth weight	34,7%
0-5 months Exclusive Breastfeeding	26,9%
Under five stunting	22,0%
Under five wasting	11,6%
Under five over weight	1,2%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	48,4%
Vitamin A supplementation (6-59 months)	99,0%
Households Consuming Adequately Iodized Salt	52,7%
Women's Empowerment	
Female literacy	46,8%
Female employment rate	19,6%
Median age at first marriage	-
Access to skilled birth attendant	65,1%
Women who have first birth before age 18	-
Fertility rate	4,3
Other Nutrition-relevant indicators	
Rate of urbanization	39,51%
Income share held by lowest 20%	6,02%
Calories per capita per day (kcal/capita/day)	2.772,2
Energy from non-staples in supply	44,10%
Iron availability from animal products (mg/capita/day)	-
Access to Improved Sanitation Facilities	44,8%
Open defecation	45,5%
Access to Improved Drinking Water Sources	52,9%
Access to Piped Water on Premises	21,1%
Surface Water as Drinking Water Source	1,2%
GDP per capita (current US$, 2013)	1.070,00
Exports-Agr Products per capita (current US$, 2012)	6,17
Imports-Agr Products per capita (current US$,2012)	4,14









Bringing people together into a shared space for action

The multi-stakeholder and multi-sector platform is represented by the permanent technical committee (Technical Body of the National Nutrition Development Council – CNDN – set up in 2010). It brings together a number of ministries, United Nations organisations, NGOs and the private sector. However, its effective operation remains a challenge due to the low participation of stakeholders concerned, particularly lenders. A reduction in the number of ministries sitting on the CNDN was perceived as necessary to breathe new life into its activities and improve monitoring. Regional coordination structures are currently being set up and seven out of thirteen committees are already up and running.

Ensuring a coherent policy and legal framework

A national nutrition development plan has been in place since 2006 and the regulatory implementation framework for this has been partially implemented. Nutrition legislation includes a wide range of policies and strategies in relevant sectors and provides a coherent framework for multi-sector action.

A food fortification strategy has been validated. There is a food strategy for young children and a draft code of marketing of breast milk substitutes. Mauritania has undertaken to increase by 50% the exclusive breastfeeding rate for the first six months of life by 2025.

Sectoral policies and strategies in most key sectors such as agriculture and food security, poverty reduction and development, public health and social protection, take nutrition into account. They were updated and are long-term, up to 2020. The finalisation of directives on integrating nutrition in sectoral policies should enhance their effectiveness.

Nutrition has also been incorporated in strategic documents such as the strategic framework for combatting poverty, the national food security strategy, the national strategy for child survival and the national social protection strategy.

A social mobilisation, advocacy and communications strategy (SMAC) has been drawn up and harmonised with the National Nutrition Development Policy.
PMS members have acknowledged the importance of including monitoring and evaluation frameworks in their policies, some of which are currently being drafted.

Aligning actions around a Common Results Framework

Mauritania is in the process of finalising the inter-sectoral nutrition action plan (PAIN), which has been extended to include key sectors other than health. Once finalised, this plan will serve as a common results framework.

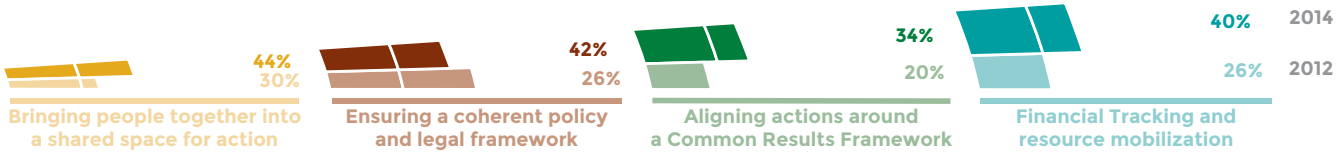
In parallel, a plan to enhance capacity is being drawn up. The programmes in force emphasise the development of interventions that take account of nutrition, particularly in social protection, water, sanitation and hygiene. These interventions include activities aimed at enhancing nutrition and are aligned with the national nutrition policy. The need for increased coherence between programmes, financing difficulties and the lack of qualified human resources have been identified as the main obstacles that PAIN needs to overcome.

Financial Tracking and resource mobilization

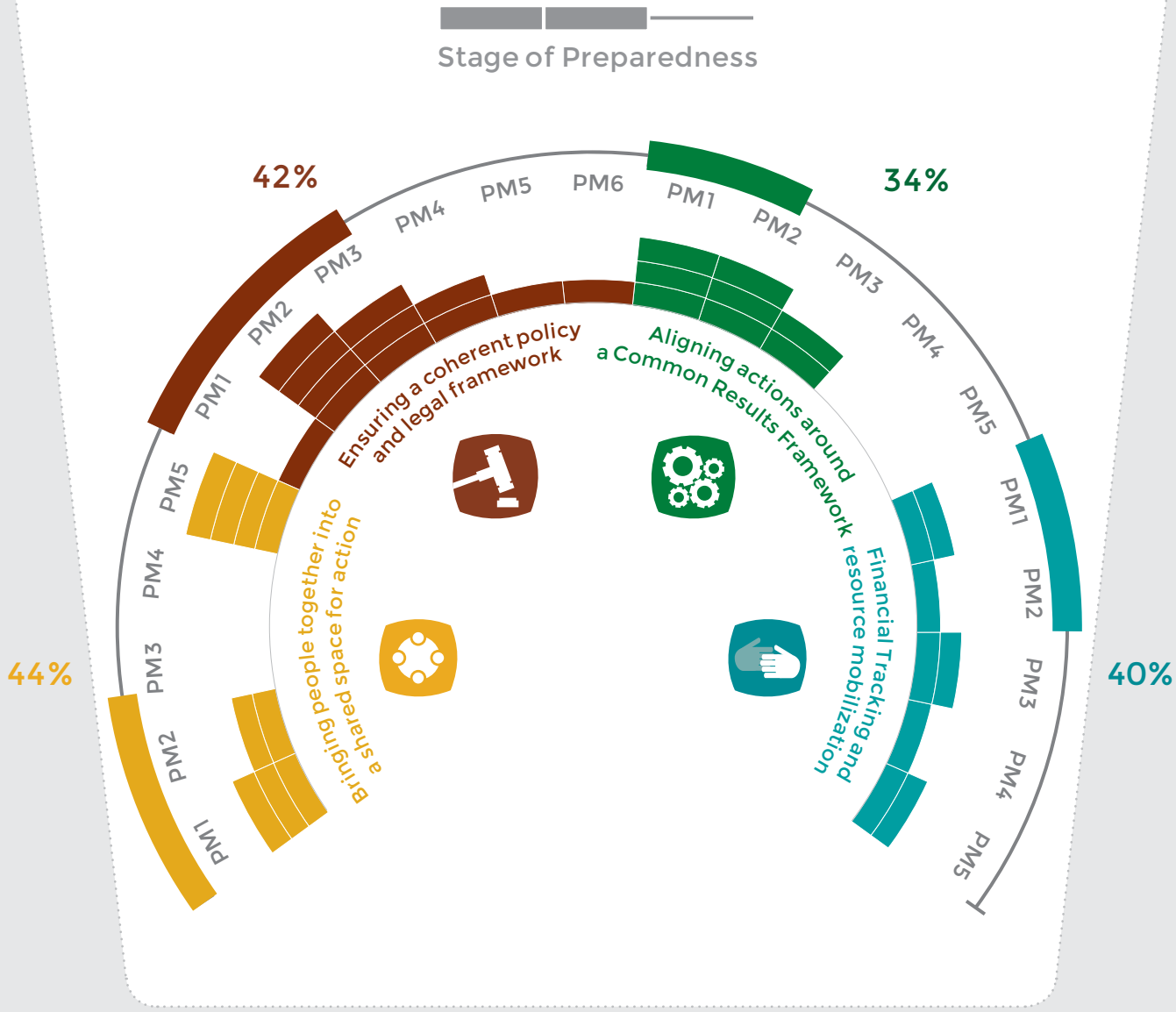
The budgeting of PAIN is currently being finalised and the private sector has indicated its willingness to be associated with the PAIN implementation process.
It has been recommended to enhance budget lines at sectoral level and to set up a mechanism for monitoring nutrition spending by sector.

Progress Across Four SUN Processes
Mauritania

2012[1] and 2014[2] Scoring of Progress Markers

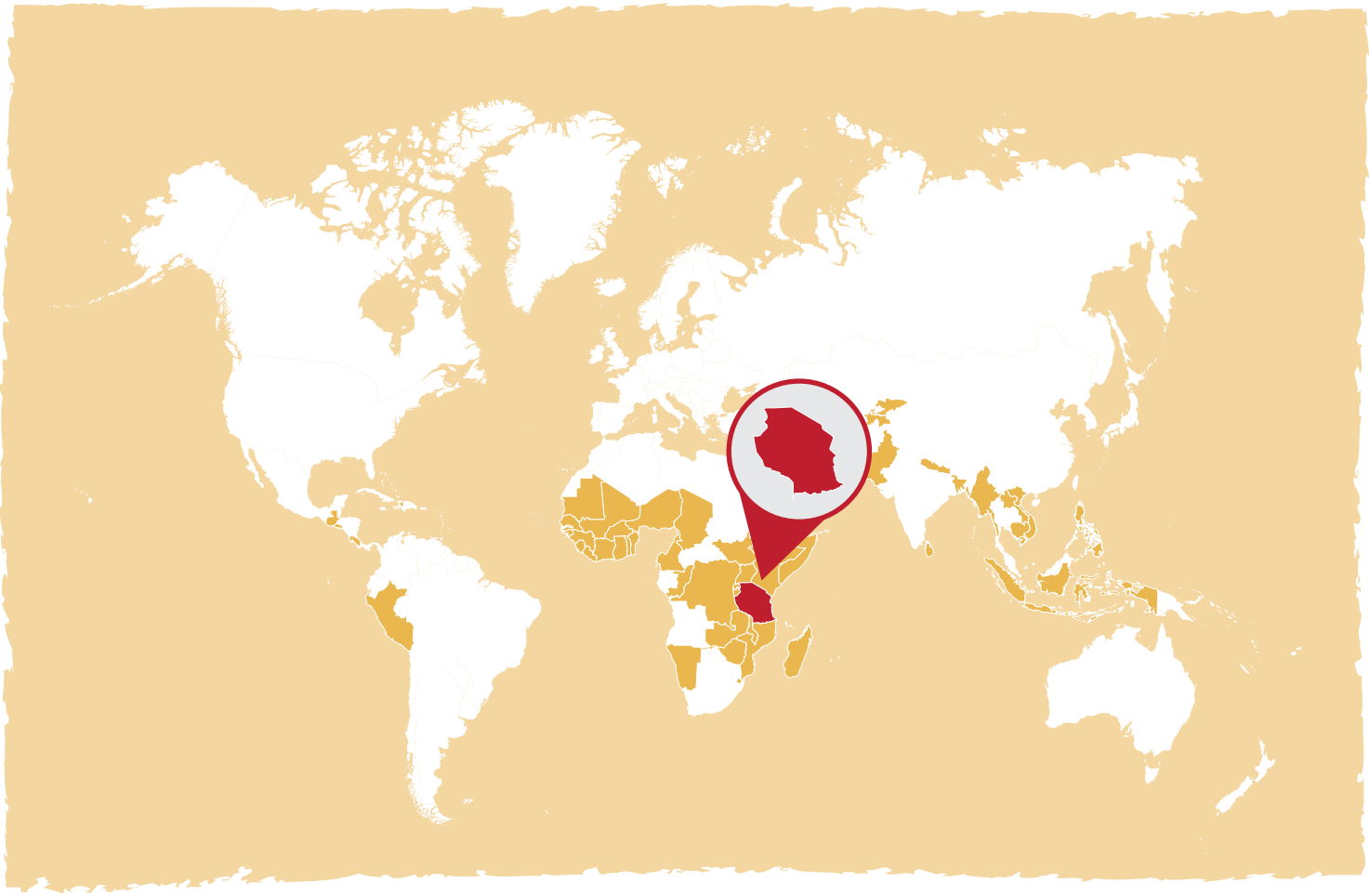


2014 Dashboard for Progress Markers



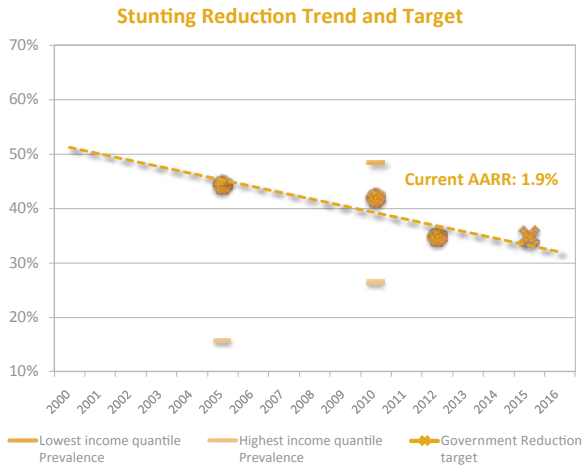
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

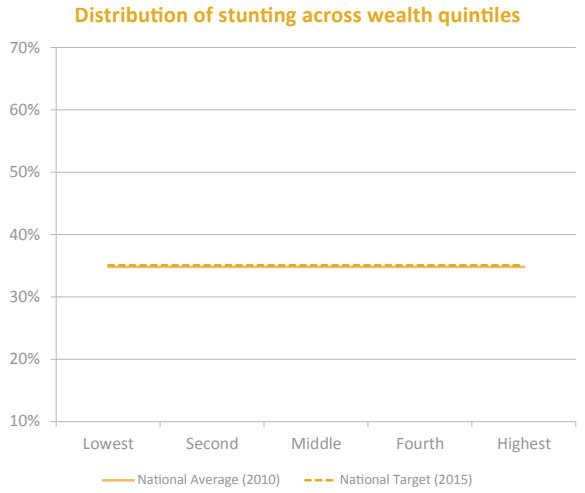
Tanzania

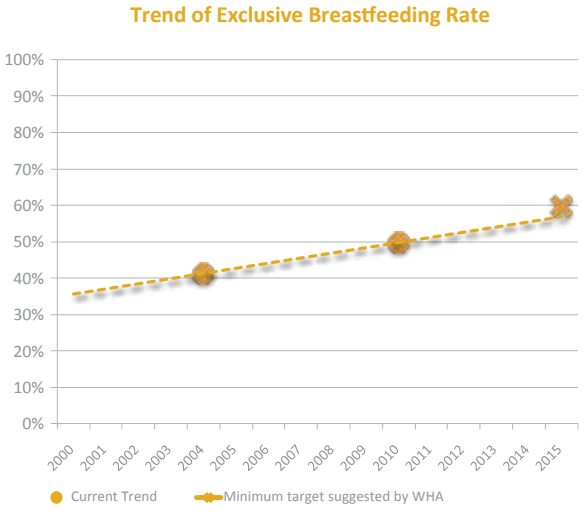


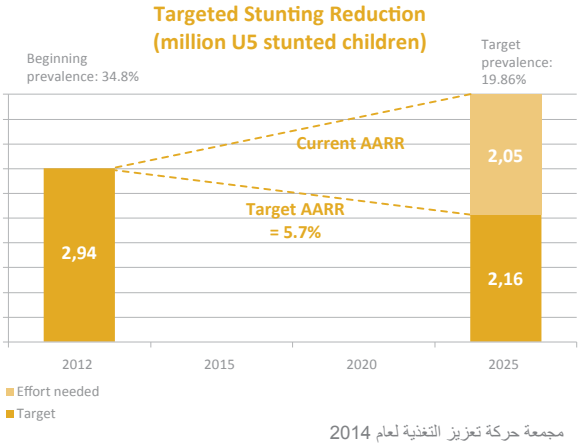
Joined: June 2011

Demographic data	
National Population (million, 2010)	44,9
Children under 5 (million, 2010)	8,1
Adolescent Girls (15-19)(million, 2010)	2,40
Average Number of Births (million, 2010)	1,70
Population growth rate (2010)	2,90%
WHA nutrition target indicators (NPS 2012)	
Low-birth weight	6,9%
0-5 months Exclusive Breastfeeding	49,8%
Under five stunting	34,8%
Under five wasting	6,6%
Under five over weight	0,0%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	48,7%
Pregnant Women Attending 4 or more Antenatal Care Visits	42,8%
Vitamin A supplementation (6-59 months)	95,0%
Households Consuming Adequately Iodized Salt	31,5%
Women's Empowerment	
Female literacy	-
Female employment rate	-
Median age at first marriage	-
Access to skilled birth attendant	-
Women who have first birth before age 18	-
Fertility rate	4,8
Other Nutrition-relevant indicators	
Rate of urbanization	28,00%
Income share held by lowest 20%	6,80%
Calories per capita per day (kcal/capita/day)	2.114,7
Energy from non-staples in supply	32,86%
Iron availability from animal products (mg/capita/day)	0,9
Access to Improved Sanitation Facilities	13,3%
Open defecation	15,9%
Access to Improved Drinking Water Sources	54,5%
Access to Piped Water on Premises	7,6%
Surface Water as Drinking Water Source	18,8%
GDP per capita (current US$, 2013)	695,00
Exports-Agr Products per capita (current US$, 2012)	0,54
Imports-Agr Products per capita (current US$,2012)	0,26









Bringing people together into a shared space for action

There is high-level political attention to nutrition in Tanzania. President Jakaya Mrisho Kikwete participates in the SUN Movement Lead Group. A High Level Steering Committee on Nutrition (HLSCN), convened by the Prime Minister's Office, brings together permanent secretaries from nine relevant sectors, development partners, UN agencies, CSOs, university and business. A multi-sector Nutrition Technical Working Group (NTWG) chaired by the director of the Tanzanian Food and Nutrition Centre (TFNC) supports the HLSCN. Development partners, UN agencies and Civil Society are fully engaged in scaling up nutrition efforts, participate in the multi-stakeholder platform (MSP) and have established their own coordination mechanisms. The business community engages in the SUN Movement through the National Food Fortification Alliance and has recently explored opportunities for improved contribution to nutrition through engagement in different sectors.

Dialogue with Parliament has recently been initiated aiming to include nutrition in the programmes of political parties. The Prime Minister is regularly updated on the ongoing activities of the MSP and uses to include nutrition issues in his speeches in the Parliament. Formal nutrition governance structures are in place and membership is clear. The HLSCN meets at least twice a year, while the NTWG does it every month.. A feedback mechanism between national and sub-national nutrition processes exists through the articulation of the Prime Minister's Office, regional administrations and local governments.

Ensuring a coherent policy and legal framework

Tanzania is in the final process of review of its National Food and Nutrition Policy. The National Nutrition Strategy (NNS) and Plan is also being updated. Nutrition is mainstreamed in several sector policies, strategies and programmes (i.e. the Tanzania Agricultural Investment Plan, the Tanzania Social Action Fund (TASAF's) or the Productive Social Safety Net, etc.). However, advocacy needs to continue to ensure incorporation into all nutrition sensitive policies, strategies, plans and legal frameworks, discuss their coherence in the MSP and broaden political support. More needs to be done especially in the nine sector Ministries that make part of the High Level Steering Committee as well as with the policies and programmes of the MSP network members.

Legislation on Breastmilk Substitutes, maternity leave, salt iodation and food fortification are in place. Policy dissemination should go hand in hand with advocacy to ensure operationalization and currently does not reach the public adequately and audiences would need to be broadened.

Aligning actions around a Common Results Framework

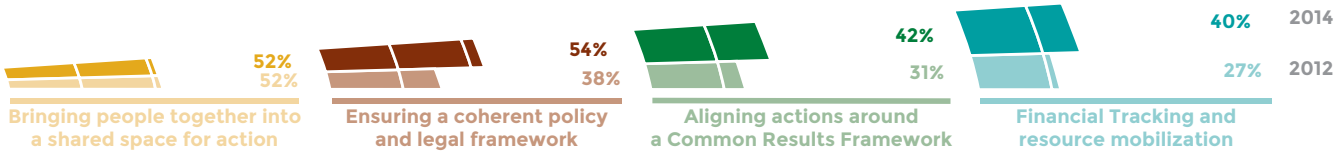
The country is on track in aligning programs to national nutrition-relevant policies but efforts need to be sustained as new programmes are developed. The National Nutrition Strategy (NNS) has been disseminated with UN support and district level alignment has started. There is a draft Common Results Framework/NNS-IP and implementation agreement which is reflected in Government programmes, but needs to be better understood and used by SUN MSP networks. It is being used within government at the district council level but again it is not fully known by the MSP networks. The Government is starting to organize the implementation of the CRF, but task allocation and coordination of implementation needs to be further developed. Some NGOs are using the NNS-IP as their M&E framework. Guidance of implementation is starting from within the Tanzanian Food and Nutrition Centre. Efforts are underway to measuring coverage of nutrition interventions.

Financial Tracking and resource mobilization

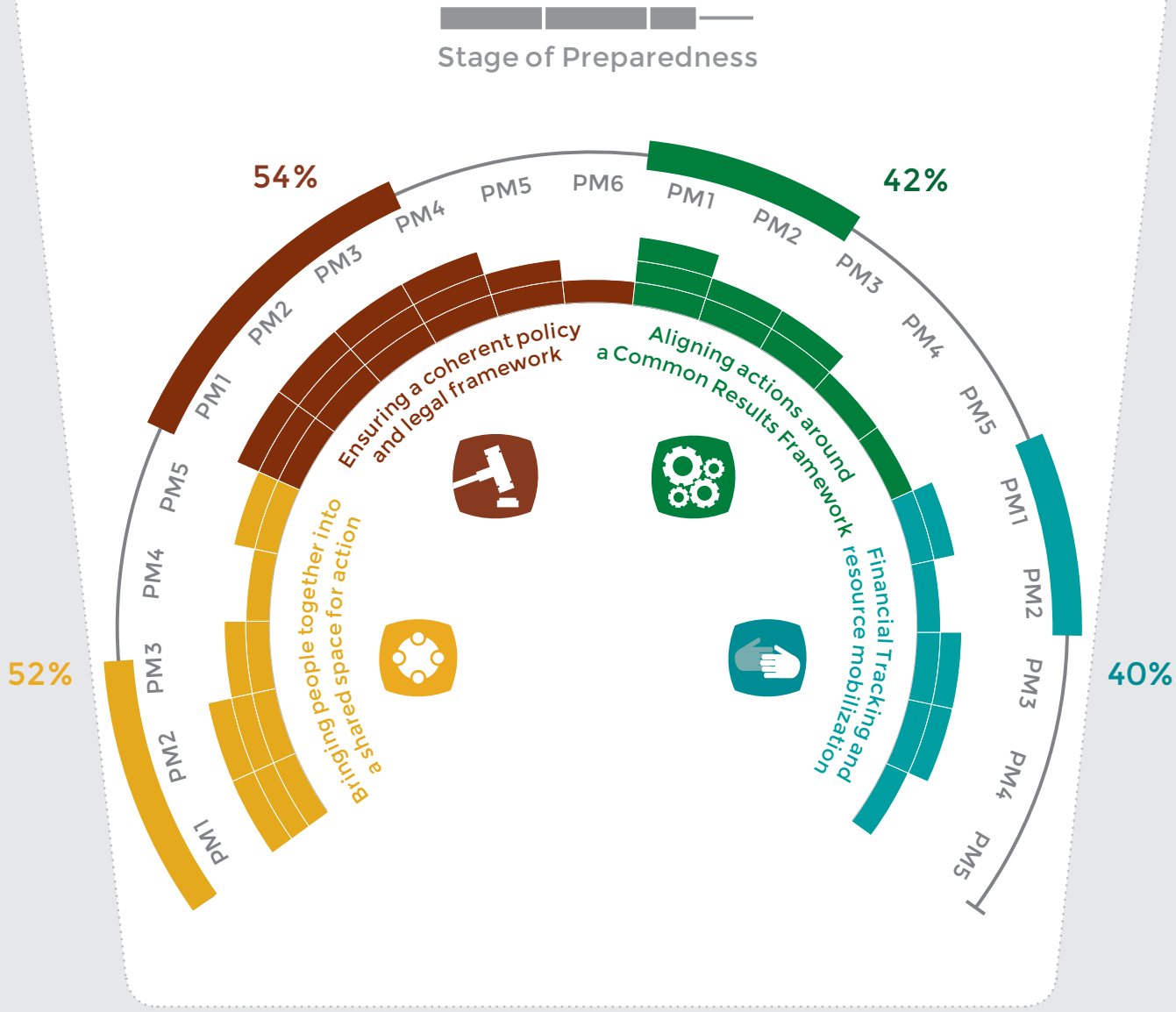
Tanzania is making progress in assessing financial feasibility. A Nutrition Public Expenditure Review (PER) was conducted last year and showed that although a nutrition budget code was established, budget allocation is low and not always used for nutrition activities. The PER has been useful to identify coverage and map funding gaps. Donors and NGOs have codes to track expenditures within their own organizations. The process of tracking, reporting and sharing has not occurred yet. However, the Government has put in place a robust and transparent mechanism to trace finances for all sectors at all levels, in which nutrition is mainstreamed. There is an overall increase in nutrition funding, most coming from donors. Health, agriculture and other sector budgets that contribute to nutrition are increasing. Nutrition is part of the national budget. This process is still on going as there are still many gaps.

Progress Across Four SUN Processes
Tanzania

2012[1] and 2014[2] Scoring of Progress Markers



2014 Dashboard for Progress Markers

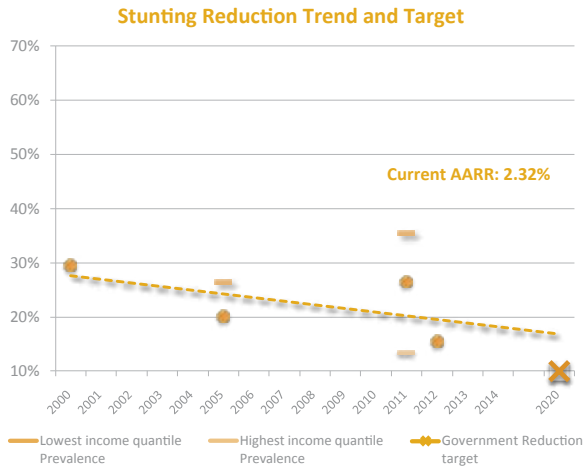


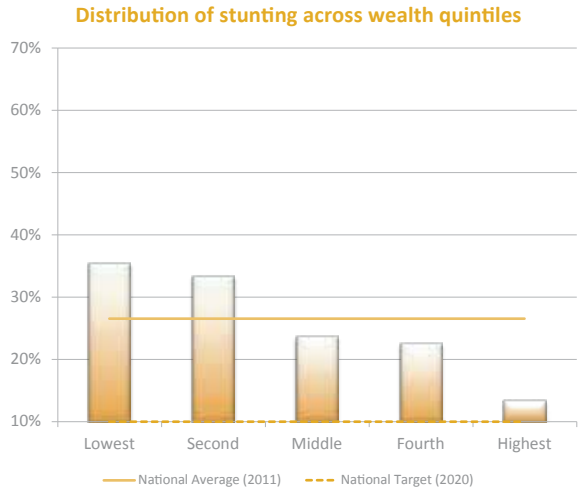
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

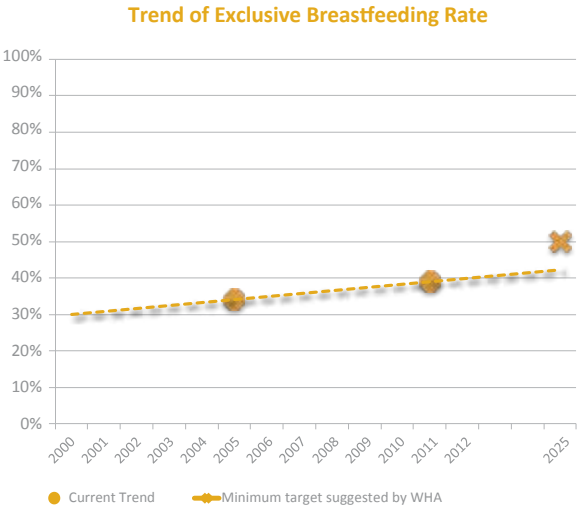
Senegal

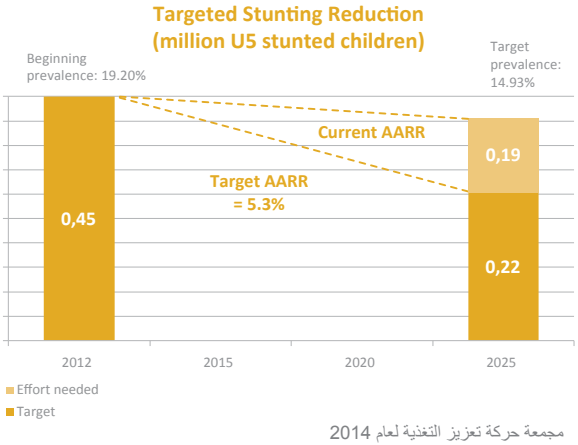
Joined: June 2011

Demographic data	
National Population (million, 2010)	13
Children under 5 (million, 2010)	2,2
Adolescent Girls (15-19)(million, 2010)	0,70
Average Number of Births (million, 2010)	0,50
Population growth rate (2010)	2,78%
WHA nutrition target indicators (SMART 2012/DHS 2010-11)	
Low-birth weight	15,9%
0-5 months Exclusive Breastfeeding	39,0%
Under five stunting	19,2%
Under five wasting	8,9%
Under five over weight	1,5%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	9,2%
6-23 months with Minimum Diet Diversity	27,4%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	0,2%
Pregnant Women Attending 4 or more Antenatal Care Visits	50,0%
Vitamin A supplementation (6-59 months)	-
Households Consuming Adequately Iodized Salt	41,5%
Women's Empowerment	
Female literacy	27,8%
Female employment rate	57,5%
Median age at first marriage	19,6
Access to skilled birth attendant	66,1%
Women who have first birth before age 18	18,7%
Fertility rate	5,1
Other Nutrition-relevant indicators	
Rate of urbanization	40,56%
Income share held by lowest 20%	6,05%
Calories per capita per day (kcal/capita/day)	2.354,4
Energy from non-staples in supply	34,05%
Iron availability from animal products (mg/capita/day)	1,8
Access to Improved Sanitation Facilities	46,2%
Open defecation	16,5%
Access to Improved Drinking Water Sources	78,3%
Access to Piped Water on Premises	53,7%
Surface Water as Drinking Water Source	0,5%
GDP per capita (current US$, 2013)	1.072,00
Exports-Agr Products per capita (current US$, 2012)	2,20
Imports-Agr Products per capita (current US$,2012)	1,98









Bringing people together into a shared space for action

The political commitment to enhance nutrition is visible at the highest level, with the unit for combating malnutrition (CLM) reporting directly to the Prime Minister's office. The CLM is operational and formalized and holds regular meetings, with satisfactory attendance. Senegal is committed to emphasizing political dialogue by improving the involvement of the agricultural and private sector and ensuring transparency and the responsibility of the various stakeholders through close monitoring of the progress made.

The donor and UN networks share the same platform, which is working on extending these networks. They are also close to the platform for civil society organizations. The university platform has been set up and the private-sector platform is currently being set up, with support from UNICEF.

Ensuring a coherent policy and legal framework

The executive summary on nutrition policy has been validated. Network members are engaged in analyzing policies. Senegal is currently reviewing its orientation document for nutrition development, which dates from 2001. Senegal has a national policy on food for babies and young and has transposed the International Code of Marketing of Breast Milk Substitutes into its legislation. The communication strategy on food for babies and young children (ANJE) has been validated, as has the strategic plan for food fortification.

All sectors have actively contributed to drawing up the policy document Emerging Senegal Plan (PSE) which is the repository for medium- and long-term economic and social policy, including nutrition, but implementation has not been effective.

Aligning actions around a Common Results Framework

The 2013-2018 multi-sectoral strategic plan will be drawn up once the orientation document for nutrition development has been validated. The common results framework will be drawn up on the basis of this strategic plan. In the meantime, a number of sectors have presented and validated their annual work plans for 2014 with PMS in a participatory manner.

The CLM is implementing programs covering key areas, namely community nutrition, social transfers, combating deficiencies in micronutrients and food security. The national agricultural investment program (2011-2015) is also aimed at reducing poverty by tackling the problems of hunger and malnutrition.

The implementation of the Emerging Senegal Plan (PSE) has raised hopes of increasing funding to enhance nutrition.

A monitoring and evaluation mechanism will also be set up to monitor the implementation of nutrition policy.

Financial Tracking and resource mobilization

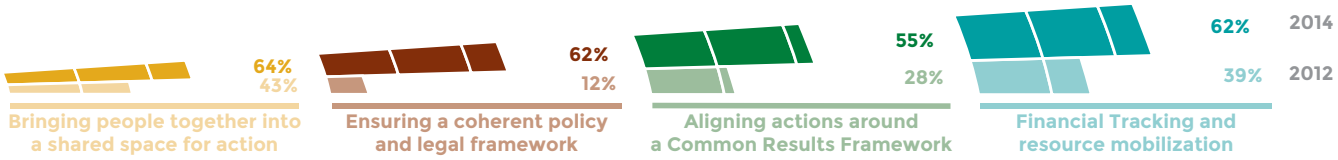
In 2011, the government undertook to increase nutrition funding from year to year, to reach 2.8 billion CFA francs per year in 2015. This investment will enable additional resources to be mobilized which will contribute to stepping up effective nutrition interventions.

In 2013, investments in specific nutrition programs by a number of platform members were mapped out, revealing the importance of consistency in mobilizing funds from other partners to ensure the sustainability of interventions.

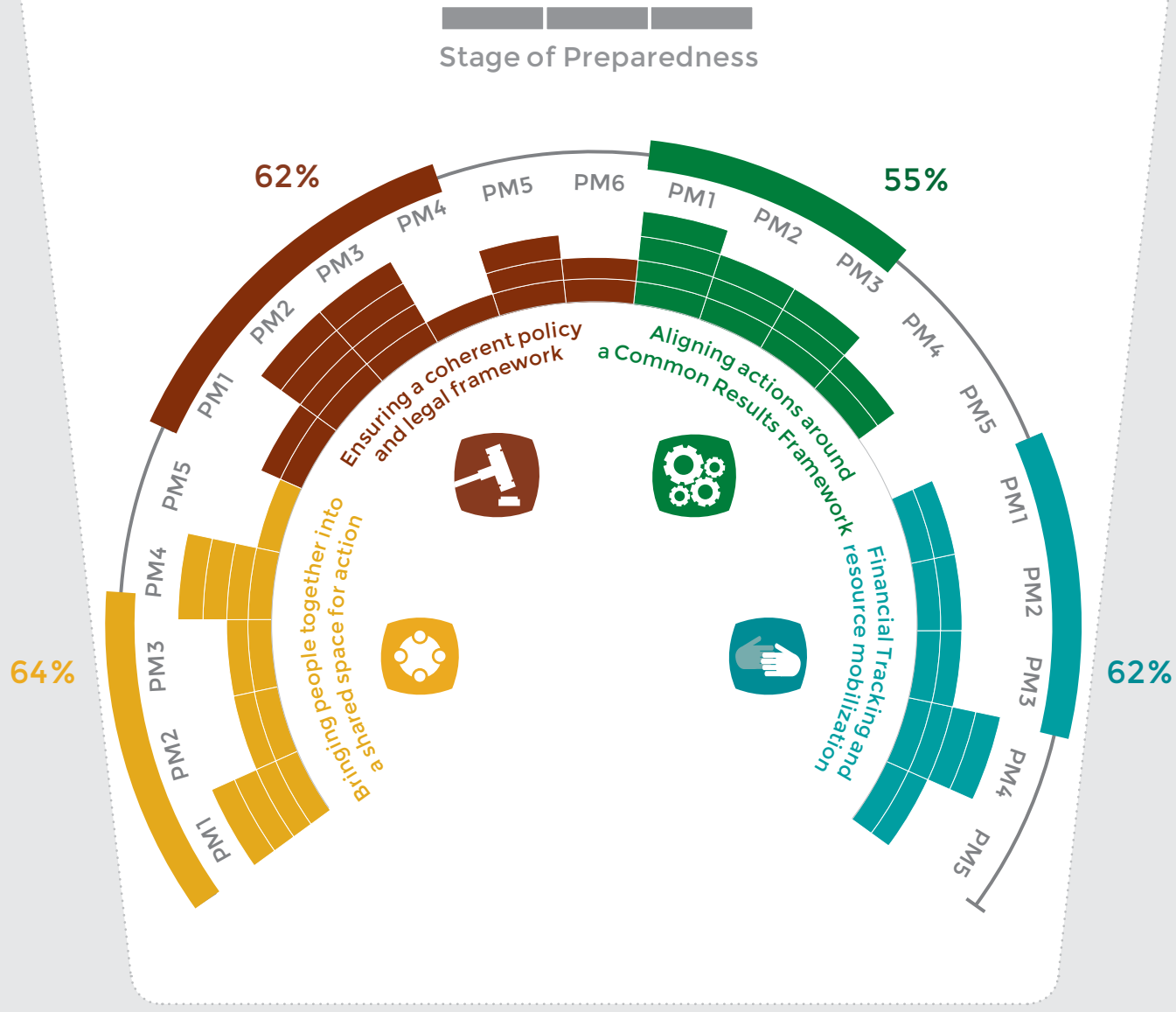
Funding requirements can be identified because priorities have been identified for most sectors.

Progress Across Four SUN Processes
Senegal

2012[1] and 2014[2] Scoring of Progress Markers

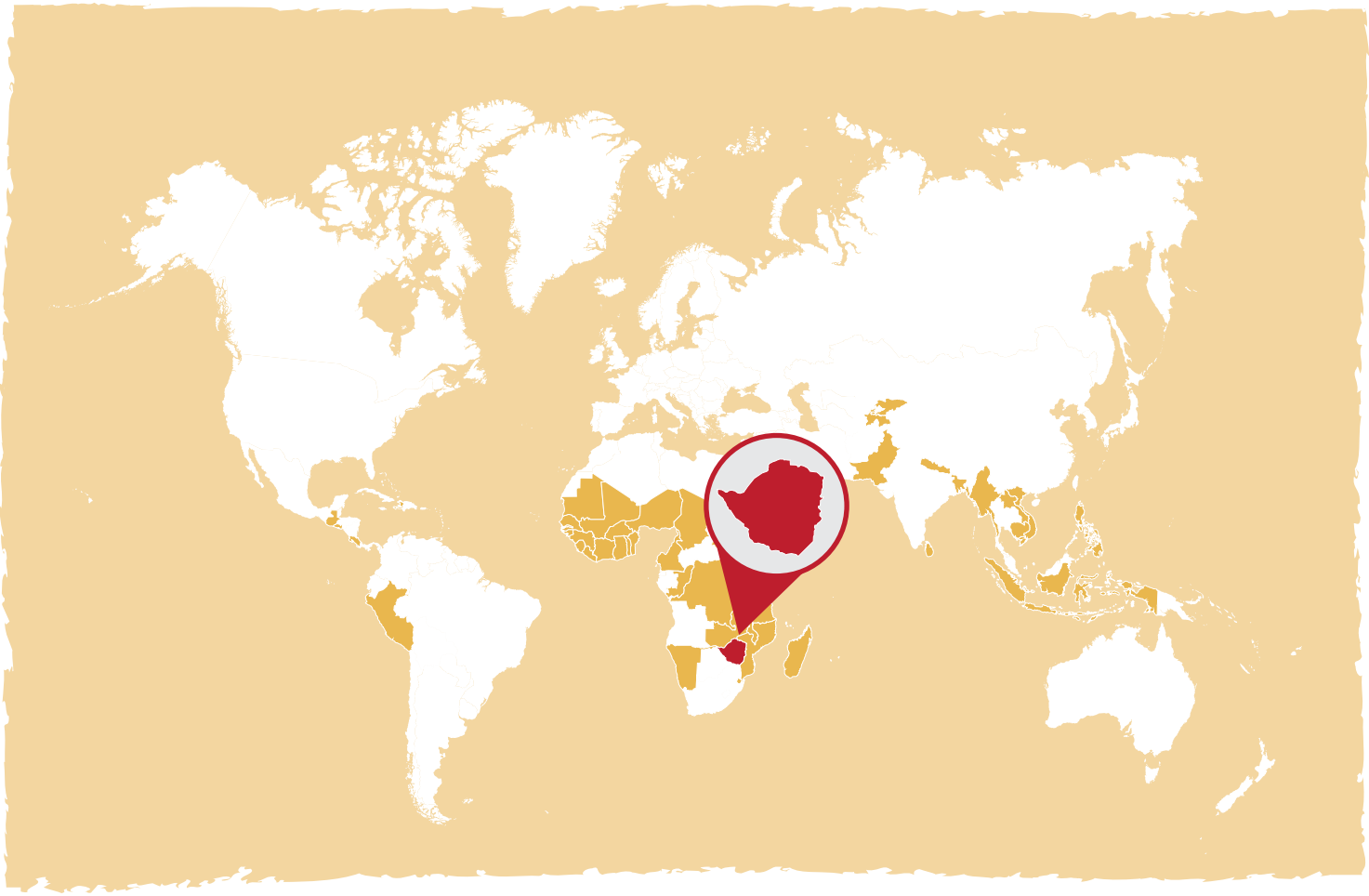


2014 Dashboard for Progress Markers



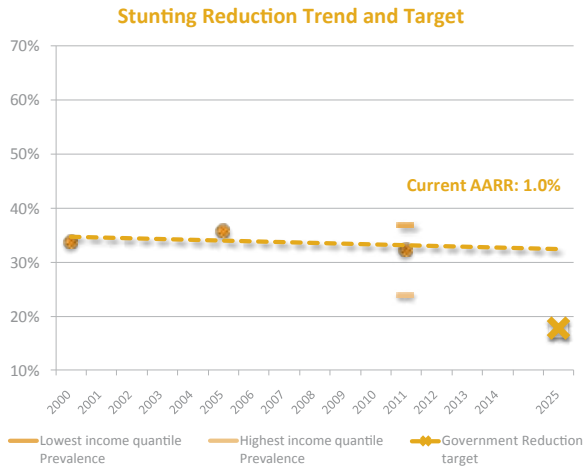
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

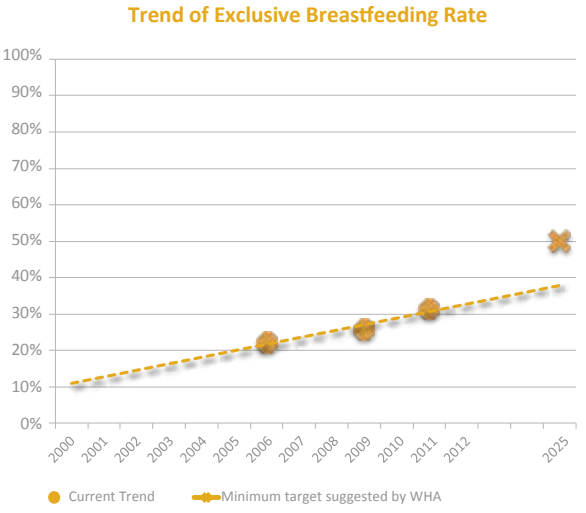
Zimbabwe

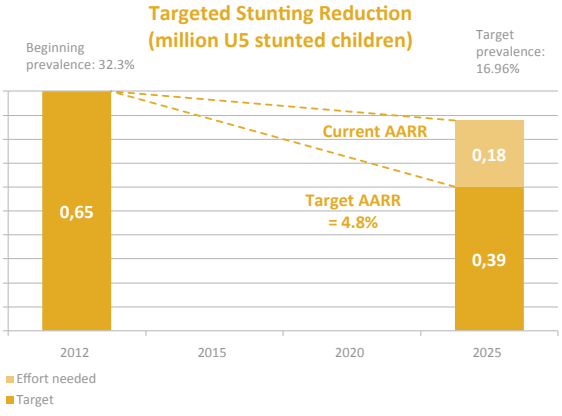


Joined: June 2011

Demographic data	
National Population (million, 2010)	13,1
Children under 5 (million, 2010)	2,0
Adolescent Girls (15-19)(million, 2010)	0,80
Average Number of Births (million, 2010)	0,40
Population growth rate (2010)	0,57%
WHA nutrition target indicators (DHS 2010-2011)	
Low-birth weight	9,5%
0-5 months Exclusive Breastfeeding	31,4%
Under five stunting	32,3%
Under five wasting	3,1%
Under five over weight	5,8%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	11,0%
6-23 months with Minimum Diet Diversity	23,5%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	0,1%
Pregnant Women Attending 4 or more Antenatal Care Visits	64,8%
Vitamin A supplementation (6-59 months)	61,0%
Households Consuming Adequately Iodized Salt	94,0%
Women's Empowerment	
Female literacy	95,0%
Female employment rate	80,4%
Median age at first marriage	19,7
Access to skilled birth attendant	89,8%
Women who have first birth before age 18	23,5%
Fertility rate	3,8
Other Nutrition-relevant indicators	
Rate of urbanization	36,65%
Income share held by lowest 20%	-
Calories per capita per day (kcal/capita/day)	-
Energy from non-staples in supply	39,84%
Iron availability from animal products (mg/capita/day)	-
Access to Improved Sanitation Facilities	37,3%
Open defecation	28,3%
Access to Improved Drinking Water Sources	76,7%
Access to Piped Water on Premises	25,4%
Surface Water as Drinking Water Source	6,4%
GDP per capita (current US$, 2013)	905,00
Exports-Agr Products per capita (current US$, 2012)	2,54
Imports-Agr Products per capita (current US$,2012)	1,18







Bringing people together into a shared space for action

Zimbabwe has successfully created mechanisms to allow multi-sector coordination for nutrition. The government now focuses on more ambitious parameters such as their effective functioning. The Food and Nutrition Council (FNC) which engages multiple ministries, UN agencies and the business sector, is the national agency mandated tolead in coordination, analysis and promotion ofa multi-sectoral responses to food and nutrition insecurity.

There is further opportunity for sectors to be better engaged through enhanced sharing of information and mutual accountability in order to avoid any perception of competition among sectors. Food and nutrition security committees are currently being established and strengthened at national, provincial and district levels.

Other existing coordination mechanisms in nutrition comprise the Cabinet Committee, chaired by the Vice-President; the Inter-Ministerial Task force for Food and Nutrition Security, chaired by the Ministerof Agriculture and the 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. The engagement of players outside coordination forums remains limited.

Donors and private sector are yet to establish their own platforms. The Zimbabwe Civil Society Organisations in Scaling Up Nutrition (ZICOSUNA) successfully raised its constituency from 7 organisations to 21. ZICOSUNA is beginning to engage with FNC on strengthening linkages with sub national structures. The UN network has lead FAO, WFP, WHO and UNICEF to coordinate their assistance on nutrition more under the ONE UN Flagship and plan to engage new UN partners.

Ensuring a coherent policy and legal framework

The Right to Food is ensured in the 2013 new constitution. A Food and Nutrition Security (FNS) policy is now in place and provides a legal framework for the multi-sectoral and multi-stakeholder approach. There is also a Nutrition and AIDS Policy and an Infant and Young Child Feeding Policy in place. Nutrition-sensitive policies and strategies are present in all key sectors. The national 5 year economic blue print developed by the Government prioritizes Food Security and Nutrition as the first out of 4 clusters. National legislation with a bearing on nutrition predominantly covers public health. A 5 year costed National Nutrition Strategy and Food Fortification Strategy are now final and awaiting approval.

Aligning actions around a Common Results Framework

The Implementation Matrix for FNS policy is used as the common results framework to monitor commitments across sectors with clear objectives and actions. Committees have been initiated to monitor and evaluate implementation of various food and nutrition policies although a joint M&E framework is not yet developed and therefore, parallel reporting mechanisms remain between sectors.

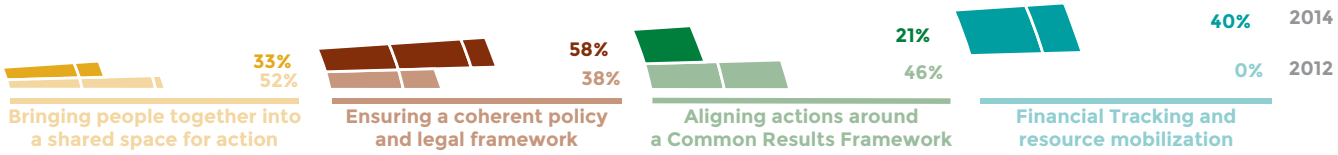
Large-scale programmes which implement direct and indirect nutrition interventions exist in agriculture, food security, social protection, water & sanitation and health. Clear targets on stunting reduction (at least 30% by 2018), acute malnutrition (maintain rates below 3%) or coverage of scaling up nutrition interventions (higher than 80% in 2020) have been established.

Financial Tracking and resource mobilization

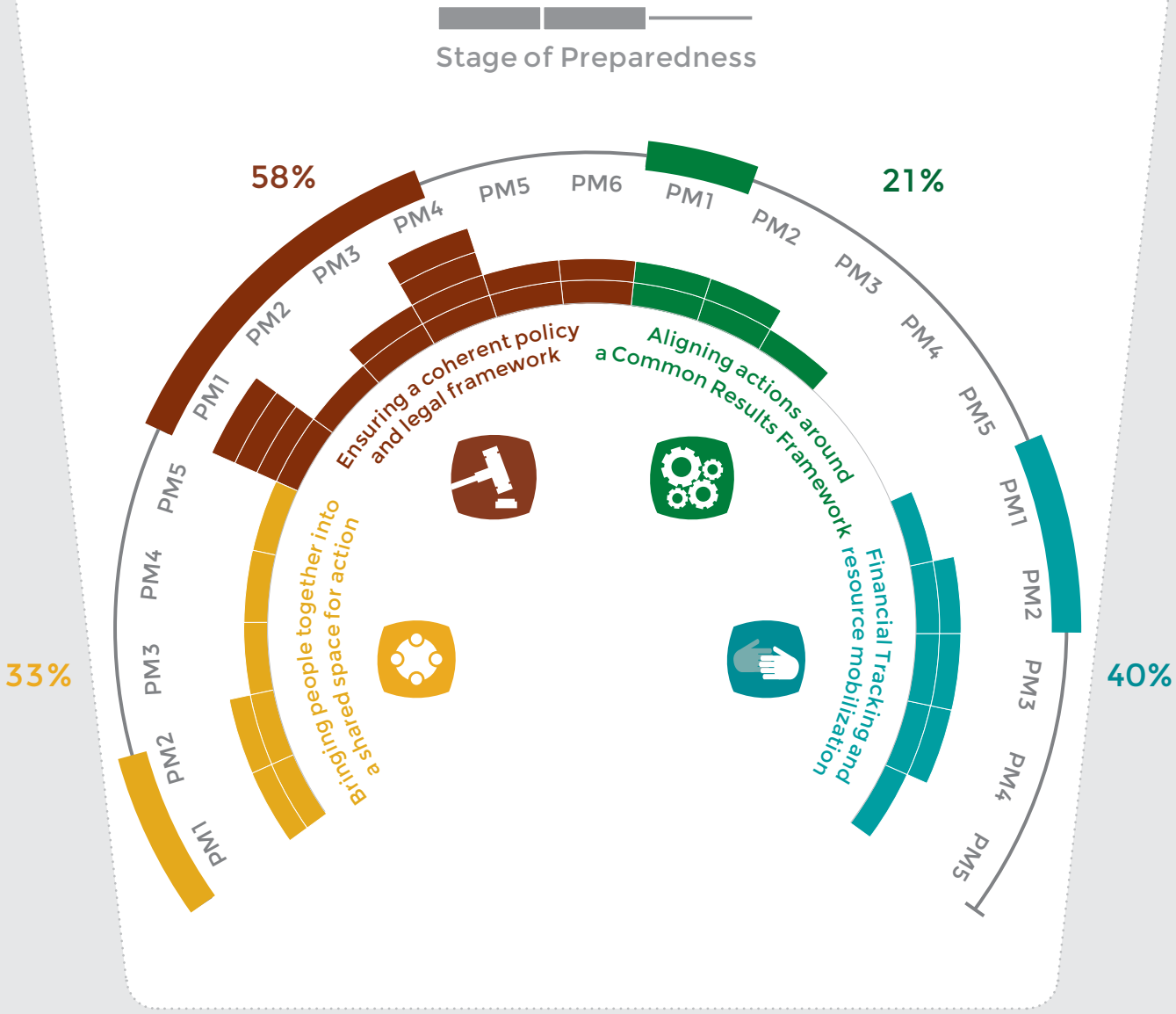
During the Nutrition for Growth event held in London in June 2013, it was estimated that USD $35.5 million was required to scale-up nutrition in 2013-2015 and the Government committed to provide USD $3.04 million. Budget analysis on nutrition-related funding has not yet started. Once the National Nutrition Strategy has been approved, a resource mobilization and financial tracking strategy will be developed. When individual sectors and agencies are able to track their on-going expenditures on nutrition programs and meet regularly to share this information, a comprehensive financial tracking system may be possible.

Progress Across Four SUN Processes
Zimbabwe

2012[1] and 2014[2] Scoring of Progress Markers

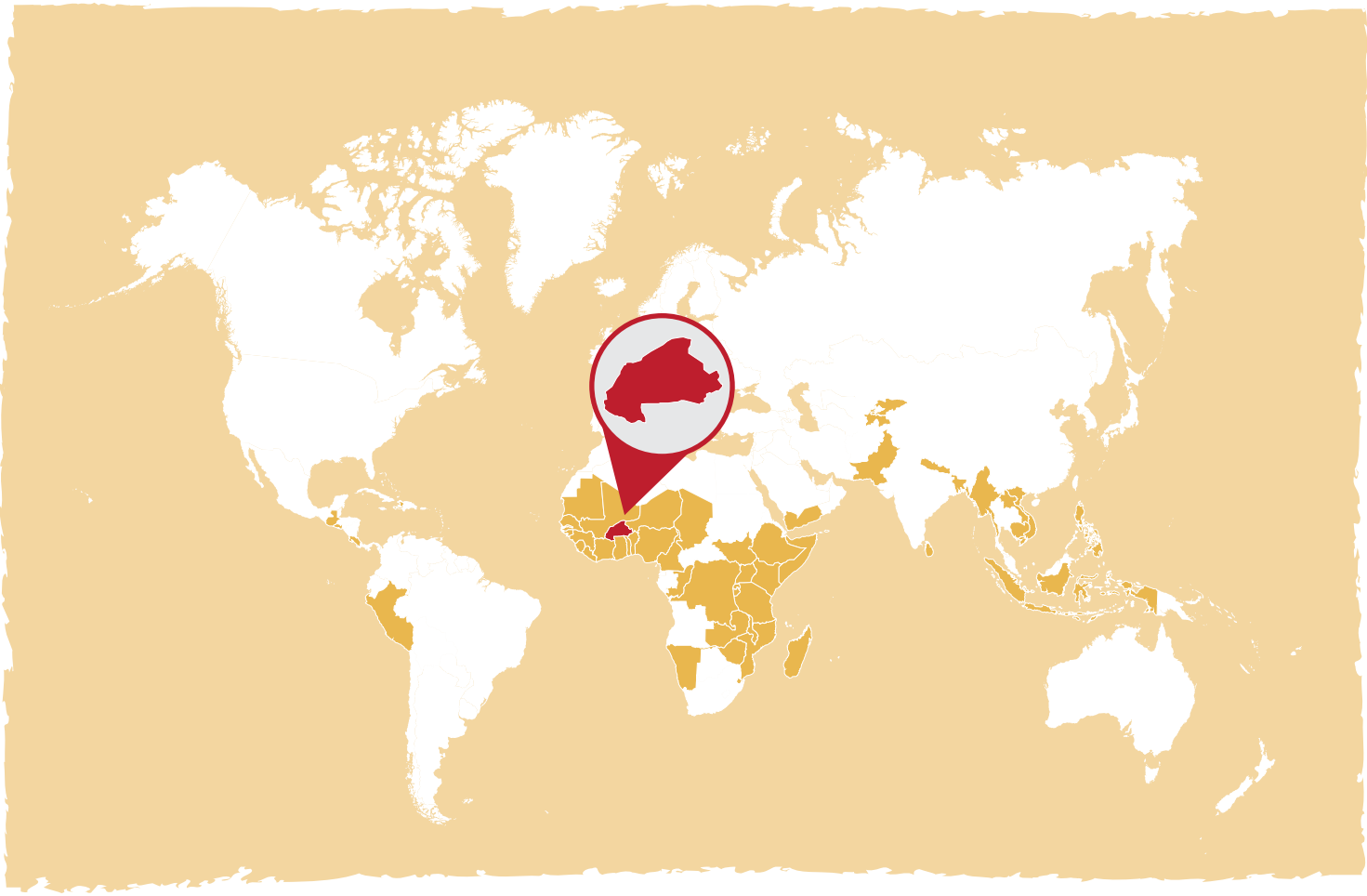


2014 Dashboard for Progress Markers



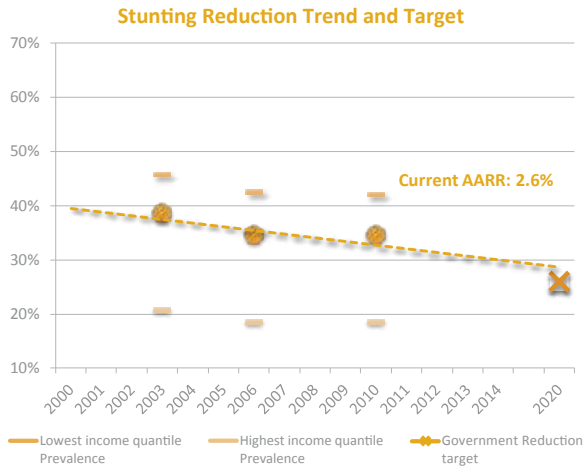
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

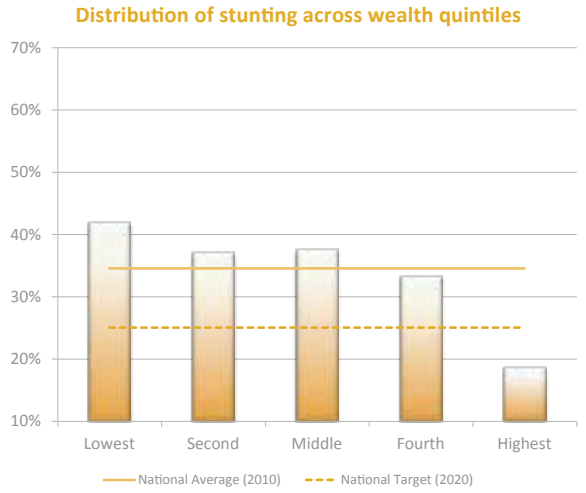
Burkina Faso

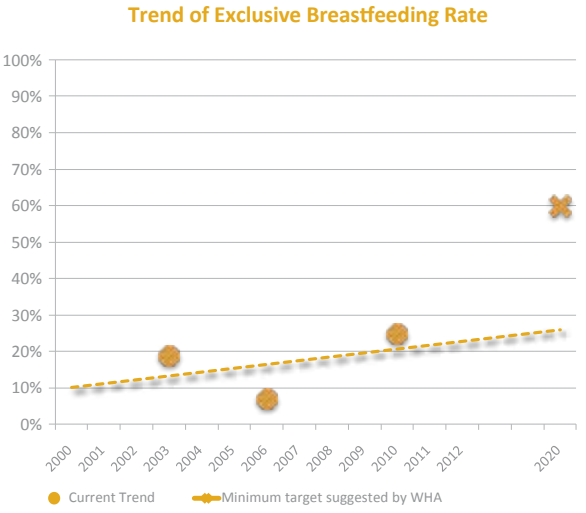


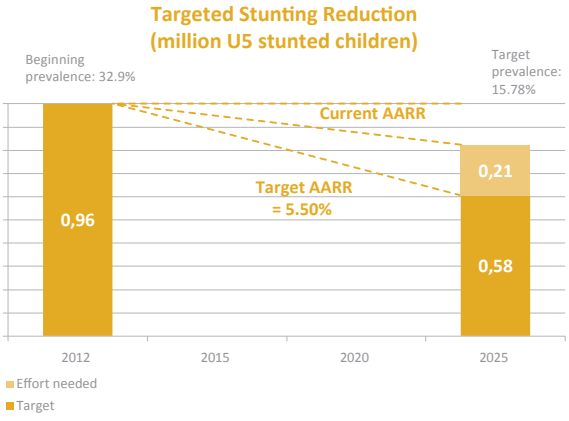
Joined: June 2011

Demographic data	
National Population (million, 2010)	15,5
Children under 5 (million, 2010)	2,8
Adolescent Girls (15-19)(million, 2010)	0,80
Average Number of Births (million, 2010)	0,60
Population growth rate (2010)	2,93%
WHA nutrition target indicators (DHS 2010/SMART 2013)	
Low-birth weight	16,2%
0-5 months Exclusive Breastfeeding	47,2%
Under five stunting	32,9%
Under five wasting	10,9%
Under five over weight	0,0%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	3,1%
6-23 months with Minimum Diet Diversity	6,0%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	0,4%
Pregnant Women Attending 4 or more Antenatal Care Visits	33,7%
Vitamin A supplementation (6-59 months)	99,0%
Households Consuming Adequately Iodized Salt	95,4%
Women's Empowerment	
Female literacy	22,5%
Female employment rate	75,8%
Median age at first marriage	17,8
Access to skilled birth attendant	67,1%
Women who have first birth before age 18	23,6%
Fertility rate	6,1
Other Nutrition-relevant indicators	
Rate of urbanization	27,20%
Income share held by lowest 20%	6,72%
Calories per capita per day (kcal/capita/day)	2.546,3
Energy from non-staples in supply	23,92%
Iron availability from animal products (mg/capita/day)	1,4
Access to Improved Sanitation Facilities	16,1%
Open defecation	63,8%
Access to Improved Drinking Water Sources	76,5%
Access to Piped Water on Premises	7,2%
Surface Water as Drinking Water Source	6,3%
GDP per capita (current US$, 2013)	684,00
Exports-Agr Products per capita (current US$, 2012)	1,29
Imports-Agr Products per capita (current US$,2012)	1,12









Bringing people together into a shared space for action

Burkina Faso joined the SUN movement in June 2011. The National Council for Nutrition Consultation (CNCN) set up in 2008 is the designated multi-sectoral platform (PMS) reporting to the Health Ministry, which includes the ministries for agriculture and food security, for water and sanitation, for social action and national solidarity and for Economic Affairs and Finance, for the advancement of women and for gender issues, for national education, etc. The private sector, represented by the federation of agri-food industries and private healthcare clinics, NGOs, PTFs, regularly take part in meetings.

The UN Network is in place, coordinated by UNICEF. However, there is no donor coordinator or common plan defined between them.

A network of parliamentarians focused on nutrition has been set up and it has drawn up a nutrition work plan.

AGIR initiatives and the alliance for food fortification are also present in Burkina Faso.

Ensuring a coherent policy and legal framework

Burkina Faso has a strategic nutrition plan (2010-2015) in line with its national nutrition policy (2007). It has committed to draw up and finalize a national nutrition plan (2016-2020) and to assess the financial resources necessary to implement this by end 2015.

National legislation includes food fortification with micronutrients, the regulation of imports and the marketing of iodized salt.

A number of multi-annual strategic plans from different ministerial departments include nutrition: the strategy for accelerated growth and sustainable development, (SCAAD), the national investment plan for agriculture (PNN), and the three-year action plan for food and nutritional security policy (PNSAN).

Efforts could be achieved in disseminating these policies by availing of the network of nutrition journalists, set up in 2011.

Burkina Faso has incorporated modules on nutrition in the curriculum of health and agricultural schools.

Aligning actions around a Common Results Framework

There is harmonization of sectoral strategic frameworks but a roadmap and a common results framework are being drawn up with the support of United Nations agencies. The question of a common results framework within the context of reducing chronic malnutrition was the focus of a workshop in May 2014.

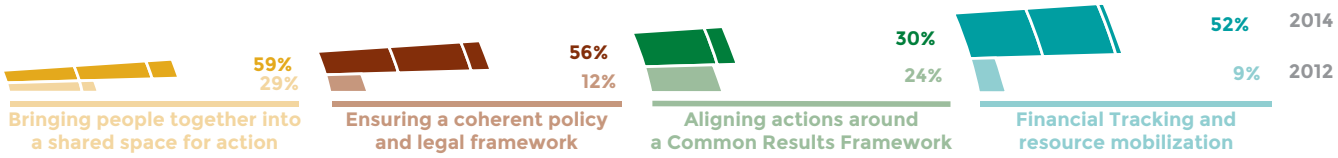
The programs and interventions are based on the National Nutrition Policy, reflected in many programs, namely social protection, food security and Vitamin A supplementation programs. Burkina Faso has been engaged in a process to decentralize administration for a number of years, with the involvement of all relevant sectors.

Financial Tracking and resource mobilization

Funds targeting nutrition are classified as a sub-account of the national budget account for maternal and child health, which makes them difficult to monitor. The implementation of the costed plan is mainly the remit of the Health Ministry, with support from other ministries concerned and technical and financial partners. The excessive bureaucratic procedures often hamper or delay fund disbursements. Funds dedicated to nutrition by technical and financial partners are often emergency funds, making multi-annual planning often difficult.

Progress Across Four SUN Processes
Burkina Faso

2012[1] and 2014[2] Scoring of Progress Markers



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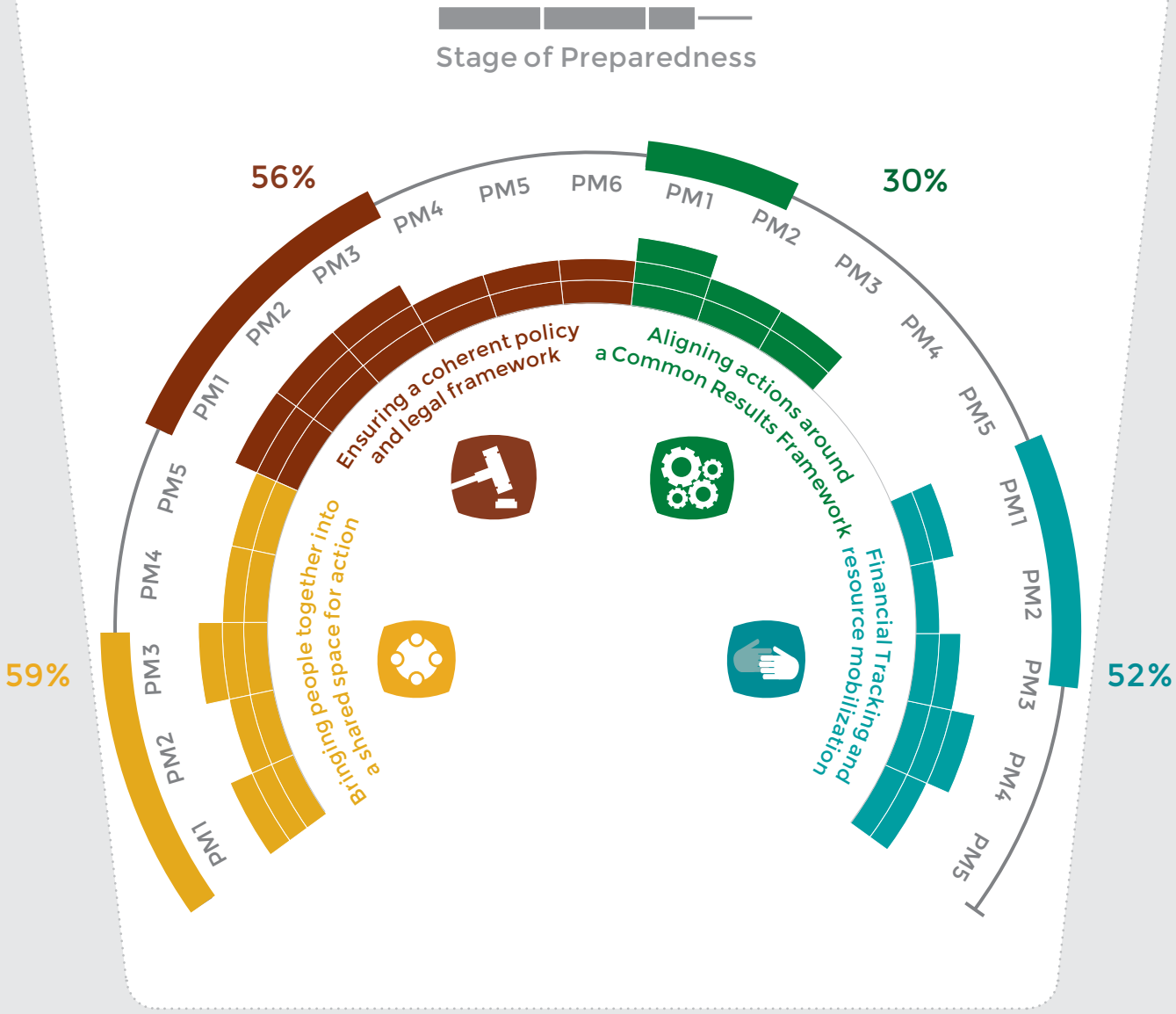
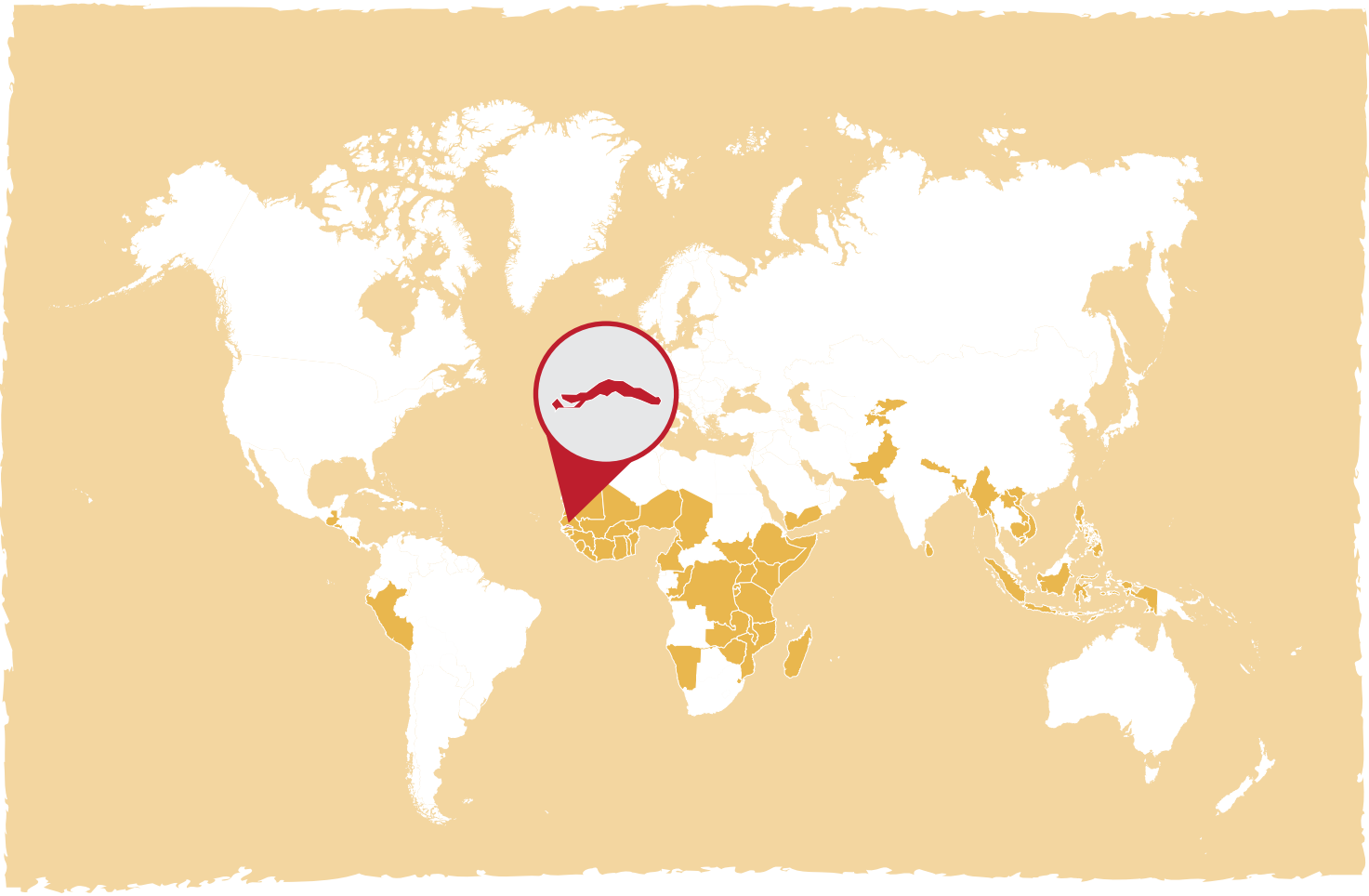


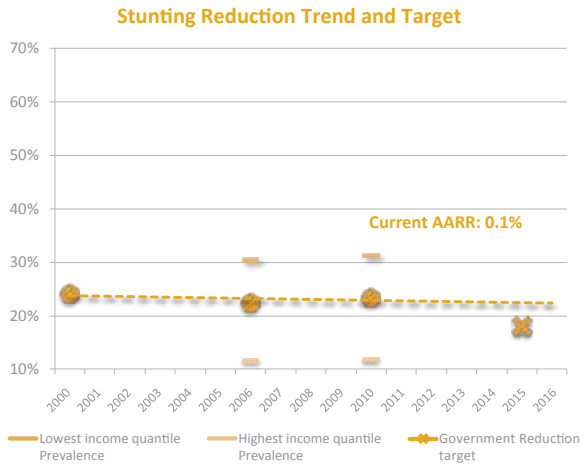
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

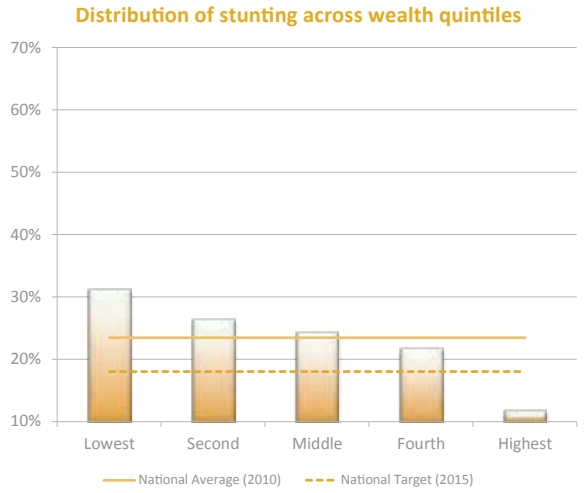
Gambia

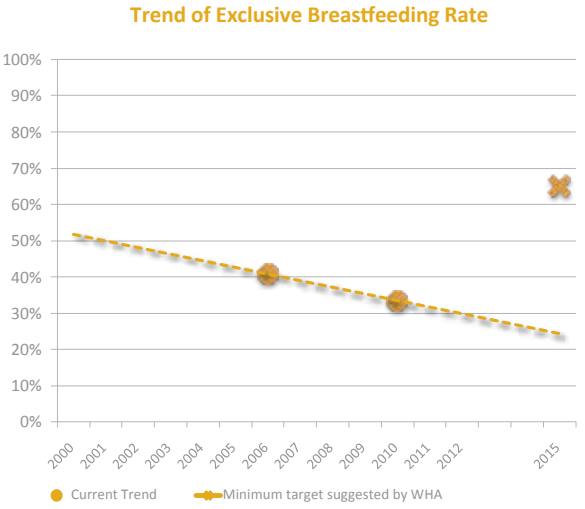


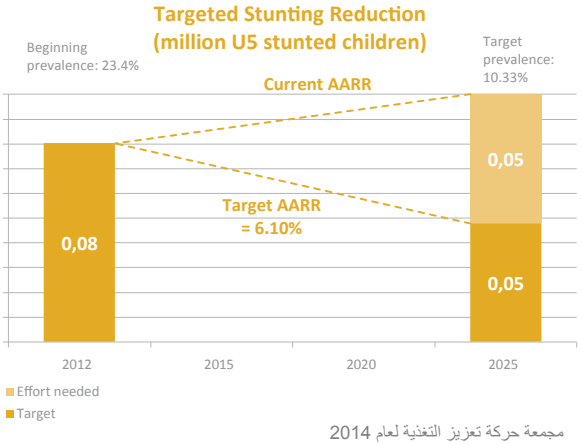
Joined: July 2011

Demographic data	
National Population (million, 2010)	1,7
Children under 5 (million, 2010)	0,3
Adolescent Girls (15-19)(million, 2010)	0,09
Average Number of Births (million, 2010)	0,07
Population growth rate (2010)	3,14%
WHA nutrition target indicators (MICS 2010)	
Low-birth weight	10,2%
0-5 months Exclusive Breastfeeding	33,5%
Under five stunting	23,4%
Under five wasting	9,5%
Under five over weight	1,9%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	-
Vitamin A supplementation (6-59 months)	46,0%
Households Consuming Adequately Iodized Salt	6,6%
Women's Empowerment	
Female literacy	43,1%
Female employment rate	67,7%
Median age at first marriage	-
Access to skilled birth attendant	56,8%
Women who have first birth before age 18	-
Fertility rate	5,8
Other Nutrition-relevant indicators	
Rate of urbanization	58,24%
Income share held by lowest 20%	4,79%
Calories per capita per day (kcal/capita/day)	-
Energy from non-staples in supply	-
Iron availability from animal products (mg/capita/day)	-
Access to Improved Sanitation Facilities	97,0%
Open defecation	2,8%
Access to Improved Drinking Water Sources	85,8%
Access to Piped Water on Premises	-
Surface Water as Drinking Water Source	-
GDP per capita (current US$, 2013)	494,00
Exports-Agr Products per capita (current US$, 2012)	46,47
Imports-Agr Products per capita (current US$,2012)	19,35









Bringing people together into a shared space for action

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. The National Nutrition Agency (NaNA), under the Office of the Vice President, is responsible for overseeing and coordinating the implementation of the National Nutrition Policy (2010-2020) and reports directly to the National Assembly.

The NaNA convenes all relevant Government sectors through the National Nutrition Council that is chaired by the Vice-President. The Gambia seeks to improve the involvement of ministries mandated on nutrition. Thematic sub-groups are being established: Maternal and Child Health Nutrition; Micronutrients; Information, Education and Communication; Monitoring and Evaluation; Resource Mobilization).

A multi-sectoral Nutrition Technical Advisory Committee is operative since 2012 and comprises 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. It is planned to extend coordination mechanisms to the regional level, but a stronger involvement of some key nutrition related ministries is needed.

It is expected that REACH will be established once the stakeholders mapping, cost beneficiary analysis and multi-sectoral action plan for nutrition are finalised.

The Association of Non-Governmental Organizations (TANGO) is a composite body of NGOs with around 80 national and international members to influence government decisions and policies and to effectively liaise and coordinate with Government programs.

Ensuring a 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 Business Plan for Better Nutrition. Updated policies are present in all key sectors – agriculture, poverty reduction, health and education - and nutrition-relevant legislations. 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 Ministry of Agriculture is integrating nutrition into its own programs. It is now necessary to enhance nutrition mainstreaming into policies across the board, in consultation with NaNA.

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 labelling. A new Food Safety and Quality Act (2011) has been enacted and the Food Safety and Quality Authority established to coordinate the implementation of the Act. The Code of Marketing of Breast-milk Substitutes is fully translated into law in the form of the Breastfeeding Promotion Regulations (2006).

Aligning actions around a Common Results Framework

Alignment of sectoral programs around the common results framework needs further clarification. The CRF is being developed and capacity building for its implementation will be a priority. To monitor progress against national nutrition policy and strategy plan, the Gambia has developed an M&E framework for 2011-2015.

The National Nutrition Strategic Plan, which contains the First 1,000 Most Critical Day Program, needs to also include other type of inputs to nutrition. The Baby Friendly Community Initiative is rapidly being scaled up and reaches thirty percent (30%) of the communities. A National Nutrition Communication Strategy has been finalized. The Gambia is scaling up interventions for the management of severe and moderate acute malnutrition (MAM), as well as other interventions that improve household consumption of iodized salt and the uptake of foods rich in micronutrients. In general, large-scale programs and systems are in place but not yet at full scale. The National Agriculture Investment Program includes 5 components and one of them relates to enhancing food and nutrition security.

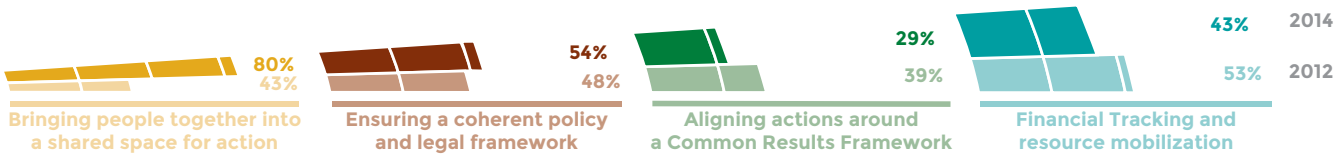
Financial Tracking and resource mobilization

NaNA tracks required and available resources. However, the tracking of nutrition specific financial management is weak and there is no mapping done on other sectors on nutrition financing, besides health. There are challenges to obtain financial information across sectors. The Gambia has decided to hire a consultant to set up a financial tracking mechanism.

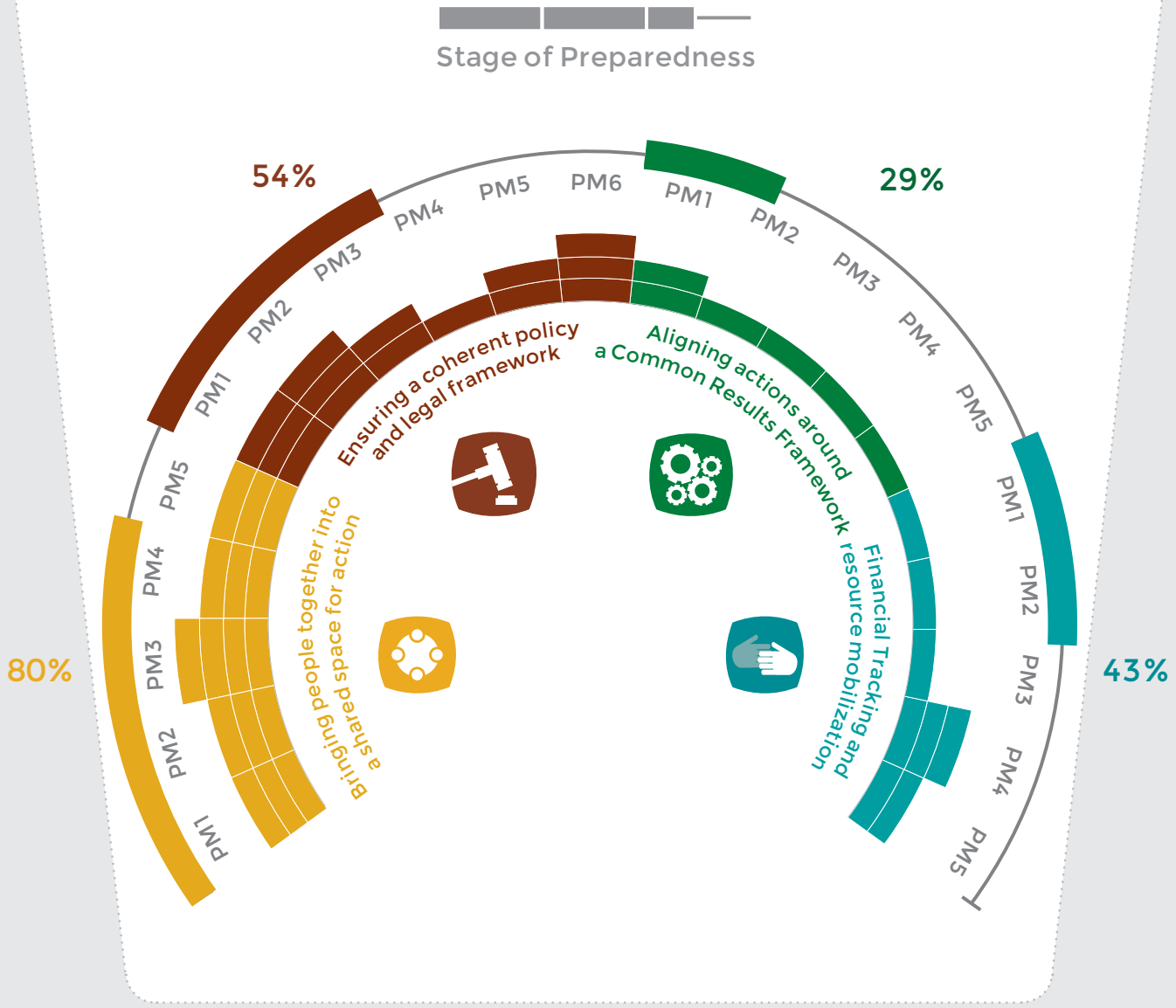
UNICEF and the World Bank are the main investors in nutrition-specific programs, and the government also provides funds in support of nutrition programs. In 2014, the Gambia secured funds from the World Bank for a Results-Based Financing Project in health and nutrition and 21 million euros that are earmarked for nutrition and food security as part of the EU Programme.

Progress Across Four SUN Processes
Gambia

2012[1] and 2014[2] Scoring of Progress Markers



2014 Dashboard for Progress Markers

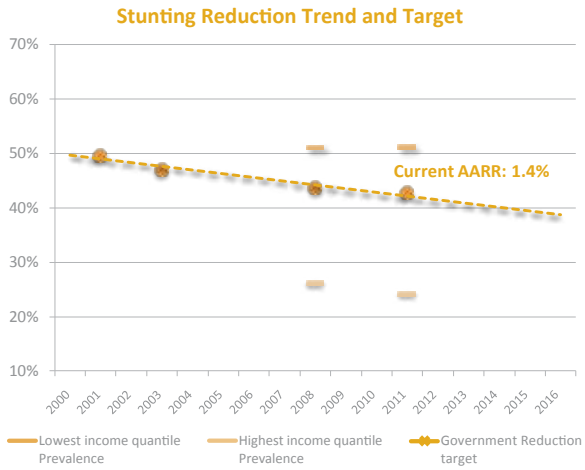


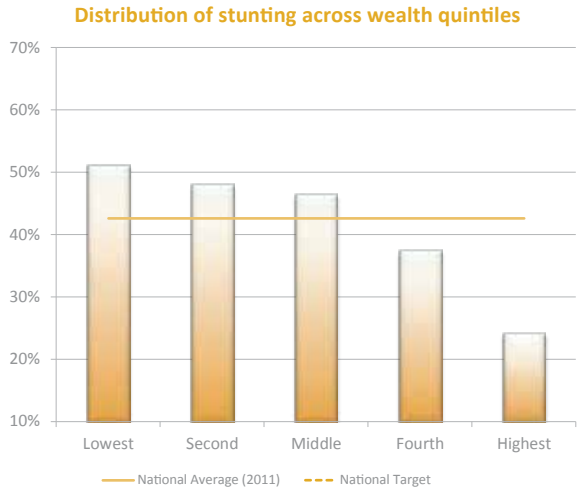
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

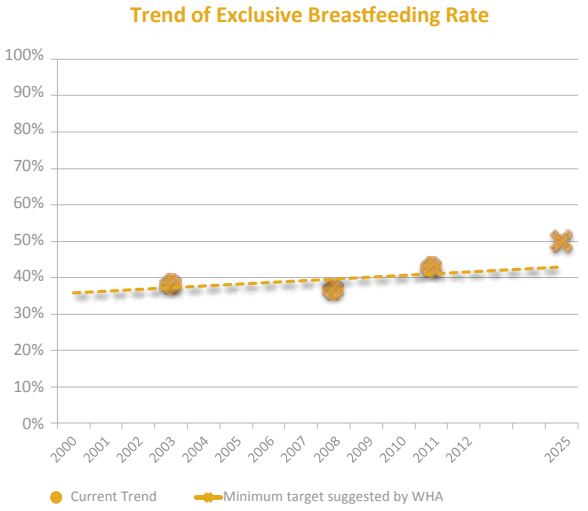
Mozambique

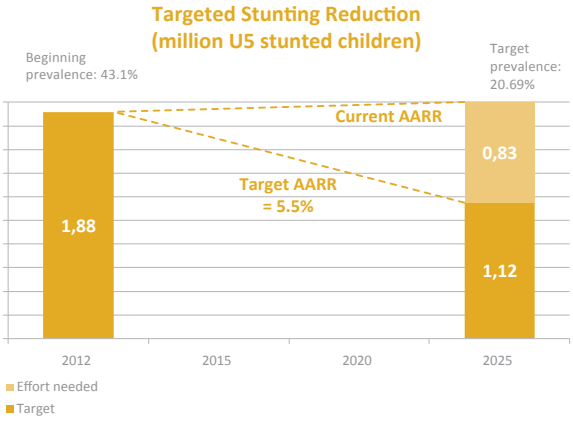
Joined: August 2011

Demographic data	
National Population (million, 2010)	24
Children under 5 (million, 2010)	4,2
Adolescent Girls (15-19)(million, 2010)	1,30
Average Number of Births (million, 2010)	1,00
Population growth rate (2010)	2,63%
WHA nutrition target indicators (DHS 2011)	
Low-birth weight	16,0%
0-5 months Exclusive Breastfeeding	42,8%
Under five stunting	43,1%
Under five wasting	6,1%
Under five over weight	7,9%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	13,0%
6-23 months with Minimum Diet Diversity	30,1%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	50,6%
Vitamin A supplementation (6-59 months)	20,0%
Households Consuming Adequately Iodized Salt	45,6%
Women's Empowerment	
Female literacy	40,2%
Female employment rate	80,7%
Median age at first marriage	18,6
Access to skilled birth attendant	54,3%
Women who have first birth before age 18	-
Fertility rate	5,6
Other Nutrition-relevant indicators	
Rate of urbanization	30,21%
Income share held by lowest 20%	5,23%
Calories per capita per day (kcal/capita/day)	2.054,6
Energy from non-staples in supply	15,58%
Iron availability from animal products (mg/capita/day)	0,5
Access to Improved Sanitation Facilities	23,8%
Open defecation	39,4%
Access to Improved Drinking Water Sources	52,5%
Access to Piped Water on Premises	2,9%
Surface Water as Drinking Water Source	15,5%
GDP per capita (current US$, 2013)	593,00
Exports-Agr Products per capita (current US$, 2012)	0,74
Imports-Agr Products per capita (current US$,2012)	0,53









Bringing people together into a shared space for action

The President of Mozambique is a member of the SUN Lead Group. While Mozambique has not designated a high-level convening body for nutrition, the SUN Government Focal Point Coordinates the Technical Secretariat for Food and Nutrition Security – SETSAN.
The focal point also 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. The plan includes concrete recommendations that are to be implemented by relevant sectors.

SETSAN, the coordinating body for nutrition under the Ministry of Agriculture, has a technical role and facilitates the monthly meetings of the Technical Group for a Multi-sectoral Action Plan to reduce Chronic Malnutrition (GT-PAMRDC). The GT-PAMRDC includes representatives from nine ministries (Health, Agriculture, Women and Social Action, Education, Public Works, Industry and Commerce, Planning, Finance, Youth), UN agencies, donors and civil society. Discussions are ongoing to include the private sector in the group. SETSAN officially launched SUN in August of 2013 with eight technicians and now capacities have expanded to 26.

UN REACH fosters coordination among UN agencies. The Nutrition Partners Forum, hosted by SUN donor conveners – UNICEF and DANIDA– coordinates donors. The Civil Society Alliance, hosted by the Nutrition and Food Security Association (ANSA) was established in December 2013.

Aligning actions around a Common Results Framework

The PAMRDC which serves as the country's common results framework was approved by the Council of Ministers in 2010 and is being decentralized with 4 provincial plans approved so far. It focuses on adolescents, children under two and pregnant women, with nutrition-specific and nutrition-sensitive activities. It was first revised in August 2013 to refine realistic indicators and goals to enable the measurement of each sector contribution to nutrition by the end of the year, had ensured nutrition interventions were included in the social and economic plans implemented by different sectors. Identification of priority interventions based on priority indicators is ongoing. Mapping of nutrition interventions is also underway, with the support from REACH. A monitoring and evaluation system is yet to be developed.

Ensuring a coherent policy and legal framework

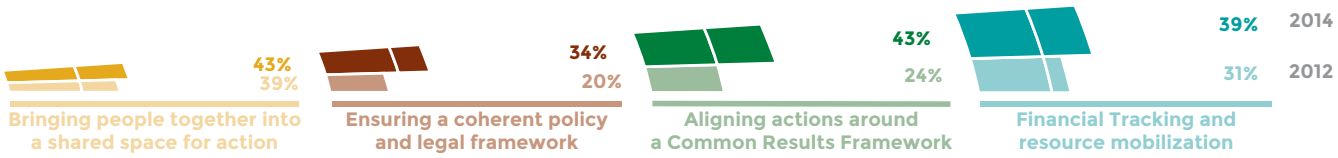
SETSAN led a retreat in April 2014 to strategically think about ways to influence or mainstream nutrition further in sectoral plans of agriculture, trade, or education sectors (including into the Sectoral Social and Economic annual Plan). The National Investment Plan for the Agriculture Sector (PNISA) launched in 2013 includes a chapter on food security and nutrition. 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 Program was launched in 2013 and legislation on food fortification has been drafted and is presently under review, including oil fortification. Work is underway to create food standards related to high sugar, salt and fat. Finally, a National Advocacy and Communications Strategy focusing on nutrition chronic diseases was finalized in May 2013 and activities will be rolled out in 2014.

Financial Tracking and resource mobilization

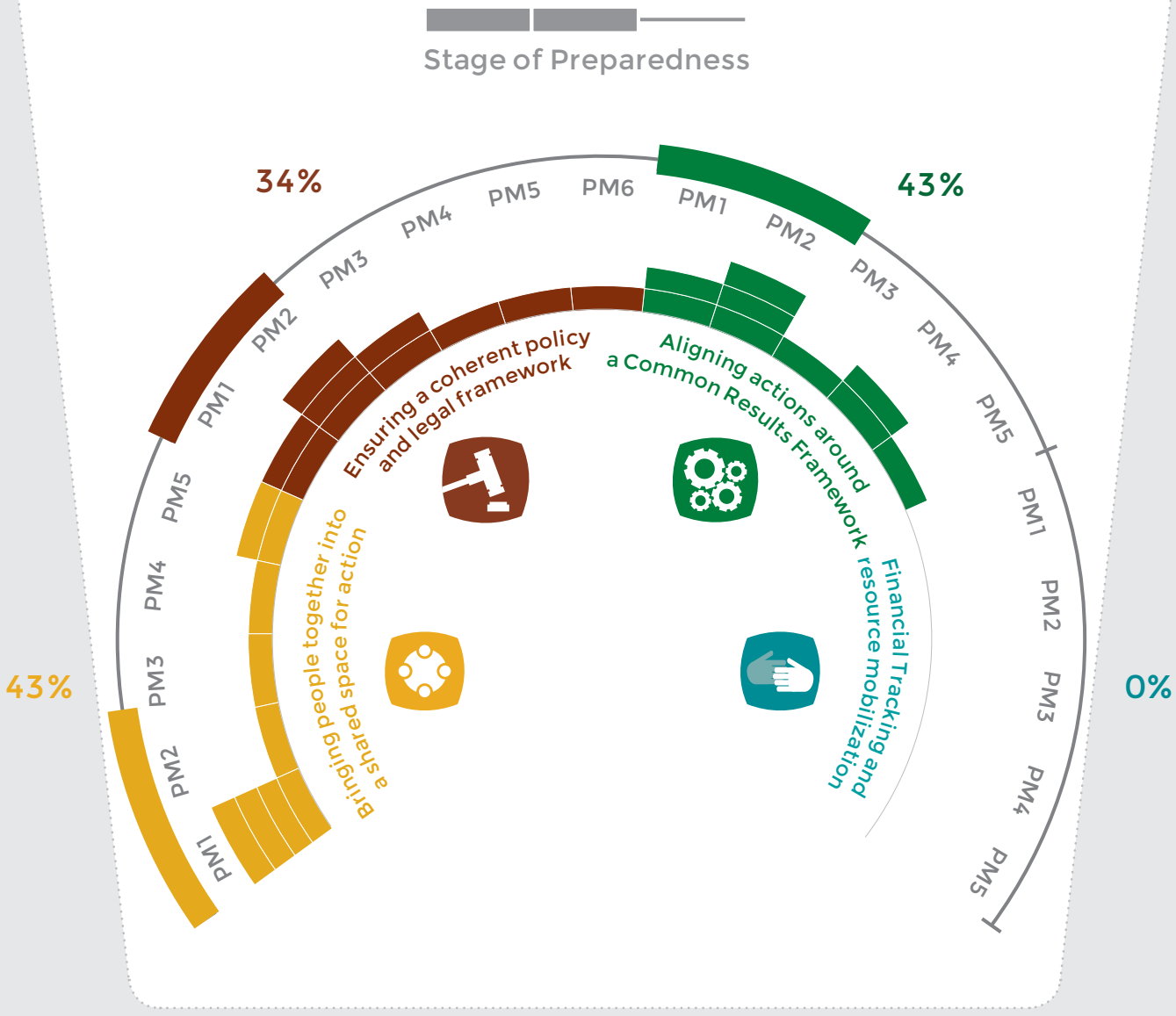
Although the PAMRDC was costed in 2010, SETSAN feels it has the capacity to intensify ongoing efforts to reach more ambitious goals in financial tracking and mobilization. No information on national investments is available and neither government nor donors have direct lines for nutrition. A strategy to measure the degree of implementation of financial commitments among sectors is felt necessary. Fragmentation in financing of programs on the ground remains and no system exists to reconcile costs estimates with national investments and external contributions. Some steps have been taken to improve financial tracking. One of them is the Public Expenditure Review which started in August 2013.
The government is making efforts to mobilize resources and several partners are allocating resources to implement the multi-sectoral nutrition plan. Nutrition interventions are increasingly being included in the Social & Economic Plan and being funded by the State budget. Donors like DANIDA are proposing innovative funding mechanisms that can help implement national and provincial level interventions - including provincial nutrition plans - and are supporting Government expenditure tracking by using the national public financial management system. A resource mobilization strategy has been elaborated.

Progress Across Four SUN Processes
Mozambique

2012[1] and 2014[2] Scoring of Progress Markers

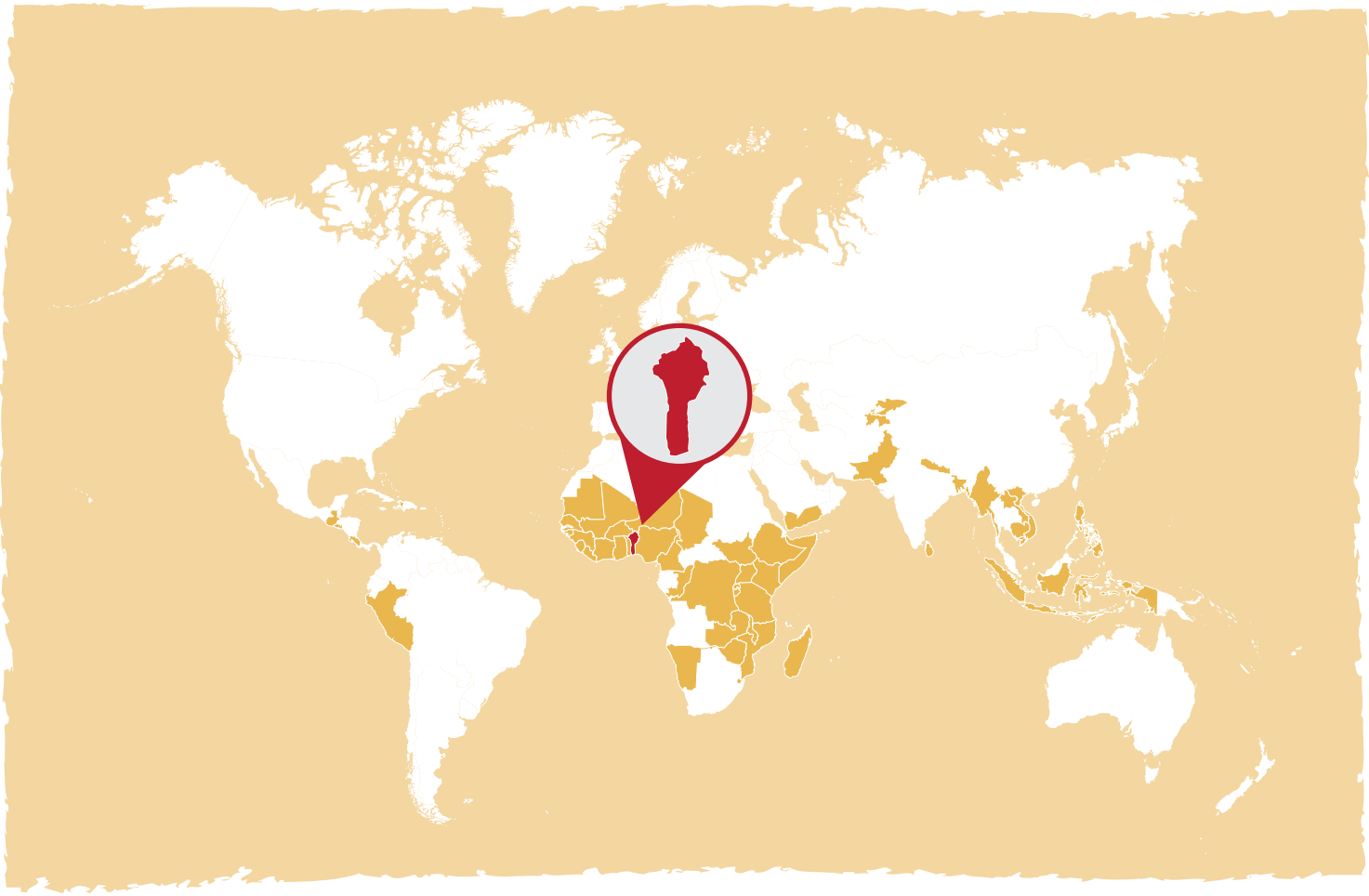


2014 Dashboard for Progress Markers



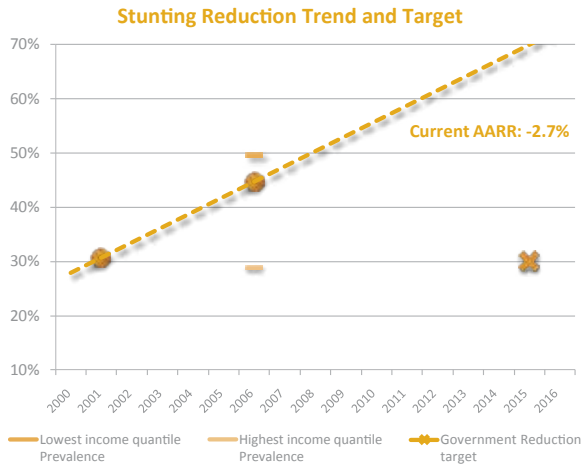
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

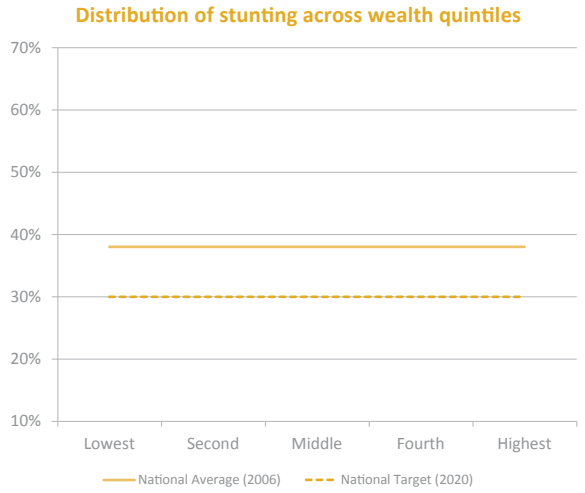
Benin

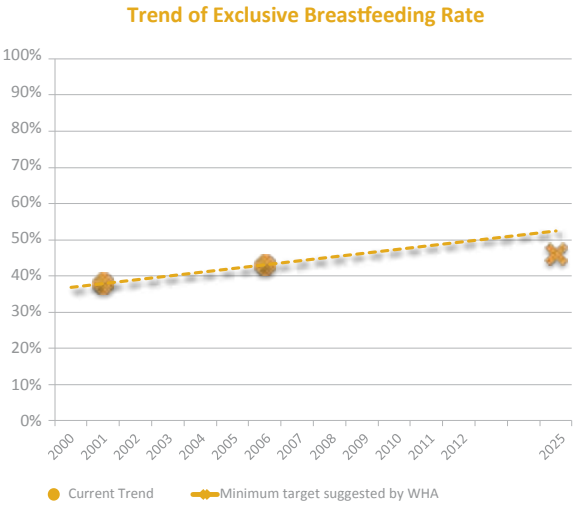


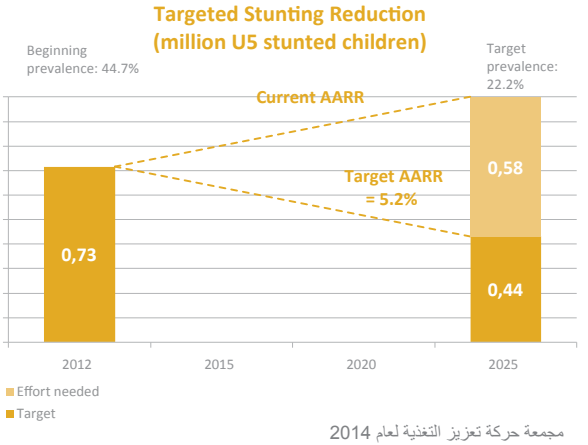
Joined: September 2011

Demographic data	
National Population (million, 2010)	9,5
Children under 5 (million, 2010)	1,6
Adolescent Girls (15-19)(million, 2010)	0,50
Average Number of Births (million, 2010)	0,30
Population growth rate (2010)	3,01%
WHA nutrition target indicators (DHS 2006/AGVSAN 2008)	
Low-birth weight	12,5%
0-5 months Exclusive Breastfeeding	43,1%
Under five stunting	44,7%
Under five wasting	8,4%
Under five over weight	11,4%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	15,8%
6-23 months with Minimum Diet Diversity	32,1%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	60,5%
Vitamin A supplementation (6-59 months)	99,0%
Households Consuming Adequately Iodized Salt	59,5%
Women's Empowerment	
Female literacy	27,9%
Female employment rate	67,1%
Median age at first marriage	18,6
Access to skilled birth attendant	77,7%
Women who have first birth before age 18	21,4%
Fertility rate	5,3
Other Nutrition-relevant indicators	
Rate of urbanization	41,19%
Income share held by lowest 20%	6,99%
Calories per capita per day (kcal/capita/day)	2.503,3
Energy from non-staples in supply	22,20%
Iron availability from animal products (mg/capita/day)	1,0
Access to Improved Sanitation Facilities	15,1%
Open defecation	65,0%
Access to Improved Drinking Water Sources	76,8%
Access to Piped Water on Premises	76,8%
Surface Water as Drinking Water Source	3,7%
GDP per capita (current US$, 2013)	805,00
Exports-Agr Products per capita (current US$, 2012)	3,01
Imports-Agr Products per capita (current US$,2012)	2,72









Bringing people together into a shared space for action

The National Food and Nutrition Council (FNC), attached to the Presidency of the Republic, is a multi-sector and multi-stakeholder platform for strengthening nutrition. It is operational and has a permanent secretariat, which is its executive arm. The private sector participates in the FNC through the Chamber of Commerce and Industry, but the addition of sectors related to the processing of agricultural products would strengthen it. The UN network works but could be enlarged and the donor network would benefit from a broader and more operational platform. Creating a Network of Parliamentarians on nutrition seems certain.

Coordination meetings are held regularly for the purpose of exchanging information, knowledge, experience and influencing policy. Monitoring the implementation of deliberations and a better reproduction of discussions in the original member organizations would improve its impact.

A framework for municipal consultation on nutrition, like FNC, is planned and placed under the responsibility of the Mayor.

Ensuring a coherent policy and legal framework

The departments concerned have incorporated nutrition into their activities.

The Food and Nutrition Strategic Development Plan (FNSDP) defines the specific approaches that are sensitive to nutrition in the short and long term and the harmonization of sector policies has begun. Its integration with the Poverty Reduction Strategy Paper (PRSP 2011 - 2015) is under way. All efforts should continue to disseminate these policies from here on.

National legislation on nutrition is comprehensive and includes laws on food fortification, regulation of marketing of breast-milk substitutes and maternity protection.

A strategy for advocacy, communication and social mobilization (ACSM) was developed and harmonized with the national nutrition plan.

Aligning actions around a Common Results Framework

The FNSDP is implemented through the Results-Based National Food and Nutrition Program (RBNFNP), the Community Nutrition Project (CNP) and the Multi-sector Food, Health and Nutrition Project (MFHNP). A growing number of technical ministries align their programs with the FNSDP.

The RBNFNP includes a common results framework for all stakeholders and also has a framework for implementation.

The government is committed to implementing a unified, multi-sector monitoring and evaluation plan at the decentralized level to establish a baseline for measuring progress and incorporating nutrition indicators in sector plans.

The results of the Demographic and Health Survey (DHS) have been released and the results of the Multiple Indicator Cluster Survey (MICS) are being distributed.

Financial Tracking and resource mobilization

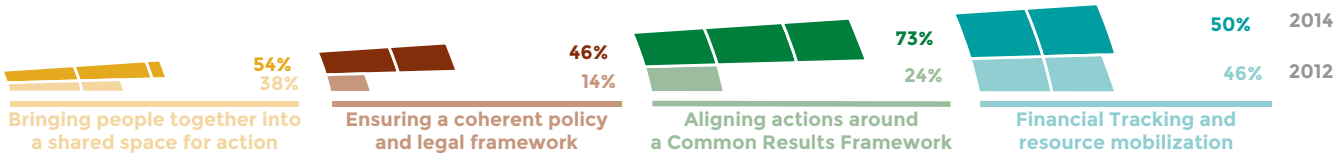
The evaluation of the costs of the MFHNP (14 billion CFA francs) and the RBNFNP is complete. The evaluation of the resources used by the sectors for nutrition is not yet exhaustive and does not include investment from the private sector, which does not enable the funding gaps to be estimated.

Benin is committed to developing a resource mobilization strategy to implement these policies given that the current financial strategies will not suffice to scale up the actions identified. The organization of a round table with the donors is one of the paths under consideration. A budget line for nutrition has been created in the state budget and dedicated funding has increased, as illustrated by the doubling of the budget of the FNC.

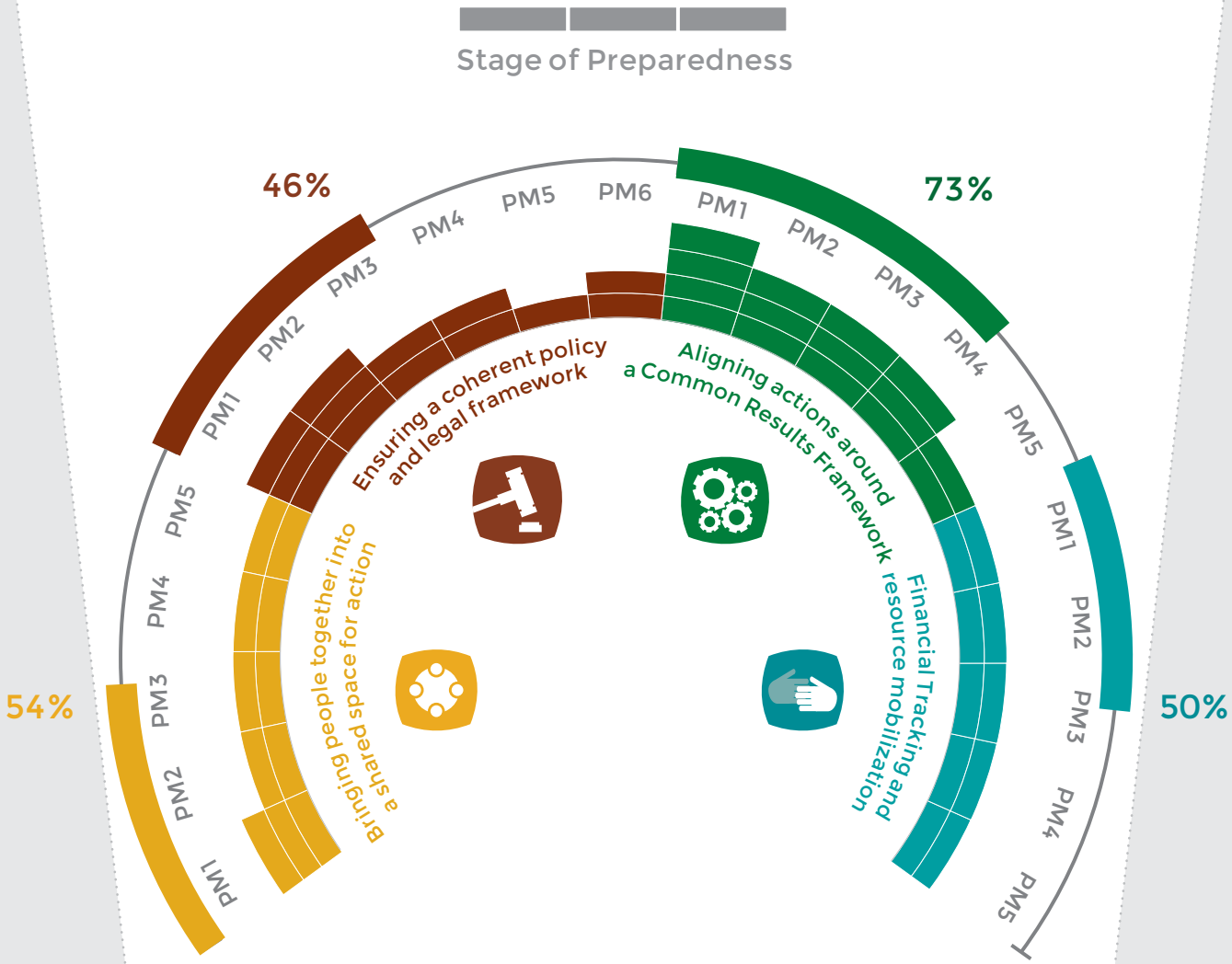
[1] Information in self assessment 'contradicts' country fiche 2013.

Progress Across Four SUN Processes
Benin

2012[1] and 2014[2] Scoring of Progress Markers



2014 Dashboard for Progress Markers



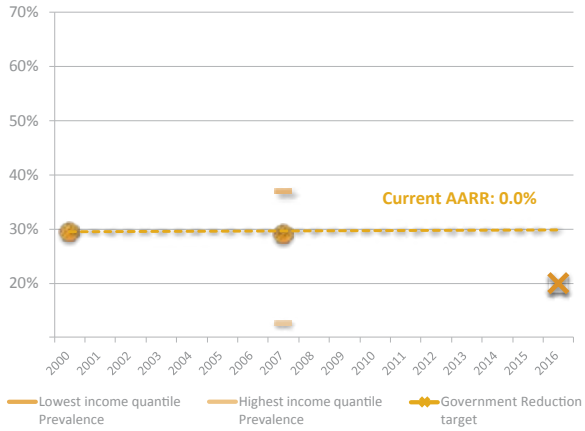
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

Namibia

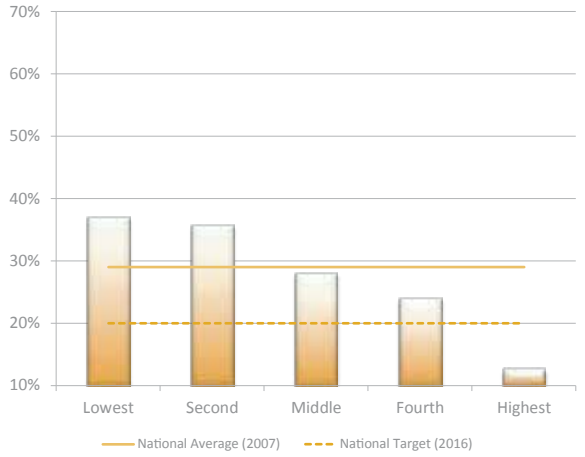
Joined: September 2011

Demographic data	
National Population (million, 2010)	2,2
Children under 5 (million, 2010)	0,3
Adolescent Girls (15-19)(million, 2010)	0,10
Average Number of Births (million, 2010)	0,06
Population growth rate (2010)	1,45%
WHA nutrition target indicators (DHS 2006-2007)	
Low-birth weight	14,0%
0-5 months Exclusive Breastfeeding	23,9%
Under five stunting	29,6%
Under five wasting	7,5%
Under five over weight	4,6%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	70,4%
Vitamin A supplementation (6-59 months)	46,0%
Households Consuming Adequately Iodized Salt	62,9%
Women's Empowerment	
Female literacy	90,9%
Female employment rate	36,5%
Median age at first marriage	29,1
Access to skilled birth attendant	81,4%
Women who have first birth before age 18	15,4%
Fertility rate	3,4
Other Nutrition-relevant indicators	
Rate of urbanization	39,61%
Income share held by lowest 20%	3,15%
Calories per capita per day (kcal/capita/day)	2.254,7
Energy from non-staples in supply	36,37%
Iron availability from animal products (mg/capita/day)	-
Access to Improved Sanitation Facilities	32,9%
Open defecation	53,4%
Access to Improved Drinking Water Sources	86,4%
Access to Piped Water on Premises	-
Surface Water as Drinking Water Source	7,3%
GDP per capita (current US$, 2013)	5.462,00
Exports-Agr Products per capita (current US$, 2012)	15,27
Imports-Agr Products per capita (current US$,2012)	6,73

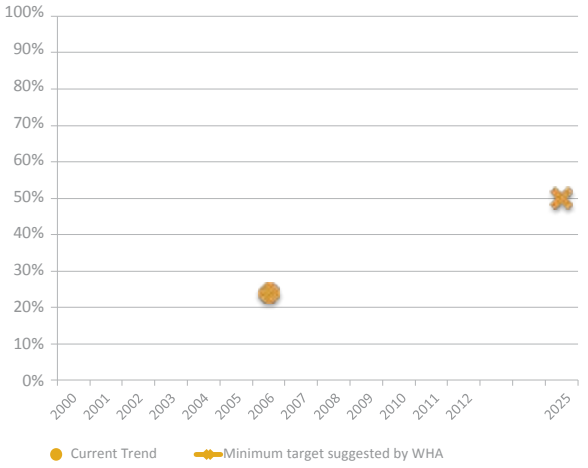
Stunting Reduction Trend and Target



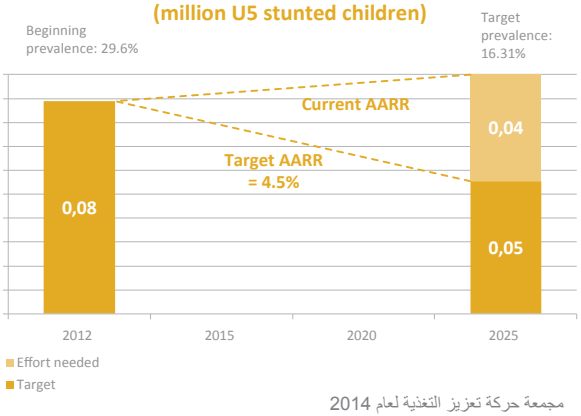
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million U5 stunted children)



Bringing people together into a shared space for action

The Office of the Prime Minister (OPM) convenes the Namibian Alliance for Improved Nutrition (NAFIN). NAFIN meets regularly, but formal structures need to be established and the involvement of line ministries (beyond the health sector) could be improved. Two technical working groups, accountable to NAFIN, have been created with their own terms of reference.

UN members active in NAFIN include UNICEF, WHO, WFP, UNESCO, FAO and UNDP. The Donor Convener is UNICEF. 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 and the Namibian Millers Association.

Stakeholder engagement in nutrition is considered to be strong but the monitoring through NAFIN has yet to take place, except for regular reporting from the Health & Education sectors.

Ensuring a coherent policy and legal framework

Nutrition is a key priority and highlighted in the National Development Plan 4 (NDP4). Coordination and harmonisation from health sector into policy and legal framework takes place, other sectors are less aligned and need to coordinate. Additional legal guidelines, frameworks and Standard Operating Procedures (SOPs) need to be established.

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. Namibia has a number of policies on nutrition though some are out-dated.

Nutrition Landscape Analysis (LSA), strategic plans, SUN CIP exists.

Aligning actions around a Common Results Framework

The Country Implementation Plan (2013-2016) developed with support from UN REACH includes a results matrix and a dashboard of indicators to monitor SUN progress and is 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.

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. Nutrition-sensitive programs are in place and are led by sectoral ministries, including agriculture, social protection, education, and water and sanitation. However they need better alignment.

Next steps are to take SUN CIP to parliament to mobilise resources, to advocate for nutrition-specific and nutrition-sensitive interventions and for the sustainable institutionalization of NAFIN in the Office of the Prime Minister.

Financial Tracking and resource mobilization

The costing of the CIP was carried out with support from the World Bank and UNICEF.

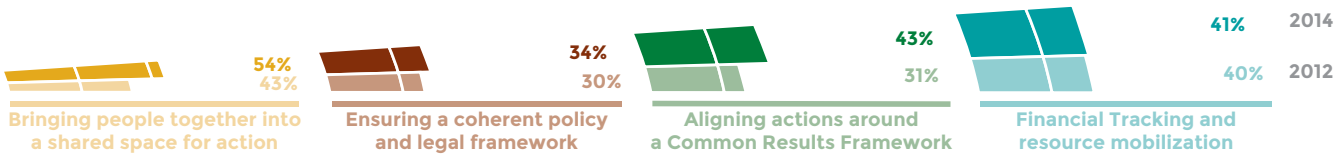
The Ministry of Finance is providing NAFIN with N$ 200,000 per year (about USD 24,000) for a period of 4 years (2011-2014). The government's financial system have not established a separate nutrition budget lines but the government reports on nutrition-specific expenditure.

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 as there is no system in place to track contributions by government sectors and external partners.

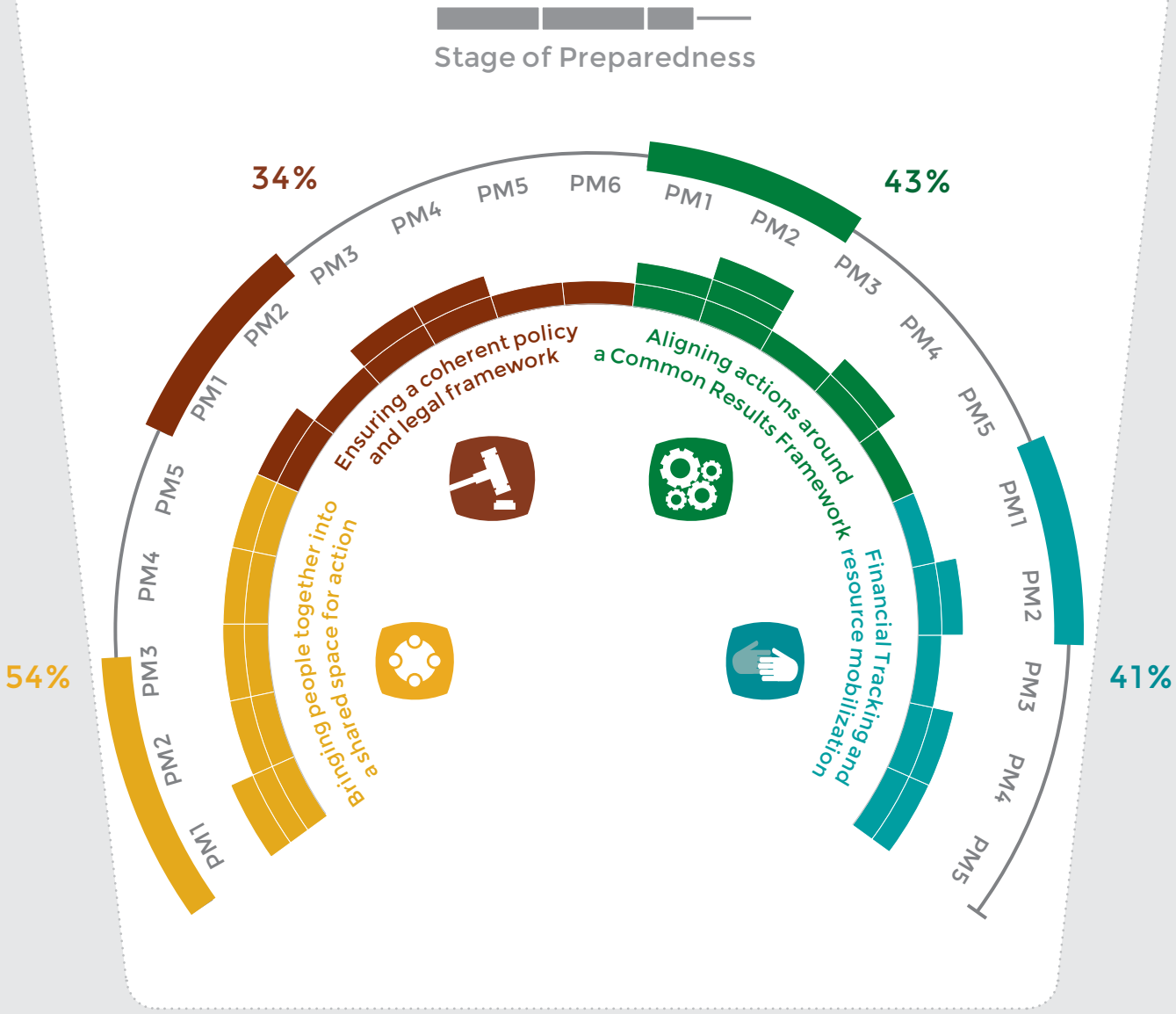
Medium term strategic financial planning is available in the Medium Term Expenditure Framework (MTEF) budget, a planning for next 3 years.

Progress Across Four SUN Processes
Namibia

2012[1] and 2014[2] Scoring of Progress Markers

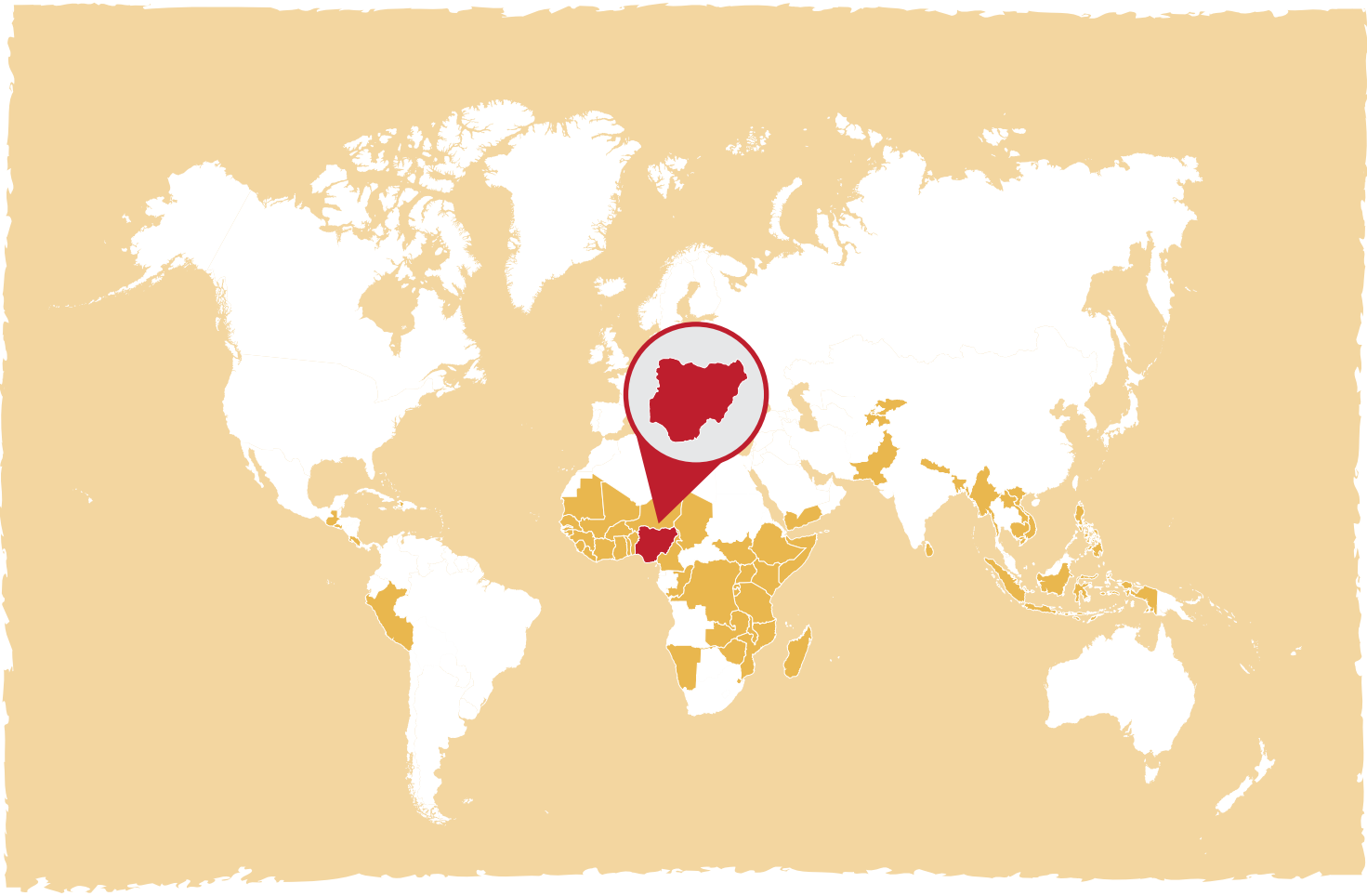


2014 Dashboard for Progress Markers



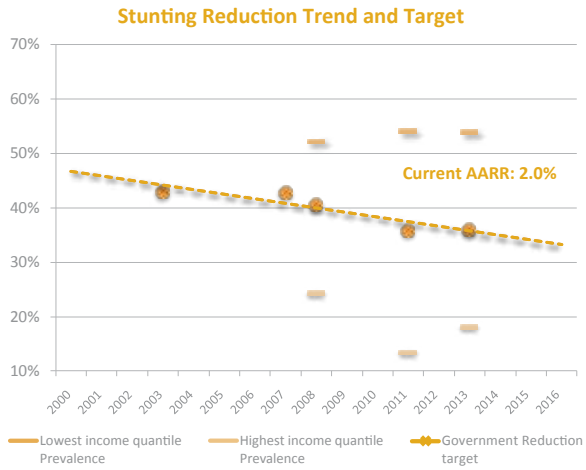
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

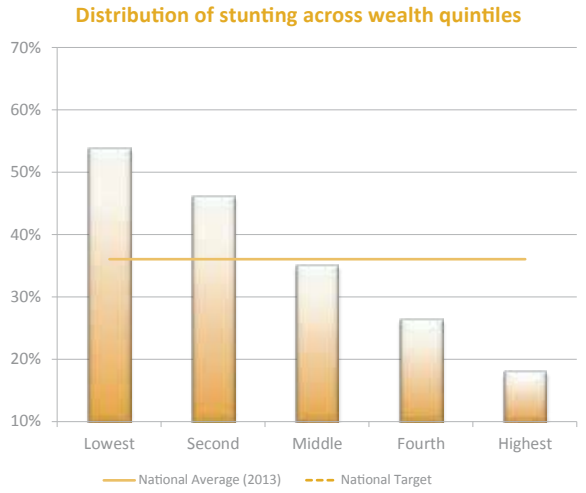
Nigeria

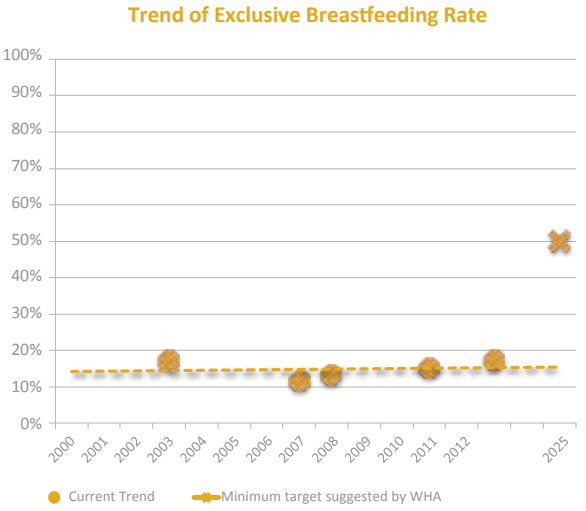


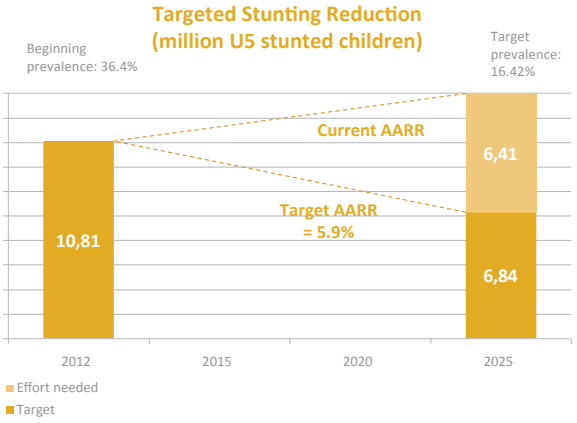
Joined: November 2011

Demographic data	
National Population (million, 2010)	159,7
Children under 5 (million, 2010)	28,0
Adolescent Girls (15-19)(million, 2010)	8,00
Average Number of Births (million, 2010)	6,30
Population growth rate (2010)	2,69%
WHA nutrition target indicators (DHS 2013)	
Low-birth weight	8,1%
0-5 months Exclusive Breastfeeding	17,4%
Under five stunting	36,4%
Under five wasting	18,1%
Under five over weight	4,9%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	10,2%
6-23 months with Minimum Diet Diversity	19,3%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	2,3%
Pregnant Women Attending 4 or more Antenatal Care Visits	51,1%
Vitamin A supplementation (6-59 months)	78,0%
Households Consuming Adequately Iodized Salt	-
Women's Empowerment	
Female literacy	53,1%
Female employment rate	63,4%
Median age at first marriage	18,3
Access to skilled birth attendant	38,1%
Women who have first birth before age 18	22,5%
Fertility rate	5,5
Other Nutrition-relevant indicators	
Rate of urbanization	48,61%
Income share held by lowest 20%	5,89%
Calories per capita per day (kcal/capita/day)	2.691,7
Energy from non-staples in supply	29,76%
Iron availability from animal products (mg/capita/day)	1,0
Access to Improved Sanitation Facilities	34,0%
Open defecation	28,7%
Access to Improved Drinking Water Sources	59,6%
Access to Piped Water on Premises	2,9%
Surface Water as Drinking Water Source	13,9%
GDP per capita (current US$, 2013)	3.010,00
Exports-Agr Products per capita (current US$, 2012)	0,05
Imports-Agr Products per capita (current US$,2012)	0,07









Bringing people together into a shared space for action

The Nutrition Division, located in the Federal Ministry of Health, is the current convening Government body responsible for scaling up nutrition by which the appointed FP and its technical FP, bring together various government ministries and departments including the Ministries of Health, Education, Agriculture, Women Affairs, Finance, Information, Science and Technology, and Water Resources and the Planning Commission. However, it is has been recognised that regular meetings and a better internal coordination can lead to more accountability and engagement.

Government officials are also engaged through the Nutrition Partners Forum, which meets with external partners including national and international NGOs, United Nations agencies, donors, businesses and the media, private sector actors, to discuss strategy development and undertake decisions relating to funding and also to nutrition emergencies.

A National Committee on Food and Nutrition, convened by the National Planning Commission, is being reactivated and strengthened to assess and enhance various policies on food and nutrition and to plan for related national programmes.

DFID and UNICEF act as donor conveners. The UN agencies have a coordinating mechanism and donors do have a coordination plan. The Civil Society Convener for the SUN CSO Alliance is Save the Children. The Private Sector has its own business platform – the Chamber of Commerce – and engages in scaling up nutrition through the National Fortification Alliance.

Ensuring a coherent policy and legal framework

The analysis of the nutritional context and the stock taking of existing policies and regulations have enabled to update policies in nutrition-related areas such as agriculture, food security and public health.

Nigeria has updated its Infant and Youth Child Feeding Policy and the Micronutrient Deficiency Control Guidelines and is currently advocating for its implementation. There are significant provisions for the implementation of the International Code of Marketing of Breast Milk Substitutes in the law. 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.

Nutrition-sensitive policies and strategies cover key sectors and National ministerial guidelines that support mainstreaming nutrition in sectors exist, though proper coordination of nutrition policies and regulations should be strengthened.

A Societal Mobilization, Advocacy and Communication (SMAC) strategy has been developed and aligned with the national nutrition plan.

Aligning actions around a Common Results Framework

The Government of Nigeria has updated its National Plan of Action on Food and Nutrition which dated back to 2004. The document is fully supported by the Government and the line ministries but has not yet being circulated to a wider group of stakeholders. The plan is based on the agreed upon common results and includes a Monitoring and Evaluation framework.

The existing nutrition interventions will need to be aligned with this plan. Efforts are currently ongoing to increase the coverage of specific nutrition interventions including CMAM. In addition, the Ministry of Agriculture is promoting the production of high-energy food and food fortification with the engagement of local enterprises.

Implementation is starting to be tracked and sectors and ministries have different mechanisms for regular tracking.

Financial Tracking and resource mobilization

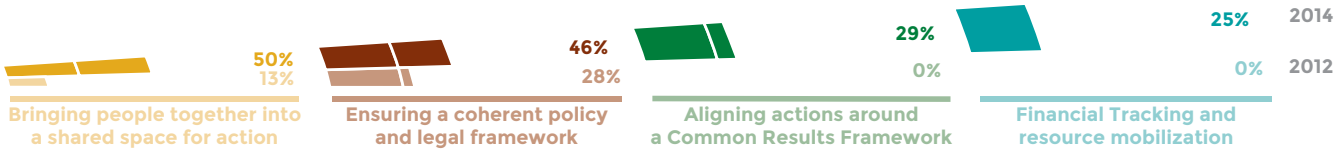
The national budget is mapped and currently there are ongoing efforts of a budget line specifically for nutrition in line ministries at national and state levels.
The establishment of the financial tracking system is a priority in order to identify the funding gaps for scaling up nutrition interventions.

The UN and the CSO report that they regularly assess the financial feasibility of their own plan and track and account for spending. However, there is no overall mechanism to track financial contributions to nutrition.

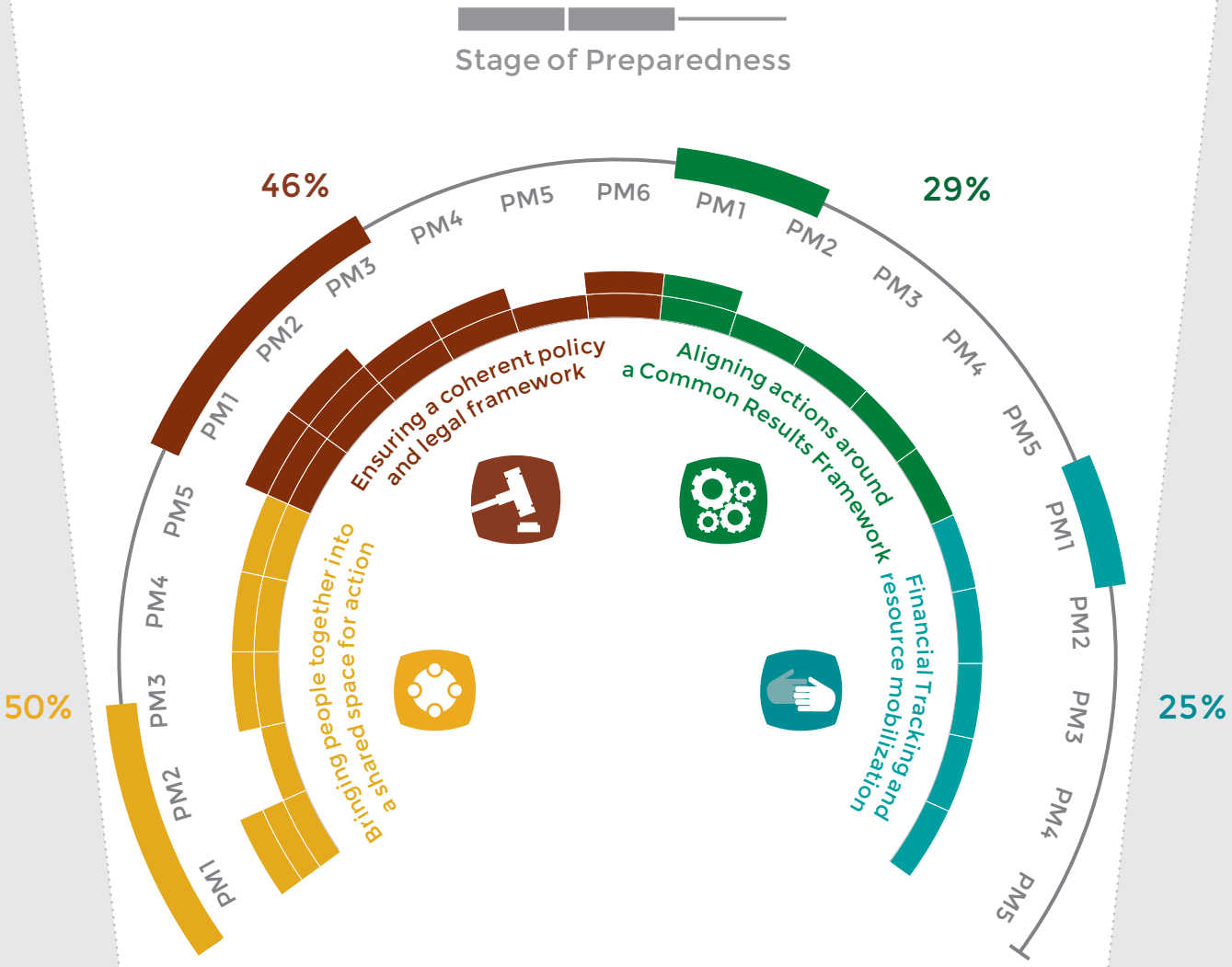
A sustainable funding strategy to support national plans is needed.

Progress Across Four SUN Processes
Nigeria

2012[1] and 2014[2] Scoring of Progress Markers

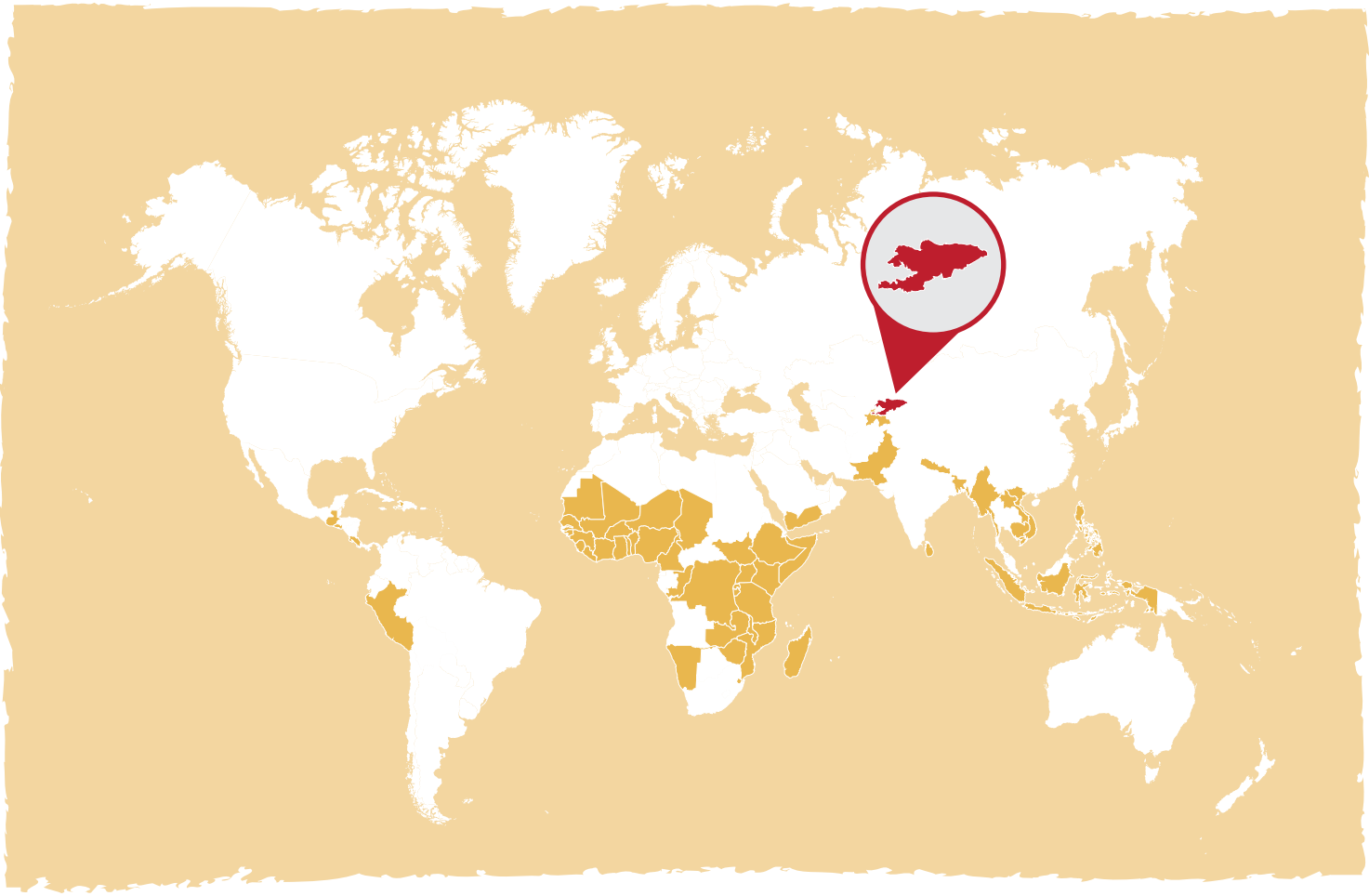


2014 Dashboard for Progress Markers



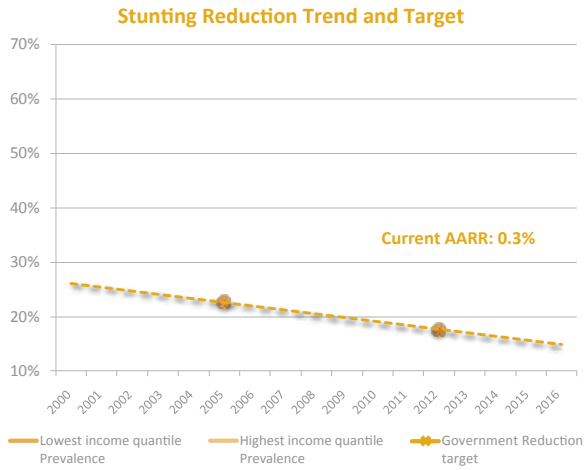
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

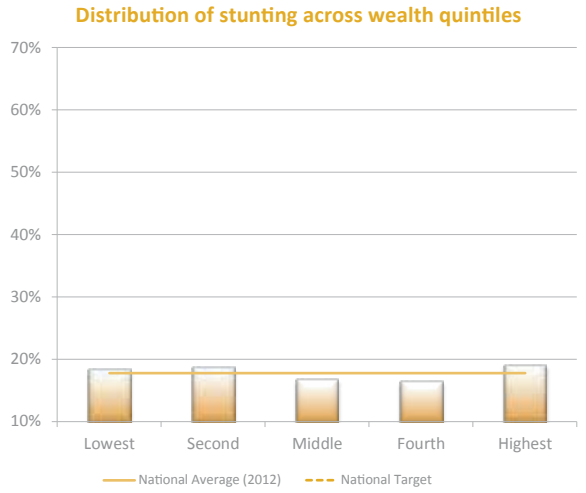
Kyrgyzstan

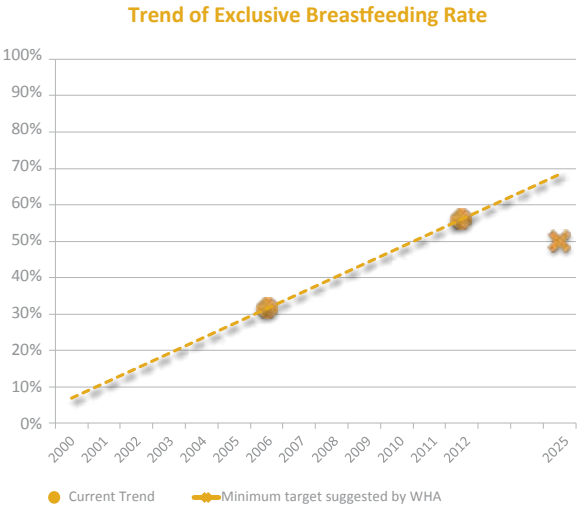


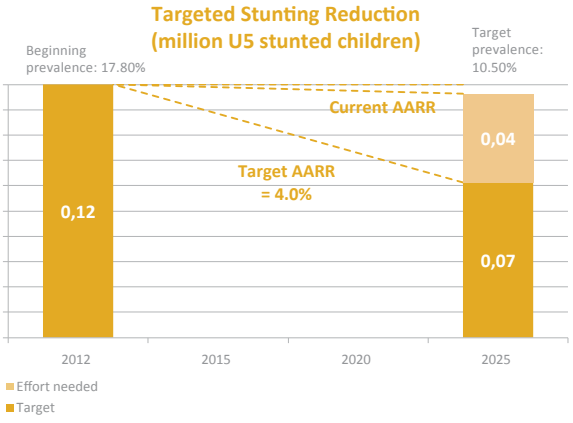
Joined: December 2011

Demographic data	
National Population (million, 2010)	5,3
Children under 5 (million, 2010)	0,6
Adolescent Girls (15-19)(million, 2010)	0,30
Average Number of Births (million, 2010)	0,12
Population growth rate (2010)	1,13%
WHA nutrition target indicators (DHS 2012)	
Low-birth weight	5,3%
0-5 months Exclusive Breastfeeding	56,1%
Under five stunting	17,8%
Under five wasting	2,8%
Under five over weight	9,0%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	16,2%
6-23 months with Minimum Diet Diversity	44,0%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	83,6%
Vitamin A supplementation (6-59 months)	-
Households Consuming Adequately Iodized Salt	96,6%
Women's Empowerment	
Female literacy	99,9%
Female employment rate	50,3%
Median age at first marriage	20,6
Access to skilled birth attendant	97,6%
Women who have first birth before age 18	6,3%
Fertility rate	3,6
Other Nutrition-relevant indicators	
Rate of urbanization	35,30%
Income share held by lowest 20%	7,68%
Calories per capita per day (kcal/capita/day)	2.212,0
Energy from non-staples in supply	13,00%
Iron availability from animal products (mg/capita/day)	-
Access to Improved Sanitation Facilities	95,1%
Open defecation	0,1%
Access to Improved Drinking Water Sources	85,9%
Access to Piped Water on Premises	25,5%
Surface Water as Drinking Water Source	10,1%
GDP per capita (current US$, 2013)	1.263,00
Exports-Agr Products per capita (current US$, 2012)	2,66
Imports-Agr Products per capita (current US$,2012)	3,02









Bringing people together into a shared space for action

The Kyrgyz Republic has government commitment for nutrition at the highest level and The Deputy Health Minister has been nominated as the SUN Government Focal Point. With the Vice President support, the Kyrgyz Republic is planning to establish the Food Security Council, which will be the convening body for nutrition.

Many organizations are currently working to improve nutrition amongst the population (Ministry of Health, Ministry of Agriculture and Melioration, Kyrgyz Association of Salt Producers, and Association of Millers, , Association of Village Health Committees, National Centre on Mother and Child Health and etc.), but a multi-stakeholder platform is yet to be established. Development partners including donors, UN Agencies and businesses are not fully engaged. Regulations for the Civil Society Alliance are being developed and more than 60 NGOs have expressed an interest to participate to the SUN Movement.

The establishment of the Multi-Stakeholder Platform is identified as an action point in the Food Security and Nutrition Program (2014-2017) that is being developed.

Ensuring a coherent policy and legal framework

There are a number of updated policies and strategies that cover key sectors like agriculture, poverty reduction and development and social protection. A full analysis of existing legislation and nutrition programs is ongoing, but has not been finalised yet. Additions and amendments to the Flour Fortification Law is underway.

The Food Security and Nutrition Program has been developed under Prime Minister office and and the Ministry of Agriculture and Melioration and Ministry of Health have prioritized nutrition in their policies and programs. A comprehensive Food Security and Nutrition Program, including food security, social protection issues and improvement of nutrition is being finalized.

Aligning actions around a Common Results Framework

The Food Security and Nutrition program includes a Common Results Framework outlining the responsibilities of all parties involved. All sectors do implement their policies in accordance with international standards. For example, the Ministry of Health is already implementing several nutrition-specific interventions including promotion of exclusive breastfeeding for children under 6 months, nutrition for pregnant and lactating women, salt iodization promoted through village health committees, and the fortification of flour. Legislations are available but are not implemented effectively.

Despite the existence of an action plan in the Food Security and Nutrition Program, there is no single mechanism to plan, monitor and evaluate the state budget. Nutrition issues are addressed in various programs but are not being monitored at a central level.

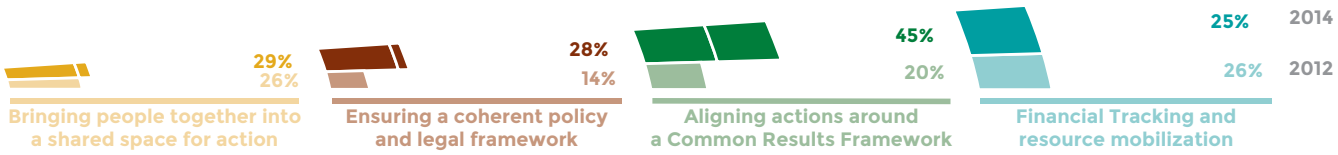
Financial Tracking and resource mobilization

Food Security and Nutrition Programs are developed and considered as Road map 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.

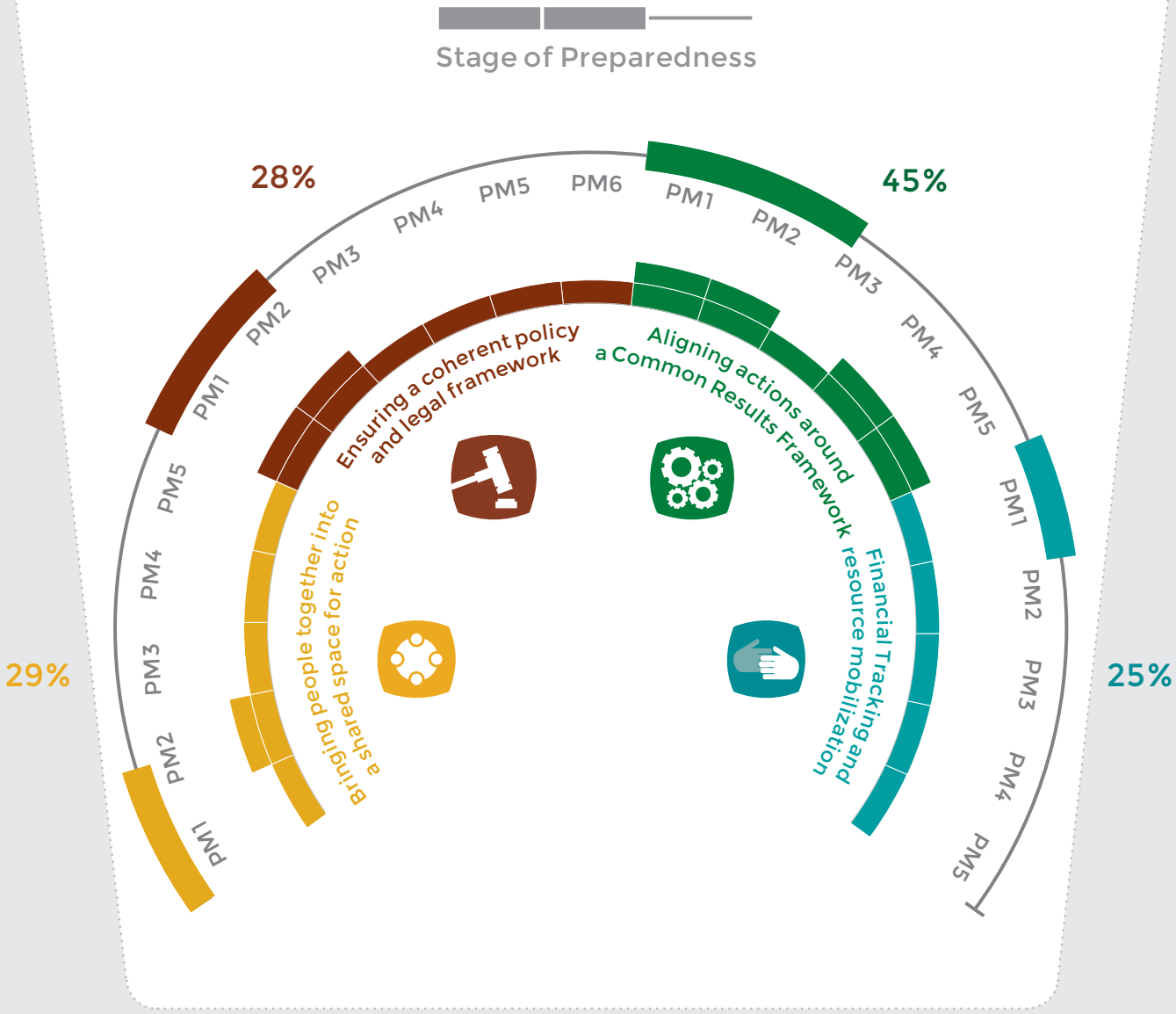
Food Security and Nutrition program conducted costing of priority intervention, including nutrition specific and nutrition sensitive, for 2014-2017 period. Action plan with clear division of responsibilities of key actors and M&E plan is being developed and agreed .The total budget of the program is over 15 million USD, out of which 9 million USD is fully covered by State and Donors and around 6 million USD is identified as funding gap.

Progress Across Four SUN Processes
Kyrgyzstan

2012[1] and 2014[2] Scoring of Progress Markers

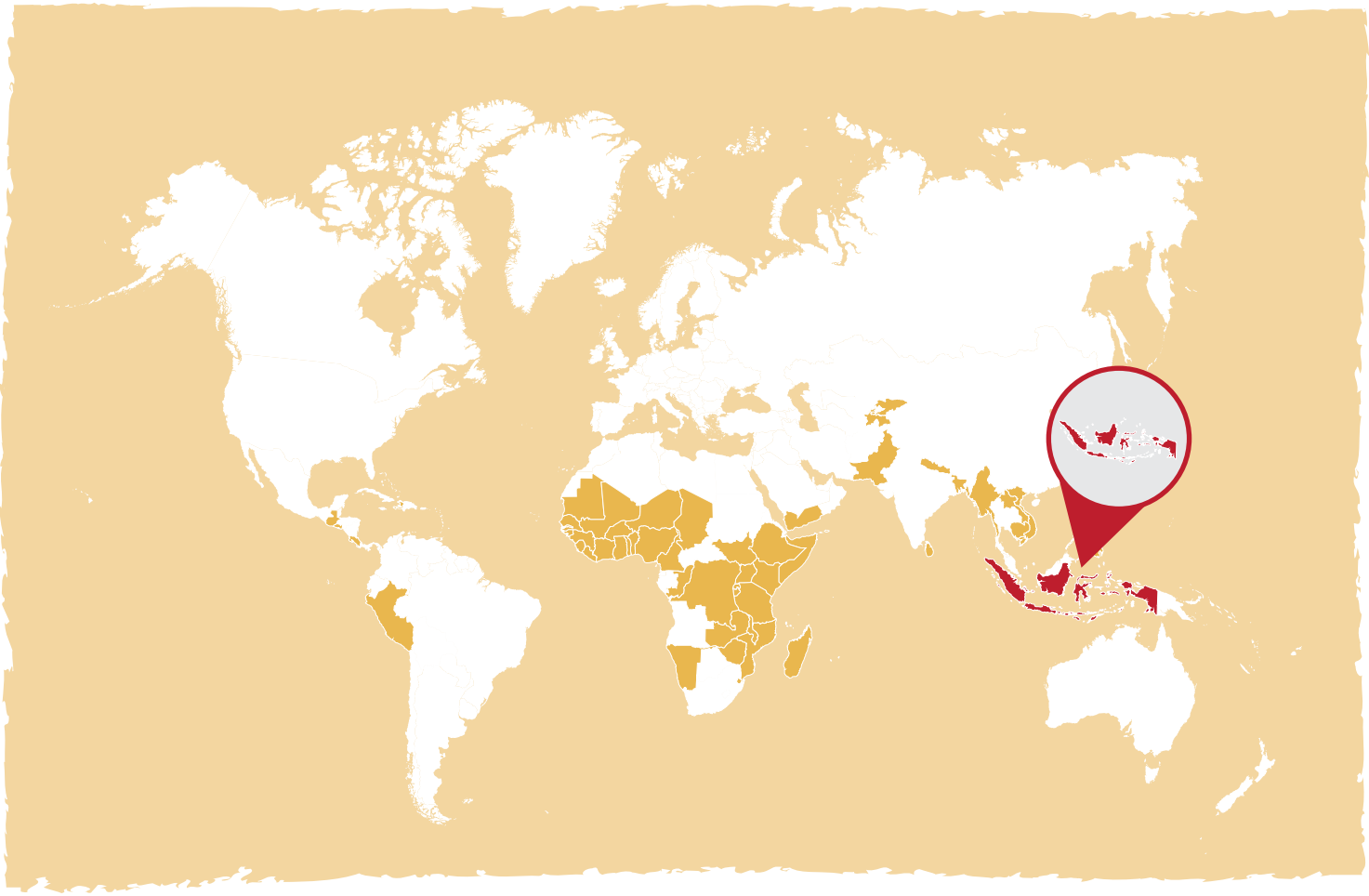


2014 Dashboard for Progress Markers



[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

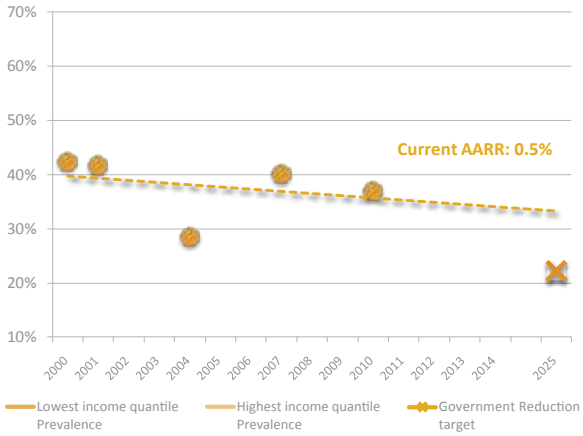
Indonesia



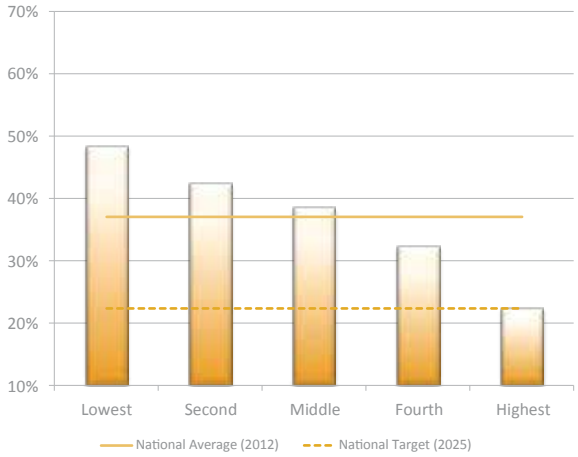
Joined: December 2011

Demographic data	
National Population (million, 2010)	240,7
Children under 5 (million, 2010)	25,1
Adolescent Girls (15-19)(million, 2010)	10,20
Average Number of Births (million, 2010)	4,90
Population growth rate (2010)	1,39%
WHA nutrition target indicators (National report on basic health research, RISKESDAS, 2013)	
Low-birth weight	7,3%
0-5 months Exclusive Breastfeeding	41,5%
Under five stunting	36,4%
Under five wasting	13,5%
Under five over weight	11,5%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	36,6%
6-23 months with Minimum Diet Diversity	58,2%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	81,5%
Vitamin A supplementation (6-59 months)	73,0%
Households Consuming Adequately Iodized Salt	62,0%
Women's Empowerment	
Female literacy	87,4%
Female employment rate	46,8%
Median age at first marriage	19,8
Access to skilled birth attendant	79,0%
Women who have first birth before age 18	8,5%
Fertility rate	2,5
Other Nutrition-relevant indicators	
Rate of urbanization	49,76%
Income share held by lowest 20%	7,27%
Calories per capita per day (kcal/capita/day)	2.497,5
Energy from non-staples in supply	32,68%
Iron availability from animal products (mg/capita/day)	1,7
Access to Improved Sanitation Facilities	69,2%
Open defecation	23,0%
Access to Improved Drinking Water Sources	74,4%
Access to Piped Water on Premises	9,5%
Surface Water as Drinking Water Source	15,3%
GDP per capita (current US$, 2013)	3.475,00
Exports-Agr Products per capita (current US$, 2012)	0,10
Imports-Agr Products per capita (current US$,2012)	0,05

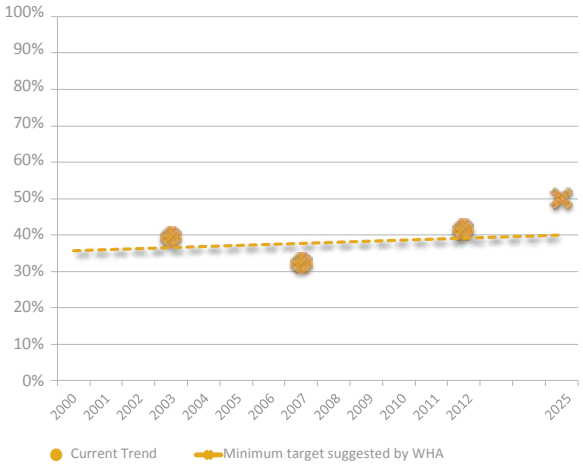
Stunting Reduction Trend and Target



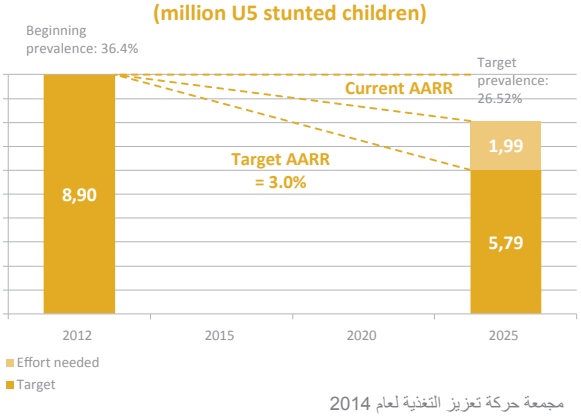
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million U5 stunted children)



Bringing people together into a shared space for action

In September 2012, Indonesia launched its policy framework for the SUN Movement. Four ministers for the ministries of People's Welfare, Development and Planning, Health, Women's Empowerment and Child Protection, launched the "First 1,000 Days of Life Movement". They set reduction targets for 2025 in child chronic and acute malnutrition, anemia in women, Low birth weight babies, childhood obesity and augmentation of exclusive breastfeeding. The Presidential Decree 42 signed in May 2013 led to the launch of the SUN Movement in October 2013 and the establishment of a multi-stakeholder high-level Task Force under the Ministry for People's Welfare which acts as the convening body for 13 ministries and UN agencies. The Task Force reports to the President. Priorities are to strengthen the engagement of its members and the development of sub-national level mechanisms. It is assisted by a technical team, six thematic working groups and advised by an expert group. A SUN Secretariat has been set up and is operative.

The UN agencies have formed the UN Country Network on Nutrition and may seek to expand membership to include donors). A donor convener is yet to be confirmed. Civil society organisations meet through the Nutrition Forum which gathers NGOs, academia, and professional organisations. The Business network is established, represented in the relevant working groups and it implements nutrition activities under the Company-Community Partnership for Health in Indonesia (CCPHI).

Ensuring a coherent policy and legal framework

Indonesia has had nutrition-specific policies and strategies. The national Medium Term Development Plan (2015-2019) accommodates nutrition policy as cross sectors issue in health, education, family planning, gender, wash and will appear in the next plan. UNPDF (UN Partnership for Development Framework) places nutrition as a priority in Indonesia. National legislation provides a coherent framework for multi-sectoral action in nutrition with relevant dispositions in food laws (food safety, food quality, food labelling and advertisement). Food Law No. 18 / 2012 mandates that nutrition outcomes should be considered I the policy and programmes on food and security. The Government Regulation 33/2012 endorses the International Code of Marketing of Breast-milk Substitutes, and others on Exclusive Breastfeeding, flour fortification, salt iodization, oil fortification with vitamin A.

Rice fortification is under preparation. The communication and advocacy strategy on the first 1,000 Days is almost finalized. Efforts are also focusing on the amelioration of information dissemination.

Aligning actions around a Common Results Framework

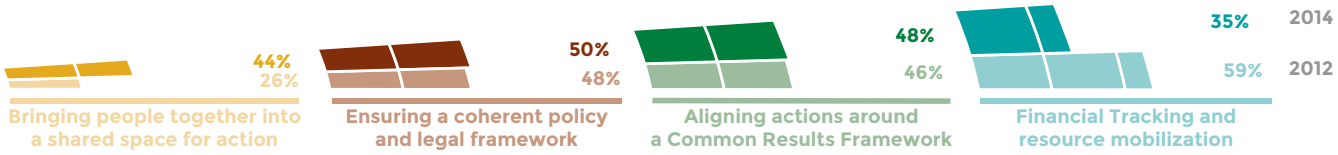
The National Food and Nutrition Action Plan (2011-2015) is the CRF. A harmonization process is being carried out to align the indicators and targets in the plan and the SUN Policy Framework. Implementation of this plan has started in some provinces and at districts level. Emphasis is placed on the implementation of specific evidence-based nutrition interventions including: promotion of maternal, infant and young child feeding, improvement of micronutrient intake through supplementation, food fortification and management of severe acute malnutrition. Development partners are working to harmonise their programs in line with priority interventions. They are bringing in technical assistance in support of the 1,000 Days Movement. Community-based nutrition programs, fortification schemes and nutrition-sensitive social protection initiatives complement the CRF.

Financial Tracking and resource mobilization

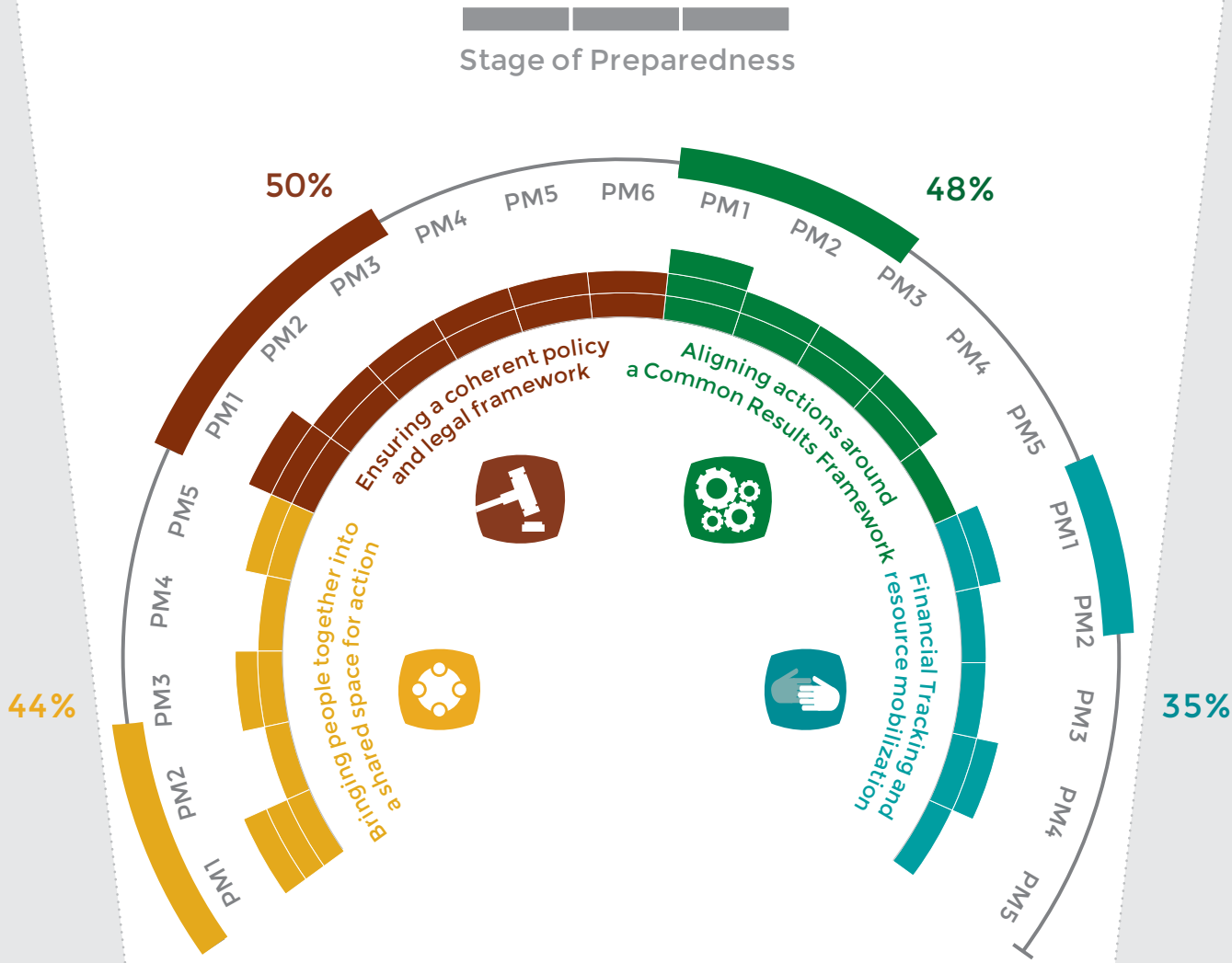
Considering its stage of advancement in the other processes and the tools available in costing and tracking, the Indonesian MSP feels there is still much more it can do in these fields. The country's costed plan was shared with the SUN Secretariat which facilitated a visit by a team of experts to review it, targeting of financial feasibility still needs to be improved. Guidelines for budgeting are being finalised and allocations for nutrition have been identified, coming from several ministries. Some local government allocated resources and mobilized some from the private sector.

Progress Across Four SUN Processes
Indonesia

2012[1] and 2014[2] Scoring of Progress Markers

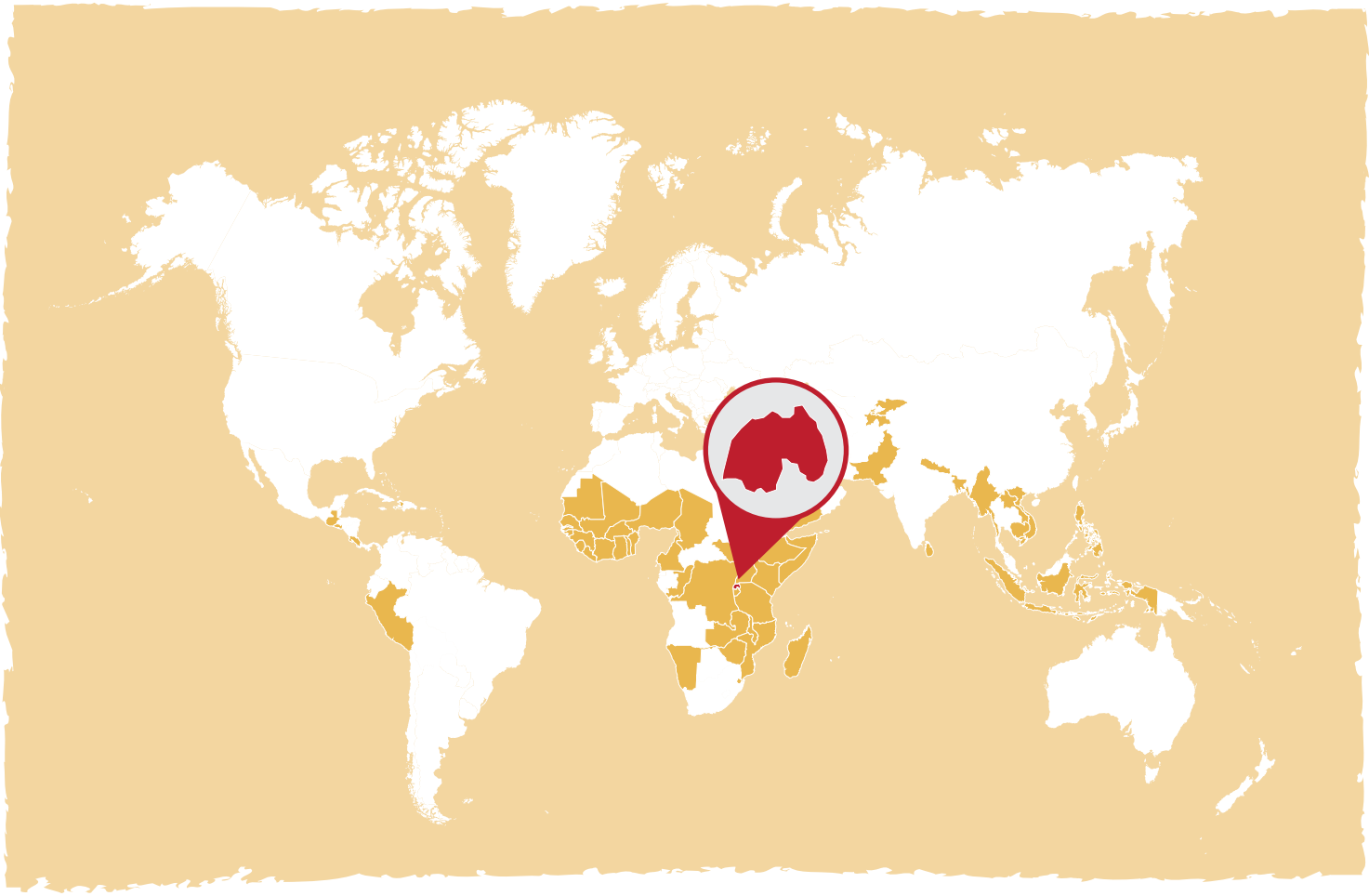


2014 Dashboard for Progress Markers



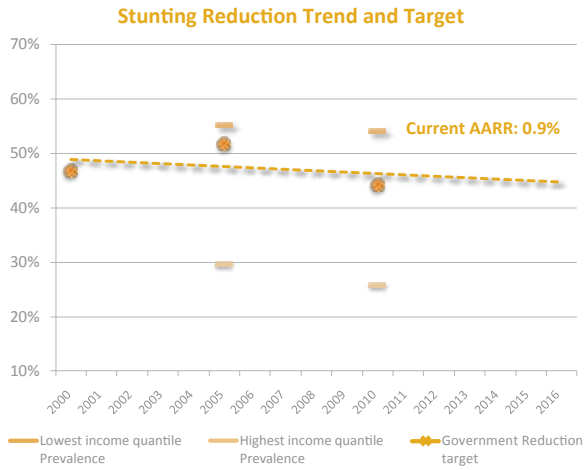
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

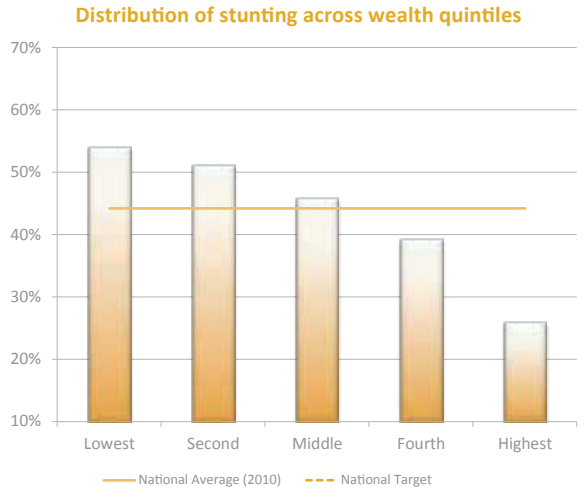
Rwanda

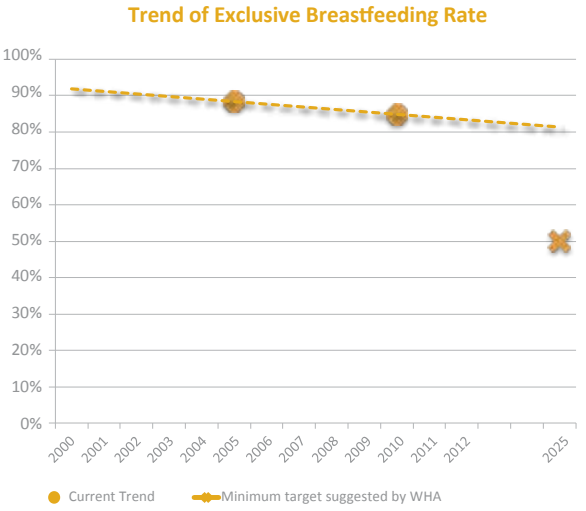


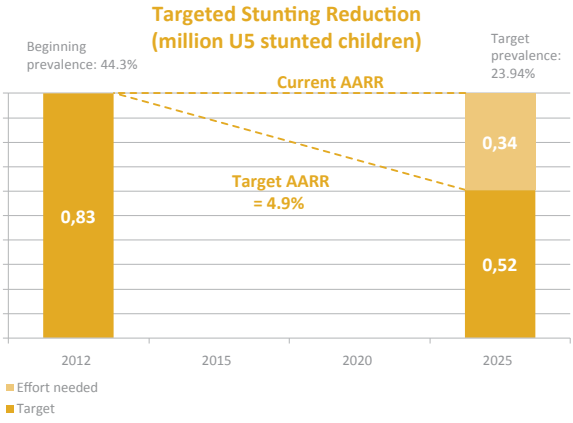
Joined: December 2011

Demographic data	
National Population (million, 2010)	10,8
Children under 5 (million, 2010)	1,8
Adolescent Girls (15-19)(million, 2010)	0,50
Average Number of Births (million, 2010)	0,40
Population growth rate (2010)	2,78%
WHA nutrition target indicators (DHS 2010)	
Low-birth weight	6,2%
0-5 months Exclusive Breastfeeding	84,9%
Under five stunting	44,3%
Under five wasting	3,0%
Under five over weight	7,1%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	16,8%
6-23 months with Minimum Diet Diversity	25,8%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	35,4%
Vitamin A supplementation (6-59 months)	3,0%
Households Consuming Adequately Iodized Salt	99,3%
Women's Empowerment	
Female literacy	76,9%
Female employment rate	86,1%
Median age at first marriage	21,4
Access to skilled birth attendant	98,0%
Women who have first birth before age 18	6,1%
Fertility rate	5,1
Other Nutrition-relevant indicators	
Rate of urbanization	18,44%
Income share held by lowest 20%	5,16%
Calories per capita per day (kcal/capita/day)	2.021,6
Energy from non-staples in supply	36,04%
Iron availability from animal products (mg/capita/day)	0,5
Access to Improved Sanitation Facilities	61,8%
Open defecation	1,1%
Access to Improved Drinking Water Sources	73,6%
Access to Piped Water on Premises	5,0%
Surface Water as Drinking Water Source	8,8%
GDP per capita (current US$, 2013)	633,00
Exports-Agr Products per capita (current US$, 2012)	3,81
Imports-Agr Products per capita (current US$,2012)	1,22









Bringing people together into a shared space for action

Rwanda is strongly committed to reducing malnutrition. Several multi-stakeholder platforms to scale up nutrition have been set up. At the national level, the **Food and Nutrition Steering Committee (SCF&NSC)** under the Prime Minister's Office is the highest level government convening body. It is co-chaired by the Ministries of Health, Agriculture, and Local Government, and provides advice and reports on nutrition and household food security. It is complemented by the National Food and Nutrition Technical Working Group (NF&NTWG), which includes participation from all partners including the Social Cluster Ministries, UN agencies, NGOs, academia, donors, and businesses. Food and Nutrition Steering Committees (DF&NSC) are planned at District level. Sector level administrations will also form Sector Food and Nutrition Steering Committees to coordinate technical assistance to communities.

REACH serves as the nutrition coordinating mechanism for UN agencies. The private sector has established the National Food Fortification Alliance, a platform which includes industries, consumer associations, academia and government ministries, and which consults mainly on food fortification. A Civil Society Alliance has been established in June 2014 with WFP as participating UN organization.

Ensuring a coherent policy and legal framework

The National Nutrition Policy (2007) and the National Strategy to Eliminate Malnutrition (2010-2013) have been updated. The new National Food and Nutrition Policy (2013) and the National Food and Nutrition Strategy (2013-2018) include nutrition specific and nutrition sensitive approaches to addressing under-nutrition.

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. Two of them are the **Strategic Plan for the Transformation of Agriculture in Rwanda Phase III Plan 2013-2017** and the **Annual Strategic Plan 2013-2014 of the Ministry of Gender**. The Ministry of Local Government has updated the Social Protection Strategy. The Health Sector Strategic Plan III (2012-2018) has also been updated. The Ministry of Agriculture has developed a costed Nutrition Action Plan (2013-2018). Other key legislations are on process for approval such as the Maternity Protection Law, Measures for the Implementation of the International Code of Marketing of Breast-milk Substitutes, and Food Fortification.

Aligning actions around a Common Results Framework

To operationalize the National Strategy to Eliminate Malnutrition, 5 key ministries (Health, Agriculture, Education, Gender, and Local Government) are putting together yearly multi-sectoral Joint Action Plans to Eliminate Malnutrition since 2012. Programs are being progressively scaled up with increasing coverage. All 30 districts have developed District Plans for the Elimination of Malnutrition (DPEM), which are currently being implemented at varying degrees. In September 2013, the government launched the "Thousand Days in the Land of a Thousand Hills" Nutrition Campaign, which calls government and partners to focus on the available, affordable and cost-effective solutions to improve nutrition during the 1,000 days window of opportunity.

The plan has an M&E element which utilizes innovative mechanisms such as rapid SMS or performance-based contracts with mayors. The rapid SMS has also been expanded to include tracking a full 1,000 days of maternal and child health post-natal and new born care services. Currently, Rwanda is working on incorporating Length for Age Measurements into Growth Monitoring and Promotion with EU support, and is using DevInfo as a monitoring tool in 22 districts.

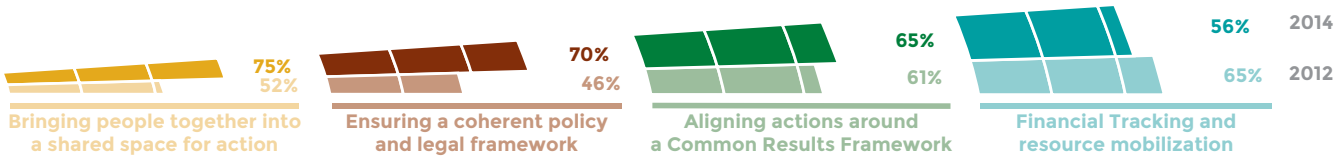
Rwanda hosted in early 2014 high level nutrition events such as the 3rd National Nutrition Summit "Promote the first 1,000 Days to Prevent Child Stunting"; the 2nd Global Conference on Bio-fortification; and the Rwanda CAADP II High Level Meeting.

Financial Tracking and resource mobilization

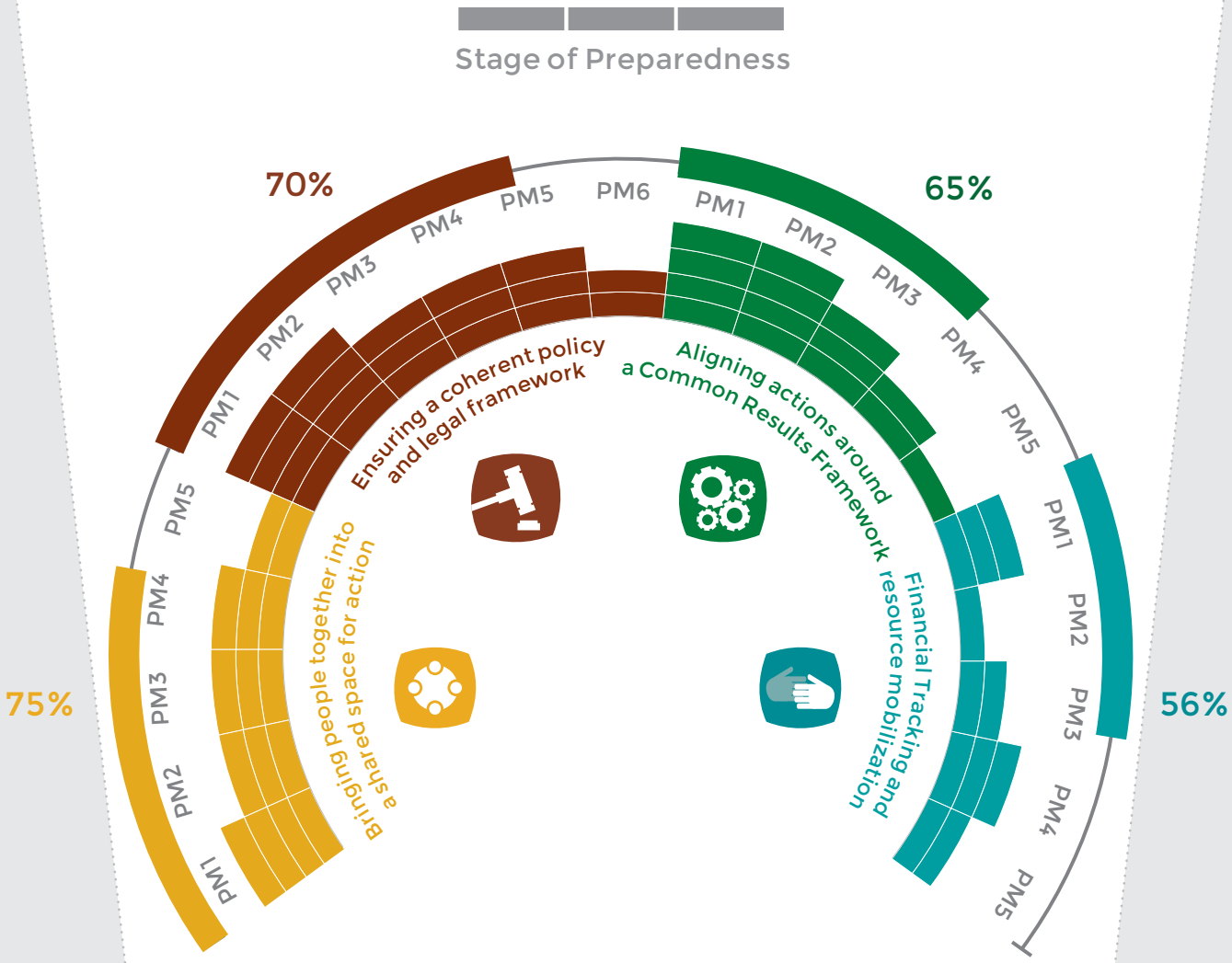
The comprehensive Joint Action Plan to Fight Malnutrition is costed on an annual basis. The Government's financial contribution has been clearly identified but more clarity on partners' contribution is needed. The Government has signed an MOU with the EU to provide USD 10 million for nutrition over the 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 also provided USD 3 million starting 2013 to support implementation of DPEM in two districts through the One UN Joint Nutrition Project. The Embassy of the Netherlands funded a nutrition programme through UNICEF starting with 10 districts in 2013 and expanded to 14 more districts in 2014. The total funding for this programme for 4 years is USD 24,724,633.

Progress Across Four SUN Processes
Rwanda

2012[1] and 2014[2] Scoring of Progress Markers



2014 Dashboard for Progress Markers

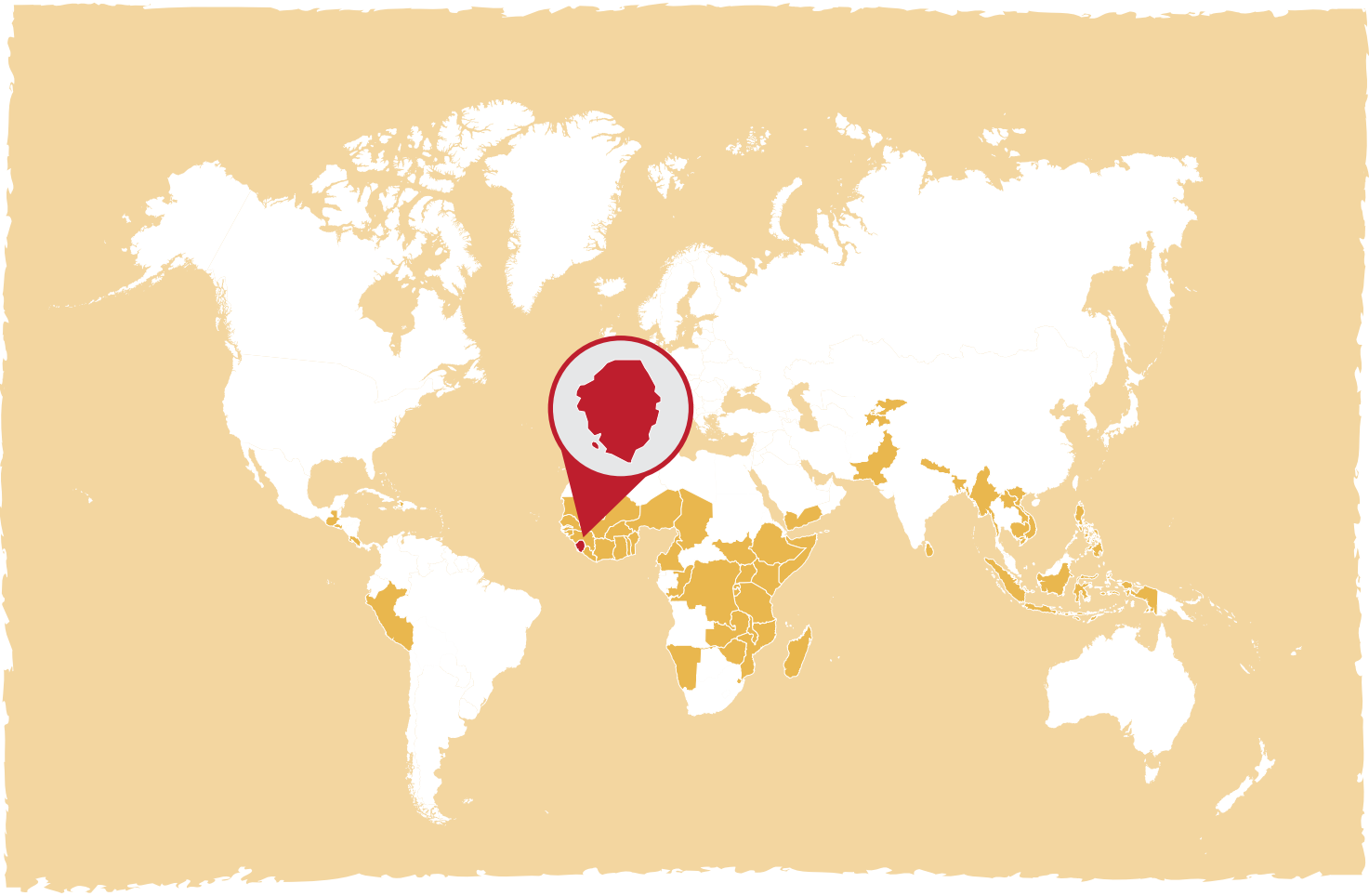


[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

الدول التي انضمت إلى الحركة في عام 2012

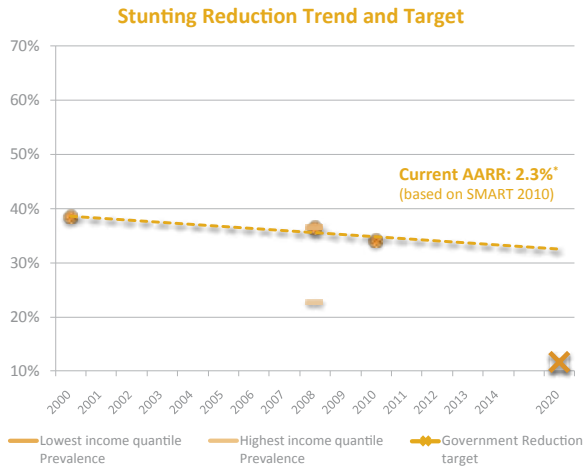
سيراليون
مدغشقر
هايتي
كينيا
السلفادور
سريلانكا
اليمن

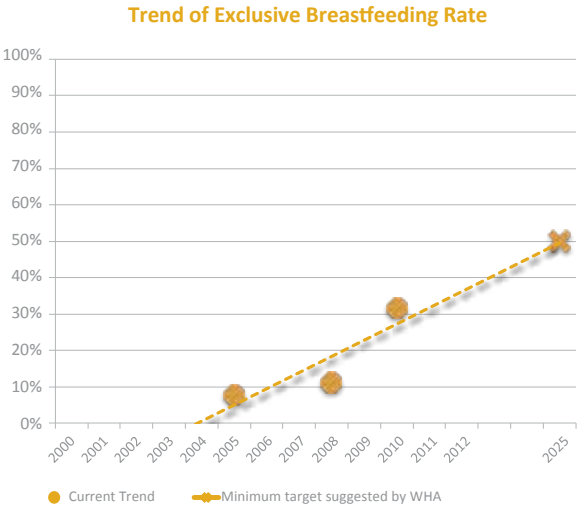
Sierra Leone

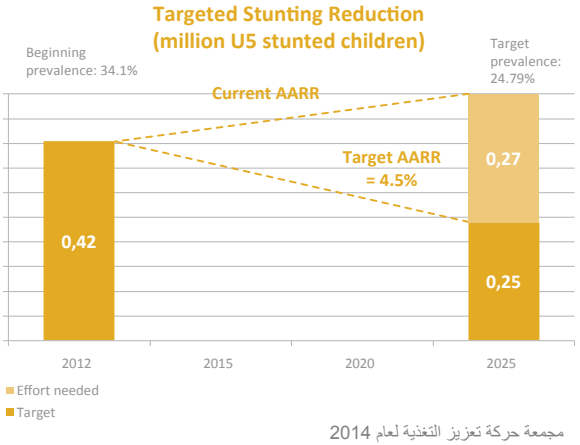


Joined: January 2012

Demographic data	
National Population (million, 2010)	5,8
Children under 5 (million, 2010)	0,9
Adolescent Girls (15-19)(million, 2010)	0,30
Average Number of Births (million, 2010)	0,20
Population growth rate (2010)	2,33%
WHA nutrition target indicators (MICS 2010/SMART 2010)	
Low-birth weight	10,5%
0-5 months Exclusive Breastfeeding	31,6%
Under five stunting	34,1%
Under five wasting	6,9%
Under five over weight	9,6%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	7,4%
Pregnant Women Attending 4 or more Antenatal Care Visits	74,7%
Vitamin A supplementation (6-59 months)	99,0%
Households Consuming Adequately Iodized Salt	63,0%
Women's Empowerment	
Female literacy	26,2%
Female employment rate	64,9%
Median age at first marriage	-
Access to skilled birth attendant	62,0%
Women who have first birth before age 18	32,2%
Fertility rate	5,2
Other Nutrition-relevant indicators	
Rate of urbanization	39,66%
Income share held by lowest 20%	7,81%
Calories per capita per day (kcal/capita/day)	2.081,0
Energy from non-staples in supply	34,87%
Iron availability from animal products (mg/capita/day)	1,3
Access to Improved Sanitation Facilities	40,5%
Open defecation	28,9%
Access to Improved Drinking Water Sources	57,0%
Access to Piped Water on Premises	1,0%
Surface Water as Drinking Water Source	27,8%
GDP per capita (current US$, 2013)	809,00
Exports-Agr Products per capita (current US$, 2012)	-
Imports-Agr Products per capita (current US$,2012)	-







مجمعة حركة تعزيز التغذية لعام 2014

Bringing people together into a shared space for action

SUN Secretariat located in the Office of the Vice President serves as Secretary to the SUN Steering Committee and the SUN technical Committee. The MSP meets regularly. 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). 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 have been absorbed in to the SUN Technical Committee – Chaired and Co- Chaired by Ministry of Health and Sanitation and Ministry of Agriculture Forestry and Food Security.

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. 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.

Ensuring a 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 country has already developed a National Food and Nutrition Policy and other nutrition-specific policies and strategies on infant and young child malnutrition, managing acute malnutrition and micronutrient supplementation. Nutrition-sensitive policies and plans cover key sectors like agriculture and food security, poverty reduction and development, as well as public health. The coordinating mechanism of the MSP is fully embedded in the Food and Nutrition Security Implementation Plan.

Key line ministries have been pro-active in mainstreaming nutrition into their sector/ministerial strategic plans, though the tracking and reporting system is at sector level. Moreover, there is two nutrition parliamentary committees on Health and Agriculture and Food Security. The National Food and Nutrition Security Implementation Plans were recently validated.

Aligning actions around a Common Results Framework

The National Food and Nutrition Implementation Plan remains the common results framework and has been validated by relevant Ministries and development partners. 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 minis tries and stakeholders.

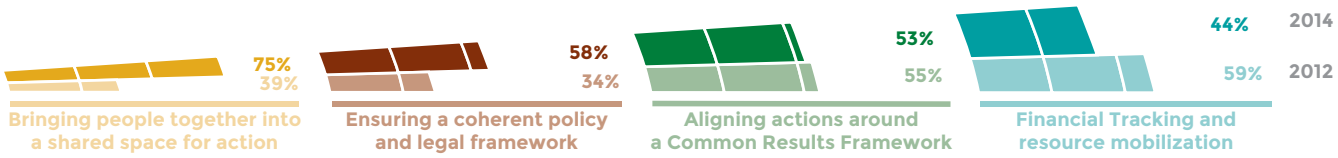
Additionally, the implementation of the Free Healthcare Initiative that focuses on ensuring access and care for women and children is expected to contribute to a reduction in child and maternal morbidity and mortality. The government, which has set clear targets to reduce stunting and wasting and increase 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.

Financial Tracking and resource mobilization

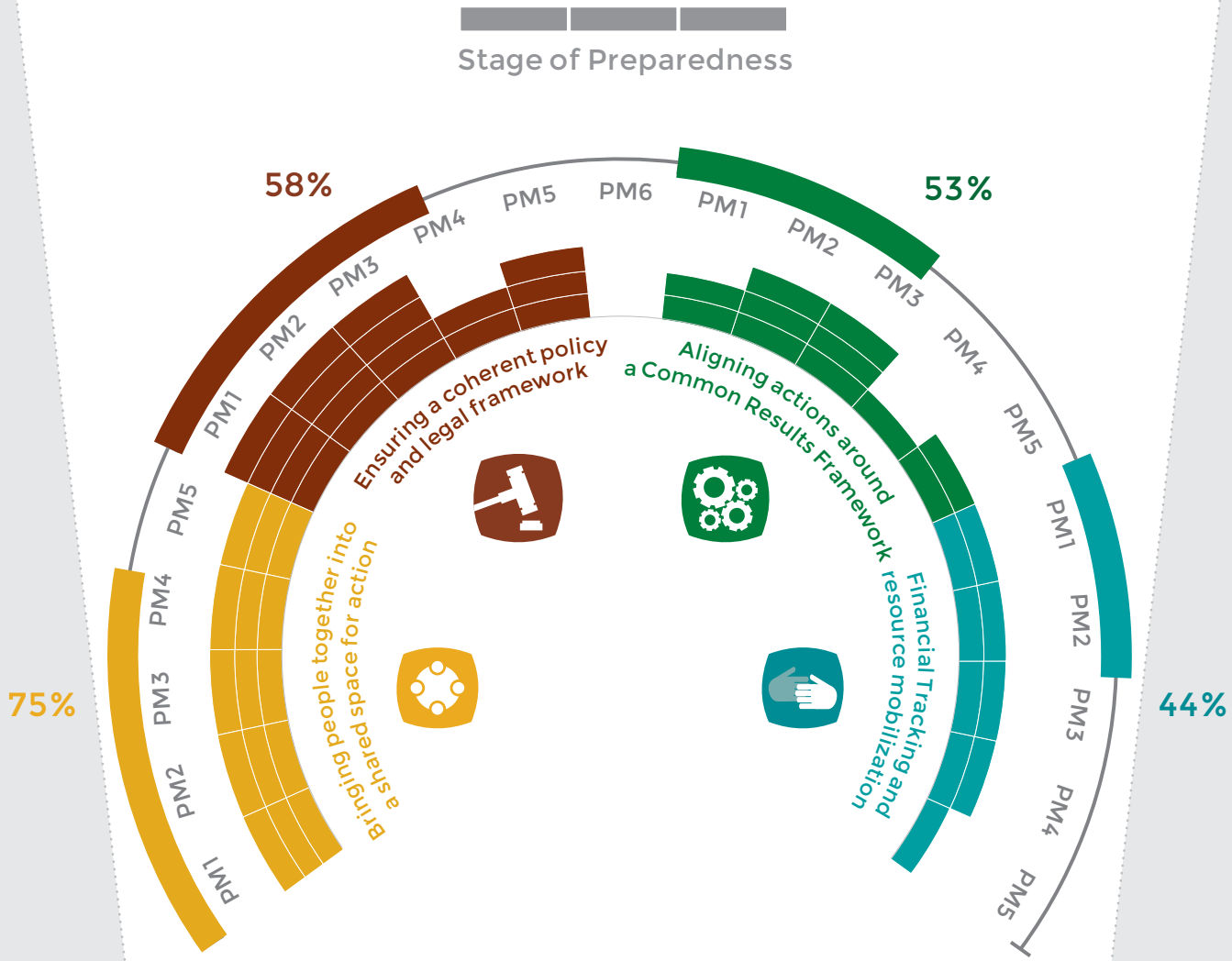
The budget of the Food and Nutrition Policy Implementation Plan was finalized. This budget will be used to reconcile estimates with investments in order to identify financial gaps. In honoring its commitment Government has increased nutrition allocation to both Ministry of Health and Sanitation and Ministry of Agriculture in its 2014 budget. The Ministry of Health and Sanitation (MOHS) and Ministry of Finance and Economic Development (MFED) staff have been trained on tracking and financing nutrition activities. The Government has shown commitment and pays wages salaries and utility costs as outlined in the implementation plan. However, disbursement remains a challenge. Financial contributions are made by donors for some nutrition direct and sensitive interventions.

Progress Across Four SUN Processes
Sierra Leone

2012[1] and 2014[2] Scoring of Progress Markers



2014 Dashboard for Progress Markers



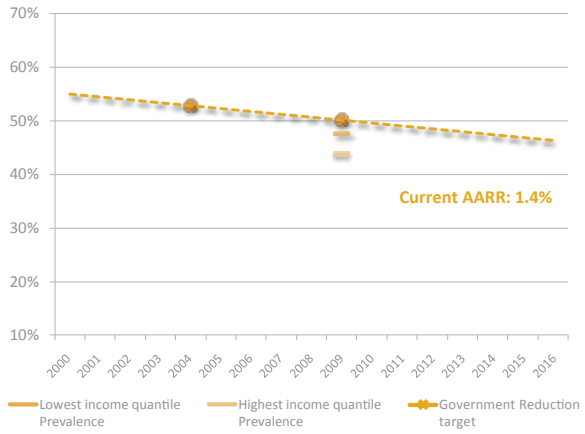
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

Madagascar

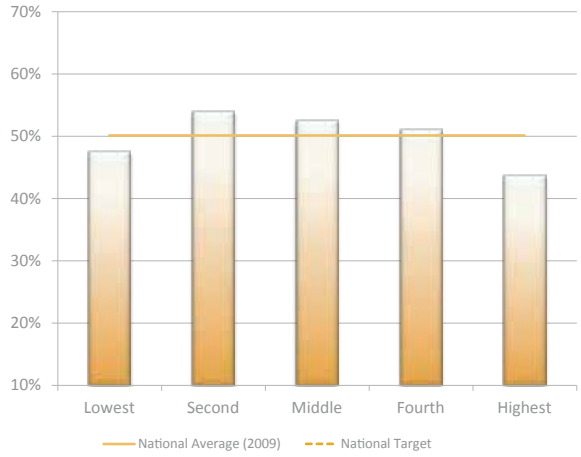
Joined: February 2012

Demographic data	
National Population (million, 2010)	21,1
Children under 5 (million, 2010)	3,4
Adolescent Girls (15-19)(million, 2010)	1,20
Average Number of Births (million, 2010)	0,70
Population growth rate (2010)	2,84%
WHA nutrition target indicators (DHS 2008-2009)	
Low-birth weight	12,7%
0-5 months Exclusive Breastfeeding	50,7%
Under five stunting	49,2%
Under five wasting	0,0%
Under five over weight	0,0%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	1,4%
Pregnant Women Attending 4 or more Antenatal Care Visits	49,3%
Vitamin A supplementation (6-59 months)	88,0%
Households Consuming Adequately Iodized Salt	46,6%
Women's Empowerment	
Female literacy	74,7%
Female employment rate	80,3%
Median age at first marriage	18,7
Access to skilled birth attendant	43,9%
Women who have first birth before age 18	31,7%
Fertility rate	4,8
Other Nutrition-relevant indicators	
Rate of urbanization	31,38%
Income share held by lowest 20%	5,41%
Calories per capita per day (kcal/capita/day)	2.088,9
Energy from non-staples in supply	18,49%
Iron availability from animal products (mg/capita/day)	1,2
Access to Improved Sanitation Facilities	2,8%
Open defecation	43,7%
Access to Improved Drinking Water Sources	39,9%
Access to Piped Water on Premises	4,5%
Surface Water as Drinking Water Source	21,9%
GDP per capita (current US$, 2013)	471,00
Exports-Agr Products per capita (current US$, 2012)	1,34
Imports-Agr Products per capita (current US$,2012)	0,73

Stunting Reduction Trend and Target

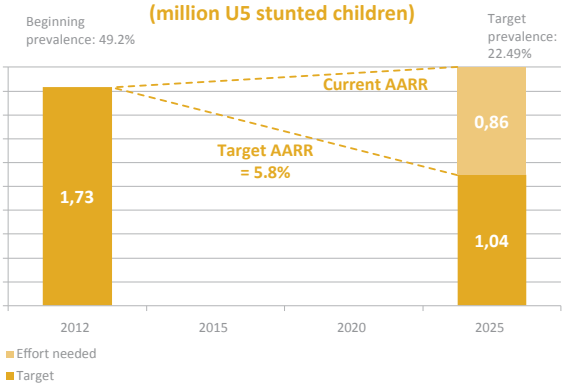


Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate

Targeted Stunting Reduction (million U5 stunted children)



Bringing people together into a shared space for action

The National Nutrition Council is a multi-sectoral and multi-stakeholder platform for nutrition which reports to the Prime Minister's office and consists of several ministries and members of parliament. The National Nutrition Council coordinates the national nutrition policy (PNN), its implementation and that of the national action plan for nutrition, in collaboration with the sectoral ministries and United Nations agencies. It also supervises the National Nutrition Office (ONN), which reports to the Prime Minister's cabinet, to ensure multi-sector and multi-stakeholder coordination.

The National Nutrition Council has been decentralized in all regions of Madagascar. A number of platforms have been set up: in addition to the government platform, the civil society platform (HINA) is operational, as is the UN platform and the platform for the technical and research community. The private sector platform is in the process of validating its terms of reference. There are frequent communications and exchanges between these networks but these have not yet been institutionalized.

Ensuring a coherent policy and legal framework

The National Nutrition Policy dates from 2004 and is broken down into a national action plan for nutrition (PNAN), for the 2005-2009 period, updated in 2012. National legislation on food fortification, salt iodization and maternity protection is in place. However, the decree implementing the national code on breast milk substitutes is not applied.

Nutrition is relatively well integrated in the agriculture and food security sectors, development, public health, education and social protection but Madagascar has initiated a process to draft/update directives on incorporating nutrition in sectoral policies in order to guide its application.

Aligning actions around a Common Results Framework

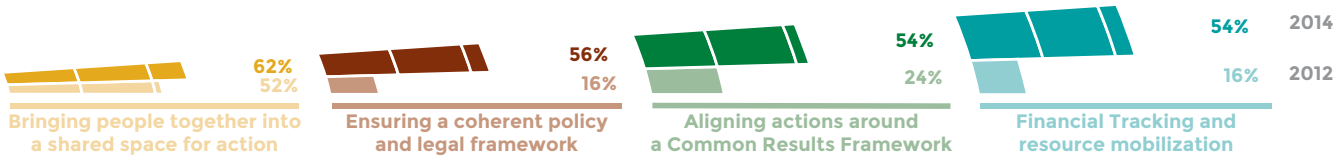
PNAN II covers the period 2012-2015 and is currently being implemented. The common results framework accompanied by an implementation plan was developed from the monitoring and evaluation plan (MEP) of PNAN II. The monitoring and evaluation framework was drawn up and approved in the form of collegial implementation management with ONN as project leader. However, regional monitoring and evaluation groups are not operational due to a lack of financing. PNAN II includes five strategic priorities: preventing and managing malnutrition, improving food and nutrition security and effective coordination on nutrition.

Financial Tracking and resource mobilization

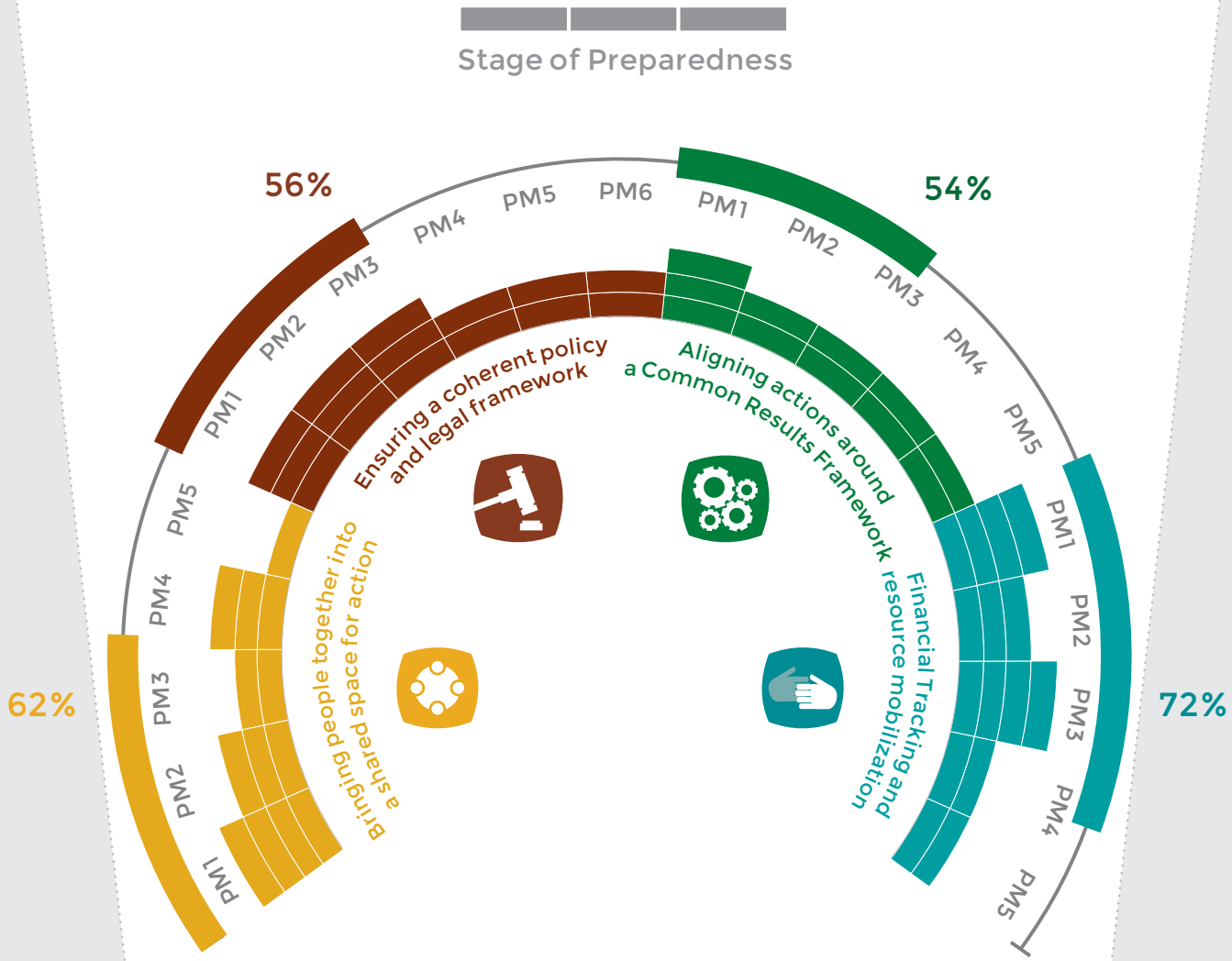
PNAN has been costed and budgeted. Gaps in funding have been estimated, revealing that nutrition funding is well below the level deemed necessary to achieve the objectives of PNAN II. Budgetary assessments are being carried out to monitor spending. Nutrition in Madagascar was included in the Finance Act and is supported by a State budget line and the Public Investment Program (PIP) but the socio-political crisis is complicating internal and external financial mobilization.

Progress Across Four SUN Processes
Madagascar

2012[1] and 2014[2] Scoring of Progress Markers

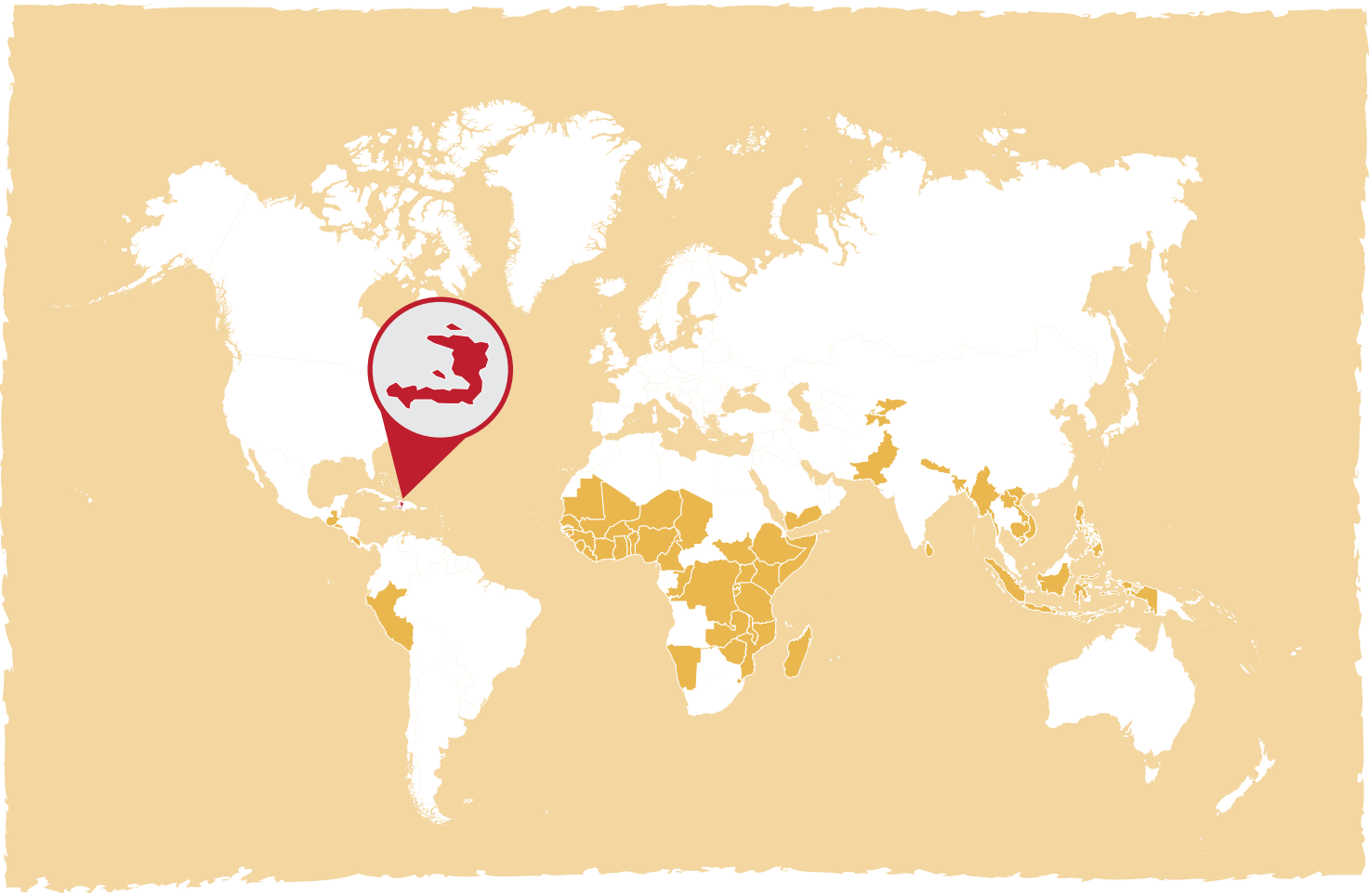


2014 Dashboard for Progress Markers



[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

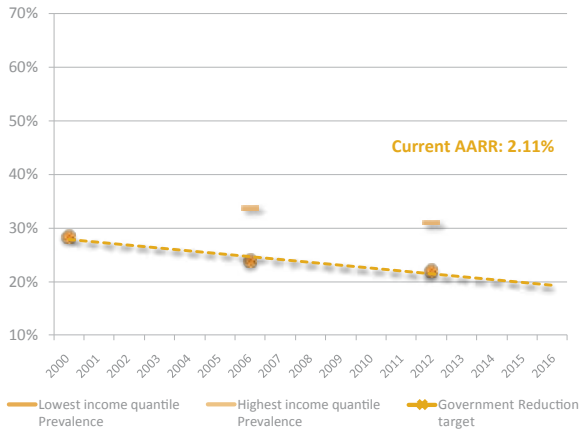
Haiti



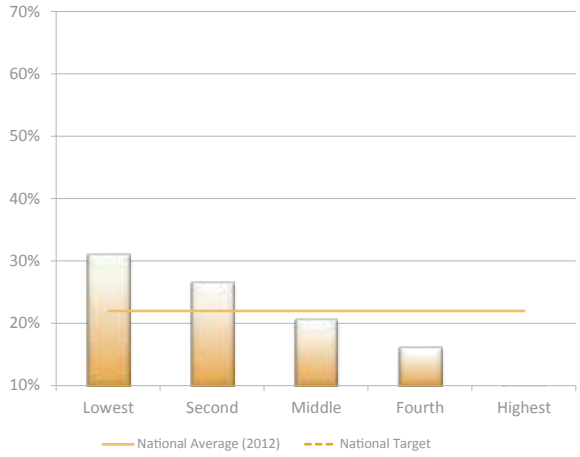
Joined: June 2012

Demographic data	
National Population (million, 2010)	9,9
Children under 5 (million, 2010)	1,2
Adolescent Girls (15-19)(million, 2010)	0,50
Average Number of Births (million, 2010)	0,30
Population growth rate (2010)	1,33%
WHA nutrition target indicators (DHS 2012)	
Low-birth weight	19,1%
0-5 months Exclusive Breastfeeding	39,7%
Under five stunting	21,9%
Under five wasting	5,2%
Under five over weight	3,6%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	13,6%
6-23 months with Minimum Diet Diversity	29,2%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	0,3%
Pregnant Women Attending 4 or more Antenatal Care Visits	67,3%
Vitamin A supplementation (6-59 months)	54,0%
Households Consuming Adequately Iodized Salt	16,9%
Women's Empowerment	
Female literacy	73,6%
Female employment rate	54,4%
Median age at first marriage	21,8
Access to skilled birth attendant	37,3%
Women who have first birth before age 18	14,2%
Fertility rate	3,5
Other Nutrition-relevant indicators	
Rate of urbanization	52,50%
Income share held by lowest 20%	2,38%
Calories per capita per day (kcal/capita/day)	1.902,3
Energy from non-staples in supply	42,70%
Iron availability from animal products (mg/capita/day)	1,0
Access to Improved Sanitation Facilities	27,7%
Open defecation	34,7%
Access to Improved Drinking Water Sources	64,5%
Access to Piped Water on Premises	9,2%
Surface Water as Drinking Water Source	1,6%
GDP per capita (current US$, 2013)	820,00
Exports-Agr Products per capita (current US$, 2012)	0,36
Imports-Agr Products per capita (current US$,2012)	2,20

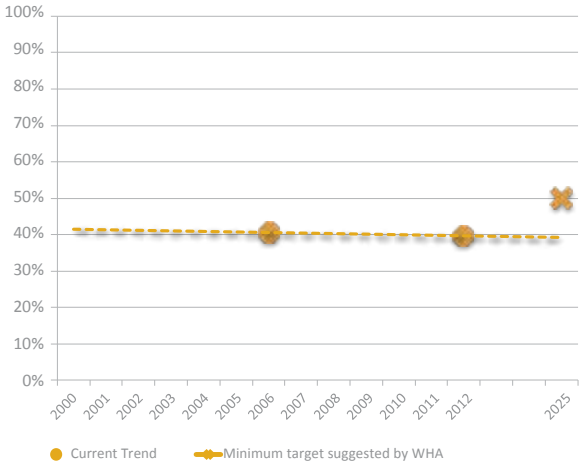
Stunting Reduction Trend and Target



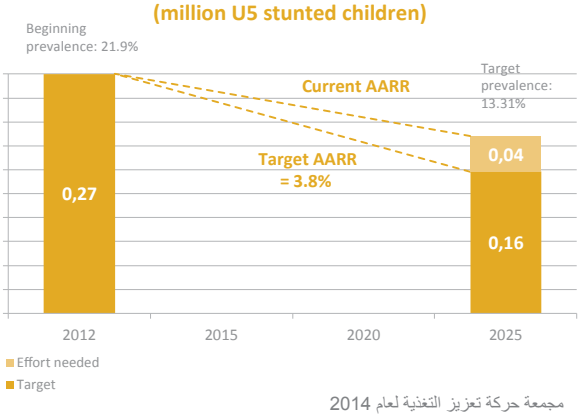
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million U5 stunted children)



Bringing people together into a shared space for action

The National Commission to combat hunger and malnutrition (COLFAM) is responsible for the strategic orientation of ABA GRANGOU (national strategic framework of the Haitian government to combat hunger and malnutrition). Chaired by the First Lady of the Republic of Haiti, COLFAM comprises representatives of the President's cabinet, the Prime Minister's cabinet, the main line ministries and the parliament. UNICEF was appointed the donor representative. United Nations agencies are involved through a technical committee on nutrition at national and departmental level, and through sectoral round tables and a select group on nutrition. Civil society has its own forum, known as the Association of private healthcare workers but is not yet part of the multi-sectoral platform. A network of health and nutrition journalists was launched with the participation of Brazil, the WHO and UNICEF.

Ensuring a coherent policy and legal framework

In January 2012, Haiti published its updated national nutrition policy aimed at children aged up to 59 months, pregnant and breastfeeding women, older persons and persons infected with HIV/AIDS and tuberculosis.
This policy was widely disseminated. Many other policies and strategies contribute to nutrition via various sectors, including the poverty reduction strategy (2008-2010 national strategy for growth and poverty reduction) 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 specific legislation on fortifying salt, flour and oil with iodine, iron and Vitamin A and on maternity leave. A bill has been tabled to reinforce food security (meat and poultry breeding project under the Agriculture Ministry) and to set up a national nutrition council. A communications plan has been finalized and shared with the SUN secretariat. Thanks to the efforts made, parliamentarians' awareness and support is on the rise. An advocacy workshop was organized in December 2013 with support from USAID to mobilize the private sector and civil society.

Aligning actions around a Common Results Framework

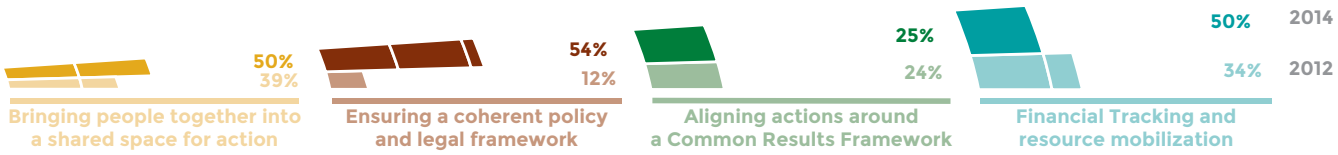
Nine ministries, seven independent agencies, the Haitian Red Cross and 21 governmental programs are harmonized under the strategic framework of ABA GRANGOU. Through the intermediary of government ministries, ABA GRANGOU implements programs in three strategic domains: (i) social protection safety nets to improve access to food for the most vulnerable; (ii) agricultural investment to increase national food output; (iii) basic services, particularly in healthcare and nutrition, improving drinking water and sanitation infrastructures and crop storage for the most vulnerable families. Support has been requested to draw up a multi-sectoral monitoring and evaluation framework. Nutritional indicators have already been incorporated in the Health Ministry's monitoring and evaluation system. With support from USAID, Haiti has already set up 92 sentinel sites in 6 departments (Artibonite, Centre, Nippes, North, North-East, South-East and West). 2 hospitals were certified baby-friendly in August and December 2013 and the first cohort of babies was set up in April 2014. Training workshops on nutrition focal points at departmental level have been organized.

Financial Tracking and resource mobilization

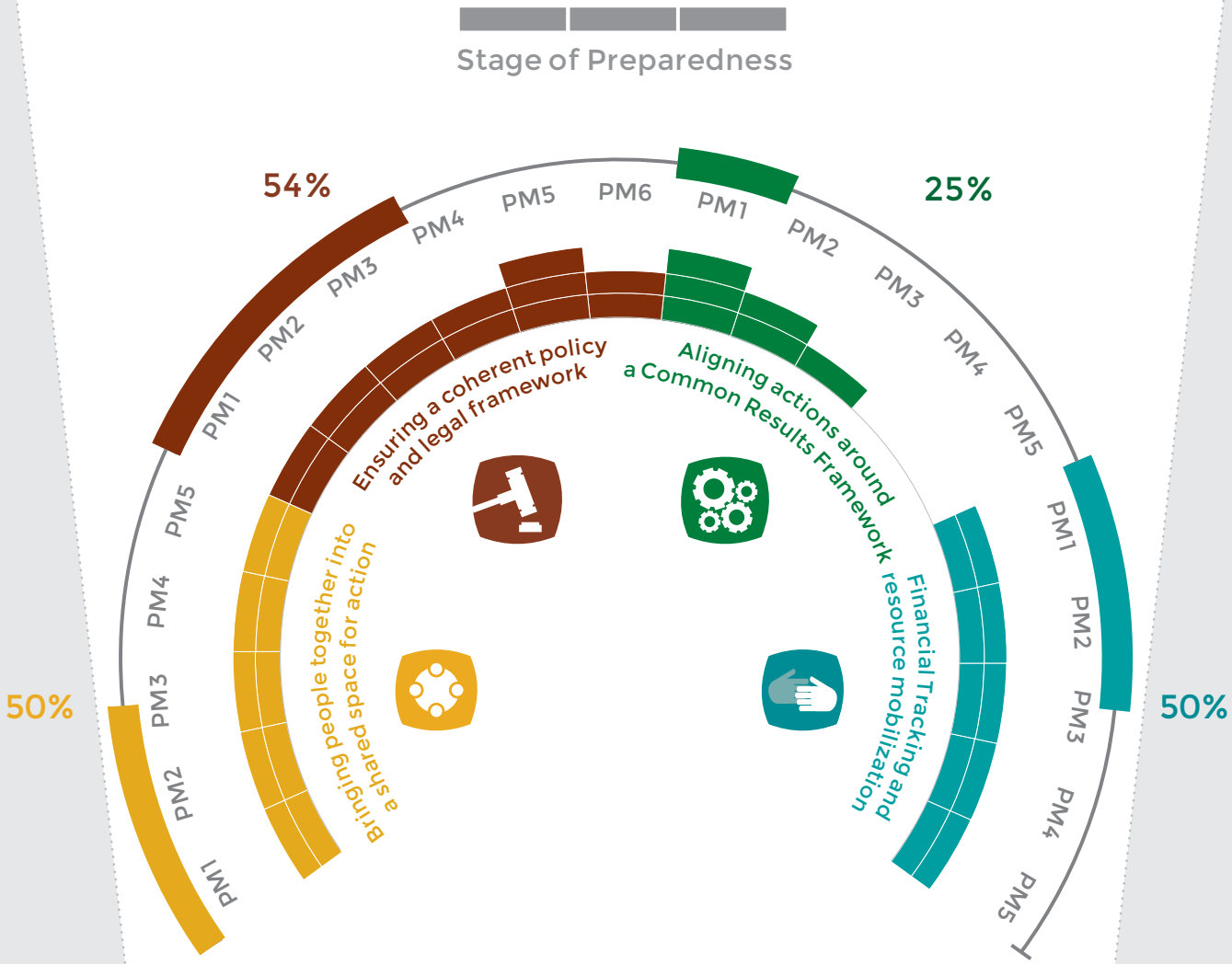
The mobilization of external financial resources, apart from emergency funds, is considered a priority.
The government's budget line for nutrition, set up in 2013 to start activities, is provisioned. The focus will be on social safety nets, agriculture and community development projects. In 2014, UNICEF helped finance the production of iodized salt and a new project to reduce food insecurity and poverty, which has a significant nutrition component, is jointly led by ACF, CARE and PAM (financed by USAID).

Progress Across Four SUN Processes
Haiti

2012[1] and 2014[2] Scoring of Progress Markers

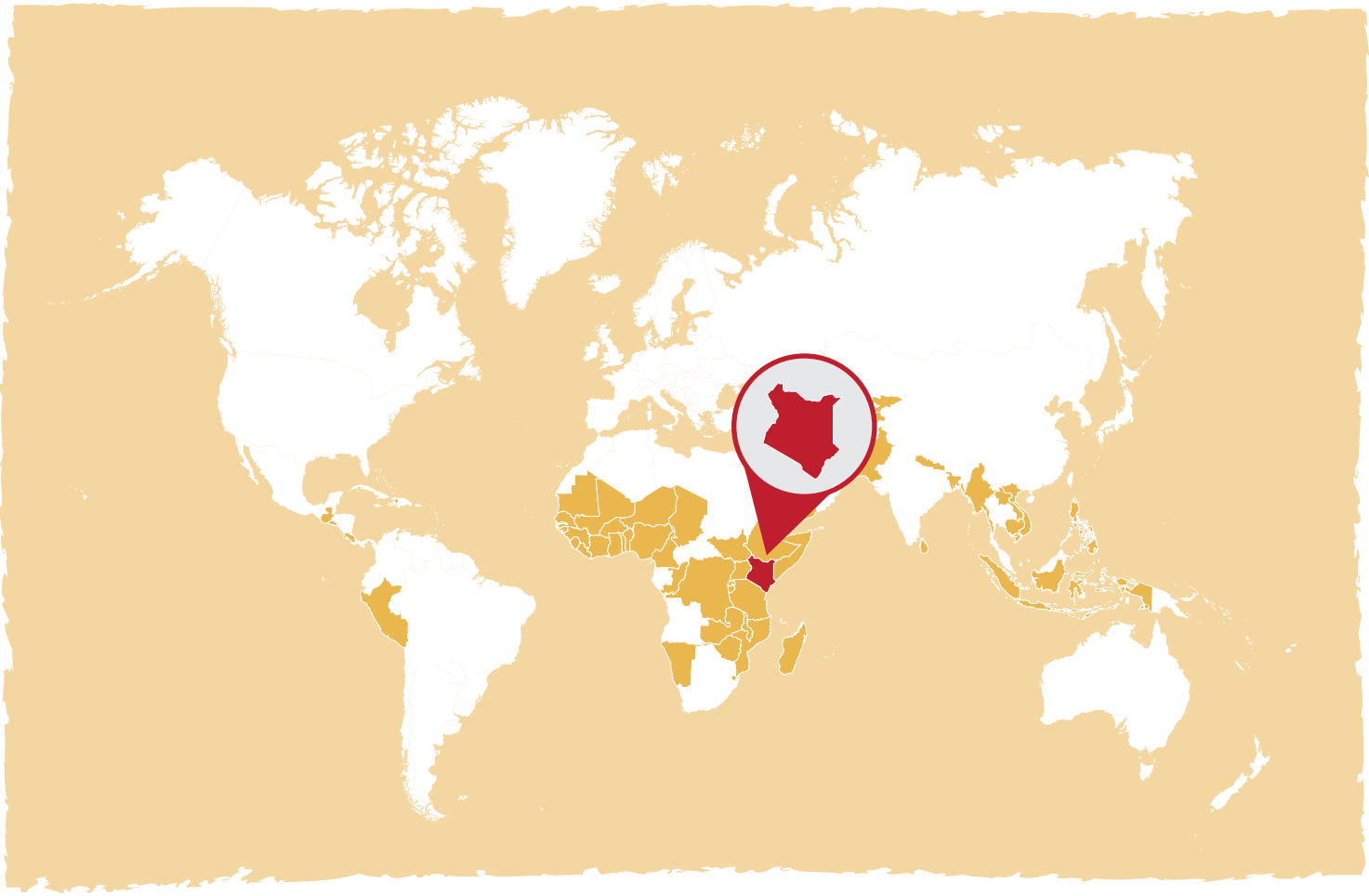


2014 Dashboard for Progress Markers



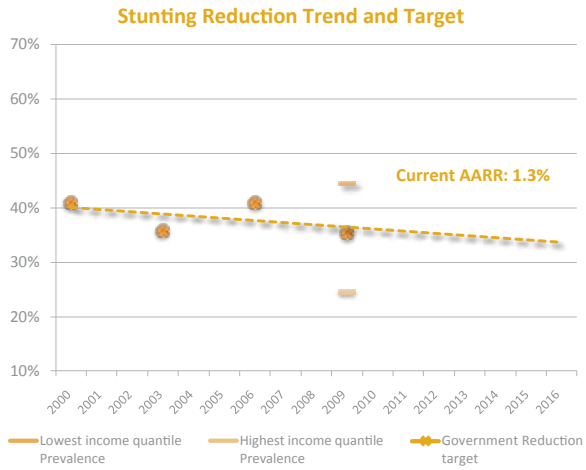
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

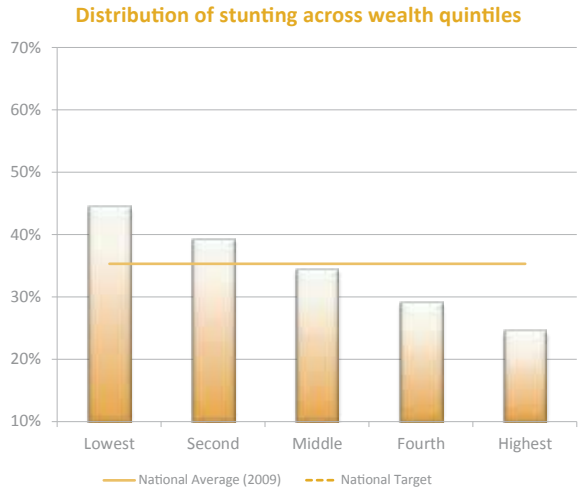
Kenya

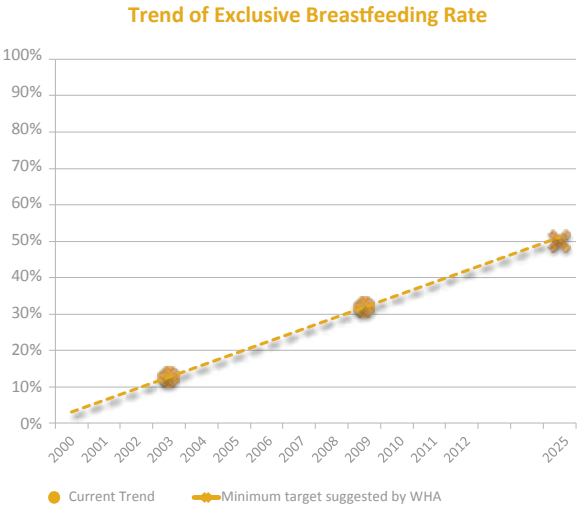


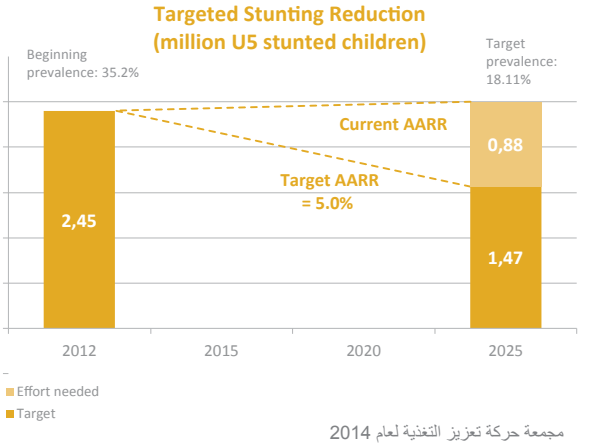
Joined: August 2012

Demographic data	
National Population (million, 2010)	40,9
Children under 5 (million, 2010)	6,7
Adolescent Girls (15-19)(million, 2010)	2,10
Average Number of Births (million, 2010)	1,50
Population growth rate (2010)	2,68%
WHA nutrition target indicators (DHS 2008-2009)	
Low-birth weight	5,6%
0-5 months Exclusive Breastfeeding	31,9%
Under five stunting	35,2%
Under five wasting	7,0%
Under five over weight	5,0%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	0,2%
Pregnant Women Attending 4 or more Antenatal Care Visits	47,1%
Vitamin A supplementation (6-59 months)	66,0%
Households Consuming Adequately Iodized Salt	97,7%
Women's Empowerment	
Female literacy	84,9%
Female employment rate	55,4%
Median age at first marriage	20
Access to skilled birth attendant	43,8%
Women who have first birth before age 18	17,7%
Fertility rate	4,8
Other Nutrition-relevant indicators	
Rate of urbanization	23,34%
Income share held by lowest 20%	4,84%
Calories per capita per day (kcal/capita/day)	2.049,4
Energy from non-staples in supply	41,78%
Iron availability from animal products (mg/capita/day)	1,5
Access to Improved Sanitation Facilities	24,3%
Open defecation	14,5%
Access to Improved Drinking Water Sources	60,2%
Access to Piped Water on Premises	7,5%
Surface Water as Drinking Water Source	25,6%
GDP per capita (current US$, 2013)	994,00
Exports-Agr Products per capita (current US$, 2012)	1,29
Imports-Agr Products per capita (current US$,2012)	0,33









Bringing people together into a shared space for action

The Nutrition Interagency Coordinating Committee (NICC), chaired by the Ministry of Health and SUN Focal Point, includes five ministries, UN agencies, civil society and academic institutions and currently serves as the multi-stakeholder platform. It endorses policies and strategies on food and nutrition security and mobilizes resources. The NICC is supported by a SUN Coordination Team composed of nine ministries (Agriculture, Livestock, Fisheries, Education, Trade, Gender, Social Protection, Finance, Planning and Vision 2030). These ministries signed up to the Kenya Food and Nutrition Security Policy, however, as it is recognized that these structures are not fully operational, it is proposed that the National Food Security, Nutrition Steering Committee and its Secretariat be housed in the Ministry of Devolution and Planning and involve new sectors.

A key achievement of UN Network is the articulation of nutrition in UNDAF 2014 - 2018. Planned activities include mobilizing nutrition sensitive UN agencies; mapping of UN supported programs, advocacy for nutrition and high level SUN patron.

A CSA was established in November 2013 with the election of a steering committee. It now has 30 members comprising NGOS and INGOS. Its primary goal is to hold the government accountable and involve CSOs by providing technical guidance for nutrition service delivery. The 2014 work plan also includes engaging in advocacy and communications and mapping of civil society stakeholders activities. The Donor network was established on July 2013 and discussions for the establishment of an academic platform (through revival of the Kenya Inter-University Taskforce) and Business Network are ongoing.

Ensuring a coherent policy and legal framework

The national Food and Nutrition Security Policy (2012) and the National Nutrition Action Plan (2012–2017) are identified as priorities for the Ministries of Agriculture and Health. These led to the integration of nutrition in the 2013-2014 healthcare development plan and the agriculture Sector Development Strategy 2010-2015. Nutrition-sensitive interventions are covered in the National Development and Poverty Reduction (Kenya VISION 2030), the Economic Strategy for Wealth and Employment Creation (2003), Education (National School Health Policy 2009) and social protection (National Social Protection Policy 2012). Other Relevant nutrition legislation includes the Breast Milk Substitutes Regulations and control Act (2012), nutrient-fortification of salt, cooking fats and oils, and cereal flours (maize and wheat) under the Foods, Drugs and Chemical substances Act (2012), the Maternal Infant and Young Child Nutrition Strategy and Plan for Accelerating Anemia Reduction through Iron and Folic Acid Supplementation of Pregnant and Lactating Women. The maternity leave is 3 months. It is felt that there is an opportunity to develop a comprehensive document that would foster linkages between these policies.

Aligning actions around a Common Results Framework

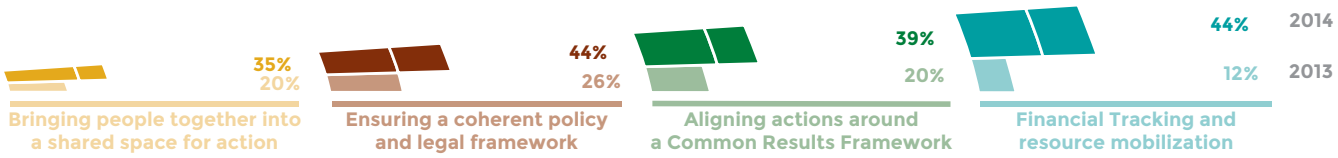
The country developed a National Nutrition Action Plan 2012-2017 (NNAP) which covers 11 strategic objectives focusing on high impact nutrition interventions, prevention and management of non-communicable diseases, overweight and obesity, and serves as the common results framework. It contains a specific monitoring and evaluation framework for nutrition-sensitive activities; 66% of counties developed their nutrition action plans and nutrition coordination offices were set up in some regions with staff being certified after a joint training of the Agriculture and Health. A code of conduct forbids donors to fund any actor that is not aligned behind the common framework.

Financial Tracking and resource mobilization

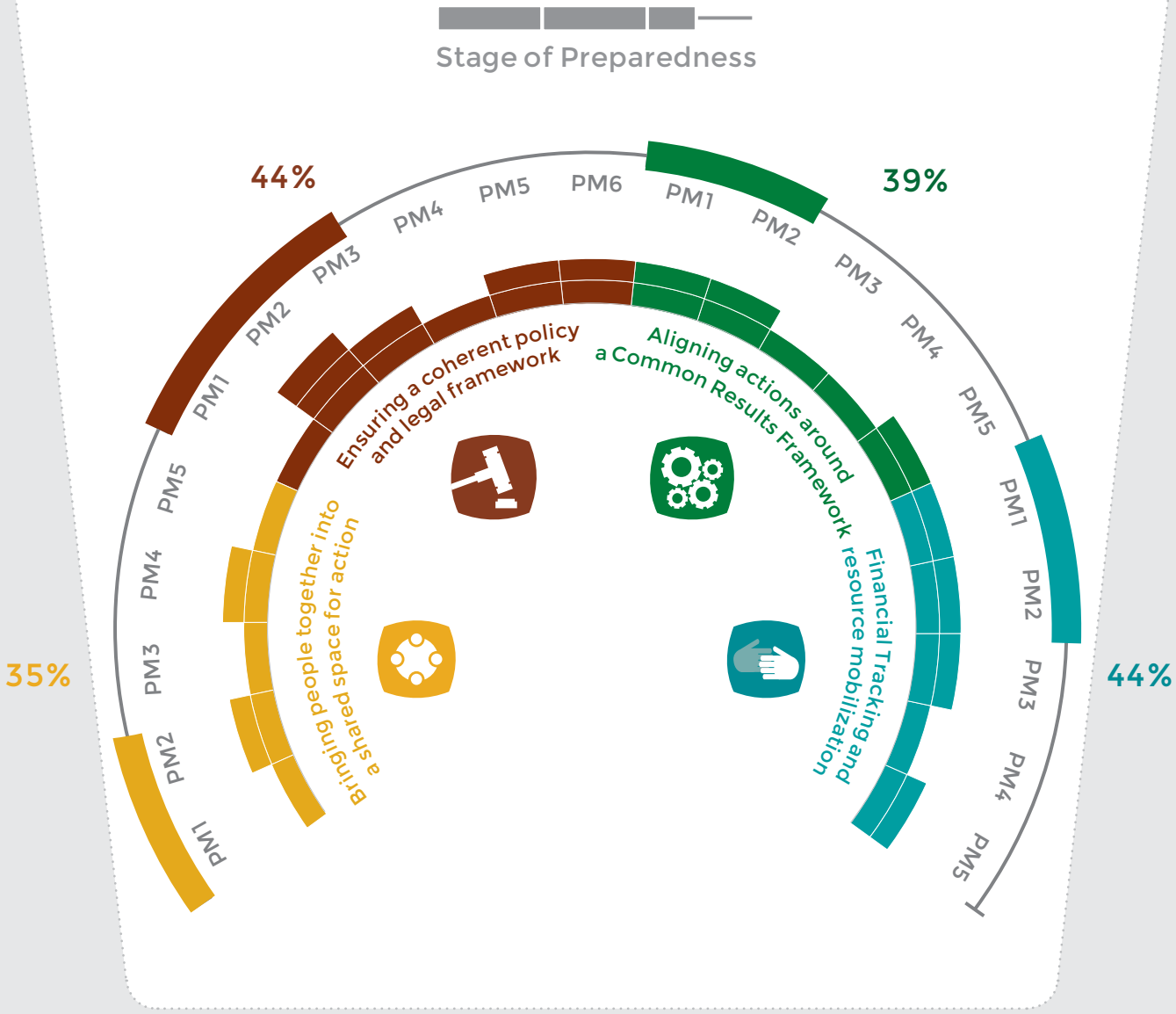
The costed NNAP has been reviewed and analyzed by a team of international experts and estimated at Ksh 70 billion ($824 million) for 5 years. Government and civil society budget allocations for nutrition have increased. The Ministry of Gender set up a specific budget line for Community Nutrition and advocacy is underway to get county to commit funds. A financial tracking system for nutrition activities is being developed while donors will start mapping their contributions soon. DFID has committed (Ksh 2.29 billion) to assist upscaling nutrition in three counties while a multiyear funding to the nutrition sector will be provided by the EU (SHARE project).

Progress Across Four SUN Processes
Kenya

2013[1] and 2014[2] Scoring of Progress Markers

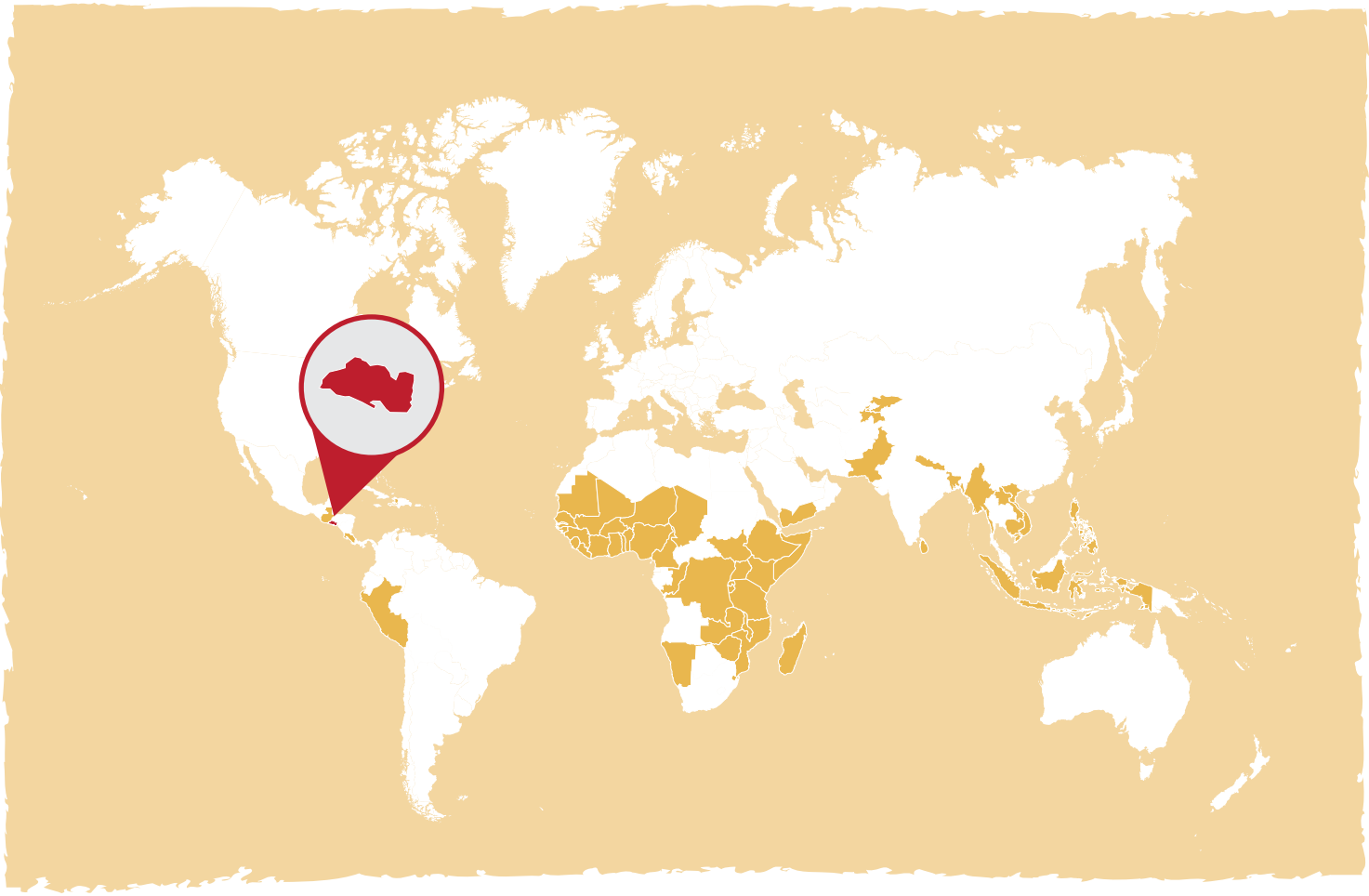


2014 Dashboard for Progress Markers



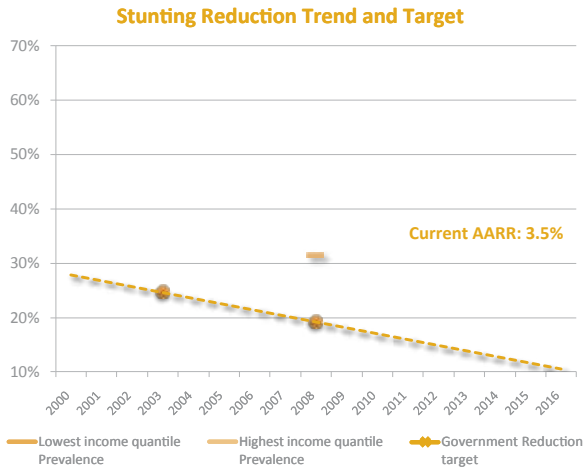
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

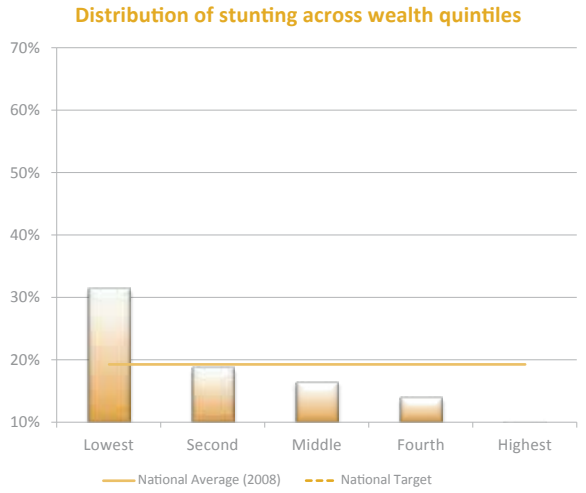
El Salvador

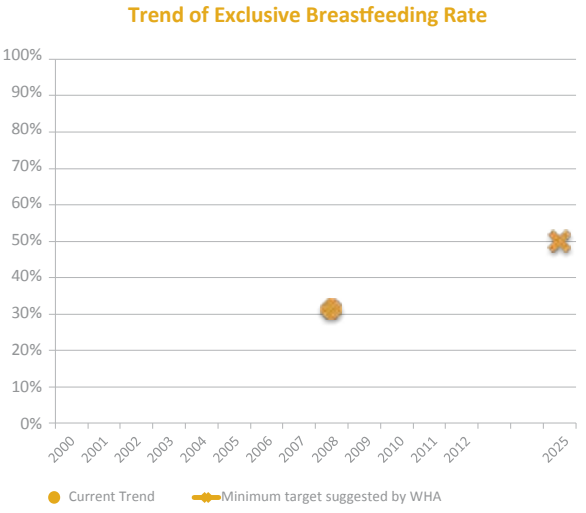


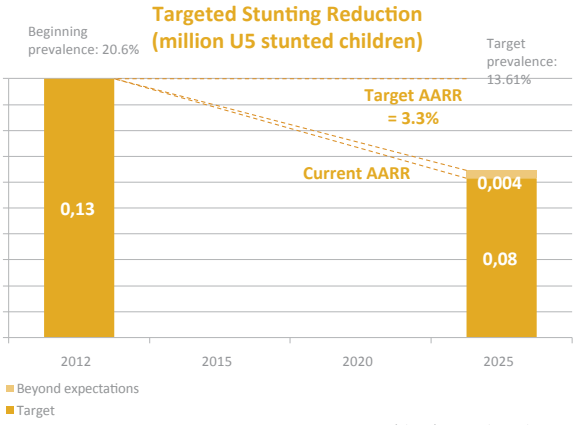
Joined: September 2012

Demographic data	
National Population (million, 2010)	6,2
Children under 5 (million, 2010)	0,6
Adolescent Girls (15-19)(million, 2010)	0,40
Average Number of Births (million, 2010)	0,10
Population growth rate (2010)	0,47%
WHA nutrition target indicators (FESAL 2008)	
Low-birth weight	N/A
0-5 months Exclusive Breastfeeding	31,4%
Under five stunting	20,6%
Under five wasting	1,6%
Under five over weight	5,7%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	12,3%
Pregnant Women Attending 4 or more Antenatal Care Visits	-
Vitamin A supplementation (6-59 months)	81,0%
Households Consuming Adequately Iodized Salt	62,0%
Women's Empowerment	
Female literacy	82,3%
Female employment rate	45,3%
Median age at first marriage	-
Access to skilled birth attendant	95,5%
Women who have first birth before age 18	-
Fertility rate	2,4
Other Nutrition-relevant indicators	
Rate of urbanization	64,02%
Income share held by lowest 20%	3,71%
Calories per capita per day (kcal/capita/day)	2.597,4
Energy from non-staples in supply	52,30%
Iron availability from animal products (mg/capita/day)	1,9
Access to Improved Sanitation Facilities	-
Open defecation	-
Access to Improved Drinking Water Sources	-
Access to Piped Water on Premises	-
Surface Water as Drinking Water Source	-
GDP per capita (current US$, 2013)	3.826,00
Exports-Agr Products per capita (current US$, 2012)	3,81
Imports-Agr Products per capita (current US$,2012)	2,94









Bringing people together into a shared space for action

The National Council for Food Security and Nutrition (CONASAN) is responsible for defining the National Policy and Strategy on Food Security and Nutrition (FSN). It promotes inter-institutional and intersectoral coordination and incorporates the Ministries of Health and Agriculture, the Technical Secretariat of the Presidency and the Secretariat for Social Inclusion. CONASAN has an Executive Committee, an FSN Technical Committee (COTSAN), Provincial and Municipal Councils and an Advisory Committee that brings together various national stakeholders. The United Nations, donors, NGOs, private enterprises and civil society collaborate to define, execute and monitor the policy's main action lines. The United Nations has an Interagency Technical Group for Food Security and Nutrition (GTISAN). A network of bilateral donors connected to FSN has not been officially established, although some support national efforts to fight undernutrition. A Civil Society Alliance is being set up that brings together more than 200 local organizations and the process is under way to create an academic network. Headway has recently been made in the establishment of multisectoral platforms at a local level. With the recent election of a new government, a coordinated effort is required to raise the level of awareness of the new authorities. Lastly, it should be noted that a Parliamentary Group against Hunger has been formed, led by the President of the Agriculture and Livestock Commission of the Legislative Assembly.

Ensuring a coherent policy and legal framework

A preliminary bill on FSN has been sent to the National Assembly for approval. The Breast-feeding Act was adopted in 2013. The National Policy for Food Security and Nutrition was ratified in 2010, while the 2012-2016 Strategic Plan for FSN was adopted in 2013. In 2010, El Salvador created a National Policy for the Promotion, Support and Protection of Breast-Feeding, a Plan for the Reduction of Micronutrient Deficiency and a Strategy for Child Nutrition Treatment in the country's 100 poorest municipalities. Furthermore, El Salvador is in the process of finalizing a Strategy for the Promotion and Dissemination of Nutrition Information. The country has operational legislation in key sectors relating to nutrition. An Act on Social Protection also exists, as well as an Act on the Protection of Women and Gender Equality. El Salvador is in the final stages of drafting a Capacity Building Strategy for the Implementation of the Strategic Plan for Food Security and Nutrition.

Aligning actions around a Common Results Framework

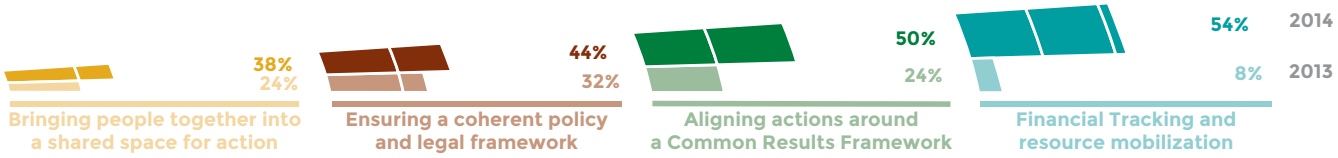
The 2012-2016 Strategic Plan for Food Security and Nutrition (PESAN) has the objective of eradicating chronic child undernutrition. The Plan's implementation process must be completed and have an impact at local level, as well as encourage the organization of the different sectors at this level. The first FSN Multisectoral Committee has recently been established in the province of Chalatenango, where local government and twelve mayors are leading the coordination of nutrition interventions based on the FSN Provincial Plan. Multisectoral Committees have been set up in 16 municipalities. Implementation tools for sectoral programmes have been developed in various areas (e.g. Family Agriculture, Glass of Milk, Nutrition for Schoolchildren and Integral Treatment in Early Childhood). An inter-institutional information system is being developed that will monitor the most relevant FSN indicators.

Financial Tracking and resource mobilization

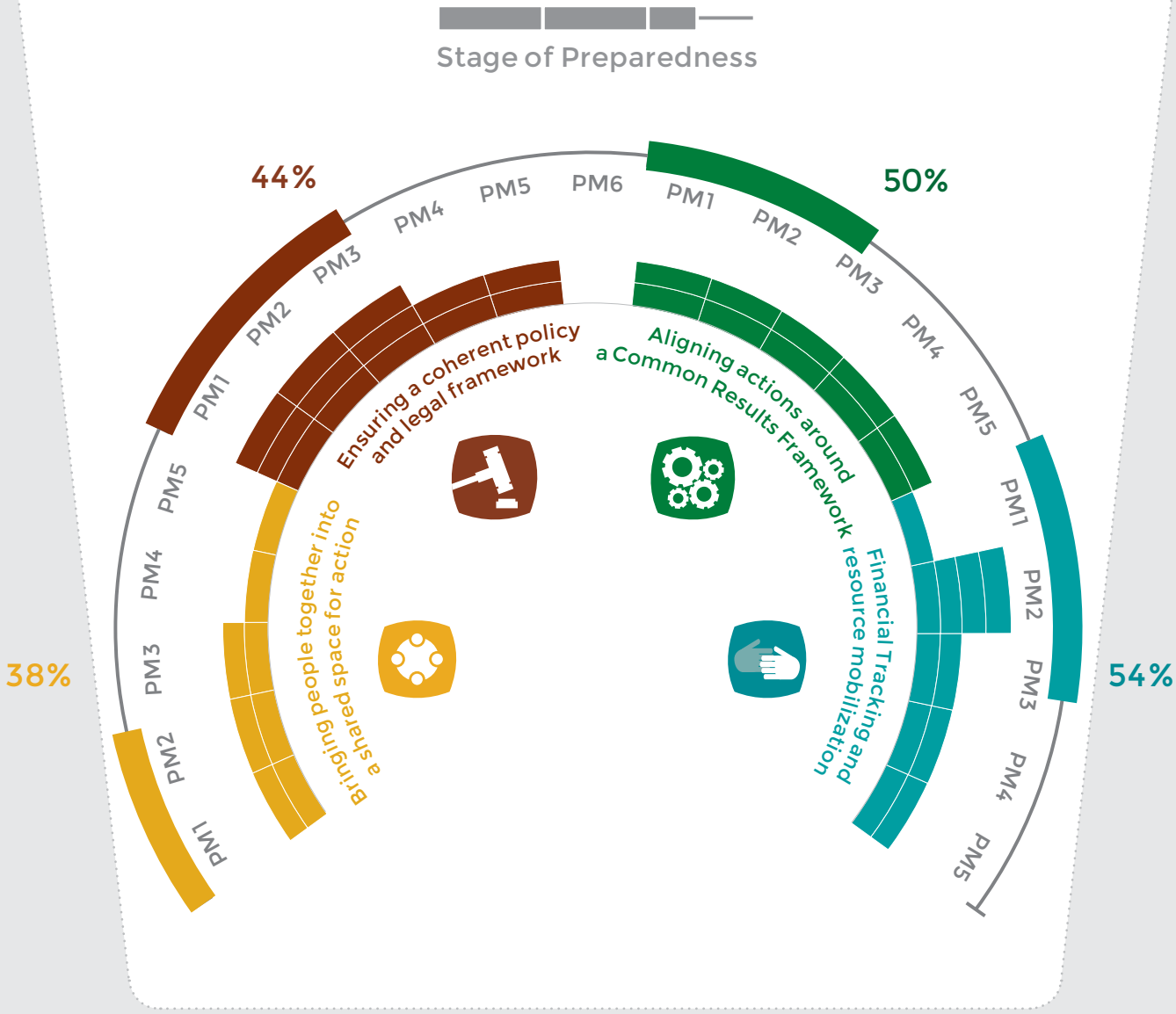
All government institutions have systems through which they register their spending in accordance with the law. United Nations agencies and various donors are aligning their actions to the objectives of the Strategic Plan and are providing resources to achieve these ends. CONASAN has requested external support from the Secretariat of the FSN Movement to estimate costs and funding gaps in the financing of the FSN Multisectoral Strategic Plan. This will be an important step towards mobilizing resources. A basic budget allocation has been assigned for the operation of the competent body (CONASAN) for this year.

Progress Across Four SUN Processes
El Salvador

2013[1] and 2014[2] Scoring of Progress Markers

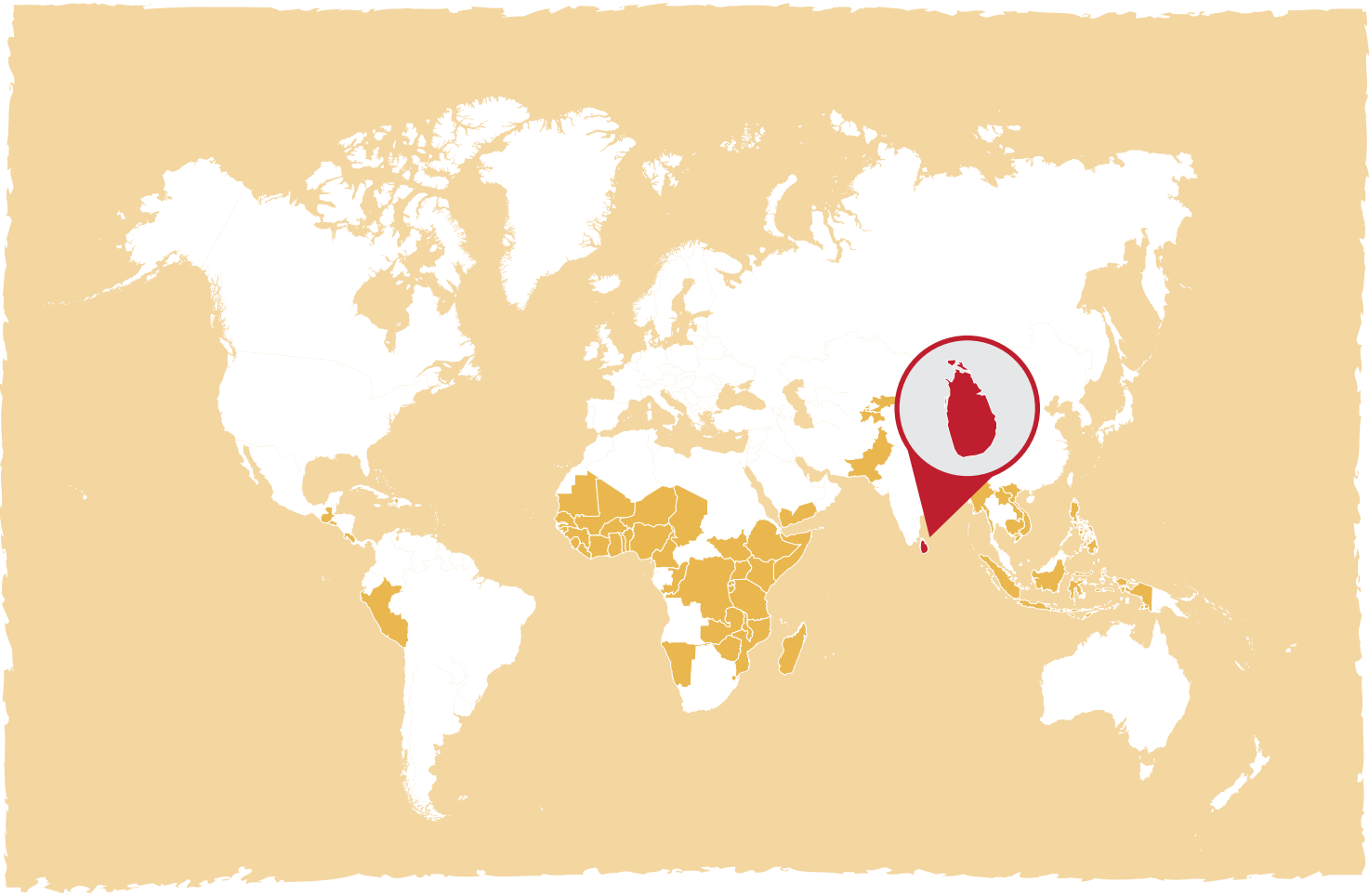


2014 Dashboard for Progress Markers



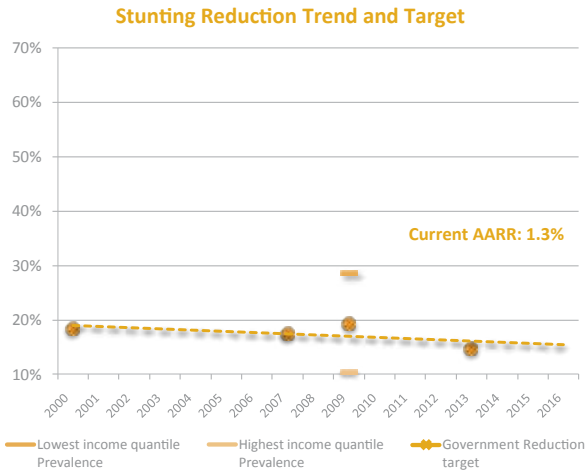
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

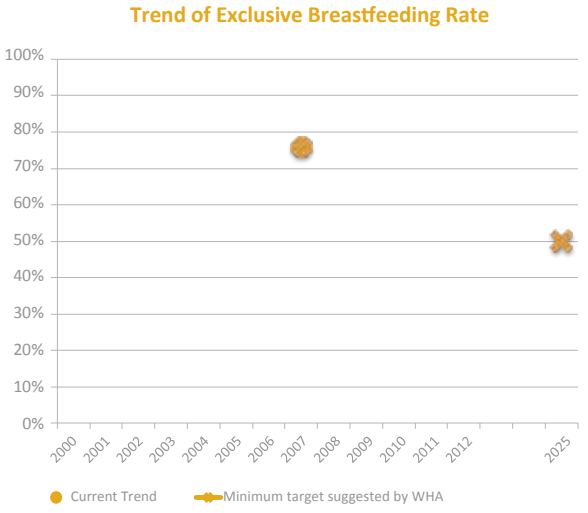
Sri Lanka

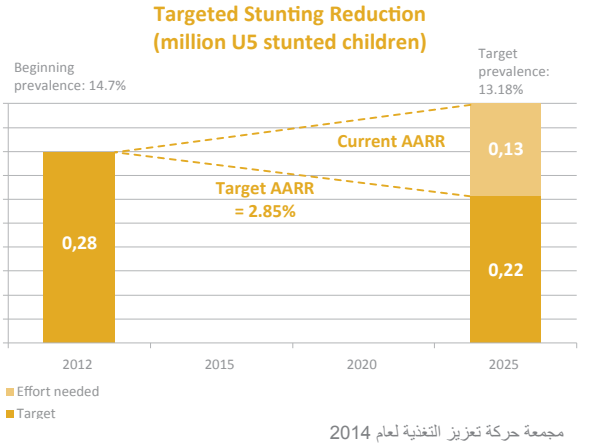


Joined: October 2012

Demographic data	
National Population (million, 2010)	20,8
Children under 5 (million, 2010)	1,9
Adolescent Girls (15-19)(million, 2010)	0,80
Average Number of Births (million, 2010)	0,38
Population growth rate (2010)	0,79%
WHA nutrition target indicators (Nutrition and food security survey 2013. Colombo, Sri Lanka)	
Low-birth weight	18,1%
0-5 months Exclusive Breastfeeding	75,8%
Under five stunting	14,7%
Under five wasting	21,4%
Under five over weight	0,6%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	-
Vitamin A supplementation (6-59 months)	90,0%
Households Consuming Adequately Iodized Salt	92,4%
Women's Empowerment	
Female literacy	90,0%
Female employment rate	32,5%
Median age at first marriage	-
Access to skilled birth attendant	-
Women who have first birth before age 18	-
Fertility rate	2,3
Other Nutrition-relevant indicators	
Rate of urbanization	15,12%
Income share held by lowest 20%	7,72%
Calories per capita per day (kcal/capita/day)	2.379,2
Energy from non-staples in supply	47,84%
Iron availability from animal products (mg/capita/day)	1,1
Access to Improved Sanitation Facilities	88,1%
Open defecation	-
Access to Improved Drinking Water Sources	72,2%
Access to Piped Water on Premises	29,1%
Surface Water as Drinking Water Source	-
GDP per capita (current US$, 2013)	3.280,00
Exports-Agr Products per capita (current US$, 2012)	1,40
Imports-Agr Products per capita (current US$,2012)	0,57







Bringing people together into a shared space for action

The high level commitment in addressing nutrition issues is reflected in the National Nutrition Council of Sri Lanka (NNC), which is chaired by H. E. the President, and the commitment of the First Lady to act as Nutrition Champion. The NNC is chaired by the Secretary of the President and the National Coordinator for Nutrition. It comprises, among others, 17 Secretaries, of line ministries that have incorporated nutrition in their action plans and the chief Secretaries of the 9 Provinces. The Committee is mandated with the implementation of the 3-year Multi-sector Action Plan for Nutrition (MsAPN) titled 'Vision 2013 - Sri Lanka: A Nourished Nation'. It is supported by the National Steering Committee on Nutrition (NSCN) - which is its implementation body, the Technical Advisory Committee on Nutrition (TACN) – which provides technical guidance and supports the formulation of policies and plans, and the National Nutrition Secretariat (NNS), which is established in the Office of the President. The responsibility for the coordination, monitoring and evaluation of the MsAPN lies within the National Nutrition Secretariat established in the Office of the President. The Secretariat is chaired by the SUN Focal Point and is advised by several technical sub-committees from among the members of the policy formulation component of the NNC which include civil society and the private sector. The Technical Advisory Committee on Nutrition (TACN) and UN Agencies (UNICEF, WFP, FAO and WHO) support the Government of Sri Lanka to achieve improved food and nutrition security. A CSA is being established and will include local medical staff. Outreach workshops were held in 2014 to gather a critical mass of support to CSOs.

Ensuring a coherent policy and legal framework

Sri Lanka has a National Nutrition Policy and a Strategic Plan (2010-2015). Nutrition-specific interventions are carried out by the Ministry of Health and nutrition-sensitive policies and strategies are integrated across multiple sectors, for example

- Agriculture Policy and Strategic Plan
- National School Health Policy
- Early Child Care Development Policy

The national legislation covers the Food Act, salt iodization, food labelling, food advertisement, consumer protection and the International Code of Marketing of Breast-Milk Substitutes. Maternity leave covers 6 months paid and up to one year not paid in the public sector and 3 months paid in the private sector. A draft Health Communications Strategy is under development.

Aligning actions around a Common Results Framework

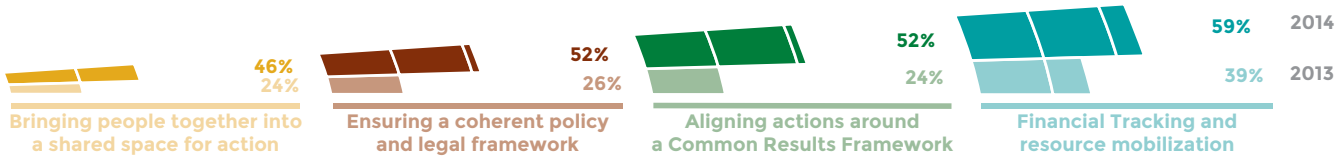
The MsAPN is being reviewed by experts to avoid dilution, foster prioritization and enhance on-going nutrition related activities at the national, provincial, district and divisional levels. Nutrition-specific interventions of this plan are being costed with the help of the World Bank through the One Health Tool. This will provide a common platform to target and coordinate interventions. 16 log-frames for line ministries have been developed. The national multi-sector institutional approach was piloted in 2 of the most nutritionally vulnerable districts out of 24 districts in the country. Its expansion to all nine provinces is in the initial stages of implementation. A monitoring cell will track the overall implementation based on five common monitoring and evaluation nutrition results areas and indicators already identified in the 3-year National Nutrition Plan. The indicators are based on the WHO results-based framework, and have been agreed by line ministries to facilitate joint analysis of information gathered. A monitoring guidance note was also developed to be used at the district level and a database is being created to monitor activities.

Financial Tracking and resource mobilization

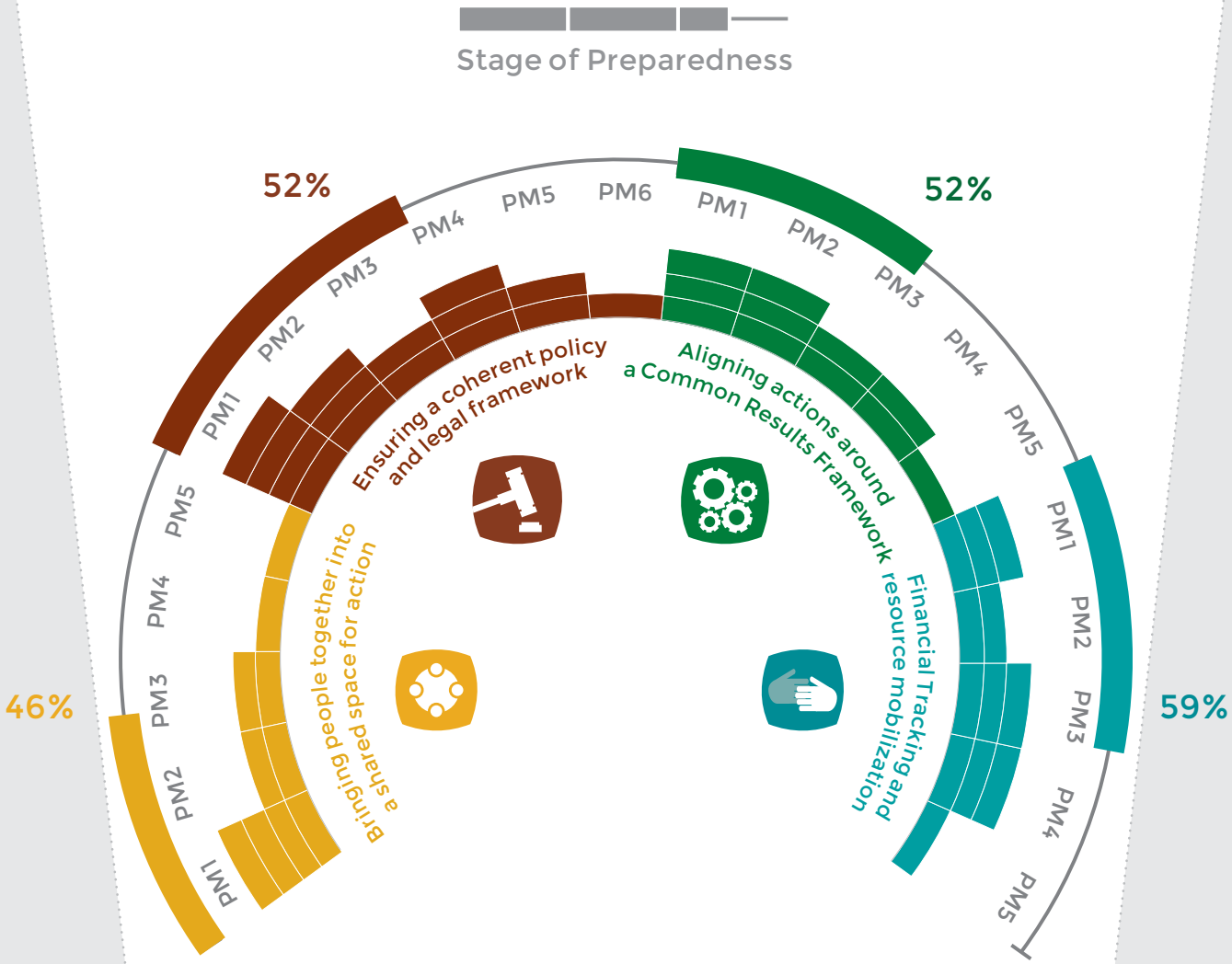
Financing is provided by different sources including government and donors. In order to implement the MsAPN, each ministry was instructed by the Treasury to create a separate budget line for nutrition, for which allocations are made from the actual Government budget. The Ministry of Health has allocated $55k from regular funding for year 2013 to implement urgent interventions in the health sector, including those related to the vulnerable plantation sector. The government currently spends around Rs. 4.5 billion per annum on direct nutrition specific programs and approximately Rs. 100 billion on nutrition related programs. During the Nutrition for Growth event held on 8 June 2013, the Government committed to increase domestic financial and technical resources for nutrition by up to 30% in key sectors (health, agriculture and education) by 2016, and 10% in other sectors, starting from 2014.

Progress Across Four SUN Processes
Sri Lanka

2013[1] and 2014[2] Scoring of Progress Markers



2014 Dashboard for Progress Markers



[1]Externally assessed by the SUN Movement Secretariat
[2]Externally assessed by the SUN Movement Secretariat

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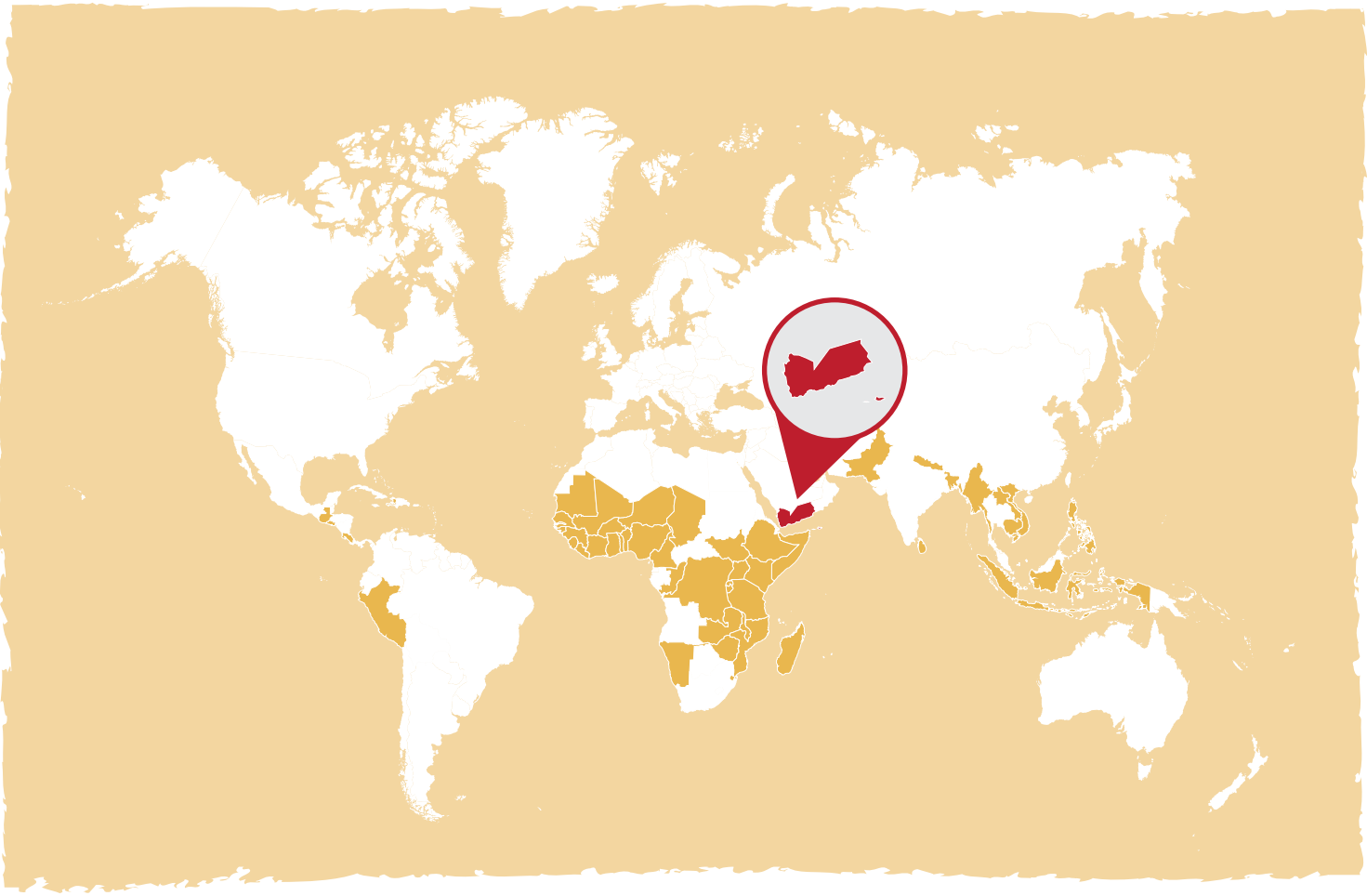
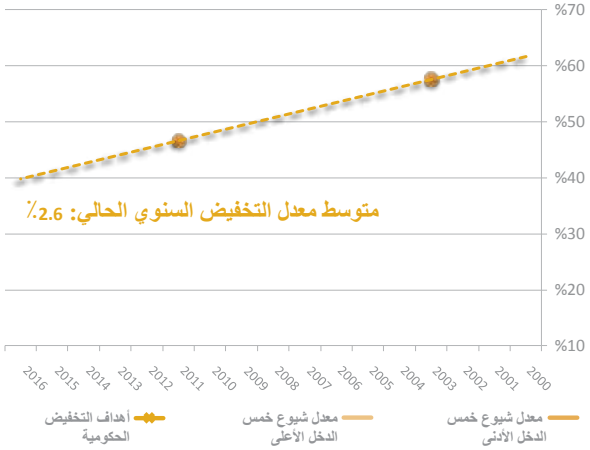


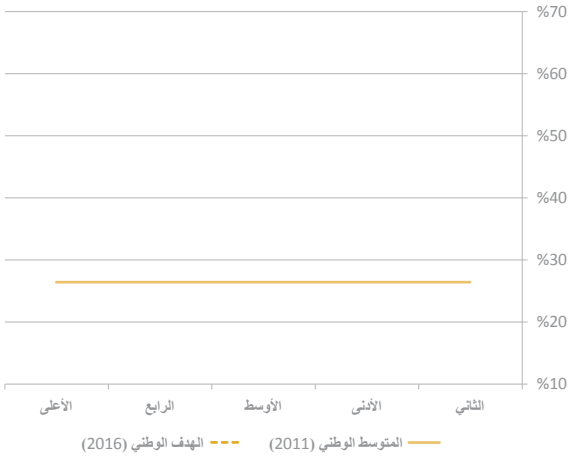
تاريخ الانضمام: نوفمبر 2012

البيانات الديموغرافية	
التعداد السكاني الوطني (مليون، 2010)	22,8
الأطفال دون سن الخامسة (مليون، 2010)	3,3
المراهقات (15-19) (مليون، 2010)	1,40
متوسط عدد المواليد (مليون، 2010)	0,70
معدل نمو السكان (2010)	%2,45
مؤشرات أهداف التغذية لجمعية الصحة (2011 CFSS)	
انخفاض وزن المواليد	N/A
أشهر الرضاعة الطبيعية الحصرية 0-5	%11,6
التقزم لدى الأطفال دون سن الخامسة	%46,6
الهزال لدى الأطفال دون سن الخامسة	%13,3
زيادة الوزن لدى الأطفال دون سن الخامسة	%1,5
تغطية عوامل التغذية ذات الصلة	
ممارسات تغذية الرضع والأطفال الصغار	
النظام الغذائي المقبول لمن تبلغ أعمارهم 6-23 شهرًا على الأقل	-
التنوع الغذائي لمن تبلغ أعمارهم 6-23 شهرًا على الأقل	-
تدخلات الوقاية من نقص الفيتامينات والمعادن	
الزنك كعلاج للإسهال (لدى الأطفال دون سن الخامسة)	-
النساء الحوامل اللاتي يحضرن 4 زيارات أو أكثر من زيارات رعاية ما قبل الولادة	-
مكمل فيتامين أ (6-59 شهرًا)	%11,0
الأسر المعيشية التي تستهلك الملح المضاف إليه يود بالقدر الكافي	%29,5
تمكين المرأة	
محو أمية الإناث	%60,6
معدل عمالة الإناث	%18,6
متوسط العمر في الزواج الأول	-
الحصول على القبالة الماهرة	%36,0
النساء اللاتي يلدن للمرة الأولى قبل بلوغ سن 18 عامًا	-
معدل الخصوبة	4,9
عوامل التغذية الأخرى ذات الصلة	
معدل التحضر	%33,54
نصيب الدخل الذي يستحوذ عليه قطاع نسبة 20% الأقل	%7,18
السعرات الحرارية للفرد في اليوم (كيلو كالوري/فرد/يوم)	-
الطاقة من إمدادات أخرى غير الأغذية الأساسية	%35,57
توفر الحديد من المنتجات الحيوانية (ملغ/فرد/يوم)	1,2
الحصول على مرافق الصرف الصحي المحسَّنة	%52,0
التغوط في العراء	%21,4
الحصول على مصادر مياه الشرب المحسَّنة	%59,0
الحصول على المياه المنقولة بالأنابيب بالمباني	%34,0
المياه السطحية بصفتها مصدرًا لمياه الشرب	%4,0
الناتج الإجمالي المحلي لكل فرد (بالدولار الأمريكي حاليًا، 2013)	1.473,00
صادرات الناتج الإجمالي المحلي لكل فرد (بالدولار الأمريكي حاليًا، 2012)	0,22
واردات الناتج الإجمالي المحلي لكل فرد (بالدولار الأمريكي حاليًا، 2012)	1,56

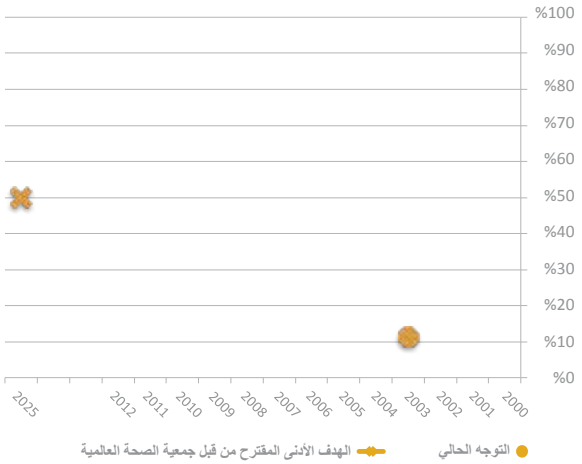
توجهات وأهداف الحد من التقزم



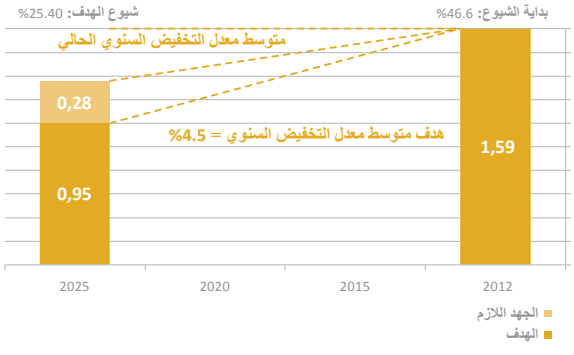
توزيع حالات التقزم عبر الخمس المستحوذ على الثروات



توجه معدل الرضاعة الطبيعية الحصرية



الحد من التقزم المستهدف
(مليون - الأطفال دون سن الخامسة الذين يعانون من التقزم)



مجموعة حركة تعزيز التغذية لعام 2014

ضمان سياسة متماسكة وإطار قانوني

تمتلك اليمن سياسة خاصة بها للأمن الغذائي والتغذية (2011) إلى جانب الاستراتيجية الوطنية للتغذية (2013-2014) والخطة الوطنية لتسريع القطاع الصحي، والتي تغطي تدخلات واسعة النطاق توفر خدمات إنسانية وأساسية للمواطنين. وتنعكس استراتيجيات وسياسات التغذية الحساسة في جميع الوثائق والقطاعات الأساسية والتي تشمل: استراتيجية وسياسة الأمن الغذائي (2011) والاستراتيجية الوطنية للقطاع الزراعي (2012-2016) والاستراتيجية الوطنية لقطاع مصايد الأسماك (2012-2015) والاستراتيجية الوطنية لقطاع المياه وخطة الاستثمار وتشريع صندوق الرعاية الاجتماعية (2008) والاستراتيجية الوطنية للتعليم الأساسي. ويتناول التشريع الوطني الحالي معالجة الملح باليود وإثراء الدقيق والسكر (منذ 1996) وتنفيذ المدونة الدولية لتسويق بدائل حليب الأم (BMS) منذ 2002.

التتبع المالي وحشد الموارد

تصل التكلفة المقدرة لتعزيز التغذية من خلال خطة العمل الوطنية متعددة القطاعات للتغذية إلى حوالي 1.2 مليار دولار أمريكي لمدة خمس سنوات مع التخطيط لتخصيص نحو 50% من الموارد لتدخلات التغذية المباشرة، بينما سيتم تخصيص نسبة 50% الباقية لتدخلات التغذية الحساسة ذات التأثير العالي التي تنتمي لقطاعات التعليم والمياه والزراعة والثروة السمكية. وتشير التقارير إلى أن تتبع الإنفاق لا يزال على المستوى الفردي في الغالب، ويلزم إجراء مزيد من التنسيق لتحقيق تخطيط شامل للموارد. وتتم زيادة ميزانيات التغذية على الرغم من أنه لا تزال هناك فجوات مالية. وتظل تعبئة الموارد وتحديد أولويات التدخلات من الأولويات وذلك لضمان نتائج فعالة للتغذية. وإلى جانب قضايا أخرى، تم تحديد قضايا الأمن باعتبارها تعوق التقدم على أرض الواقع إلى جانب المكان الذي يمكن توقع الوفاء بالالتزامات الحالية من خلاله. وقد تعهدت الحكومة اليمنية بوضع بنود جديدة للميزانية في الوزارات ذات الصلة يتم تخصيصها لبرامج التغذية، إلى جانب زيادة الموارد البشرية للتغذية بنسبة تتراوح بين 10-20% كحد أدنى ونشر الإنفاق القومي بشكل علني.

جلب الناس إلى مساحة مشتركة للعمل

يتسم التزام الحكومة اليمنية بفهم أسباب نقص التغذية ومعالجتها بالقوة وينعكس بوضوح على أعلى مستوى. ويظهر هذا الالتزام من خلال مرسوم وقرار مجلس الوزراء الصادر عن رئيس الوزراء، والذي يطالب عدة وزارات بمعالجة مسألة التغذية باعتبارها أولوية في الخطط الخاصة بكل منها. وقد تم تأسيس المجلس الأعلى للأمن الغذائي برئاسة رئيس الوزراء. كما أن هناك لجنة توجيهية وطنية راسخة متعددة القطاعات لحركة تعزيز التغذية يرأسها نائب وزير التخطيط والتعاون الدولي (MOPIC) ومجموعة العمل الفنية التابعة لها التي يتم تنسيقها من قبل شركاء الأمم المتحدة. وتتألف هذه المنصات من وكالات الأمم المتحدة والجهات المانحة ومنظمات المجتمع المدني والمجتمع الأكاديمي والقطاع الخاص وممثلين من الحكومة (بما في ذلك وزارات التخطيط والتعاون الدولي والصحة والزراعة والثروة السمكية ووزارة المياه والبيئة والتعليم وأمانة رئاسة الجمهورية ومكتب رئيس الوزراء). وتتكاتف جميع هذه الجهات نحو إعداد كفاءات فنية في الوزارات الخاصة بكل منها على حدة. ويؤسس المرسوم الصادر في يونيو 2013 هيكل اللجنة التوجيهية وعضويتها. وتكمن المهمة الأساسية للجنة التوجيهية / الفنية الوطنية للحركة في تحسين التنسيق المشترك بين القطاعات وأصحاب المصلحة وتطوير خطة العمل الوطنية متعددة القطاعات للتغذية (NNMSAP) ومواءمة تدخلات التغذية وتعبئة الموارد ورصد التقدم وتقييم الأثر والتوصيات الرائدة للتغييرات السياسية والبرامجية والاستراتيجية. ويقوم عدد من منظمات المجتمع المدني بتنسيق الجهود المعنية بالتغذية. ويعمل الاتحاد الأوروبي كمنظم لمؤتمرات الجهات المانحة كما يعمل مبعوثه الصحي كجهة تنسيق لشبكة الجهات المانحة. **وبالرغم من الاهتمام والمشاركة الفعالة للقطاع الخاص، فإنه لا يزال يحتاج إلى تعبئة كاملة.** ويتم تأسيس أمانة وطنية لحركة تعزيز التغذية اليمنية بوزارة التخطيط والتعاون الدولي. ويركز عملها على تعزيز التنسيق والتقييم والرصد والتوجيه بشأن أداء برامج التغذية.

المواءمة حول إطار نتائج مشترك

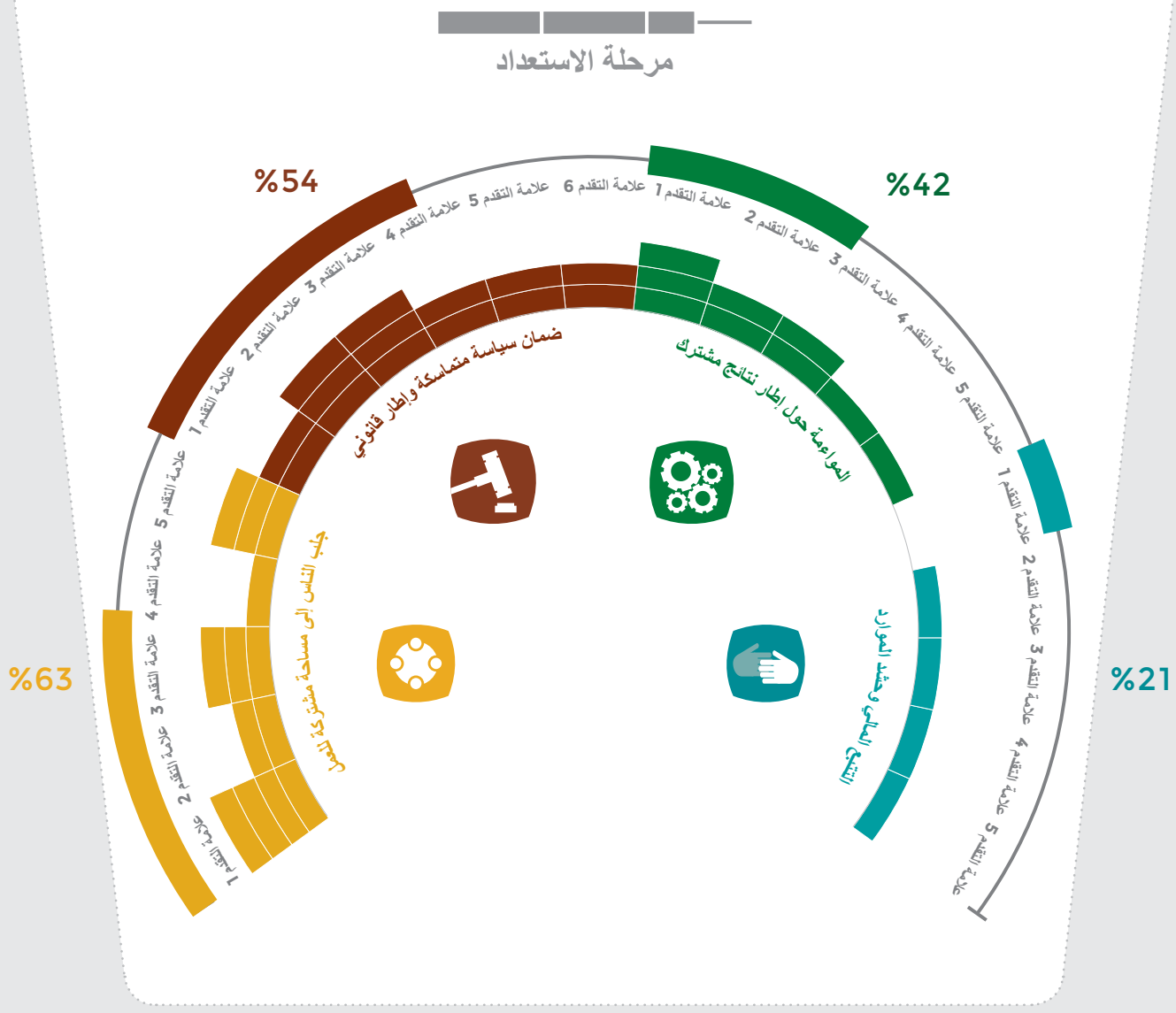
مع تلقي الدعم من شبكة الأمم المتحدة، تعمل اليمن منذ يوليو 2013 على تطوير خطة عمل وطنية متعددة القطاعات للتغذية بناءً على تحليل للموقف يتم تنفيذه من جانب فريق من الاستشاريين ينتمي إلى حركة تعظيم جودة تعزيز إطار برامج التغذية (MQSUN) بدعم من فريق فني وطني وخبراء من أمانة حركة تعزيز التغذية في جنيف. وتشتمل خطة العمل الوطنية متعددة القطاعات للتغذية على بعض التدخلات الحساسة والمحددة للتغذية والتي يتم تطبيقها بالفعل في استراتيجيات وخطط قطاعية مثل الاستراتيجية الوطنية للتغذية (2013-2014) والاستراتيجية الوطنية للقطاع الزراعي (2012-2016) وخطة الاستثمار لقطاع المياه والاستراتيجية الوطنية لمصايد الأسماك (2012-2015). ويجري وضع اللمسات الأخيرة على خطة العمل الوطنية متعددة القطاعات للتغذية مع مشاركة تامة من جانب مجموعة من أصحاب المصلحة المتعددين بقيادة وزارة التخطيط والتعاون الدولي ومساعدة فنية تقدمها حركة تعظيم جودة تعزيز إطار برامج التغذية (MQSUN). وتتواصل الجهود الحالية في التركيز على تحديد أكثر نُهج التدخلات فاعلية لتحديد أولويات الاستثمار لتعزيز التغذية في اليمن. وبمجرد الانتهاء من ذلك، سيتم تطبيق منظومة للتقييم والرصد.

التقدم المحرز عبر أربع عمليات لحركة تعزيز التغذية

اليمن

تسجيل نتائج علامات التقدم لعامي 2013[1] و 2014[2]

لوحة علامات التقدم لعام 2014



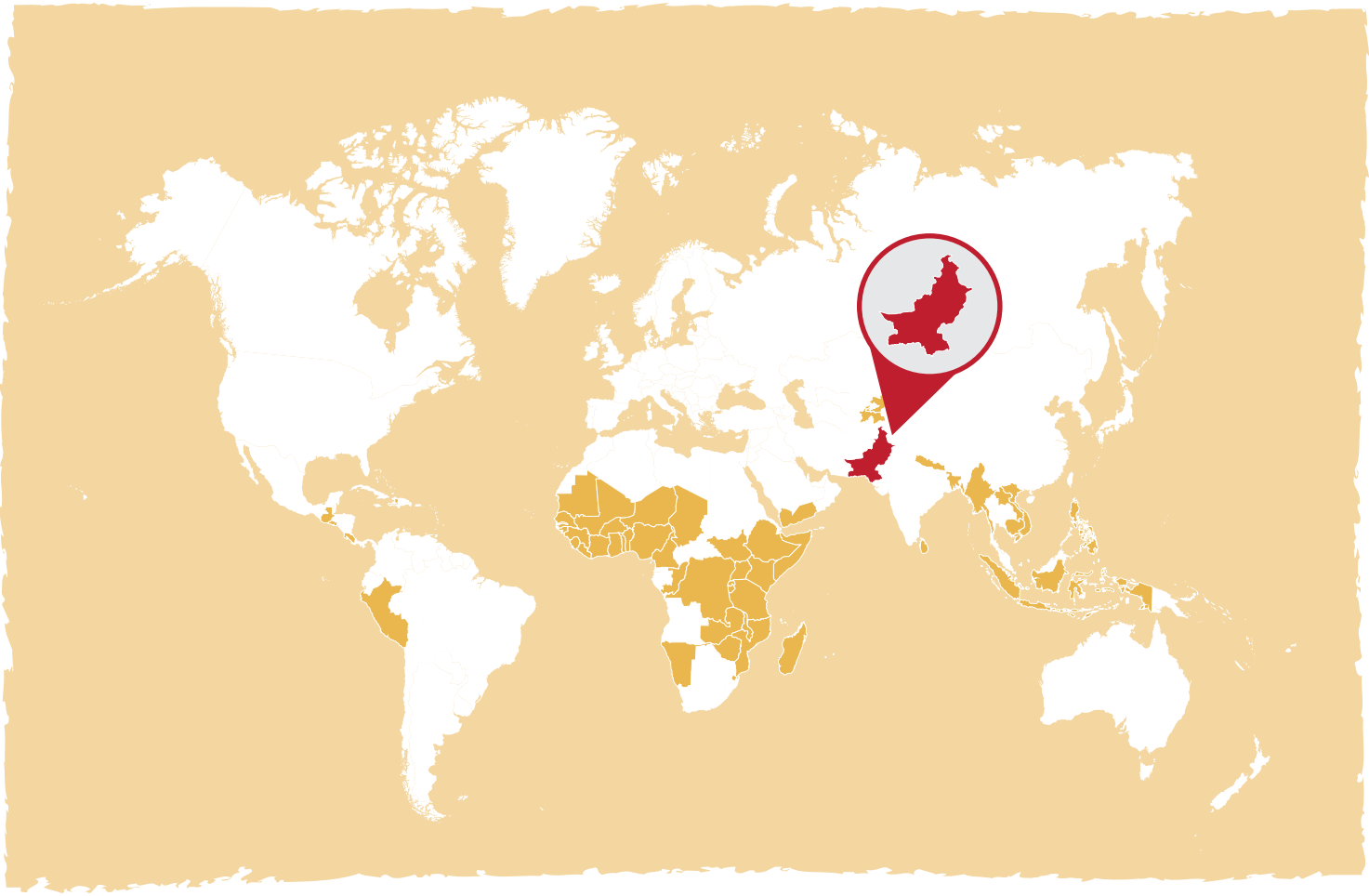
[1] مقيمة خارجيا من قبل أمانة حركة تعزيز التغذية

[2] مقيمة داخليها من خلال تدريب التقييم الذاتي القطري

الدول التي انضمت إلى الحركة في عام 2013

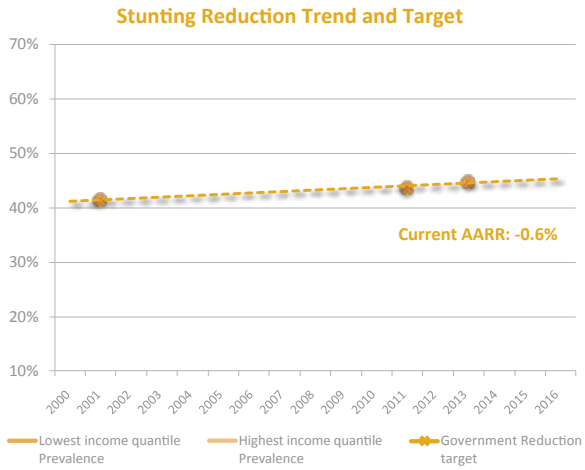
باكستان
الكاميرون
بوروندي
ميانمار
تشاد
غينيا
جمهورية الكونغو الديمقراطية
ساحل العاج
جنوب السودان
طاجيكستان
الكونغو-برازافيل
سوازيلاند
جزر القمر

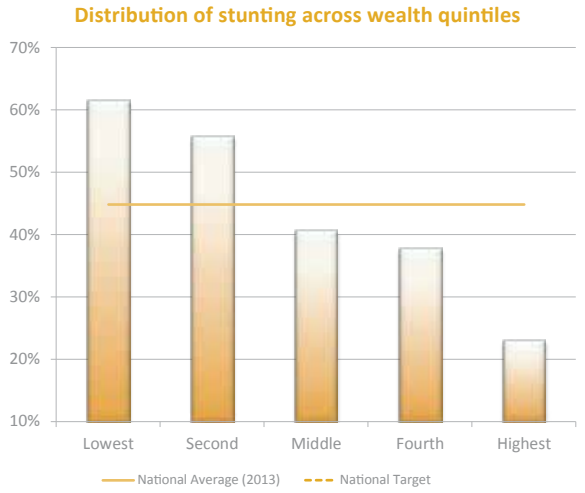
Pakistan

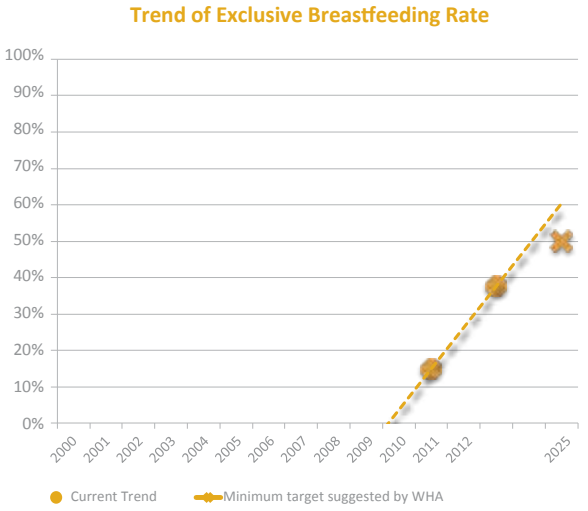


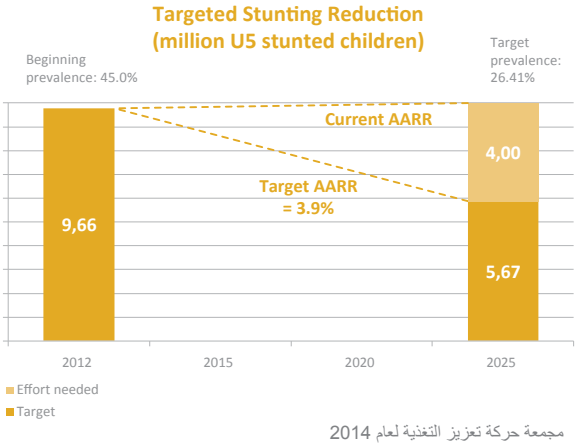
Joined: January 2013

Demographic data	
National Population (million, 2010)	173,1
Children under 5 (million, 2010)	21,3
Adolescent Girls (15-19)(million, 2010)	9,50
Average Number of Births (million, 2010)	4,60
Population growth rate (2010)	1,84%
WHA nutrition target indicators (DHS 2013)	
Low-birth weight	25,0%
0-5 months Exclusive Breastfeeding	37,7%
Under five stunting	45,0%
Under five wasting	10,5%
Under five over weight	4,8%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	14,8%
6-23 months with Minimum Diet Diversity	22,2%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	1,5%
Pregnant Women Attending 4 or more Antenatal Care Visits	36,6%
Vitamin A supplementation (6-59 months)	99,0%
Households Consuming Adequately Iodized Salt	-
Women's Empowerment	
Female literacy	43,4%
Female employment rate	29,1%
Median age at first marriage	19,5
Access to skilled birth attendant	73,1%
Women who have first birth before age 18	7,9%
Fertility rate	3,8
Other Nutrition-relevant indicators	
Rate of urbanization	35,97%
Income share held by lowest 20%	9,60%
Calories per capita per day (kcal/capita/day)	2.354,1
Energy from non-staples in supply	43,37%
Iron availability from animal products (mg/capita/day)	1,4
Access to Improved Sanitation Facilities	59,5%
Open defecation	21,4%
Access to Improved Drinking Water Sources	93,0%
Access to Piped Water on Premises	28,8%
Surface Water as Drinking Water Source	1,2%
GDP per capita (current US$, 2013)	1.299,00
Exports-Agr Products per capita (current US$, 2012)	0,12
Imports-Agr Products per capita (current US$,2012)	0,09









Bringing people together into a shared space for action

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) at the Ministry of Planning and Development (MPD) oversees nutrition planning and implementation across sectors and ensures 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 that provides a forum for different stakeholders (government, UN & development partners) to plan towards common goals and act in a synergistic manner.

A government SUN National Focal point has been nominated and is coordinating SUN work at the national level. High-level political commitment is in place. A multi-sectoral strategy is being developed at federal and provincial levels. There is a Steering Committee with technical working groups which organises workshops at the provincial level to integrate nutrition in the provincial planning system.

There is an agreed distribution of roles among UN partners based on agency mandates and key strengths. For example, Donors invest intensively in evidence generation, situation analysis, dissemination and recommended way forward (i.e. NNS 2011, IDS, Political Economy Analysis, donor's internal strategy developments, advocacy workshops). Academia has been involved at various levels in analysing policies and programs, but are without any formal infrastructure for the moment.

Ensuring a coherent policy and legal framework

In Pakistan, responsibility for food and nutrition security is shared by the federal, provincial and local governments. A National Food Security and Nutrition Policy is under submission for approval while the Five Year National Nutrition Plan has been developed through multi-stakeholder consultation. The Inter-sectoral Nutrition Policy Guidance was developed and endorsed, as is the Inter-sectoral Nutrition Strategy. Policy guidance notes and multi-sectoral nutrition 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.

Aligning actions around a Common Results Framework

There is no CRF yet, however, common objectives of addressing malnutrition are supported focusing on declared identified cost effective interventions.

The federal and provincial governments and development partners are jointly committed to an integrative strategy at the provincial level. Within the SUN UN Network nutrition sensitive and specific interventions are aligned with the National Nutrition Policies. The elaboration of the five year National Nutrition Plan has involved all relevant partners and stakeholders working in Pakistan, and include the establishment of coordination mechanisms, a results monitoring framework with clear objectives and targets over a five year period. Pending since 2013, it will have to be approved and replicated to provinces.

The National Nutrition Program includes indirect interventions focused on nutrition and is financed by the World Bank and the government. Similarly, the Agricultural Program includes indirect interventions focused on nutrition and is 70% financed.

The SUN approach is crosscutting all UN nutrition supported programs and initiatives, e.g. Polio plus (UNICEF), livelihood and nutrition integration (WFP) and agriculture and nutrition integration (FAO).

A more detailed analysis of sectoral strategies is required, e.g. Social Protection, Agriculture, WASH, Health and Education.

Financial Tracking and resource mobilization

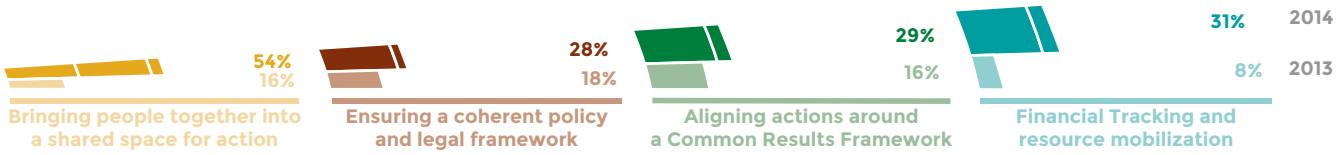
Mapping of donor spending is being undertaken. An extensive System for financial tracking is available with the government. However, the system is not in place for nutrition allocations and utilisation, in addition, development partners have not yet established any tracking system for development investments.

A financial tracking and mapping system is to be developed as a next step. It should build on the government system, be owned and managed by the government. Partners will align and comply with the system to be established.

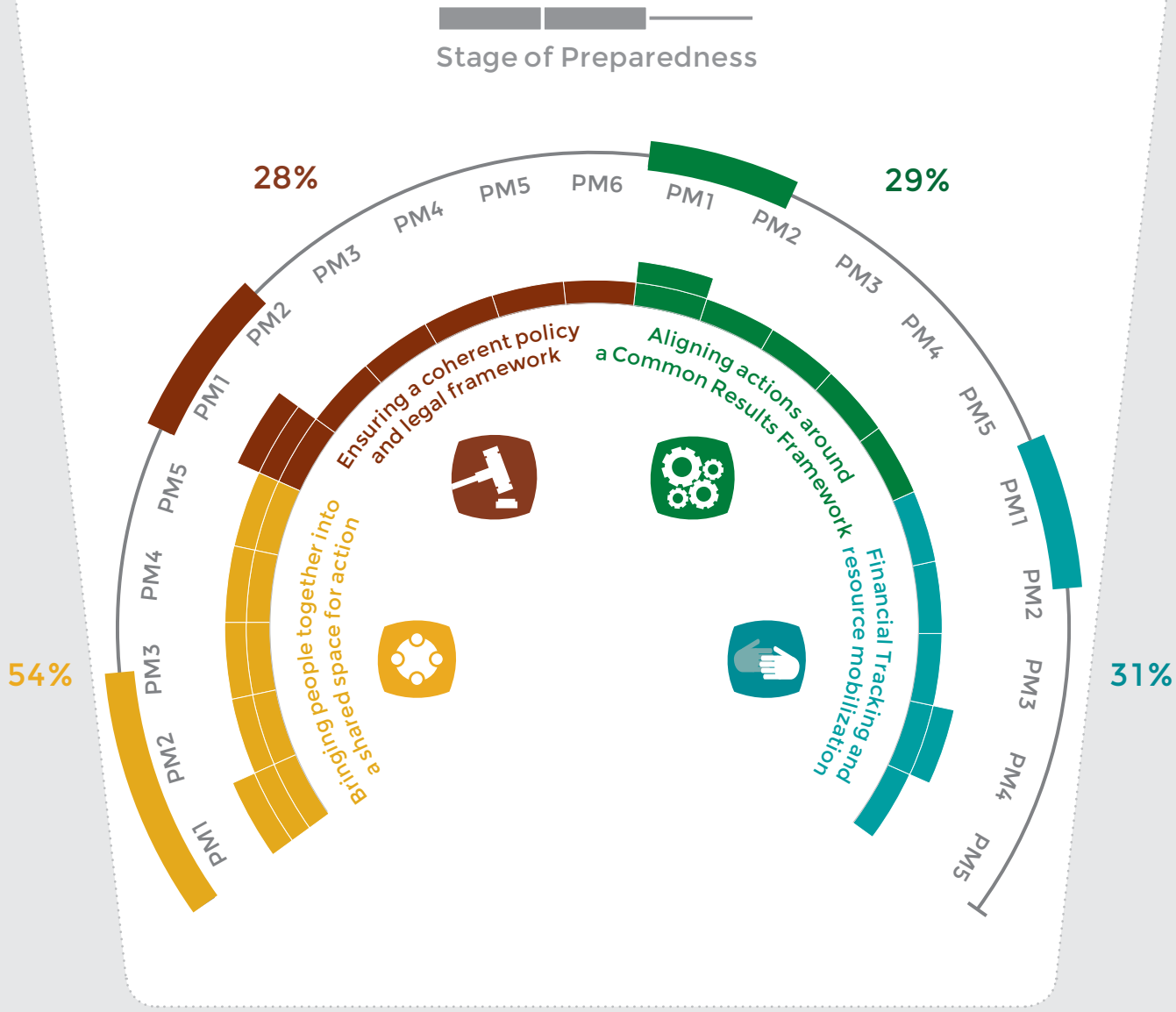
Commitments are offered and made available by donors, however, implementation capacity needs to be enhanced to ensure an effective – efficient implementation and utilisation of resources offered.

Progress Across Four SUN Processes
Pakistan

2013[1] and 2014[2] Scoring of Progress Markers



2014 Dashboard for Progress Markers



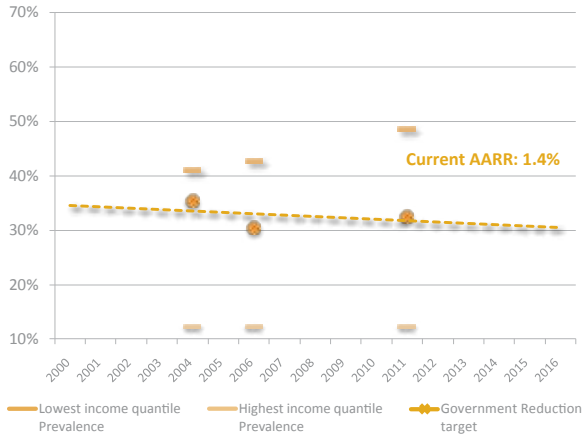
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

Cameroon

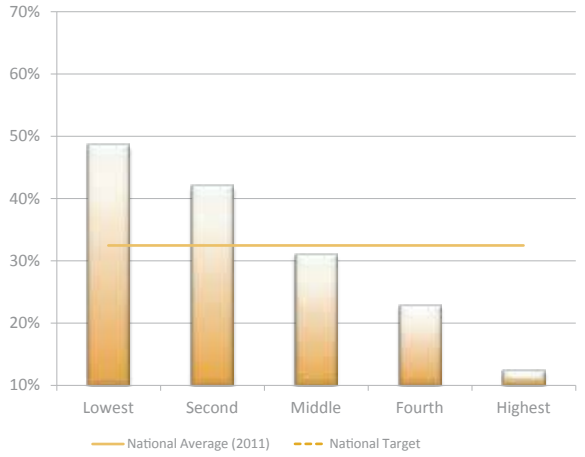
Joined: February 2013

Demographic data	
National Population (million, 2010)	20,6
Children under 5 (million, 2010)	3,4
Adolescent Girls (15-19)(million, 2010)	1,10
Average Number of Births (million, 2010)	0,80
Population growth rate (2010)	2,57%
WHA nutrition target indicators (DHS 2011)	
Low-birth weight	7,6%
0-5 months Exclusive Breastfeeding	20,4%
Under five stunting	32,6%
Under five wasting	5,8%
Under five over weight	6,5%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	0,1%
Pregnant Women Attending 4 or more Antenatal Care Visits	62,2%
Vitamin A supplementation (6-59 months)	88,0%
Households Consuming Adequately Iodized Salt	90,9%
Women's Empowerment	
Female literacy	69,2%
Female employment rate	61,5%
Median age at first marriage	18,7
Access to skilled birth attendant	63,6%
Women who have first birth before age 18	25,2%
Fertility rate	5,2
Other Nutrition-relevant indicators	
Rate of urbanization	48,95%
Income share held by lowest 20%	6,73%
Calories per capita per day (kcal/capita/day)	2.322,7
Energy from non-staples in supply	37,61%
Iron availability from animal products (mg/capita/day)	1,4
Access to Improved Sanitation Facilities	39,9%
Open defecation	7,2%
Access to Improved Drinking Water Sources	68,6%
Access to Piped Water on Premises	13,3%
Surface Water as Drinking Water Source	9,6%
GDP per capita (current US$, 2013)	1.315,00
Exports-Agr Products per capita (current US$, 2012)	1,90
Imports-Agr Products per capita (current US$,2012)	0,93

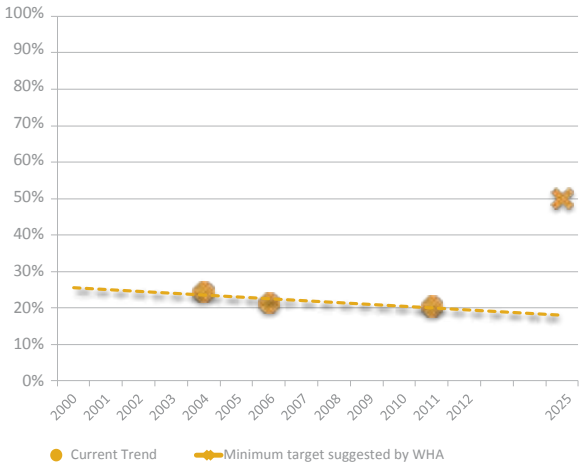
Stunting Reduction Trend and Target



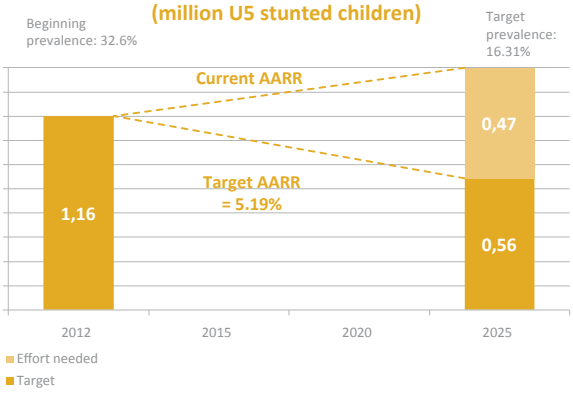
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million U5 stunted children)



Bringing people together into a shared space for action

Cameroon joined the SUN Movement in March 2013. The multi-stakeholder platform is in the development stage, the focal point has been designated and the participants, identified but not yet appointed, continue to be immersed in the operation of the structure. Regulatory formalization and allocation of human and financial resources would make its action more effective.

The platform is coordinated with the Interdepartmental Committee for Food Security, created in 2009, comprising 19 ministries and chaired by the Secretary General of the Prime Minister's Office. Its mission is to develop policy and strategy for food security actions and the implementation of the National Food Security Program.

The civil society platform chaired by Helen Keller International includes NGOs from various sectors (health, education and agriculture). The terms of reference and a work program has been developed, which includes seeking equity capital.

The United Nations network, under the leadership of UNICEF, is preparing its action plan. French Cooperation is working towards creating a platform for donors. A private sector network was launched at the Business Forum on Nutrition (May 2014).

A network of parliamentarians for the fight against malnutrition is also very active.

Ensuring a coherent policy and legal framework

The analysis of existing texts on nutrition has been completed and shows that nutrition is well integrated in key sectors: water and sanitation, agriculture, food and nutrition security (National Agricultural Investment Program and New National Food Security Program, which includes a support component for "production and nutrition education" to raise awareness of the consumption of food with a high nutritional value), education and scientific research, rural development, social protection, poverty reduction/growth stimulation. However, the maternal and child mortality rate reduction program does not take nutrition into account.

There are also laws and decrees on the marketing of breast milk-substitutes, food fortification and maternity leave.

As a result of the advocacy efforts of the platform, the Presidency of the Republic recently requested the Government to establish a National program for the fight against malnutrition.

The policy implementation and dissemination efforts need to be strengthened and the drafting of a multi-sector action plan for the fight against malnutrition is ongoing.

Aligning actions around a Common Results Framework

The common results framework has not yet been developed as the multi-sector action plan has not been finalized, but Cameroon has already indicated that it would need outside support for this.

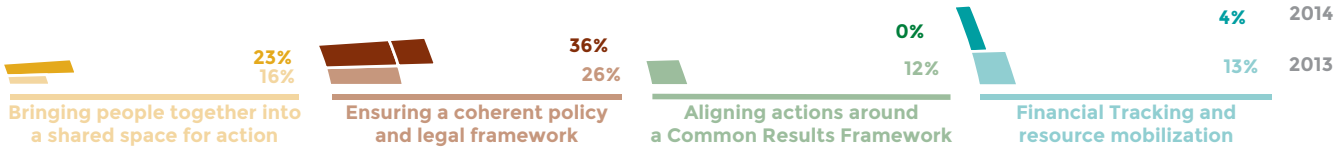
From the perspective of the programs, direct interventions in the area of nutrition have focused on the "window of opportunity" in the first 1,000 days. The activities are centered on essential actions concerning nutrition, the fight against micronutrient deficiencies (through a major campaign on food fortification and home fortification using micronutrients in powder form, vitamin A, iron and folic acid supplements), management of acute malnutrition, water, sanitation and hygiene, and maternal nutrition.

Financial Tracking and resource mobilization

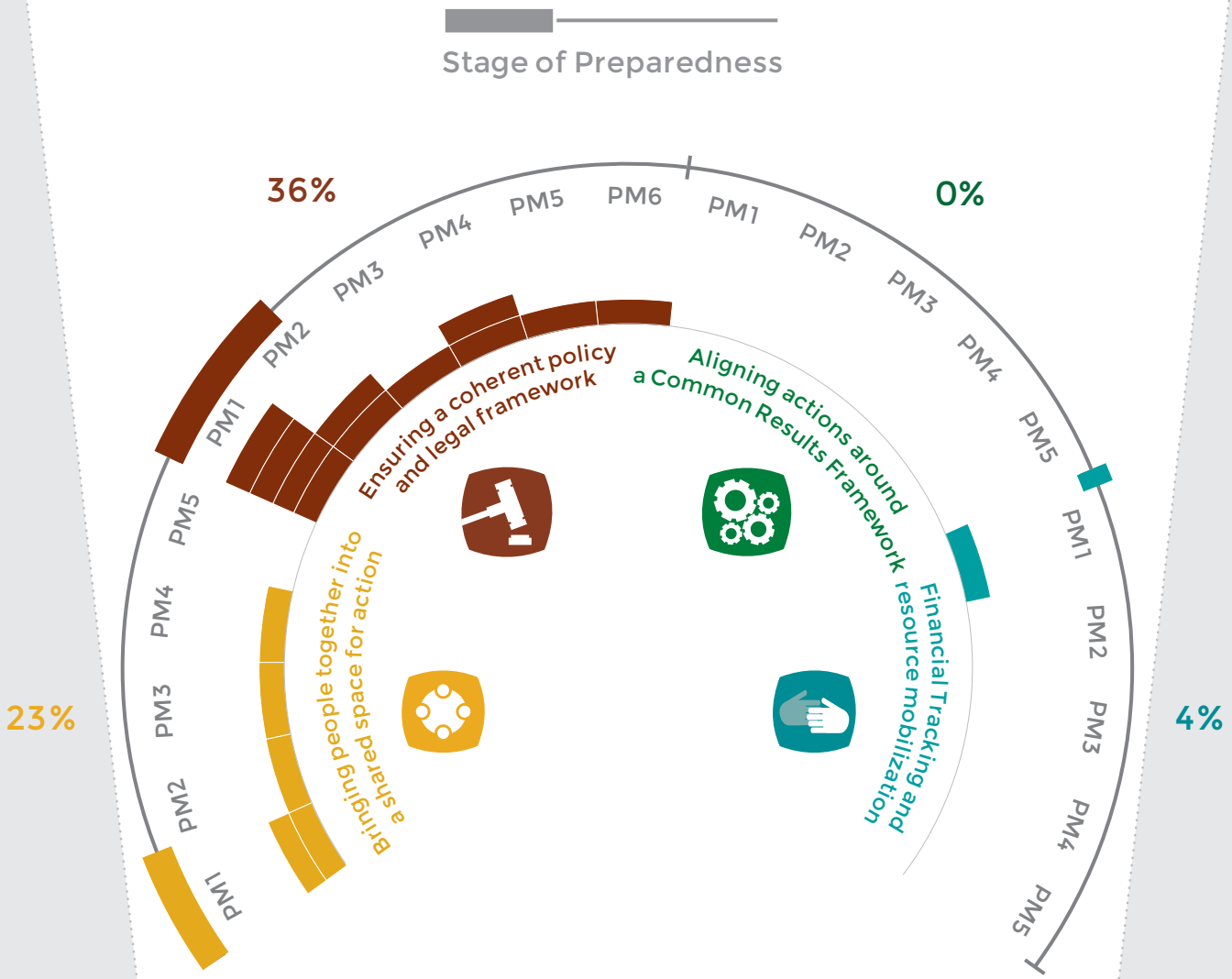
The costing of the plan can only be achieved once the multi-sector action plan is complete. There is currently no system for monitoring credit financing for nutrition activities and programs. While there is no specific budget line for nutrition, the share of the budget allocated to nutrition by the sector ministries is stable. Some partners noted a significant increase in resources allocated to emergency interventions in 2013.

Progress Across Four SUN Processes
Cameroon

2013[1] and 2014[2] Scoring of Progress Markers

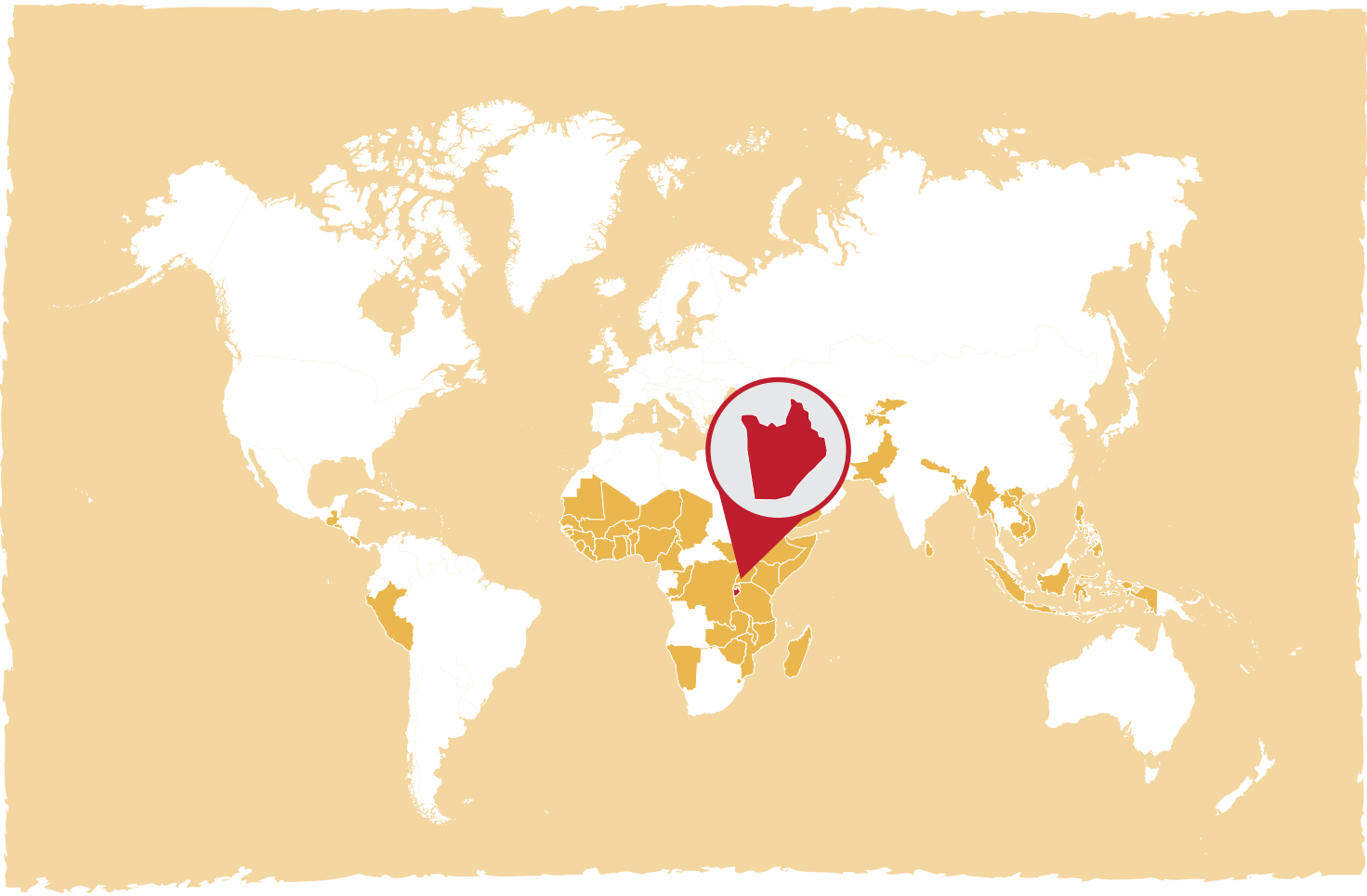


2014 Dashboard for Progress Markers



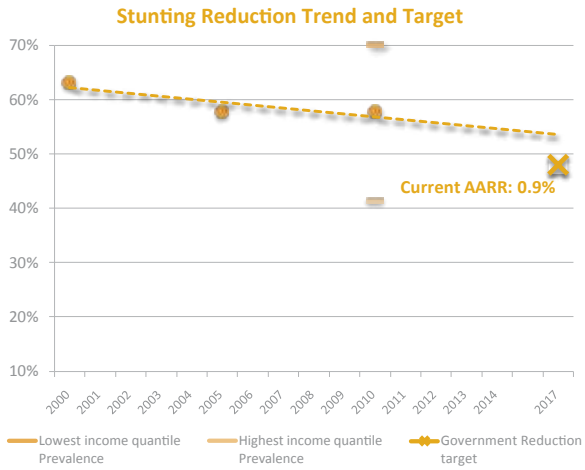
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

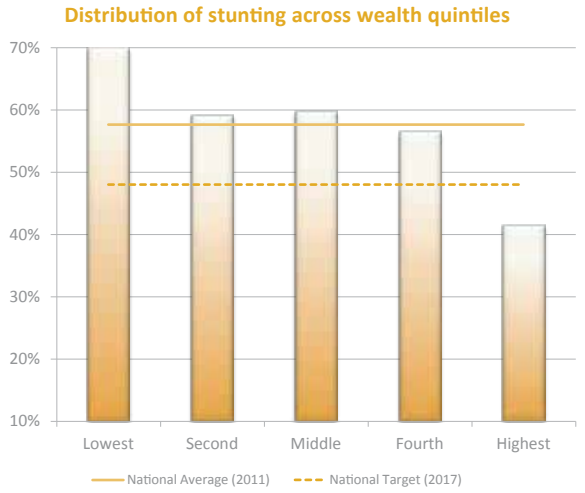
Burundi

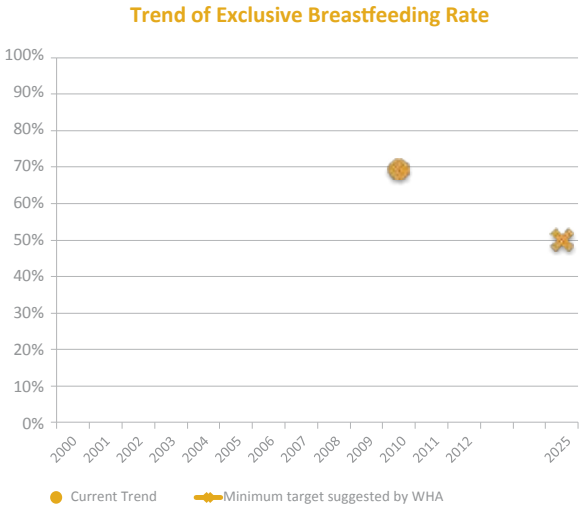


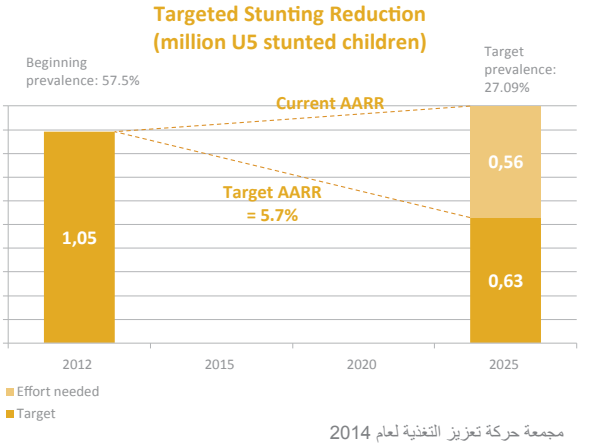
Joined: February 2013

Demographic data	
National Population (million, 2010)	9,3
Children under 5 (million, 2010)	1,7
Adolescent Girls (15-19)(million, 2010)	0,50
Average Number of Births (million, 2010)	0,40
Population growth rate (2010)	3,45%
WHA nutrition target indicators (DHS 2010)	
Low-birth weight	10,7%
0-5 months Exclusive Breastfeeding	69,3%
Under five stunting	57,5%
Under five wasting	6,1%
Under five over weight	2,9%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	3,1%
6-23 months with Minimum Diet Diversity	6,0%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	0,1%
Pregnant Women Attending 4 or more Antenatal Care Visits	33,4%
Vitamin A supplementation (6-59 months)	-
Households Consuming Adequately Iodized Salt	95,6%
Women's Empowerment	
Female literacy	61,5%
Female employment rate	78,6%
Median age at first marriage	20,3
Access to skilled birth attendant	60,3%
Women who have first birth before age 18	10,5%
Fertility rate	6,4
Other Nutrition-relevant indicators	
Rate of urbanization	9,66%
Income share held by lowest 20%	8,96%
Calories per capita per day (kcal/capita/day)	1.668,3
Energy from non-staples in supply	41,40%
Iron availability from animal products (mg/capita/day)	0,4
Access to Improved Sanitation Facilities	34,5%
Open defecation	2,9%
Access to Improved Drinking Water Sources	75,5%
Access to Piped Water on Premises	5,7%
Surface Water as Drinking Water Source	8,5%
GDP per capita (current US$, 2013)	267,00
Exports-Agr Products per capita (current US$, 2012)	7,23
Imports-Agr Products per capita (current US$,2012)	1,62









Bringing people together into a shared space for action

The multi-sectoral food and nutritional security platform (PMSAN) comprises a steering committee, a secretariat, a technical committee and ten working groups. A number of ministries, international organizations, religious groups, research institutes, the private sector and civil society are involved. While these structures operate well at national level, decentralizing and disseminating PMSAN work must be stepped up to promote commitment and accountability among all stakeholders.

The government and United Nations agencies work in a spirit of cooperation.

Civil society has been brought together on a platform that is not specifically focused on nutrition.

Advocacy aimed at parliamentarians is perceived as necessary to achieve better results in drafting legislation to promote nutrition.

Ensuring a coherent policy and legal framework

The contextual analysis of malnutrition has been completed. Burundi has legislative provisions on food fortification, labor laws, the importation and marketing of salt for human consumption and free healthcare for children under five and pregnant women.

Burundi is committed to enhancing the protection of maternity leave, adopting a new code on the marketing of breast milk substitutes, launching an alliance for food fortification, applying national directives on food for babies and young children, and focusing more on food output and diversification, food security and nutrition education. Burundi also intends to develop a communication plan for its multi-sectoral plan.

The drafting and dissemination of guidelines on including nutrition in sectoral strategies and a plan to enhance capacity are perceived as necessary to incorporate nutrition in all sectors.

Aligning actions around a Common Results Framework

Nutrition is a national priority. Burundi finalized its multi-sectoral roadmap for enhancing nutrition in January 2012 and validated its multi-sectoral strategic plan for food security and nutrition in June 2013. The strategic plan has four strategic priorities including reducing the prevalence of undernutrition, promoting breastfeeding, micronutrient supplementation, responding to chronic food security deficits.

The monitoring and evaluation plan that will serve as the common results framework will be developed in the future but the National Agricultural Investment Plan (PNIA) is already being aligned with existing policies. The donor-financed programs have not yet been aligned but civil society activities have been, to a certain extent.

Interventions are implemented in the form of projects with limited geographical coverage. A project aiming to step up the achievement of MDGs (2012) has been rolled out in eight provinces by the Ministry of Public Health and for the Fight against AIDS, the Ministry of Agriculture, PAM, UNICEF and the FAO. The other programs, focused on communities or food security, are implemented by the Health Ministry, sometimes in collaboration with the Agriculture Ministry.

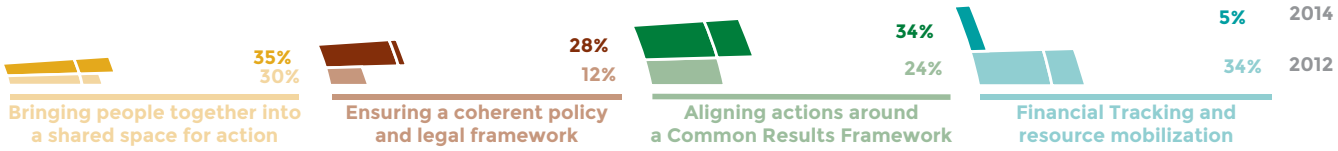
Discussions are under way to improve data collection and analysis on food security and nutrition.

Financial Tracking and resource mobilization

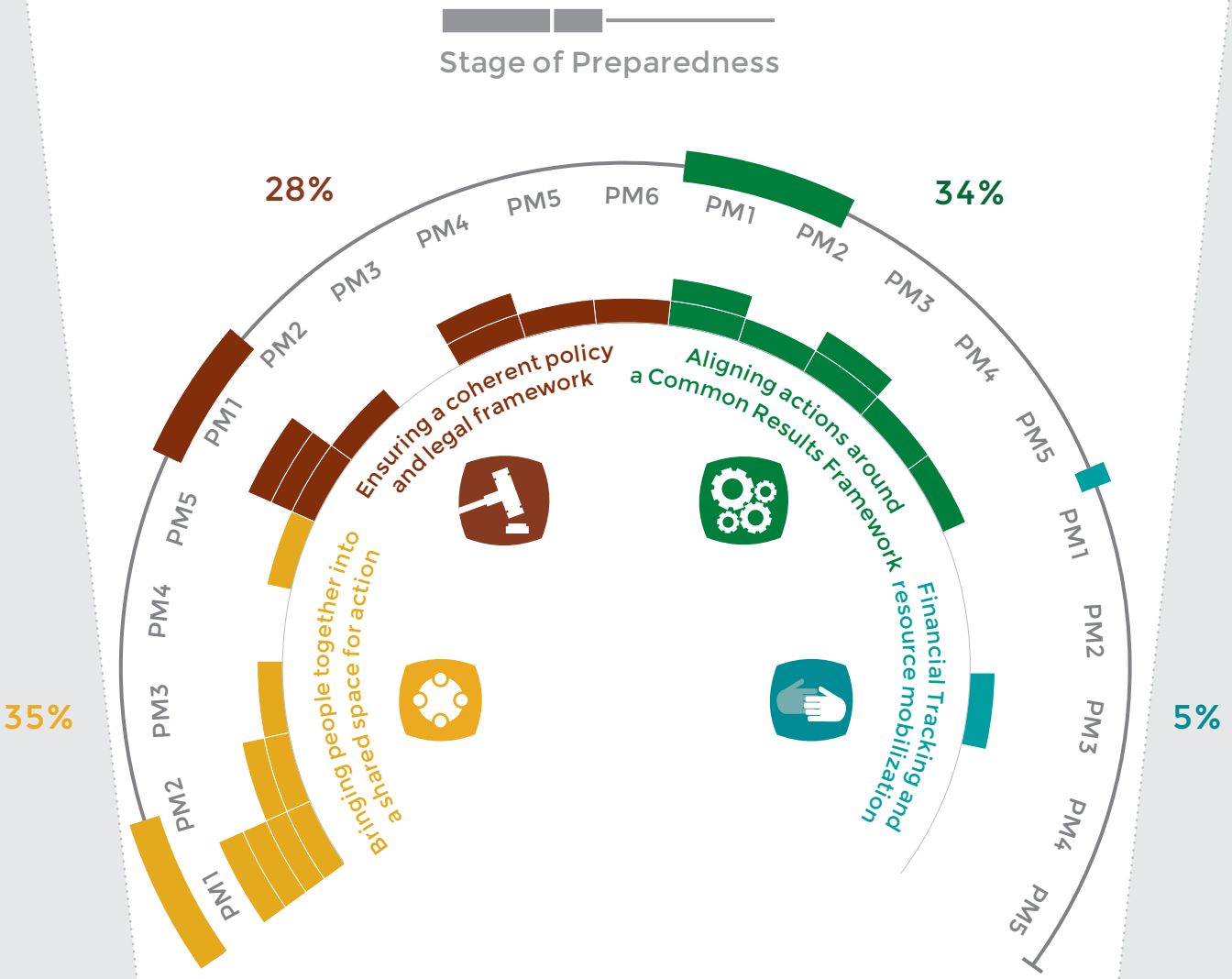
Burundi is confident that once plans have been costed, it can start to effectively mobilize government and donor funds. The creation of specific budget lines for nutrition is perceived as positive. The Ministry of Public Health and for the Fight against AIDS has already established a budget line for nutrition. However, these changes will need to be accompanied by transparent fund management.

Progress Across Four SUN Processes
Burundi

2012[1] and 2014[2] Scoring of Progress Markers

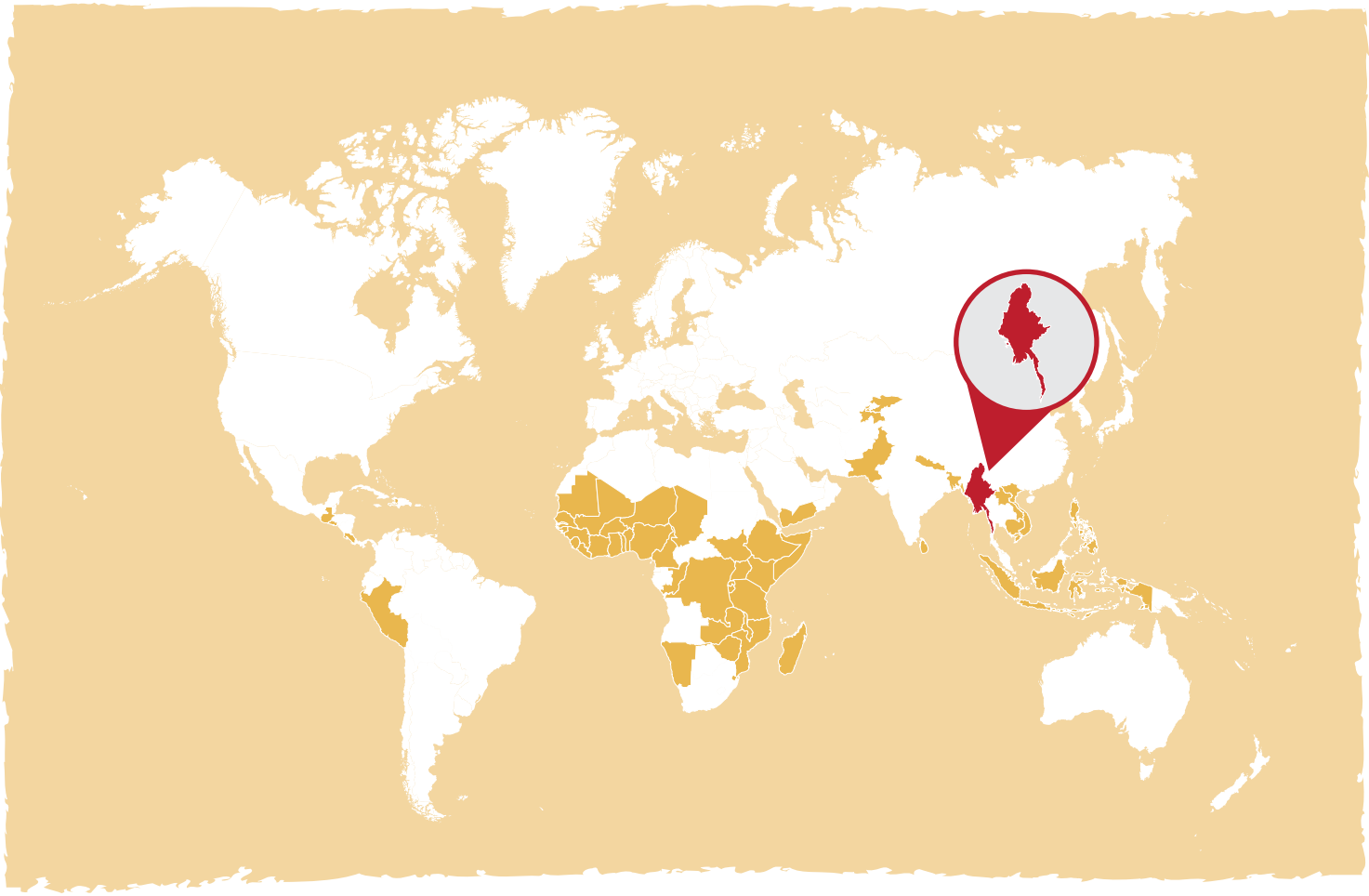


2014 Dashboard for Progress Markers



[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

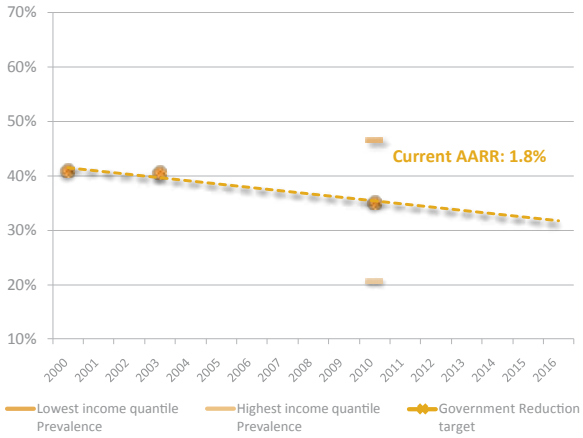
Myanmar



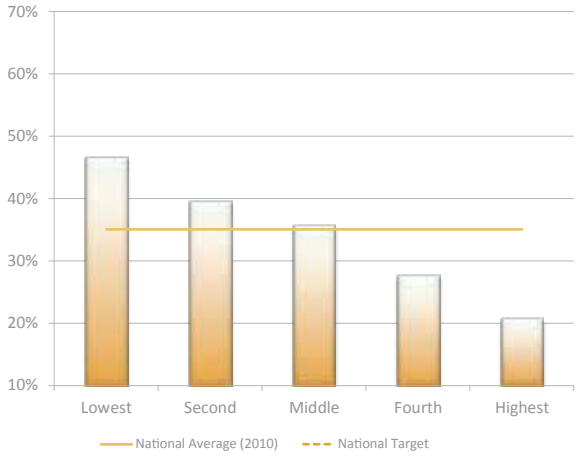
Joined: April 2013

Demographic data	
National Population (million, 2010)	51,9
Children under 5 (million, 2010)	4,4
Adolescent Girls (15-19)(million, 2010)	2,40
Average Number of Births (million, 2010)	0,90
Population growth rate (2010)	0,69%
WHA nutrition target indicators (MICS 2009-10)	
Low-birth weight	8,6%
0-5 months Exclusive Breastfeeding	23,6%
Under five stunting	35,1%
Under five wasting	7,9%
Under five over weight	2,6%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	63,80%
Vitamin A supplementation (6-59 months)	86,0%
Households Consuming Adequately Iodized Salt	92,9%
Women's Empowerment	
Female literacy	40,2%
Female employment rate	72,2%
Median age at first marriage	21
Access to skilled birth attendant	72,3%
Women who have first birth before age 18	16,9%
Fertility rate	2,1
Other Nutrition-relevant indicators	
Rate of urbanization	29,63%
Income share held by lowest 20%	-
Calories per capita per day (kcal/capita/day)	2.355,6
Energy from non-staples in supply	35,63%
Iron availability from animal products (mg/capita/day)	2,0
Access to Improved Sanitation Facilities	84,6%
Open defecation	7,0%
Access to Improved Drinking Water Sources	82,3%
Access to Piped Water on Premises	4,1%
Surface Water as Drinking Water Source	5,1%
GDP per capita (current US$, 2013)	-
Exports-Agr Products per capita (current US$, 2012)	0,66
Imports-Agr Products per capita (current US$,2012)	0,17

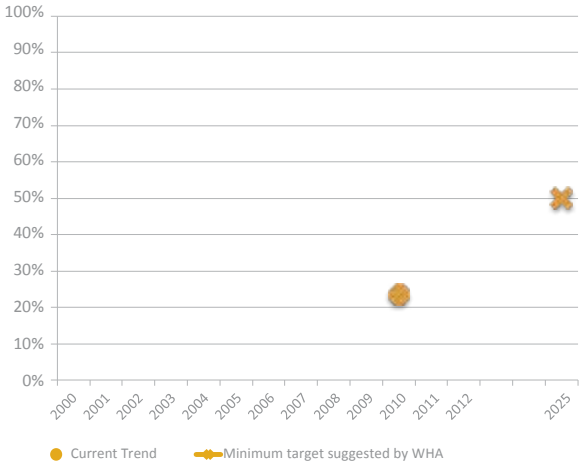
Stunting Reduction Trend and Target



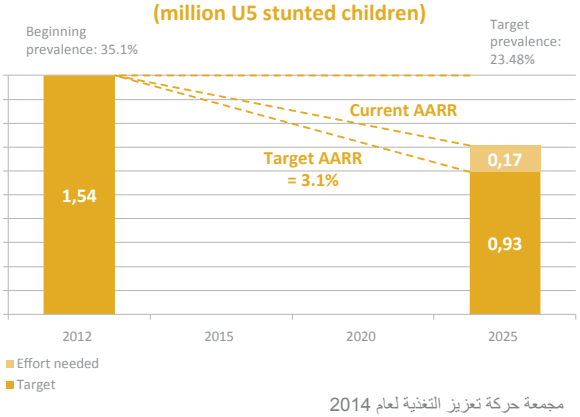
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million U5 stunted children)



Bringing people together into a shared space for action

Myanmar has established a high level convening body, the Central Board for Food and Nutrition (CBFN) located in the Ministry of Health, which is composed of representatives of Ministries of Health, Agriculture and Irrigation, Livestock and Fisheries, National Planning and Economic Development, Mine, Industry, Education, Commerce, Information, Labour, Social Welfare, Relief and Resettlement, Home Affairs, Border Affairs, Cooperatives, Environmental Conservation, Forestry, and Attorney General Office. It is responsible with overseeing and coordinating the implementation of the National Nutrition Policy and Plan. The February 2014 SUN Workshop enabled additional relevant line ministries on board and to confirm an active engagement of executive level political leadership. However, it is recognized that the CBFN is not meeting as regularly as it could. Internal coordination could be improved.

The CBFN under the leadership of the SUN Government Focal Point will oversee the establishment of a national SUN Implementation Plan (MSIP), its roll out, monitoring and evaluation, and the establishment of a coordination office at regional levels.

Preparation of detailed TOR for networks and set up of operational structures are on-going. DfID is the agreed upon Donor Convener. The Civil Society Alliance (CSA) is newly formed and several sectoral Networks of NGOs and CBOs (Food Security; Nutrition) have been established for 5 years.

Ensuring a coherent policy and legal framework

An overview of existing nutrition relevant policies and programmes has been done. Nutrition is covered in the country's development programming (Comprehensive development Plan 2030; Poverty Reduction programme) and in the National strategic plan advancement of women (NSPAW) 2012-2022. UNICEF is supporting the development of labour law legislation (to include maternity leave to provide supportive measures for pregnant and lactating mothers), Breastfeeding Milk Substitutes law and Universal Salt Iodization.

Myanmar also has 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.

The National Plan of Action for Food and Nutrition (NPAFN) was updated with the involvement of donors and civil society. It is mainstreaming nutrition in multi-sectoral policies but Ministerial/sectoral guidelines for mainstreaming are yet to be established.

Aligning actions around a Common Results Framework

The NPAFN has been agreed upon as a Common Result Framework for 13 ministries and other stakeholders including the CSO. It includes and scales up nutrition-specific interventions such as breastfeeding promotion, complementary feeding, improved hygiene practices, periodic Vitamin A supplements, therapeutic zinc supplements for diarrhoea 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 are also incorporated in the plan.

The donors have in principal agreed to support the NPAFN implementation. Priorities for near future are to define key priority interventions. In order to finalize the CRF, an M&E framework with an agreed set of key indicators and a budgetary framework will be developed.

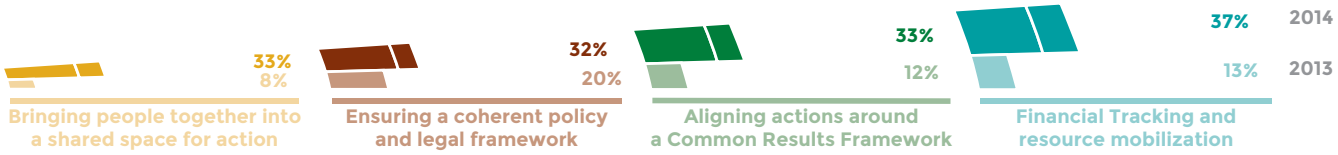
Financial Tracking and resource mobilization

The costing of the NPAFN is ongoing. The establishment of nutrition specific budget line is planned in the general budget. There is no nutrition financial tracking system in place but the country has just started a mapping exercise to track and transparently account nutrition-sensitive spending.

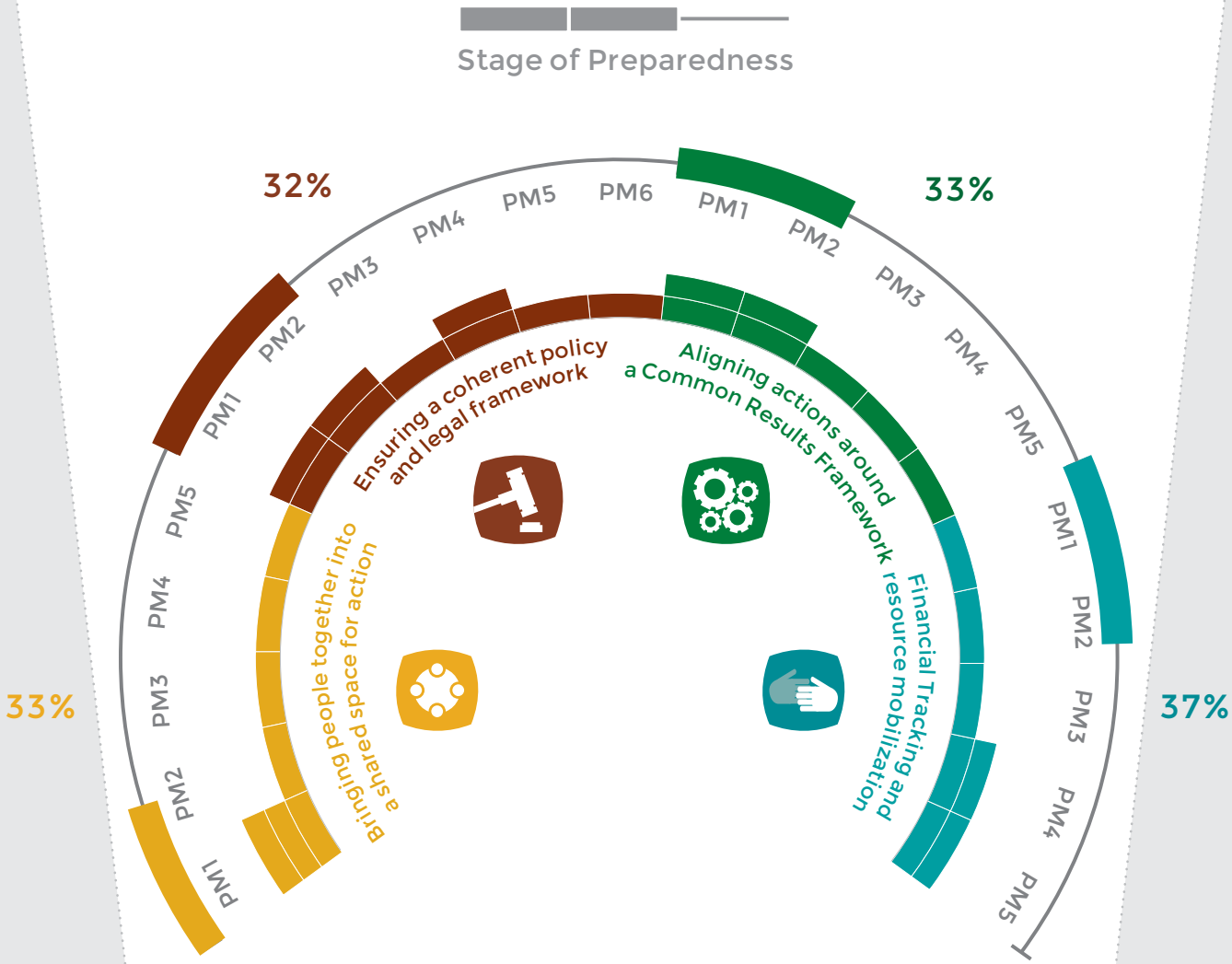
Once the costing is finalised, it will enhance the possibility to identify financial gaps and mobilize resources. In 2013/2014, advocacy has started to increase government allocation for nutrition-specific activities. The commitments made by the government and donors are being fulfilled, evidently with the increasing allocations.

Progress Across Four SUN Processes
Myanmar

2013[1] and 2014[2] Scoring of Progress Markers



2014 Dashboard for Progress Markers

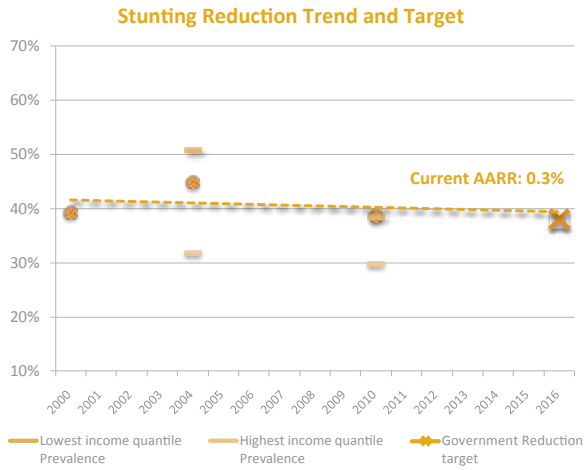


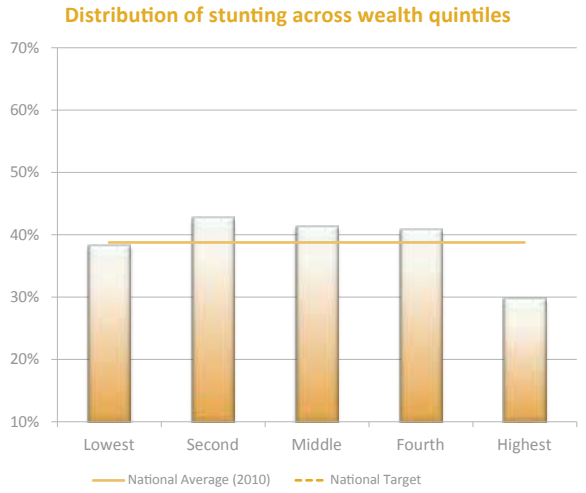
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

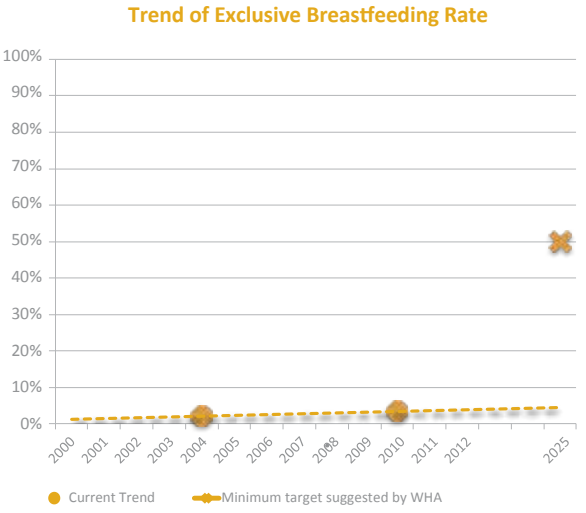
Chad

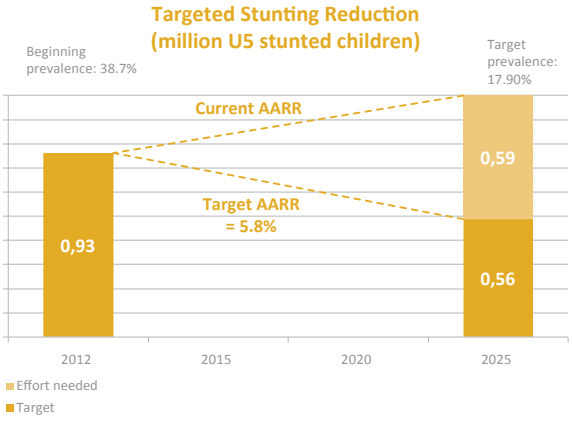
Joined: May 2013

Demographic data	
National Population (million, 2010)	11,7
Children under 5 (million, 2010)	2,3
Adolescent Girls (15-19)(million, 2010)	0,60
Average Number of Births (million, 2010)	0,50
Population growth rate (2010)	3,15%
WHA nutrition target indicators (MICS 2010)	
Low-birth weight	20,0%
0-5 months Exclusive Breastfeeding	3,4%
Under five stunting	38,7%
Under five wasting	15,7%
Under five over weight	2,8%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	0,2%
Pregnant Women Attending 4 or more Antenatal Care Visits	23,1%
Vitamin A supplementation (6-59 months)	0,0%
Households Consuming Adequately Iodized Salt	53,8%
Women's Empowerment	
Female literacy	12,1%
Female employment rate	60,2%
Median age at first marriage	-
Access to skilled birth attendant	22,7%
Women who have first birth before age 18	44,4%
Fertility rate	6,9
Other Nutrition-relevant indicators	
Rate of urbanization	20,83%
Income share held by lowest 20%	6,26%
Calories per capita per day (kcal/capita/day)	2.053,4
Energy from non-staples in supply	34,23%
Iron availability from animal products (mg/capita/day)	1,3
Access to Improved Sanitation Facilities	15,4%
Open defecation	65,6%
Access to Improved Drinking Water Sources	52,1%
Access to Piped Water on Premises	5,3%
Surface Water as Drinking Water Source	3,6%
GDP per capita (current US$, 2013)	1.046,00
Exports-Agr Products per capita (current US$, 2012)	-
Imports-Agr Products per capita (current US$,2012)	-









Bringing people together into a shared space for action

A multi-sectoral and multi-stakeholder platform (PMS) has been set up, comprising representatives of key public administration sectors, NGO representatives, academics, civil society partners and institutions. The order setting it up will be signed shortly and the focal point has been designated. The President of the National Assembly has set up a network of parliamentarians with nutrition awareness.

The European Union has been designated the focal point of donors.

Meetings take place periodically and specialized technical sub-groups have been set up.

Efforts must continue to expand the number of sectors participating in the platform and to create links with sub-national structures and stakeholders.

Ensuring a coherent policy and legal framework

The members of the multi-stakeholder platform took part in drafting and validating the national food and nutrition policy and in its inter-sectoral action plan (National Nutrition and Food Policy). Efforts are now focused on getting the government to sign these documents.

A national nutrition and food committee is in the process of being set up.

Chad has a strategic development plan for 2013-2015, a national plan for 2013-2015 for the health sector, and a national food security program, set up in 2010 but efforts are needed to improve nutrition integration and ensure the dissemination of regulations in force. Nutrition legislation, maternity leave and empowerment of women must be stepped up.

The UN action plan for the period 2014-2015, which includes nutrition, is currently being prepared and it follows the broad outline of the strategic development plan.

Aligning actions around a Common Results Framework

The national nutrition and food plan is currently being costed and a monitoring and evaluation system is to be incorporated. However, the distribution of tasks and resources requires improvement.

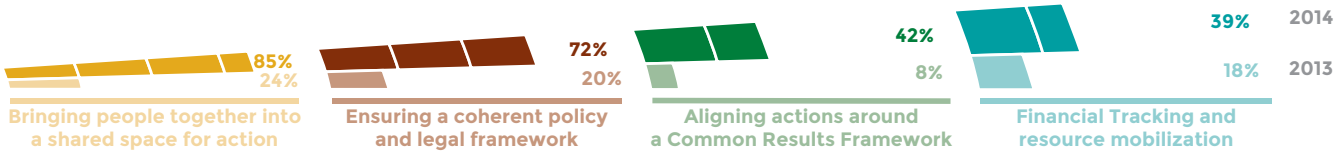
Nutrition program are implemented and assessed on a regular basis. An information system on tools for collecting information on food security has been set up and the Health Ministry has proposed regular mapping to avoid crises.

Financial Tracking and resource mobilization

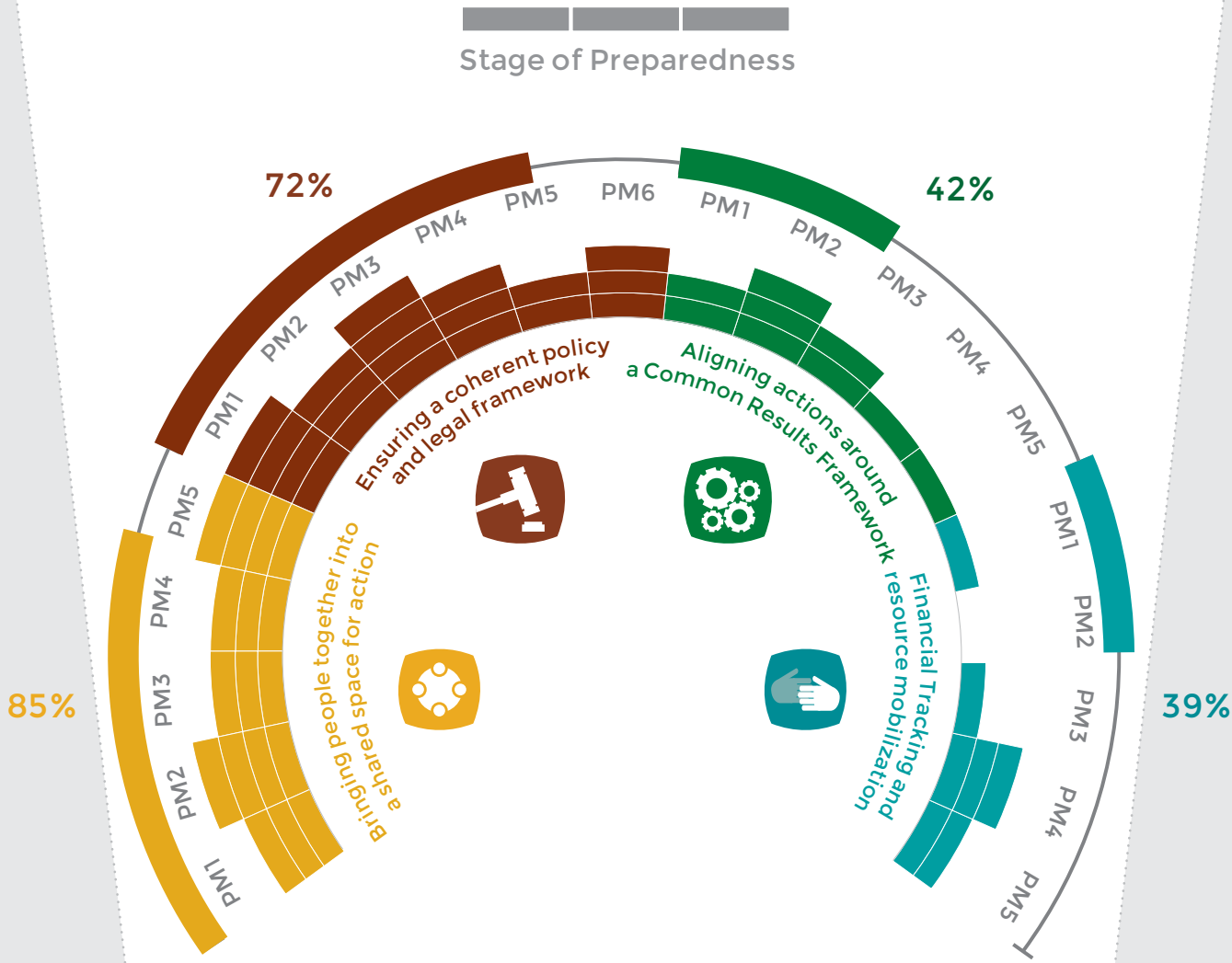
Significant resources mobilized for nutrition, particularly development partners, are mainly directed at responding to emergency situations and to date no analysis has been carried out on current spending. The government provides funds in this area and since 2012; a budget line for nutrition has been established in the form of a grant. Budgetary efforts in relation to nutrition and spending on MSP operations are listed in the 2014-2018 budget, which has not yet been formally released.
PSM stakeholders would like to see budget lines defined for all sectors concerned.

Progress Across Four SUN Processes
Chad

2013[1] and 2014[2] Scoring of Progress Markers



2014 Dashboard for Progress Markers

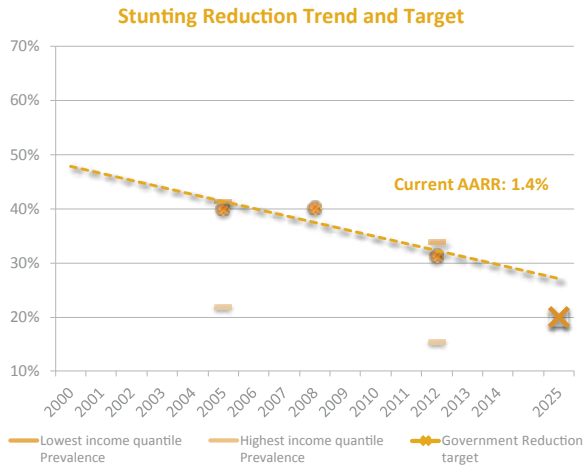


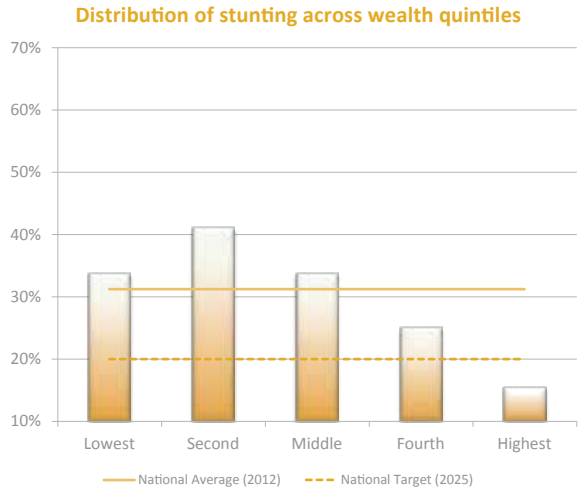
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

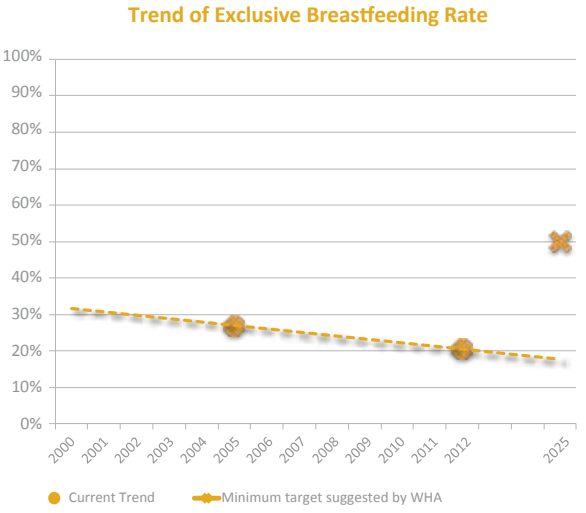
Guinea

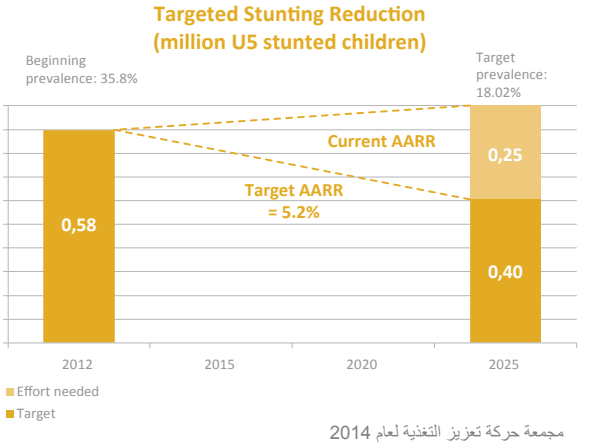
Joined: May 2013

Demographic data	
National Population (million, 2010)	10,9
Children under 5 (million, 2010)	1,8
Adolescent Girls (15-19)(million, 2010)	0,60
Average Number of Births (million, 2010)	0,40
Population growth rate (2010)	2,55%
WHA nutrition target indicators (DHS 2012)	
Low-birth weight	N/A
0-5 months Exclusive Breastfeeding	20,5%
Under five stunting	35,8%
Under five wasting	5,6%
Under five over weight	3,1%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	3,7%
6-23 months with Minimum Diet Diversity	7,6%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	48,8%
Vitamin A supplementation (6-59 months)	99,0%
Households Consuming Adequately Iodized Salt	52,3%
Women's Empowerment	
Female literacy	16,1%
Female employment rate	63,8%
Median age at first marriage	16,3
Access to skilled birth attendant	38,1%
Women who have first birth before age 18	31,8%
Fertility rate	5,4
Other Nutrition-relevant indicators	
Rate of urbanization	32,09%
Income share held by lowest 20%	6,35%
Calories per capita per day (kcal/capita/day)	2.559,8
Energy from non-staples in supply	34,39%
Iron availability from animal products (mg/capita/day)	1,0
Access to Improved Sanitation Facilities	21,1
Open defecation	30,3%
Access to Improved Drinking Water Sources	75,8%
Access to Piped Water on Premises	8,8%
Surface Water as Drinking Water Source	10,0%
GDP per capita (current US$, 2013)	527,00
Exports-Agr Products per capita (current US$, 2012)	0,46
Imports-Agr Products per capita (current US$,2012)	1,25









Bringing people together into a shared space for action

The National Council on Food and Nutrition Security (CONSEA) is a multi-sectoral platform, chaired by the prime minister's advisor on food and nutrition security and including the Ministries for Health, Agriculture, Social Affairs, Communication and the Environment as well as parliamentarians. Its terms of reference are currently being validated with a view to formalization. It is planned to extend it to other stakeholders (donors, private sector, civil society); the CONSEA designs and coordinates a number of policies and projects relating to nutrition but more participation by local and community representatives should be encouraged.

REACH supports the coordination of UN agencies. Civil society is organized within the National Council for civil society organizations. The donor network and business network have not yet been set up.

There is also a National Alliance for food fortification.

The universities are in the process of integrating nutrition into their curriculum.

Ensuring a coherent policy and legal framework

Guinea has had a national food and nutrition policy since 2005 but it has reviewed this to take multi-sectoral approach into account, with support from the United Nations. The updated policy has been incorporated into a multi-sectoral strategic plan. As the review of both these documents has been finalized, they are now set to be adopted.

National legislation on nutrition includes laws on breastfeeding, nutrition of children born to HIV-positive mothers, the protocol for managing acute malnutrition, salt iodization and flour and oil fortification. However, initiatives must be stepped up to reinforce or disseminate these laws. Guinea is also in the process of incorporating the code of marketing of breast milk substitutes by reviewing existing provisions and increasing protection of maternity leave.

Nutrition is incorporated in a number of security policies: agriculture and food security (through the new investment plan for agriculture and food security, 2011), public health and education (2006 health development plan, the 2012 national policy on food in schools), and social protection (national social development policy). A policy on school feeding is to be created. However, the nutritional content is at times unsatisfactory and coordination between technical ministries is low. A consultation workshop including all stakeholders involved in managing malnutrition was organized in 2014 to promote synergies.

Aligning actions around a Common Results Framework

Guinea does not yet have a common results framework as the multi-sectoral action plan has not yet been finalized. A number of interventions are being implemented:

The technical group on nutrition, which concentrates on direct nutritional interventions, is conducting a number of sub-programs that include nutrition (including integrated programs to prevent chronic, severe and moderate malnutrition, focused on the first 1,000 days and high-impact interventions; food security programs, mass fortification, etc.) implemented by local authorities with technical support from other sectors. Adding a monitoring and evaluation system to track progress is a challenge that needs to be met.

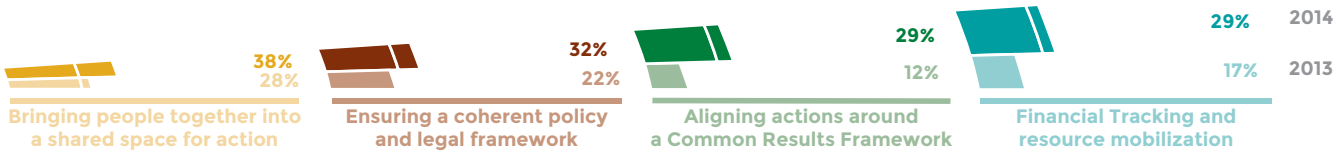
Financial Tracking and resource mobilization

Nutrition interventions are not currently coordinated in financial terms. The State does not have any specific budget line for nutrition. All sector participants are responsible for their own budgets.

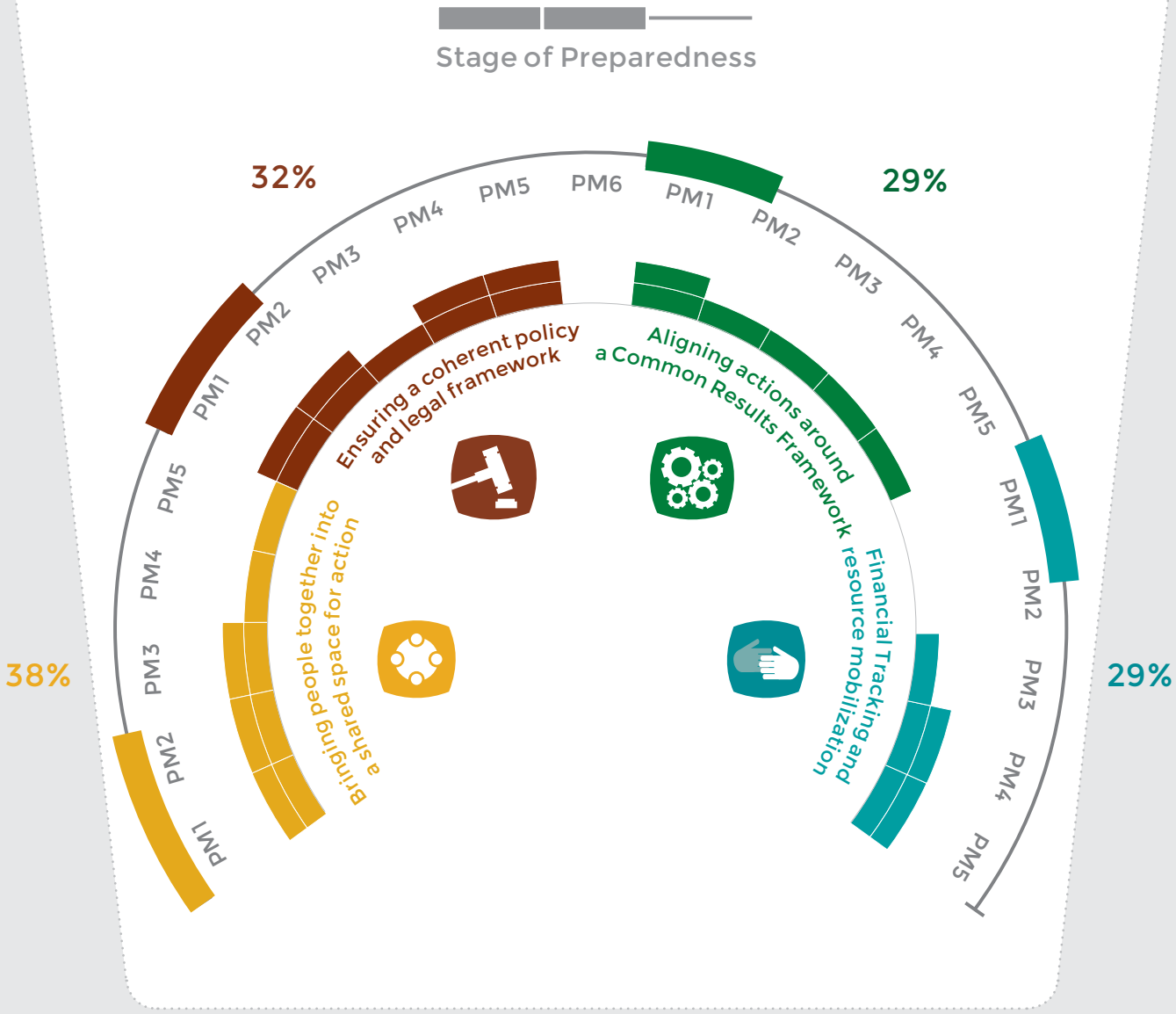
Once the multi-sectoral action plan has been finalized, it will be costed and a submission made to government and PTF on its financing.

Progress Across Four SUN Processes
Guinea

2013[1] and 2014[2] Scoring of Progress Markers

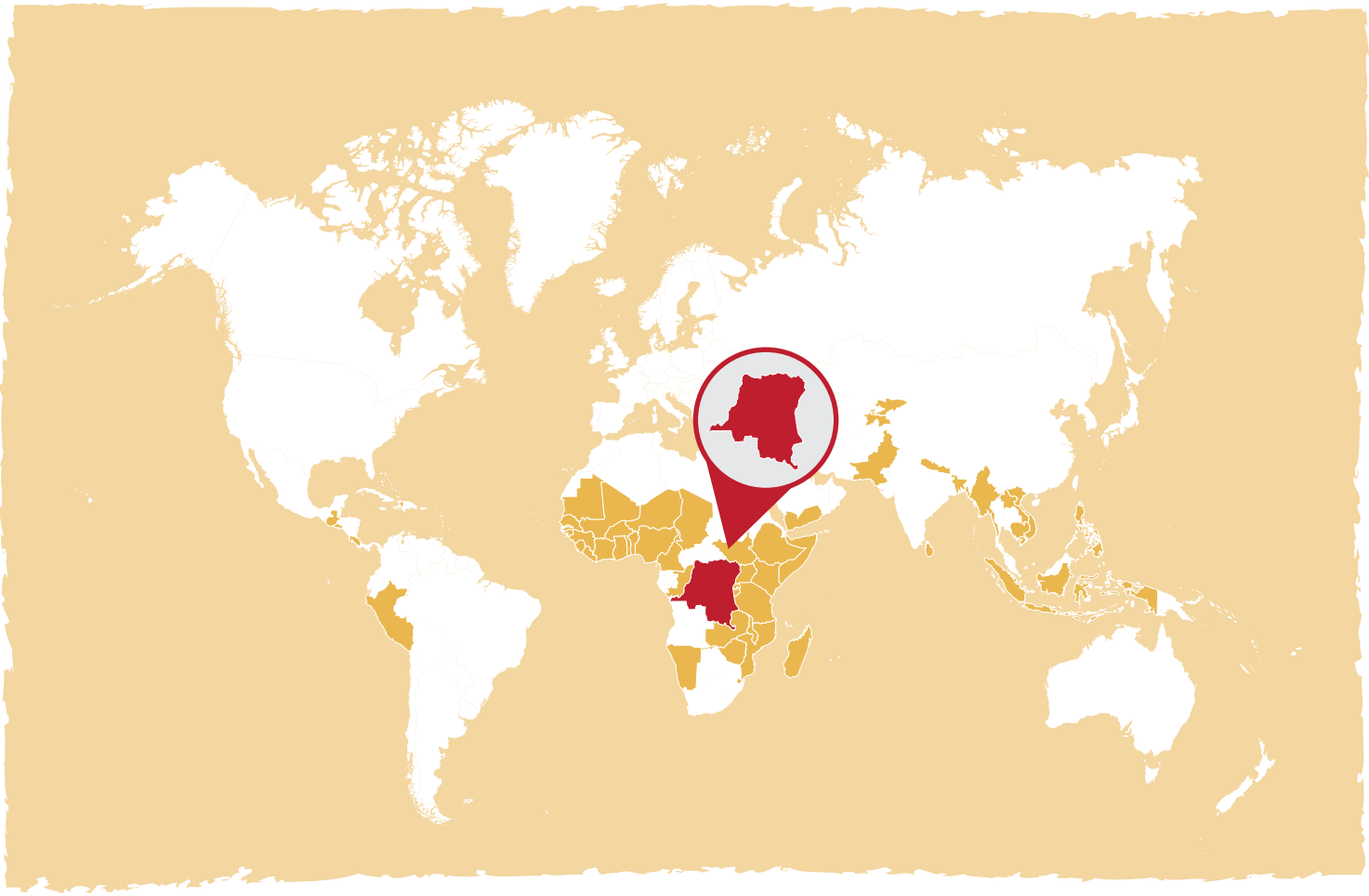


2014 Dashboard for Progress Markers



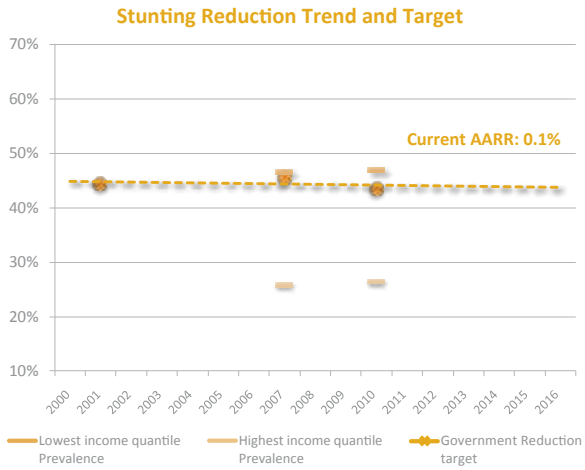
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

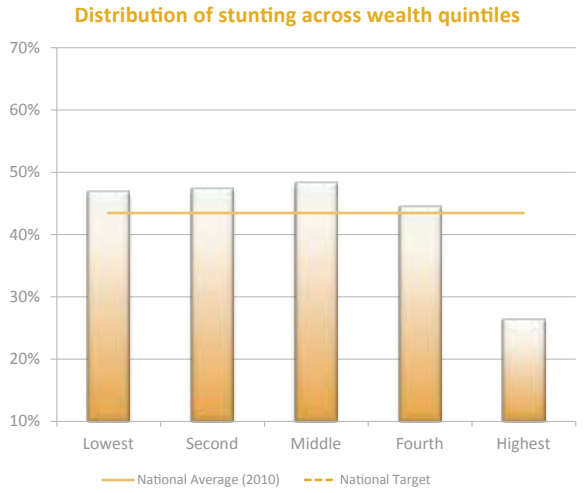
Democratic Republic of the Congo

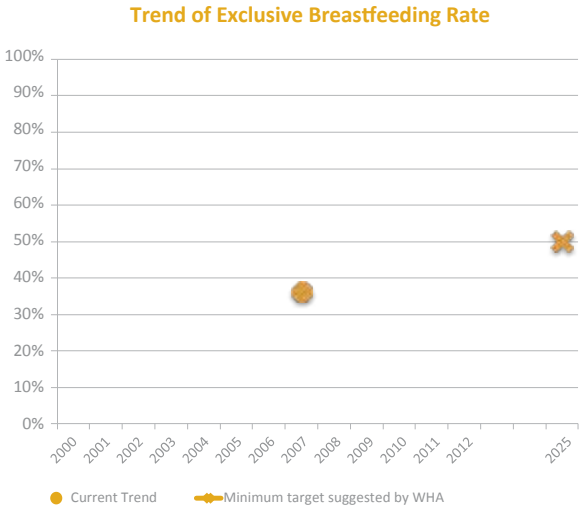


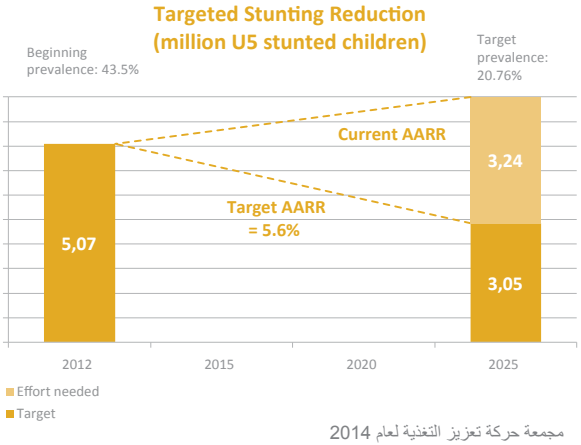
Joined: June 2013

Demographic data	
National Population (million, 2010)	62,2
Children under 5 (million, 2010)	11,2
Adolescent Girls (15-19)(million, 2010)	3,40
Average Number of Births (million, 2010)	2,60
Population growth rate (2010)	2,81%
WHA nutrition target indicators (MICS 2010)	
Low-birth weight	9,5%
0-5 months Exclusive Breastfeeding	37,0%
Under five stunting	43,5%
Under five wasting	8,5%
Under five over weight	4,9%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	46,7%
Vitamin A supplementation (6-59 months)	84,0%
Households Consuming Adequately Iodized Salt	58,6%
Women's Empowerment	
Female literacy	82,2%
Female employment rate	66,7%
Median age at first marriage	19,7
Access to skilled birth attendant	92,0%
Women who have first birth before age 18	32,9%
Fertility rate	5,1
Other Nutrition-relevant indicators	
Rate of urbanization	35,00%
Income share held by lowest 20%	5,50%
Calories per capita per day (kcal/capita/day)	-
Energy from non-staples in supply	-
Iron availability from animal products (mg/capita/day)	0,5
Access to Improved Sanitation Facilities	28,0%
Open defecation	9,8%
Access to Improved Drinking Water Sources	46,5%
Access to Piped Water on Premises	24,0%
Surface Water as Drinking Water Source	16,0%
GDP per capita (current US$, 2013)	454,00
Exports-Agr Products per capita (current US$, 2012)	-
Imports-Agr Products per capita (current US$,2012)	-









Bringing people together into a shared space for action

The newly created Multi-sector platform is the National Nutrition Council (NNC), under the auspices of the prime minister's focal point. It brings together focal points from seven departments, the Federation of Congolese Enterprises (FCE), civil society, professional agricultural organizations, program managers, research institutions, faith-based organizations and UN agencies. The NNC is responsible for the direction, decision-making, monitoring and evaluation of issues related to nutrition. A decree formalizing its existence must be signed. The inter-ministerial meetings are held monthly but the platform needs to be better organized and better planned.

Efforts are being made to raise awareness of the SUN Movement among the provincial governments, to strengthen their capacity for coordinating planning, monitoring and evaluation.

The United Nations, donors and civil society networks are operational: a single and inclusive platform includes all technical and financial partners (donors, United Nations agencies and bilateral aid). The civil society network has drafted its terms of reference and elected its board of directors. The researcher, private sector and parliamentarian networks exist but are not yet operational.

Ensuring a coherent policy and legal framework

A study of existing policies has allowed us to review and develop a new national nutrition policy in a participatory manner that takes the multi-sector dimension into account. Nutrition is integrated into education, gender, social protection and agriculture. Based on this, a multi-sector strategic plan on nutrition is being implemented, which will be accompanied, once finalized, by the development of sector guidelines for promoting nutrition in all sectors.

Current national legislation includes a national strategy on infant and young child feeding, a protocol on the integrated management of acute malnutrition, a National Nutrition Plan (NHDP, Nutrition section) 2011 to 2015, a protocol for managing people living with HIV, a strategic communication plan for feeding infants, young children and pregnant and breast-feeding women, the integration of the International Code of Marketing of Breast-milk Substitutes, compulsory salt iodization for human consumption and food fortification.

However, the distribution of some policy papers at the decentralized level could be improved. To compensate, a community-based nutrition communication plan will be developed that will target the provinces.

Aligning actions around a Common Results Framework

The multi-sector strategic plan on nutrition currently being drafted will constitute the common results framework; however the development of this will require the prior definition and costing of priority actions to be identified in the plan.

The programs of the various ministries are aligned with national policy on nutrition but the mechanisms for coordination, monitoring and evaluation are yet to be defined/strengthened.

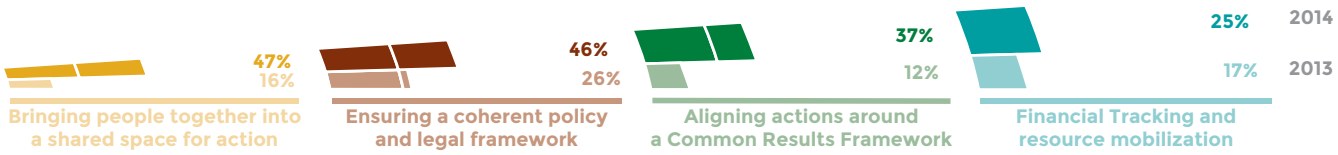
The partner programs are aligned with national policy on nutrition. The main programs currently include the National Nutrition Program, the National Food Security Program, the National Health Development Plan 2011-2015 and the "My nutrition is my Health" program (2012-2014).

Financial Tracking and resource mobilization

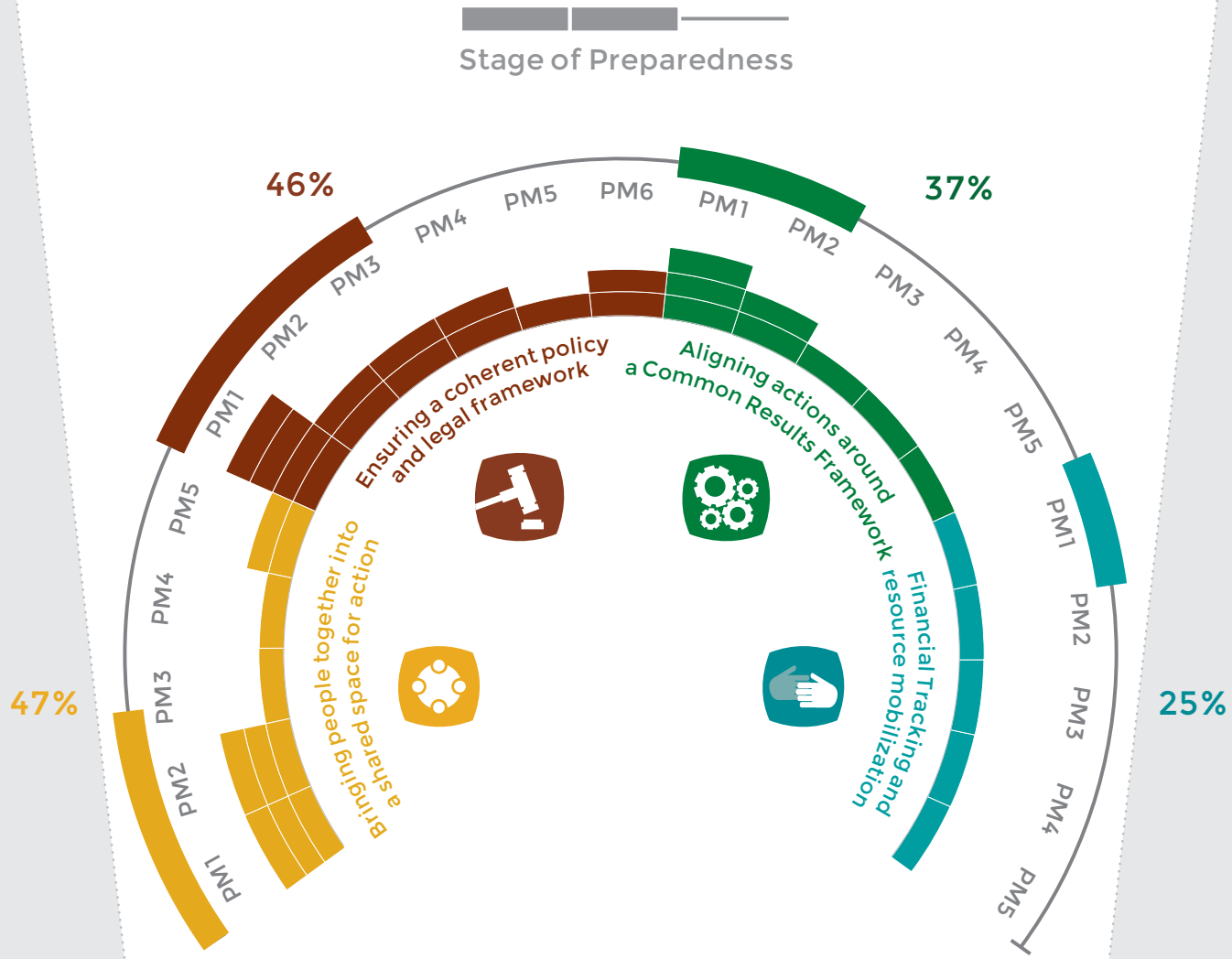
A participatory approach in the costing of the strategic plan interventions has begun, with technical assistance from the World Bank, UNICEF and an independent consultant. Once completed, the assessment and management tools of the State's commitments will be integrated into the strategic plan. As regards the mobilization of resources, some ministries have already begun to provide specific budget lines (school canteens are being funded by the Ministry of Education).

Progress Across Four SUN Processes
Democratic Republic of the Congo

2013[1] and 2014[2] Scoring of Progress Markers

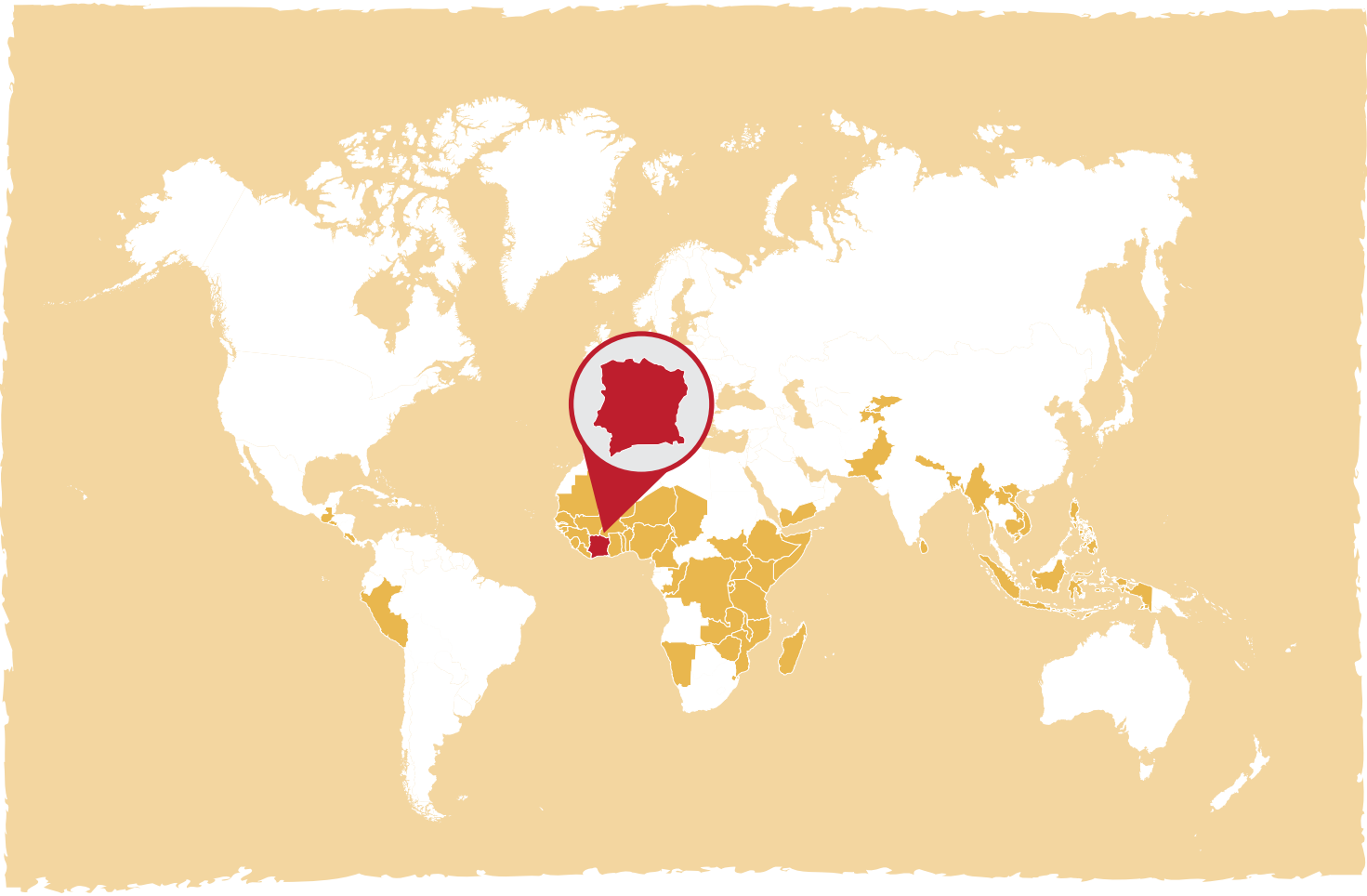


2014 Dashboard for Progress Markers



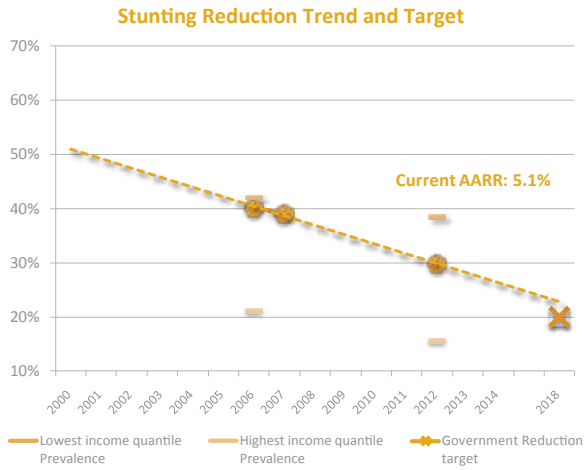
[1]Externally assessed by the SUN Movement Secretariat
[2]Internally assessed by in-country self-assessment exercise

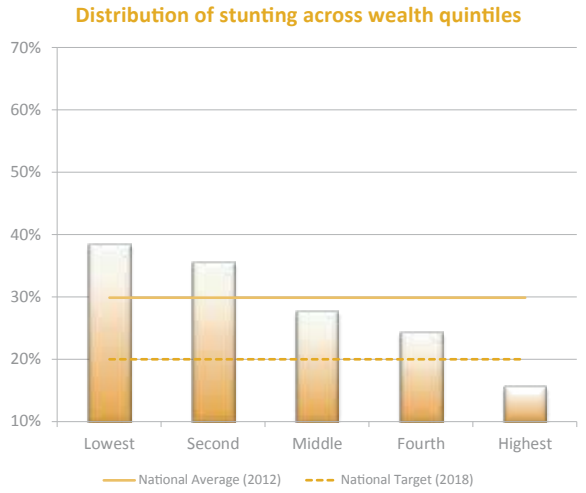
Côte d'Ivoire

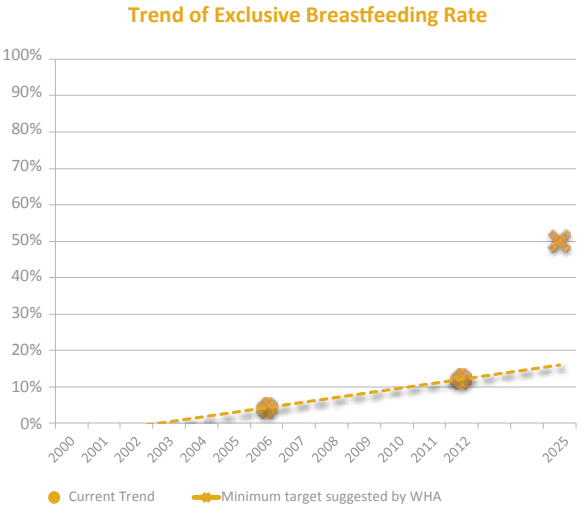


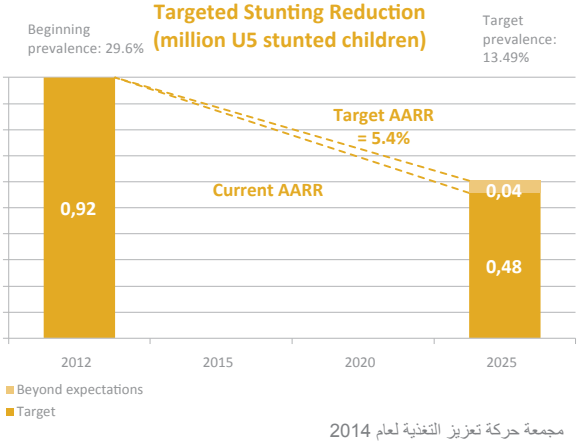
Joined: June 2013

Demographic data	
National Population (million, 2010)	19
Children under 5 (million, 2010)	2,9
Adolescent Girls (15-19)(million, 2010)	1,00
Average Number of Births (million, 2010)	0,70
Population growth rate (2010)	1,74%
WHA nutrition target indicators (DHS 2011-2012)	
Low-birth weight	14,2%
0-5 months Exclusive Breastfeeding	12,1%
Under five stunting	29,6%
Under five wasting	7,6%
Under five over weight	3,2%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	4,6%
6-23 months with Minimum Diet Diversity	11,3%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	0,5%
Pregnant Women Attending 4 or more Antenatal Care Visits	60,8%
Vitamin A supplementation (6-59 months)	99,0%
Households Consuming Adequately Iodized Salt	91,6%
Women's Empowerment	
Female literacy	37,7%
Female employment rate	67,0%
Median age at first marriage	19,7
Access to skilled birth attendant	59,4%
Women who have first birth before age 18	30,0%
Fertility rate	5,0
Other Nutrition-relevant indicators	
Rate of urbanization	35,77%
Income share held by lowest 20%	5,47%
Calories per capita per day (kcal/capita/day)	2.649,6
Energy from non-staples in supply	29,80%
Iron availability from animal products (mg/capita/day)	1,9
Access to Improved Sanitation Facilities	21,9
Open defecation	33,8%
Access to Improved Drinking Water Sources	78,4%
Access to Piped Water on Premises	32,0%
Surface Water as Drinking Water Source	9,0%
GDP per capita (current US$, 2013)	1.521,00
Exports-Agr Products per capita (current US$, 2012)	2,51
Imports-Agr Products per capita (current US$,2012)	1,07









Bringing people together into a shared space for action

The Ivory Coast joined the SUN movement in June 2013 through a letter signed by the Prime Minister. **A decree formalizing the multi-sectoral platform in a National Nutrition Council reporting to the Prime Minister** has been issued. The Council comprises a decision-making Political Council, chaired by the Prime Minister and including almost a dozen ministries as well as a Technical Committee chaired by the SUN Focal Point.

The SUN movement and the multi-sectoral platform is set to be launched in late 2014.

The donor project leader has been appointed through the coordination of technical and financial partners. Unicef was charged with leading the project and a PTF nutrition sectoral group was set up. It met for the first time on 18 July 2014.

Ensuring a coherent policy and legal framework

Ivory Coast has initiated a review process to review the **National Nutrition Policy** (2010) and has started drawing up a **2015-2020 Multi-Sectoral Strategic Plan** and a common results framework. A Technical Working Group including planners for ministries involved, the group of consultants, technical and financial partners as well as resource people, was set up for this purpose. Documents should be available from November 2014.

A **new protocol for managing malnutrition** was adopted in 2009 and revised in August 2013.

A number of sectoral policies also have nutritional objectives (health, agriculture, social protection, education and environment).

Ivory Coast is the beneficiary of a 2012-2015 **National Program for Agricultural Investment,** valued at USD 4 billion and which takes into account food security and nutrition (with a focus on subsistence agriculture, particularly high-yield rice, by setting up an investment framework for large private-sector groups).

A social protection policy has just been adopted and will be implemented with the support of the World Bank and UN agencies. This policy has a nutrition component, focusing in particular on managing malnutrition, increasing provision of school canteens and setting up health insurance.

There is also a national policy on school feeding.

Ivory Coast has legislation supporting nutrition (marketing of breast milk substitutes, maternity leave, combating iodine deficiency, fortifying oil and flour and school canteens).

Ivory Coast has an awareness and communication strategy aimed at promoting nutrition at national level.

Aligning actions around a Common Results Framework

One of the priorities of the multi-sectoral platform will be to draw up a common results framework and have it adopted by the Ivory Coast government by end November, three consultants have been recruited for this purpose to update the Strategic Nutrition Action Plan with the support of UNICEF and the World Food Program. A consultant will also be recruited by the World Bank from October to cost these documents.

Financial Tracking and resource mobilization

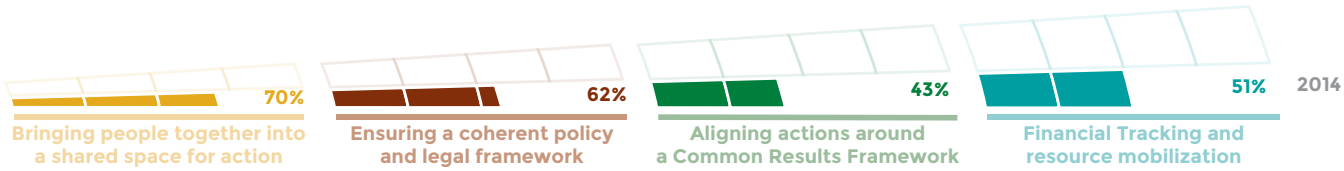
One of the priorities of the multi-sectoral platform will be to organize consultations and round tables with partners in order to mobilize additional resources to enhance nutrition awareness.

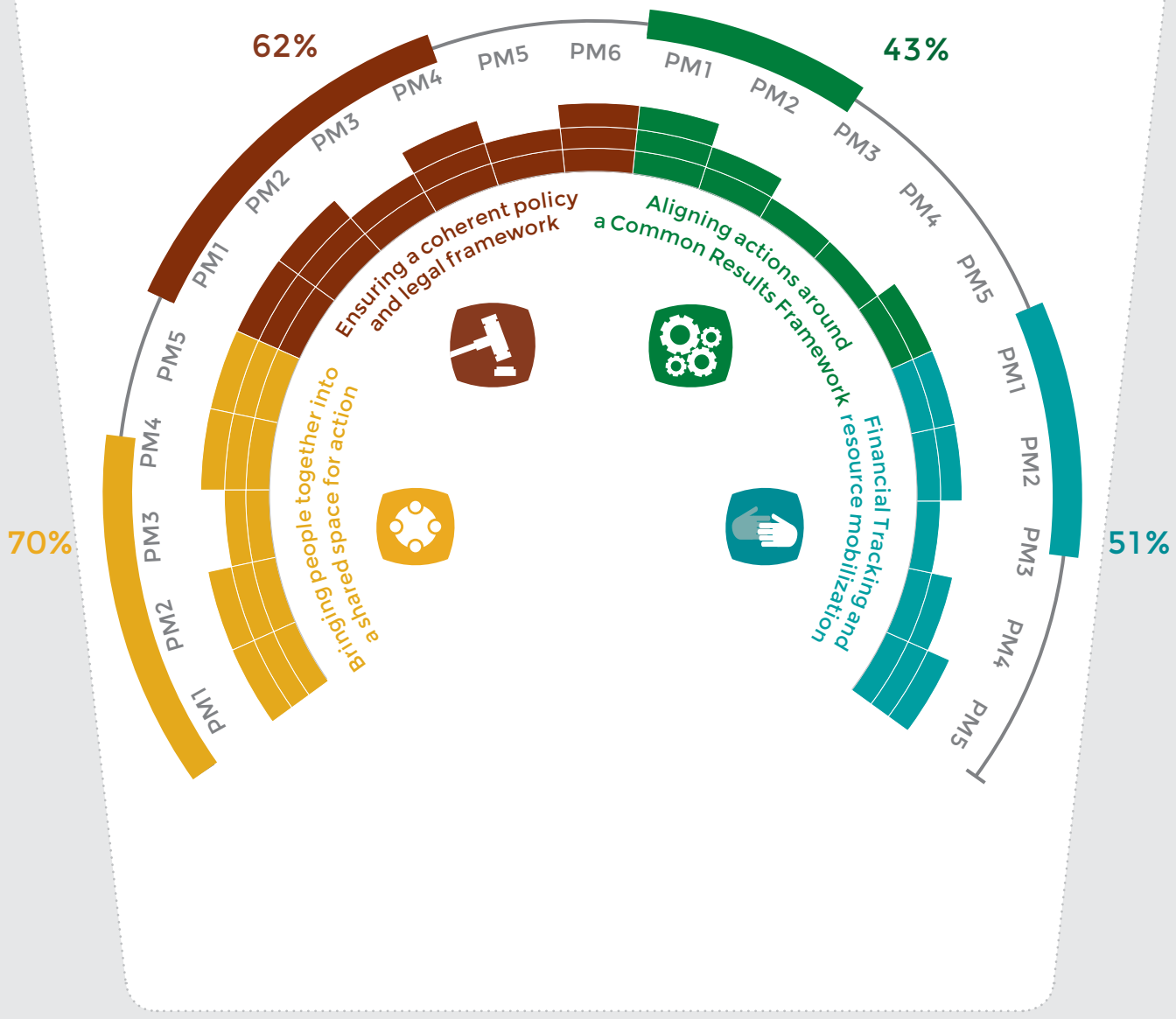
The government has a specific budget line for nutrition which varies between FCFA 200,000,000 and 800,000,000 per year. With partners facing difficulties financing Vit A campaigns, the State institutionalized and included Vit A supplementation in its budget in 2014. As regards partner support, although the number of partners has risen from two to ten, this support remains insufficient and irregular. It deserves better support to achieve optimal results under a scaled-up Action Plan.

National nutrition surveys have started with the support of the WHO.

2014[1] Baseline on Four SUN Processes
Côte d'Ivoire

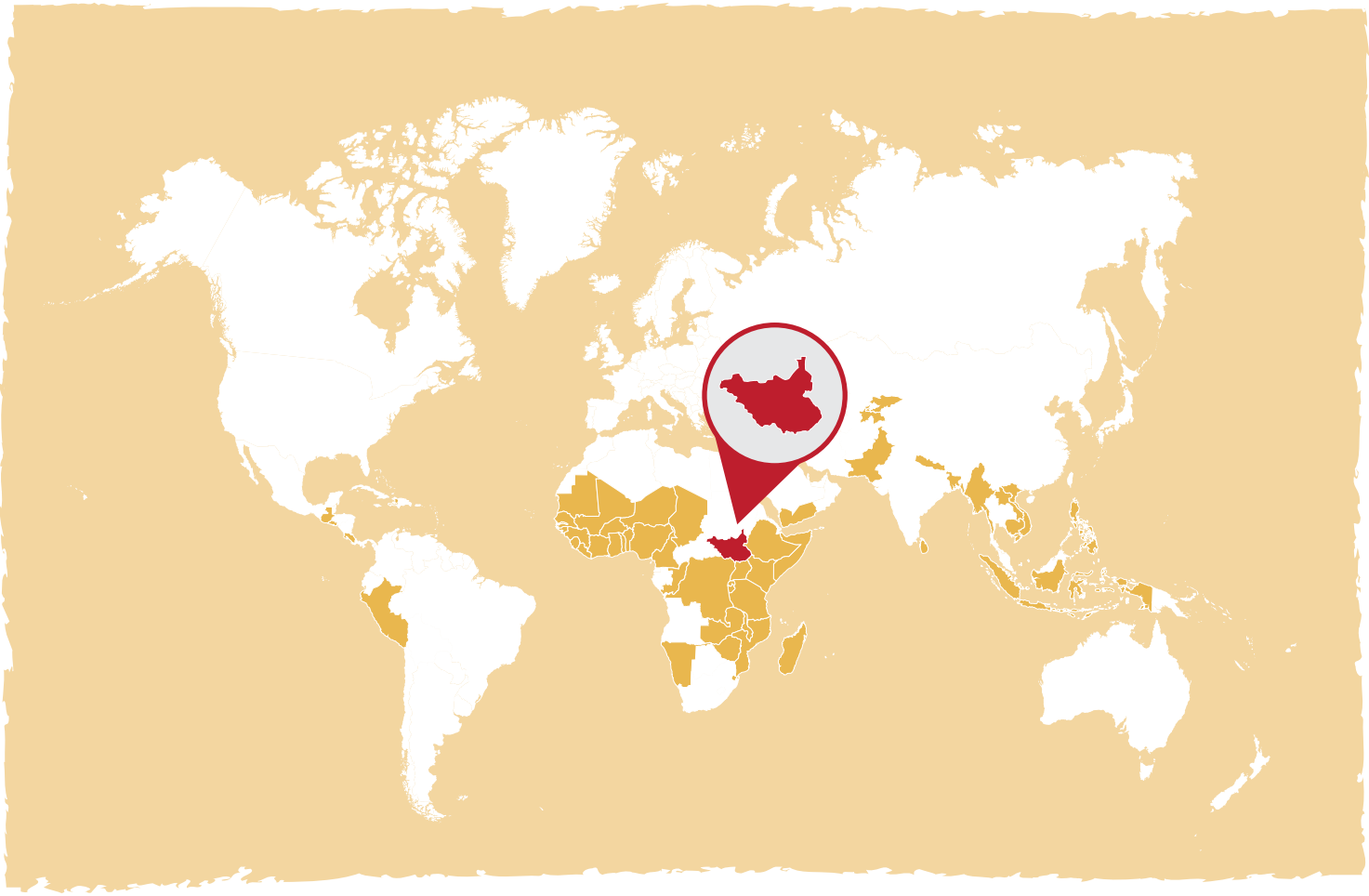
2014 Scoring of Progress Markers





[1]Internally assessed by in-country self-assessment exercise

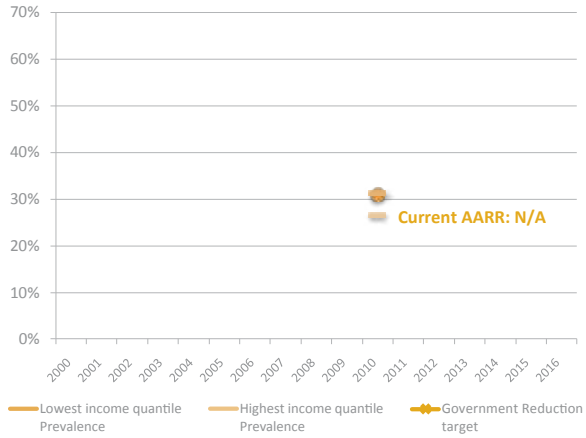
South Sudan



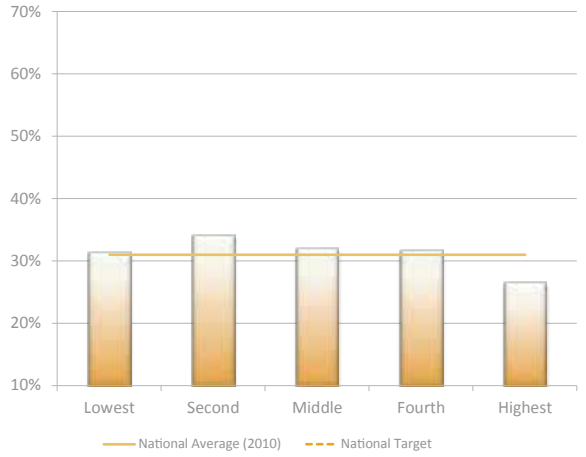
Joined: June 2013

Demographic data	
National Population (million, 2010)	9,94
Children under 5 (million, 2010)	1,6
Adolescent Girls (15-19)(million, 2010)	0,54
Average Number of Births (million, 2010)	0,35
Population growth rate (2010)	4,25%
WHA nutrition target indicators (MICS 2010)	
Low-birth weight	N/A
0-5 months Exclusive Breastfeeding	45,0%
Under five stunting	31,1%
Under five wasting	22,7%
Under five over weight	6,0%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	3,1%
Pregnant Women Attending 4 or more Antenatal Care Visits	17,3%
Vitamin A supplementation (6-59 months)	70,0%
Households Consuming Adequately Iodized Salt	45,3%
Women's Empowerment	
Female literacy	21,7%
Female employment rate	41,9%
Median age at first marriage	-
Access to skilled birth attendant	-
Women who have first birth before age 18	18,4%
Fertility rate	7,5
Other Nutrition-relevant indicators	
Rate of urbanization	18,00%
Income share held by lowest 20%	-
Calories per capita per day (kcal/capita/day)	-
Energy from non-staples in supply	-
Iron availability from animal products (mg/capita/day)	-
Access to Improved Sanitation Facilities	7,4%
Open defecation	64,1%
Access to Improved Drinking Water Sources	69,0%
Access to Piped Water on Premises	0,9%
Surface Water as Drinking Water Source	11,7%
GDP per capita (current US$, 2013)	1.221,00
Exports-Agr Products per capita (current US$, 2012)	-
Imports-Agr Products per capita (current US$,2012)	-

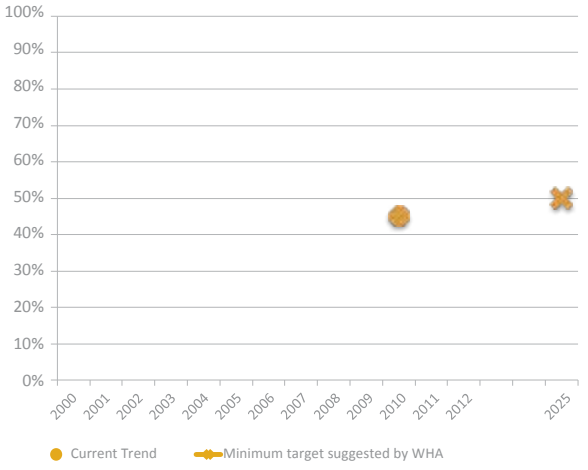
Stunting Reduction Trend and Target



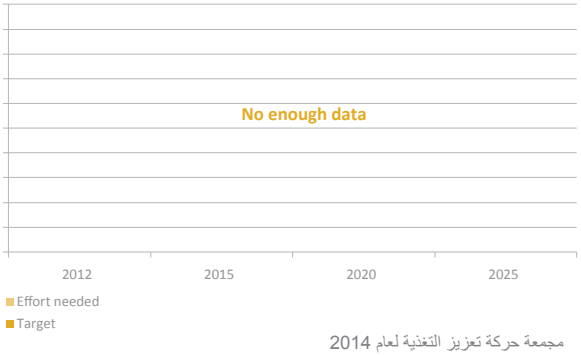
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million U5 stunted children)



Bringing people together into a shared space for action

The Food Security Council,, chaired by H.E. the President of the Republic, is the highest level multi-sectoral policy coordination platform. During the launching of the SUN Movement in South Sudan, SUN stakeholders recommended its upgrading into "Food Security and Nutrition Council". The Government, with the support of all SUN stakeholders, has committed to do that through the lead role of the SUN Focal Point, Dr. Makur Kariom, in concert with the Secretary General of the Council. The platform is envisaged to take up the responsibility of coordinating and overseeing the progress achieved on food security and nutrition and bringing together different sectors of the government – the line ministries including Economy and Planning, Health, Agriculture, Education, Rural Development, Local Government, and Gender, Child and Social Welfare), civil society, businesses, universities and research institutes, donors and the UN system. USAID, the World Bank, DFID, the EU, Germany, Australia and other donors operate in different States in the country. A donor convenor has not been appointed yet. The NGO Forum is the existing platform for civil society organizations. The relevant UN agencies with responsibility on nutrition (UNICEF, WHO, WFP and FAO) are actively engaged in supporting the government's efforts to generate and analyze nutrition information, capacity building and programme implementation.

Aligning actions around a Common Results Framework

The current armed conflict, which started in December 2013, has resulted in an emergency and in acute humanitarian needs, which require lifesaving approaches and interventions. As a result, the focus of all nutrition interventions is on the provision of emergency nutrition services, which can imply a lack or a diversion of funding for longer term nutrition interventions. Prior to the rise of the current crisis, the Government expressed the need to develop a costed multi-sectoral integrated action plan which may serve as a common results framework. Several sectoral programmes which contribute to nutrition are being implemented, mainly by development partners. However, these need to be aligned behind a common set of expected results. The Department of Nutrition in the Ministry of Health, with support from development partners, coordinate the integration and scaling-up of specific nutrition interventions and the adoption of nutrition-sensitive approaches. However, there is limited capacity in country to plan and implement nutritional strategies and programmes and financial resources are limited.

A Nutrition Information System is in place, although still managed through support of development partners. The Ministry of Health is running an emerging Health Management Information System which is being upgraded to integrate more nutrition indicators.

Ensuring a coherent policy and legal framework

The Ministry of Health is in the process of finalizing the National Nutrition Policy.. Most recently, the nutrition sector has finalized the revision of the Basic Package of Health and Nutrition Services (BPHN). Its endorsement and implementation by the Ministry of Health will enhance integration of nutrition in health services. A stock-taking exercise of the food and nutrition security situation in the country, including an analysis of existing strategies, institutions, stakeholders and ongoing programmes and initiatives is a priority for the government and may require support from development partners.
Nutrition is integrated in different national policies and plans, including the South Sudan Development Plan, the Health Sector Development Plan, the Food Security Policy, the Social Protection Policy and the draft National Nutrition Health Policy. Development partners will play a key role in supporting line ministries develop and review national nutrition policies, providing technical orientation in the development of guidelines, capacity building and ensuring the implementation of nutrition interventions.

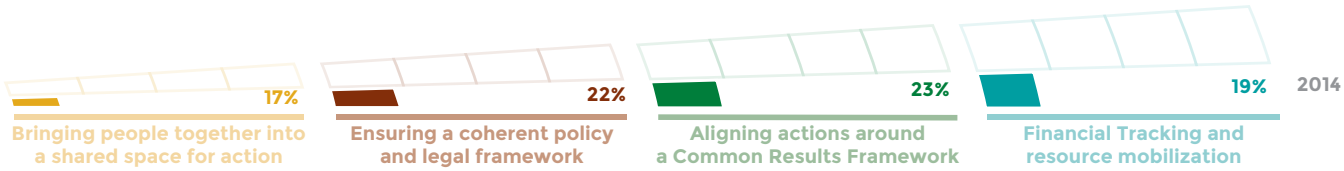
Financial Tracking and resource mobilization

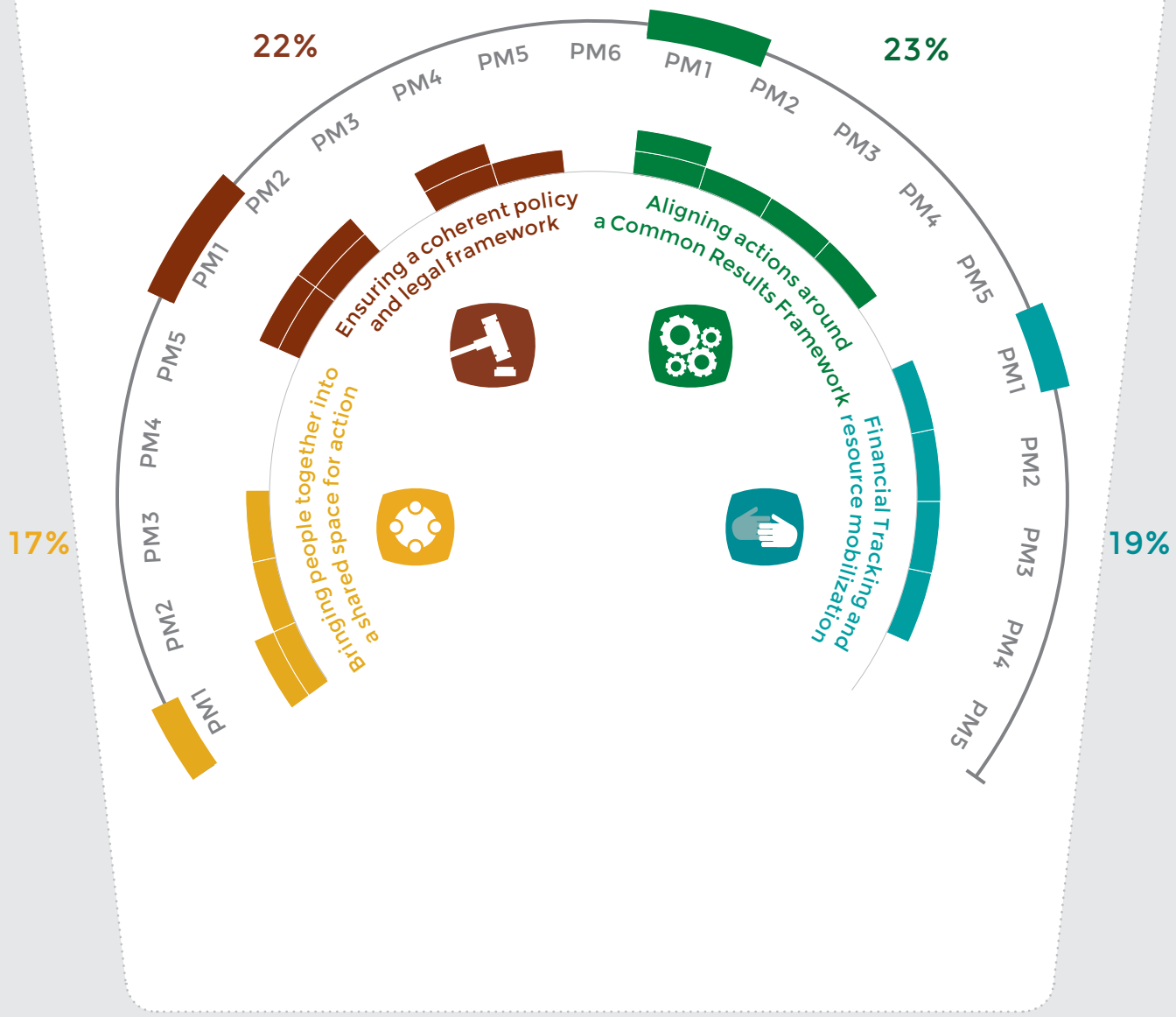
Due to the current humanitarian crisis, almost all nutrition funds in the country are allocated for emergency action and provided in short term intervals. Funding for long-term interventions is minimal. The Government, with support from its development partners, is taking the lead in mobilizing resources to achieve nutritional results.
Some of these efforts aim at supporting initiatives to build its own capacity to address food and nutrition needs of its population. More resources and capacity are required to strengthen scaling up of nutrition interventions.
Apparently, there are parallel systems for financial tracking – normally run by development partners, which are not coordinated. The Government would like to receive support on financial tracking for food security and nutrition.

2014[1] Baseline on Four SUN Processes

South Sudan

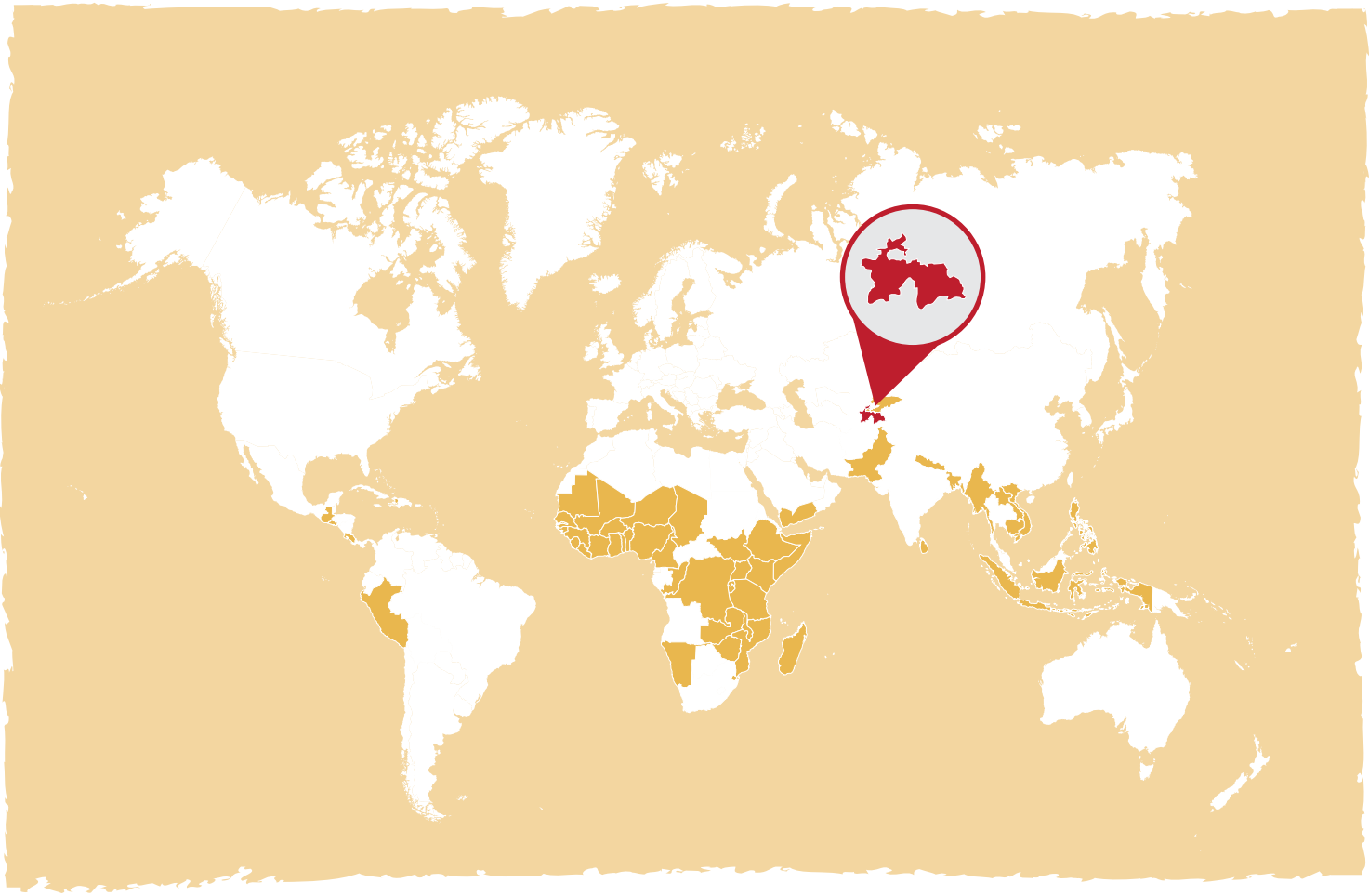
2014 Scoring of Progress Markers





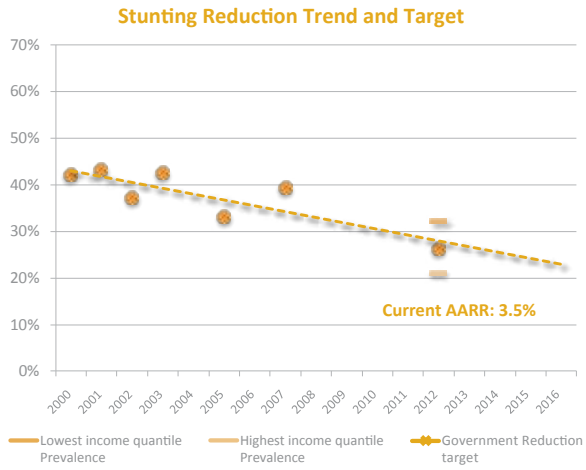
[1]Externally assessed by the SUN Movement Secretariat

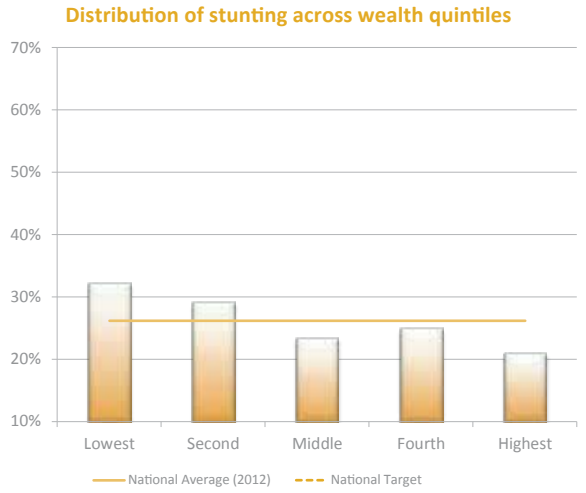
Tajikistan

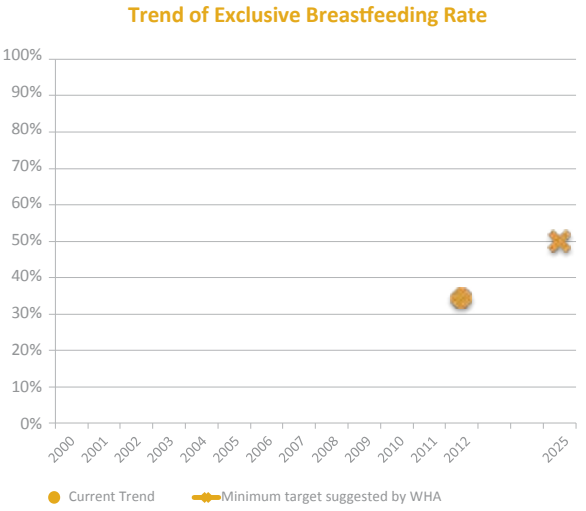


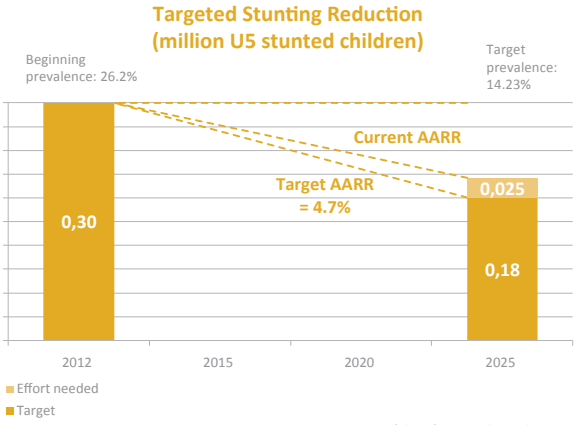
Joined: September 2013

Demographic data	
National Population (million, 2010)	7,63
Children under 5 (million, 2010)	1,0
Adolescent Girls (15-19)(million, 2010)	0,43
Average Number of Births (million, 2010)	0,22
Population growth rate (2010)	2,28%
WHA nutrition target indicators (DHS 2012)	
Low-birth weight	7,2%
0-5 months Exclusive Breastfeeding	34,3%
Under five stunting	26,8%
Under five wasting	9,9%
Under five over weight	6,6%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	19,6%
6-23 months with Minimum Diet Diversity	40,0%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	52,5%
Vitamin A supplementation (6-59 months)	97,0%
Households Consuming Adequately Iodized Salt	38,8%
Women's Empowerment	
Female literacy	-
Female employment rate	-
Median age at first marriage	20,3
Access to skilled birth attendant	87,4%
Women who have first birth before age 18	7,4%
Fertility rate	3,8
Other Nutrition-relevant indicators	
Rate of urbanization	27,00%
Income share held by lowest 20%	8,30%
Calories per capita per day (kcal/capita/day)	2.055,9
Energy from non-staples in supply	24,66%
Iron availability from animal products (mg/capita/day)	0,9
Access to Improved Sanitation Facilities	94,2%
Open defecation	0,2%
Access to Improved Drinking Water Sources	76,2%
Access to Piped Water on Premises	35,7%
Surface Water as Drinking Water Source	15,3%
GDP per capita (current US$, 2013)	1.037,00
Exports-Agr Products per capita (current US$, 2012)	-
Imports-Agr Products per capita (current US$,2012)	-









Bringing people together into a shared space for action

The Ministry of Health and Social Protection of Population (MoHSP) convenes a Multi-Sectoral Coordination Council (MSCC), to work at the policy level for nutrition. The MSCC is typically represented by Deputy Ministers. A technical working group supports the MSCC and includes ministries of education; economy, trade and development, agriculture, finance, industry and new technology, representatives of the President's Office, development partners and civil society. The First Deputy Minister of the MoHSP chairs the Council and reports to the Ministry of Economy, Trade, and Development on issues of food and food security, which itself reports to the Khukumat (Government). A terms of reference for the MSCC and its technical group have not been developed yet. There might be also a possibility to merge with other existing structures. The Institute of Nutrition and Centre of Nutrition are part of the MSCC and are two examples of academic institutions contributing to capacity and knowledge building in the areas relevant to nutrition. CSO's are active in nutrition particularly through community outreach activities and their potential involvement in the MSCC is planned in the future.

The appointed Donor Conveners, USAID and UNICEF, use the Development Coordination Council (DCC)'s working groups on food security and nutrition cluster to periodically brief its members on the progress of scaling up nutrition in the country. Tajikistan has started to organise a study tour in Nepal to learn about the leadership on nutrition which will contribute to Tajikistan advancing its own capacity for scaling up nutrition.

Ensuring a coherent policy and legal framework

A number of laws are in place to support scaling up nutrition in Tajikistan. These include laws on breastfeeding, salt iodisation, health care, reproductive health and rights, safety of food products, as well as the code of marketing of breast milk substitutes. The government is currently working on finalising the draft Nutrition and Physical Activity Strategy, the first nutrition specific strategy in the country. Other notable strategies with strong nutrition components or areas relevant to nutrition include:
Food Security Strategy (under development);
Living Standards Improvement Strategy 2013-2015;
National Development Strategy (until 2015);
National Health Sector Strategy 2010-2020;
National Child and Adolescent Health Strategy 2010-2015;
National Reproductive Health Strategy 2004-2014;
and School Feeding Strategy (under development).

Aligning actions around a Common Results Framework

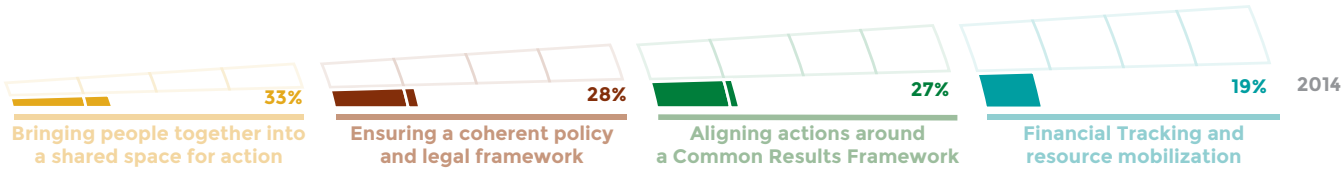
The Maternal and Child Health Department of MoHSP compiles the annual work plan on nutrition related interventions with support from development partners. One of the priority actions identified by the Government of Tajikistan is the development of a common results framework. This includes a plan for comprehensive nutrition interventions and their costing, which will allow resource tracking and subsequent resource mobilization. These will be discussed during the SUN kick-off workshop scheduled for August 2014. There are no specific nutrition programmes with timeframe but several services are provided with a view to improving nutrition and include: micronutrient supplementation; management / treatment of malnutrition; promotion of breast feeding and optimal IYCF through the Baby Friendly Health Initiative; information, education and communication activities; promotion of hygiene practices among school going children; salt iodisation; and a School Feeding Programme. In addition, WFP provides supplementary feeding for marginalized populations.

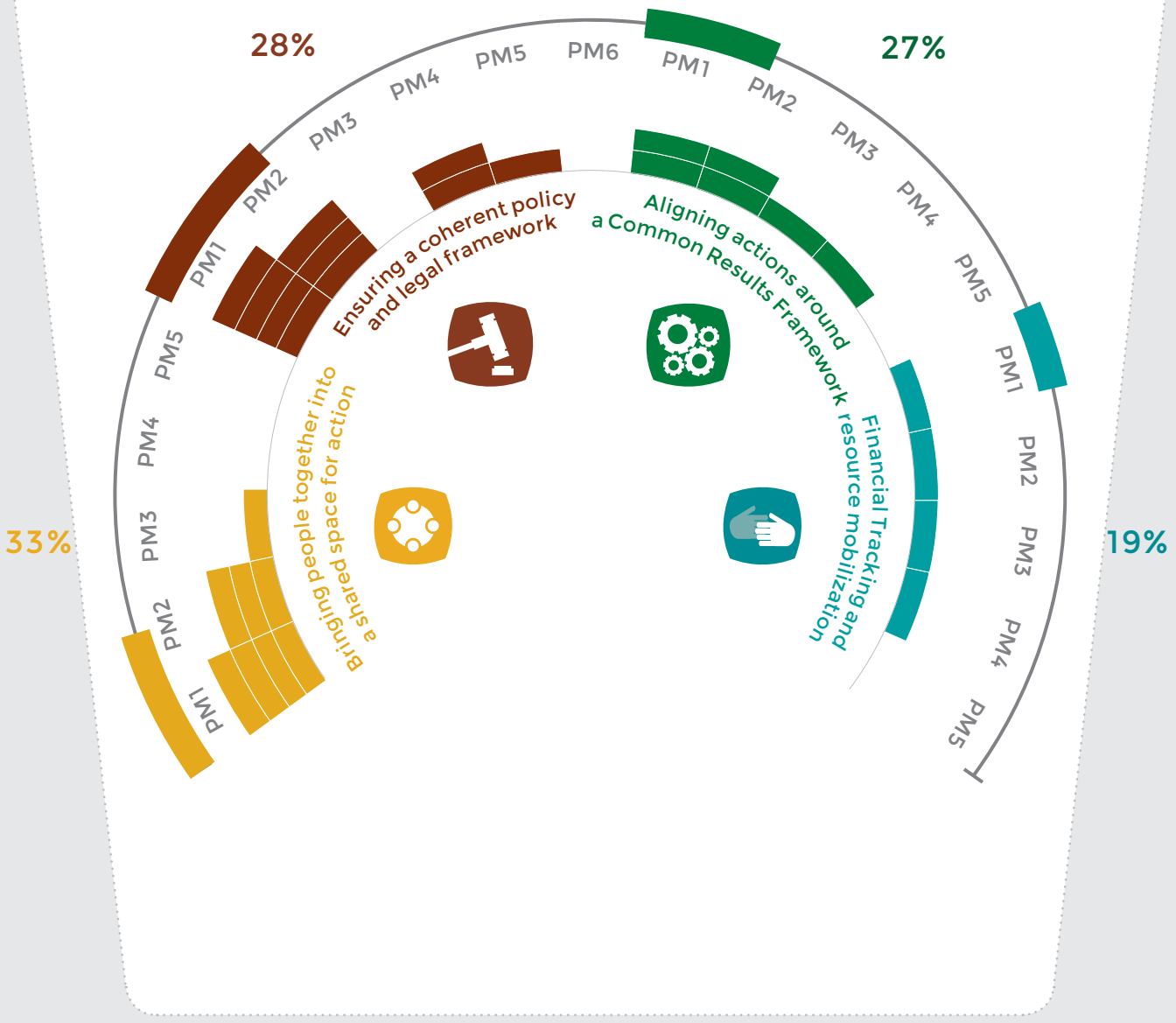
Financial Tracking and resource mobilization

Most nutrition interventions are supported by external partners. The absence of a costed comprehensive plan leaves the government with little knowledge about the cost of each intervention or donor contributions. In financial terms the introduction of separate budgeting lines for each programme area (such as nutrition) is planned as part of the President Office's initiatives. This, along with the development of the costed common work plan or results framework for nutrition will make financial tracking for nutrition easier.

2014[1] Baseline on Four SUN Processes
Tajikistan

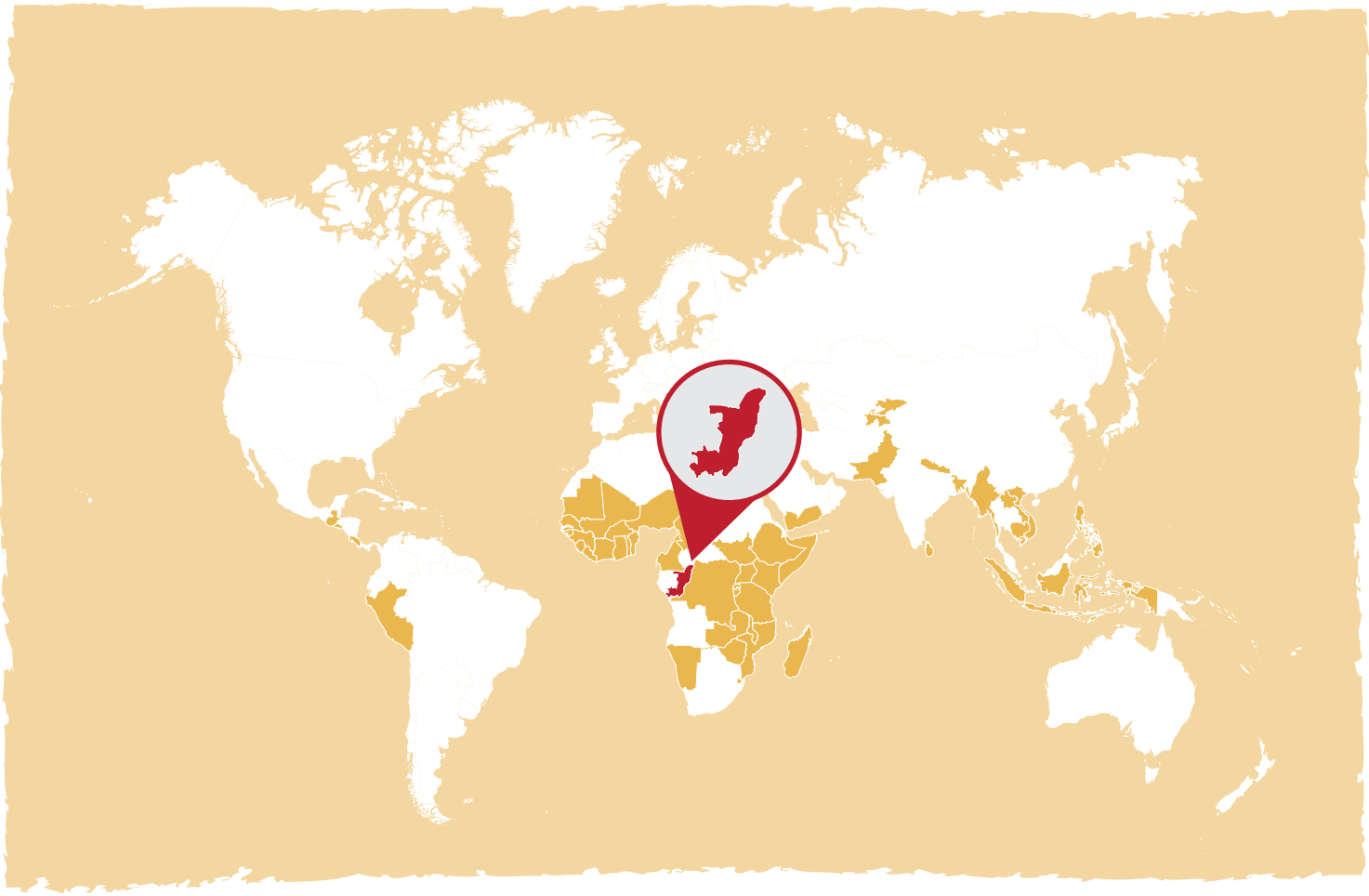
2014 Scoring of Progress Markers





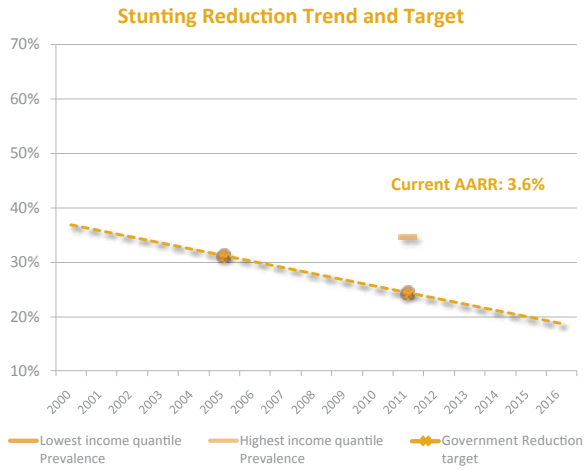
[1]Externally assessed by the SUN Movement Secretariat

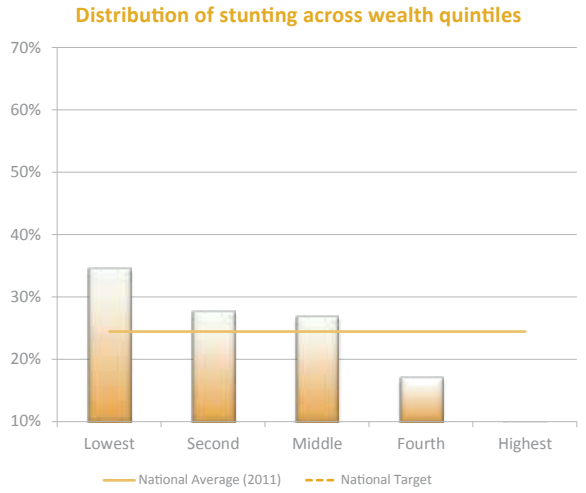
Congo

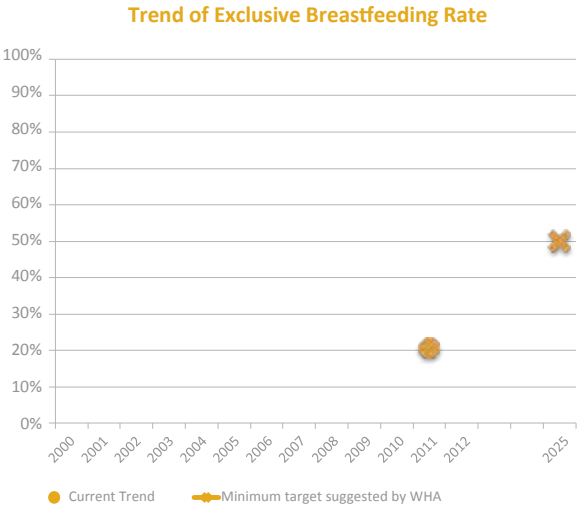


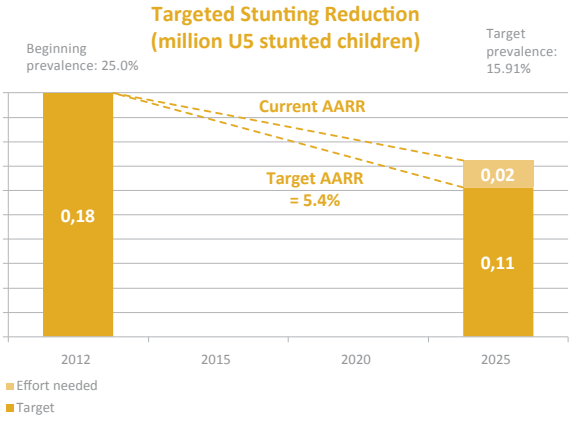
Joined: October 2013

Demographic data	
National Population (million, 2010)	4,11
Children under 5 (million, 2010)	0,7
Adolescent Girls (15-19)(million, 2010)	0,21
Average Number of Births (million, 2010)	0,15
Population growth rate (2010)	2,98%
WHA nutrition target indicators (DHS 2011-2012)	
Low-birth weight	10,0%
0-5 months Exclusive Breastfeeding	20,5%
Under five stunting	25,0%
Under five wasting	5,9%
Under five over weight	3,6%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	78,9%
Vitamin A supplementation (6-59 months)	-
Households Consuming Adequately Iodized Salt	-
Women's Empowerment	
Female literacy	82,2%
Female employment rate	64,2%
Median age at first marriage	19,7
Access to skilled birth attendant	94,0%
Women who have first birth before age 18	-
Fertility rate	2,2
Other Nutrition-relevant indicators	
Rate of urbanization	65,00%
Income share held by lowest 20%	5,00%
Calories per capita per day (kcal/capita/day)	2.177,3
Energy from non-staples in supply	29,72%
Iron availability from animal products (mg/capita/day)	-
Access to Improved Sanitation Facilities	11,0%
Open defecation	46,8%
Access to Improved Drinking Water Sources	76,4%
Access to Piped Water on Premises	3,5%
Surface Water as Drinking Water Source	7,9%
GDP per capita (current US$, 2013)	3.172,00
Exports-Agr Products per capita (current US$, 2012)	0,36
Imports-Agr Products per capita (current US$,2012)	1,97









Bringing people together into a shared space for action

Congo-Brazzaville joined the SUN movement in October 2013. The multi-sectoral and multi-stakeholder platform has not been formally set up because the decree relating to the creation, responsibilities, organization and operation of the National Food and Nutrition Council and its technical committee is currently being drafted. However, the ministries involved in nutrition and donors, including United Nations agencies, are already heavily involved in an embryonic body for coordinating food and nutrition initiatives. The SUN National Focal Point is represented by the Secretary-General of the Presidency.

Ensuring a coherent policy and legal framework

There is coherence between the legal and political framework. For instance, Act 45/75 of the Labor Code, promulgated in 1975, provides for 16 weeks of maternity leave and rest periods for breastfeeding for 18 months, to reinforce the promotion of maternal breastfeeding. Similarly, there are various decrees and orders on food fortification facilitating the implementation of activities to combat deficiencies in micronutrients. Finally, there is also Decree 2004-471 dating from 2004, which sets out the conditions for marketing and importing iodized salt. The 2014-2025 multi-sectoral strategic framework for combating malnutrition was validated in October 2013. However, some weaknesses remain, such as the lack of legislation to regulate the marketing of breast milk substitutes in Congo.

Aligning actions around a Common Results Framework

Once the strategic framework for combating malnutrition is finalized, the plan is to draft a multi-sectoral operational plan to combat malnutrition. This plan will serve as a basis for monitoring the implementation of and assessing the various multi-sectoral interventions. Under UNDAF, joint work plans between United Nations agencies and the government will enable planning around key groups of findings, including that relating to food and nutritional security.

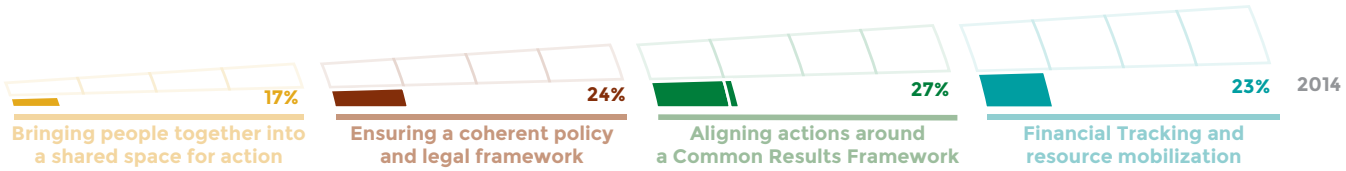
Financial Tracking and resource mobilization

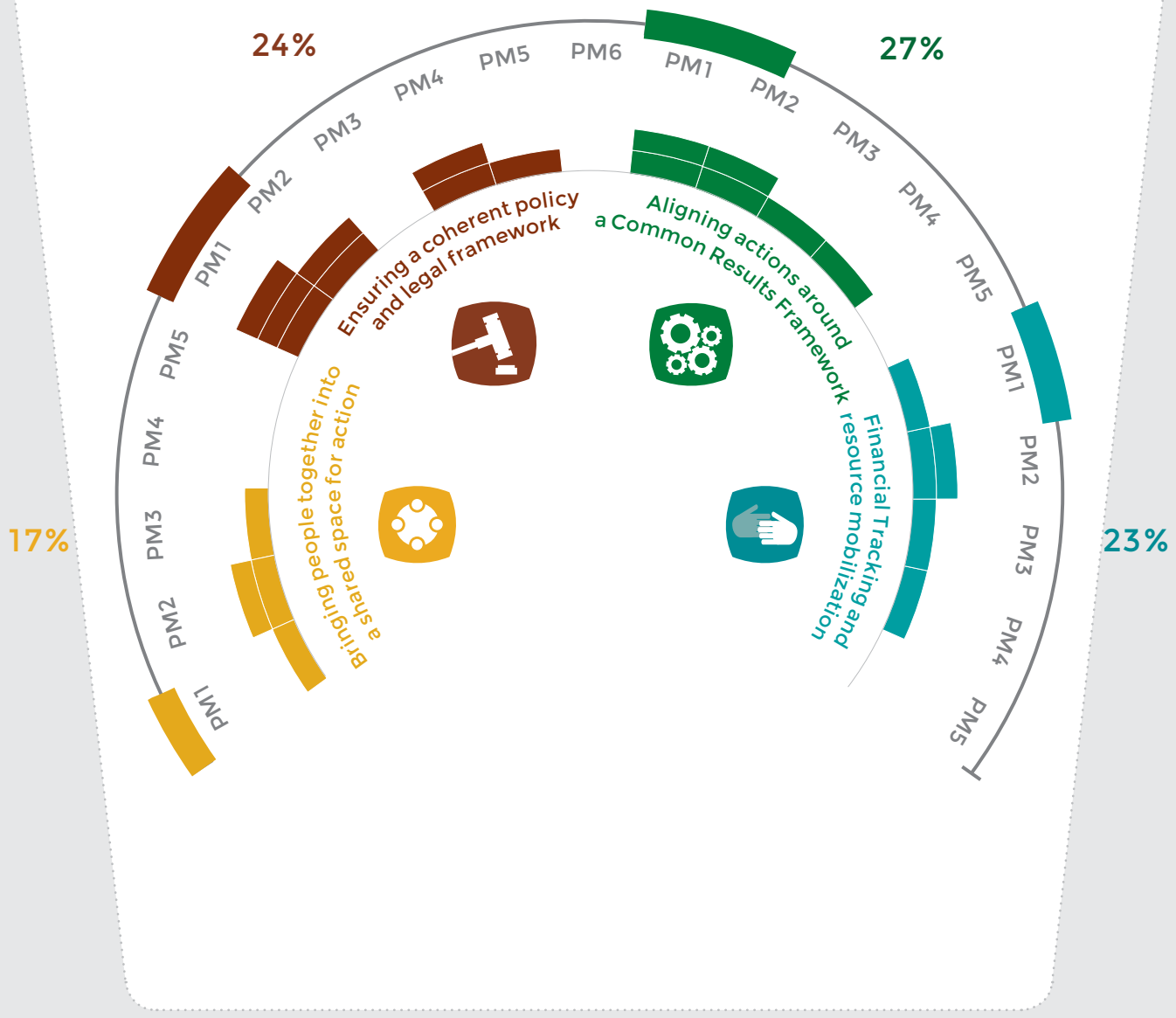
The joint programming approach based around groups of findings as initiated by UN agencies will encourage the mobilization of external and domestic resources by institution and also collectively through the formulation of joint projects.

2014[1] Baseline on Four SUN Processes

Congo

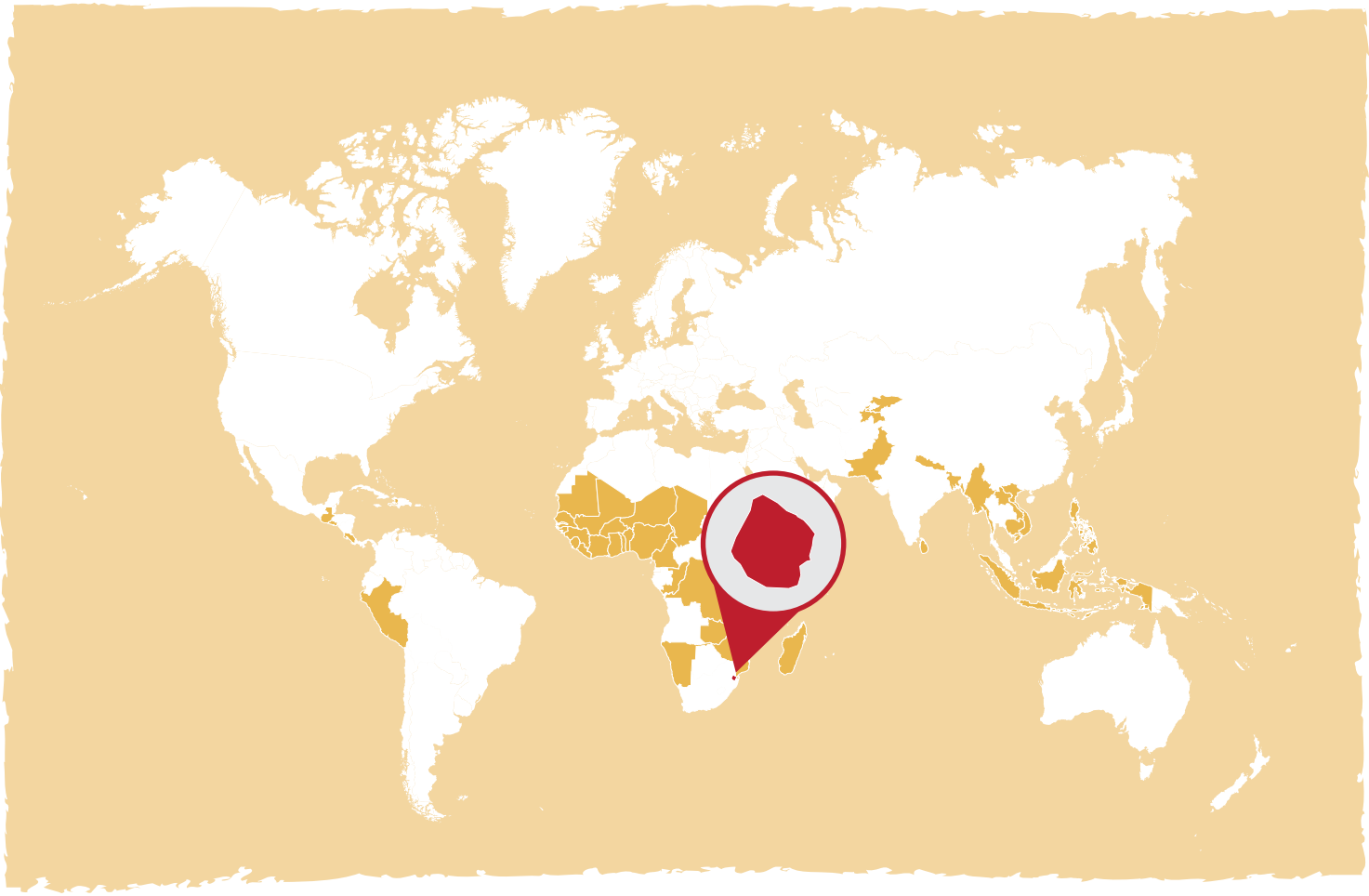
2014 Scoring of Progress Markers





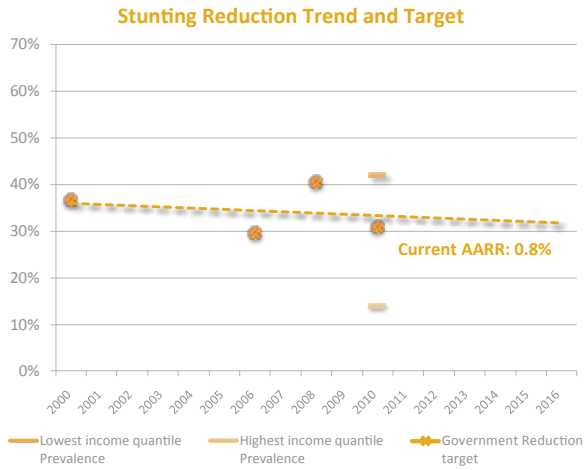
[1]Externally assessed by the SUN Movement Secretariat

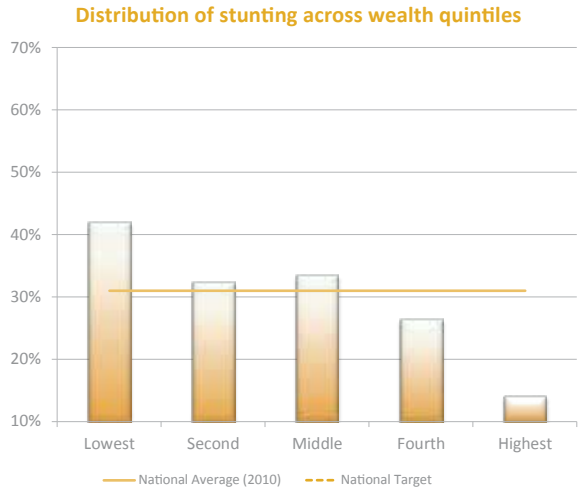
Swaziland

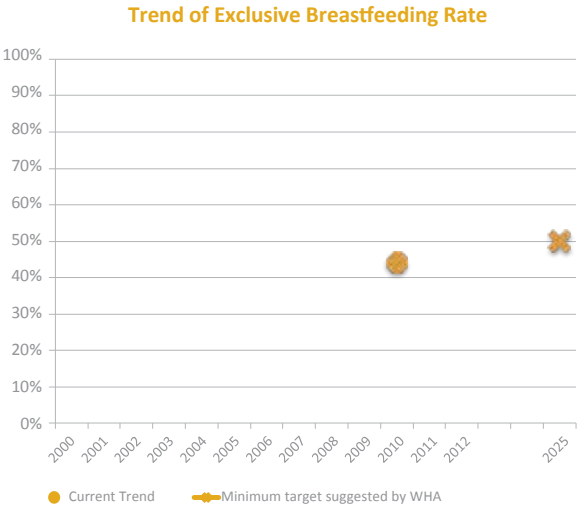


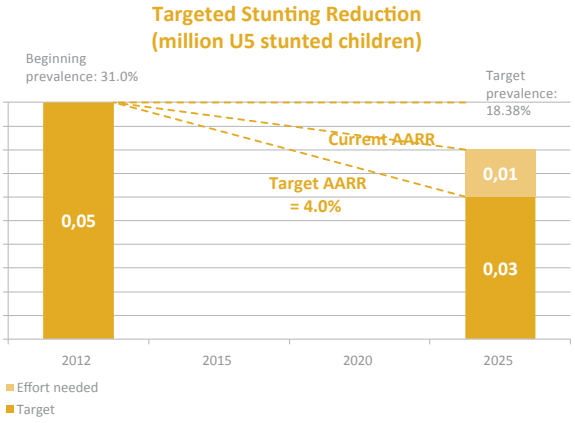
Joined: November 2013

Demographic data	
National Population (million, 2010)	1,19
Children under 5 (million, 2010)	0,2
Adolescent Girls (15-19)(million, 2010)	0,08
Average Number of Births (million, 2010)	0,04
Population growth rate (2010)	1,54%
WHA nutrition target indicators (MICS 2010)	
Low-birth weight	8,7%
0-5 months Exclusive Breastfeeding	44,1%
Under five stunting	31,0%
Under five wasting	0,8%
Under five over weight	10,7%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	76,6%
Vitamin A supplementation (6-59 months)	33,0%
Households Consuming Adequately Iodized Salt	51,6%
Women's Empowerment	
Female literacy	-
Female employment rate	-
Median age at first marriage	23,1
Access to skilled birth attendant	82,0%
Women who have first birth before age 18	22,0%
Fertility rate	3,7
Other Nutrition-relevant indicators	
Rate of urbanization	21,00%
Income share held by lowest 20%	4,10%
Calories per capita per day (kcal/capita/day)	2.358,7
Energy from non-staples in supply	47,09%
Iron availability from animal products (mg/capita/day)	-
Access to Improved Sanitation Facilities	53,8%
Open defecation	15,4%
Access to Improved Drinking Water Sources	67,3%
Access to Piped Water on Premises	40,0%
Surface Water as Drinking Water Source	21,0%
GDP per capita (current US$, 2013)	3.034,00
Exports-Agr Products per capita (current US$, 2012)	23,78
Imports-Agr Products per capita (current US$,2012)	18,15









Bringing people together into a shared space for action

As a new SUN country in 2014, current bodies mandated on nutrition include the Swaziland National Nutrition Council (SNNC) and its secretariat. Both are located within the Ministry of Health, with the Ministry of Agriculture acting as a co-chair. They convene meetings with other members of the SNNC including the line ministries of education; commerce; finances; economic, planning and development. The UN System is also represented through UNICEF, WHO, WFP and FAO, which provide financial and technical assistance to the SNNC meetings. CSOs through World Vision and the Swaziland Infant Nutrition Action Network also participate and a separate CSO network already exists in the form of the Food Security Consortium. The SNNC is mandated on policy making, resource mobilisation and provision of technical responses. Multi-sectoral initiatives mandated on nutrition exist outside of the SNNC and include: the Child Health and Nutrition Forum (CHN); the Food Security and Nutrition Forum and The Cost of Hunger National Implementation Team.

Ensuring a coherent policy and legal framework

Swaziland already has specific nutrition legislation in place. The National Health Sector Strategic Plan 2008-2013 aims at reducing stunting in under 5 children from 40 to 10% by 2025, increase breastfeeding from 44 to 60%, Vitamin A supplementation to more than 90% and salt iodization to more than 80%. The country is also developing the National Health Sector Strategic Plan II and in this document, issues of stunting and other nutrition indicators are addressed.

It also has a National Food Security Policy (2005), a Food and Nutrition Strategy (2010-2015); salt iodization regulations (1997) inserted to the Public Health Act of 1969; several guidelines related to IMAM (2010), infant and young child feeding (2010), Nutrition and HIV (2010) or TB (2012). Swaziland is also updating the National Nutrition Act (1945), which was amended and awaits cabinet approval and is drafting a Food and Nutrition Policy. The Code of Marketing of Breast Milk Substitutes is being approved to be integrated into the Public Health Act of 1969. Swaziland also has nutrition sensitive legislation with the National Development Strategy (1997), whose aim is to achieve food and nutrition security; the Poverty Reduction Strategy (2007), whose aim is to increase consumption of iodized salt; the Social Welfare Strategy (2011-2015), which includes elements on nutrition; and a School Feeding Strategic Framework (2013). Additionally, drawing from the CAADP Initiative, the Agricultural Policy in draft includes a focus on nutrition and the reduction of stunting.

Aligning actions around a Common Results Framework

As there is still no Common Results Framework, the national priority remains to merge sectoral planning processes that contribute to nutrition in a coherent and harmonized manner. The government is working on the development of a comprehensive national nutrition strategy with a multi-sectoral approach to encompass direct nutrition interventions as well as nutrition sensitive actions. As a first step, joint indicators in dietary diversity and food insecurity are being identified and a mapping exercise of the actors working on nutrition is underway.

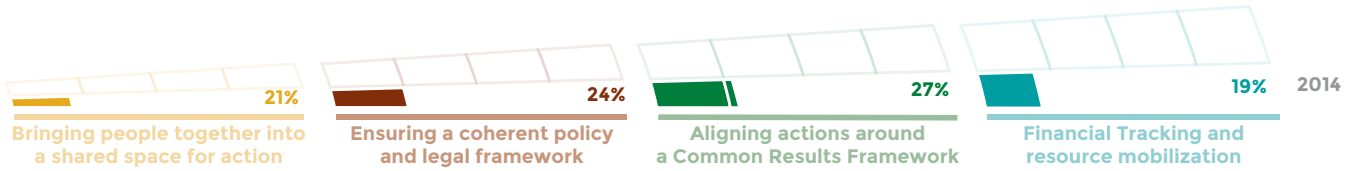
Financial Tracking and resource mobilization

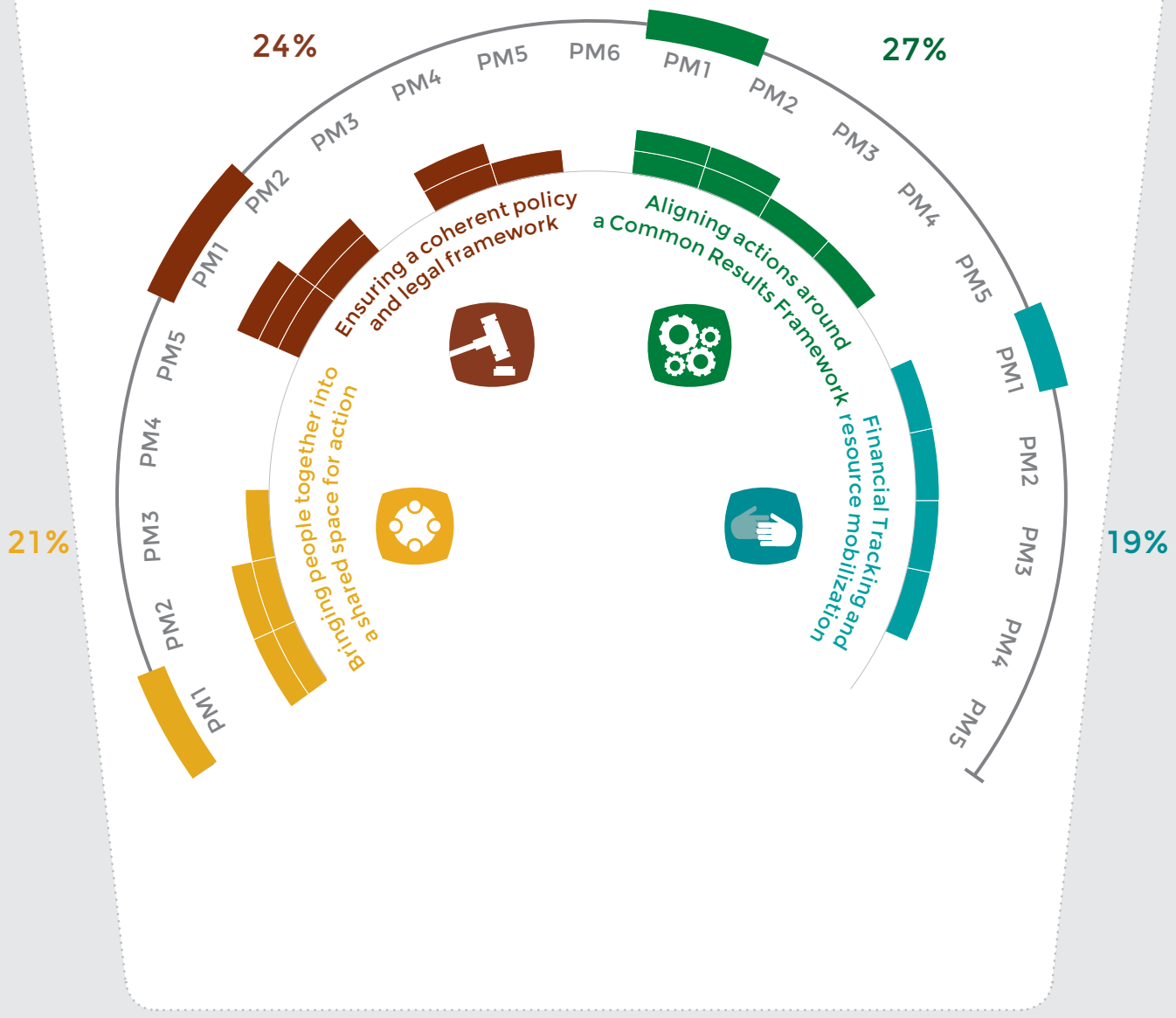
There is a specific budget line for nutrition. Since the Cost of Hunger in Swaziland was launched in July 2013, some significant efforts have been observed in terms of advocacy, programmatic planning and conceptualization of the response to the recommendations of the Cost of Hunger report. The Cabinet approved the study and commissioned an Action Plan for implementation of the recommendations. A USD20-million cash transfer pilot project by the World Bank, the European Union (EU) and the DPMO expanded its targeted population to include infants in the first 1,000 days of life. Several programs receive budgets from government and/or external partners.

2014[1] Baseline on Four SUN Processes

Swaziland

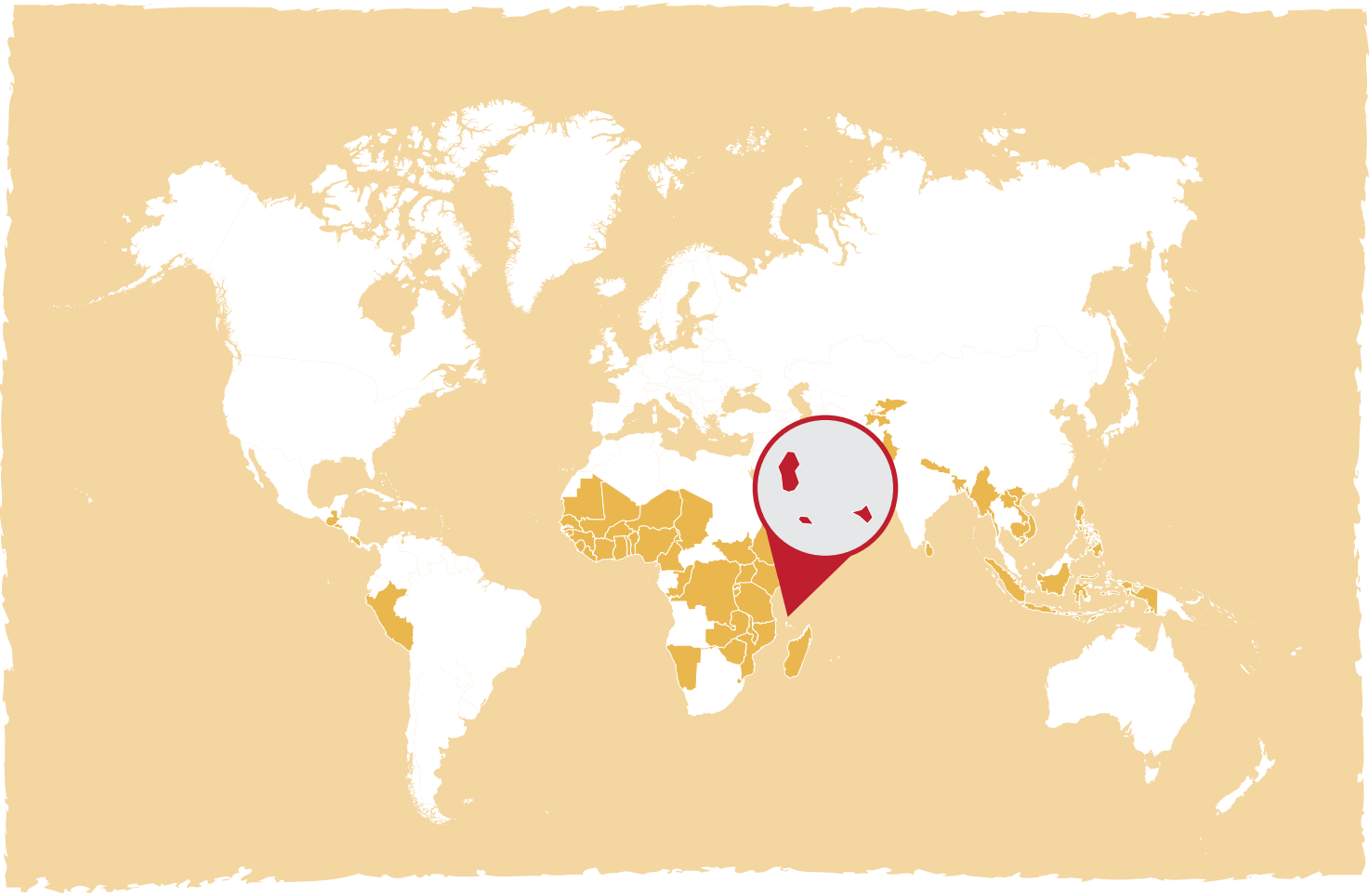
2014 Scoring of Progress Markers





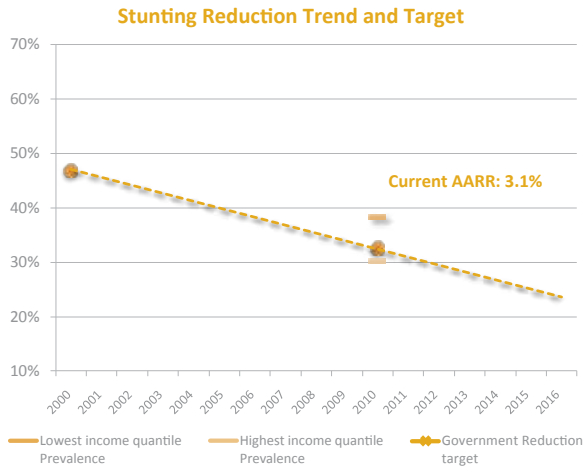
[1]Externally assessed by the SUN Movement Secretariat

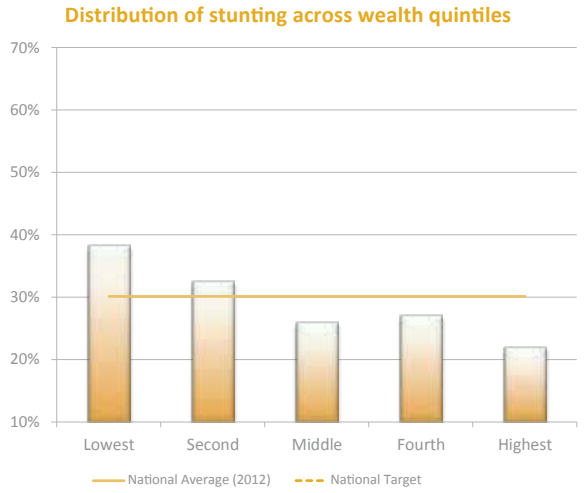
Comoros

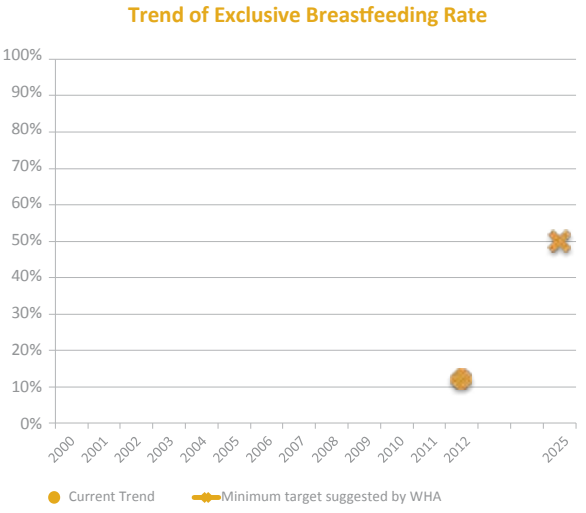


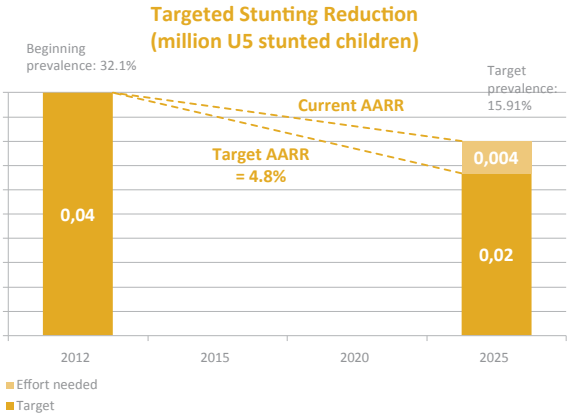
Joined: December 2013

Demographic data	
National Population (million, 2010)	0,68
Children under 5 (million, 2010)	0,1
Adolescent Girls (15-19)(million, 2010)	0,03
Average Number of Births (million, 2010)	0,02
Population growth rate (2010)	2,57%
WHA nutrition target indicators (EDS-MICS 2012)	
Low-birth weight	N/A
0-5 months Exclusive Breastfeeding	12,1%
Under five stunting	32,1%
Under five wasting	11,1%
Under five over weight	10,9%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	5,9%
6-23 months with Minimum Diet Diversity	25,2%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	0,4%
Pregnant Women Attending 4 or more Antenatal Care Visits	48,9%
Vitamin A supplementation (6-59 months)	-
Households Consuming Adequately Iodized Salt	91,0%
Women's Empowerment	
Female literacy	63,3%
Female employment rate	42,3%
Median age at first marriage	20,7
Access to skilled birth attendant	76,1%
Women who have first birth before age 18	10,3%
Fertility rate	4,3
Other Nutrition-relevant indicators	
Rate of urbanization	28,00%
Income share held by lowest 20%	2,60%
Calories per capita per day (kcal/capita/day)	2.167,2
Energy from non-staples in supply	46,42%
Iron availability from animal products (mg/capita/day)	-
Access to Improved Sanitation Facilities	28,9%
Open defecation	56,0%
Access to Improved Drinking Water Sources	70,6%
Access to Piped Water on Premises	37,9%
Surface Water as Drinking Water Source	0,8%
GDP per capita (current US$, 2013)	894,00
Exports-Agr Products per capita (current US$, 2012)	39,71
Imports-Agr Products per capita (current US$,2012)	43,82









Bringing people together into a shared space for action

The Comoros joined the SUN Movement in December 2013. The Director of Family Health in the Vice-Presidency in charge of the Ministry of Health, Solidarity, Social Cohesion and Gender Promotion, was appointed National Coordinator for SUN by the Vice President in charge of Health.

An exploratory REACH mission provided the opportunity to reflect on the setting up of the multi-sector coordination mechanism for nutrition governance. A multi-sector interim committee on good nutrition governance has been established, with two key missions as their terms of reference: the setting up of a multi-sector platform and the launch of the SUN Movement. This interim committee is chaired by the representative of civil society, the President of the Comorian Consumer Federation (CCF), and co-chaired by the SUN focal point. It is composed of representatives from several ministries: the Ministry of Health, solidarity, social cohesion and gender promotion; the Ministry of Agriculture and production; the Ministry of Education; the Ministry of Commerce; the Ministry of Employment, Labor, Vocational Training and Women's Entrepreneurship. Also participating are the French Planning Authorities (Commissariat Général au Plan), the National Research Institute for Agriculture, Fisheries and the Environment (INRAPE), UNICEF, WHO and UNFPA.

The meetings are convened jointly by the Chairman of the Provisional Committee and the SUN focal point. For the moment, the role of the secretariat is carried out by the Directorate of Family Health. This interim committee meets weekly. During this transition period, the Interim Committee reports to His Excellency the Vice-President in charge of the Ministry of Health, solidarity, social cohesion and gender promotion.

The process of setting up the governmental body is under way and the focal points of various ministerial departments are in the process of being identified. UNDAF, which is currently being finalized, will take nutrition governance aspects into account in its action plan.

Routine nutrition activities are supported by the UNICEF, FAO, WFP and WHO. Advocacy and lobbying is being conducted with the private sector for its integration into the platform and the designation of focal points at the University of Comoros. A focal point has already been identified at the National Research Institute for Agriculture, Fisheries and Environment (INRAPE).

Ensuring a coherent policy and legal framework

The National Policy on Nutrition and Food developed in 2012 is in the process of being signed. It will have to be revised to adopt a multi-sector approach.

From a legislative standpoint, the Comoros adopted: a Law on the International Code of Marketing of Breast-milk Substitutes in 2014 and a law on maternity leave in 2012.
The decree implementing the food law passed in 2013 is currently being drafted.

Policies in the agriculture, education and health sectors and policy on poverty reduction all include nutrition. A study was conducted with consultants to analyses data from the most vulnerable populations which would enable a social protection policy to be developed.

Aligning actions around a Common Results Framework

Find support for dialogue on multi-sector indicators for nutrition and improve the collection of nutritional data taking into account the fact that multi-sectoral approach is a high expectation of the Union of Comoros vis-à-vis the SUN Movement.

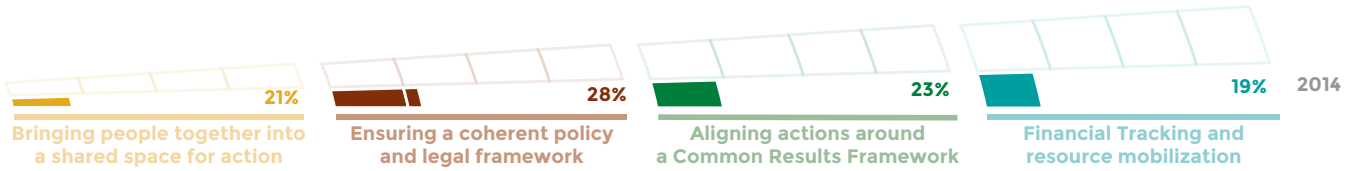
Financial Tracking and resource mobilization

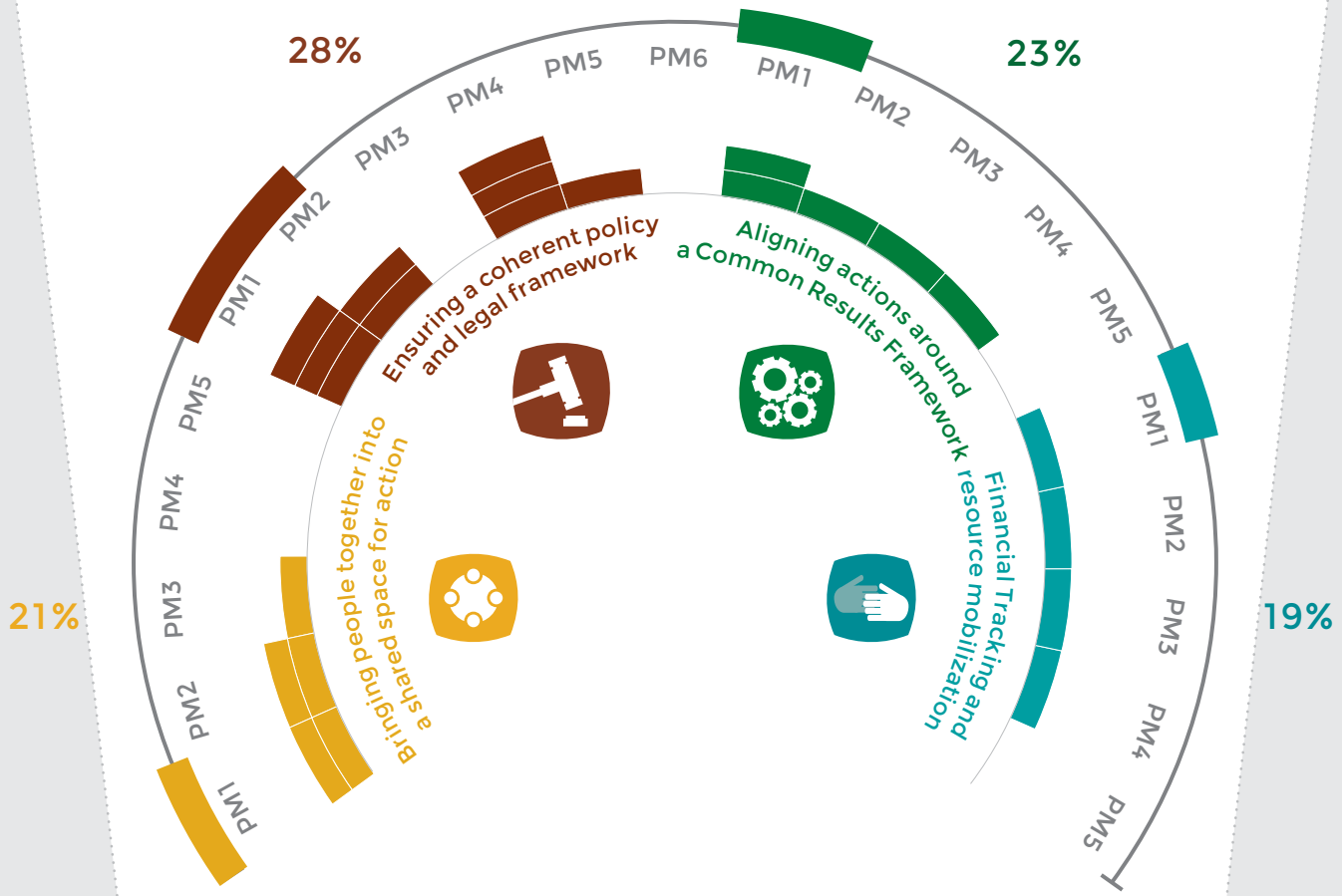
Mobilizing resources for the national nutrition governance plan in the Comoros is a priority for 2014. Therefore, when the multi-sector platform is operational, an exceptional budget allocation will be made available in 2014 on the understanding that a budget line will be included from 2015.

2014[1] Baseline on Four SUN Processes

Comoros

2014 Scoring of Progress Markers



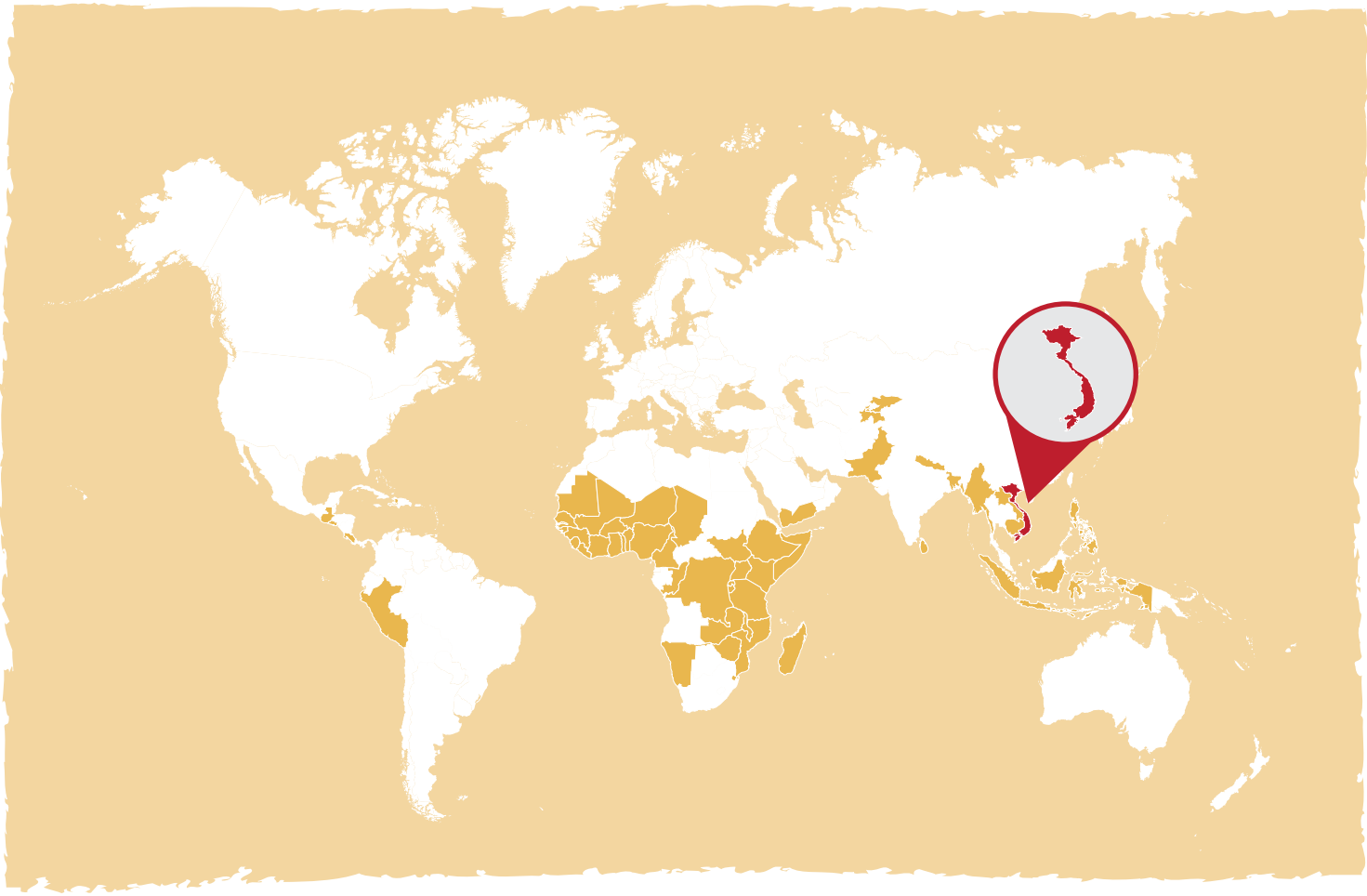


[1]Externally assessed by the SUN Movement Secretariat

الدول الجديدة المشتركة في حركة تعزيز التغذية (خط الأساس لعام 2014)

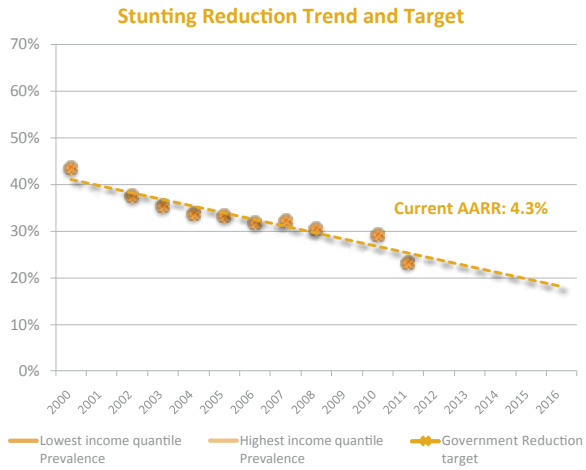
فيتنام
ليبيريا
توغو
غينيا-بيساو
كوستاريكا

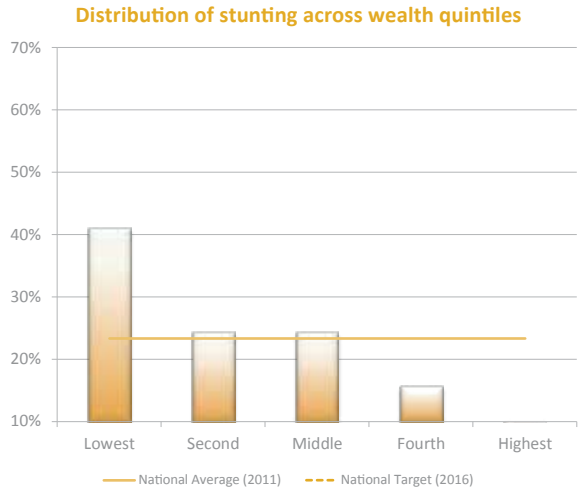
Vietnam

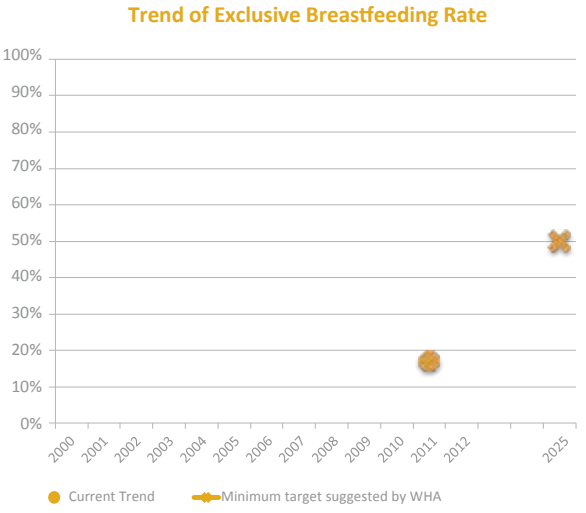


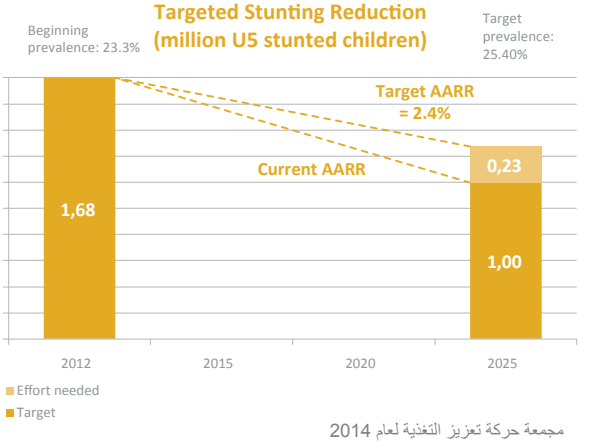
Joined: January 2014

Demographic data	
National Population (million, 2010)	89
Children under 5 (million, 2010)	7,2
Adolescent Girls (15-19)(million, 2010)	4,39
Average Number of Births (million, 2010)	1,48
Population growth rate (2010)	0,94%
WHA nutrition target indicators (MICS 2011)	
Low-birth weight	5,1%
0-5 months Exclusive Breastfeeding	17,0%
Under five stunting	23,3%
Under five wasting	4,4%
Under five over weight	4,6%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	1,0%
Pregnant Women Attending 4 or more Antenatal Care Visits	-
Vitamin A supplementation (6-59 months)	98,0%
Households Consuming Adequately Iodized Salt	45,1%
Women's Empowerment	
Female literacy	-
Female employment rate	-
Median age at first marriage	-
Access to skilled birth attendant	-
Women who have first birth before age 18	7,5%
Fertility rate	2,0
Other Nutrition-relevant indicators	
Rate of urbanization	32,00%
Income share held by lowest 20%	7,40%
Calories per capita per day (kcal/capita/day)	-
Energy from non-staples in supply	29,37%
Iron availability from animal products (mg/capita/day)	2,9
Access to Improved Sanitation Facilities	78,1%
Open defecation	6,4%
Access to Improved Drinking Water Sources	92,0%
Access to Piped Water on Premises	23,0%
Surface Water as Drinking Water Source	2,2%
GDP per capita (current US$, 2013)	1.911,00
Exports-Agr Products per capita (current US$, 2012)	-
Imports-Agr Products per capita (current US$,2012)	0,13









Bringing people together into a shared space for action

The convening body for nutrition in Vietnam is The National Institute of Nutrition (NIN) in the Ministry of Health. The NIN is the leading institution responsible for research, training and implementation of activities in the field of nutrition, food sciences and clinical nutrition. The Prime Minister ratified the National Nutrition Strategy for 2011 – 2020 with a vision towards 2030. Roles and responsibilities of each line ministry have been well defined. The NIN reports directly to Ministry of Health and it has the secretariat for the implementation of the National Nutrition Strategy (NNS).

The multi-stakeholder platform is the Nutrition Cluster Group. Every six weeks, participants from various Ministries (Health, Agriculture, Social Affairs, Disaster Risk Management), Institutes, Universities, UN Agencies (UNICEF, WHO, FAO), NGOs, Donors (World Bank, Irish Aid, USAID, Norwegian Embassy), Foundations and Global Initiatives (GAIN, A&T) convene together to work towards an agreed set of objectives and priorities. These meetings are co-chaired by the National Institute of Nutrition Director and the UNICEF Head of Nutrition. The Nutrition Director is also the SUN Government Focal Point.

Ensuring a coherent policy and legal framework

A number of laws are in place to support scaling up nutrition, including laws on maternity leave, salt iodisation, safety of food products, as well as code of marketing of breast milk substitutes.

The Prime Minister approved the National Nutrition Strategy for 2011-2020 with a vision towards 2030. A plan of Action for IYCF for 2012-2015 was approved in 2013.

Other strategies exist but without specific nutrition outcomes.

Aligning actions around a Common Results Framework

A national target program for improving nutrition status of children is implemented in all communities. Child malnutrition is a key indicator in the 5 year economic and development plan already at national and provincial levels.

The government is reviewing the possibility of formulating provincial regional nutrition strategies for inclusion in regional plans.

National and sub-national profiles are developed each year.

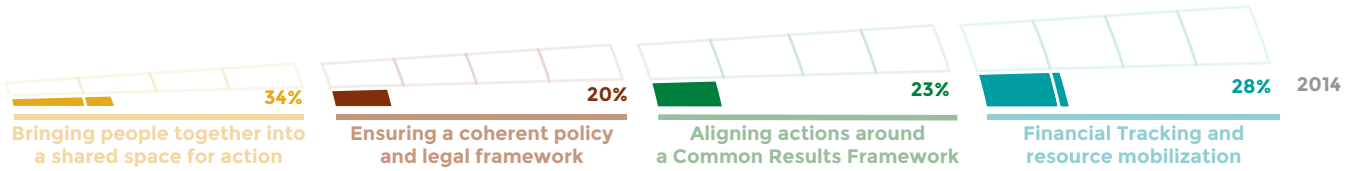
Financial Tracking and resource mobilization

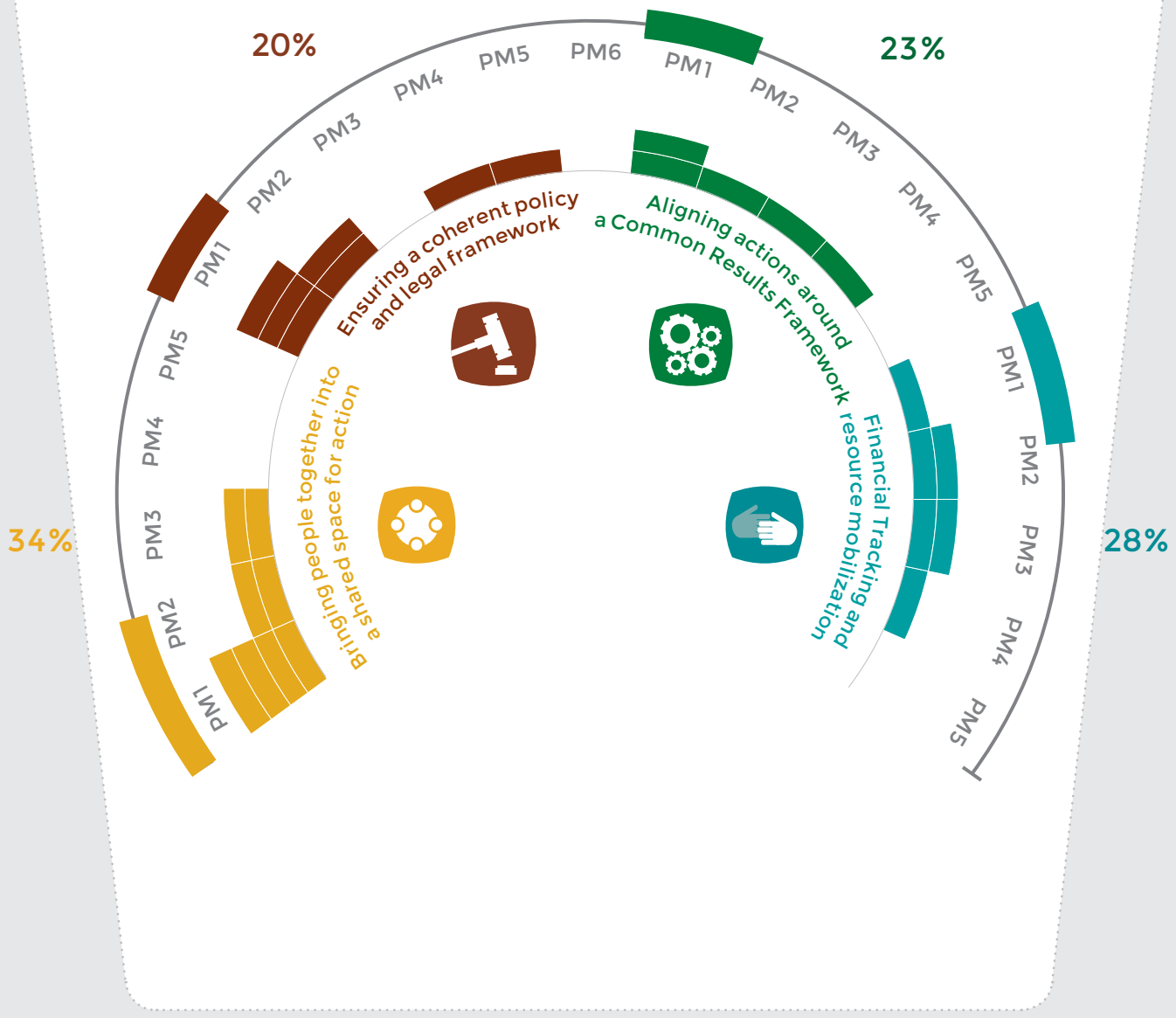
The National Target Program is financed by government at a level of USD 1,000,000.

2014[1] Baseline on Four SUN Processes

Vietnam

2014 Scoring of Progress Markers



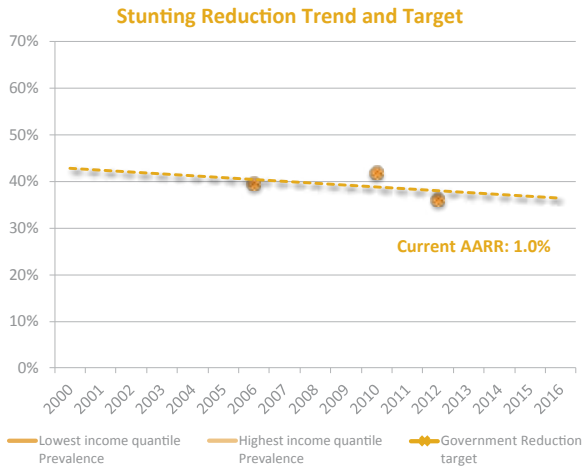


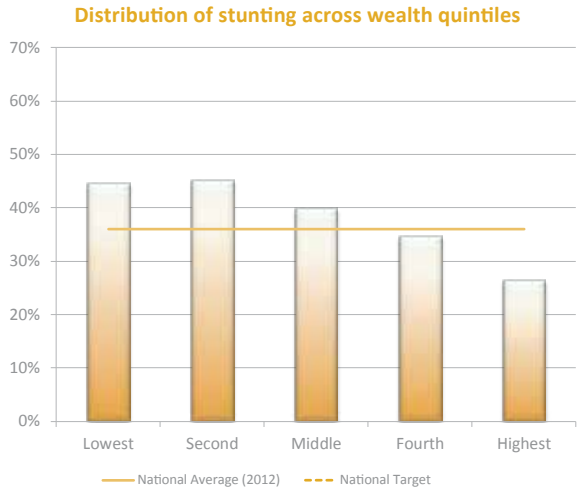
[1]Externally assessed by the SUN Movement Secretariat

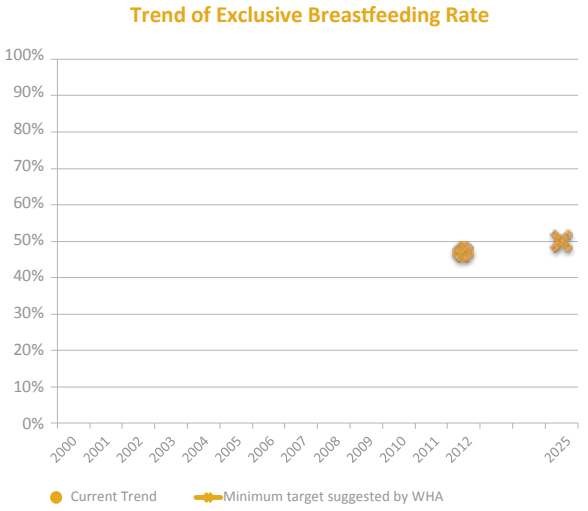
Liberia

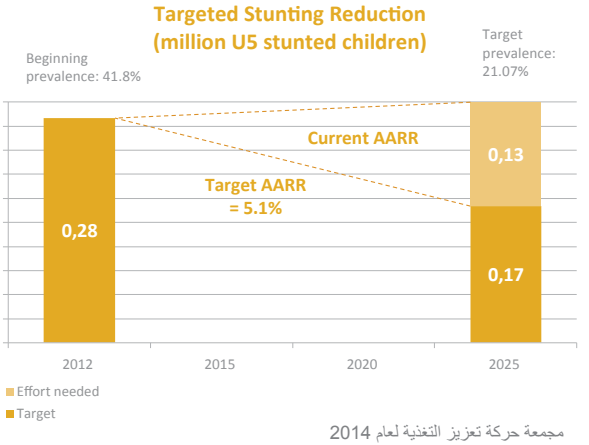
Joined: February 2014

Demographic data	
National Population (million, 2010)	3,96
Children under 5 (million, 2010)	0,7
Adolescent Girls (15-19)(million, 2010)	0,20
Average Number of Births (million, 2010)	0,14
Population growth rate (2010)	3,82%
WHA nutrition target indicators (CFSNS2012)	
Low-birth weight	14,0%
0-5 months Exclusive Breastfeeding	47,0%
Under five stunting	41,8%
Under five wasting	2,8%
Under five over weight	0,0%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	0,4%
Pregnant Women Attending 4 or more Antenatal Care Visits	-
Vitamin A supplementation (6-59 months)	13,0%
Households Consuming Adequately Iodized Salt	-
Women's Empowerment	
Female literacy	40,8%
Female employment rate	-
Median age at first marriage	18,6
Access to skilled birth attendant	46,3%
Women who have first birth before age 18	32,1%
Fertility rate	5,2
Other Nutrition-relevant indicators	
Rate of urbanization	49,00%
Income share held by lowest 20%	6,40%
Calories per capita per day (kcal/capita/day)	2.209,5
Energy from non-staples in supply	27,41%
Iron availability from animal products (mg/capita/day)	-
Access to Improved Sanitation Facilities	11,2%
Open defecation	54,7%
Access to Improved Drinking Water Sources	66,1%
Access to Piped Water on Premises	2,9%
Surface Water as Drinking Water Source	12,9%
GDP per capita (current US$, 2013)	454,00
Exports-Agr Products per capita (current US$, 2012)	-
Imports-Agr Products per capita (current US$,2012)	-









Bringing people together into a shared space for action

Liberia joined the SUN Movement in February 3rd, 2014 and although a multi-stakeholder platform has not yet been established, the Nutrition Division of Ministry of Health and Social Welfare (MOHSW) is already convening line ministries and partners.

Meeting with line ministries still in progress, but with the prevailing Ebola situation and STATE of EMERGENCY, meeting of such is pending until the situation improves.

A letter from the MOHSW to the President of Liberia for the endorsement of a SUN Secretariat and the nomination of both a focal point and a donor convener has been submitted. Until a Donor Convenor is nominated, UNICEF is acting as the interim Donor Convener to support the MOHSW.

In the wake of the Ebola situation we are still hopeful that when the situation improves a follow up remind letter will be sent to the President or a meeting will be scheduled by the Assistant Minister Tolbert Nyenswah to follow up on the letter and her reaction. Meanwhile, UNICEF is still the donor convener until the National Focal Point is identified and the secretariat is set up.

The main priorities described in the letter to the President include the reduction of stunting, scale up of nutrition-specific interventions, and the integration and expansion of nutrition-sensitive interventions. In addition, Liberia intends to establish a civil society platform by June 2014.

Aligning actions around a Common Results Framework

All sectors have different frameworks of implementation and reporting. The process of a common reporting framework is underway; meanwhile, the Nutrition Division of the MOHSW is currently coordinating reports of activities by the line Ministries and partners through monthly NNCC meetings.

Nutrition interventions are part of the essential package of services since 2011.

Stunting reduction remains the key national priority. In order to reduce its rate, a set of Essential Nutrition Actions (ENAs) has being rolled out in five (5) Counties. Nutrition partners are being proactive and making emergency plans to continue supporting counties even in wake of the Ebola situation. Such plan is yet to be finalized and implemented. ENA training included all health workers and community volunteers.

Ensuring a coherent policy and legal framework

The multi-sectoral Food and Nutrition Strategy developed in 2010 is in line with the National Nutrition Policy developed in 2009. It states the national priorities to be addressed in a harmonized manner to ensure food security and good nutrition for all Liberians.

Nutrition has been mainstreamed into policies for economic growth and development, poverty reduction, food and agriculture, health care, education and social development and include:

- The 2012 poverty reduction strategy, which places nutrition as a national priority and in the overall development agenda.
- The Investment Program for Agriculture (derived from CAADP). It includes a specific component on food and nutrition to achieve nutritious food production and the provision of nutrition supplement.

Nutrition sensitive documents and plans exist and there are recommendations to review and consolidate both food and nutrition policies and strategies.

The Ministry of Education and the Ministry of Health and Social Welfare (MOHSW) are in the process of harmonizing all plans to address malnutrition. The MOHSW is already engaged in the process of developing a multi-sectoral, national nutrition implementation plan that fully embraces both direct nutrition interventions as well as nutrition sensitive actions.

Completion of these documents should have been a part of planned meetings among the sectors, but as mentioned above, there are limitations in the wake of the current STATE of EMERGENCY, therefore, all meetings related to programs implementations are cancelled. Convenings will re-activate as soon as the alarming situation is over. Meanwhile all documents are currently being identified by sectors, MOA is reviewing the national strategy for Food Security and Nutrition and MOE has developed a draft School Health and Nutrition strategy that must also be reviewed.

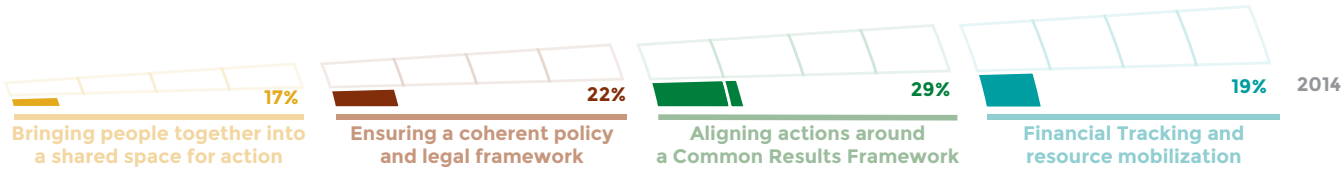
Financial Tracking and resource mobilization

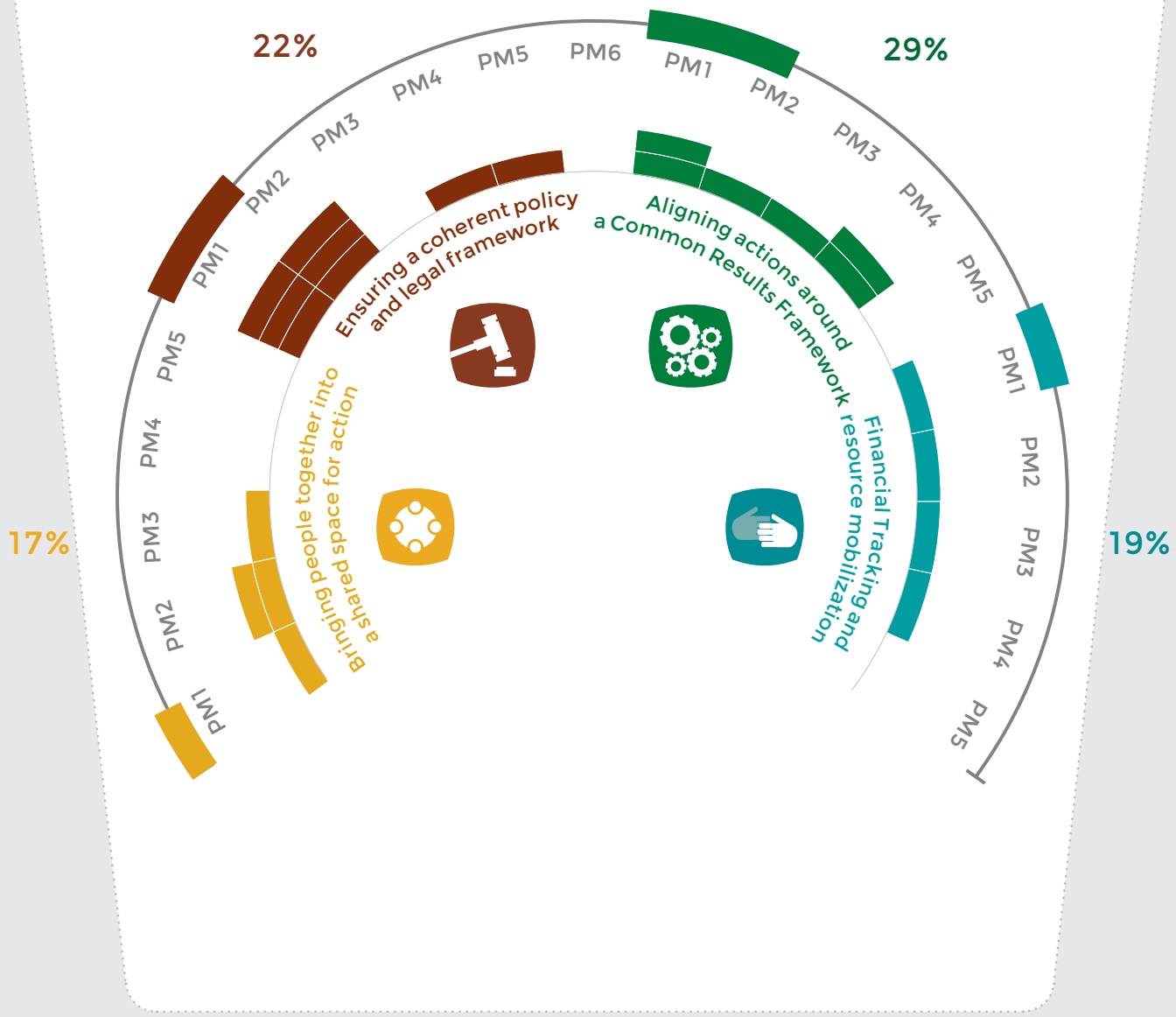
It has being agreed that all sectors develop a costed plan that is nutrition sensitive. Its development has already begun.

2014[1] Baseline on Four SUN Processes

Liberia

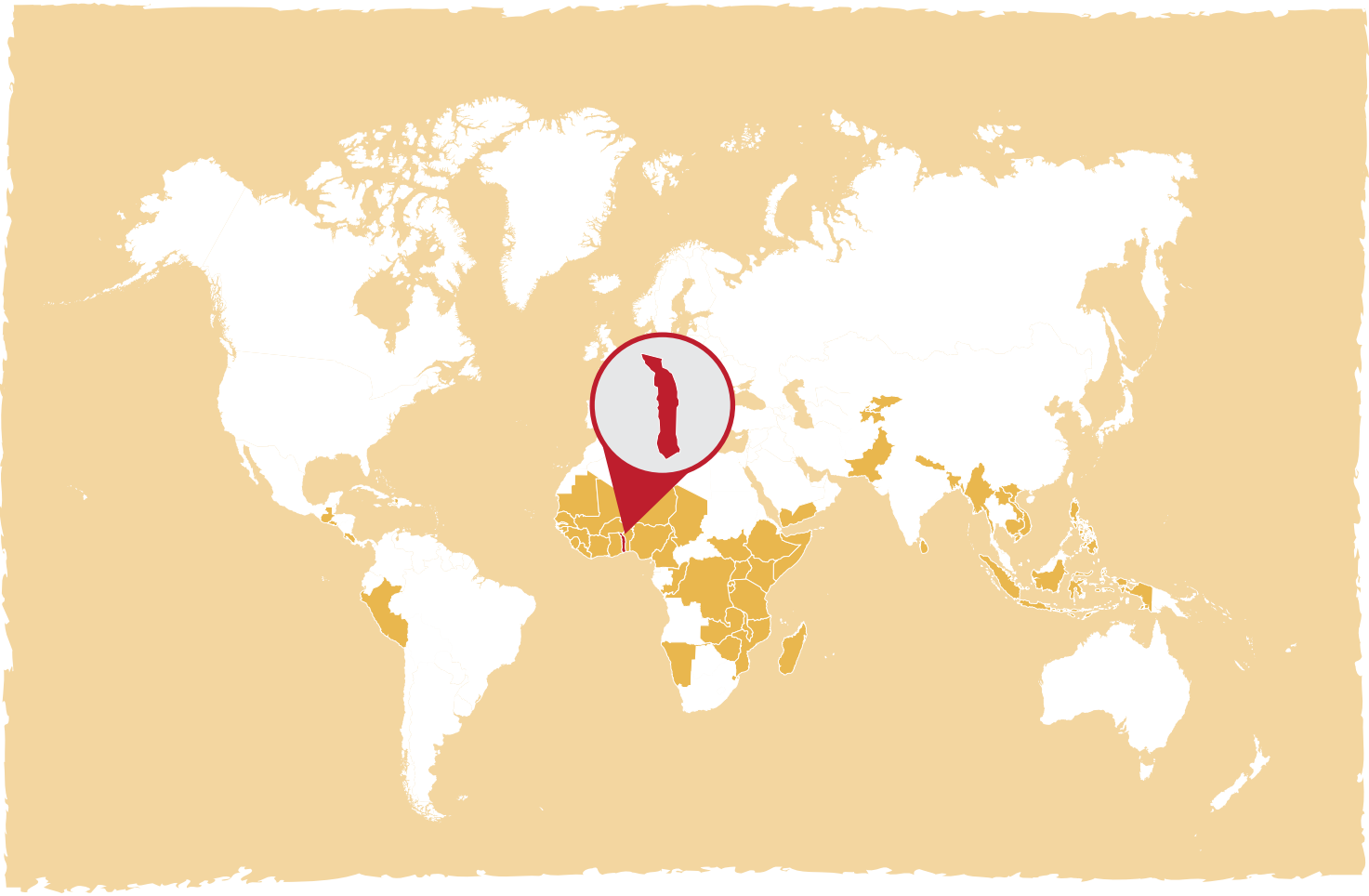
2014 Scoring of Progress Markers





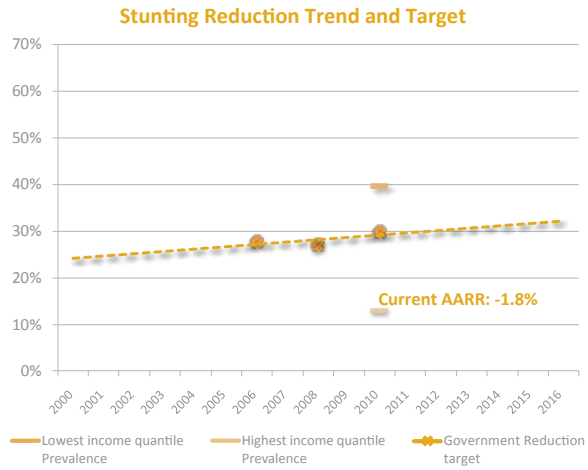
[1]Externally assessed by the SUN Movement Secretariat

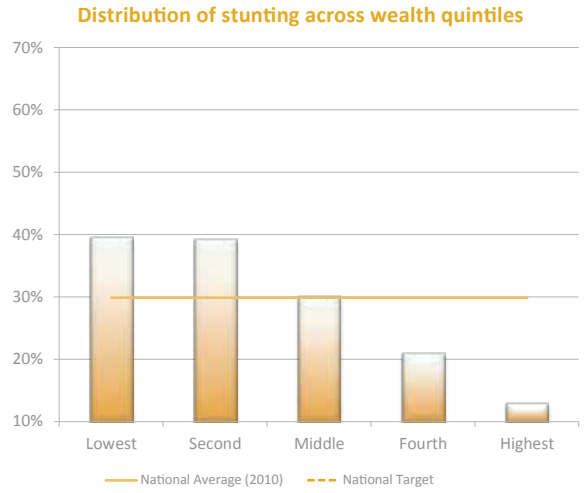
Togo

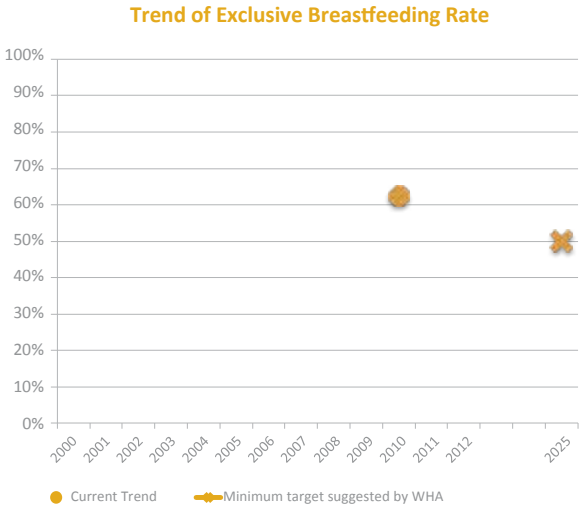


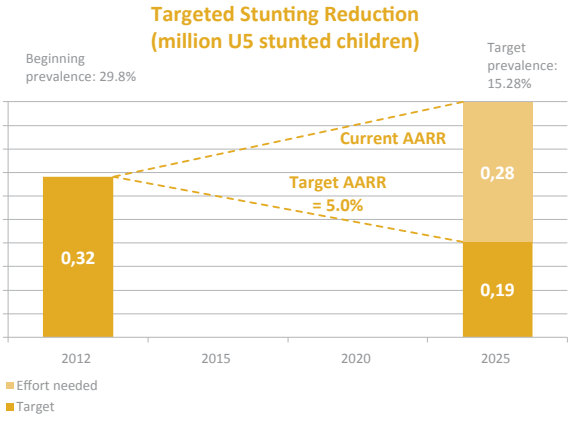
Joined: March 2014

Demographic data	
National Population (million, 2010)	6,31
Children under 5 (million, 2010)	1,0
Adolescent Girls (15-19)(million, 2010)	0,34
Average Number of Births (million, 2010)	0,22
Population growth rate (2010)	2,59%
WHA nutrition target indicators (MICS 2010)	
Low-birth weight	11,0%
0-5 months Exclusive Breastfeeding	62,4%
Under five stunting	29,8%
Under five wasting	4,8%
Under five over weight	1,6%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	1,5%
Pregnant Women Attending 4 or more Antenatal Care Visits	-
Vitamin A supplementation (6-59 months)	64,0%
Households Consuming Adequately Iodized Salt	99,0%
Women's Empowerment	
Female literacy	64,2%
Female employment rate	72,3%
Median age at first marriage	18,1
Access to skilled birth attendant	58,0%
Women who have first birth before age 18	23,8%
Fertility rate	6,4
Other Nutrition-relevant indicators	
Rate of urbanization	14,91%
Income share held by lowest 20%	5,84%
Calories per capita per day (kcal/capita/day)	2.317,7
Energy from non-staples in supply	20,55%
Iron availability from animal products (mg/capita/day)	0,7
Access to Improved Sanitation Facilities	34,9%
Open defecation	8,3%
Access to Improved Drinking Water Sources	57,3%
Access to Piped Water on Premises	2,2%
Surface Water as Drinking Water Source	17,6%
GDP per capita (current US$, 2013)	636,00
Exports-Agr Products per capita (current US$, 2012)	2,98
Imports-Agr Products per capita (current US$,2012)	2,33









Bringing people together into a shared space for action

The process of setting up a multi-stakeholder platform is under way:

Since December 2013, the government has been implementing a project with the support of the FAO on the Right to Food and good governance around food and food security which will enable frameworks to be put in place for multi-stakeholder dialogue at a central and decentralized level in the country.

There is also a multi-stakeholder working group carrying out harmonized analysis of the food and nutrition situation.

Aligning actions around a Common Results Framework

The National Food and Nutrition Strategic Plan (2012-2015) which focuses on direct interventions in nutrition, consists of five sub-programs. These are implemented with the technical support of health, education and social partners: Promoting Nutrition and Nutritional Education and strengthening the implementation of infant and young child feeding; Prevention and management of acute malnutrition in the CREN/FS and through community outreach; Nutrition of teenage girls and pregnant and nursing women; Food and nutrition of school-age children; Management of acute malnutrition.

Moreover, the Ministry of Agriculture assures food security and diversification for the population through: the National Agricultural and Food Security Investment Plan (NAFSIP) and the Agricultural Diversification Support Program (ADSP).

In addition, a country resilience priority framework (CRPF) is being developed by all stakeholders (the public and private sectors, civil society and the agricultural profession) to define the common framework for action to reduce food and nutrition vulnerability in a structural and sustainable manner by supporting the implementation of sub-sectoral policies in the country. The goal is to achieve “Zero Hunger”, namely the eradication of hunger and malnutrition.

Ensuring a coherent policy and legal framework

Developed in 2010, a National Policy for Food and Nutrition (NPFS) takes into account the double burden of malnutrition, gender and human rights. Togo has a National Food and Nutrition Strategic Plan (NFNSP 2012-2015) supported by a wide range of policies and specific provisions for nutrition.

Togo has included nutrition in the following strategy papers: the Poverty Reduction Strategy Papers (PRSPs), the National Health Development Plan (NHDP II), the National Program for Food Security (NPFS) that served as a framework for the development of the National Agricultural and Food Security Investment Plans (NAFSIP) and the Strategy for Accelerated Growth and the Promotion of Employment (SAGPE).

The FAO TCP currently operating under the PNIASA has made a diagnosis of the political, legal and regulatory framework for food security in our country in order to ensure consistency in the different strategies.

The social protection policy has been validated and adopted by the government and includes three components: 1) Social Security, 2) Social Safety Nets and 3) Employability of vulnerable groups in a variety of activities: Labor-intensive work, school canteens and cash transfers.

National legislation on nutrition is vast and also includes laws on food fortification (salt, oil and wheat flour). The Law on Maternity Protection guarantees maternity leave of 14 weeks, which is the minimum recommended time (ILO).

The International Code of Marketing Breast-Milk Substitutes (BMS) adopted since 2003 by the Council of Ministers has not yet been adopted by the National Assembly. However that did not prevent Togo from making progress on infant feeding, since according to the results of the MICS-2010, 62% of children under six months were being breastfed exclusively.

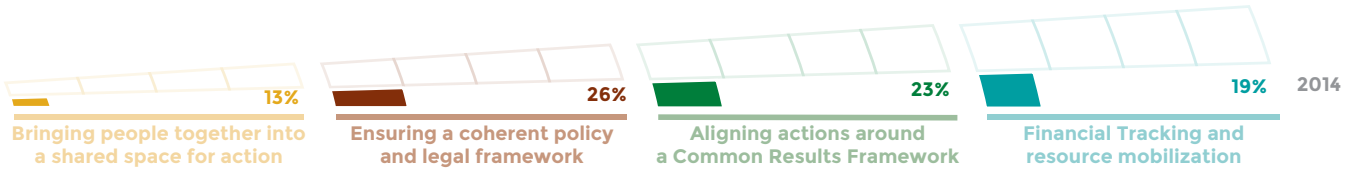
Financial Tracking and resource mobilization

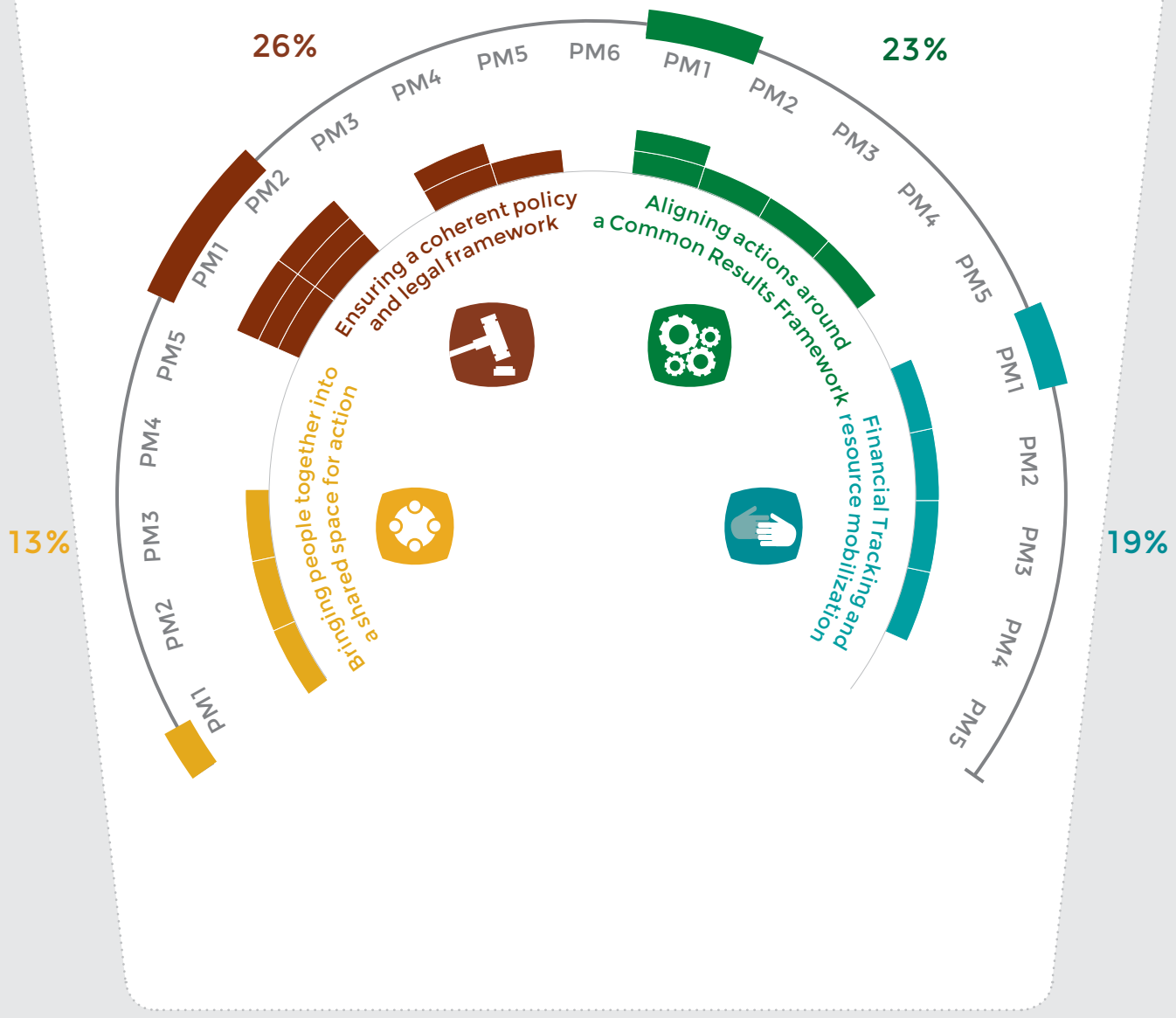
No information

2014[1] Baseline on Four SUN Processes

Togo

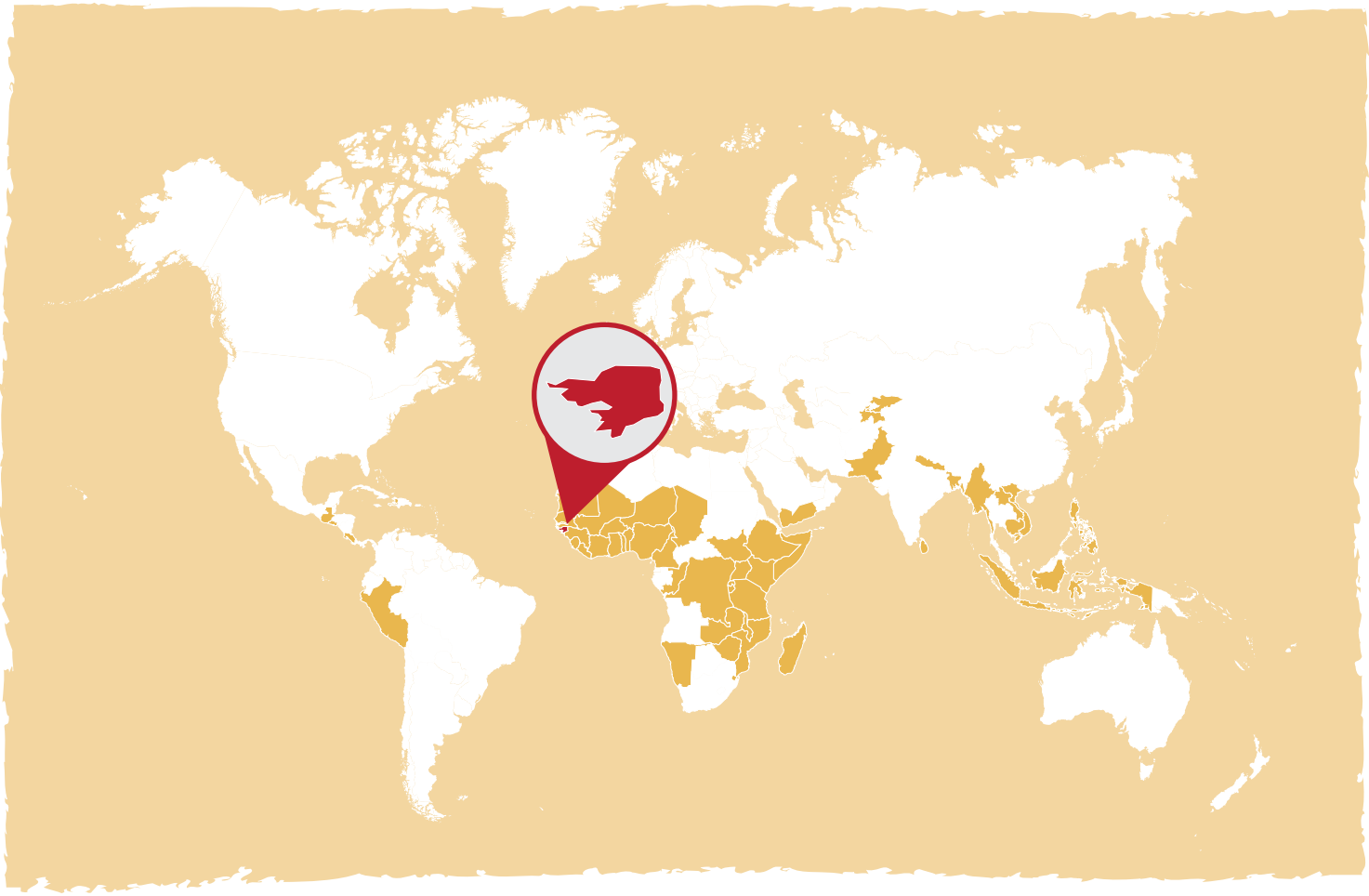
2014 Scoring of Progress Markers





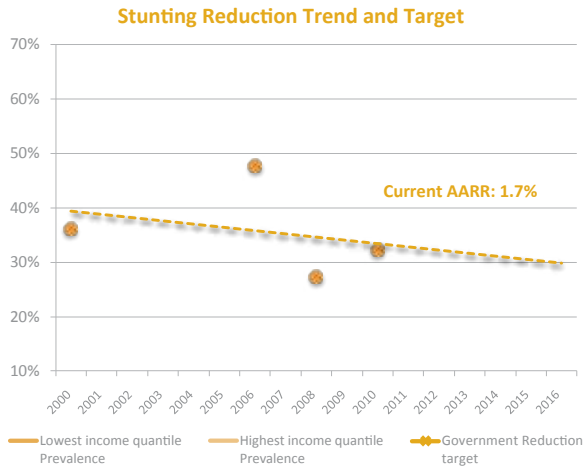
[1]Externally assessed by the SUN Movement Secretariat

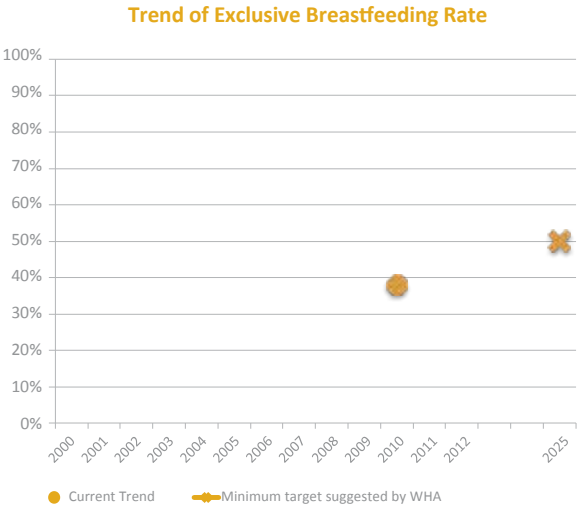
Guinea-Bissau

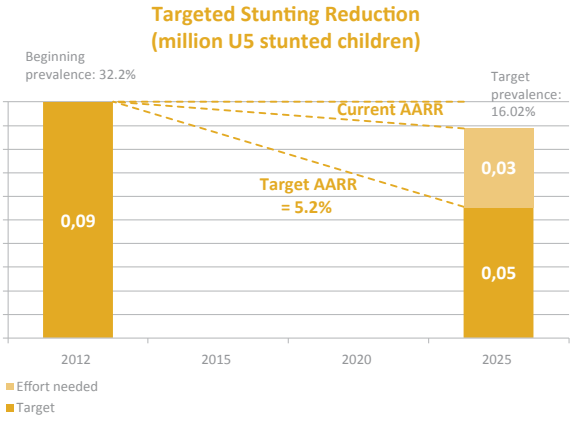


Joined: March 2014

Demographic data	
National Population (million, 2010)	1,59
Children under 5 (million, 2010)	0,3
Adolescent Girls (15-19)(million, 2010)	0,08
Average Number of Births (million, 2010)	0,06
Population growth rate (2010)	2,20%
WHA nutrition target indicators (MICS 2010/SMART 2012)	
Low-birth weight	11,0%
0-5 months Exclusive Breastfeeding	67,2%
Under five stunting	32,2%
Under five wasting	5,8%
Under five over weight	3,2%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	67,6%
Vitamin A supplementation (6-59 months)	95,0%
Households Consuming Adequately Iodized Salt	27,4%
Women's Empowerment	
Female literacy	40,0%
Female employment rate	95,0%
Median age at first marriage	18
Access to skilled birth attendant	92,6%
Women who have first birth before age 18	33,0%
Fertility rate	5,0
Other Nutrition-relevant indicators	
Rate of urbanization	45,00%
Income share held by lowest 20%	-
Calories per capita per day (kcal/capita/day)	2.397,3
Energy from non-staples in supply	30,34%
Iron availability from animal products (mg/capita/day)	
Access to Improved Sanitation Facilities	11,0%
Open defecation	21,1%
Access to Improved Drinking Water Sources	65,0%
Access to Piped Water on Premises	3,9%
Surface Water as Drinking Water Source	21,1%
GDP per capita (current US$, 2013)	504,00
Exports-Agr Products per capita (current US$, 2012)	16,16
Imports-Agr Products per capita (current US$,2012)	30,50







Bringing people together into a shared space for action

a) The National Nutrition Policy adopted in February 2014 set up **a multi-sector coordination platform, the National Nutrition Committee,** including all stakeholders spread out over central, regional and community levels.

b) **The Food and Nutritional Security Group (GSAN)** has been meeting since 2011, under the rotating chairmanship of PAM and the FAO. It comprises over 30 institutions (NGOs, UN system agencies, technical and financial and state structures). It is a place for sharing and coordination aimed at providing responses to food security and nutrition problems that have been identified.

c) **The National Alliance for Food Fortification (ANFA)** was launched in 2012, focusing on salt iodization strategy with the support of UNICEF. It was officially set up by Interministerial Order in April 2014. It comprises representatives from the public sector, technical partners, civil society and private-sector organizations.

d) **The Civil Society Network for Food and Nutritional Sovereignty and Security (RESSAN)** has been in existence since November 2013. It was set up to coordinate the actions of its members intervening in food security and nutrition.

Ensuring a coherent policy and legal framework

The national nutrition policy adopted in February 2014 provides a policy framework for the implementation of multi-sector nutrition interventions. It was drawn up and validated using a participatory and inclusive approach involving the various partners involved in nutrition in the country.

The National Agricultural Investment Plan was revised in late 2013, with a participatory approach and involving all stakeholders concerned, **in order to take into account aspects overlooked in the previous policy, including nutrition.**

The 2015-2019 Strategic Nutrition Plan is currently being drafted. It will promote nutritious food among the population, food availability and household income.

Aligning actions around a Common Results Framework

The Strategic Nutrition Plan, which is currently being drafted, is a joint action plan for the implementation of a national nutrition policy. It provides for joint monitoring and evaluation mechanisms and a common results framework between the various stakeholders.

Current projects to enhance **nutritional management in schools** through the promotion of gardens, distribution of victuals and nutrition training for teachers. **Salt-producing communities** are also supported in marketing their products. **Regarding social protection,** the EU is working with community health agencies to provide free universal access to healthcare, on a project to reduce maternal and infant mortality and a garden and school canteen component.

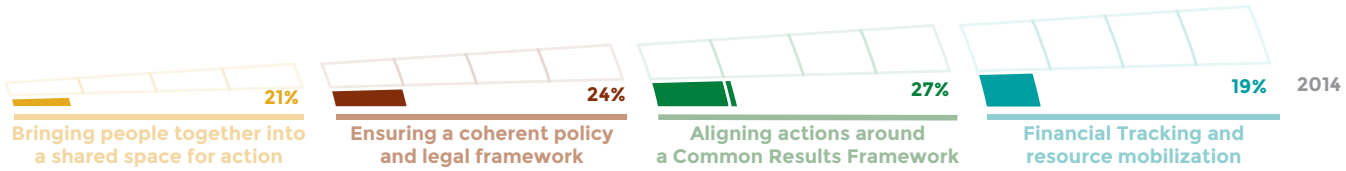
Financial Tracking and resource mobilization

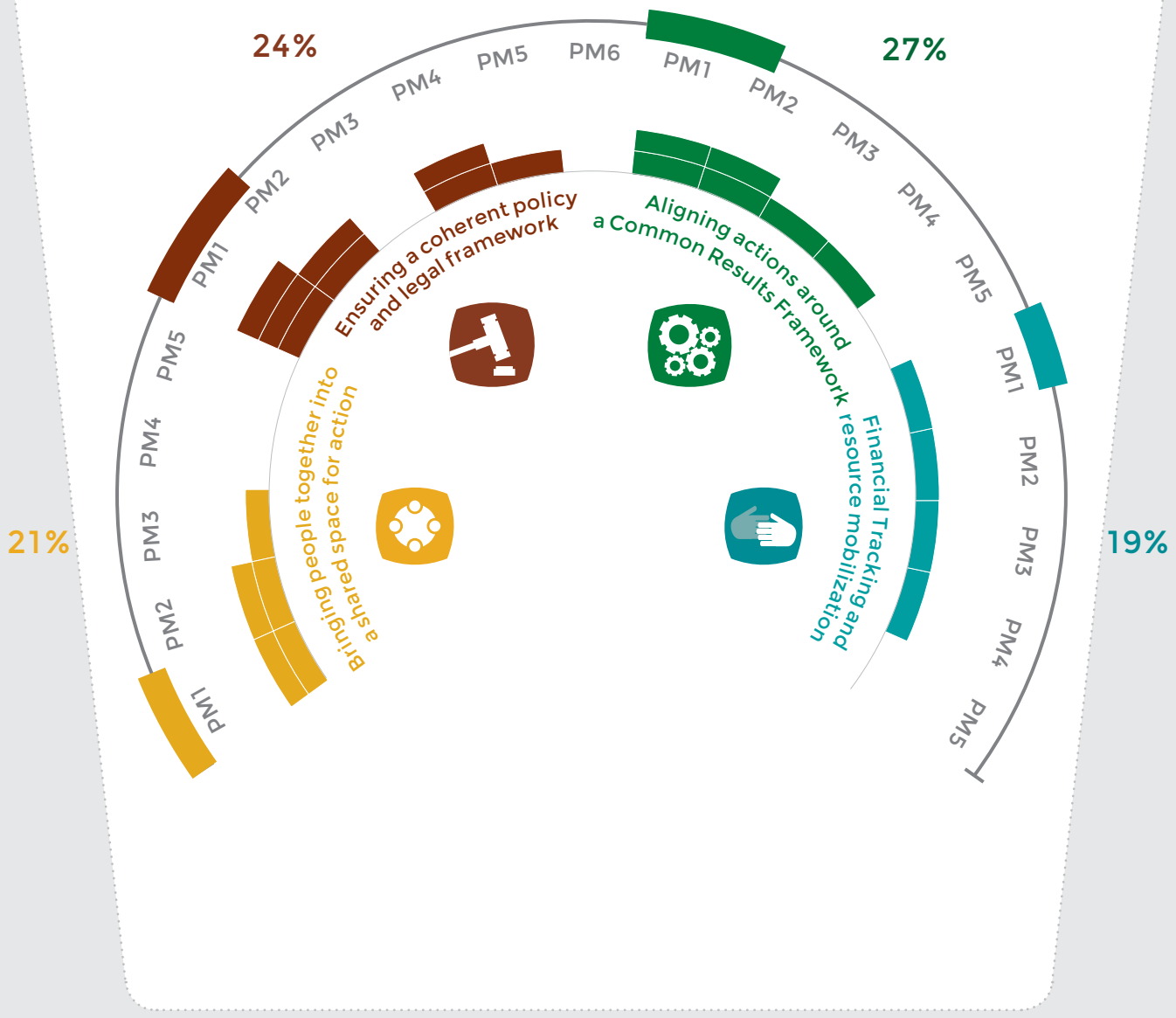
The Strategic Nutrition Plan must include a provisional budget for implementing the National Nutrition Policy to help mobilize resources and enable monitoring of funding mobilized for nutrition activities.

2014[1] Baseline on Four SUN Processes

Guinea-Bissau

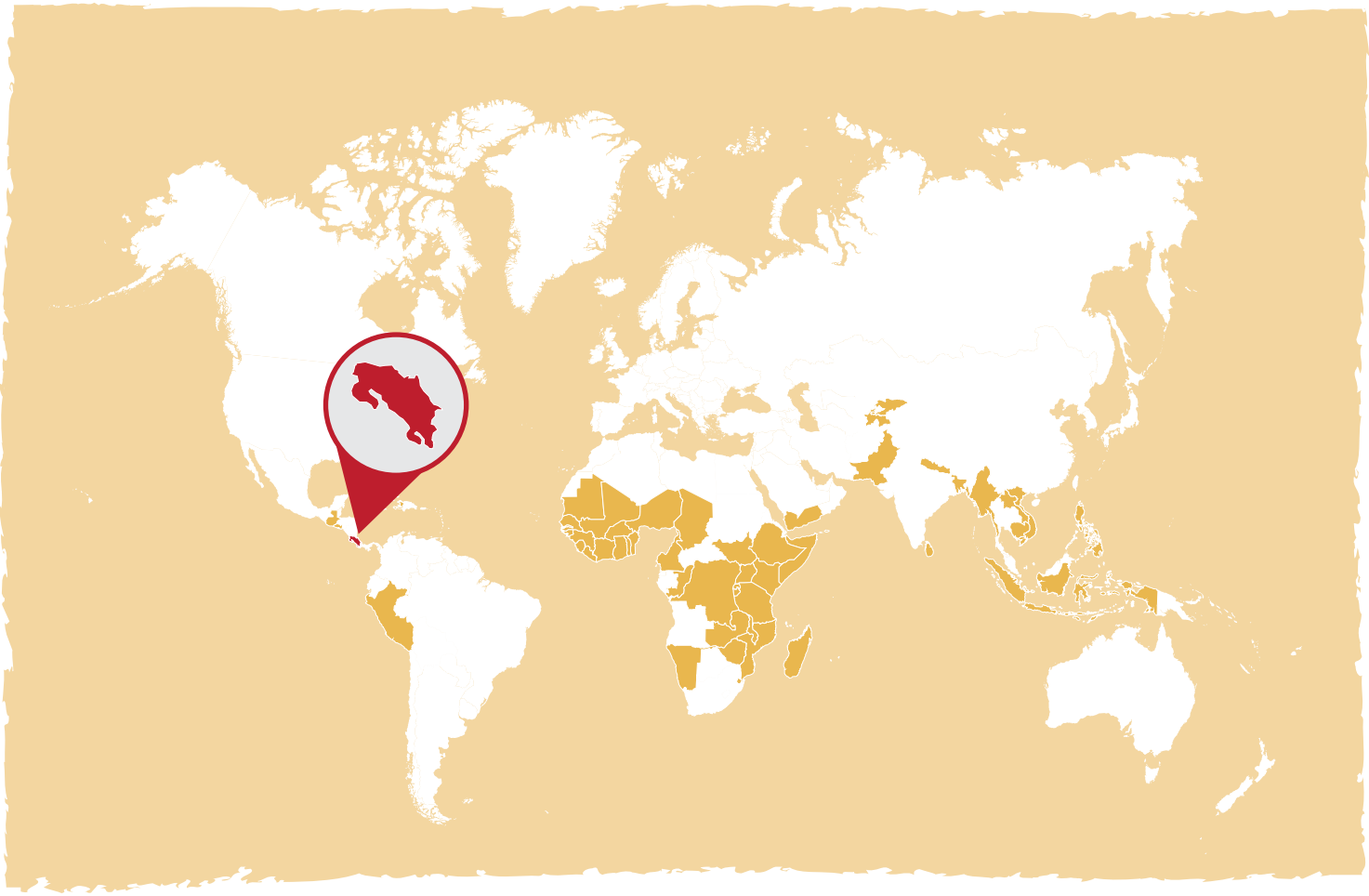
2014 Scoring of Progress Markers





[1]Externally assessed by the SUN Movement Secretariat

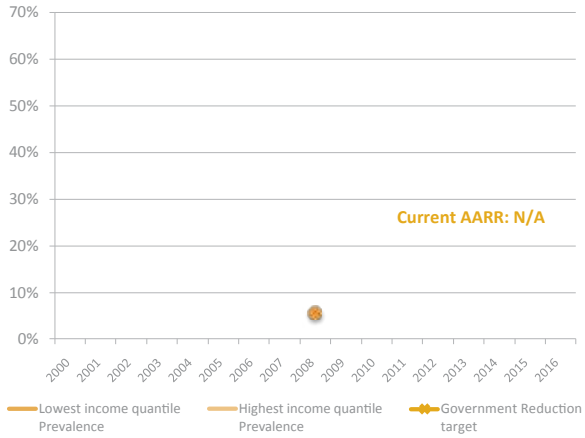
Costa Rica



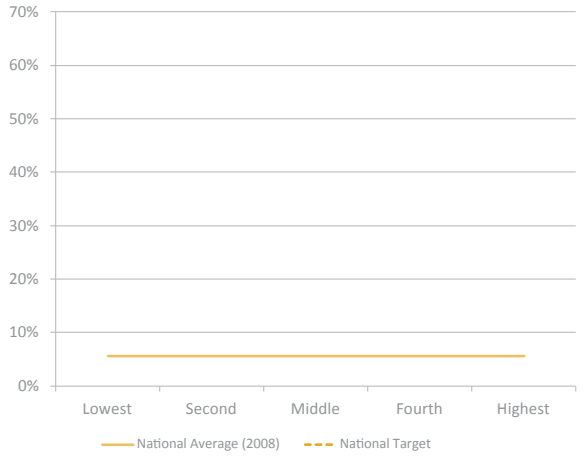
Joined: March 2014

Demographic data	
National Population (million, 2010)	4,67
Children under 5 (million, 2010)	0,4
Adolescent Girls (15-19)(million, 2010)	0,21
Average Number of Births (million, 2010)	0,07
Population growth rate (2010)	1,56%
WHA nutrition target indicators (Encuesta nacional de nutricion 2008-2009/UNICEF database)	
Low-birth weight	7,2%
0-5 months Exclusive Breastfeeding	18,7%
Under five stunting	5,6%
Under five wasting	1,0%
Under five over weight	8,1%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	-
6-23 months with Minimum Diet Diversity	-
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea (Under Five Children)	1,3%
Pregnant Women Attending 4 or more Antenatal Care Visits	-
Vitamin A supplementation (6-59 months)	-
Households Consuming Adequately Iodized Salt	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%
Women who have first birth before age 18	29,6%
Fertility rate	5,0
Other Nutrition-relevant indicators	
Rate of urbanization	52,58%
Income share held by lowest 20%	5,60%
Calories per capita per day (kcal/capita/day)	2.848,6
Energy from non-staples in supply	62,95%
Iron availability from animal products (mg/capita/day)	2,1
Access to Improved Sanitation Facilities	94,5%
Open defecation	-
Access to Improved Drinking Water Sources	99,1%
Access to Piped Water on Premises	94,3%
Surface Water as Drinking Water Source	0,1%
GDP per capita (current US$, 2013)	10.185,00
Exports-Agr Products per capita (current US$, 2012)	7,62
Imports-Agr Products per capita (current US$,2012)	2,63

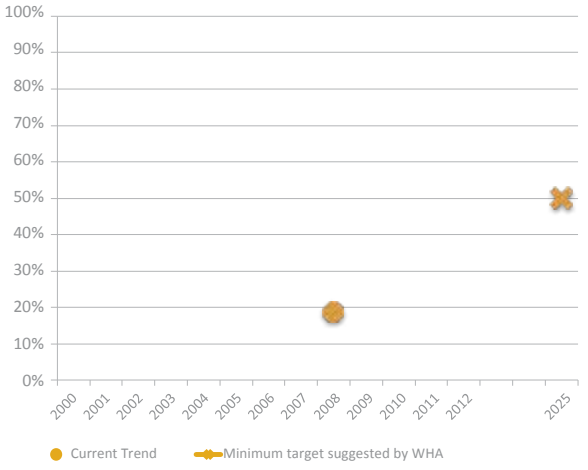
Stunting Reduction Trend and Target



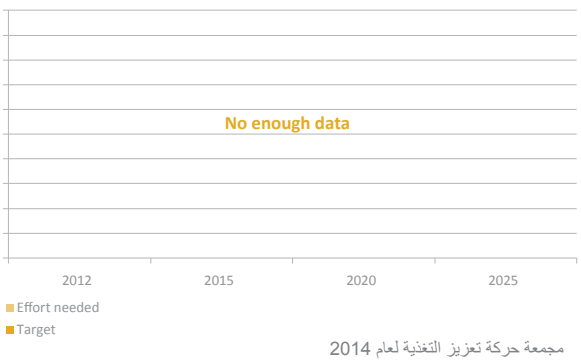
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million U5 stunted children)



Bringing people together into a shared space for action

The Secretariat for National Policy on Food and Nutrition (SEPAN) is coordinated by the Ministry of Health and incorporates the Ministry of Health, the Ministry of Agriculture and Livestock and the Ministry of Economy, Industry and Commerce. This Secretariat was constituted by law in 1973 and has its own regulations by executive decree. The Ministry of Education and the academic community also participate in this platform, as do international organizations such as INCAP, PAHO, FAO and WFP.

SEPAN consists of the Ministerial Councils (the governing body consisting of the Ministry of Health, the Ministry of Agriculture and Livestock and the Ministry of Economy, Industry and Commerce), the Technical Intersectoral Councils (made up of representatives from the Ministry of Health, the Ministry of Agriculture and Livestock, the Ministry of Economy, Industry and Commerce, as well as civil society) and the Cantonal Councils for Food Security and Nutrition (with the participation of municipalities, institutional sectors and civil society). The private sector and civil society occasionally participate in specific issues within their fields of competence. SEPAN has not met recently due to a developmental reshuffle within the Ministry of Health, but strengthening the Secretariat is a priority for the new administration.

Ensuring a coherent policy and legal framework

Costa Rica has set up the 2011-2021 National Policy on Food Security and Nutrition, the 2011-2015 National Plan for Food Security and Nutrition, the 2014-2018 Plan to Tackle Child Malnutrition and the 2011-2020 Action Plan on the Reduction and Control of Micronutrient Deficiencies. The 1994 Breastfeeding Promotion Act (Act No. 7430) is based on the International Code of Marketing of Breast-milk Substitutes. Furthermore, the National Network for Childcare and Development has been established by law.

Aligning actions around a Common Results Framework

The 2013-2021 National Strategy for a Comprehensive Approach to Dealing with Chronic Noncommunicable Diseases and Obesity is used as a multisectoral results framework in alignment with the WHO's Global Action Plan for the Prevention and Control of Noncommunicable Diseases. To put the strategy into practice, the National Action Plan on Chronic Noncommunicable Diseases was drawn up, which broaches strategic actions related to nutrition.

To coordinate the programmes within a common results framework, commissions have been set up on: Food Security and Nutrition, Nutritional Guides, the Five-A-Day Network, Child Undernutrition, Breast-feeding, Micronutrients, Health and Nutrition for Schoolchildren, Chronic Noncommunicable Diseases ,and Food Safety and Hygiene.

Costa Rica has a Child Development and Nutrition Programme run by the Ministry of Health, with the objectives of strengthening actions for preventive nutrition and contributing to the eradication of child undernutrition in low-income families and preventing and controlling obesity, primarily in children from the prenatal period to 13 years of age. In addition to providing free meals, the Food and Nutrition Programme for Schoolchildren and Adolescents promotes healthy eating habits among schoolchildren, using this channel to offer nutritious foods and reinforce appropriate hygiene and behaviour in daily eating habits. Likewise, a National Network for Child Care and Development exists as an alternative for parents (and especially female heads of household) to leave their underage children in the care of specialized professionals.

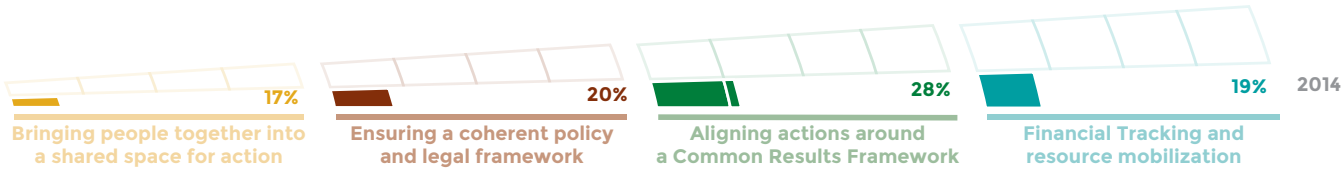
Financial Tracking and resource mobilization

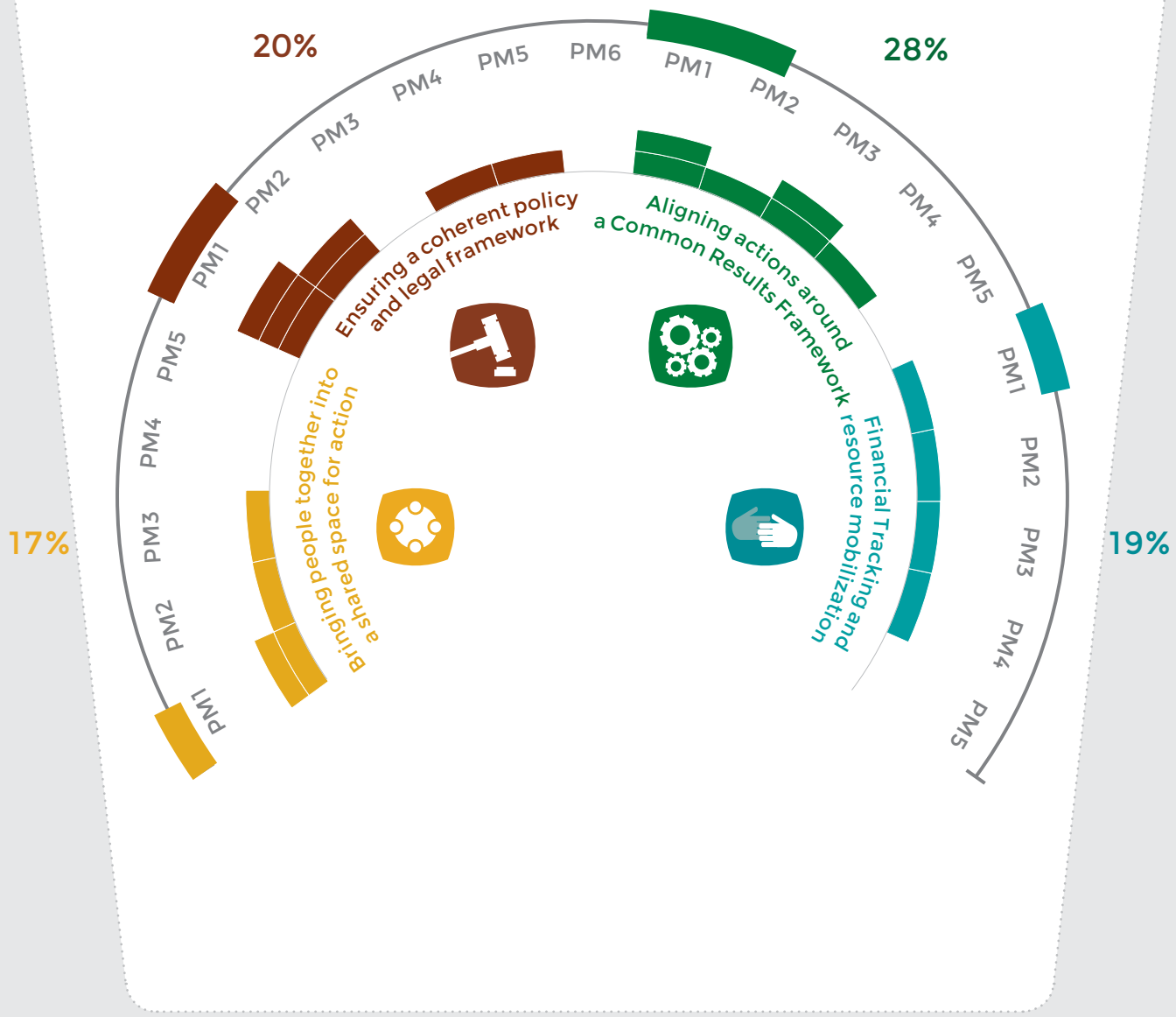
All the aforementioned programmes, like the National Network for Child Care and Development, have budgets assigned by law. However, the national plans approved and formalised by the authorities do not have assigned budgets, but rather the activities proposed are financed by resources from the institutions involved and by funding from international bodies. There is generally a considerable gap between what is budgeted for in the plans and the funds that are actually assigned.

2014[1] Baseline on Four SUN Processes

Costa Rica

2014 Scoring of Progress Markers





[1]Externally assessed by the SUN Movement Secretariat

Scaling Up
NUTRITION

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