

Состояние Движения РВП



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Отчет о достигнутом прогрессе

Сборник профилей стран

сентябрь 2014 г.

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Секретариат Движения РВП пользуется поддержкой Фонда Билла и Мелинды Гейтс, Канады, Европейского Союза, Франции, Германии, Ирландии, Нидерландов и Великобритании.

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Перечень профилей стран

В разделе 3 страны приводятся в том порядке, в котором они присоединились к Движению РВП. Для упрощения поиска ниже приведен перечень стран в алфавитном порядке и номер соответствующей страницы.

#	Название	Номер страницы	#	Название	Номер страницы
1	Бангладеш	40	9	Мали	72
20	Бенин	116	13	Мавритания	88
17	Буркина-Фасо	104	19	Мозамбик	112
35	Бурунди	180	36	Мьянма	184
34	Камерун	176	21	Намибия	120
37	Чад	188	12	Непал	84
45	Коморские острова	220	6	Нигер	60
40	Кот-д'Ивуар	200	22	Нигерия	124
43	Конго	212	33	Пакистан	172
39	Конго, Демократическая Республика	196	3	Перу	48
50	Коста-Рика	242	25	Руанда	136
30	Сальвадор	158	15	Сенегал	96
2	Эфиопия	44	26	Сьерра-Леоне	142
10	Гана	76	41	Южный Судан	204
4	Гватемала	52	31	Шри-Ланка	162
38	Гвинея	192	44	Свазиленд	216
49	Гвинея-Биссау	238	42	Таджикистан	208
28	Гаити	150	14	Танзания	92
24	Индонезия	132	18	Гамбия	108
29	Кения	154	48	Того	234
23	Кыргызстан	128	8	Уганда	68
11	Лаос	80	46	Вьетнам	226
47	Либерия	230	32	Йемен	166
27	Мадагаскар	146	5	Замбия	56
7	Малави	64	16	Зимбабве	100



РАЗДЕЛ

1

Раздел 1:

Методологические подходы к Движению РВП в 2014 г.

Годовой отчет о прогрессе

1.1 Мониторинг прогресса Движения РВП – Методические рекомендации

1.1.1 Картирование промежуточных результатов – ключевой компонент оценочно-мониторинговых рамок движения РВП

Оценочно-мониторинговые рамки РВП были разработаны в апреле 2013 г. Настоящие рамки призваны служить инструментом оценки прогресса в самом Движении: они предназначены для измерения того, как страны и заинтересованные стороны – участники Движения корректируют свои действия для более эффективного достижения четырех стратегических целей, изложенных в Стратегии Движения РВП на 2012–2015 гг. В оценочно-мониторинговых рамках Движения РВП учтен сложный, непрогнозируемый и нелинейный характер прогресса, наблюдаемого заинтересованными сторонами, которые имеют дело с питанием как частью собственного коллективного обязательства.

Оценочно-мониторинговые рамки РВП включают в себя три элемента оценки, подробнее описанные в таблице ниже: (а) отслеживание воздействия усилий по расширению вмешательств по питанию в странах РВП, (б) оценка промежуточных результатов усилий по расширению вмешательств по питанию, реализуемых различными участниками Движения, и (в) мониторинг услуг или непосредственных результатов, осуществляемый Секретариатом Движения РВП.

Оценочно-мониторинговые рамки РВП служат базой для осуществления постоянного мониторинга прогресса Движения РВП. Кроме того, Руководящей группой РВП инициирована независимая комплексная оценка Движения (НКО), запланированная на июнь-декабрь 2014 года.

Элемент	Что рассматривается?	Кто выполняет эту работу?	Периодичность оценки?
Воздействие	Цели установлены на Всемирной ассамблее здравоохранения в 2012 году. Для оценки прогресса в отношении целей необходимы данные (например, среднегодовая скорость сокращения распространения задержки в росте среди детей в возрасте до пяти лет).	Данные собираются, анализируются и интерпретируются государственными органами стран с помощью стандартных процедур (например, демографические исследования и исследования в области здравоохранения).	Интервалы между оценками согласованы в странах; участники Движения РВП стараются увеличить частоту оценок воздействия с помощью национальных информационных платформ по питанию, которые планируется создать.
Результаты по стране	В странах Движения РВП реализуются четыре специализированных процесса, которые соответствуют четырем стратегическим целям Движения РВП. Прогресс оценивается с помощью набора “индикаторов выполнения” по каждому из процессов.	В 2012 и 2013 годах: оцениваются Секретариатом Движения РВП (SMS) на основе данных о прогрессе, получаемых от координаторов в правительствах стран РВП; утверждаются координаторами перед внесением в отчет. К 2014 году 37 ¹ из 41 страны, присоединившейся к Движению до сентября 2013 года, провели собственные оценки ² . SMS провел оценку исходной ситуации по 10 ³ странам, присоединившимся последними. Баллы по указанным оценкам анализируются SMS с помощью MDF.	Ежегодно

¹ Бангладеш, Бенин, Буркина-Фасо, Бурунди, Камерун, Чад, Демократическая Республика Конго, Кот-д’Ивуар, Сальвадор, Эфиопия, Гана, Гватемала, Гвинея, Гаити, Индонезия, Кения, Республика Кыргызстан, Лаосская НДР, Мадагаскар, Малави, Мали, Мавритания, Мозамбик, Мьянма, Намибия, Непал, Нигер, Нигерия, Пакистан, Перу, Руанда, Сенегал, Сьерра-Леоне, Шри-Ланка, Танзания, Гамбия, Уганда, Йемен, Замбия, Зимбабве

² SMS проведена оценка трех стран, не имевших возможности провести самооценки в период, отведенный для подготовки отчета: Эфиопии, Шри-Ланки и Замбии.

³ Коморские острова, Конго, Коста-Рика, Гвинея-Бисау, Либерия, Южный Судан, Свазиленд, Таджикистан, Того, Вьетнам

Элемент	Что рассматривается?	Кто выполняет эту работу?	Периодичность оценки?
Результаты по сети	Цель Сетей РВП – отвечать на обращения стран РВП о помощи и оказывать им поддержку. Действия, связываемые с тем содействием, которое Сети РВП оказывают Движению (на глобальном уровне), и направленные на достижение прогресса, оцениваются с помощью восьми “индикаторов выполнения”.	Посредники Сетей РВП выполняют самооценку прогресса каждой из Сетей и отчитываются о ней Секретариату. В 2013 году посредники Сетей отчитывались по 2012 году (ретроспективно, взятому как исходный период) и по 2013 году.	Ежегодно
Непосредственные результаты	Переменные, используемые для отслеживания результативности Секретариата Движения РВП, четко сформулированы в соответствующем логическом контексте.	Секретариат Движения РВП отчитывается о своей деятельности.	Ежегодно

В целях отражения прогресса Движения в “Отчете о прогрессе Движения РВП за 2014 год” за основу преимущественно взят **мониторинг промежуточных результатов**, достигнутых Движением.

Для мониторинга промежуточных результатов используются методы **картирования промежуточных результатов**; последние при этом структурированы относительно четырех процессов (соответственно четырем стратегическим целям), отраженных в стратегии Движения РВП на 2012–2015 гг.:

- **Процесс 1.** Объединение людей в едином пространстве для принятия мер
- **Процесс 2.** Обеспечение последовательной нормативно-правовой базы
- **Процесс 3.** Приведение действий в соответствие с общим рамочным соглашением по результатам
- **Процесс 4.** Контроль финансов и мобилизация ресурсов

В рамках **подхода “Картирование промежуточных результатов”, основанного на выполняемой участниками Движения самооценке, рассматриваются модели поведения задействованных сторон на уровне стран** (например, правительства и различных субъектов, участвующих в работе Движения на национальном уровне); при этом подход несколько изменяется в зависимости от контекста того или иного из четырех процессов Движения РВП. Кроме того, подход картирования промежуточных результатов предполагает рассмотрение деятельности задействованных сторон в рамках четырех глобальных сетей (доноров, гражданского общества, бизнеса и ООН) (см. раздел 2 “Отчета о прогрессе, достигнутом Движением РВП, за 2014 г.”). Один из принципов данного подхода заключается в том, что процессами изменений движут задействованные стороны (люди, организации и сети). Самооценка в картировании промежуточных результатов служит основой рамочной программы взаимной подотчетности, целью которой, в частности, является создание условий для управления Движением РВП и обучения внутри него.

1.1.2 Индикаторы выполнения: понимание промежуточных результатов поведенческого характера, лежащих в основе 4 процессов РВП

Центральный элемент данного подхода картирования промежуточных результатов – это **набор индикаторов выполнения⁴, иллюстрирующих промежуточные результаты поведенческого характера**, которые, как ожидается, должны проявляться у различных задействованных сторон. Индикаторы выполнения сформулированы для каждого из четырех процессов.

В рамках подхода картирования промежуточных результатов, который является частью оценочно-мониторинговых рамок РВП, измеряется **прогресс в отношении различных поведенческих моделей**, содействующих реализации указанных выше четырех процессов. С этой целью определен ряд индикаторов по каждому из процессов; при картировании промежуточных результатов обозначаются различные модели поведения (отношения, действия, виды деятельности, политики и (или) практики), связанные с каждым из процессов, в котором используются **индикаторы выполнения**. Для оценивания по каждому из индикаторов используется пятибалльная шкала (а именно: *поведение отсутствует/не применимо (балл = 0), начато (1), в процессе реализации (2), почти завершено (3) или завершено (4)*).

Ранние индикаторы выполнения в рамках каждого из четырех процессов представляют такие типы поведенческих промежуточных результатов, достигнуть которых относительно легко. **Поздние индикаторы выполнения⁵** по каждому из процессов отражают более сложные/масштабные изменения. Для отражения этого баллы по каждому из индикаторов выполнения суммируются и взвешиваются⁶; при этом ранние (и легче достижимые) индикаторы имеют меньший вес, чем более поздние (и более сложные).

⁴ См. перечень процессов и индикаторов выполнения в табл. 2

⁵ См. Оценочно-мониторинговые рамки Движения РВП

⁶ См. табл. 3

1.1.3 Самооценка: общая ответственность за мониторинг и взаимную подотчетность в рамках Движения РВП

Подход картирования промежуточных результатов на основе самооценок стран позволяет национальным многосторонним платформам оценить их эффективность и, соответственно, улучшить ее в дальнейшем. Предполагается, что процесс самооценки будет способствовать усилению в заинтересованных сторонах чувства причастности к мониторингу прогресса, повышению пользы от него, а также взаимной подотчетности за коллективные действия.

В июле 2014 года координаторы из 37 стран⁷ Движения РВП смогли организовать их первые самооценки. Это было сделано с привлечением различных субъектов, задействованных в национальных платформах Движения РВП. В частности, сюда вошли представители секторальных министерств и правительственных подразделений, а также учреждений-доноров, организаций гражданского общества, учреждений ООН и бизнеса. В рамках данной самооценки заинтересованным сторонам в странах предлагалось оценить себя (индивидуально или коллективно) с применением индикаторов выполнения по каждому из четырех процессов РВП.

1.1.4 Задание по картированию промежуточных результатов Движения РВП в 2014 г.

В своих самооценках за 2014 год 37 из 40 стран, присоединившихся к Движению до сентября 2013 года, смогли выполнить задание на самооценку и выставить оценки по всем индикаторам выполнения. По трем странам, у которых не было возможности провести самооценку в указанные сроки, Секретариат Движения РВП выполнена внешняя временная балльная оценка выполнения. По девяти странам, присоединившимся после сентября 2013 года, а также по Судану, Секретариат провел оценку исходной ситуации. В трех странах⁸ сегодня завершается работа над оценкой исходной ситуации.

Результаты исследования “Картирование промежуточных результатов Движения РВП в 2014 году” содержатся в индивидуальных профилях стран, которые войдут в “Компендиум профилей стран – участниц Движения РВП” за 2014 г. Наблюдения относительно проявляющихся общих тенденций к изменениям релевантны для Движения в целом; они приведены в отчете о прогрессе, достигнутом Движением РВП в 2014 году.

В профилях стран 2014 года по каждой из стран, присоединившихся к Движению до сентября 2013 года, представлены два набора результатов: (1) исходная оценка, основанная на начальных данных, которые страна предоставила в год вступления; и (2) оценка текущей ситуации в стране. Результаты, приведенные в микрофишах 29 стран, присоединившихся до сентября 2012 года, отражают оценки, выполненные в 2012 и 2014 годах. Результаты, приведенные в микрофишах 11 стран, присоединившихся с сентября 2012 по сентябрь 2013 года, отражают оценки, выполненные в 2013 и в 2014 годах⁹.

В 2014 году 37 стран смогли провести самооценку и выставить баллы по всем индикаторам выполнения. Все сравнения баллов, выставленных за выполнение в 2014 и 2012 или 2013 годах, следует делать с учетом разного подхода к подготовке данных: если в 2012 и 2013 году это была внешняя оценка, то в 2014 году – самооценка. Подробнее указанное изменение объясняется в двух параграфах ниже.

Мониторинг за 2014 год основывается на самооценках, проведенных в этом году. Мониторинг за 2012 и 2013 год основывается на данных, предоставленных Секретариатом Движения РВП. В основе этих данных – информация, полученная от координаторов в странах РВП, относительно прогресса по четырем процессам. Для сбора такой информации используются исследования исходной ситуации и совещания сети координаторов РВП в правительствах стран, проходящие один раз в два месяца.

Прежде чем данные, подготовленные Секретариатом по каждой из стран за 2012 и 2013 гг., вошли в какой-либо отчет, они были подтверждены соответствующими координаторами в правительствах стран РВП. При подготовке данных в 2012 году основной акцент делался на наличии или отсутствии базовых элементов каждого из процессов РВП. В 2013 году были введены индикаторы выполнения: предполагалось, что они будут способствовать систематизации и большей точности оценок. Эти индикаторы касаются поведения, практик, отношений и действий, необходимых для прогресса в каждом из четырех процессов. Данные по этим индикаторам выполнения, подготовленные Секретариатом в 2013 году, были более поверхностны, чем данные, которые удалось подготовить в 2014 году при участии (в проведении самооценок) многих внутристрановых заинтересованных сторон.

⁷ См. полный перечень стран и пункты данных в табл. 1

⁸ Камбоджа, Филиппины и Сомали

⁹ Оценка исходного положения в Южном Судане выполнена в 2014 году исходя из имеющейся информации.

1.1.5 Понимание некоторых из выявленных проблем, связанных с интерпретацией и сопоставлением баллов по странам и за определенный временной промежуток

Как показал анализ результатов самооценок, выполненных 37 странами Движения РВП, внутривостановые заинтересованные стороны обычно более жестко оценивают индикаторы выполнения, чем Секретариат Движения. Проведенный SMS анализ результатов показывает, что национальные самооценки 2014 года были намного более продуманными, особенно в отношении тех аспектов прогресса, которые не так легко проконтролировать, не находясь в стране. Можно говорить о том, что самооценки отражают разнородность сторон, задействованных в Движении, в то время как внешние оценки, даже при их подтверждении страновыми координаторами, скорее отражают точку зрения основной заинтересованной стороны. В итоге самооценки 2014 года чаще всего были самокритичнее, чем внешние оценки 2012 и 2013 годов.

Как ожидается, баллы по индикаторам выполнения (в диапазоне от 1 до 4) указывают на наличие конкретной модели поведения. При этом, однако, на некоторые баллы по самооценке – по определенным индикаторам – с некоторой долей вероятности влияет та ценность, которую им придадут респонденты.

Такая субъективность ожидается в случаях, когда мониторинг промежуточных результатов базируется на подходе картирования промежуточных результатов. В опроснике необходимо отметить, “начинает” ли проявляться определенная модель, “продолжает” или “утвердилась”; при этом респондентам предлагается сделать оценку, исходя из их собственных суждений.

Вследствие этого баллы по самооценке нельзя использовать для сравнения прогресса между странами. Тем не менее, они могут быть полезны для выявления и интерпретации тенденций в институциональных трансформациях, начинающихся проявляться в той или иной стране. Следует отметить при этом, что при интерпретации балльных оценок следует учитывать влияние на подход таких факторов, как взаимоотношения между заинтересованными сторонами, сложность рассматриваемых вопросов и уникальность страновых контекстов. Многие из членов сети координаторов Движения РВП считают, что если внутривостановые заинтересованные стороны будут применять один и тот же подход к самооценке год за годом, они смогут лучше описывать проблемы, с которыми сталкиваются, и способы их успешного решения.

1.1.6 Картирование промежуточных результатов как способ обдумывания для Сетей РВП

Вклады со стороны каждой из Сетей РВП на уровне стран отражаются путем картирования промежуточных результатов (на семинарах по самооценке), достигнутых на уровне стран. “Глобальные” сети РВП объединяют на глобальном уровне группы заинтересованных сторон РВП: бизнес, гражданское общество, доноров и систему ООН. В целях создания условий для реализации усилий Движения и в целях их поддержки глобальные сети поддерживают друг друга на уровне стран. Кроме того, глобальные сети сильно ориентированы на повышение взаимосвязанности глобальных политик и программ в группах заинтересованных сторон и между такими группами; на то, чтобы питание оставалось глобальным приоритетом, и на сотрудничество групп заинтересованных сторон в предоставлении глобальных ответов на выявленные потребности стран.

“Глобальные” Сети РВП образуют неотъемлемую часть Движения РВП, однако для отражения их вспомогательной роли, в целях мониторинга промежуточных результатов, они рассматриваются как отдельные участники.

Набор из восьми индикаторов выполнения¹⁰, иллюстрирующих промежуточные результаты поведенческого характера, которые, как ожидается, должны проявляться у сетей, показан внизу. Эти индикаторы выполнения используются для отслеживания вкладов глобальных сетей в Движение РВП (см. табл. 4).

В подходе картирования промежуточных результатов используются самооценки, посредством которых сети отражают прогресс как изменения в поведении Сетей РВП. В 2013 и 2014 гг. посредники Сетей заполнили подробный опросник: в нем они указали степень, в которой существующая поведенческая модель сети напоминает конкретный индикатор выполнения. В 2013 году сетевые посредники также выполнили ретроспективный обзор ситуации, имевшей место в сентябре 2012 года, установив таким образом исходную точку для сравнения. Текущая ситуация по каждому из индикаторов выполнения оценивается по пятибалльной шкале (например, *Вообще нет (нет ни одного признака) (балл = 0), в некоторой степени (1), в средней степени (2), в большой степени (3), полностью (4)*).

¹⁰ См. табл. 4

1.1.7 Понимание некоторых из выявленных проблем, связанных с интерпретацией и сопоставлением баллов по сетям и за определенный временной промежуток

Поскольку начиная с первой оценки исходной ситуации используются схожие методы сбора данных (например, исследование посредством самооценок), то анализ результатов, достигнутых глобальными сетями за определенный временной промежуток, можно выполнять с меньшими ограничениями, чем на уровне заинтересованных сторон в странах. При этом, однако, сопоставлять результаты различных сетей следует с осторожностью, учитывая масштабы их намерений и степень самокритичности. Иными словами, определенный балл указывает на то, в какой мере требует усовершенствования та или иная сеть, по ее мнению. Но при этом, учитывая индивидуальность каждой из них, нельзя говорить о сравнении сетей между собой по степени эффективности.



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Табл. 1. Данные, проанализированные для отчета о прогрессе Движения РВП

	Страна	ИЗМЕРИТ. ТОЧКА ¹¹			2014 г., отчет самооценки
		2012 г.	2013 г.	2014 г.	
1.	Бангладеш	■	■	■	Предоставлен страной
2.	Бенин	■	■	■	Предоставлен страной
3.	Буркина-Фасо	■	■	■	Предоставлен страной
4.	Бурунди	■	■	■	Предоставлен страной
5.	Камерун		■	■	Предоставлен страной
6.	Чад		■	■	Предоставлен страной
7.	Демократическая Республика Конго		■	■	Предоставлен страной
8.	Кот-д'Ивуар		■	■	Предоставлен страной
9.	Сальвадор		■	■	Предоставлен страной
10.	Эфиопия	■	■	■	По оценке Секретариата
11.	Гана	■	■	■	Предоставлен страной
12.	Гватемала	■	■	■	Предоставлен страной
13.	Гвинея		■	■	Предоставлен страной
14.	Гаити	■	■	■	Предоставлен страной
15.	Индонезия	■	■	■	Предоставлен страной
16.	Кения		■	■	Предоставлен страной
17.	Кыргызстан	■	■	■	Предоставлен страной
18.	Лаосская НДР	■	■	■	Предоставлен страной
19.	Мадагаскар	■	■	■	Предоставлен страной
20.	Малави	■	■	■	Предоставлен страной
21.	Мали	■	■	■	Предоставлен страной
22.	Мавритания	■	■	■	Предоставлен страной
23.	Мозамбик	■	■	■	Предоставлен страной
24.	Мьянма		■	■	Предоставлен страной
25.	Намибия	■	■	■	Предоставлен страной
26.	Непал	■	■	■	Предоставлен страной
27.	Нигер	■	■	■	Предоставлен страной
28.	Нигерия	■	■	■	Предоставлен страной
29.	Пакистан		■	■	Предоставлен страной
30.	Перу	■	■	■	Предоставлен страной
31.	Руанда	■	■	■	Предоставлен страной
32.	Сенегал	■	■	■	Предоставлен страной
33.	Сьерра-Леоне	■	■	■	Предоставлен страной
34.	Шри-Ланка		■	■	По оценке Секретариата
35.	Танзания	■	■	■	Предоставлен страной
36.	Гамбия	■	■	■	Предоставлен страной
37.	Уганда	■	■	■	Предоставлен страной
38.	Йемен		■	■	Предоставлен страной
39.	Замбия	■	■	■	По оценке Секретариата
40.	Зимбабве	■	■	■	Предоставлен страной

¹¹ Данные по 2012 и 2013 годам базируются на информации, полученной во время сетевых телеконференций, созываемых раз в два месяца. Перед включением в отчеты эти данные подтверждаются координаторами в правительствах стран РВП. В 2014 году оценки основывались на самооценках стран; при этом по странам, у которых не было возможности в нужные сроки провести самооценку, оценка выполнена Секретариатом Движения РВП.

ОТЧЕТЫ ОБ ИСХОДНОЙ СИТУАЦИИ 2014 Г. ДЛЯ ВНОВЬ ПРИСОЕДИНИВШИХСЯ СТРАН ¹²			ОЦЕНКА
41.	Коморские острова	Предоставлен страной	SMS
42.	Конго	Предоставлен страной	SMS
43.	Коста-Рика	Предоставлен страной	SMS
44.	Гвинея-Бисау	Предоставлен страной	SMS
45.	Либерия	Предоставлен страной	SMS
46.	Южный Судан	По оценке Секретариата	SMS
47.	Свазиленд	Предоставлен страной	SMS
48.	Таджикистан	Предоставлен страной	SMS
49.	Того	Предоставлен страной	SMS
50.	Вьетнам	Предоставлен страной	SMS

Табл. 2. Процессы и индикаторы выполнения для отчетов стран о самооценках, 2014 г.

Процесс 1. Объединение людей в едином пространстве для принятия мер	
Индикатор выполнения (ИВ) 1	Выбрать/разработать координационные механизмы на национальном уровне
Индикатор выполнения (ИВ) 2	Осуществлять внутреннюю координацию и привлекать новых членов/устанавливать контакты с другими участниками для обеспечения более широкого влияния
Индикатор выполнения (ИВ) 3	Поддерживать контакты/вносить вклад в МП
Индикатор выполнения (ИВ) 4	Отслеживать собственный вклад в развитие МП и отчитываться о нем
Индикатор выполнения (ИВ) 5	Поддерживать воздействие МП

Процесс 2. Обеспечение последовательной нормативно-правовой базы	
Индикатор выполнения (ИВ) 1	Анализировать существующие нормативные положения и программы в области питания
Индикатор выполнения (ИВ) 2	Сделать улучшение питания основным направлением своих нормативных положений и стратегий
Индикатор выполнения (ИВ) 3	Координировать процесс внесения участниками вкладов/согласовывать такие вклады в разработку нормативно-правовой базы
Индикатор выполнения (ИВ) 4	Осуществлять влияние на процесс разработки нормативно-правовой базы путем ведения информационно-пропагандистской деятельности/внесения собственного вклада в данный процесс
Индикатор выполнения (ИВ) 5	Распространять и внедрять нормативно-правовую базу/обеспечивать соблюдение ее положений
Индикатор выполнения (ИВ) 6	Отслеживать результаты и сообщать о них для осуществления руководства и обеспечения обучения/обеспечивать стабильное воздействие на уровне нормативной базы

Процесс 3. Приведение действий в соответствие с общим рамочным соглашением по результатам	
Индикатор выполнения (ИВ) 1	Согласовать собственные программы с национальными нормативными положениями, имеющими отношение к питанию
Индикатор выполнения (ИВ) 2	Перевести нормативно-правовую базу в рамках рамочного соглашения по общим результатам (PCOP) для РВП
Индикатор выполнения (ИВ) 3	Организовать внедрение PCOP
Индикатор выполнения (ИВ) 4	Управлять внедрением PCOP
Индикатор выполнения (ИВ) 5	Отслеживать результаты деятельности и сообщать о них для осуществления руководства и обеспечения обучения/проводить оценку для обеспечения стабильного воздействия

Процесс 4. Контроль финансов и мобилизация ресурсов	
Индикатор выполнения (ИВ) 1	Оценить финансовую осуществимость
Индикатор выполнения (ИВ) 2	Контролировать и вести (прозрачно) учет расходов
Индикатор выполнения (ИВ) 3	Расширить и согласовать ресурсную базу (в том числе в отношении устранения дефицита)
Индикатор выполнения (ИВ) 4	Соблюдать взятые на себя обязательства (превращать обязательства в выплаты)
Индикатор выполнения (ИВ) 5	Обеспечить прогнозируемость/стабильное воздействие/многолетнее финансирование

¹² Информация об исходной ситуации предоставлена каждой страной после присоединения к Движению. Исходя из полученной информации, Секретариатом выполнены оценки.

Табл. 3. Веса индикаторов выполнения по каждому процессу

	Вес ИВ1	Вес ИВ2	Вес ИВ3	Вес ИВ4	Вес ИВ5	Вес ИВ6	Сумма весов
Процесс 1							
	4	4	5	6	6	-	
	16 %	16 %	20 %	24 %	24 %	-	100 %
Процесс 2							
	2	2	4	4	6	6	
	8 %	8 %	16 %	16 %	24 %	16 %	100 %
Процесс 3							
	4	4	5	6	6	-	
	16 %	16 %	20 %	24 %	24 %	-	100 %
Процесс 4							
	4	4	5	6	6	-	
	16 %	16 %	20 %	24 %	24 %	-	100 %

Табл. 4. Глобальные сети РВП: индикаторы выполнения

Глобальные сети РВП	
Индикатор выполнения (ИВ) 1	Сформировать сеть и координировать ее работу
Индикатор выполнения (ИВ) 2	Участвовать в Движении РВП, выражая единодушное мнение
Индикатор выполнения (ИВ) 3	Осуществлять пропаганду важности питания как постоянного приоритета глобальной повестки дня (в т.ч. мобилизации ресурсов)
Индикатор выполнения (ИВ) 4	Создать критическую массу для более широкого влияния
Индикатор выполнения (ИВ) 5	Согласовать собственные политики, программы и ресурсы со стратегией РВП
Индикатор выполнения (ИВ) 6	Сформировать взаимодействия между странами и сетями на уровне стран
Индикатор выполнения (ИВ) 7	Отвечать на обращения стран о поддержке (трансформация)
Индикатор выполнения (ИВ) 8	Обдумывать информацию в целях обучения и усовершенствования

1.2 Техническая записка к статистической странице

1.2.1 Определение данных и показателей

Демографические данные по группам населения

Данные	Определение
Население страны	Общая численность населения определенной страны на основе оценочных данных Отдела народонаселения Организации Объединенных Наций.
Дети до 5 лет	Общая численность детей младше 5 лет в определенной стране на основе оценочных данных Отдела народонаселения Организации Объединенных Наций.
Девочки-подростки	Общая численность женского населения в возрасте от 15 до 19 лет в определенной стране на основе оценочных данных Отдела народонаселения Организации Объединенных Наций.
Среднее кол-во рождений	Среднее количество новорожденных детей в год в определенной стране на основе оценочных данных Отдела народонаселения Организации Объединенных Наций.
Темп роста населения	Показатель увеличения общей численности населения за определенный промежуток времени относительно исходной общей численности населения.

Источник данных:

“Мировые демографические перспективы: Обзор 2012”, 2013 Отдел народонаселения Организации Объединенных Наций в составе Департамента по экономическим и социальным вопросам Секретариата Организации Объединенных Наций.

Обзор “Мировые демографические перспективы” за 2012 год стал 23 раундом глобальных демографических оценок и прогнозов, предпринимаемых Отделом народонаселения Организации Объединенных Наций в составе Департамента по экономическим и социальным вопросам Секретариата Организации Объединенных Наций. Результаты обзора “Мировые демографические перспективы” широко используются учреждениями Организации Объединенных Наций, а также многими международными организациями, исследовательскими центрами, научными работниками и средствами массовой информации.

Целевые показатели в области питания Всемирной ассамблеи здравоохранения (ВАЗ 65.6)

Показатель	Определение	Цель ВАЗ
Пониженный вес при рождении	Доля живорожденных с весом при рождении менее 2500 г.	Сокращение количества детей с пониженным весом при рождении на 30% к 2025 году.
Исключительно грудное вскармливание в возрасте 0–5 мес.	Доля детей в возрасте 0-5 мес., находящихся на исключительно грудном вскармливании.	Увеличение доли детей, находящихся на исключительно грудном вскармливании первые 6 мес., по крайней мере до 50% к 2025 году.
Задержка в росте у детей в возрасте до 5 лет	Доля детей в возрасте 0-59 мес., соотношение роста и возраста которых более чем на две (умеренная и сильная задержка в росте) и три (сильная задержка в росте) единицы стандартного отклонения ниже среднего показателя, приведенного в Стандартах ВОЗ в области развития ребенка.	Сокращение количества детей в возрасте до 5 лет, страдающих задержкой в росте, на 40% к 2025 году.
Истощение у детей в возрасте до 5 лет	Доля детей в возрасте 0-59 мес., соотношение веса и роста которых более чем на две (умеренное и сильное истощение) и три (сильное истощение) единицы стандартного отклонения ниже среднего показателя, приведенного в стандартах ВОЗ в области развития ребенка.	Снижение и поддержание доли детей с истощением на уровне ниже 5% к 2025 году.
Избыточный вес у детей в возрасте до 5 лет	Доля детей в возрасте 0-59 мес., соотношение веса и возраста которых более чем на две (умеренная и сильная степень) единицы стандартного отклонения выше среднего показателя, приведенного в стандартах ВОЗ в области развития ребенка.	Предотвращение увеличения доли детей с избыточным весом до 2025 года.

Примечание:

- 1) Из-за ограниченного объема данных в настоящий отчет не включен показатель “Анемия у женщин репродуктивного возраста”. Ссылка на интернет-страницу: http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/
- 2) Методологии и базовые процессы, лежащие в основе совместных оценок ЮНИСЕФ, ВОЗ и Всемирного банка, описаны в документе “Совместные оценки в области недостаточного питания детей – 2012” (2012 Joint Child Malnutrition Estimates), обновленная редакция которого вышла в 2013 году. Репрезентативные для каждой страны антропометрические оценочные данные, после процедуры контроля со стороны каждой организации и согласования всеми участниками, включены в регулярно обновляемый Совместный массив данных.
- 3) В целях обеспечения однородности временных рядов антропометрических данных, сопоставимых между странами, часть этой процедуры гармонизации методик расчета региональных и глобальных средних показателей и анализа тенденций требует пересчета всех оценок относительно распространенности явлений антропометрического характера с использованием стандартного алгоритма. Данный алгоритм был заложен в программу и макросы ВОЗ Anthro, обзор которых был подготовлен проектом MEASURE DHS¹³ и ЮНИСЕФ. Кроме того, стандартный алгоритм был включен в процедуру анализа исследований в области питания и другими организациями (например, Центром по контролю и профилактике заболеваний США). В странах, где антропометрические данные собираются в рамках демографического обследования и обследования состояния здоровья населения или обследования по многим показателям с применением гнездовой выборки (ОПГВ), доступны первичные данные и/или алгоритм ВОЗ уже включен в программы для обработки материалов обследований. В странах, где антропометрические данные собираются в рамках национального обследования в области питания (или какого-либо другого обследования) и анализируются с помощью иного алгоритма, часто требуется пересчет показателей распространенности явлений антропометрического характера, с тем чтобы обеспечить возможность корректного сопоставления данных, собранных в разных странах и в разные моменты времени.

Практики кормления детей грудного и раннего возраста

Показатель	Определение	Применение
Минимальный приемлемый рацион у детей в возрасте 6–23 мес.	Процентная доля детей в возрасте 6-23 мес., которых в течение предыдущего дня кормят с учетом 3 ключевых принципов кормления детей грудного и раннего возраста [в соответствии с рекомендациями Всемирной организации здравоохранения ¹⁴]: Для детей на грудном вскармливании: <ul style="list-style-type: none"> • Кормление грудных детей в возрасте 6-8 мес. ≥ 2 кормления, маленьких детей в возрасте 9-23 мес. ≥ 3 кормления твердой, полутвердой и мягкой пищей. • Кормление различными видами продуктов питания из 4 и более групп (из 7 возможных). Для детей на искусственном вскармливании: <ul style="list-style-type: none"> • ≥ 2 кормления молоком ≥ 4 кормления твердой, полутвердой или мягкой пищей или молоком. • Кормление различными видами продуктов питания из 4 и более групп (из 6 возможных). 	Помимо грудного молока, приемлемый рацион достигается путем соблюдения минимального разнообразия в питании и частоты кормлений (а также минимальным количеством кормлений молоком для детей на искусственном вскармливании). Надлежащий рацион крайне необходим для обеспечения соответствующего роста и развития маленьких детей в критический период между 6 и 23 месяцами, когда наиболее высок риск недоедания, заболеваний и смертности. Существуют убедительные доказательства того, что полноценное дополнительное питание снижает число случаев задержки в росте ¹⁵ . Согласно фактическим данным, приведенным в серии статей в журнале “Lancet” в 2013 году, обучение в области питания среди населения, живущего в условиях продовольственной безопасности, привело к значительным изменениям следующих показателей: увеличение прибавления в росте (стандартизированная разница средних (СРС) 0,35, 95% CI 0,08-0,62), соотношения рост-возраст (референтный интервал (отношение рисков) 0,34, 95% CI 0,21-0,54) и прибавления в весе (СРС 0,40, 95% CI 0,02-0,78).
Минимальное разнообразие рациона у детей в возрасте 6–23 мес.	Процентная доля детей в возрасте 6-23 мес., получающих продукты питания из 4 и более групп (из 7 возможных). <i>Примечание: в некоторых странах в качестве минимального требования по-прежнему используется формулировка “из 3 и более групп”.</i>	

¹³ <http://microdata.worldbank.org/index.php/catalog/dhs/about>

¹⁴ WHO, Nutrition Landscape Information System: Country Profile Indicators, (Interpretation Guide) 2010. p.18

¹⁵ Bhutta Z. et al, Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? Maternal and Child Nutrition 2, June 2013. p.22

Показатель	Определение	Применение
		<p>Обучение в области питания среди населения, страдающего от отсутствия продовольственной безопасности, оказало значительный эффект на: снижение показателей задержки в росте (отношение рисков 0,68, 95% CI 0,60-0,76), повышение соотношения рост-возраст (CPC 0,25, 95% CI 0,09-0,42) и повышение соотношения вес-возраст (CPC 0,26, 95% CI 0,12-0,41).</p> <p>Дополнительное обеспечение продовольствием — с обучением или без него — населения, страдающего от отсутствия продовольственной безопасности, оказало значительный эффект на: повышение соотношения рост-возраст (CPC 0,39, 95% CI 0,05-0,73) и повышение соотношения вес-возраст (CPC 0,26, 95% CI 0,04-0,41), но не привело к снижению показателей задержки в росте¹⁶.</p>

Вмешательство для предотвращения дефицита витаминов и минералов

Показатель	Определение	Применение
Дополнение рациона цинком при диарее (дети до 5 лет)	<p>Процентная доля детей младше 5 лет с острой диареей, которые дополнительно получали 20 мг цинка (не в виде пероральной регидратационной соли) ежедневно на протяжении 10—14 дней, или детей младше 6 мес., которые дополнительно получали по 10 мг цинка ежедневно.¹⁷</p> <p>Примечание. Утвержденные на международном уровне показатели или инструменты для сбора и компиляции данных о лечении детей от диареи цинком отсутствуют.¹⁸</p>	<p>Диарейные заболевания ежегодно уносят жизни около 2 млн детей младше 5 лет, являясь второй по распространенности причиной детской смертности в мире. Исследования регулярно показывают, что из всех инфекционных заболеваний диарея является главной причиной задержки в росте. Сводный анализ девяти исследований, проведенных на базе компактно проживающих групп населения в странах с низким уровнем дохода, показал, что каждый случай диареи или каждый день заболевания диареей в возрасте до 24 мес. в несколько раз увеличивал вероятность задержки в росте у ребенка к этому возрасту. Показатель отклонения в росте, связанный с пятью наблюдавшимися ранее случаями диареи, составлял 25% (95%, CI 8—38%)¹⁹.</p> <p>Добавление в рацион цинка рекомендуется как безопасный и эффективный способ лечения диареи. В частности, добавление в рацион цинка при острой диарее способствует снижению продолжительности и остроты состояния; добавление цинка на протяжении 10—14 дней снижает вероятность диареи в последующие 2—3 мес.²⁰</p> <p>Согласно фактическим данным, приведенным в серии статей в журнале “Lancet” в 2013 году, дополнительное введение в рацион цинка при диарее привело к значительным изменениям следующих показателей: снижение общей смертности на 46% (95% CI 12—68), снижение случаев госпитализации с диареей на 23% (95% CI 15—31), снижение продолжительности острых приступов диареи на 0,5 дня и постоянной диареи на 0,68 дня²¹.</p>
Беременные женщины, обращающиеся за дородовой медицинской помощью 4 раза и более	<p>Доля женщин в возрасте 15—49 лет, получивших во время беременности дородовую медицинскую помощь (профессиональную или непрофессиональную) не менее 4 раз по причинам, связанным с беременностью²².</p>	<p>Дородовая помощь — это возможность спасти жизни женщин и детей, но для того, чтобы воспользоваться ей в полной мере, необходимо по меньшей мере 4 посещения с полноценным обоснованным вмешательством — т.н. специализированная дородовая помощь.</p> <p>Данный показатель используют как индикатор доступа к добавкам железа и фолиевой кислоты. Согласно рекомендациям Всемирной организации здравоохранения, ежедневное пероральное введение в рацион железа и фолиевой кислоты является частью дородовой помощи.</p> <p>Согласно данным, приведенным в серии статей в журнале “Lancet” в 2013 году, дополнительное введение в рацион железа и фолиевой кислоты оказало существенное влияние на следующие показатели: вес новорожденных (MD 57,7 г, 95% CI 7,66—107,79), анемия при беременности (отношение рисков 0,34, 95% CI 0,21—0,54) и концентрация гемоглобина в сыворотке крови при беременности (MD 16,13 г/л, 95% CI 12,74—19,52)²³.</p>

¹⁶ Bhutta Z. et al., p.47

¹⁷ WHO, Nutrition Landscape Information System, p. 10-11

¹⁸ WHO, Nutrition Landscape Information System, p. 11

¹⁹ Bhutta Z. et al., p.22

²⁰ В целях предотвращения и лечения острой диареи ВОЗ и Детский фонд Организации Объединенных Наций (ЮНИСЕФ) рекомендуют: исключительно грудное вскармливание, добавление в рацион витамина А, строгое соблюдение правил гигиены, улучшение доступа к чистым источникам питьевой воды и санитарно-профилактическому оборудованию, вакцинацию от ротавируса, а также безопасный и эффективный метод — использование цинка. Например, добавление в рацион цинка во время острого приступа диареи при клиническом лечении острой диареи.

²¹ Bhutta Z. et al, p.49

²² The Partnership for Maternal, Newborn and Child Health. Opportunities for Africa's Newborns, Chapter 2: Antenatal Care. WHO, 2006. p. 51

²³ Bhutta Z. et al., p.44

Показатель	Определение	Применение
Дополнение рациона витамином А (6–59 мес.)	Доля детей в возрасте 6–59 мес., получавших две высокие дозы витамина А в течении рассматриваемого года ²⁴ . Рекомендуемые дозы составляют 100 000 МЕ для детей в возрасте 6–11 мес. и 200 000 МЕ для детей в возрасте 12–59 мес.	Глобальный альянс по борьбе с дефицитом витамина А определяет полный охват витамином А как долю детей в возрасте 6–59 мес., которые получали две дозы на протяжении 4–6 мес. рассматриваемого года. Оценочные данные по странам собираются по всему миру и ежегодно включаются в отчеты, основанные на административных данных ЮНИСЕФ. Не всегда данные по охвату витамином А, основанные на данных исследований здоровья населения, оказываются полными, т. к. не всегда есть возможность подсчета двойных доз за рассматриваемый год, не всегда должное внимание уделяется государственным кампаниям, механизмам распространения и временным рамкам при расчете охвата витамином А. ЮНИСЕФ публикует показатели по данному вопросу на интернет-странице: http://www.childinfo.org/vitamina.html
Домашние хозяйства, потребляющие достаточно йодированную соль	Доля хозяйств, потребляющих достаточно йодированную соль, т. е. соль, содержащую 15–40 частей йода на миллион ²⁵ .	Недостаток йода является наиболее распространенной и очевидной причиной проблем с щитовидной железой; вместе с тем, недостаток йода прежде всего ведет к снижению умственного роста и развития, становясь причиной неуспехов в учебе, пониженных умственных способностей и снижению работоспособности. Согласно данным, приведенным в серии статей в журнале “Lancet” в 2013 году, дополнительное введение в рацион беременных женщин йода оказало существенное влияние на следующие показатели: увеличение веса новорожденных на 3,82-6,30%, снижение врожденного гипотериоза в 4-летнем возрасте (отношение рисков 0,27, 95% CI 0,12–0,60) и увеличение уровня развития у детей раннего возраста на 10–20% ²⁶ . Для достижения целевого показателя всеобщего йодирования соли, такую соль должны потреблять более 90% домохозяйств.

Расширение прав и возможностей женщин

Показатель	Определение	Применение
Грамотность среди женщин	Доля женщин, способных продемонстрировать свое умение прочесть часть простого предложения или предложение целиком на любом из основных языков своей страны ²⁷ .	Умение читать — это немаловажный фактор личного успеха женщины, открывающий перед ней новые возможности. Анализ 19 наборов данных, полученных в результате Демографических обследований и обследований состояния здоровья населения (собранных начиная с 1999 г.), показал, что риск задержки в росте значительно ниже у матерей хотя бы с начальным образованием (относительный риск [ОР] 0,89, 95% CI 0,85–0,93) и еще ниже ($p < 0,001$) у матерей со средним образованием (0,75, 0,71–0,79). Начальное или среднее образование отца также снижает риск развития задержки в росте, хотя ОР при этом ниже, чем при наличии школьного образования у матери. Несмотря на общепринятое мнение, существует известная неравнозначность в масштабе эффекта в различных странах, что может объясняться разницей в качестве преподавания и качестве данных ²⁸ .
Уровень занятости среди женщин²⁹	Уровень занятости рассчитывается как доля работающего трудоспособного населения. Обычно трудоспособными считаются люди в возрасте от 15 до 64 лет, хотя в некоторых странах в эту категорию входят люди в возрасте от 16 до 64 лет ³⁰ .	Доля женщин в работающем населении стремительно растет, и матери вынуждены совмещать заботу о детях и свои домашние обязанности с профессиональной деятельностью, уделяя все меньше времени самим себе. С одной стороны, доход в виде заработной платы зачастую повышает уровень здоровья женщин, позволяя им приобретать товары первой необходимости, например, жилье и пищу. Было установлено, что женский труд улучшает рацион и оказывает влияние на рождаемость. Независимость женщин, их обеспеченность возрастают благодаря доходам от труда вне дома, снижающих тем самым зависимость от партнера-мужчины. Вместе с тем, сложная экономическая ситуация подталкивает женщин, живущих в бедности, к сельскохозяйственным работам, при этом их питание и здоровье могут ухудшиться вследствие большой продолжительности рабочего дня и тяжелых условий труда.

²⁴ WHO, Nutrition Landscape Information System, p.9

²⁵ WHO, Nutrition Landscape Information System, pp. 15-16

²⁶ Bhutta Z. et al., p.44

²⁷ Mukuria et al., The Context of Women’s Health: Results from the Demographic and Health Surveys, 1994-2001, DHS Comparative Reports No. 11, ORC Macro, December 2005. p. 23.

²⁸ Ruel M. et al., Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition? Maternal and Child Nutrition 3, June 2013. p.66

²⁹ Mukuria et al., p. 27

³⁰ OECD, OECD Employment Outlook, 2006

Показатель	Определение	Применение
Средний возраст вступления в первый брак ³¹	Средний возраст женщин при вступлении в первый брак, если предметом на протяжении всей жизни к возрастным коэффициентам брачности первых браков только в данном году ³² .	<p>Возраст первых половых отношений, первого брака и первого рождения дает представление о первичном влиянии на фертильность, что позволяет сделать некоторые связанные с фертильностью долгосрочные выводы. В большинстве стран вступление в брак указывает на высокую вероятность последующей беременности женщины, и поэтому возраст вступления в брак имеет важное значение для понимания фертильности.</p> <p>Для обществ, где принято вступать в первый брак в раннем возрасте, типичны ранние беременности и высокая фертильность женщин, поэтому важно изучать тенденции изменения возраста вступления в брак. Данные о возрасте первого полового контакта еще более наглядно показывают возраст возможного возникновения беременности. Возраст первой беременности соотносится с количеством детей, рождаемых одной женщиной в репродуктивный период при отсутствии активного контроля за фертильностью.</p>
Доступ к квалифицированной акушерской помощи ³³	Доля живорожденных детей, в рождении которых принимали участие квалифицированные специалисты (врачи, медсестры или акушерки).	<p>Квалифицированная помощь при деторождении считается единственной наиболее важной процедурой для обеспечения безопасности материнства, т.к. она предусматривает неотложную помощь при родах и помощь новорожденному в тот момент, когда возникают осложнения, опасные для жизни³⁴.</p> <p>Квалифицированная помощь подразумевает не только присутствие акушерок или иных лиц, обладающих навыками акушерства, но и создание условий, в которых они могут проявить свои навыки. Кроме того она подразумевает доступность более сложной неотложной помощи при деторождении, если возникают осложнения, требующие хирургического вмешательства или переливания крови.</p>
Женщины, которые рожают первенца в возрасте до 18 лет	Доля женщин в возрасте 20-24 лет, которым не исполнилось 18 лет, когда они рожали первенца ³⁵ .	<p>Подростковые беременности чреваты более высоким риском осложнений и более высокой смертностью среди матерей и детей, а также худшими результатами родов по сравнению с родами у женщин старшего возраста. Более того, подростковая беременность замедляет и снижает развитие девочки. В некоторых странах задержкой в росте страдает половина подростков, что может привести к осложнениям при родах³⁶.</p> <p>При рождении ребенка у матери 15–19 лет здоровье женщины и ребенка подвергается серьезным рискам. Первые роды также чреваты подобными рисками. Поскольку роженицы-подростки обычно в первый раз становятся матерями, то разделить эти риски на отдельные группы не представляется возможным. Уровень смертности подростков при родах крайне высок. Во многих странах риск смерти от причин, связанных с родами, у подростков 15-19 лет в два раза выше, чем у женщин старшего возраста³⁷.</p>
Уровень фертильности ³⁸	Общий уровень фертильности представляет собой число детей, которых могла бы родить женщина, если бы она доживала до конца своего детородного возраста и рожала детей в соответствии с текущим уровнем фертильности, типичным для ее возраста ³⁹ .	<p>Данный показатель служит в качестве вспомогательного при регулировании деторождения.</p> <p>В странах и группах с высокой фертильностью существует взаимосвязь между слабым здоровьем матери и питанием.</p> <p>Короткие промежутки между беременностями увеличивают риск низкого веса ребенка при рождении (ОР 1,65, 95% CI 1,27–2,14) и преждевременных родов (ОР 1,45, 95% CI 1,30–1,61). Повторные и поздние беременности также могут привести к низкому весу ребенка при рождении (отношение рисков 1,61, 95% CI 1,16–2,24). Эти результаты подчеркивают необходимость оптимизации возраста первой беременности, количества членов семьи и промежутков между беременностями⁴⁰.</p>

³¹ Mukuria et al., pp.35-36

³² United Nations, World Fertility Report 2009

³³ UNFPA, Skilled Attendance at Birth

³⁴ Black R. et al. Maternal and child undernutrition and overweight in low-income and middle-income countries, Maternal and Child Nutrition 3, June 2013

³⁵ WHO, Help Topic: Women 15-19 years who are mothers or pregnant with their first child

³⁶ Black R. et al. Maternal and child undernutrition and overweight in low-income and middle-income countries, Maternal and Child Nutrition 1, June 2013 p.17

³⁷ WHO, Nutrition Landscape Information System, p.20

³⁸ Mukuria et al., p.38

³⁹ World Bank, Indicator Fertility rate, total (births per woman)

⁴⁰ Bhutta et al., p.43

Прочие показатели, влияющие на питание

Показатель	Определение	Применение
Уровень урбанизации	Доля населения, живущего в городских районах, согласно национальному определению, используемому в большинстве последних переписей населения.	Нищете в городах зачастую не уделяют должного внимания, и дети, живущие в условиях городской нищеты, подвержены риску остаться за скобками работ по развитию. Ускоренный рост городов может повлечь увеличение разрыва в неравенстве и постепенно усугубить нужды городских детей, особенно в городах Африки, где наблюдается самый быстрый рост городских кварталов, в которых проживает 200 млн детей, при том, что 60% городского населения Африки живут в трущобах ⁴¹ . Регрессионный анализ наборов данных из 128 стран, проведенный Фондом помощи детям для выявления относительного и абсолютного значения скрытых и структурных причин задержки в росте, показал, что высокий уровень городского населения и ВВП на душу населения в известной мере связаны с низким уровнем распространенности задержки в росте ⁴² .
Доля дохода беднейшего слоя (20 %) населения	Доля доходов или потребления, которые приходятся на 20% населения с самым низким уровнем дохода (низший квинтиль) ⁴³ .	Доля дохода беднейшего квинтиля населения является важной предпосылкой задержки в росте исключительно в странах с большим количеством случаев задержки в росте ⁴⁴ .
Калорий на чел. в день (ккал/чел/день)	Потребление ккал на душу населения в день — показатель количества пищи ⁴⁵ .	Количественная обеспеченность продовольствием (калорийность рациона на душу населения) тесно связана с удобрениями, применяемыми на единицу площади, и долей земель, занятых под сельское хозяйство. При этом наблюдается обратная корреляция данного показателя и разнообразия продукции, производимой внутри страны ⁴⁶ .
Энергия от неосновных продуктов питания	Доля калорий, получаемых не из массовых продуктов питания (не из злаков, корнеплодов и клубнеплодов), в общем национальном энергетическом балансе, является показателем разнообразия рациона ⁴⁷ .	Разнообразие продовольственного обеспечения (энергия, получаемая не из массовых продуктов питания, например, сельскохозяйственных культур и продуктов животноводства, отличных от злаков и клубнеплодов) представляет собой измеряемый показатель, чувствительный к изменениям в экономике. В странах с низким уровнем дохода данный показатель зависит от национального производства, в странах с переходной экономикой и странах с высоким уровнем дохода большую роль играют доход и торговля. Дважды другими положительными показателями являются доступность финансирования для людей, занятых в сельском хозяйстве, и развитость дорог. Напротив, существует обратная корреляция между интенсификацией сельского хозяйства, измеряемой в количестве тракторов на единицу сельскохозяйственных земель, и разнообразием пищевых ресурсов ⁴⁸ .
Железо, доступное с продуктами животного происхождения (мг/чел/день)	Оценка доступности железа из продуктов животного происхождения (мг на душу населения в день) в национальном продовольственном обеспечении, показатель доступности питательных микроэлементов ⁴⁹ .	Доступность железа из продуктов животного происхождения в продовольственном обеспечении отражает результаты исследований и развития сельского хозяйства и находится в обратной корреляции с тарифами на ввоз продуктов сельского хозяйства. Связи с поголовьем скота на душу населения выявлено не было ⁵⁰ .
Доступ к улучшенным санитарно-техническим средствам	Доступность улучшенных санитарно-технических средств измеряется в процентной доле населения, имеющей доступ к ним. Улучшенные санитарно-технические средства включают в себя туалеты со смывом/ручным смывом (в канализацию, септическую емкость, выгребную яму), туалет с улучшенной вентилируемой ямой, туалет с выгребной ямой и биотуалет ⁵¹ .	Как показывают исследования, существует тесная взаимосвязь между испражнением, доступом к чистой воде и ростом детей. Подробнее см. "The Water, Sanitation, and Children's Health" (Evidence from 172 DHS surveys) http://sanitationupdates.files.wordpress.com/2010/05/worldbank-dhs2010.pdf

⁴¹ Save The Children, Voices from Urban Africa, The Impact of Urban Growth on Children, November 2012. p. 8

⁴² Save the Children, Global stunting reduction target: focus on the poorest or leave millions behind

⁴³ World Bank, Development Research Group. Данные основаны на первичных результатах обследования хозяйств, полученных от правительственных статистических организаций и национальных отделений Всемирного банка. Данные по странам с высокими доходами получены из базы данных Люксембургского центра исследований доходов. <http://iresearch.worldbank.org/PovcalNet/index.htm>

⁴⁴ Save the Children, Global stunting reduction target: focus on the poorest or leave millions behind

⁴⁵ FAOStat <http://faostat.fao.org/>

⁴⁶ Earth Institute, Columbia University, Simulating Potential of Nutrition-Sensitive Investments

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>)

Показатель	Определение	Применение
Открытая дефекация	Доля населения, испражняющегося в полях, лесах, кустах, водоемах и на других открытых пространствах ⁵² .	Открытая дефекация объясняет 54% случаев отклонений от норм роста у детей (в отличие от ВВП, который объясняет только 29% случаев). Снижение числа случаев открытой дефекации на 20 процентных пунктов привело к увеличению роста детей на 0,1 единицу стандартного отклонения ⁵³ .
Доступ к улучшенным источникам питьевой воды	Доступность улучшенных источников питьевой воды выражается в процентной доле населения, использующего улучшенные источники питьевой воды. Согласно определению улучшенных источников питьевой воды, в эту группу включаются источники, которые благодаря своей конструкции или постоянной заботе о них защищены от внешнего загрязнения, в частности от загрязнения фекалиями ⁵⁴ .	Доступ к источникам воды надлежащего качества есть не только основная необходимость, но и одно из прав человека. Кроме того, доступность водных ресурсов представляет домохозяйствам и людям значительные выгоды в области экономики и здравоохранения. Равный доступ к улучшенной питьевой воде и санитарным условиям имеет фундаментальное значение для здоровья и ускорит достижение всех восьми Целей в области развития, сформулированных в Декларации тысячелетия ⁵⁵ . Регрессионный анализ, проведенный Фондом помощи детям, продемонстрировал, что доступность надежных источников питьевой воды в сельских районах стала одним из основных факторов в снижении числа случаев задержки в росте ⁵⁶ .
Доступ к водопроводной воде	Доля населения, использующего водопроводную воду в качестве источника питьевой воды.	В Кокрановском обзоре результатов вмешательств в рамках программы WASH с точки зрения питания было особо выделено качество воды (наравне и даже превыше водообеспечения) ⁵⁷ .
Поверхностные воды как источник питьевой воды	Доля населения, использующего поверхностные воды (реки, затоны, озера, пруды, ручьи, каналы, ирригационные каналы) в качестве источников питьевой воды ⁵⁸ .	
ВВП на душу населения (в текущих ценах в долларах США, 2013 г.)	ВВП на душу населения — это валовый внутренний продукт, разделенный на среднегодовое население. ВВП складывается из суммы валовой добавленной стоимости всех производителей в стране и налогов на производство за вычетом субсидий, не включаемых в стоимость продуктов. Он высчитывается без учета удержаний на обесценивание произведенных активов или на истощение и оскудение природных ресурсов ⁵⁹ .	
Экспорт сельскохозяйственной продукции на душу населения (в текущих ценах в долларах США, 2012 г.) / Импорт сельскохозяйственной продукции на душу населения (в текущих ценах в долларах США, 2012 г.)	Экспорт/импорт сельскохозяйственной продукции на душу населения — это валовая стоимость продуктов сельского хозяйства, идущих на экспорт и импорт, выраженная в долларах США и разделенная на среднегодовое население ⁶⁰ .	Переход от натурального сельского хозяйства к товарному сельскохозяйственному производству (зачастую связанный с экспортом) может привести к риску вывоза всех продуктов питания с высокой пищевой ценностью за рубеж и к снижению доступности и использования продовольствия с высокой пищевой ценностью на уровне местных домашних хозяйств. Кроме того, исследования на примере Малайзии и Ганы показали, что при переходе стран с низким уровнем дохода на специализированное производство определенных видов злаков необходимо обеспечивать разнообразие продовольствия на всем мировом рынке.

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

⁵⁷ Dangour et al. Interventions to improve water quality and supply, sanitation and hygiene practices and their effects on the nutritional status of children, Cochrane Database Syst Rev 2013. p. 27

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



1.2.2 Объяснение диаграмм

Диаграмма задач в области борьбы с задержкой в росте

Согласно рекомендациям ВАЗ, для снижения на 40% задержки в росте у детей во всем мире к 2025 году среднегодовой коэффициент сокращения (СКС) должен достигать 3,9%. В целях измерения снижения и возможной разницы с заданными показателями к 2025 году при текущем сценарии Консультационная служба по питанию Европейской Комиссии совместно с Всемирной организацией здравоохранения разработала механизм расчета снижения распространенности задержки в росте, который позволяет оценить потенциальное количество детей с задержкой в росте по каждой стране относительно текущей или запланированной (т.е. 40% от нынешнего числа) тенденции снижения случаев задержки в росте.

При расчете по текущему сценарию нынешний СКС соотносится с последними полученными значениями доли, взятыми в точке отсчета (т.е. в 2012 г.), а при расчете по запланированному сценарию за основу берется запланированное число детей, страдающих задержкой в росте, т.е. на 40% меньше, чем в точке отсчета. Таким образом, расчеты основаны на количестве детей, указанном в цели на 2025 г.; соответствующая доля высчитывается с учетом демографических прогнозов. Наклон между долями на конечной линии и в начальном году (любого плана/программы по снижению числа случаев низкорослости) и количество лет между этими двумя точками служат основанием для расчетов запланированного (целевого) СКС, необходимого для достижения целевого показателя.

Показатель	Определение	Применение
Среднегодовой коэффициент сокращения (СКС)	СКС используют для анализа мониторинга и оценки мировых тенденций изменения доли детей в возрасте до 5 лет, страдающих задержкой в росте, для количественного описания изменений доли от начального года до настоящего момента. Если нам известна доля, а ежегодный коэффициент сокращения неизменен, то мы можем рассчитать долю на следующий год ⁶¹ .	За последние два десятилетия доля детей в возрасте до 5 лет, страдающих задержкой в росте, во всем мире сократилась на 36%: с 40% в 1990 г. до 26% в 2011 г. Таким образом, среднегодовой коэффициент сокращения составил 2,1% в год ⁶² . Для достижения глобального целевого показателя сокращения доли детей, страдающих от задержки в росте, к 2025 г. на 40% среднегодовой коэффициент сокращения должен быть равен 3,9%.

Тенденции и целевые показатели по проблемам задержки в росте и истощения, а также в области исключительно грудного вскармливания

В рамках мероприятия “Здоровое питание”, проходившего 8 июня 2013 года в Лондоне, представители правительств 15 государств выразили свою приверженность выделению национальных ресурсов для улучшения питания, а представители 12 стран-участниц программы “Здоровое питание” объявили национальные целевые показатели в области борьбы с задержкой в росте. Эти целевые показатели перечислены в профилях соответствующих стран.

Каждая диаграмма показывает распространенность задержки в росте, истощения и исключительно грудного вскармливания для каждой доступной контрольной точки замера начиная с 2000 года по результатам обследований домохозяйств. По возможности показана распространенность для квинтиля с самым низким уровнем дохода и квинтиля с самым высоким уровнем дохода. Пунктирная линия отражает линейную регрессию.

Среднегодовой коэффициент сокращения рассчитан только для задержки в росте.

⁶¹ UNICEF, Technical Note: How to calculate Average Annual Rate of Reduction (AARR) of Underweight Prevalence

⁶² UNICEF, Improving Child Nutrition: The achievable imperative for global progress, UNICEF, April 2013. p.8

Распределение случаев задержки в росте в квинтилях по уровню благосостояния

Таблица распределения случаев задержки в росте демонстрирует неравенство состояния питания различных квинтилей, выделенных по уровню благосостояния: низкому, второму, среднему, четвертому и высокому. В таблице учтены данные последних обследований домашних хозяйств.

Средний по стране уровень распространенности задержки в росте и национальная цель в области борьбы с задержкой в росте у детей представлены, с тем чтобы показать разницу в распределении случаев задержки в росте в каждом из квинтилей, выделенных по уровню благосостояния.

Распределение случаев задержки в росте по квинтилям описано в отчетах о демографических обследованиях и обследованиях состояния здоровья населения, а также обследованиях по многим показателям с применением гнездовой выборки за последние несколько лет.

1.2.3 Источники информации

Основными источниками показателей в области питания служат опубликованные национальные обследования домашних хозяйств, например, Демографические обследования и обследования состояния здоровья населения, а также обследования по многим показателям с применением гнездовой выборки (ОПГВ). При отсутствии свежих отчетов Демографических обследований и обследований состояния здоровья, а также обследований по многим показателям с применением гнездовой выборки был использован Стандартизированный мониторинг и оценка для оказания чрезвычайной помощи и помощи в переходный период (СМАРТ)⁶³.

В качестве дополнительных источников использовались: база данных Всемирного банка, база данных оценки численности населения Организации Объединенных Наций, База данных ЮНИСЕФ по дефициту витамина А и иные источники, перечисленные в библиографии.

КОНТАКТНЫЕ ДАННЫЕ:

При возникновении вопросов по цифрам и источникам просьба обращаться к г-ну Шаоюй Линь: Shaoyu.lin@undp.org

Хотелось бы выразить особую признательности нашим коллегам из Департамента политики и планирования, секции статистики и мониторинга, Детского фонда Организации Объединенных Наций, без вклада которых настоящая работа не могла быть завершена.



⁶³ Обследования СМАРТ были использованы в качестве источников информации по Мавритании, Сенегалу и Сьерра-Леоне.

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РАЗДЕЛ

2



Раздел 2.

Обзор прогресса в странах Движения РВП

В данном разделе предлагается обзор достижений 37 стран РВП за последний год, обозначенный с помощью ряда индикаторов выполнения, оценка по которым выставлена страновыми членами национальных многосторонних платформ (МП). Здесь обобщена информация из отчетов, предоставленных странами, которые присоединились к Движению РВП до сентября 2013 года. Государства, присоединившиеся за последний год, подготовили базовые отчеты, представленные в профилях стран в разделе 3 данного Компендиума.

В число тех 37 стран, которые выполнили задание по самооценке с апреля по июнь 2014 года, входят 17 стран, присоединившихся к Движению до сентября 2011 года (три страны присоединились в конце 2010 года); 10 стран, присоединившихся между сентябрем 2011 года и сентябрем 2012 года; и 10 стран, присоединившихся между сентябрем 2012 года и сентябрем 2013 года.

Самооценка прогресса за год выполнялась в соответствии с четырьмя процессами, связанными со стратегическими целями, установленными в Стратегии Движения РВП на 2012–2015 гг.:

1. Объединение людей в едином пространстве для принятия мер
2. Обеспечение последовательной нормативно-правовой базы
3. Согласование с рамочным соглашением по общим результатам
4. Контроль финансов и мобилизация ресурсов

⁶³ Эфиопия, Шри-Ланка и Замбия не имели возможности организовать семинары по самооценке. Балльные оценки им выставлены Секретариатом Движения РВП и утверждены национальными координаторами Движения РВП.

2014 г. 2012/2013

- Процесс 1**
Объединение людей в едином пространстве для принятия мер
- Процесс 2**
Обеспечение последовательной нормативно-правовой базы
- Процесс 3**
Приведение действий в соответствие с рамочным соглашением по общим результатам (CRF)
- Процесс 4**
Контроль финансов и мобилизация ресурсов



Движ

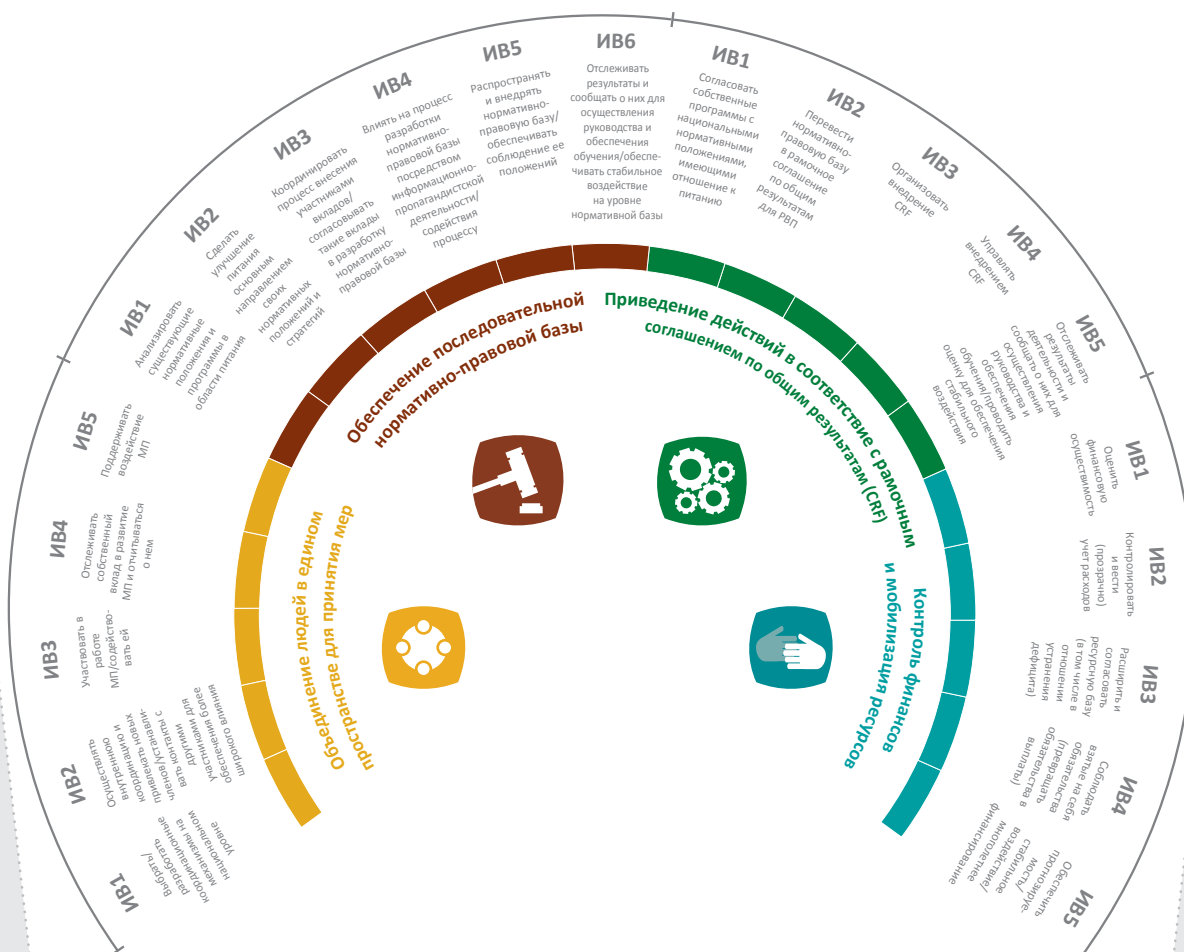
37 стран Движения РВП, завершивших самооценку в 2014 г. Анализ оставшихся 13 был проведен путем взаимодействия с Секретариатом Движения РВП. Четыре страны, вступившие в Движение РВП последними, — Камбоджа, Лесото, Филиппины и Сомали — подробно не освещены. Подробное описание методологии см. в Разделе 1.

Прогресс в 50 странах РВП

ление РВП



Четыре процесса РВП и соответствующие индикаторы прогресса



Ко всем вовлеченным участникам была обращена просьба коллективно согласовать совокупную балльную оценку степени, в которой каждый из индикаторов выполнения проявлен в многосторонней платформе. Для оценивания использовалась пятибалльная шкала (а именно: *результат отсутствует/не применимо (балл = 0), начато (1), в процессе реализации (2), почти завершено (3) или завершено (4)*).

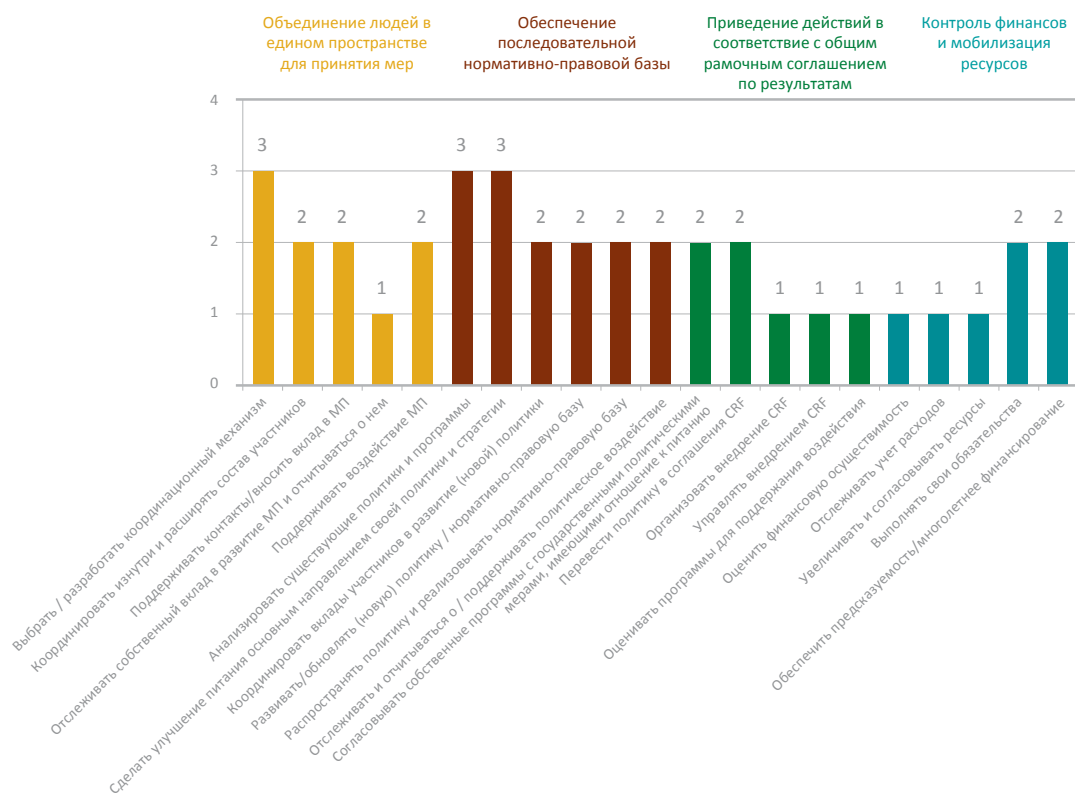
На **рис. X1 и (или) рис. X2** показано, что все страны сообщают о значительном прогрессе в разработке механизмов координации (Процесс 1), анализе и формировании последовательной нормативно-правовой базы (Процесс 2), а также в мобилизации ресурсов путем превращения обязательств в выплаты (Процесс 4). С другой стороны, по итогам задания на самооценку можно сделать вывод о значительных пробелах в реализации действий, направленных на достижение общих результатов (Процесс 3), а также в сфере согласования и контроля инвестиций в питание (Процесс 4).

Если говорить о конкретных ограничениях, то складывается впечатление, что большинство стран выставили себе оценки как если бы они только приступали к решению задач, тесно связанных с контролем и учетом в рамках многосторонних платформ (Процесс 1); организацией, управлением, мониторингом и оценкой реализации действий (Процесс 3); составлением бюджетов и контролем инвестиций в сфере питания (Процесс 4). Распределение наиболее распространенных индикаторов выполнения показывает, что во многих странах постоянные значительные усилия по повышению координирования действий множества заинтересованных сторон, разработке политик и законодательств, а также по мобилизации ресурсов в сфере питания еще только предстоит полностью трансформировать в надлежащим образом управляемые и отслеживаемые действия и в инвестиции, которые расширяются, координируются и имеют адекватный учет.

Рис. X1. Наиболее распространенные оценки (способ) индикаторов выполнения в 2014 г. (37 стран)



Рис. X2. Карта институциональных трансформаций в странах РВП



КЛЮЧЕВЫЕ ПОСЛАНИЯ

1. Как свидетельствует политическая приверженность и готовность различных секторов и участников действовать совместно, по всем странам Движения РВП существует импульс к движению вперед.
2. Политическая приверженность, несмотря на ее высокий уровень, нестабильна и легко разрушается – об этом свидетельствуют заметные пробелы между заявляемой политикой и реализуемыми действиями.
3. Об огромном потенциале обмена знаниями между странами говорит то, что часть их поставила себе наивысшие баллы по определенным индикаторам выполнения, особенно по индикаторам, связанным с объединением людей (процесс 1) и преобразованием политической и законодательной базы (процесс 2).
4. За прошедшие несколько лет масштабные политические обязательства и скоординированные усилия различных участников деятельности дали свои плоды в виде финансовых обязательств и выплат, о чем заявляют многие страны.
5. Последствия бездействия разрушительны. Политические и финансовые обязательства стран будут невозможно выполнить, если политика не будет транслироваться в реальные действия, которые подвергаются регулярному мониторингу и учету, в т. ч. выплат (распределение бюджета), результатов и воздействия. Это требует от участников глобальной деятельности в сфере питания максимально быстрого совместного реагирования.

ПУТЬ ВПЕРЕД

1. Социальная мобилизация, пропаганда и коммуникации в рамках Движения РВП должны быть усилены в целях поддержания политического импульса.
2. Для поддержания процессов документирования, распространения знаний и заимствования передового опыта (например, см. SUN in Practice – “РВП на практике”) должен использоваться веб-сайт РВП и организуемые каждые два месяца страновые созывы. Страны, поставившие себе наивысшие баллы по определенным индикаторам выполнения (см. табл. x1 и табл. x2), должны помогать другим странам Движения РВП, предоставляя имеющиеся полезные документы (например, технические задания к созданию институциональных механизмов, политики, стратегии, планы действий, сметы, общие принципы мониторинга и оценки, формы опросников и руководства по проведению опросов, отчеты об исследованиях, отчеты и бюллетени о мониторинге, технические задания к исследованиям по оценке воздействия, отчеты по оценке воздействия).
3. Возможности обучения РВП (SUN Learning Routes) могут стать залогом обмена практическим опытом между странами. Страны, присоединившиеся к Движению недавно, должны учиться у участников, состоящих в нем с 2011 и 2012 гг.
4. Мониторинговые рамки РВП должны использоваться заинтересованными сторонами для оценки их обязательств в контексте стран. Регулярный контроль и сравнение с приоритетными индикаторами выполнения даст возможность участникам многосторонних платформ отчитываться о собственных вкладах.
5. Сообщества РВП по практической работе должны обеспечить координирование работы сетей поставщиков технических услуг (таких, как MQSUN, FANTA, SPRING, Всемирный банк и совместные с ООН экспертные миссии), направленной на поддержку заинтересованных сторон в странах в формировании и управлении следующим:
 - a. планы реализации вмешательств, бюджеты которых составлены исходя из осуществимых целей, а сами вмешательства базируются на обоснованных оценках стоимости единицы; планы реализации должны включать в себя вмешательства по распространению информации о политиках и по проведению законов в жизнь;
 - b. системы мониторинга реализации, обеспечивающие прозрачный и воспроизводимый сбор и анализ данных о выполнении с использованием имеющихся источников по разным секторам и организациям;
 - c. базовые системы контроля финансов, обеспечивающие прозрачный и воспроизводимый сбор и анализ финансовых данных с использованием имеющихся источников (например, использование донорами данных о помощи (aid-data) и национальных бюджетов правительствами);
 - d. системы оценки воздействия.

Страны, сообщившие о «завершении» мероприятий, связанных с индикаторами прогресса Движения РВП

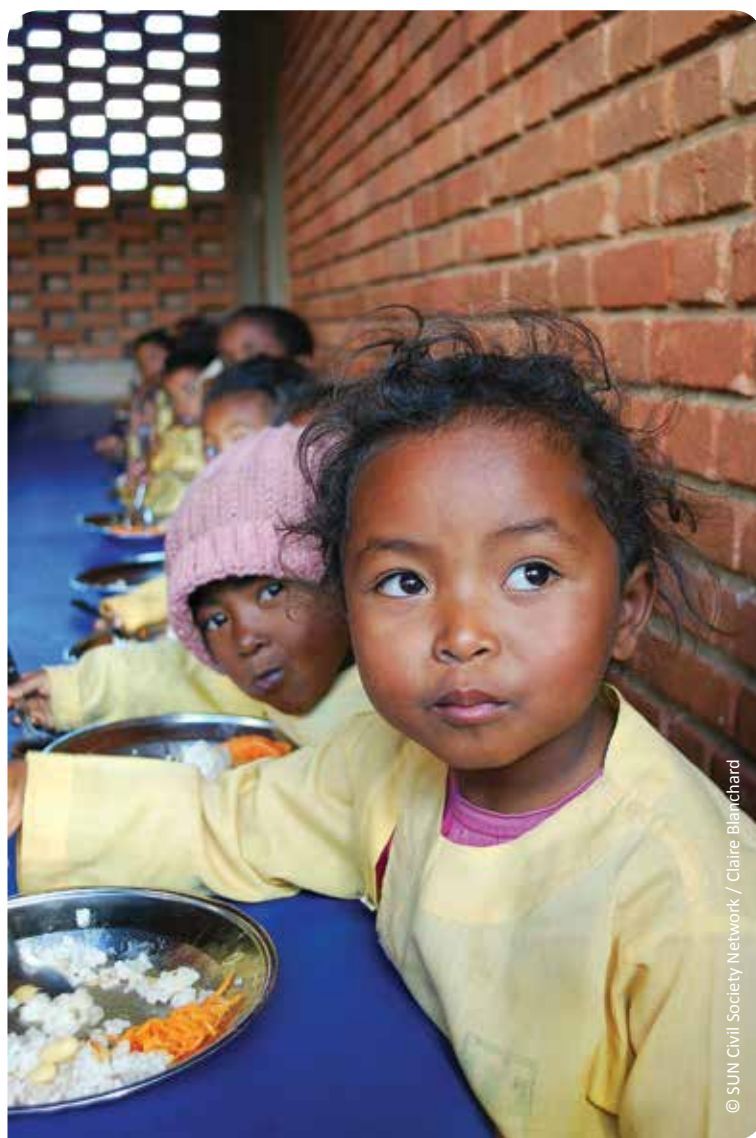
П/Н №	Описание индикатора выполнения	Страны, поставившие макс. оценку (4 балла)
1.1	Выбрать/разработать координационные механизмы	Бурунди, Йемен, Сенегал, Мозамбик, Руанда и Мадагаскар
1.2	Координировать изнутри и расширять состав участников	Чад
1.3	Участвовать в работе многонациональной платформы (МП)	Гамбия
1.4	Отслеживать, предоставлять соответствующую отчетность и критически рассматривать собственные вклады и достижения	Сенегал
1.5	Поддерживать воздействие МП	Чад и Мавритания
2.1	Анализировать существующие нормативные положения и программы в области питания	Камерун, Чад, Кения, Демократическая Республика Конго, Малави, Мали, Перу, Сьерра-Леоне, Зимбабве, Руанда
2.2	Сделать улучшение питания основным направлением своих политик и стратегий	Гватемала, Мавритания, Перу, Руанда, Сенегал, Сьерра-Леоне
2.3	Координировать процесс внесения членами вкладов/согласовывать такие вклады в новую нормативно-правовую базу	Сенегал, Сьерра-Леоне, Чад
2.4	Поддерживать развитие новой политики и нормативно-правовой базы	Зимбабве
2.5	Распространять информацию о политике и внедрять нормативно-правовую базу/обеспечивать ее соблюдение	-
2.6	Поддерживать воздействие нормативно-правовой базы	Перу
3.1	Согласовать собственные программы с национальными политиками, имеющими отношение к питанию	Бангладеш, Малави, Гватемала, Нигер, Сенегал, Бенин и Руанда
3.2	Переводить нормативно-правовую базу в РСОР в целях максимизации воздействия в области питания	Гватемала, Руанда
3.4	Организовать внедрение РСОР	-
3.5	Управлять осуществлением РСОР и отслеживать его	-
3.6	Оценивать в целях поддержания воздействия	-
4.1	Оценить финансовую осуществимость	-
4.2	Контролировать издержки и обеспечивать их прозрачный учет	Сальвадор
4.3	Расширять и координировать ресурсы (в т. ч. решать проблему их нехватки)	-
4.4	Соблюдать взятые на себя обязательства, превращая обязательства в выплаты	Перу, Сенегал
4.5	Обеспечивать предсказуемость/многолетнее финансирование в целях поддержки воздействия	-



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Страны, сообщившие о «скором завершении» мероприятий, связанных с индикаторами прогресса Движения РВП

П/Н №	Описание индикатора выполнения	Страны, отметившие существенное выполнение (3 балла)
1.1	Выбрать/разработать координационный механизм	Большинство стран
1.2	Координировать изнутри и расширять состав участников	Кения, Демократическая Республика Конго, Мадагаскар, Нигер, Гана, Руанда, Танзания, Малави, Сьерра-Леоне, Уганда, Перу, Кот-д'Ивуар, Гамбия
1.3	Участвовать в работе многосторонней платформы (МП)	Йемен, Чад, Нигер, Буркина-Фасо, Гана, Мали, Руанда, Мозамбик, Малави, Перу, Сьерра-Леоне
1.4	Отслеживать, предоставлять соответствующую отчетность и критически рассматривать собственные вклады и достижения	Чад, Мадагаскар, Руанда, Малави, Сьерра-Леоне, Кот-д'Ивуар, Гамбия
1.5	Поддерживать воздействие МП	Йемен, Кот-д'Ивуар, Бангладеш, Малави, Сьерра-Леоне, Гамбия
2.1	Анализировать существующие нормативные положения и программы в области питания	Большинство стран
2.2	Сделать улучшение питания основным направлением своих нормативных положений и стратегий	Большинство стран
2.3	Координировать процесс внесения членами вкладов/согласовывать такие вклады в развитие новой нормативно-правовой базы	Бангладеш, Буркина-Фасо, Гана, Гватемала, Малави, Мавритания Нигер, Танзания, Мадагаскар, Руанда, Сальвадор, Йемен
2.4	Поддерживать развитие новой политики и нормативно-правовой базы	Чад, Кения, Кот-д'Ивуар, Бангладеш, Гана, Гватемала, Малави, Перу, Руанда, Танзания
2.5	Распространять информацию о политике и внедрять нормативно-правовую базу/обеспечивать ее соблюдение	Гаити, Малави, Перу, Руанда, Сенегал, Сьерра-Леоне
2.6	Поддерживать воздействие нормативно-правовой базы	Чад, Кот-д'Ивуар, Бангладеш, Малави, Гамбия
3.1	Согласовать собственные программы с национальными нормативными положениями, имеющими отношение к питанию	Демократическая Республика Конго, Кот-д'Ивуар, Кения, Йемен, Буркина-Фасо, Гаити, Индонезия, Мадагаскар, Мавритания, Непал, Танзания
3.2	Переводить нормативно-правовую базу в РСОР в целях максимизации воздействия в области питания	Чад, Бангладеш, Бенин, Гана, Малави, Мавритания, Мозамбик, Намибия, Сенегал, Сьерра-Леоне
3.4	Организовать внедрение РСОР	Кения, Бангладеш, Бенин, Малави, Руанда, Сенегал, Сьерра-Леоне
3.5	Управлять осуществлением РСОР и отслеживать его	Бангладеш, Бенин, Малави, Гватемала
3.6	Оценивать в целях поддержания воздействия	Уганда
4.1	Оценить финансовую осуществимость	Гватемала, Малави, Мадагаскар, Нигер, Перу, Руанда
4.2	Контролировать издержки и обеспечивать их прозрачный учет	Бангладеш, Малави, Перу, Непал
4.3	Расширять и координировать ресурсы (в т. ч. решать проблему их нехватки)	Бангладеш, Малави, Перу, Непал
4.4	Соблюдать взятые на себя обязательства, превращая обязательства в выплаты	Чад, Бангладеш, Буркина-Фасо, Малави, Непал, Руанда, Гамбия
4.5	Обеспечивать предсказуемость/многолетнее финансирование в целях поддержки воздействия	Кот-д'Ивуар, Уганда, Перу



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РАЗДЕЛ

3

Раздел 3: Профили стран РВП

**Страны, присоединившиеся
к Движению в 2010 и 2011 гг.**

**Страны, присоединившиеся
к Движению в 2012 г.**

**Страны, присоединившиеся
к Движению в 2013 г.**

**Новые страны в Движении РВП
(Основные данные, 2014 г.)**

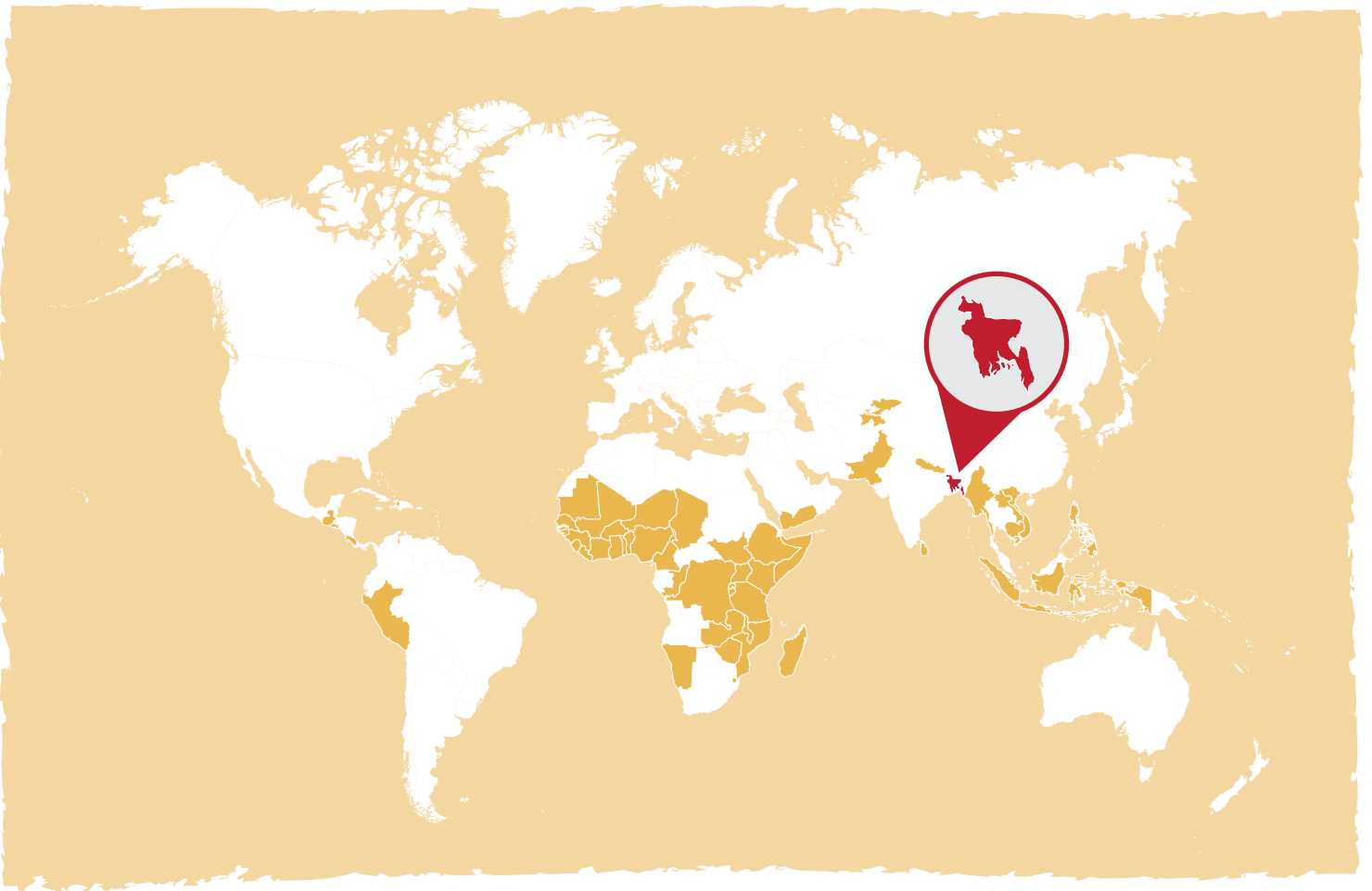




Страны, присоединившиеся к Движению
в 2010 и 2011 гг.

Бангладеш
Эфиопия
Перу
Гватемала
Замбия
Нигер
Малави
Уганда
Мали
Гана
Лаос
Непал
Мавритания
Танзания
Сенегал
Зимбабве
Буркина-Фасо
Гамбия
Мозамбик
Бенин
Намибия
Нигерия
Кыргызстан
Индонезия
Руанда

Bangladesh

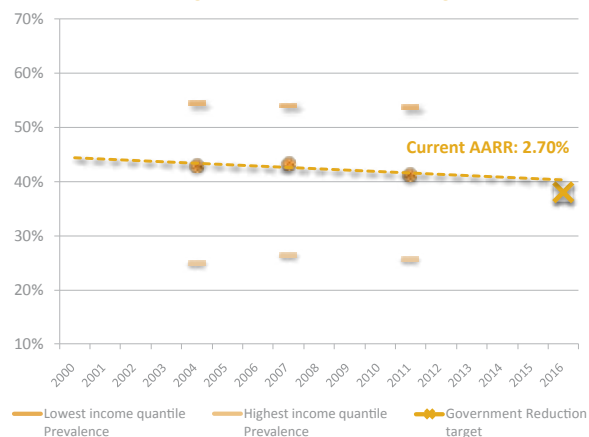


Joined: September 2010

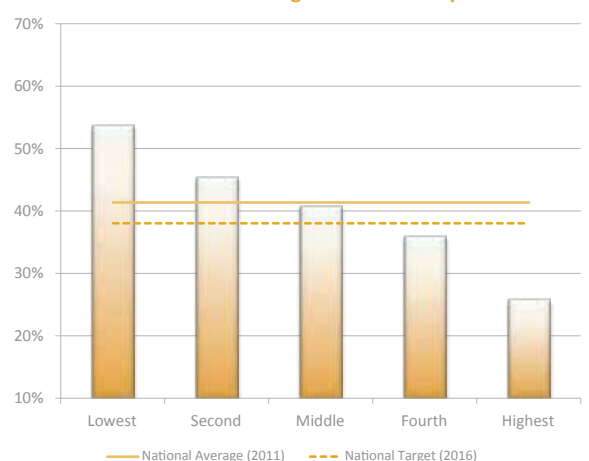


Demographic data	
National Population (million, 2010)	151,1
Children under 5 (million, 2010)	15,3
Adolescent Girls (15-19)(million, 2010)	7,80
Average Number of Births (million, 2010)	3,20
Population growth rate (2010)	1,09%
WHA nutrition target indicators (DHS 2011)	
Low-birth weight	21,6%
0-5 months 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

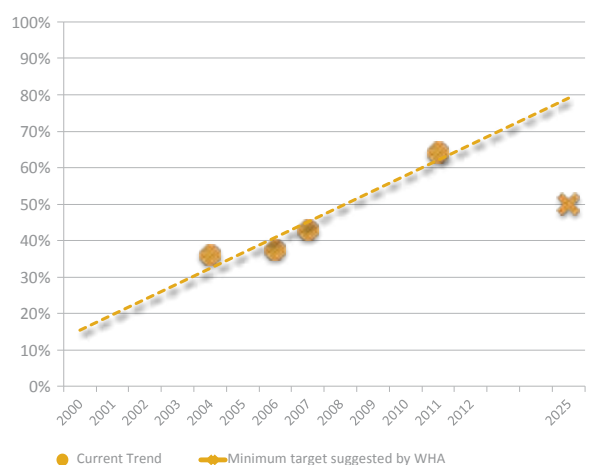
Stunting Reduction Trend and Target



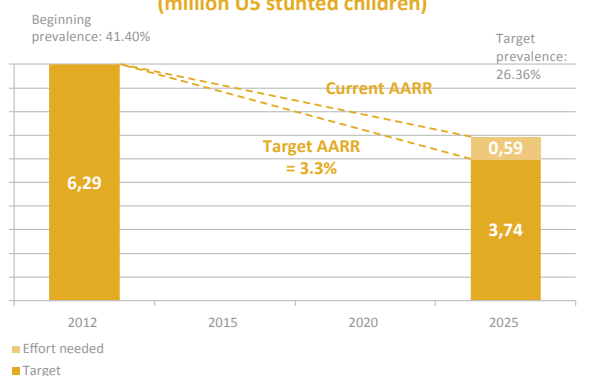
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US 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.

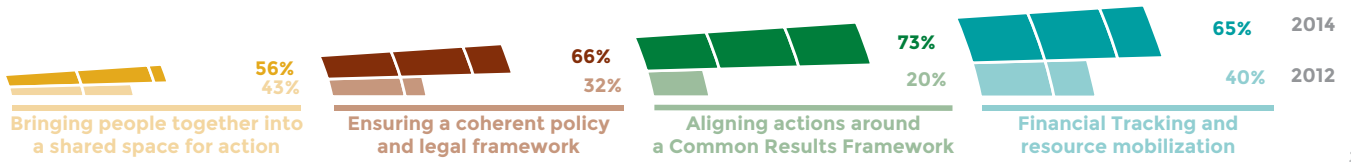
Financial Tracking and resource mobilization

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.

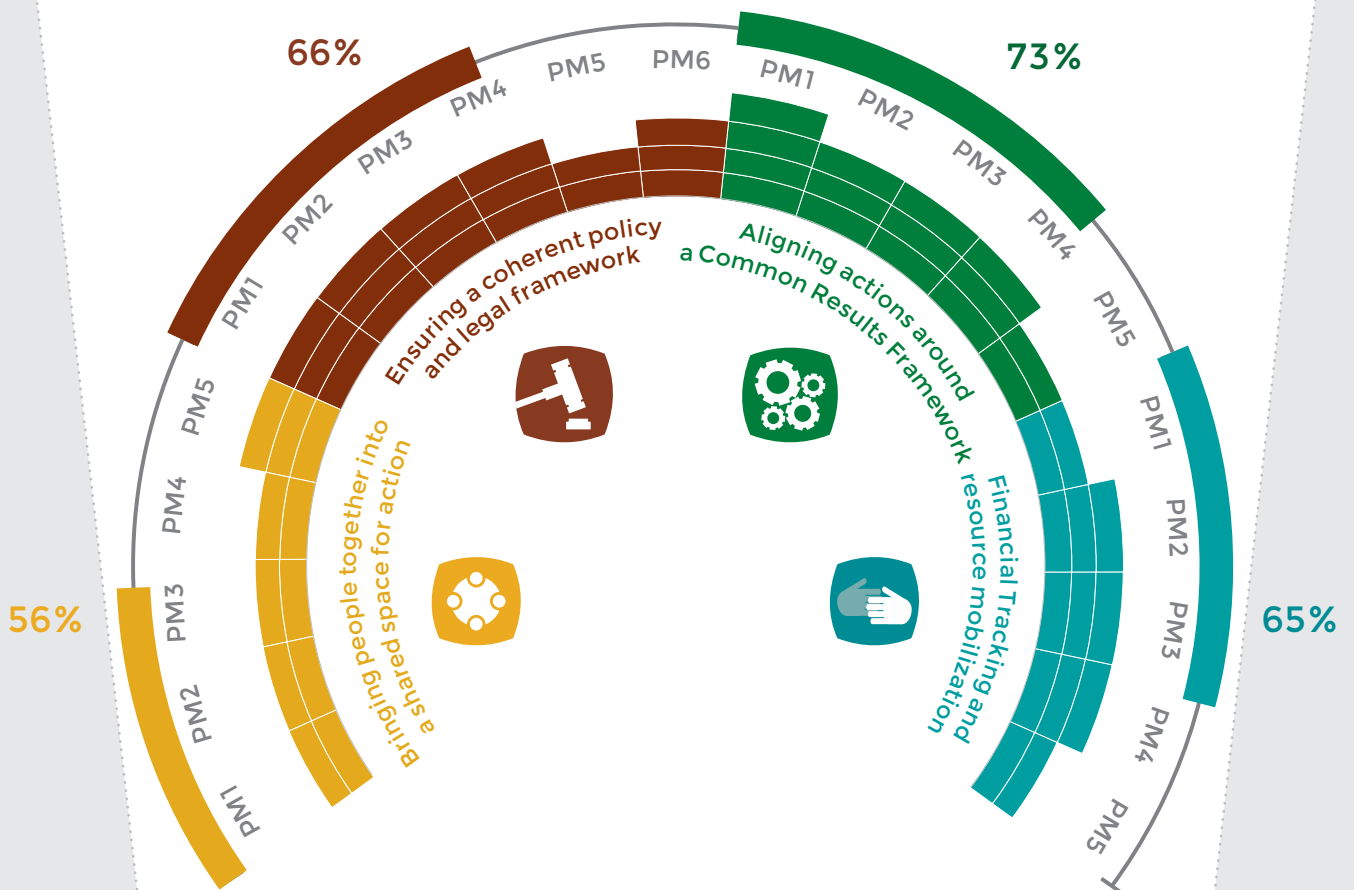
Progress Across Four SUN Processes Bangladesh

2012¹ and 2014² Scoring of Progress Markers



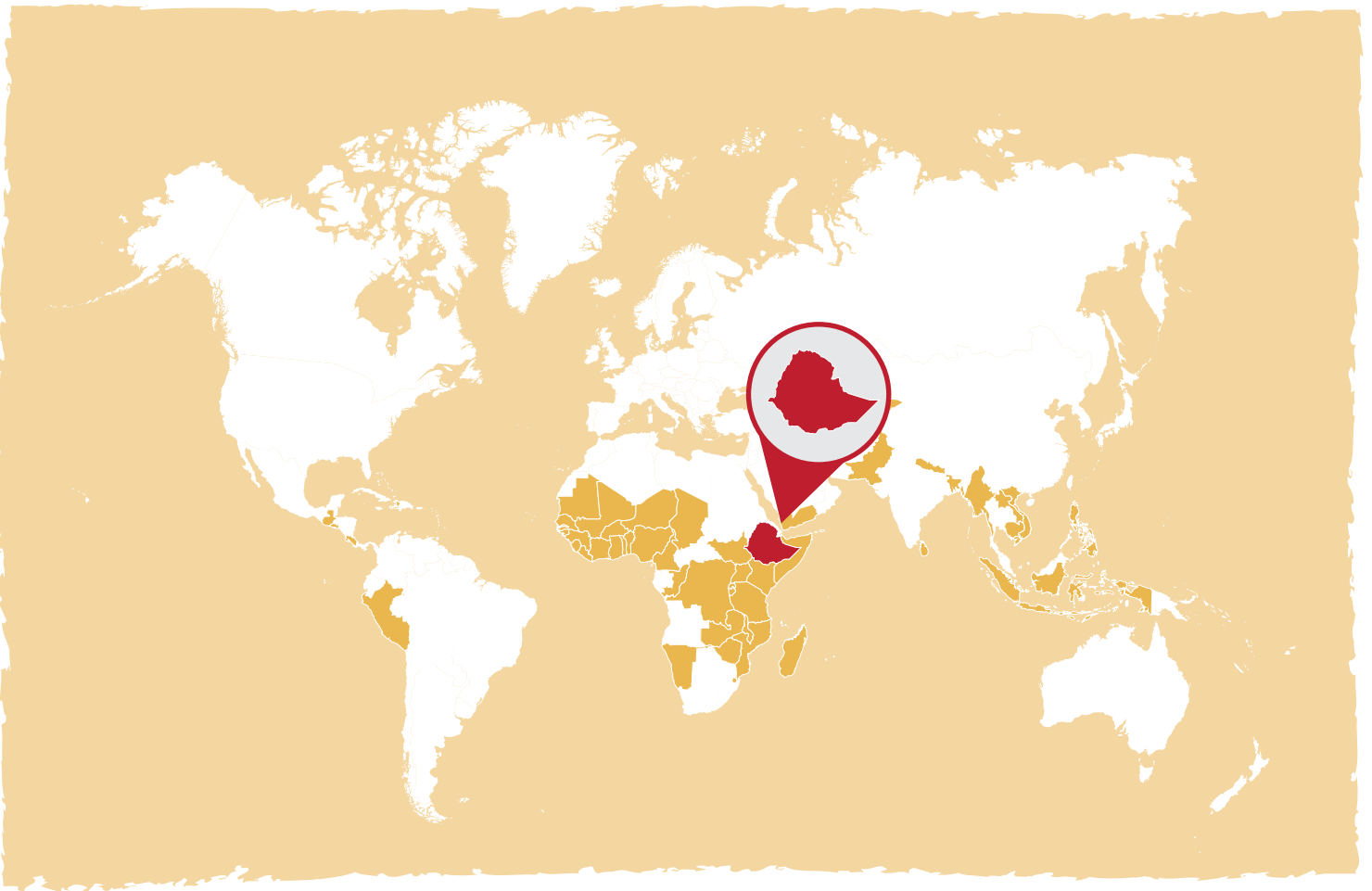
2014 Dashboard for Progress Markers

Stage of Preparedness



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

Ethiopia

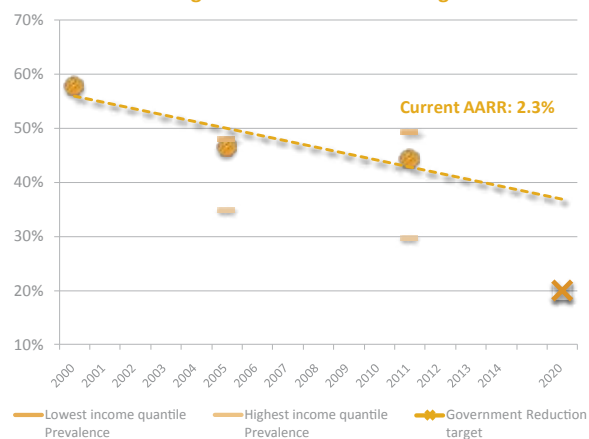


Joined: September 2010

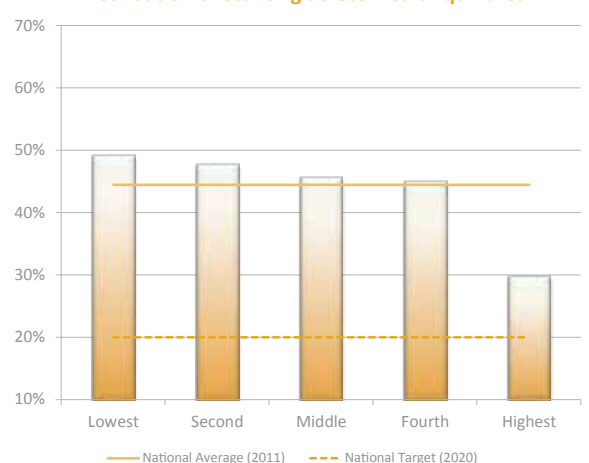


Demographic data	
National Population (million, 2010)	87,1
Children under 5 (million, 2010)	13,8
Adolescent Girls (15-19)(million, 2010)	4,90
Average Number of Births (million, 2010)	3,00
Population growth rate (2010)	2,68%
WHA nutrition target indicators (DHS 2011)	
Low-birth weight	10,8%
0-5 months 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

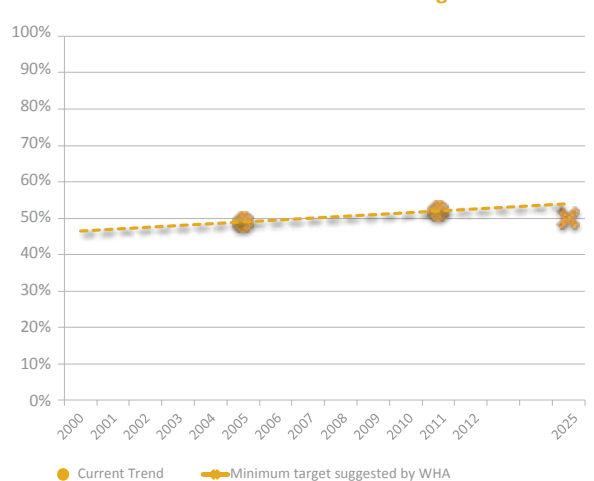
Stunting Reduction Trend and Target



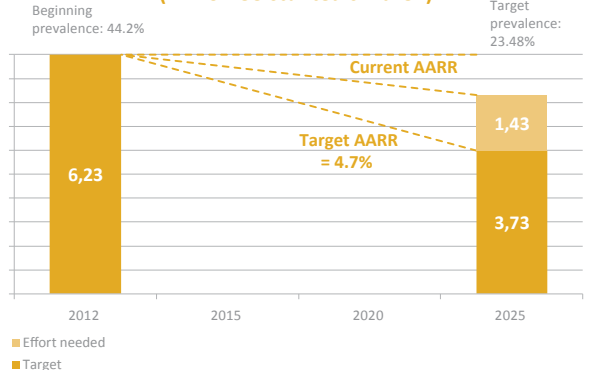
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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

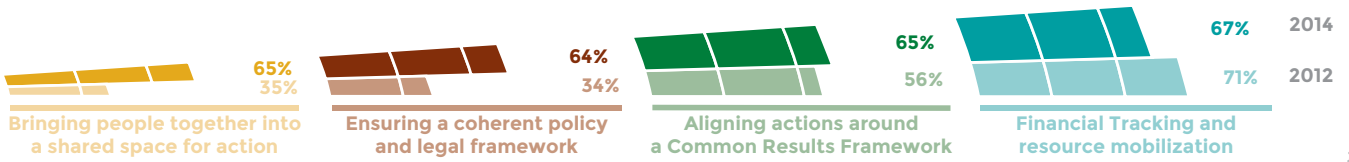
Ethiopia has a National Nutrition Strategy (2008). Its National Nutrition Program has recently been revised and endorsed by multiple stakeholder. A number of specific policies relating to promotion of good nutritional practices; micronutrient supplementation; nutrition support for people living with 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.

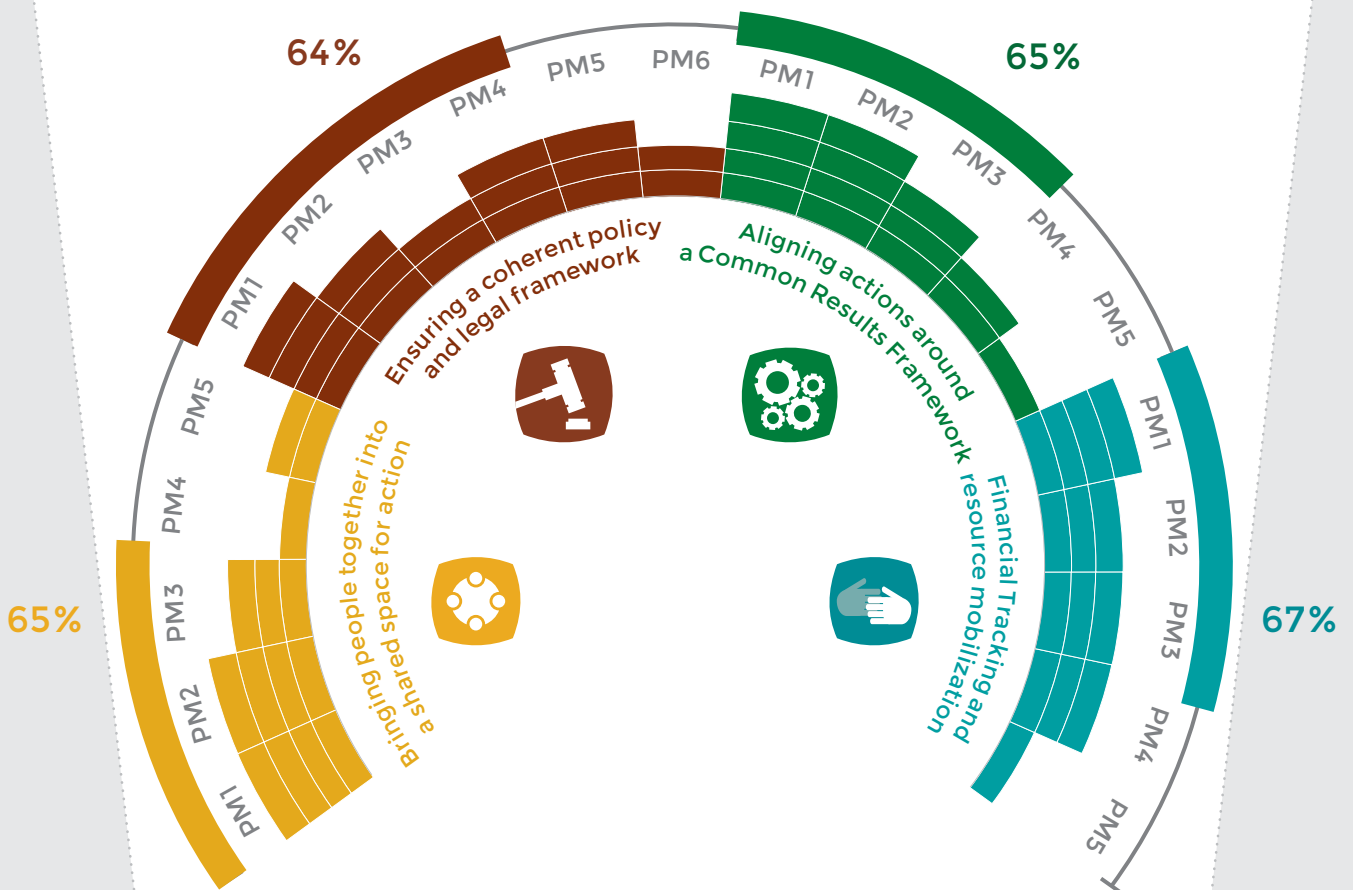
Progress Across Four SUN Processes Ethiopia

2012¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

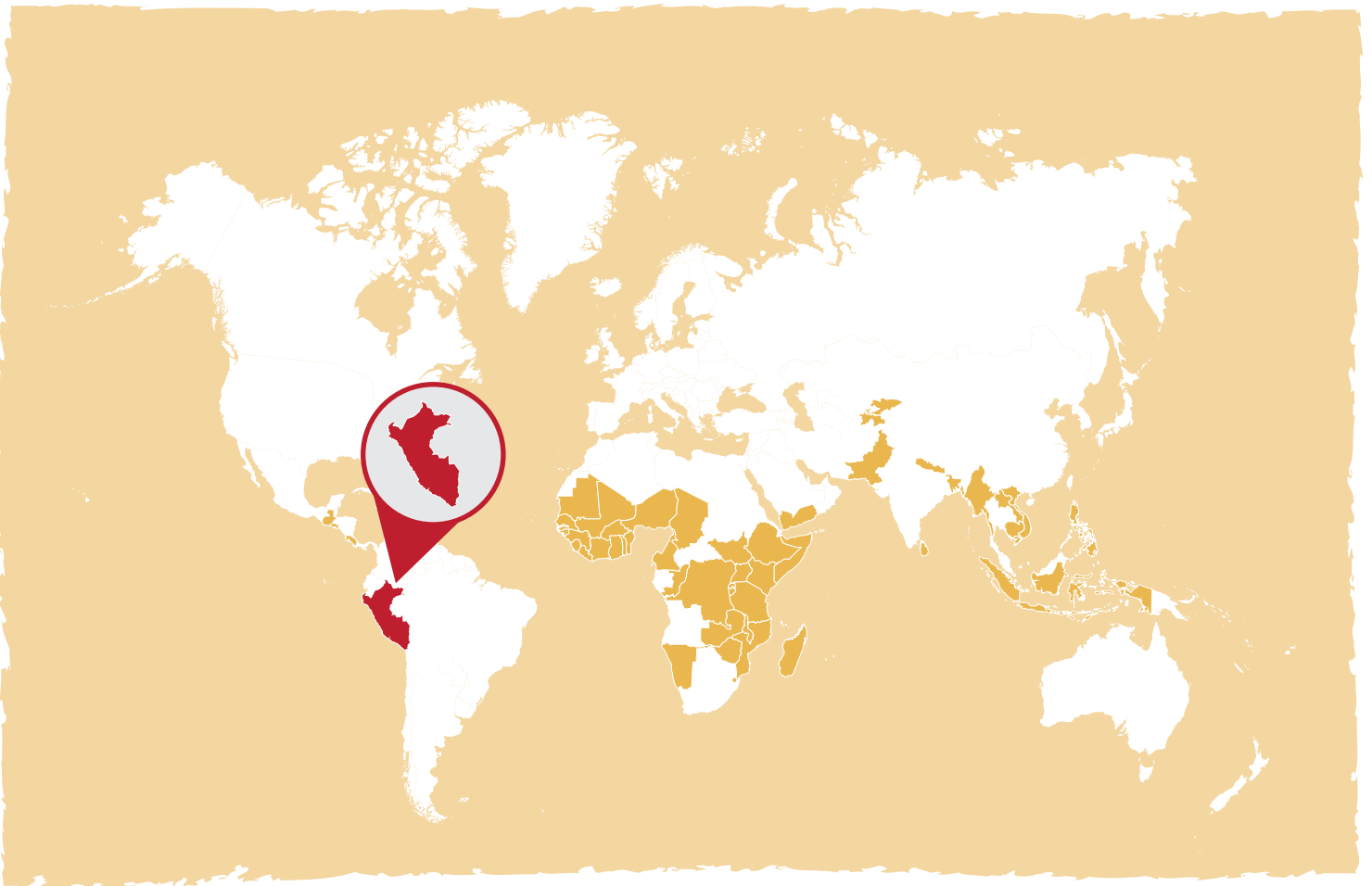
Stage of Preparedness



¹Externally assessed by the SUN Movement Secretariat

²Externally assessed by the SUN Movement Secretariat

Peru

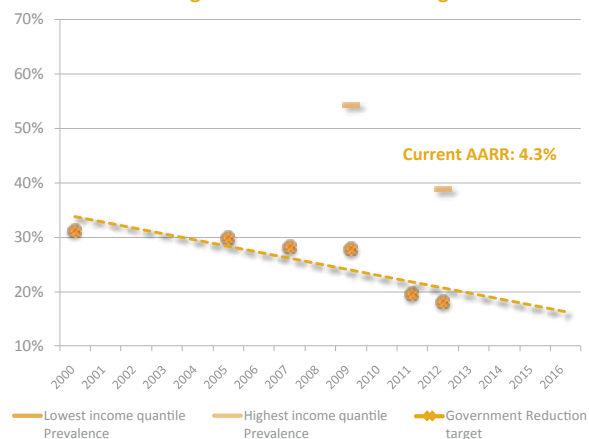


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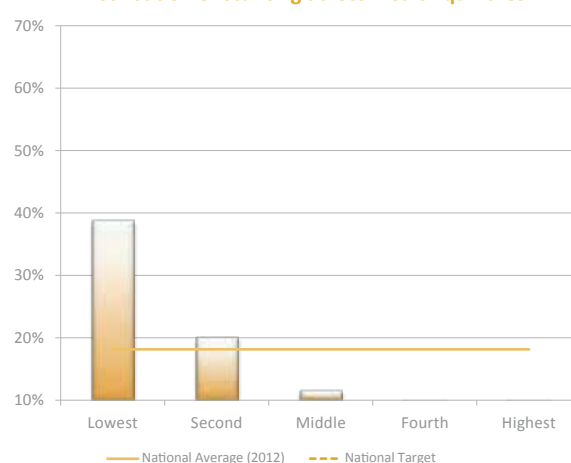


Demographic data	
National Population (million, 2010)	29,3
Children under 5 (million, 2010)	2,9
Adolescent Girls (15-19)(million, 2010)	1,40
Average Number of Births (million, 2010)	0,60
Population growth rate (2010)	1,08%
WHA nutrition target indicators (DHS 2012)	
Low-birth weight	6,9%
0-5 months Exclusive 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

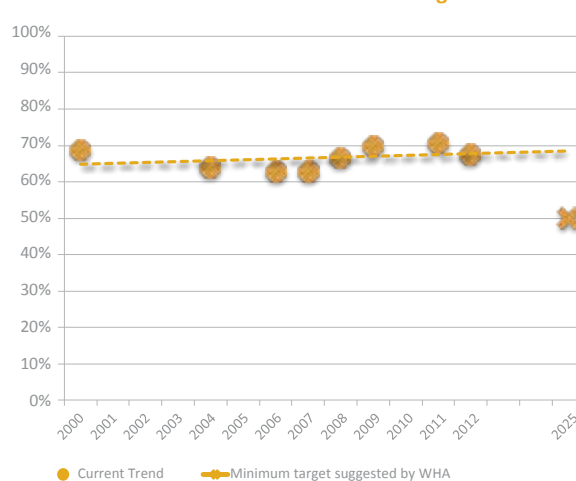
Stunting Reduction Trend and Target



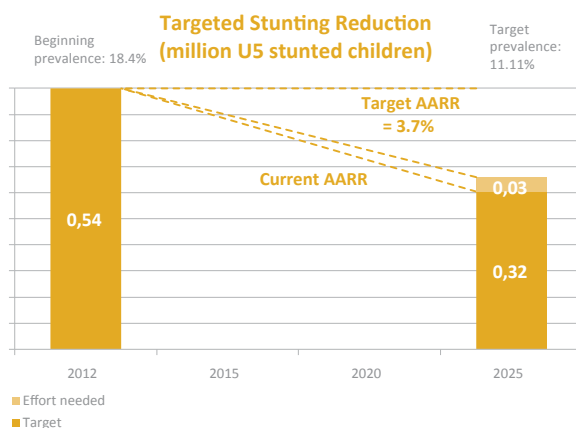
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

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 assignment 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.

Ensuring a coherent policy and legal framework

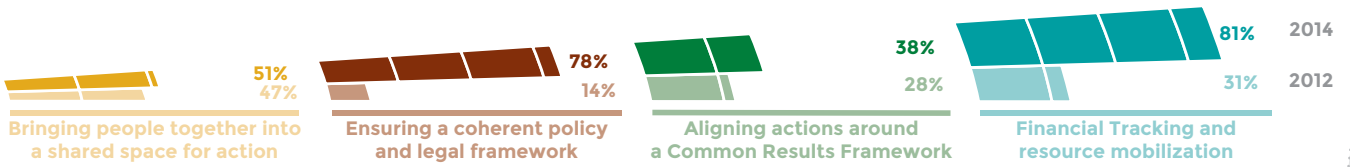
The “Inclusion for Growth” Strategy, adopted in 2013, entails a series of sectoral, intersectoral and interdepartmental policies that contribute to reducing malnutrition. In the same year, MIDIS initiated the preparation of the Guidelines for Coordinated Management to Promote Early Childhood Development, 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.

Financial Tracking and resource mobilization

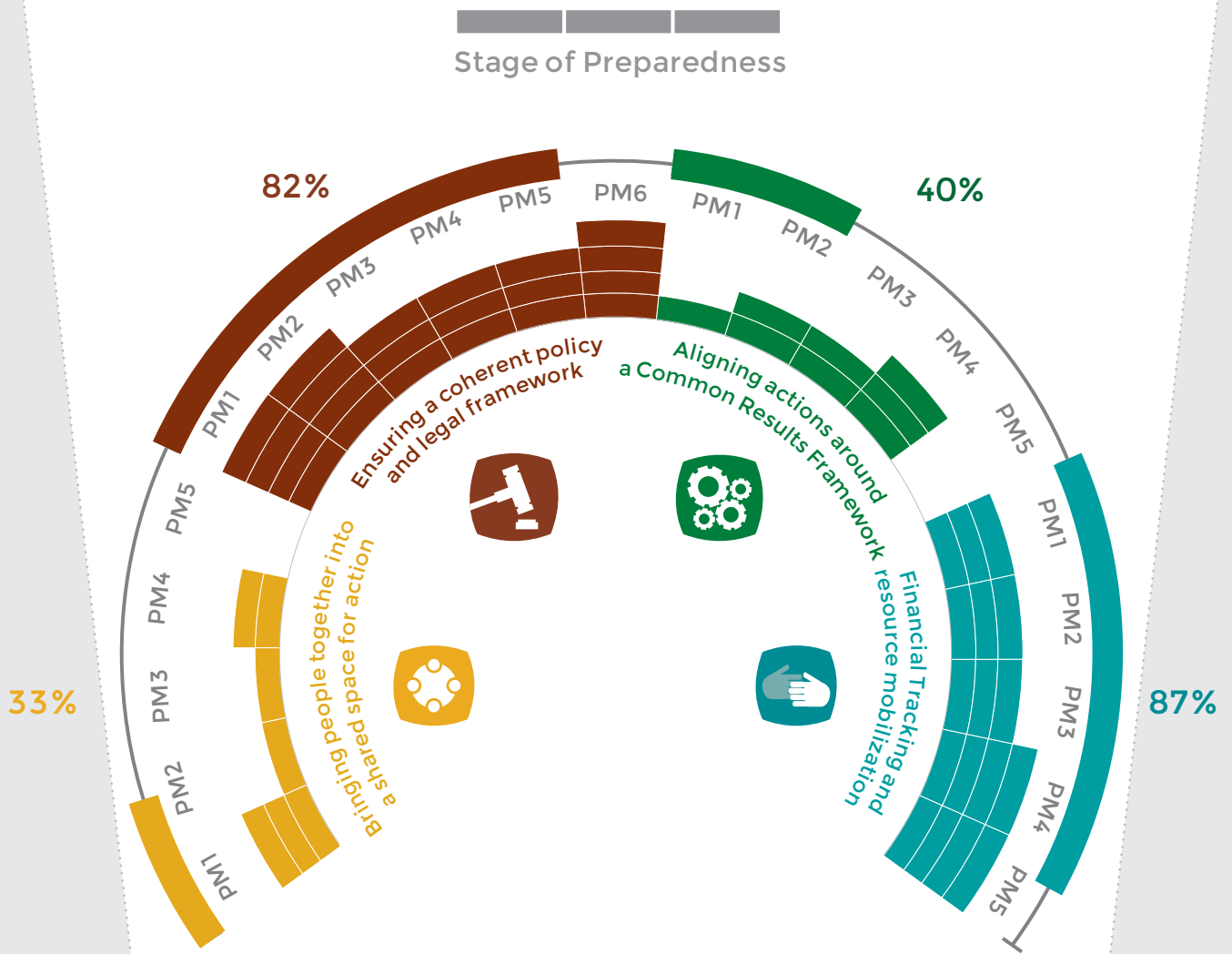
There is a long-term budgetary commitment to maintain and increase financial resources allocated to reducing and preventing chronic child undernutrition. Central government budgets are predictable. The budget allocated to specific actions needs to be quantified according to the public objective and coverage. 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

2012¹ and 2014² Scoring of Progress Markers



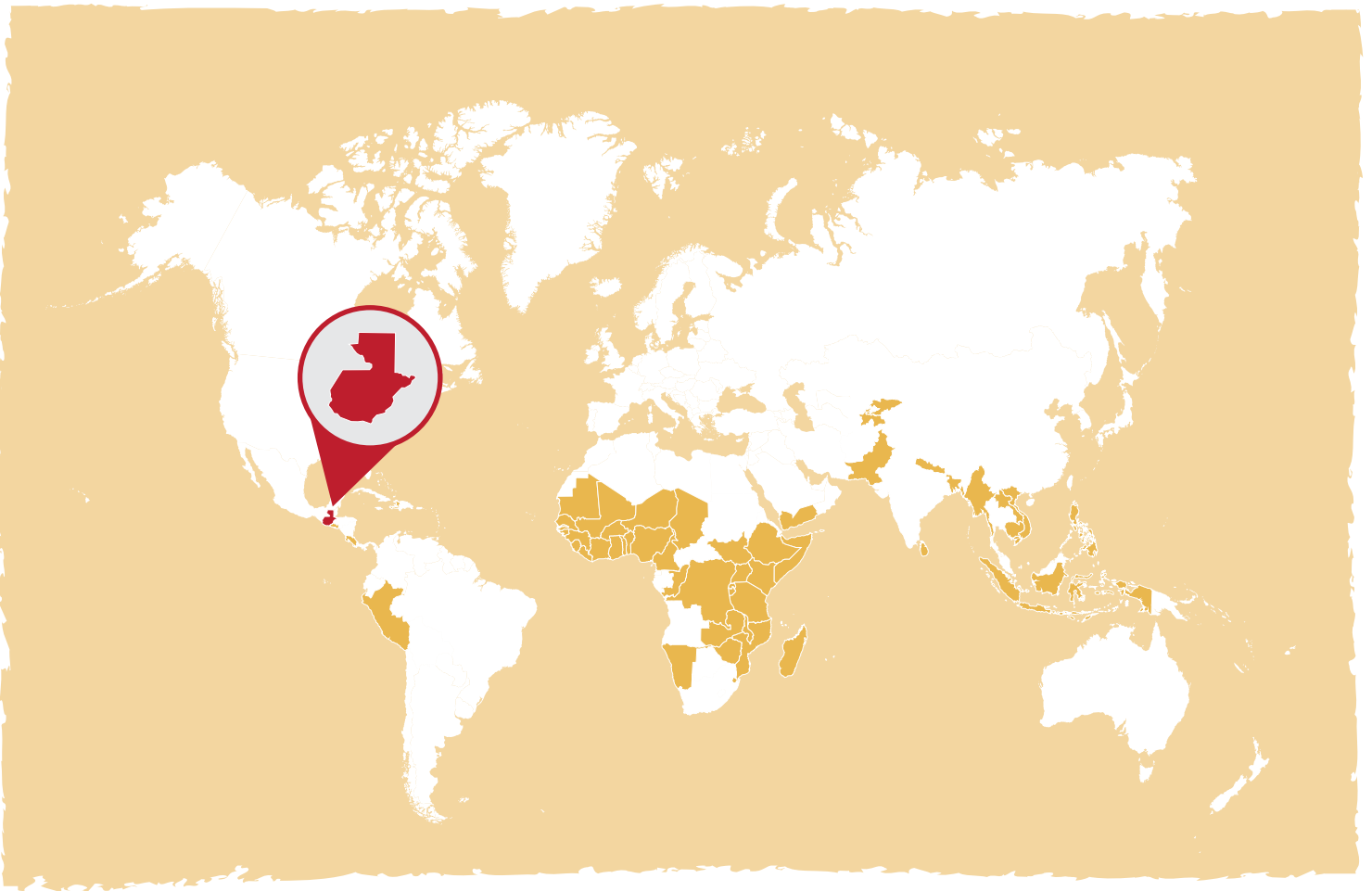
2014 Dashboard for Progress Markers



¹Externally assessed by the SUN Movement Secretariat

²Internally assessed by in-country self-assessment exercise

Guatemala

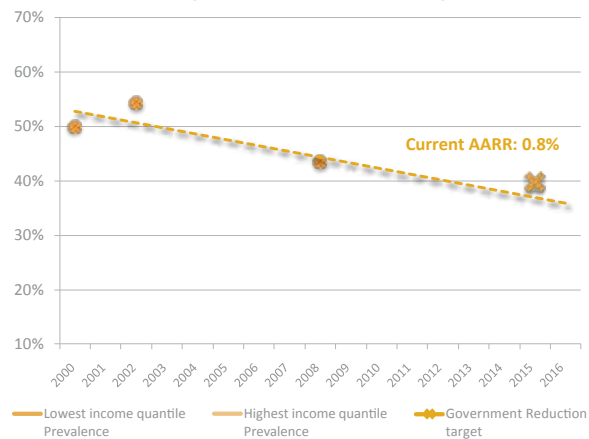


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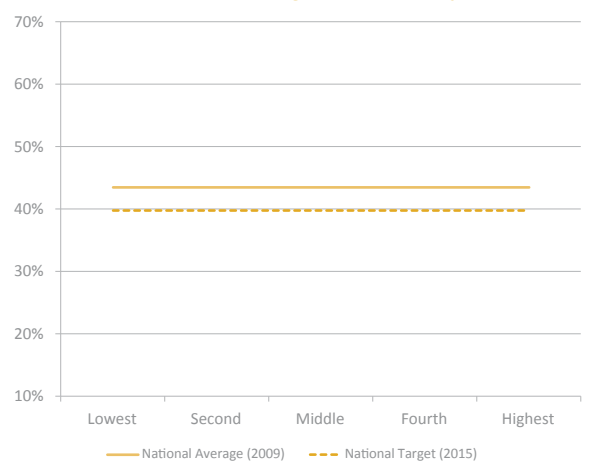


Demographic data	
National Population (million, 2010)	14,3
Children under 5 (million, 2010)	2,2
Adolescent Girls (15-19)(million, 2010)	0,80
Average Number of Births (million, 2010)	0,40
Population growth rate (2010)	2,46%
WHA nutrition target indicators (ENSMI 2008-2009)	
Low-birth weight	11,4%
0-5 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

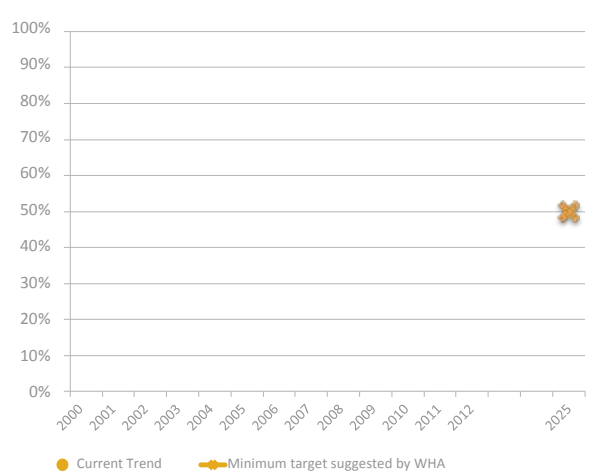
Stunting Reduction Trend and Target



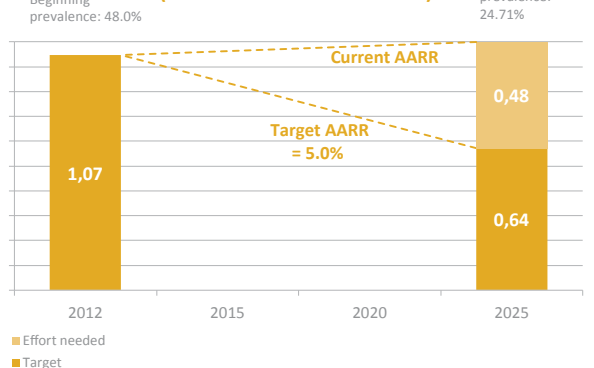
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

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.

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).

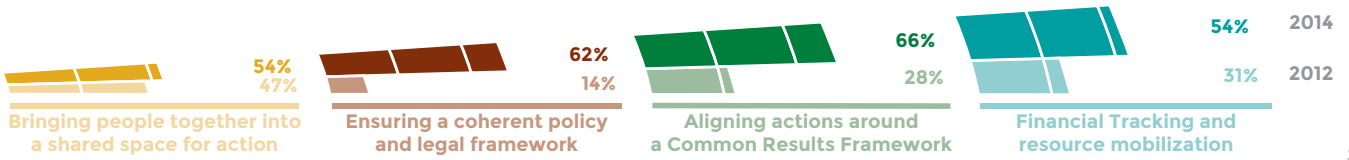
Financial Tracking and resource mobilization

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).

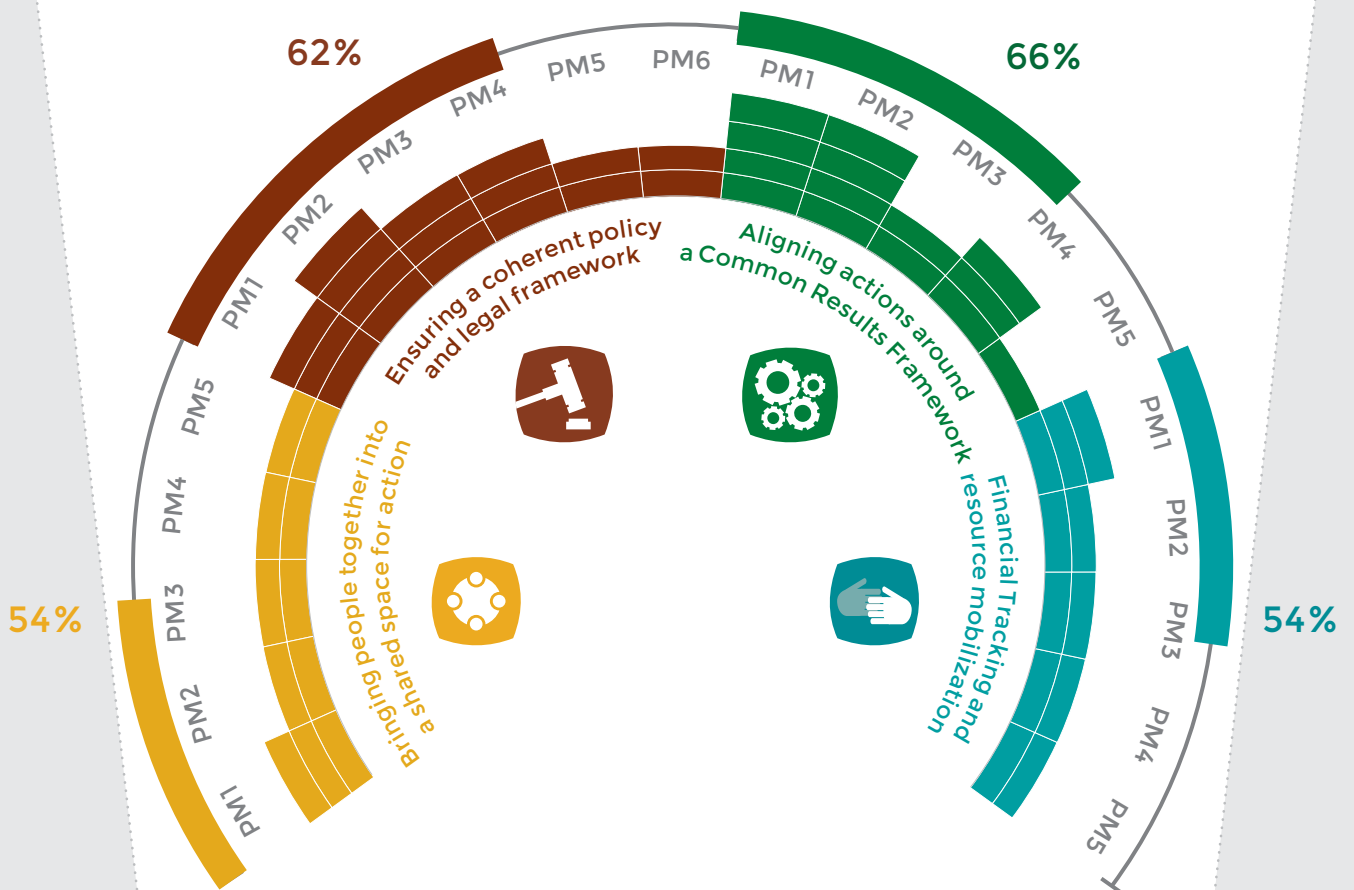
Progress Across Four SUN Processes Guatemala

2012¹ and 2014² Scoring of Progress Markers



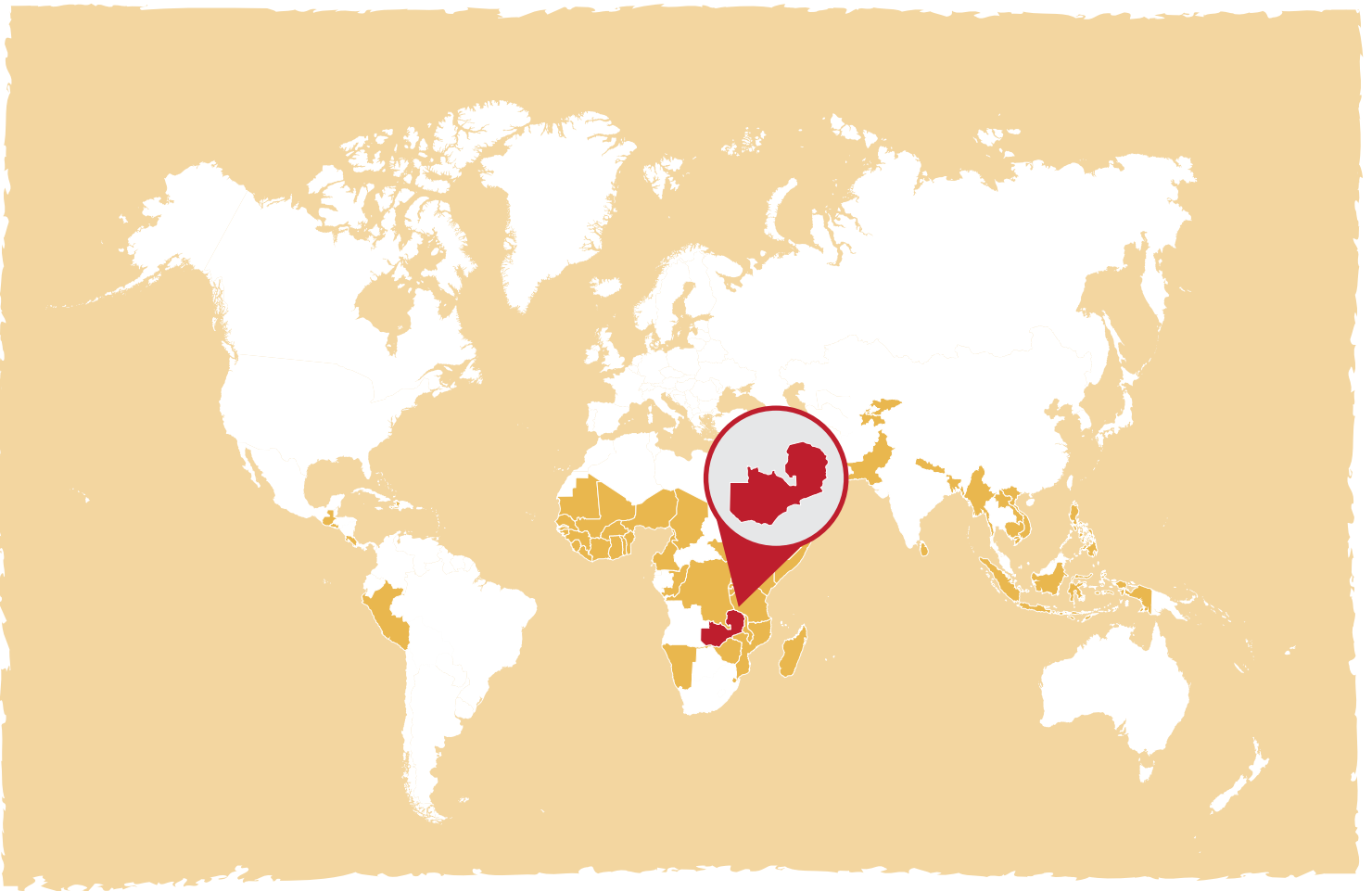
2014 Dashboard for Progress Markers

Stage of Preparedness



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

Zambia

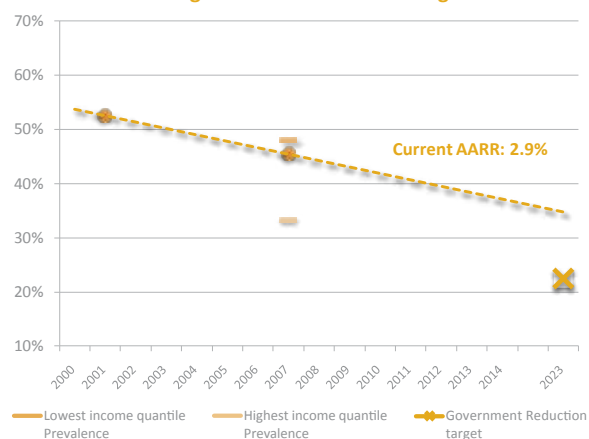


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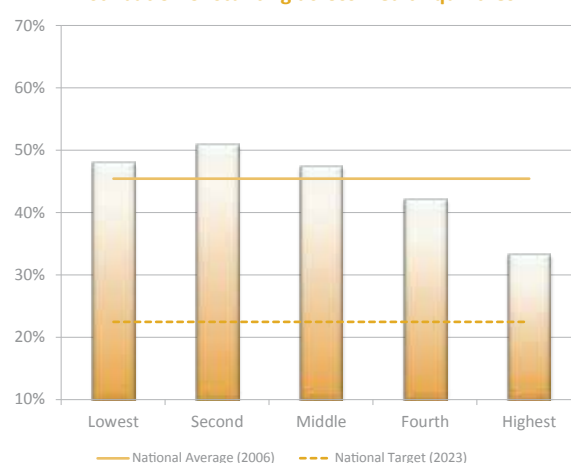


Demographic data	
National Population (million, 2010)	13,2
Children under 5 (million, 2010)	2,4
Adolescent Girls (15-19)(million, 2010)	0,70
Average Number of Births (million, 2010)	0,50
Population growth rate (2010)	2,84%
WHA nutrition target AZ8 (DHS 2007)	
Low-birth weight	4,4%
0-5 months Exclusive 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

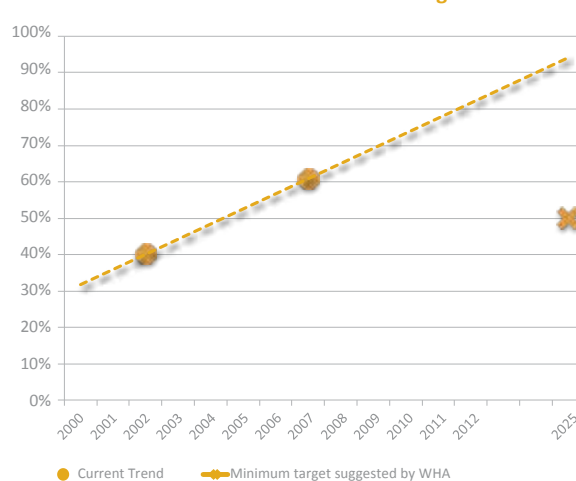
Stunting Reduction Trend and Target



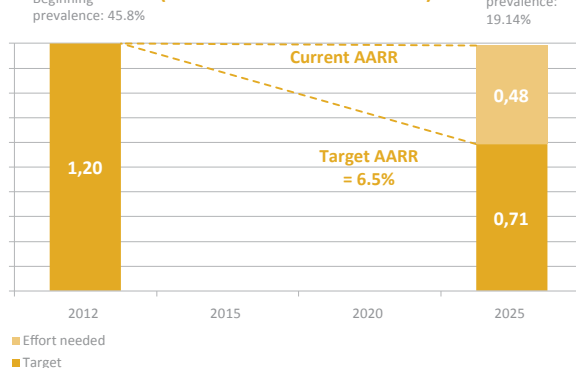
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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-sectoral 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.

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.

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.

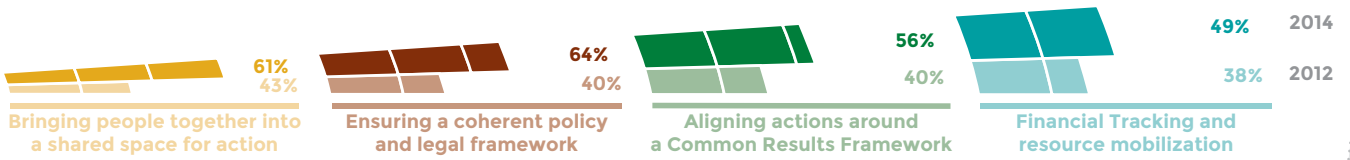
Financial Tracking and resource mobilization

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.

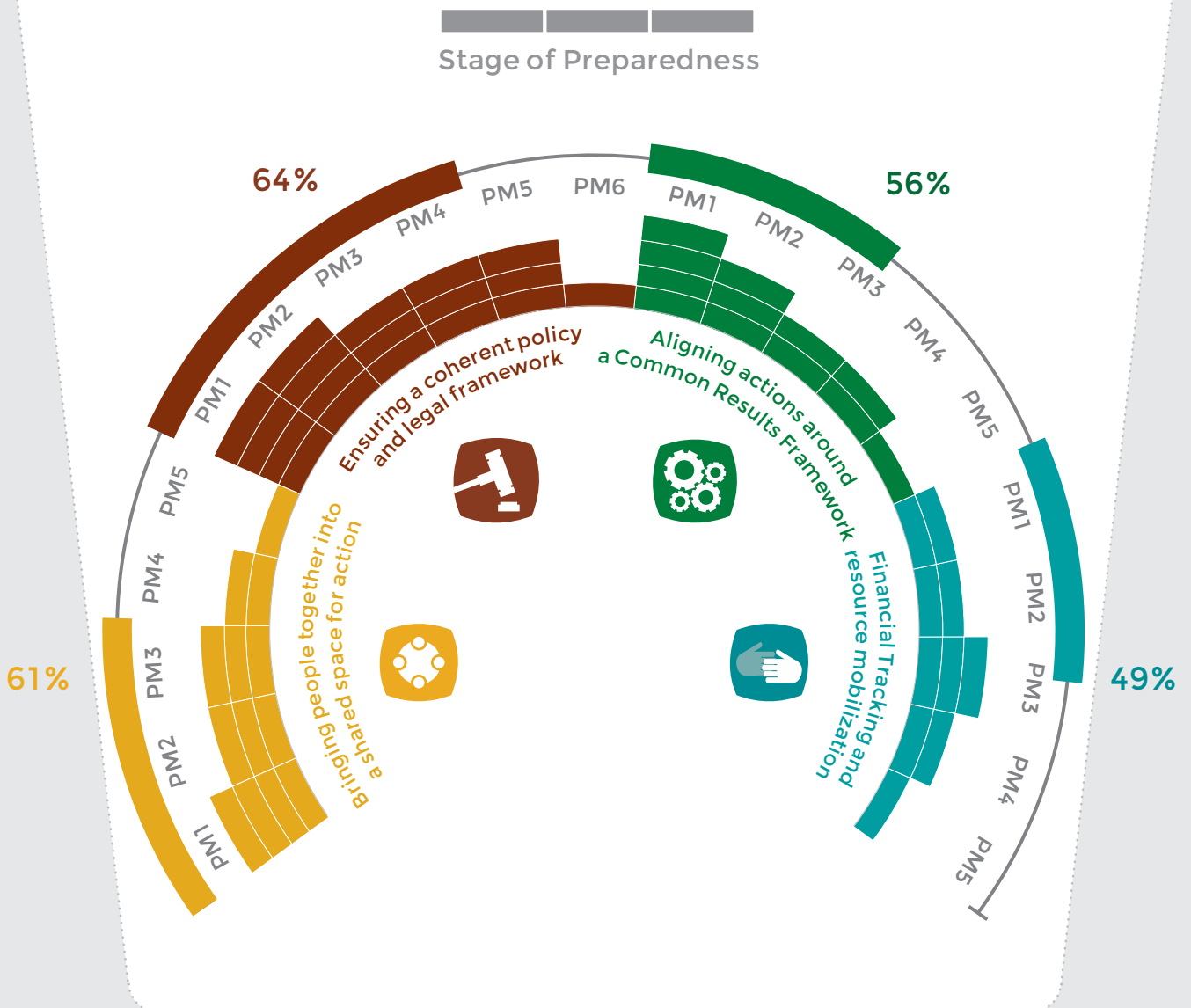
The Zambian Government commits to increase financial contributions to nutrition by at least 20% annually for the next 10 years and to reach the estimated additional USD30 per U5 child required to scale up high impact nutrition interventions. Zambia has developed the Nutrition Trust Fund, a pooled fund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

Progress Across Four SUN Processes Zambia

2012¹ and 2014² Scoring of Progress Markers



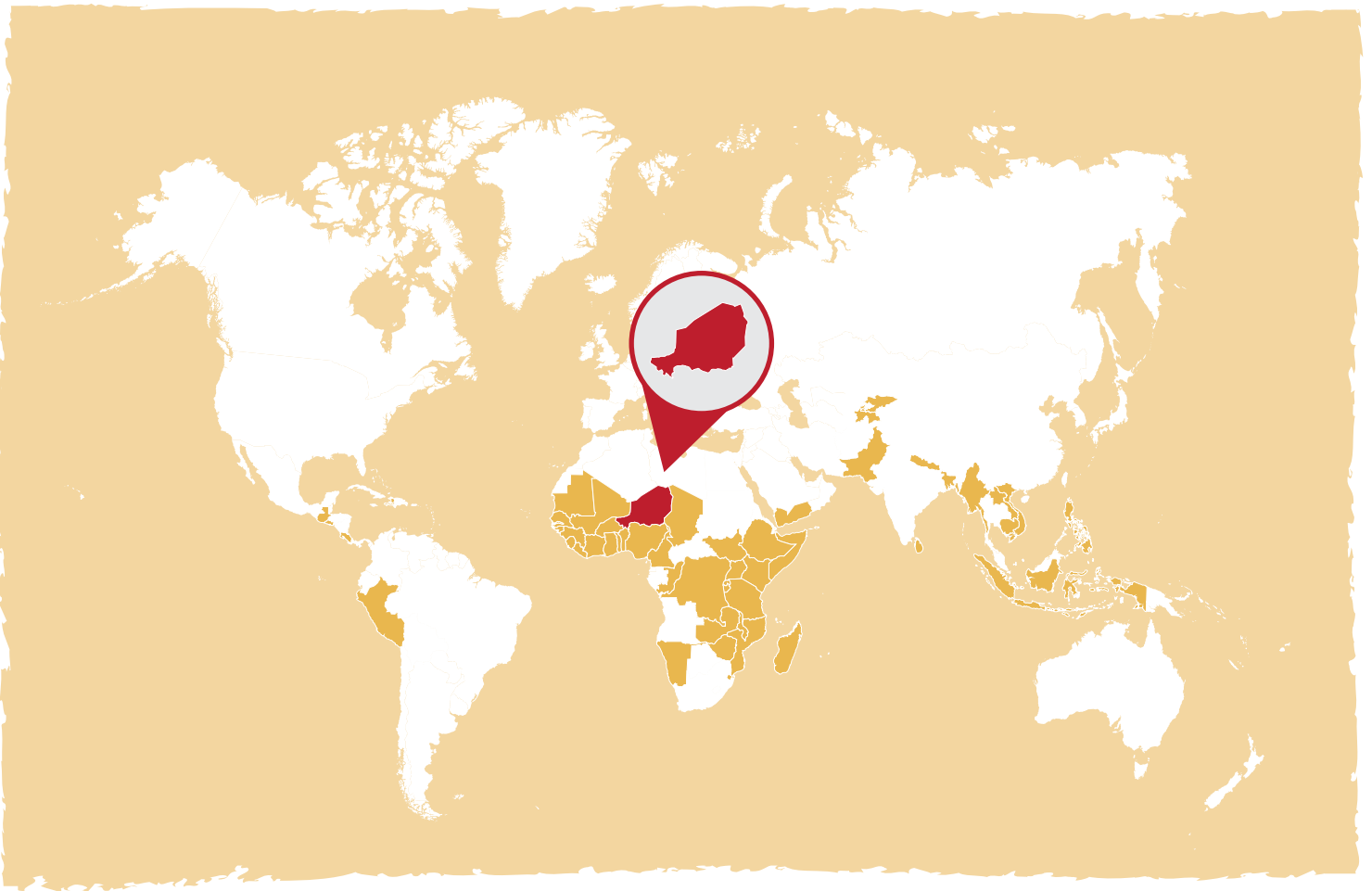
2014 Dashboard for Progress Markers



¹Externally assessed by the SUN Movement Secretariat

²Externally assessed by the SUN Movement Secretariat

Niger

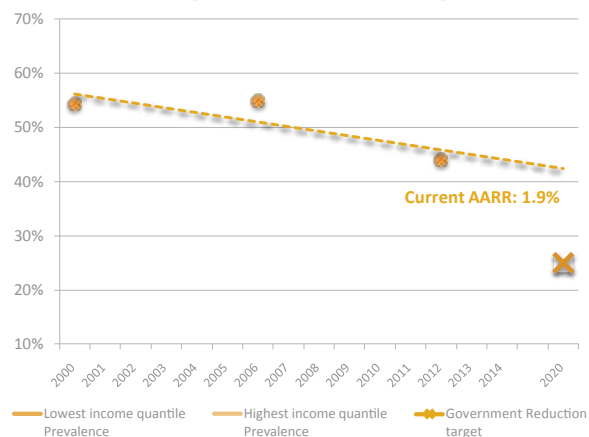


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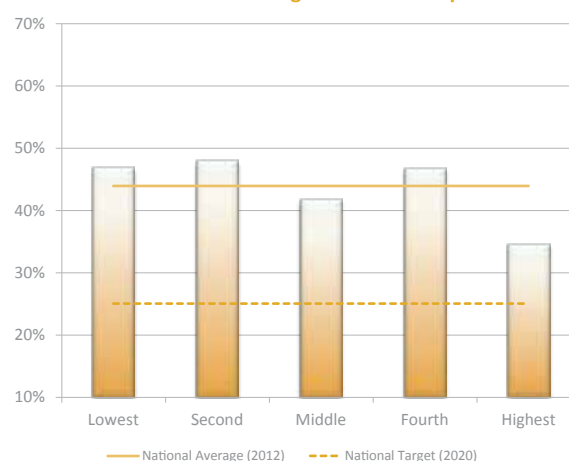


Demographic data	
National Population (million, 2010)	15,9
Children under 5 (million, 2010)	3,3
Adolescent Girls (15-19)(million, 2010)	0,80
Average Number of Births (million, 2010)	0,70
Population growth rate (2010)	3,74%
WHA nutrition target indicators (DHS 2012)	
Low-birth weight	12,0%
0-5 months 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

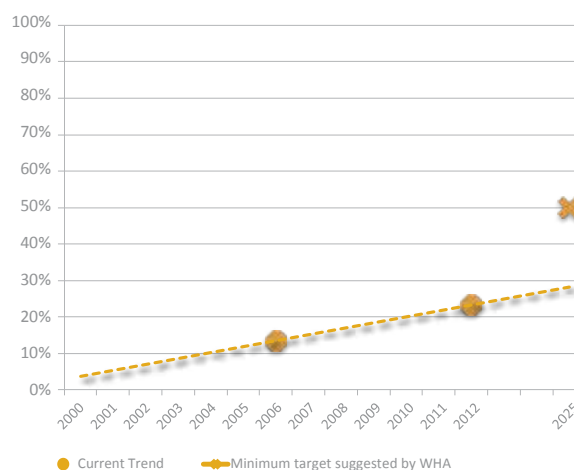
Stunting Reduction Trend and Target



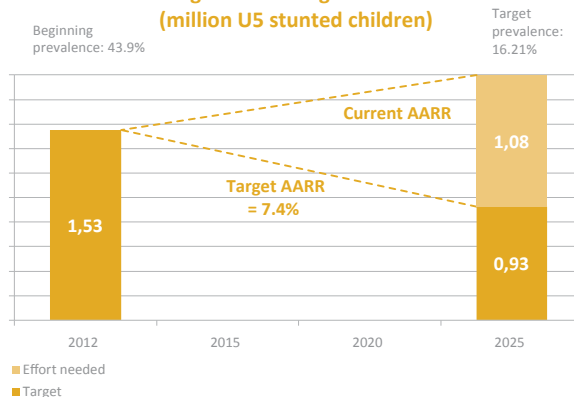
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

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.

Ensuring a coherent policy and legal framework

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

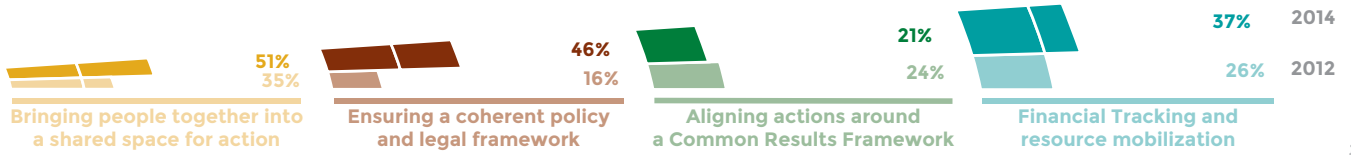
An innovative approach bringing all sectors together in the same place and at the same time with the Commune as an entry point has been implemented. 35 communes known as convergence communes are identified for this purpose (11 in 2014, 12 in 2015 and 12 in 2016). This approach is implemented in the 11 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.

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.

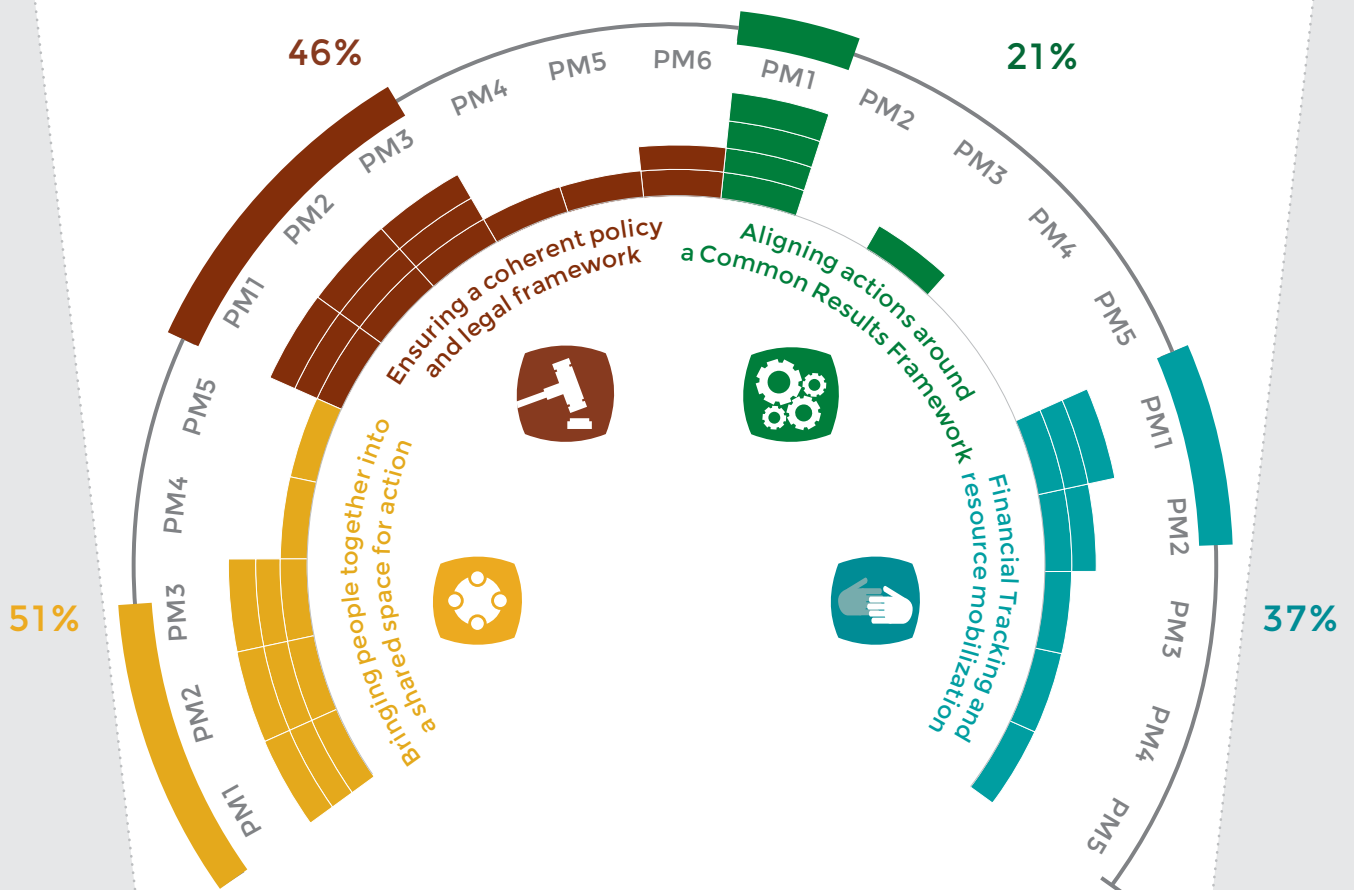
Progress Across Four SUN Processes Niger

2012¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

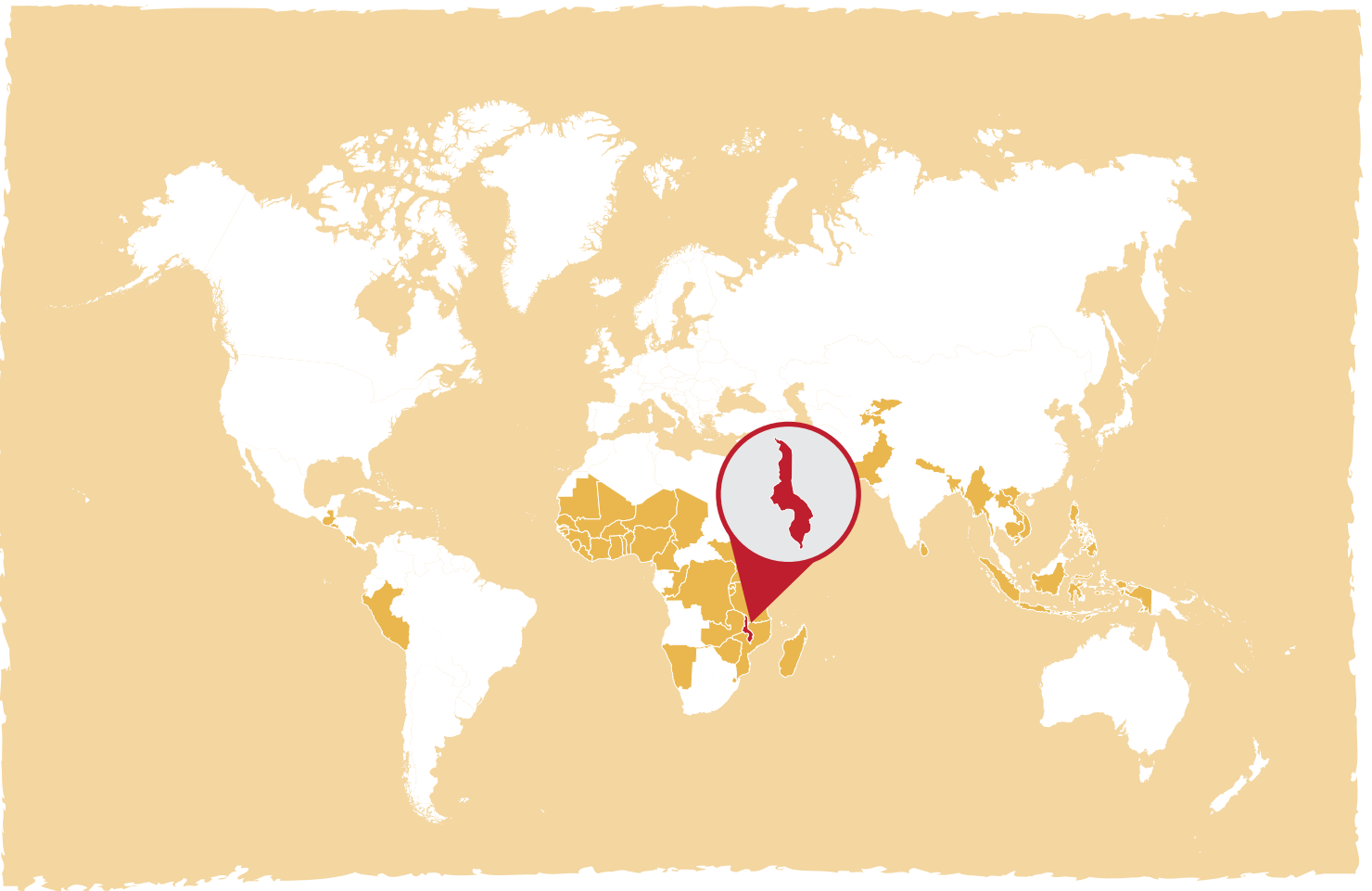
Stage of Preparedness



¹Externally assessed by the SUN Movement Secretariat

²Internally assessed by in-country self-assessment exercise

Malawi

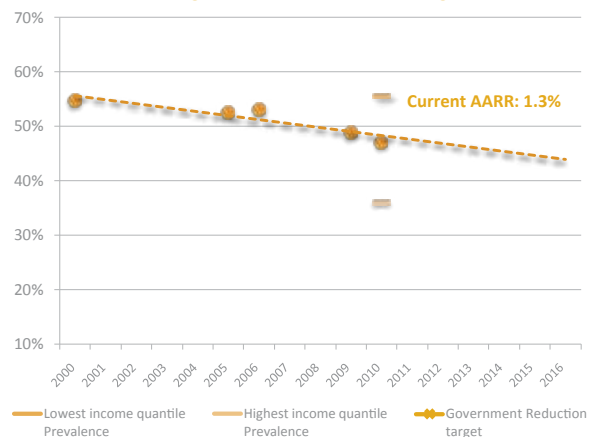


Joined: March 2011

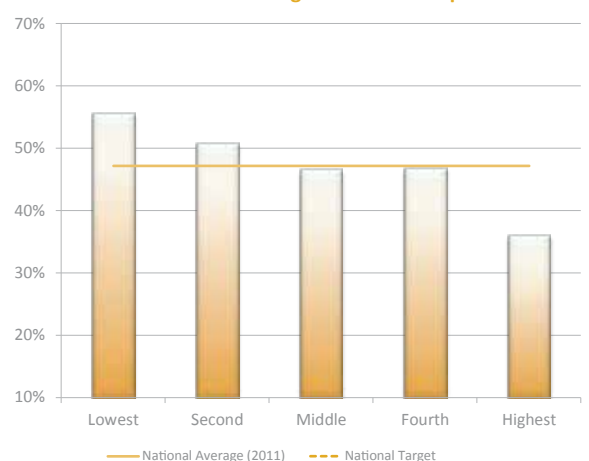


Demographic data	
National Population (million, 2010)	15
Children under 5 (million, 2010)	2,7
Adolescent Girls (15-19)(million, 2010)	0,80
Average Number of Births (million, 2010)	0,60
Population growth rate (2010)	3,00%
WHA nutrition target indicators (DHS 2010)	
Low-birth weight	12,3%
0-5 months Exclusive 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

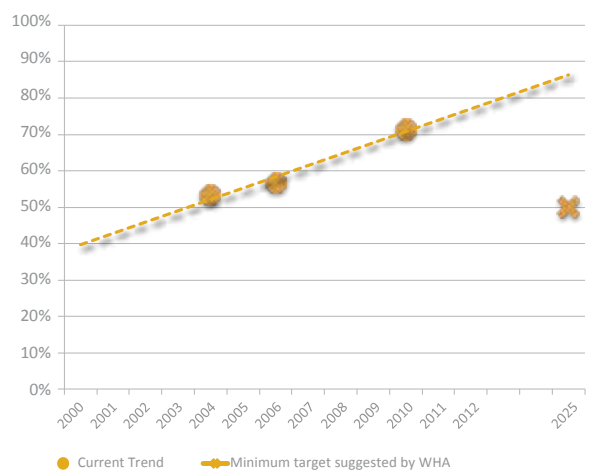
Stunting Reduction Trend and Target



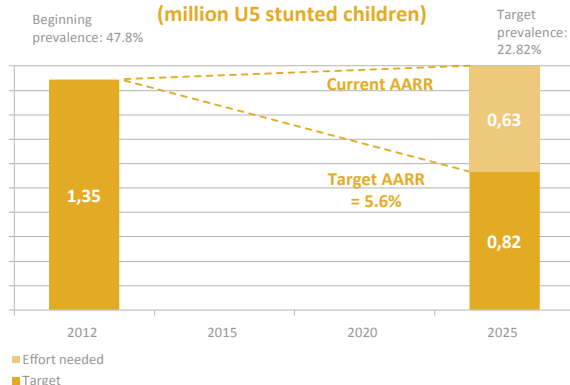
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

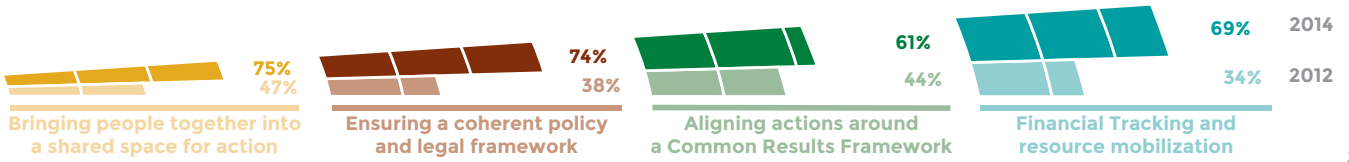
The national legislation with a bearing on nutrition covers salt iodization, fortification of centrally processed foods and consumer protection. The New Labour Act has increased maternity leave to 12 weeks in the public sector and 8 weeks in the private sector. Many provisions for the implementation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

Financial Tracking and resource mobilization

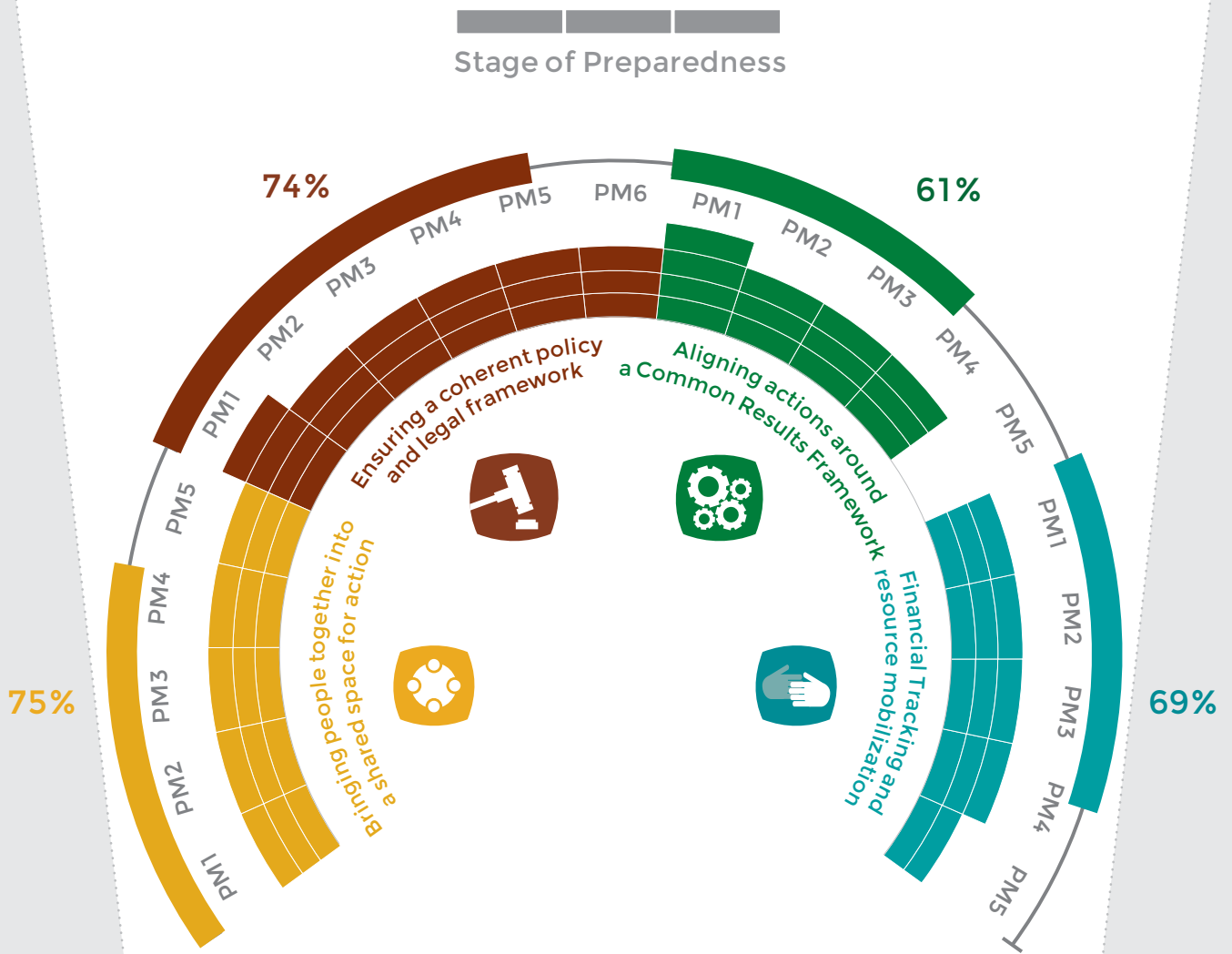
A pooled fund has been set up with WB and CIDA in support of 15 of the 28 districts, while USAID, UNICEF, Irish Aid and WFP support other districts. Plans are underway to conduct resource mapping at national and district levels and to come up with a web-based tracking tool with support from the SUN Secretariat. 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

2012¹ and 2014² Scoring of Progress Markers

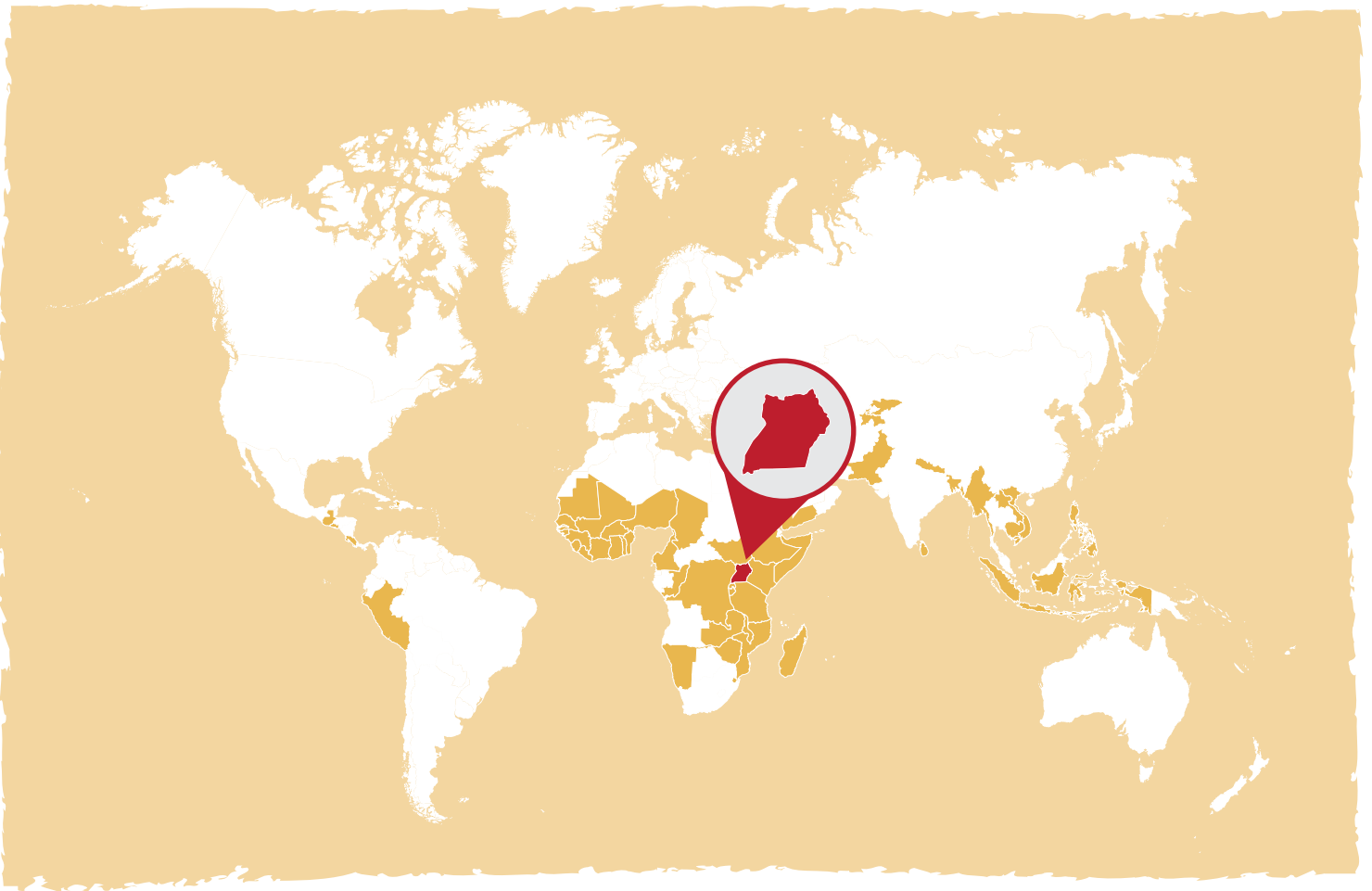


2014 Dashboard for Progress Markers



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

Uganda

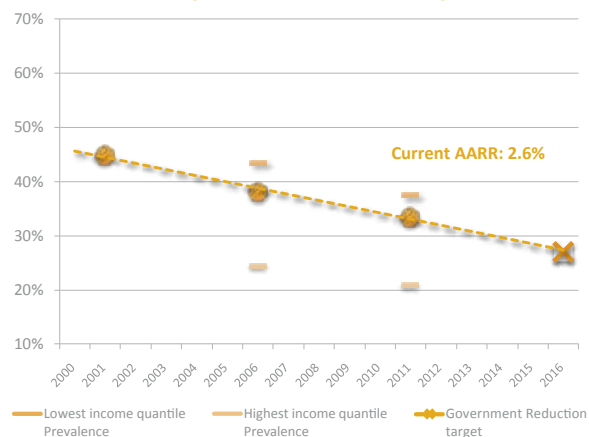


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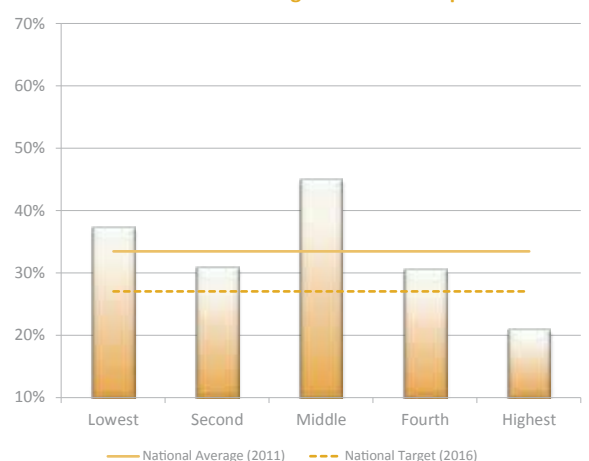


Demographic data	
National Population (million, 2010)	34
Children under 5 (million, 2010)	6,6
Adolescent Girls (15-19)(million, 2010)	1,90
Average Number of Births (million, 2010)	1,40
Population growth rate (2010)	3,36%
WHA nutrition target indicators (DHS 2011)	
Low-birth weight	10,2%
0-5 months Exclusive 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

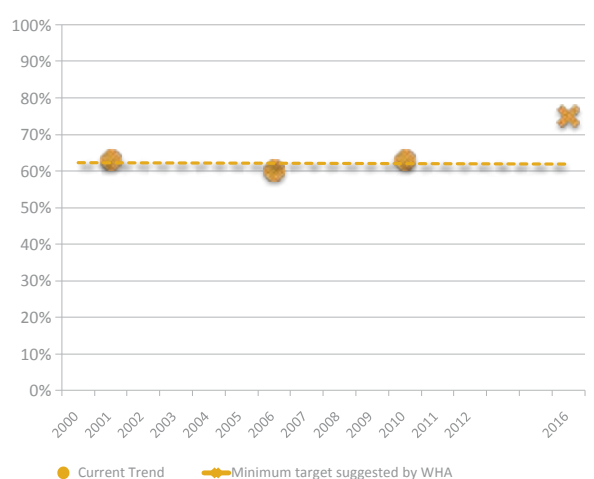
Stunting Reduction Trend and Target



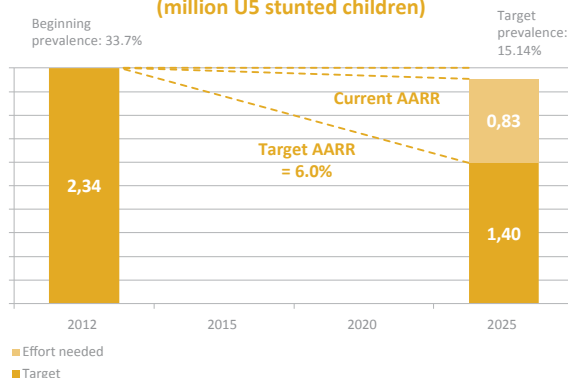
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

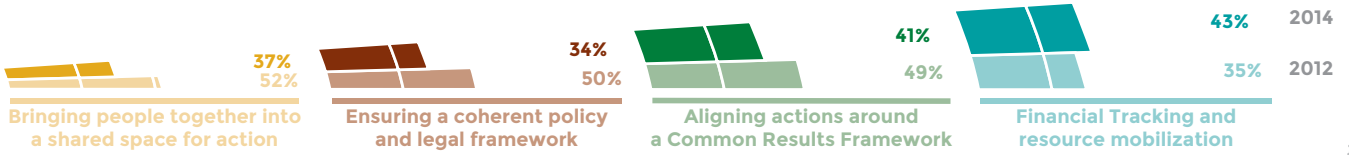
Existing national legislation with a bearing on nutrition include mandatory food fortification. The International Code of Marketing of Breast-milk Substitutes has been updated.

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.

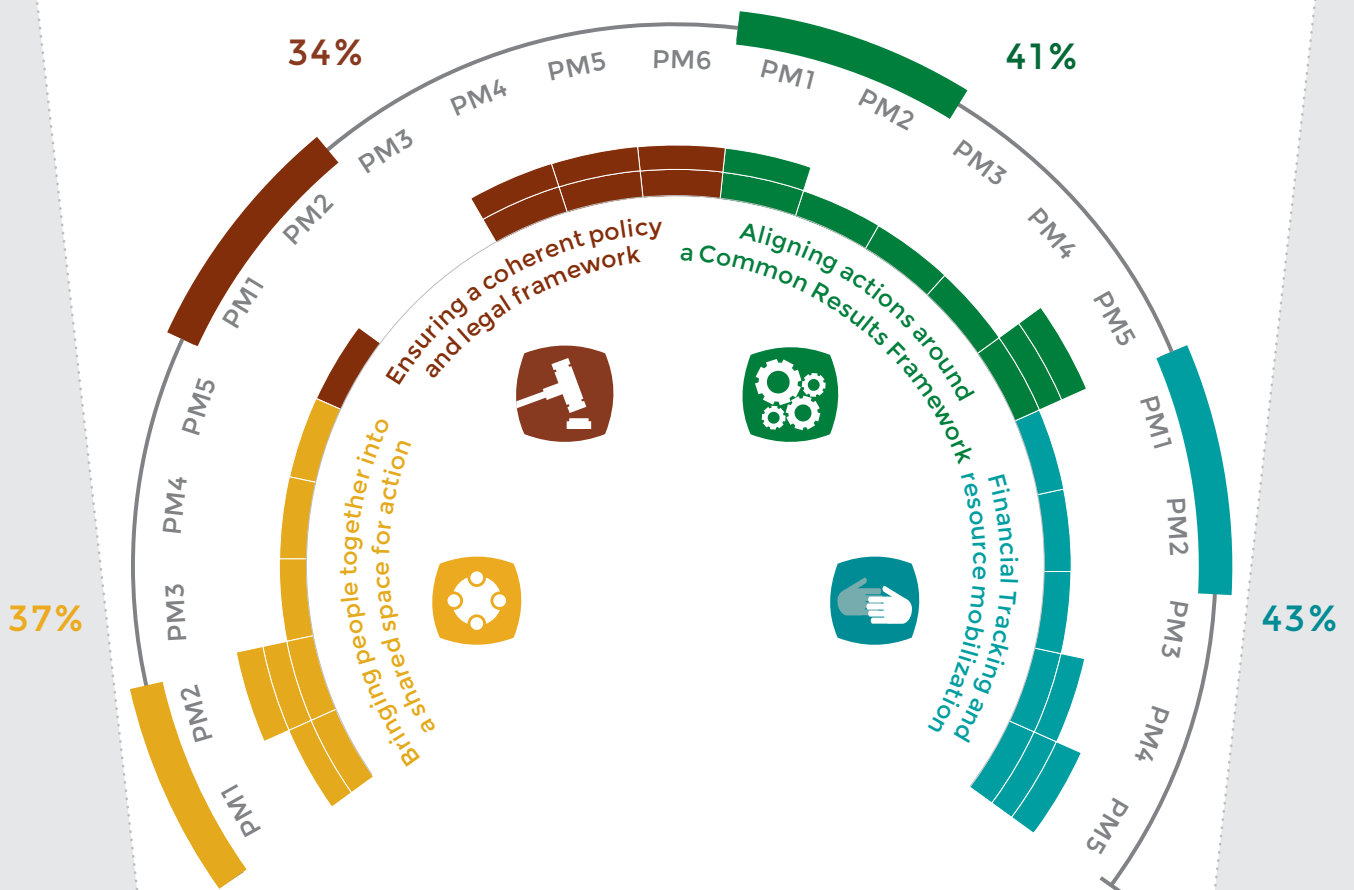
Progress Across Four SUN Processes Uganda

2012¹ and 2014² Scoring of Progress Markers



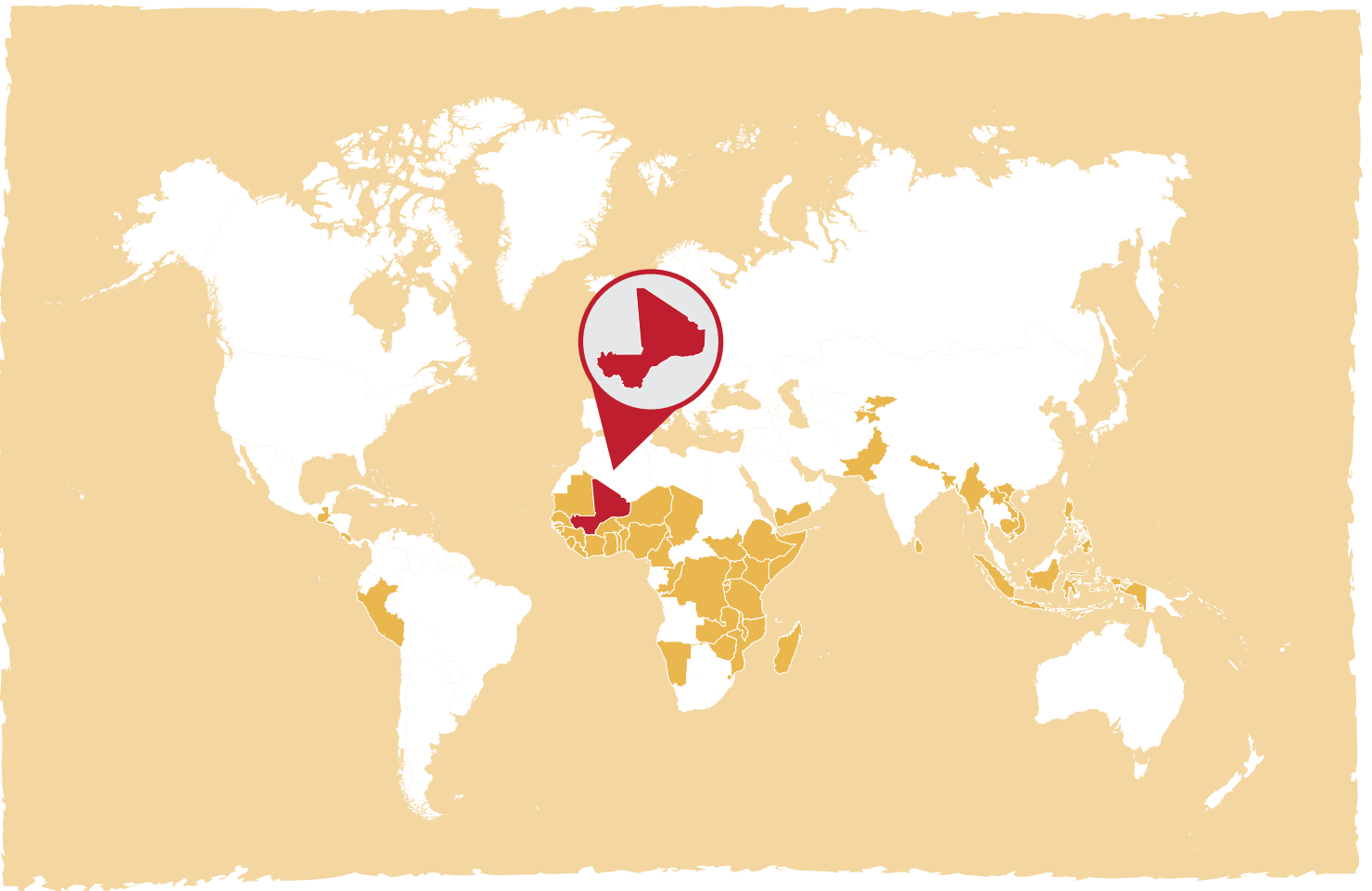
2014 Dashboard for Progress Markers

Stage of Preparedness



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

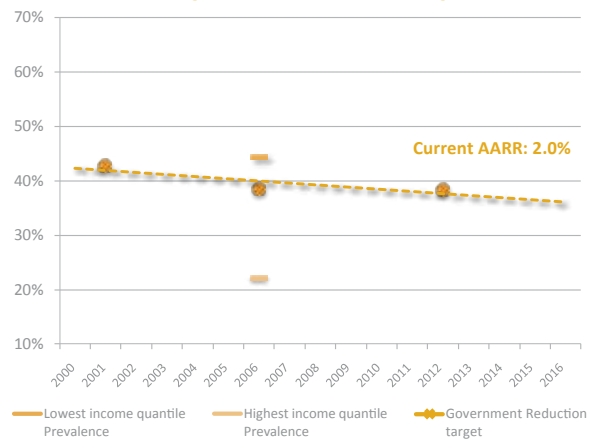
Mali



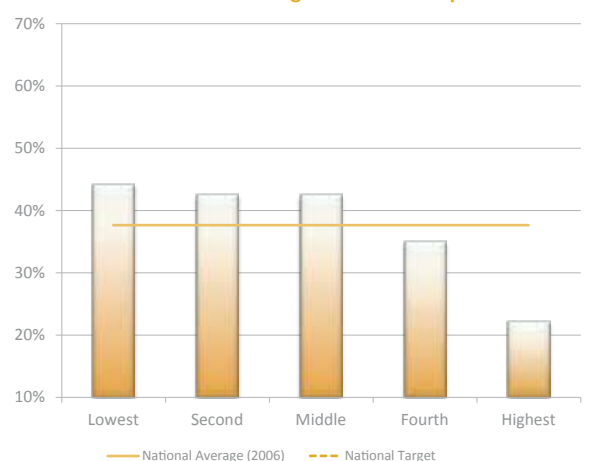
Joined: March 2011

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

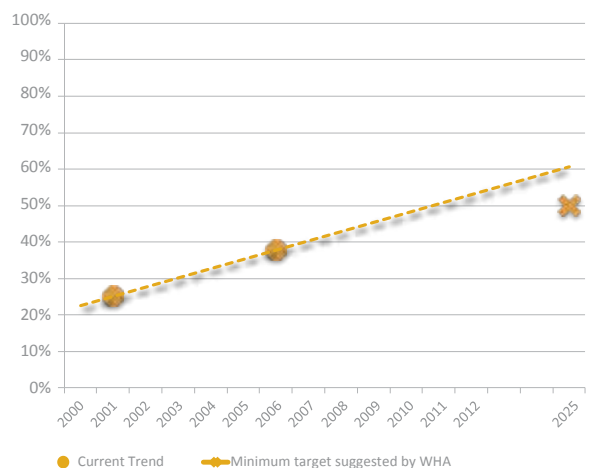
Stunting Reduction Trend and Target



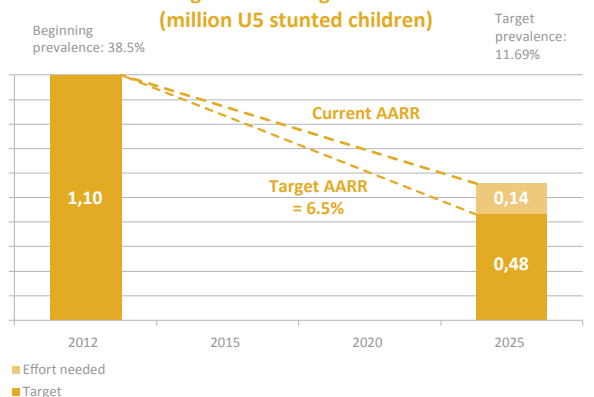
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

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.

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.

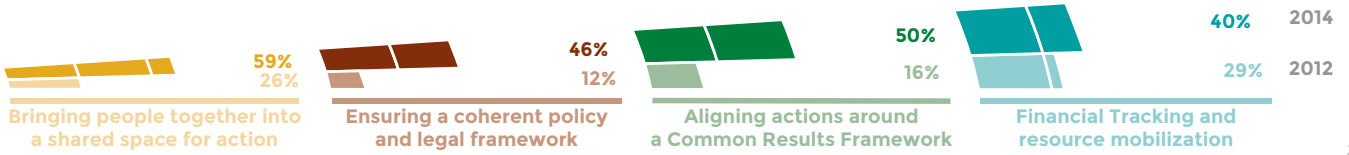
Financial Tracking and resource mobilization

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.

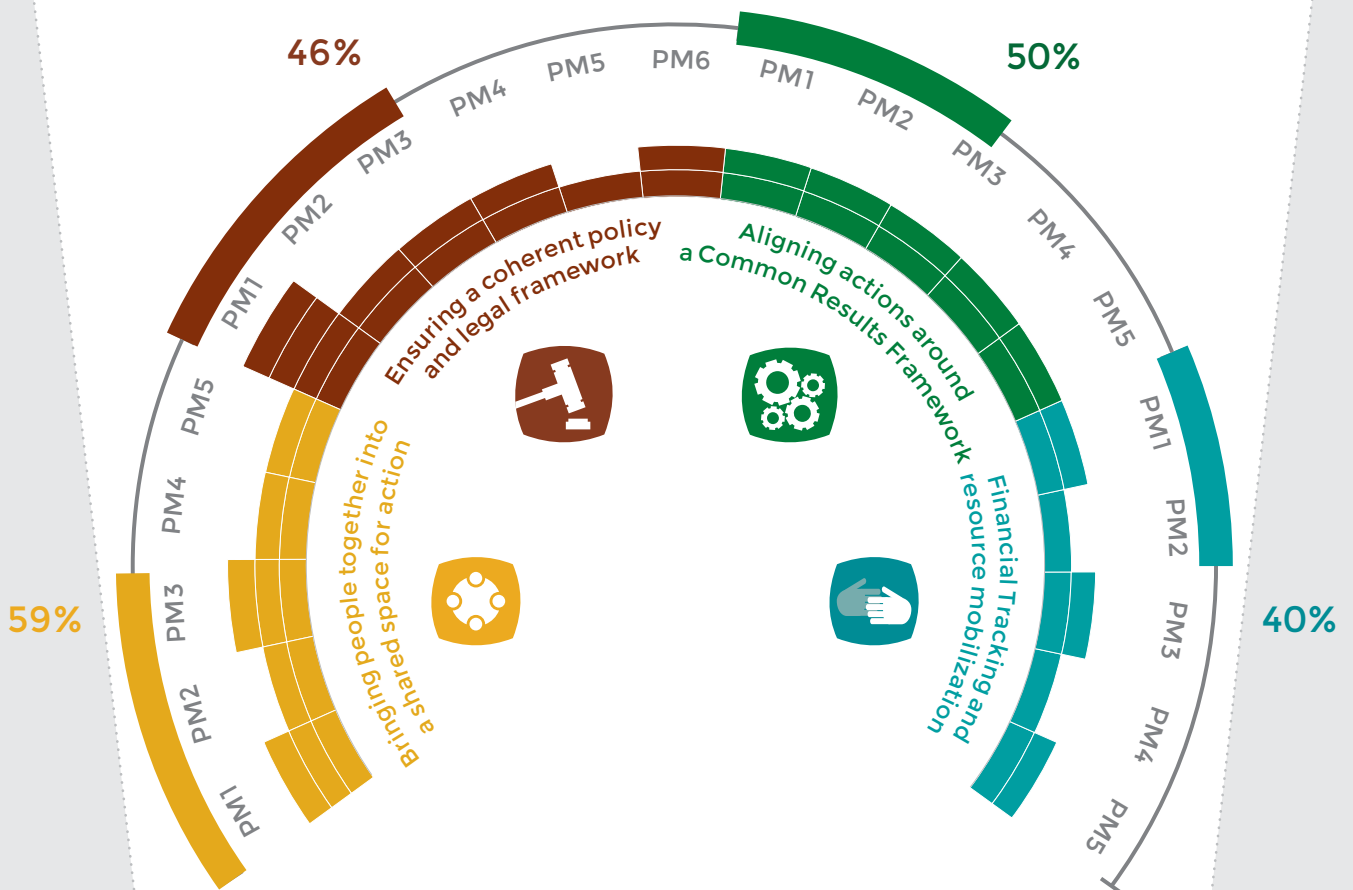
Progress Across Four SUN Processes Mali

2012¹ and 2014² Scoring of Progress Markers



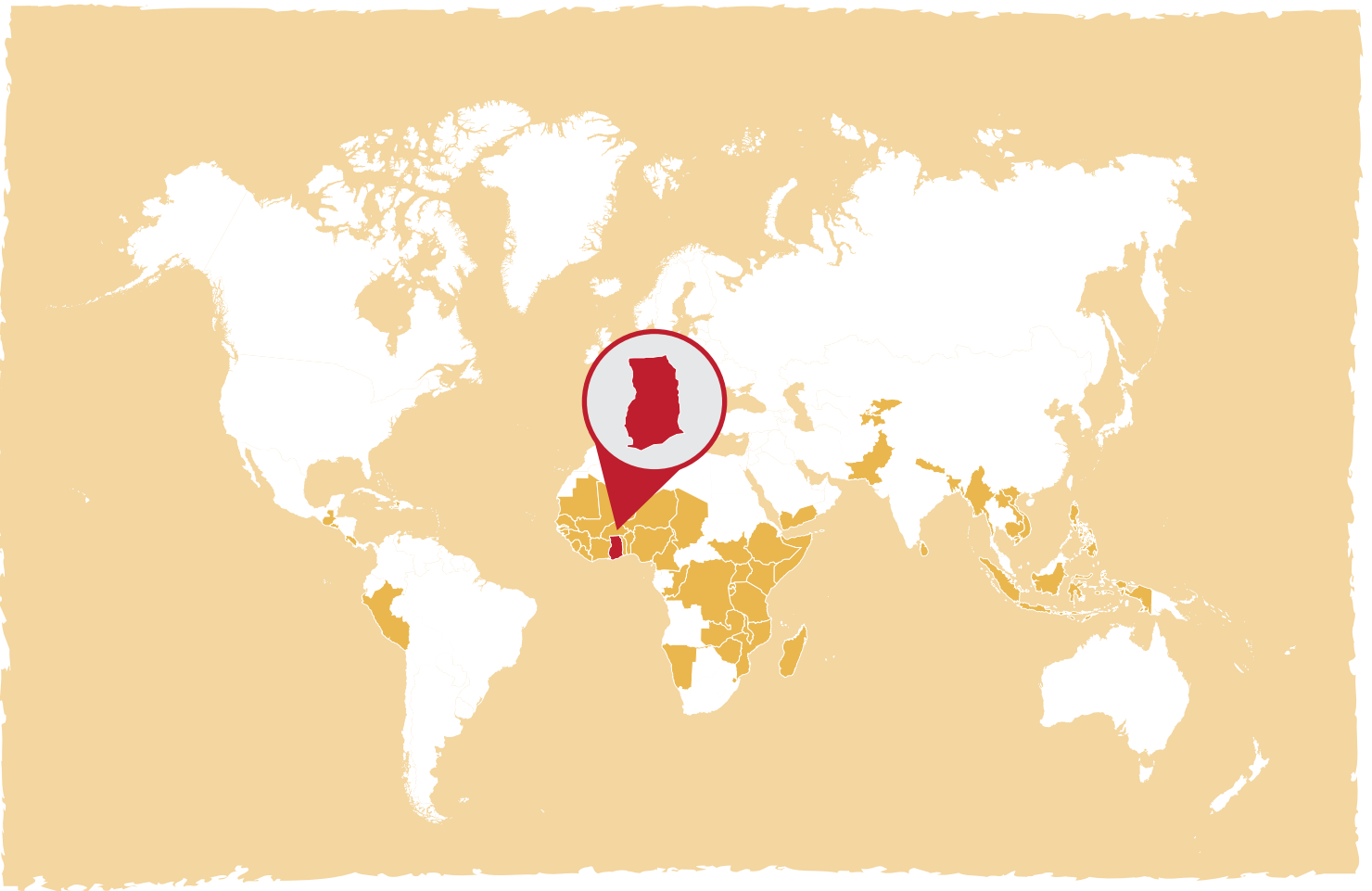
2014 Dashboard for Progress Markers

Stage of Preparedness



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Ghana

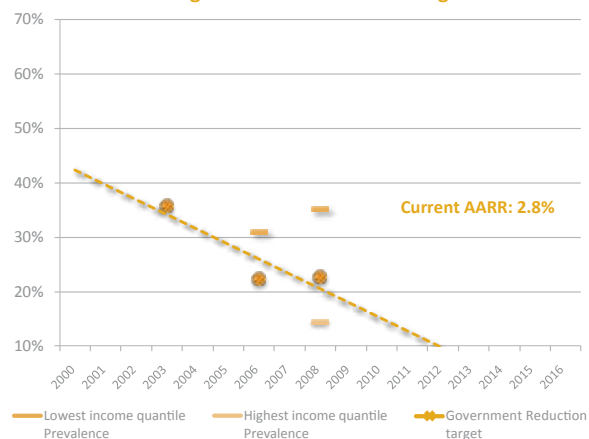


Joined: March 2011

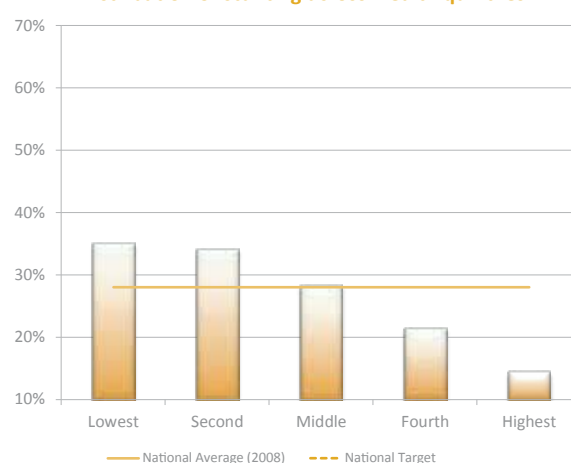


Demographic data	
National Population (million, 2010)	24,3
Children under 5 (million, 2010)	3,5
Adolescent Girls (15-19)(million, 2010)	1,30
Average Number of Births (million, 2010)	0,80
Population growth rate (2010)	2,53%
WHA nutrition target indicators (DHS 2008)	
Low-birth weight	10,0%
0-5 months 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

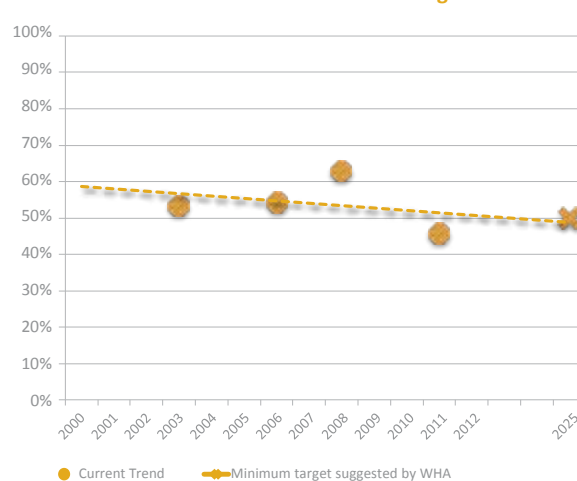
Stunting Reduction Trend and Target



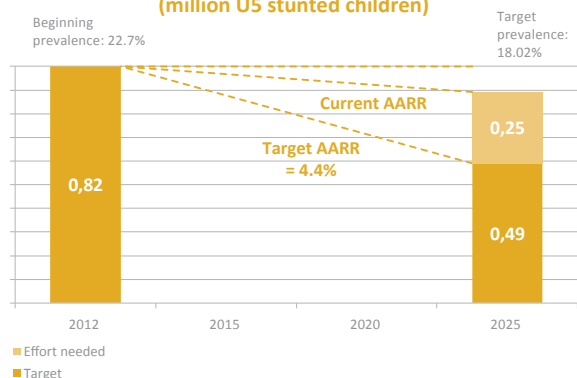
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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

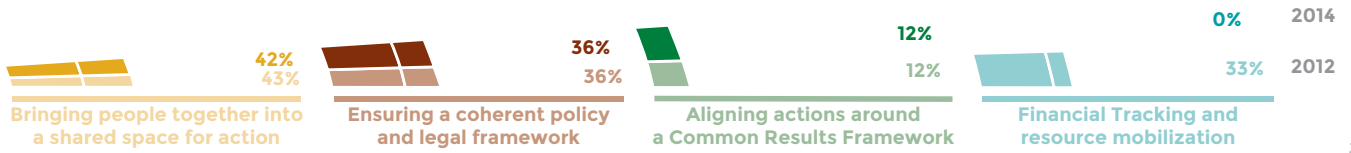
Note: no score was provided for this process.

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.

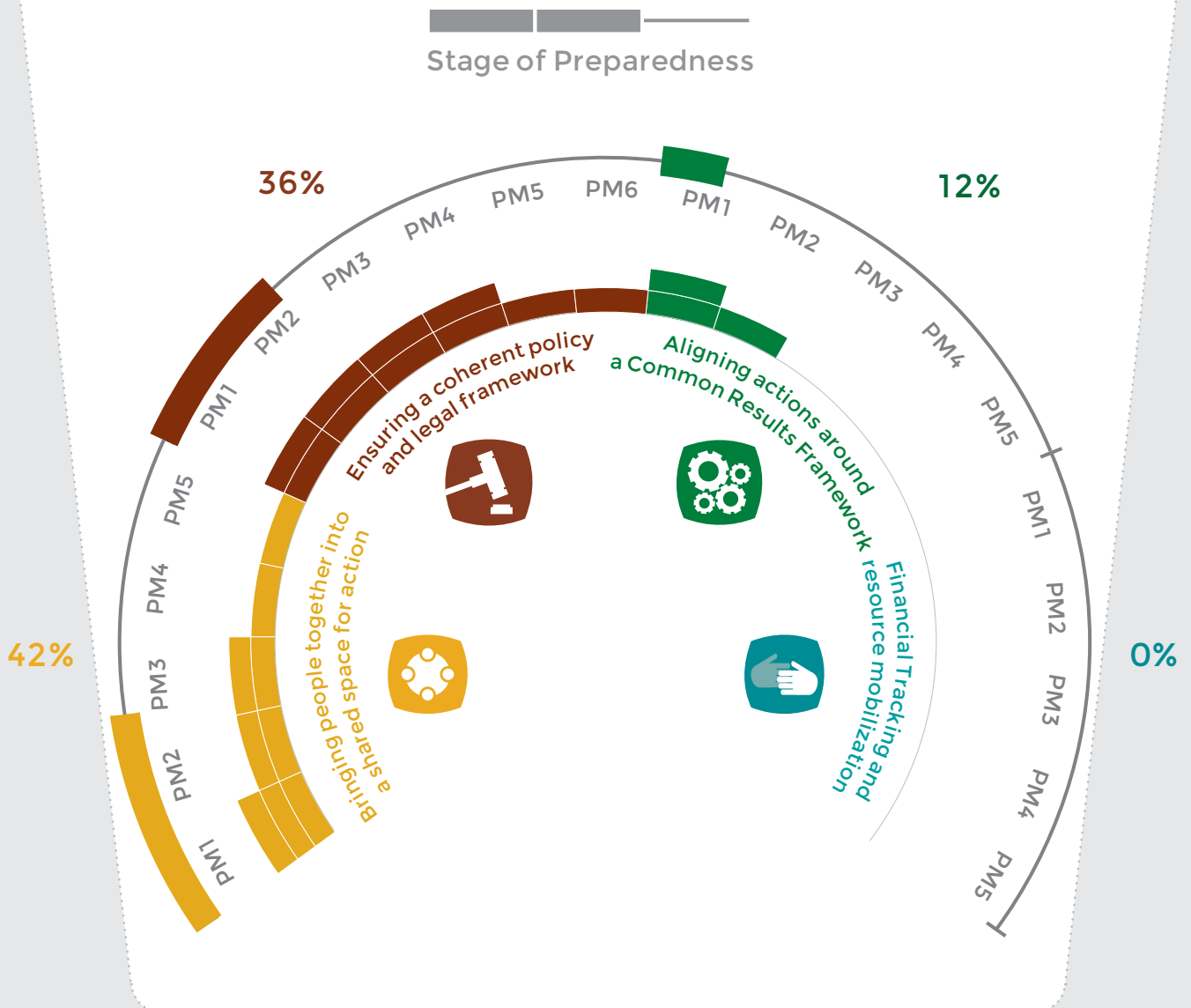
The Ghana Integrated Financial Management Information System (GIFMIS) was introduced by the Ministry of Finance to better account for, and monitor expenditure in the public sector, through an electronic accounting system. A team from MQSUN is supporting the National Development Planning Commission to 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

2012¹ and 2014² Scoring of Progress Markers



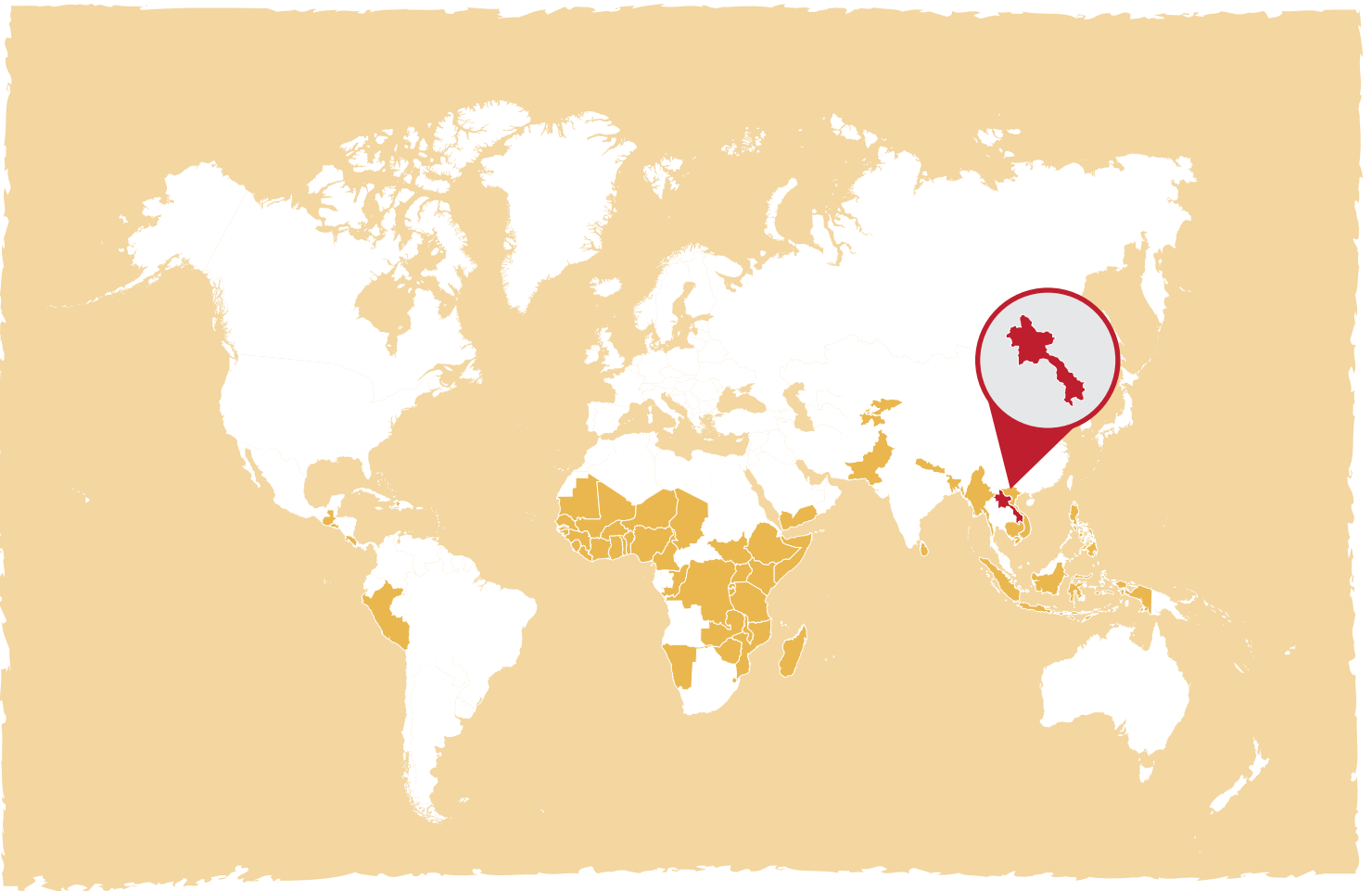
2014 Dashboard for Progress Markers



¹Externally assessed by the SUN Movement Secretariat

²Internally assessed by in-country self-assessment exercise

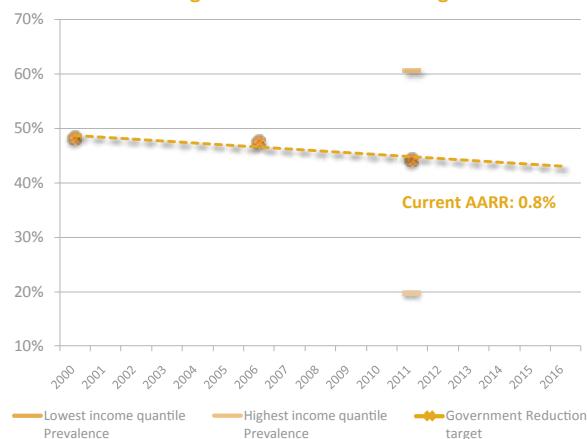
Lao, PDR



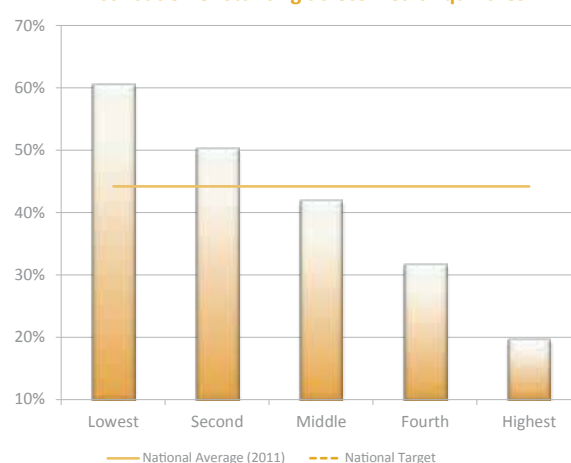
Joined: April 2011

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)	-

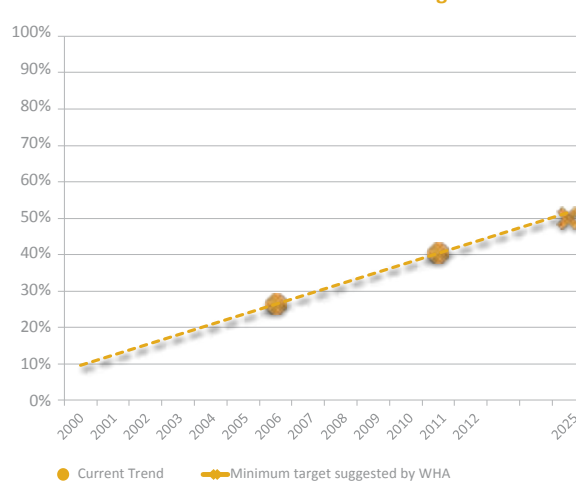
Stunting Reduction Trend and Target



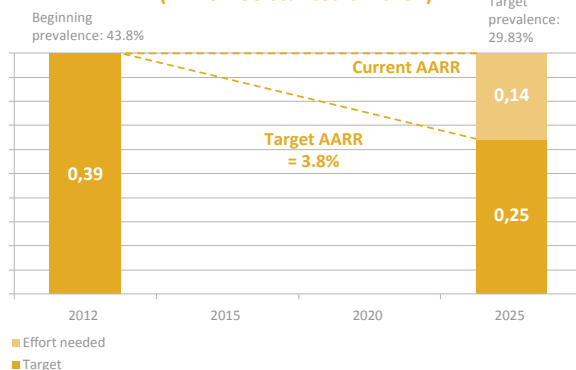
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

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.

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.

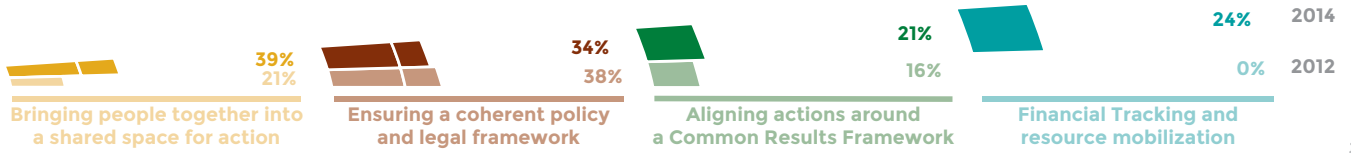
Financial Tracking and resource mobilization

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.

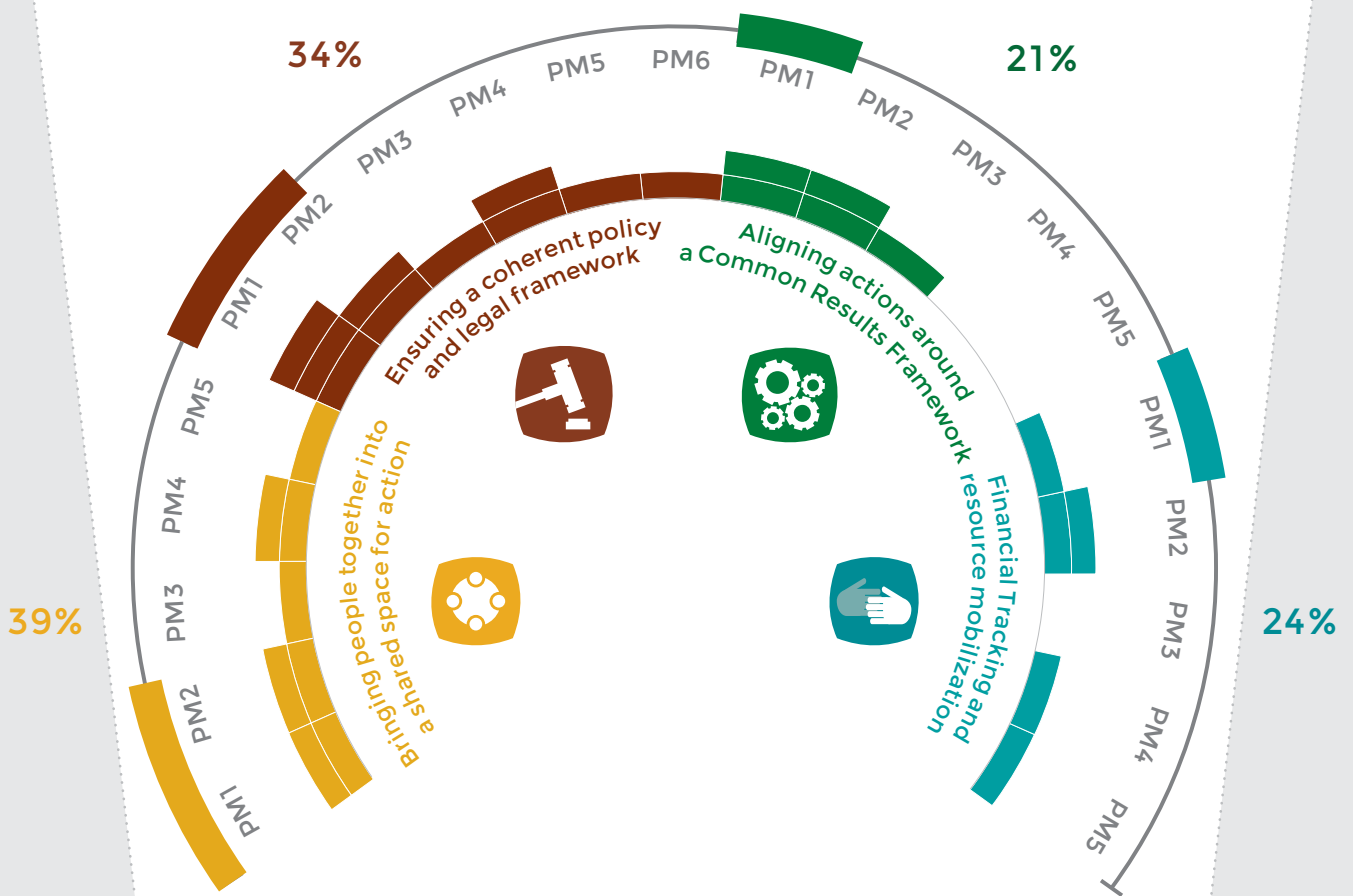
Progress Across Four SUN Processes Lao, PDR

2012¹ and 2014² Scoring of Progress Markers



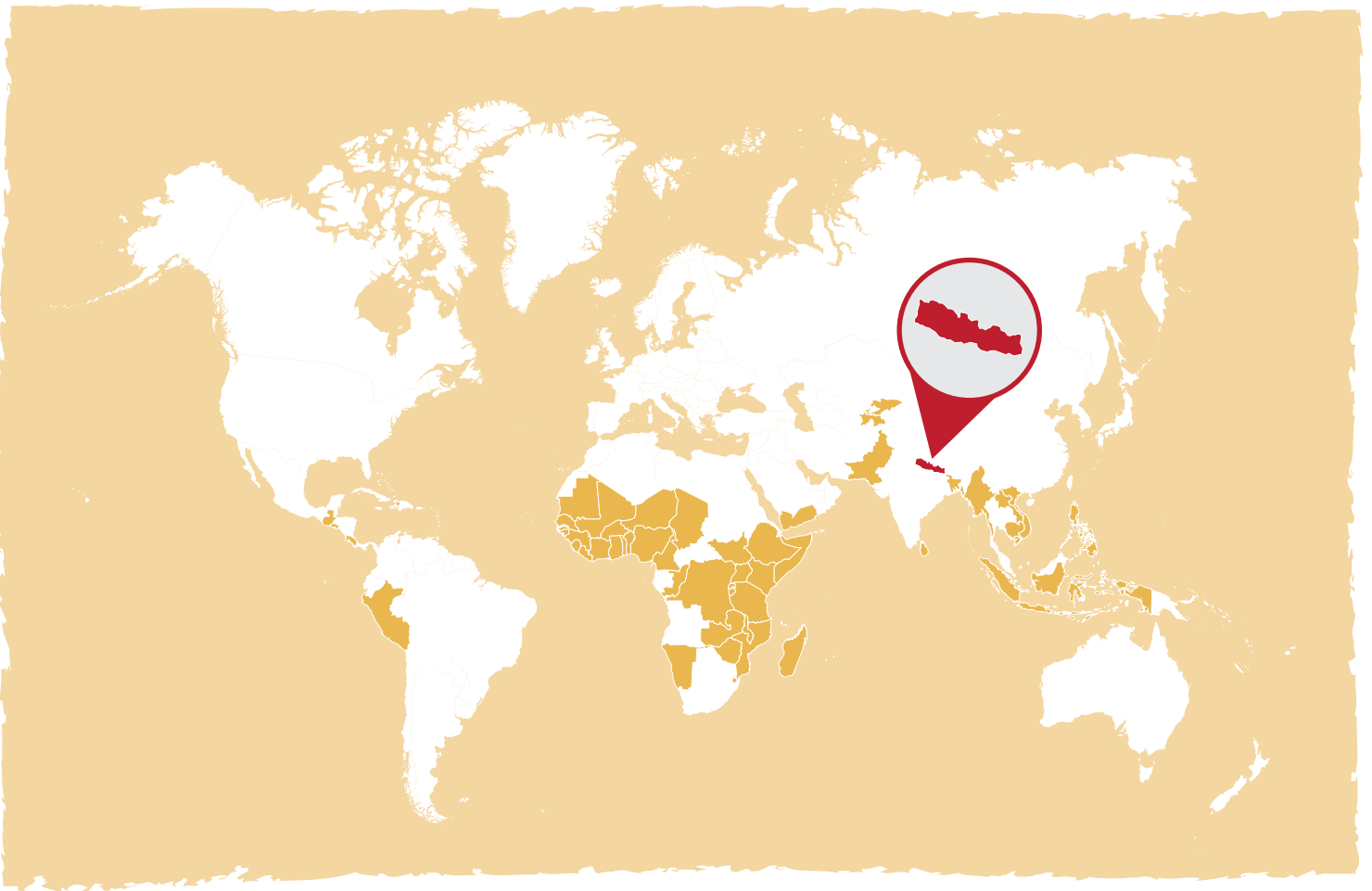
2014 Dashboard for Progress Markers

Stage of Preparedness



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

Nepal

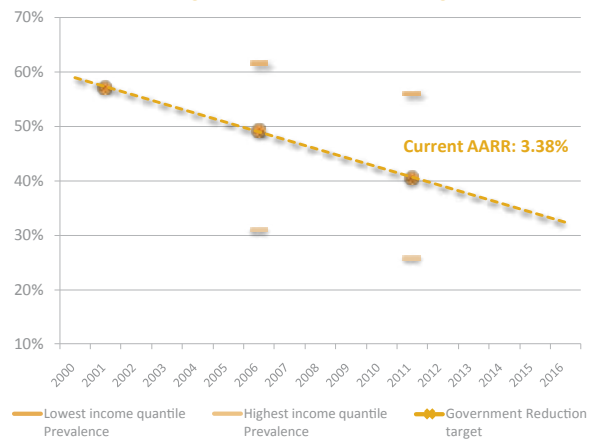


Joined: May 2011

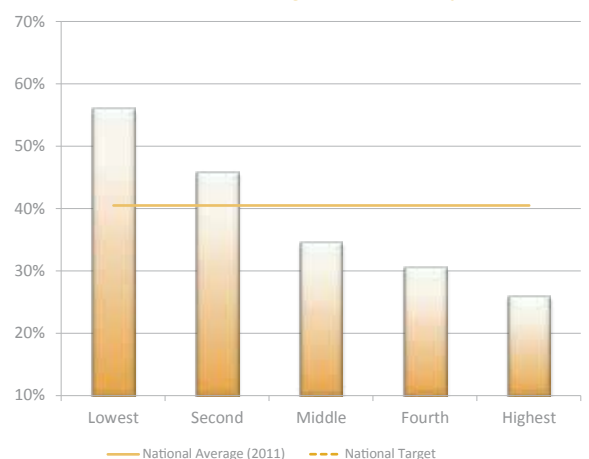


Demographic data	
National Population (million, 2010)	26,8
Children under 5 (million, 2010)	3,2
Adolescent Girls (15-19)(million, 2010)	1,50
Average Number of Births (million, 2010)	0,70
Population growth rate (2010)	1,19%
WHA nutrition target indicators (DHS 2011)	
Low-birth weight	12,4%
0-5 months 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

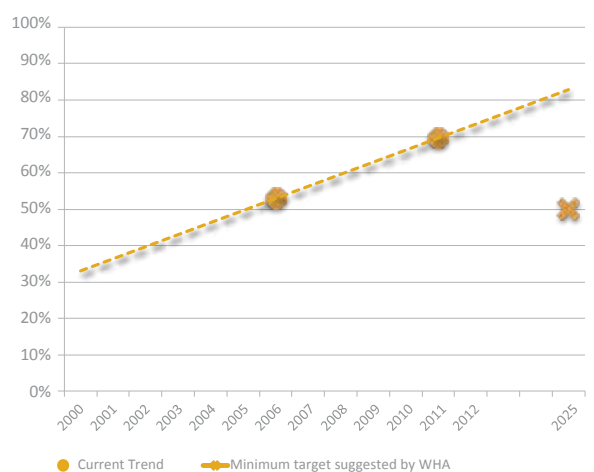
Stunting Reduction Trend and Target



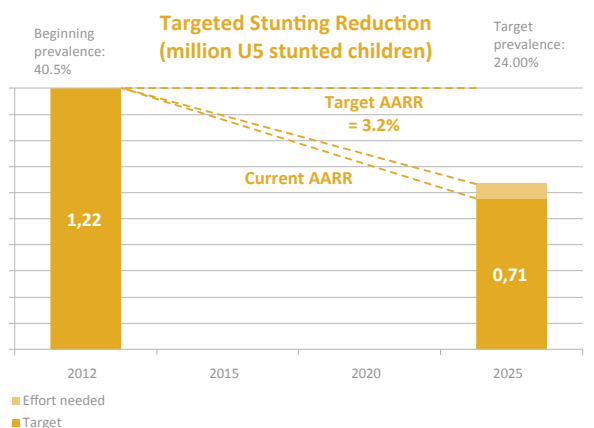
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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 more 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.

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.

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.

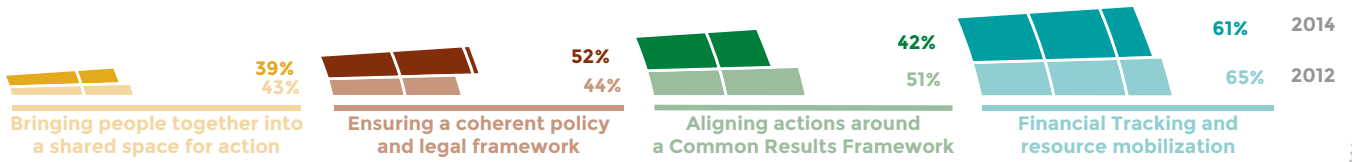
Financial Tracking and resource mobilization

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.

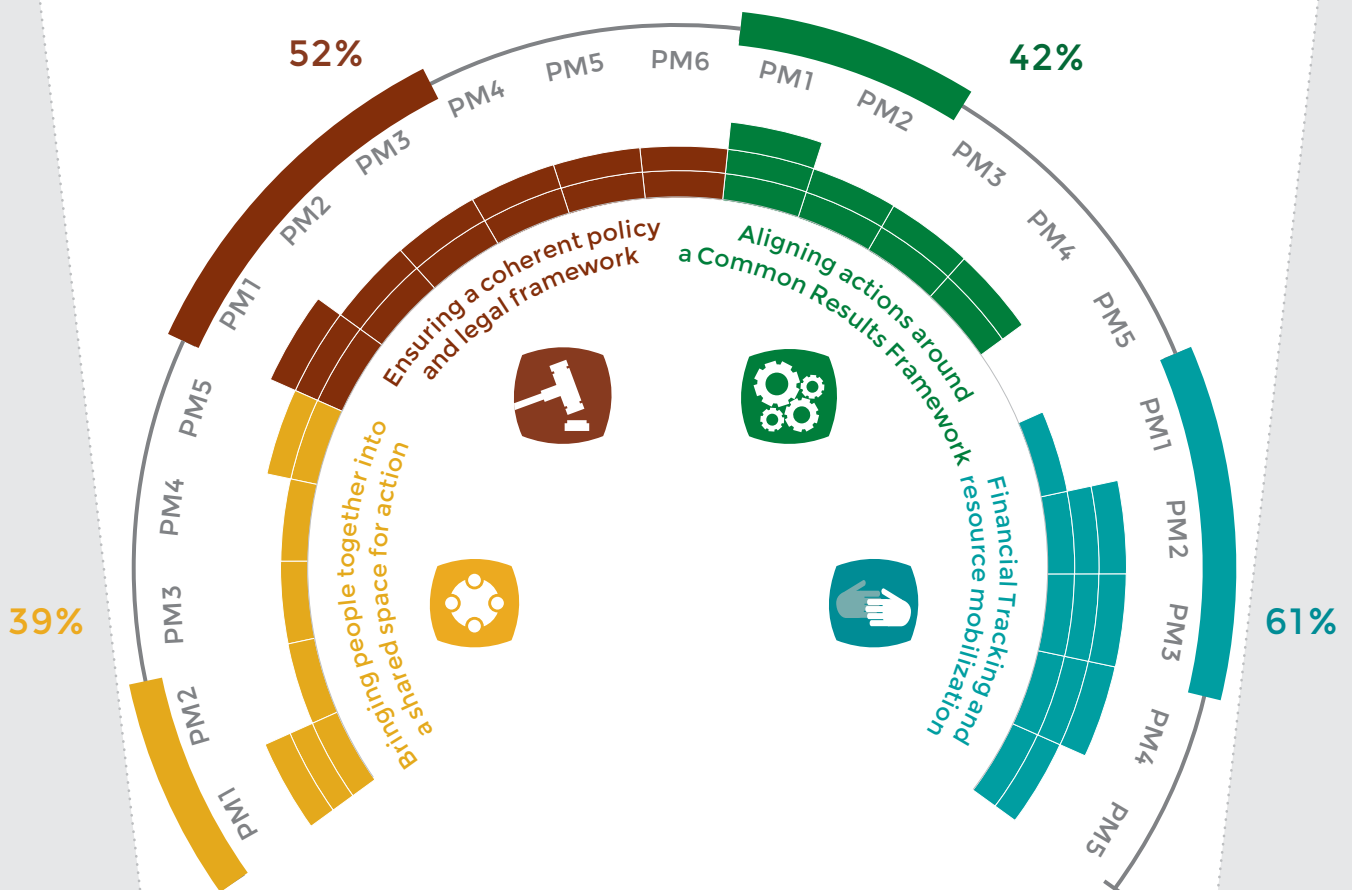
Progress Across Four SUN Processes Nepal

2012¹ and 2014² Scoring of Progress Markers



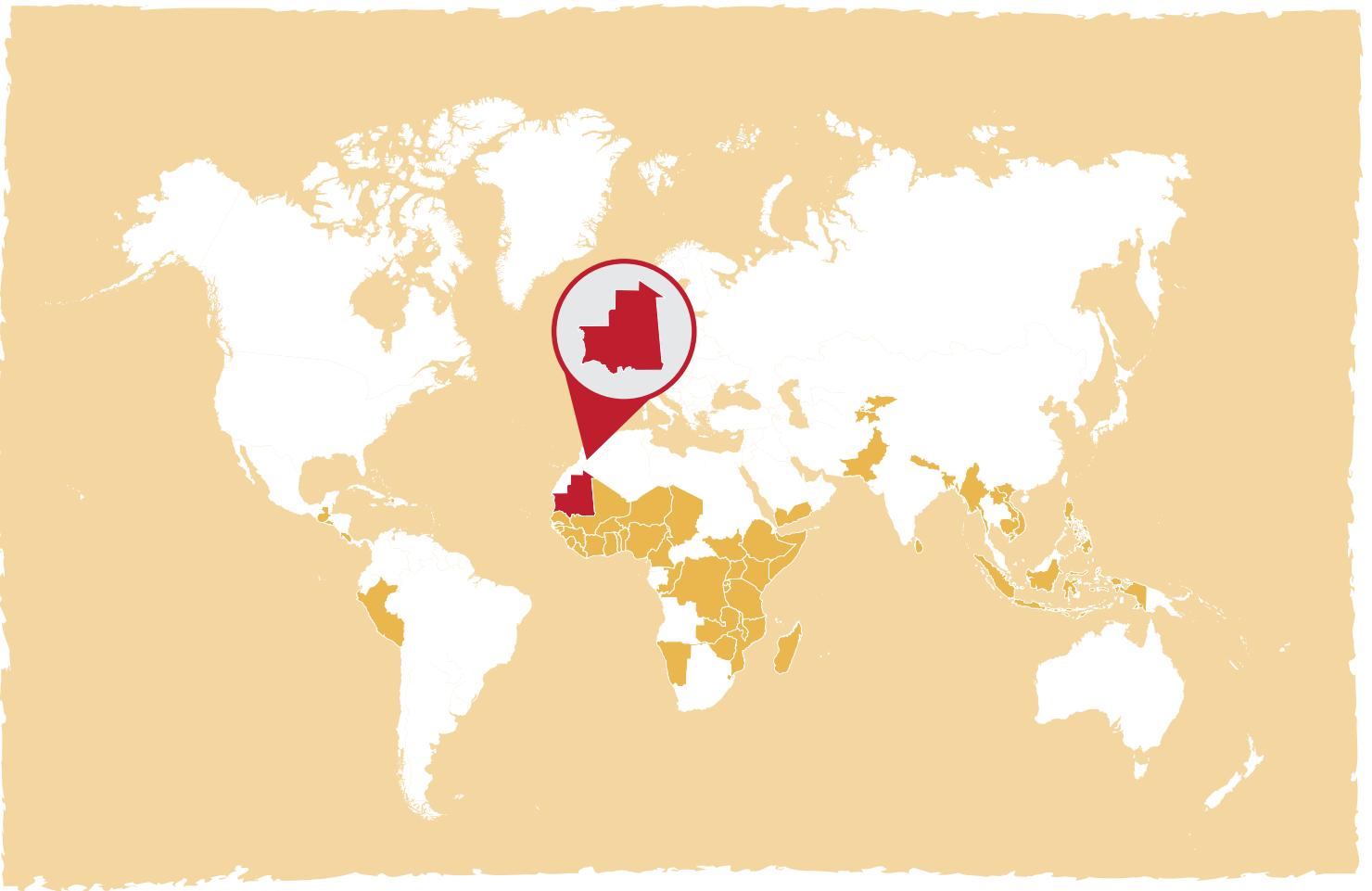
2014 Dashboard for Progress Markers

Stage of Preparedness



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

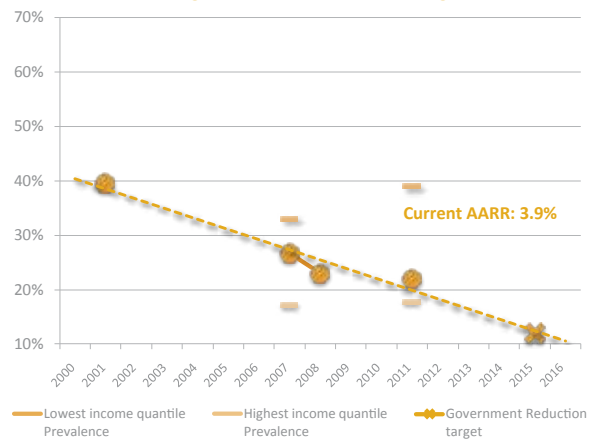
Mauritania



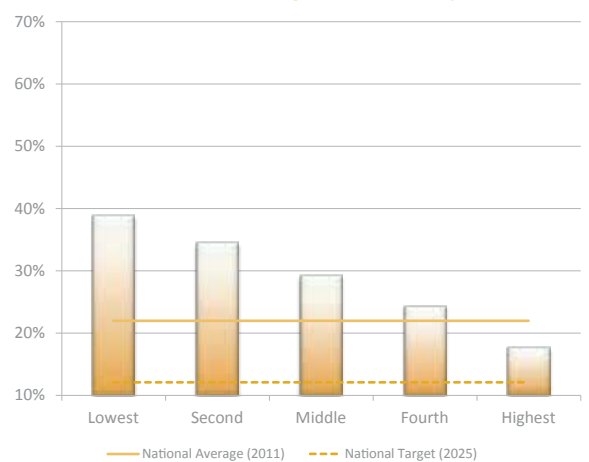
Joined: May 2011

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

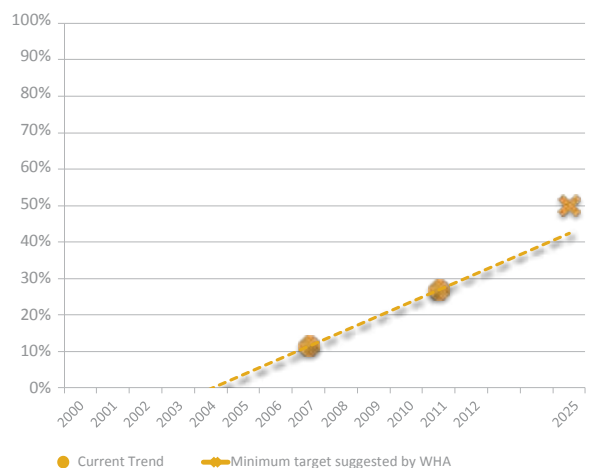
Stunting Reduction Trend and Target



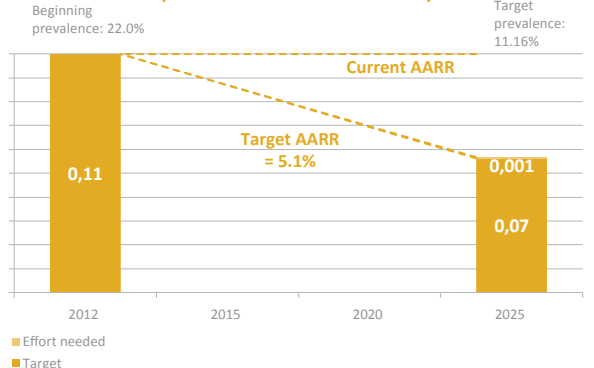
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

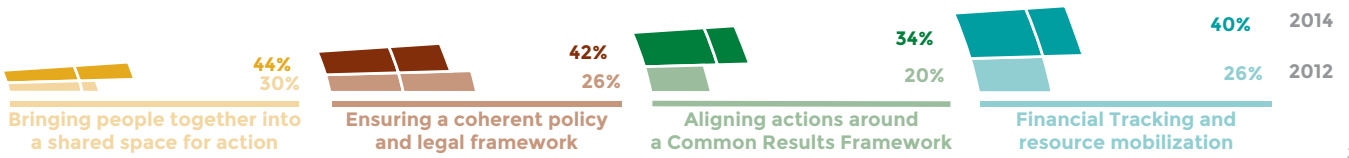
In parallel, a plan to enhance capacity is being drawn up. The programmes in force emphasise the development of interventions that take account of nutrition, particularly in social protection, water, sanitation and hygiene. These interventions include activities aimed at enhancing nutrition and are aligned 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.

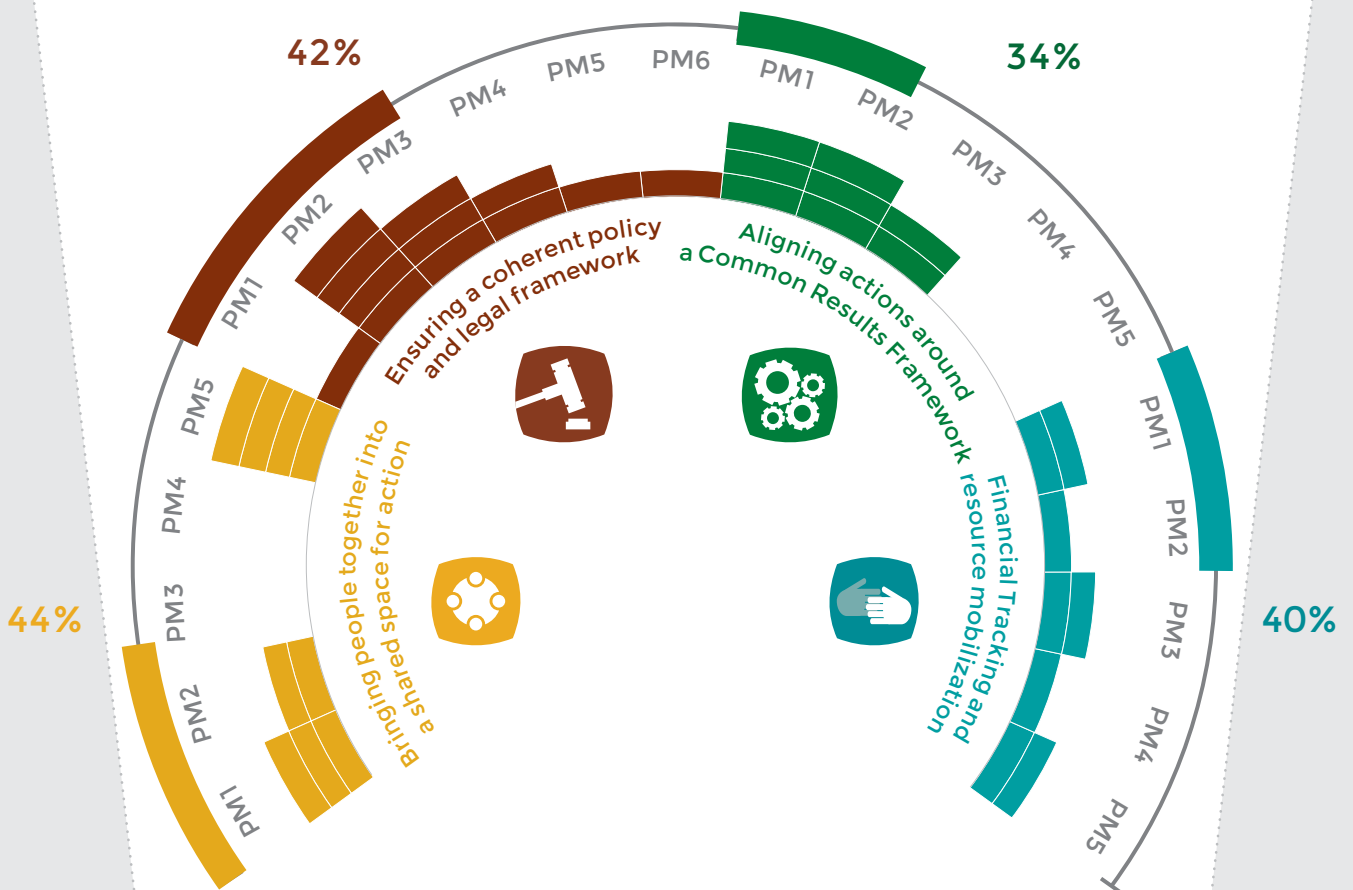
Progress Across Four SUN Processes Mauritania

2012¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

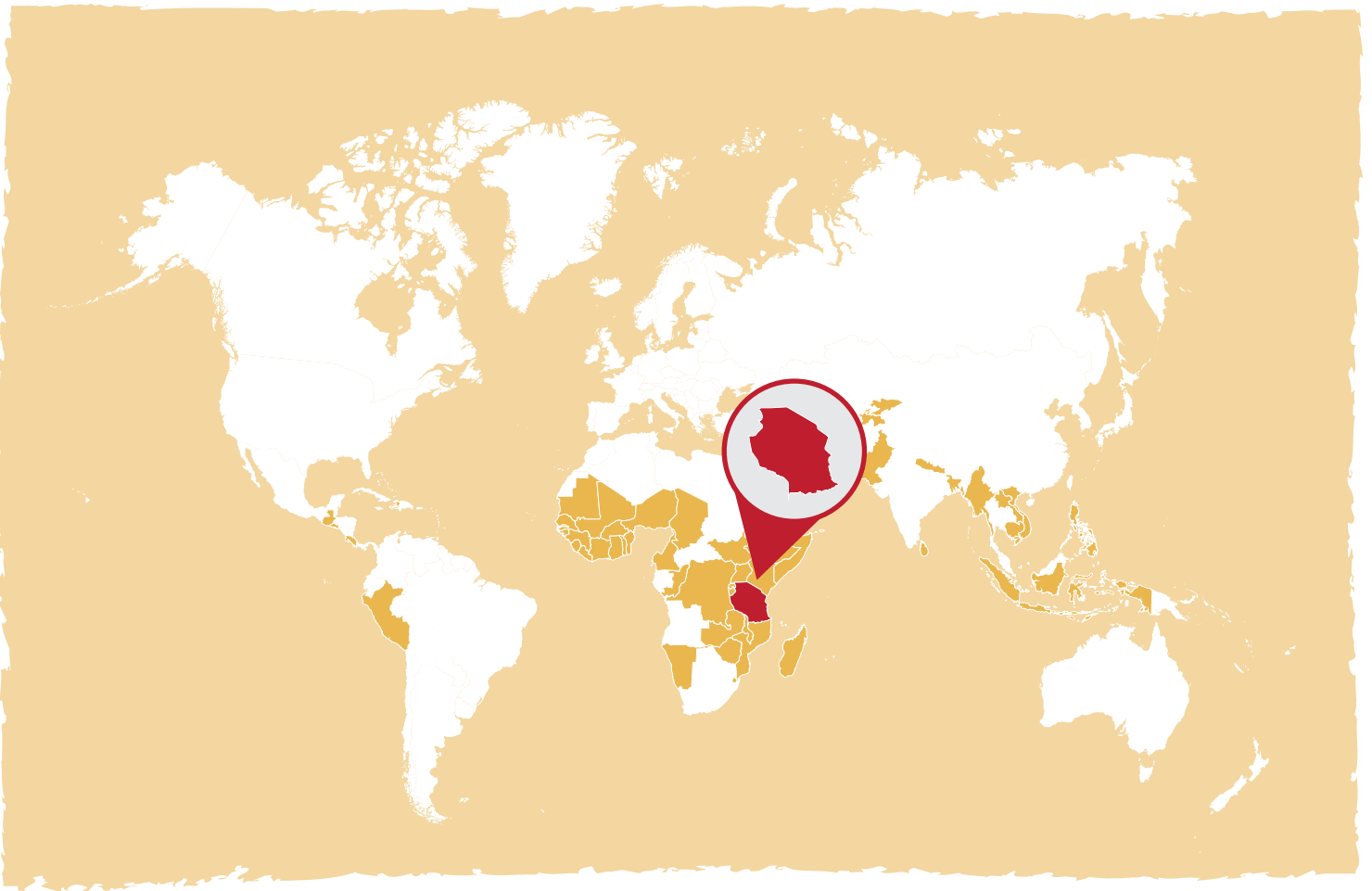
Stage of Preparedness



¹Externally assessed by the SUN Movement Secretariat

²Internally assessed by in-country self-assessment exercise

Tanzania

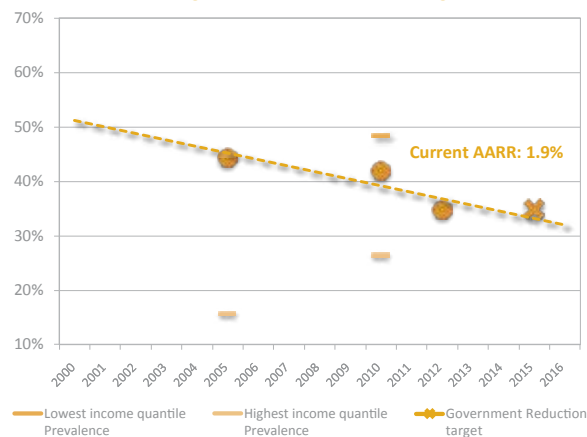


Joined: June 2011



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

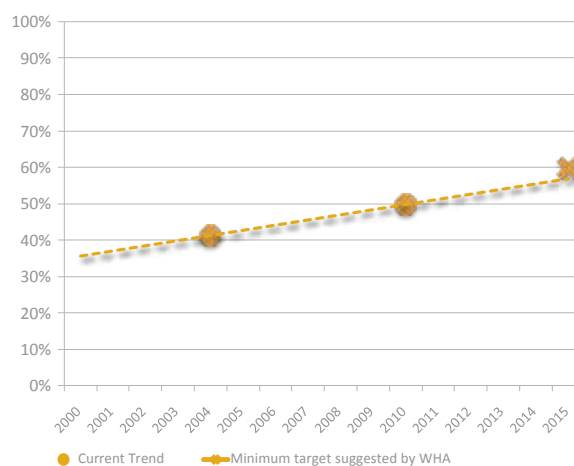
Stunting Reduction Trend and Target



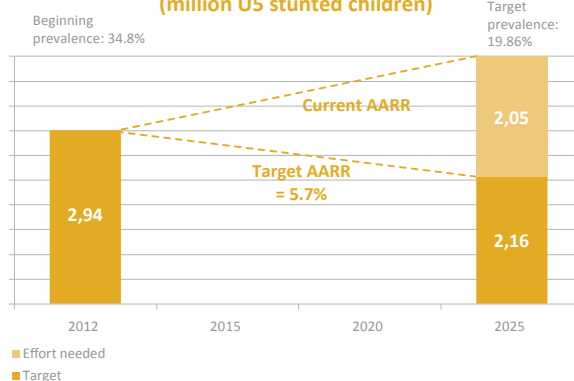
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

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.

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.

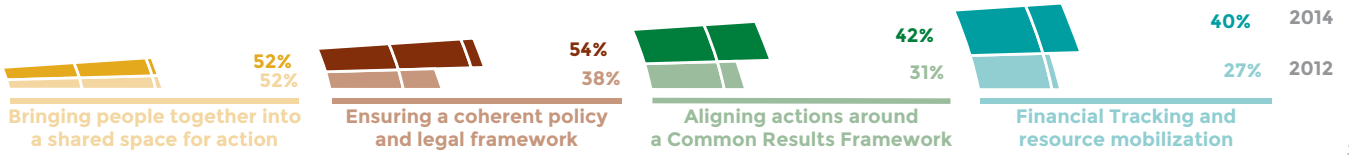
Legislation on Breastmilk Substitutes, maternity leave, salt iodation and food fortification are in place. Policy dissemination should go hand in hand with advocacy to ensure operationalization and currently does not reach the public adequately and audiences would need to be broadened.

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.

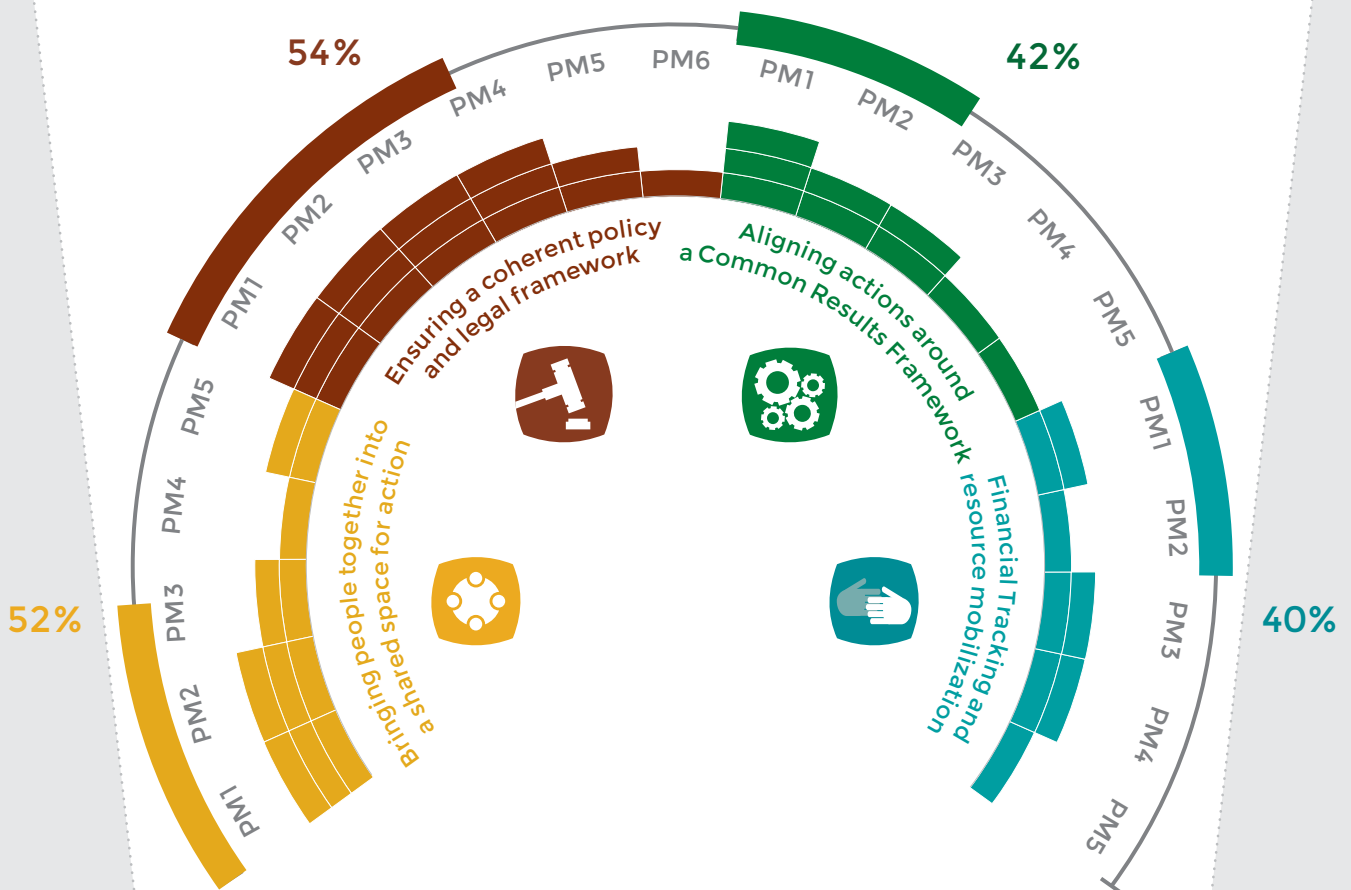
Progress Across Four SUN Processes Tanzania

2012¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

Stage of Preparedness



¹Externally assessed by the SUN Movement Secretariat

²Internally assessed by in-country self-assessment exercise

Senegal

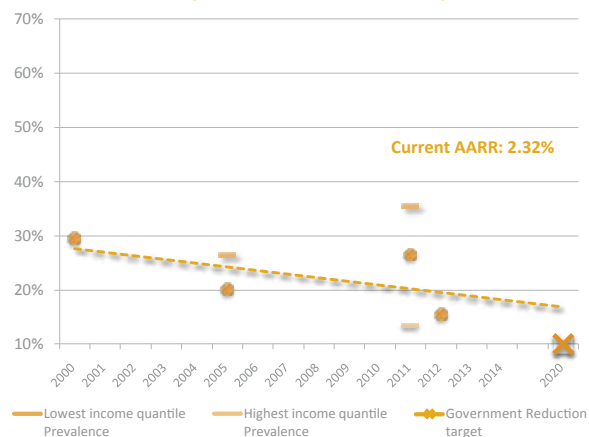


Joined: June 2011

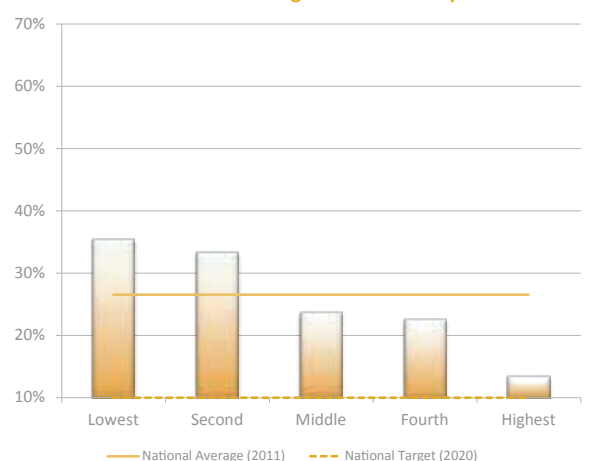


Demographic data	
National Population (million, 2010)	13
Children under 5 (million, 2010)	2,2
Adolescent Girls (15-19)(million, 2010)	0,70
Average Number of Births (million, 2010)	0,50
Population growth rate (2010)	2,78%
WHA nutrition target indicators (SMART 2012/DHS 2010-11)	
Low-birth weight	15,9%
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

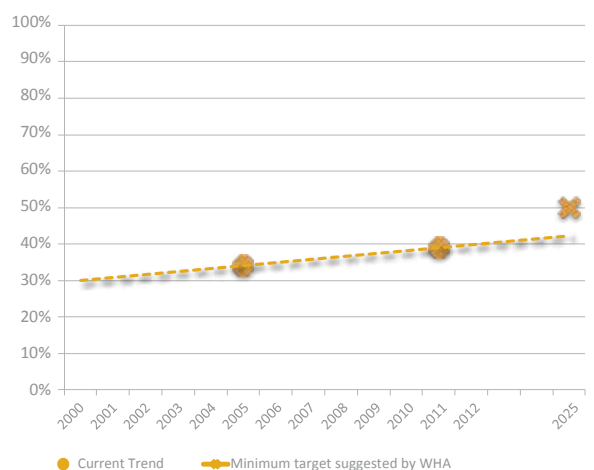
Stunting Reduction Trend and Target



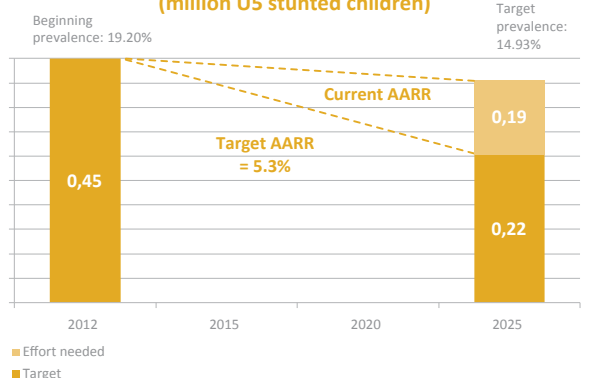
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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

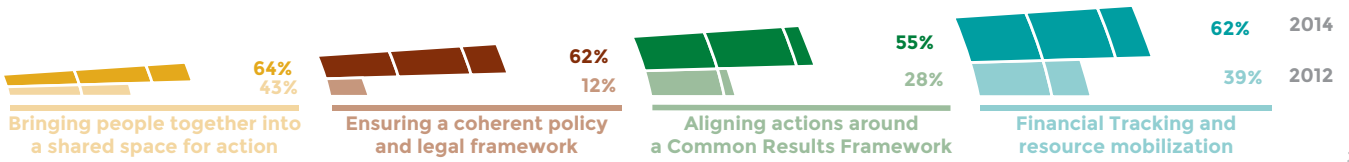
In 2011, the government undertook to increase nutrition funding from year to year, to reach 2.8 billion CFA francs per year in 2015. This investment will enable additional resources to be mobilized which will contribute to stepping up effective nutrition interventions.

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.

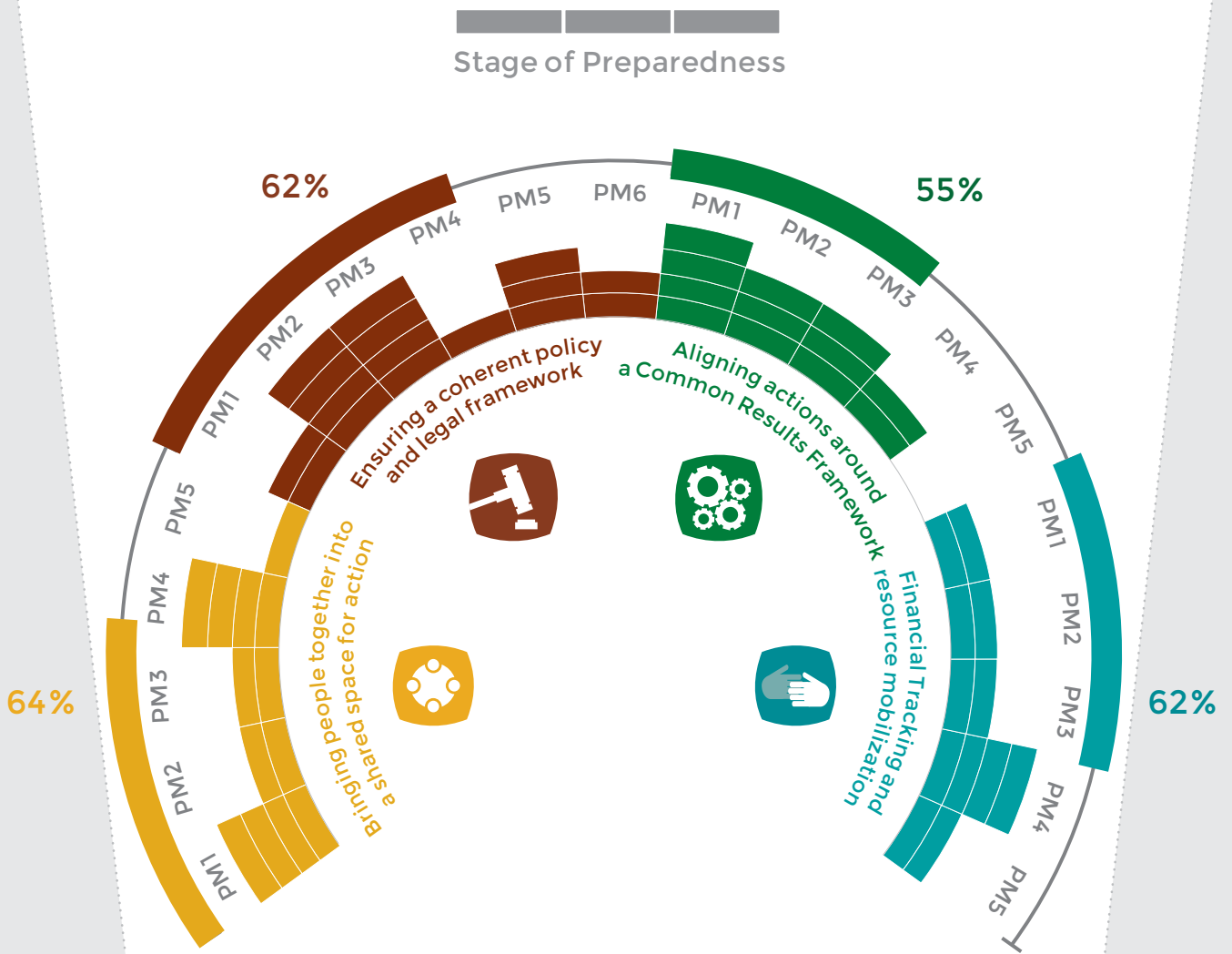
Funding requirements can be identified because priorities have been identified for most sectors.

Progress Across Four SUN Processes Senegal

2012¹ and 2014² Scoring of Progress Markers



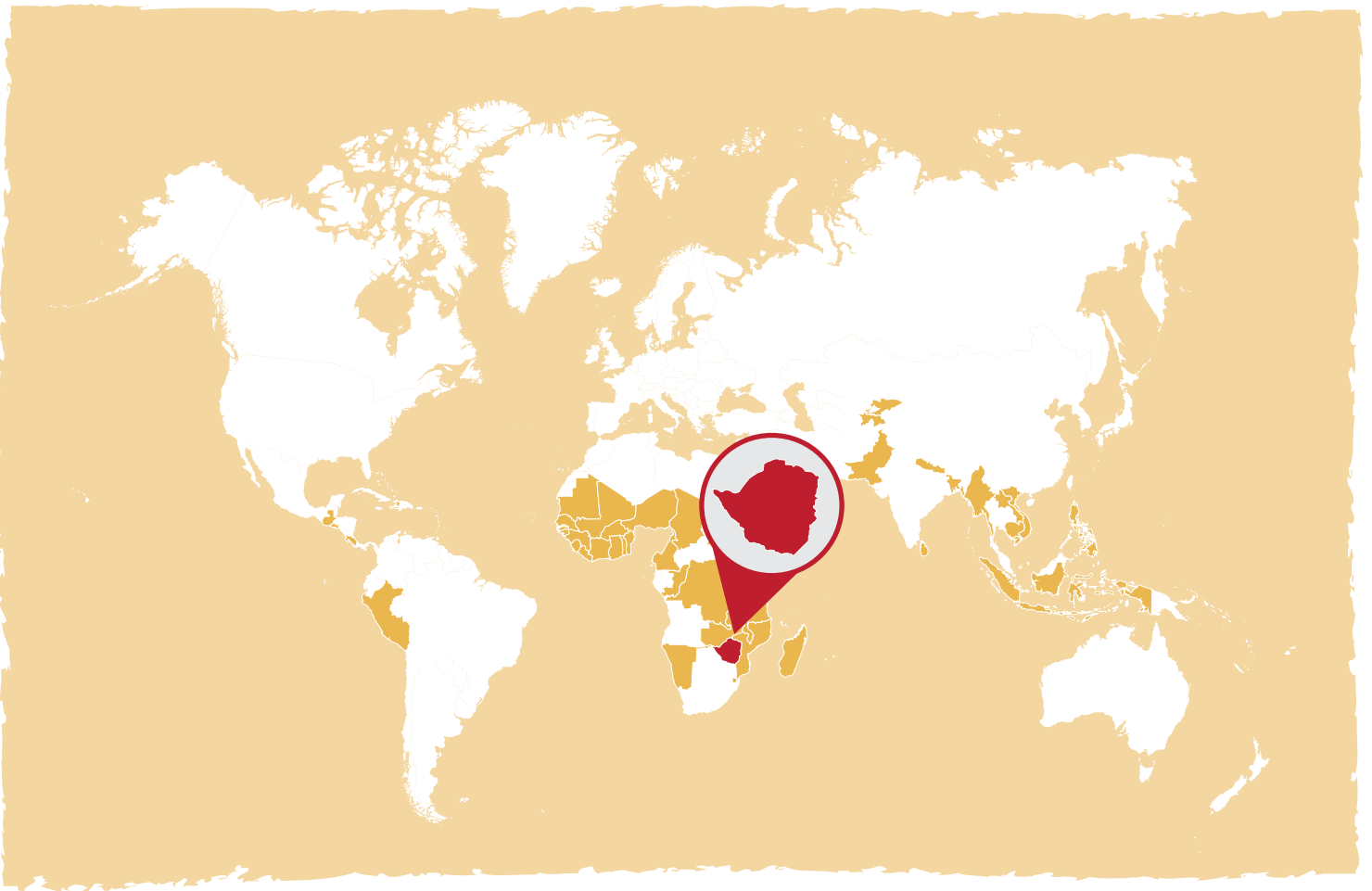
2014 Dashboard for Progress Markers



¹Externally assessed by the SUN Movement Secretariat

²Internally assessed by in-country self-assessment exercise

Zimbabwe

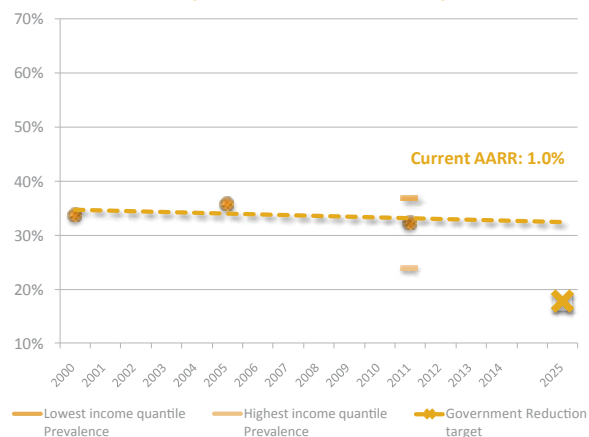


Joined: June 2011

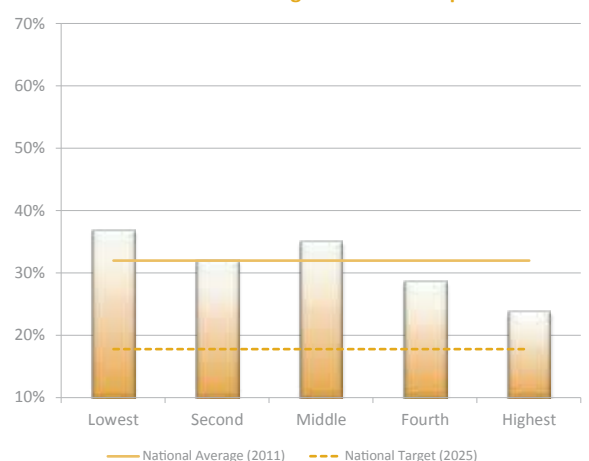


Demographic data	
National Population (million, 2010)	13,1
Children under 5 (million, 2010)	2,0
Adolescent Girls (15-19)(million, 2010)	0,80
Average Number of Births (million, 2010)	0,40
Population growth rate (2010)	0,57%
WHA nutrition target indicators (DHS 2010-2011)	
Low-birth weight	9,5%
0-5 months 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

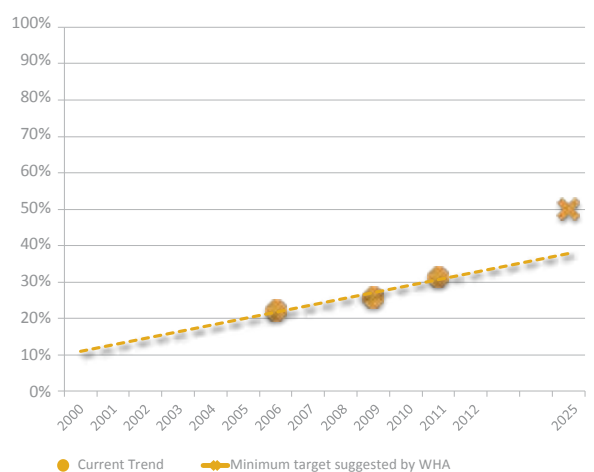
Stunting Reduction Trend and Target



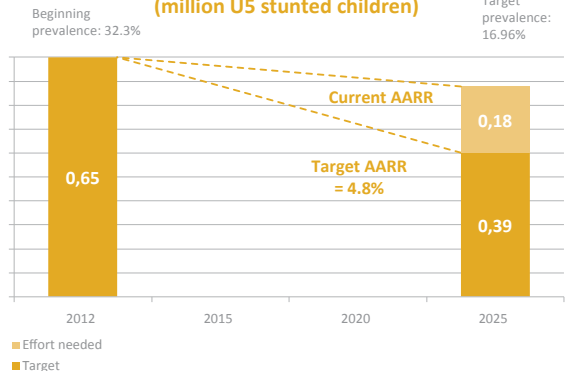
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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 to lead in coordination, analysis and promotion of a multi-sectoral response 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 Minister of 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 led FAO, WFP, WHO and UNICEF to coordinate their assistance on nutrition more under the ONE UN Flagship and plan to engage new UN partners.

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.

Ensuring a coherent policy and legal framework

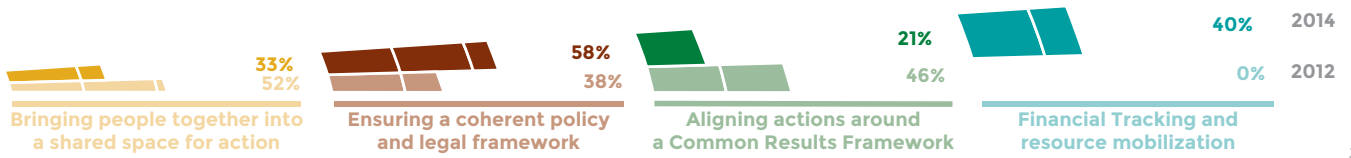
The Right to Food is ensured in the 2013 new constitution. A Food and Nutrition Security (FNS) policy is now in place and provides a legal framework for the multi-sectoral and multi-stakeholder approach. There is also a Nutrition and AIDS Policy and an Infant and Young Child Feeding Policy in place. 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.

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.

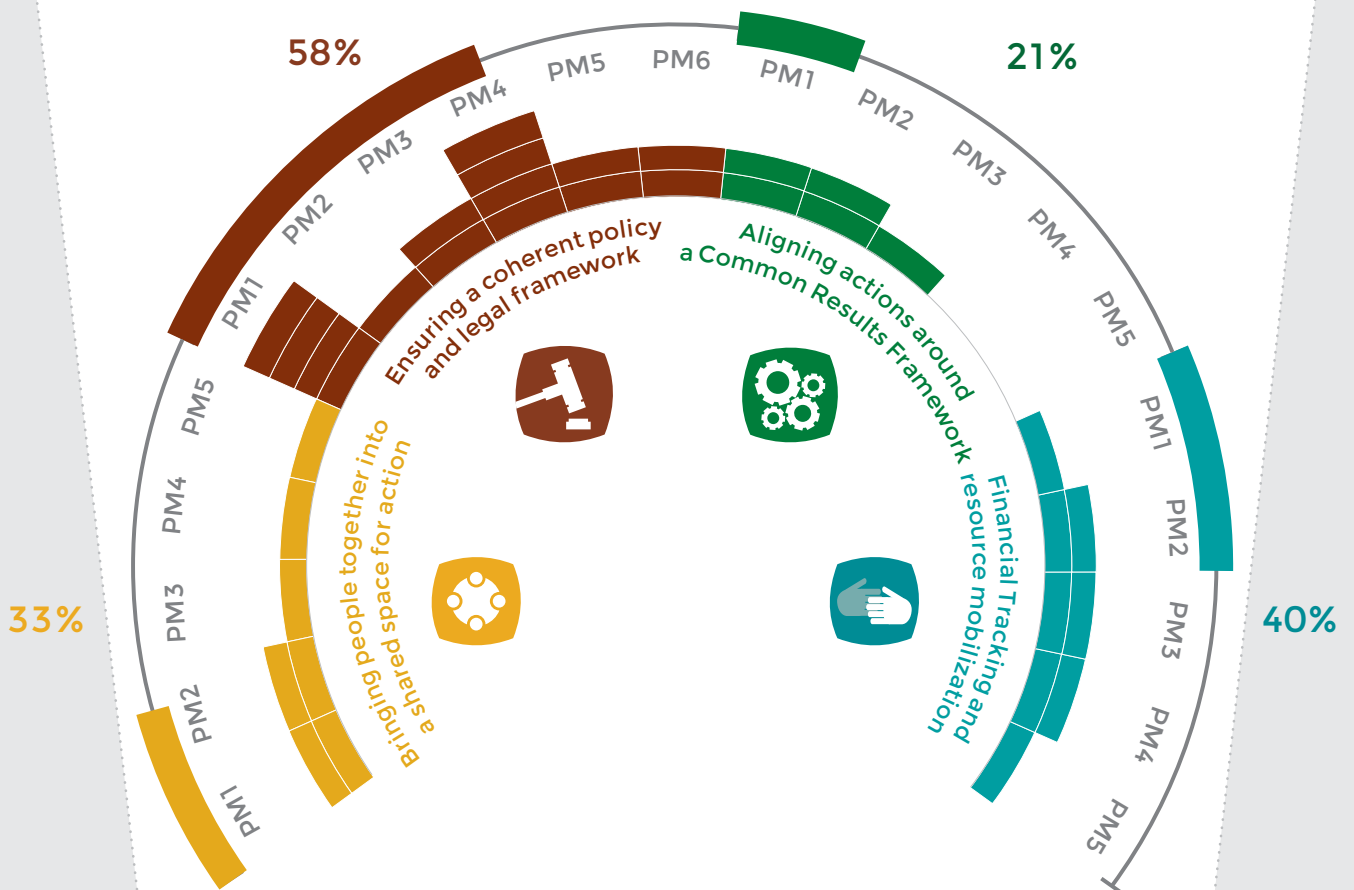
Progress Across Four SUN Processes Zimbabwe

2012¹ and 2014² Scoring of Progress Markers



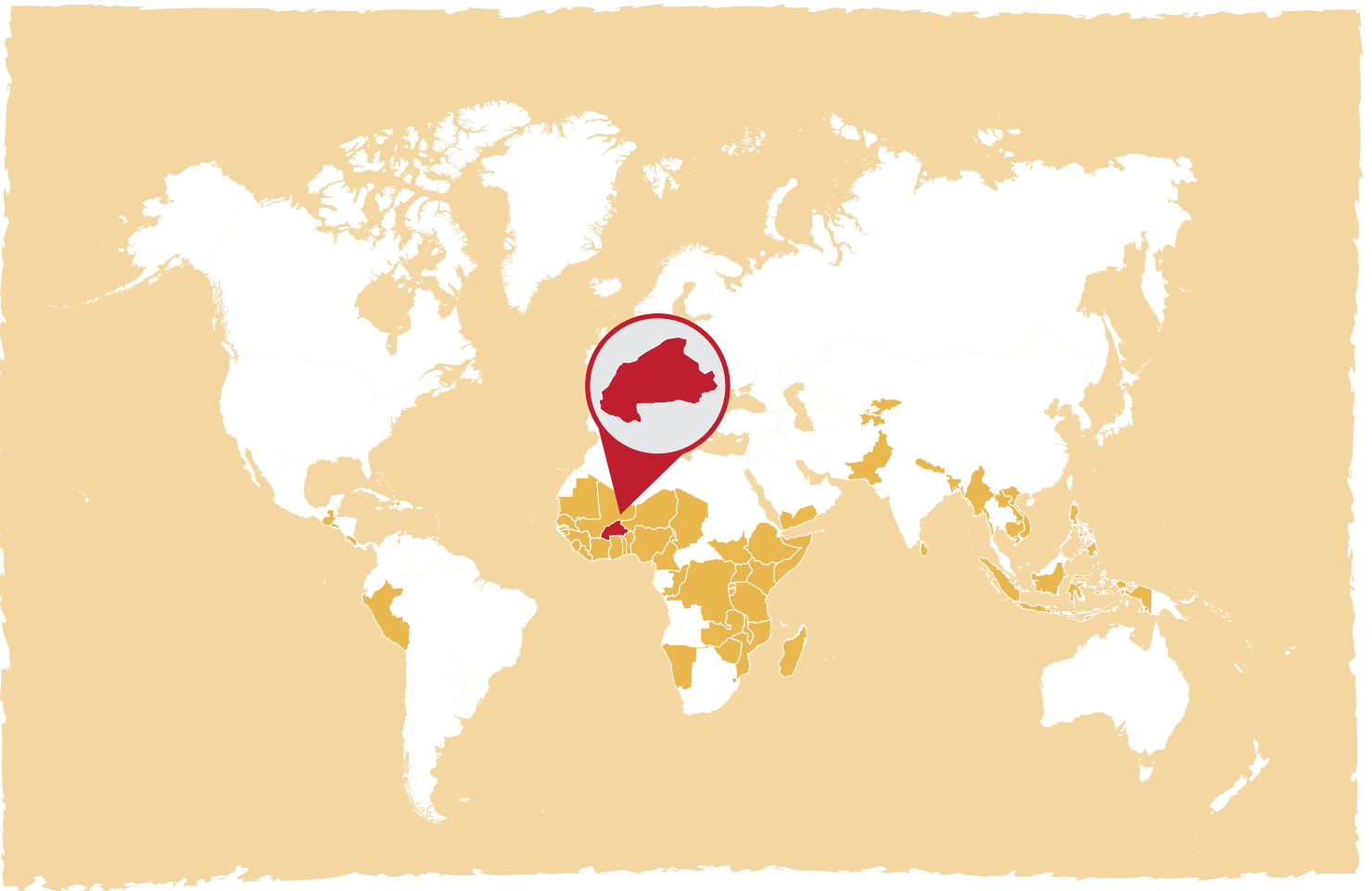
2014 Dashboard for Progress Markers

Stage of Preparedness



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

Burkina Faso

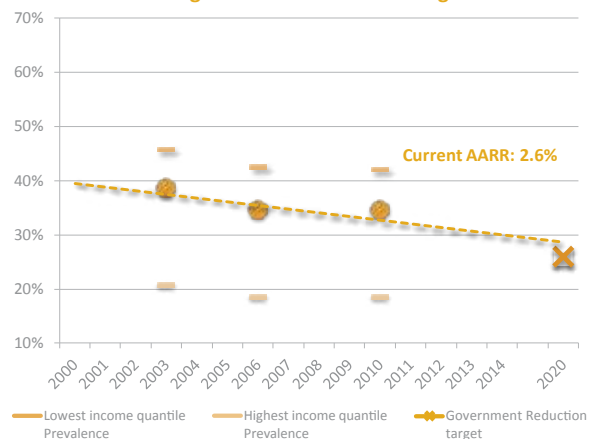


Joined: June 2011

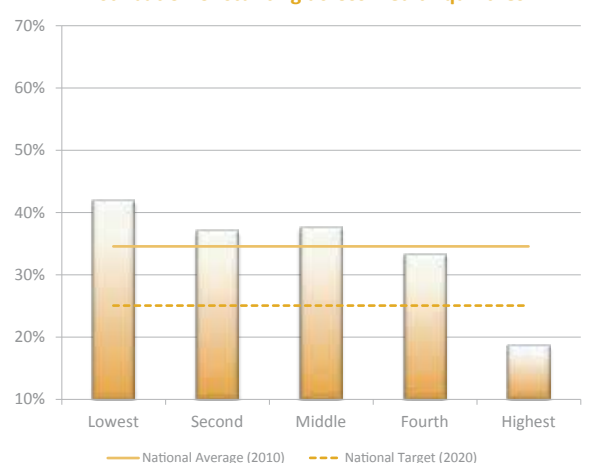


Demographic data	
National Population (million, 2010)	15,5
Children under 5 (million, 2010)	2,8
Adolescent Girls (15-19)(million, 2010)	0,80
Average Number of Births (million, 2010)	0,60
Population growth rate (2010)	2,93%
WHA nutrition target indicators (DHS 2010/SMART 2013)	
Low-birth weight	16,2%
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

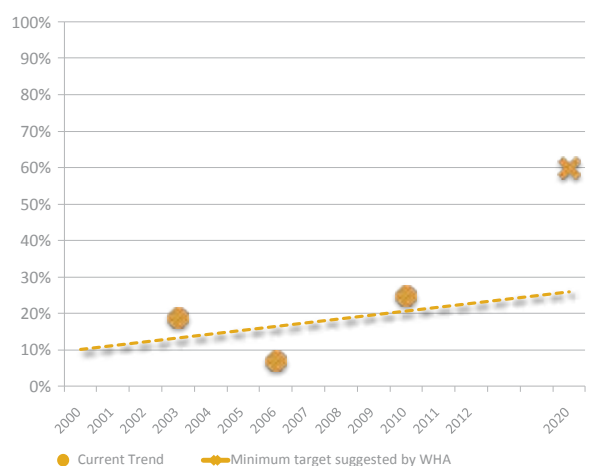
Stunting Reduction Trend and Target



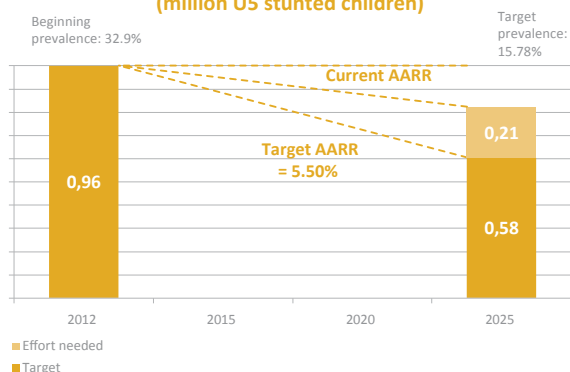
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

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.

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.

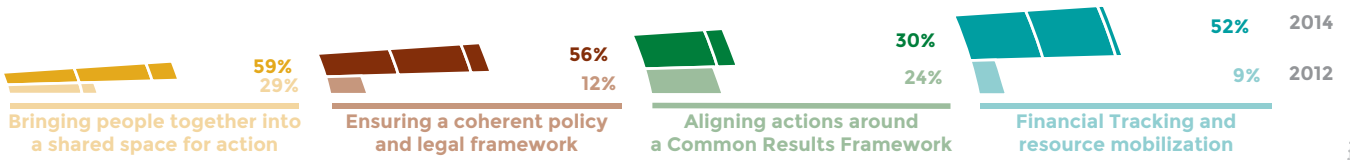
Burkina Faso has incorporated modules on nutrition in the curriculum of health and agricultural schools.

Financial Tracking and resource mobilization

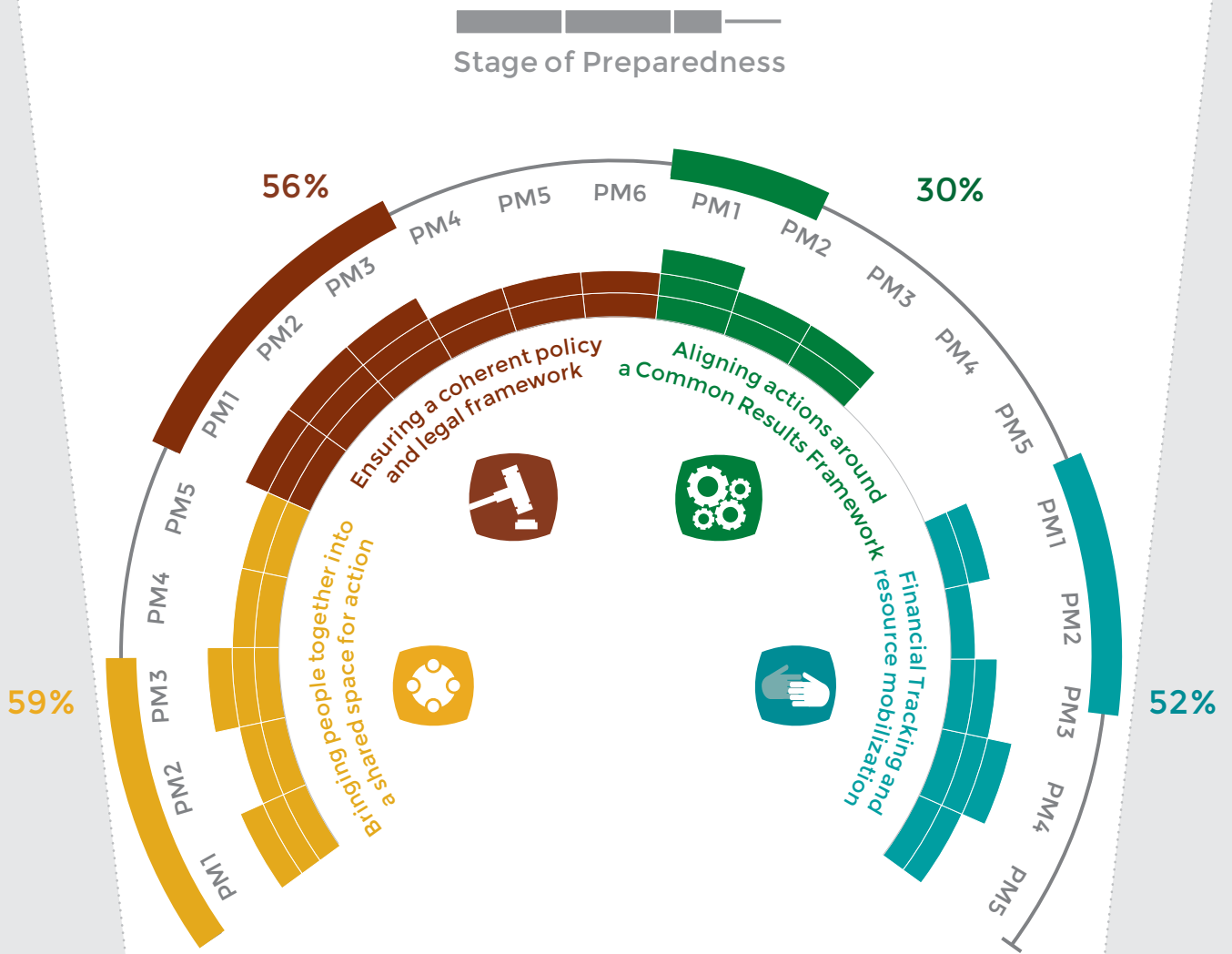
Funds targeting nutrition are classified as a sub-account of the national budget account for maternal and child health, which makes them difficult to monitor. The implementation of the costed plan is mainly the remit of the Health Ministry, with support from other ministries concerned and technical and 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

2012¹ and 2014² Scoring of Progress Markers

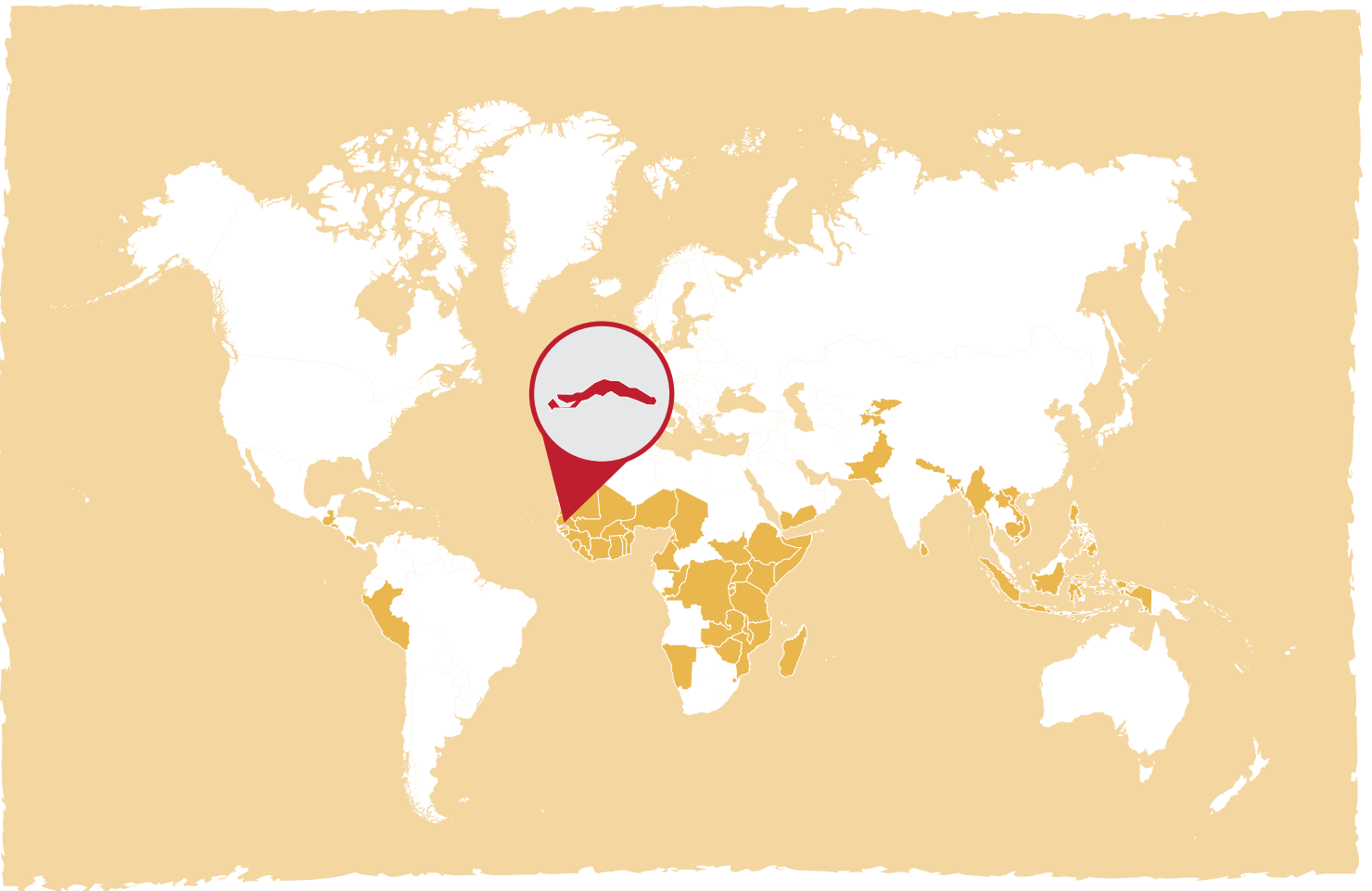


2014 Dashboard for Progress Markers



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

Gambia

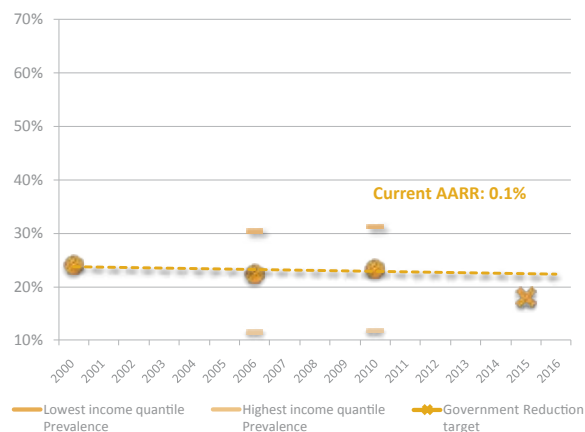


Joined: July 2011

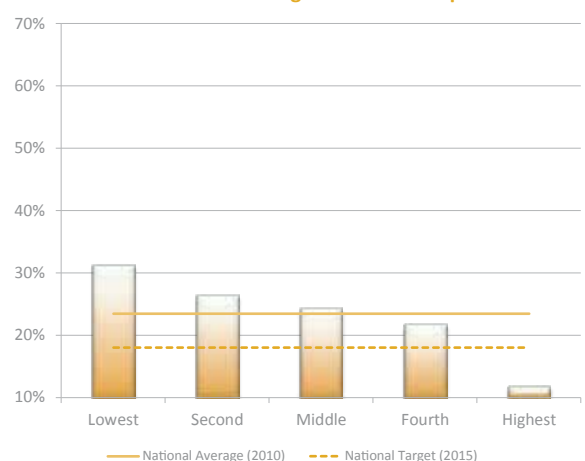


Demographic data	
National Population (million, 2010)	1,7
Children under 5 (million, 2010)	0,3
Adolescent Girls (15-19)(million, 2010)	0,09
Average Number of Births (million, 2010)	0,07
Population growth rate (2010)	3,14%
WHA nutrition target indicators (MICS 2010)	
Low-birth weight	10,2%
0-5 months 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

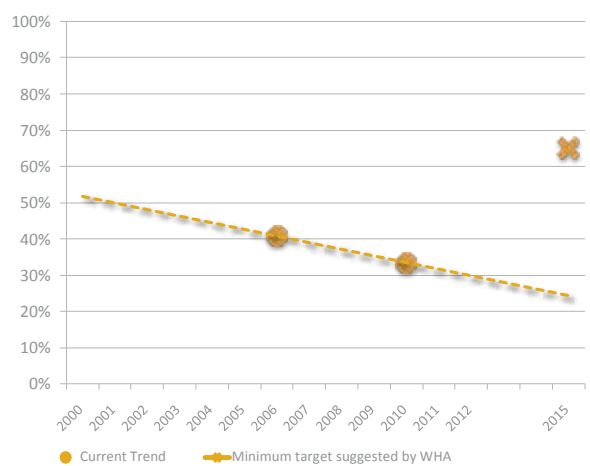
Stunting Reduction Trend and Target



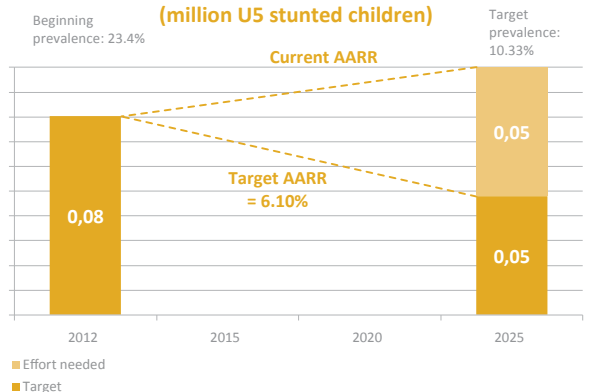
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

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.

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).

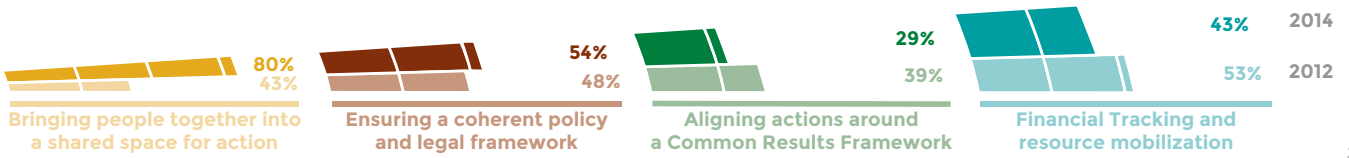
Financial Tracking and resource mobilization

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.

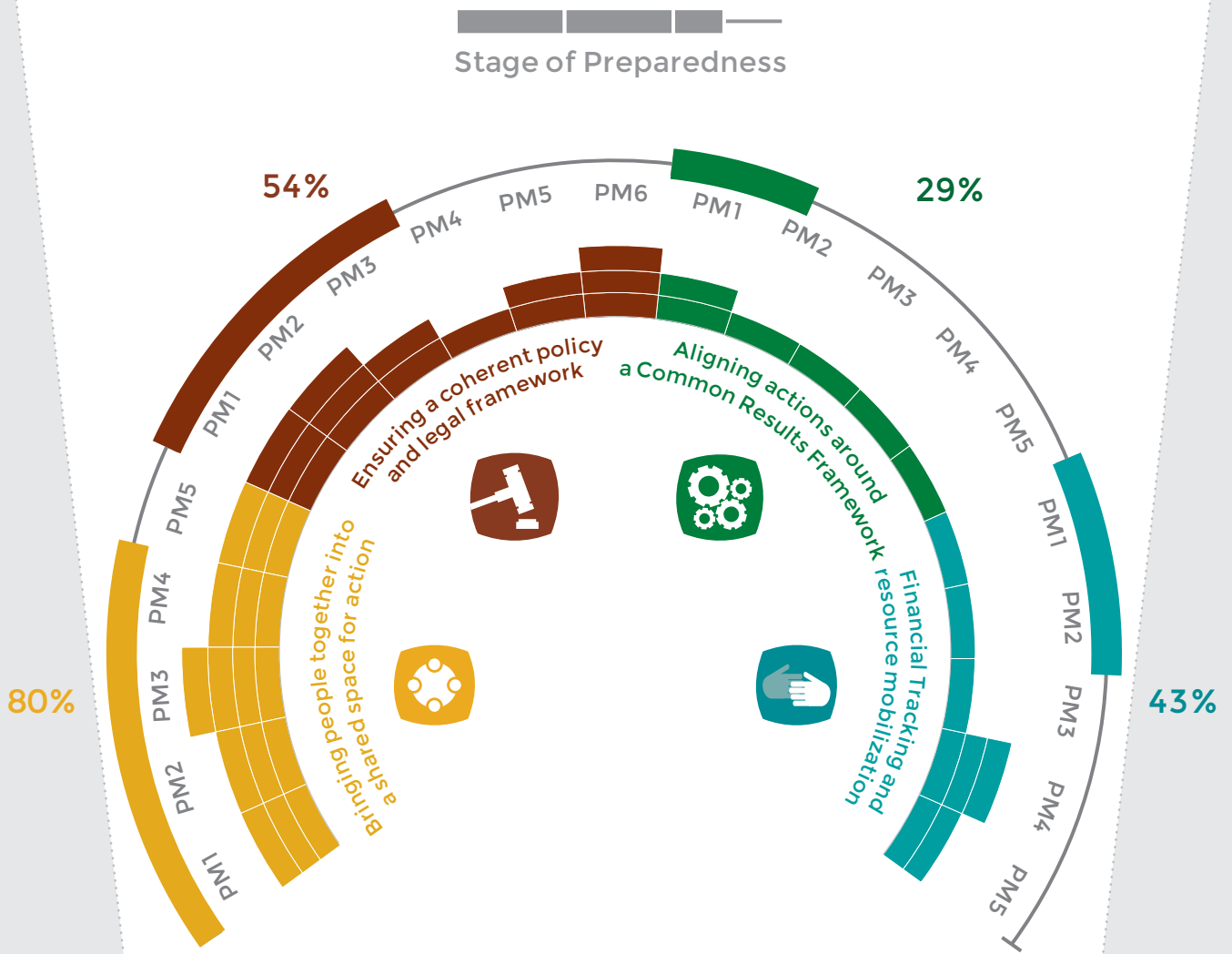
UNICEF and the World Bank are the main investors in nutrition-specific programs, and the government also provides funds in support of nutrition programs. In 2014, the Gambia secured funds from the World Bank for a Results-Based Financing Project in health and nutrition and 21 million euros that are earmarked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

Progress Across Four SUN Processes Gambia

2012¹ and 2014² Scoring of Progress Markers

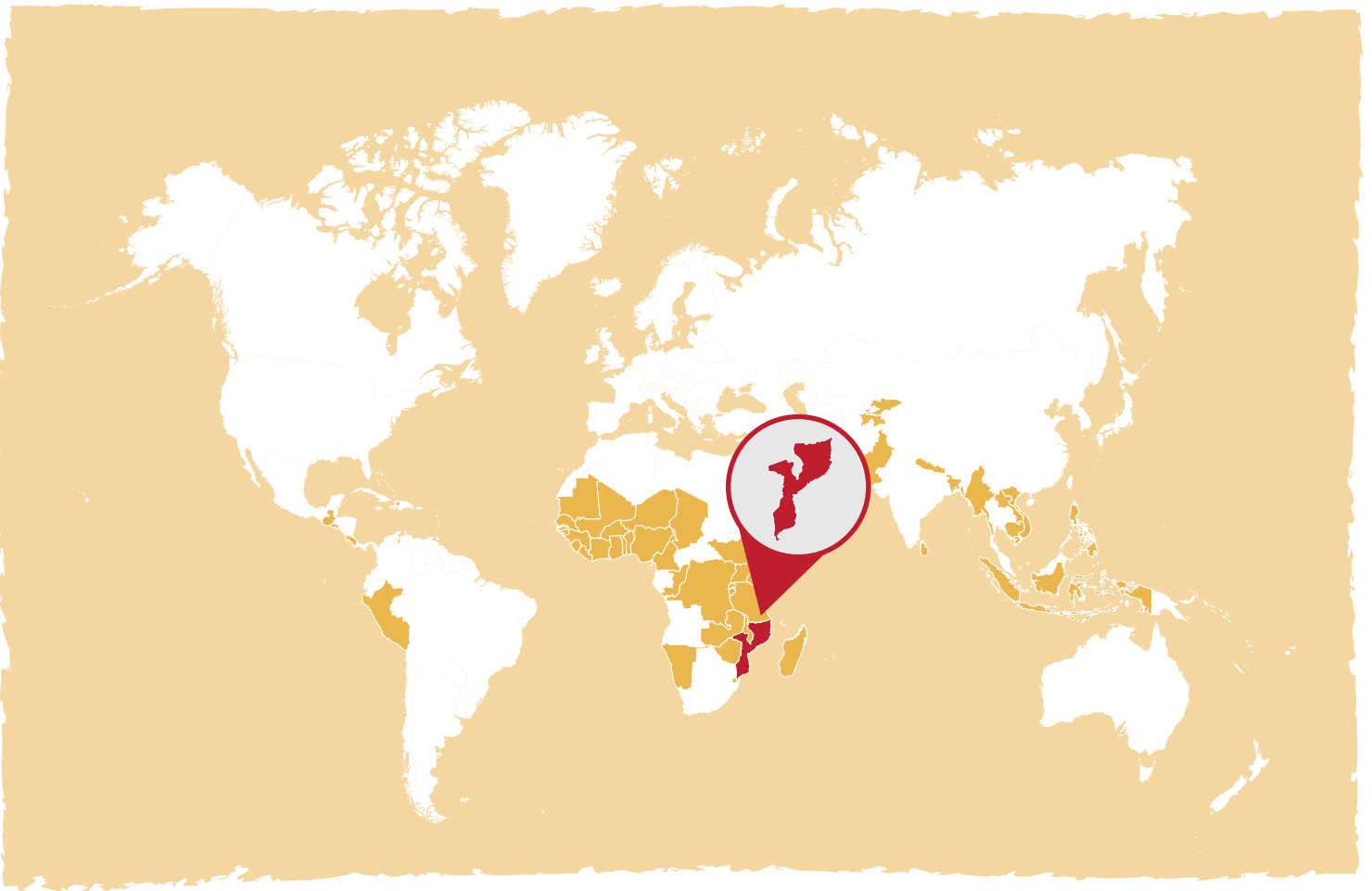


2014 Dashboard for Progress Markers



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

Mozambique

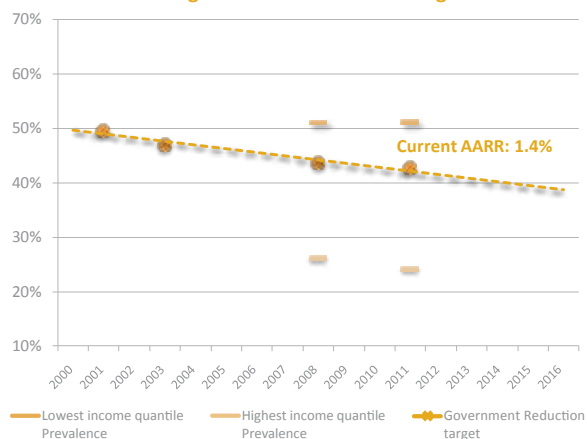


Joined: August 2011

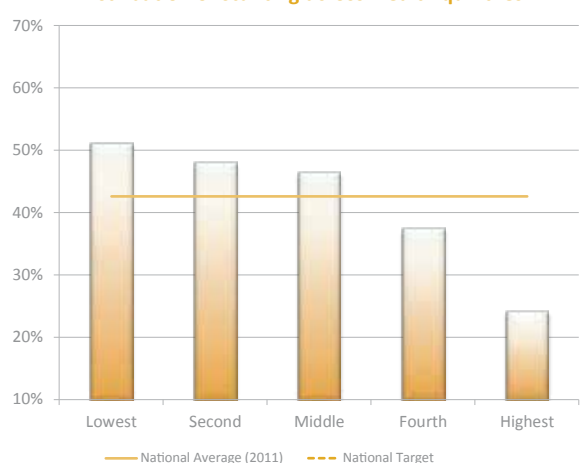


Demographic data	
National Population (million, 2010)	24
Children under 5 (million, 2010)	4,2
Adolescent Girls (15-19)(million, 2010)	1,30
Average Number of Births (million, 2010)	1,00
Population growth rate (2010)	2,63%
WHA nutrition target indicators (DHS 2011)	
Low-birth weight	16,0%
0-5 months Exclusive 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

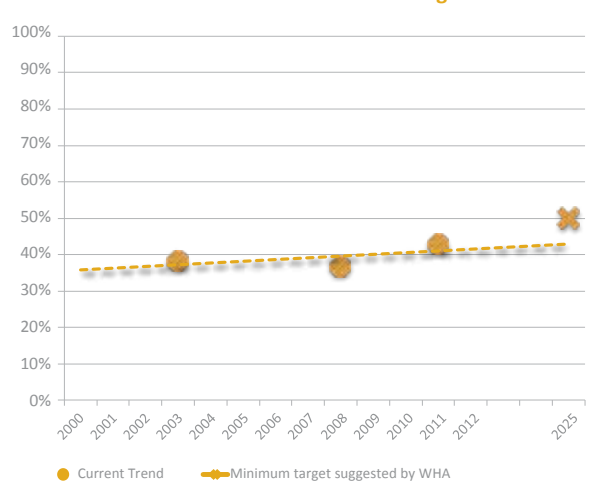
Stunting Reduction Trend and Target



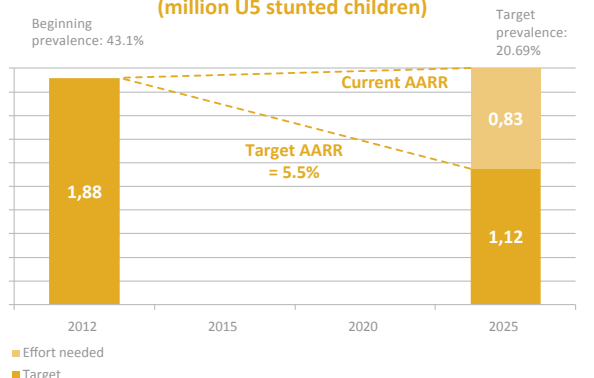
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

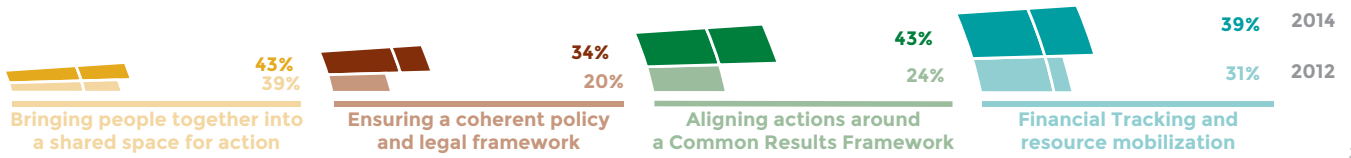
Financial Tracking and resource mobilization

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.

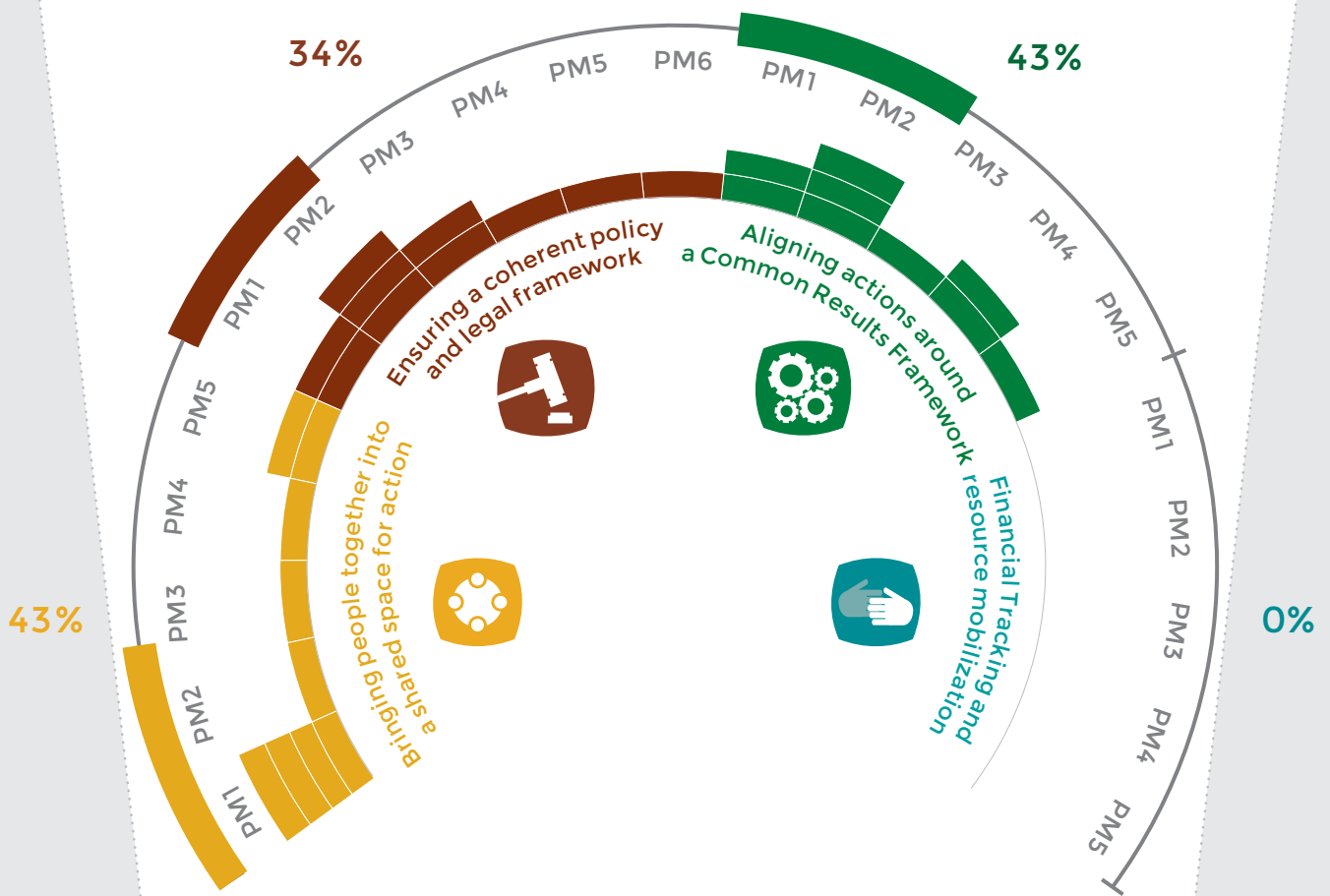
Progress Across Four SUN Processes Mozambique

2012¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

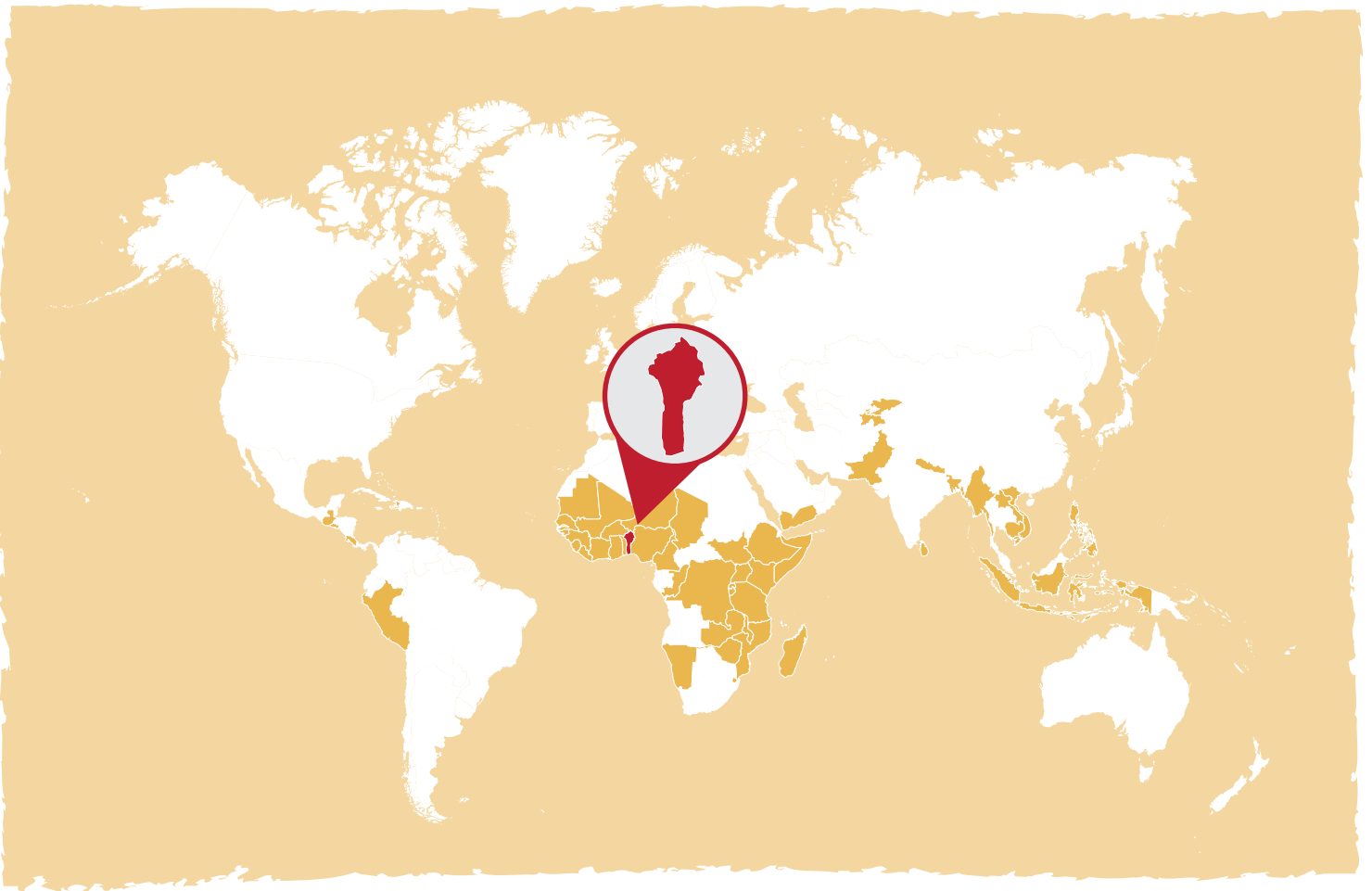
Stage of Preparedness



¹Externally assessed by the SUN Movement Secretariat

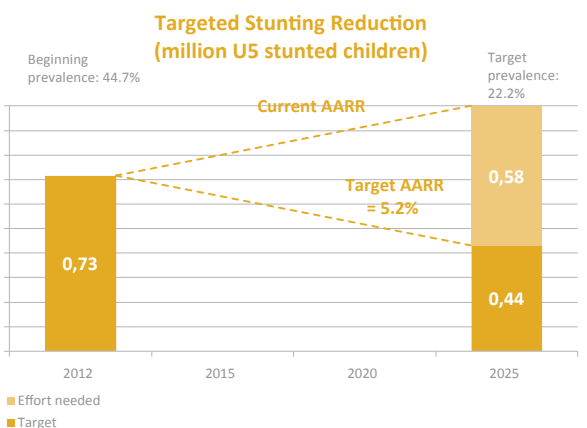
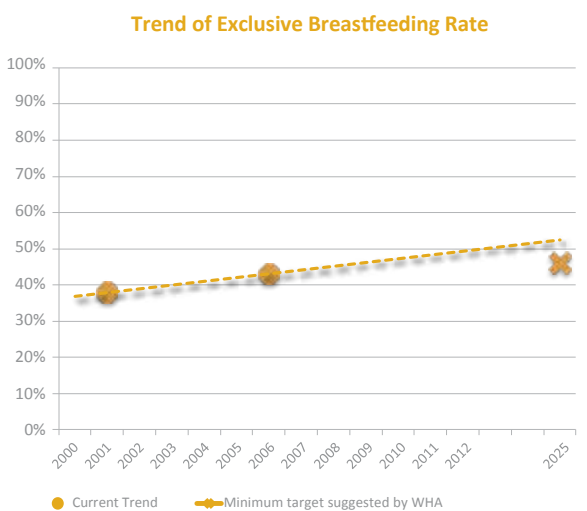
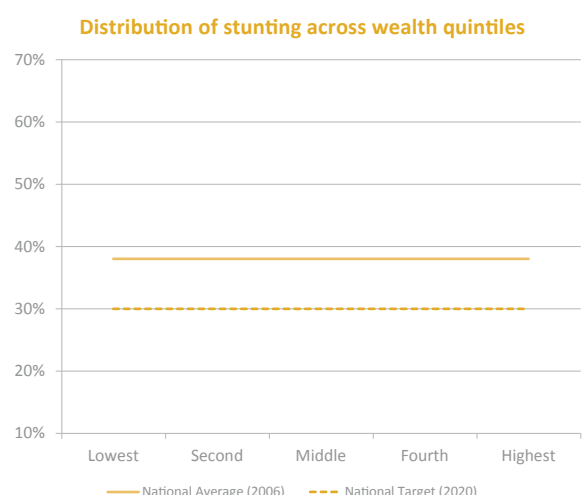
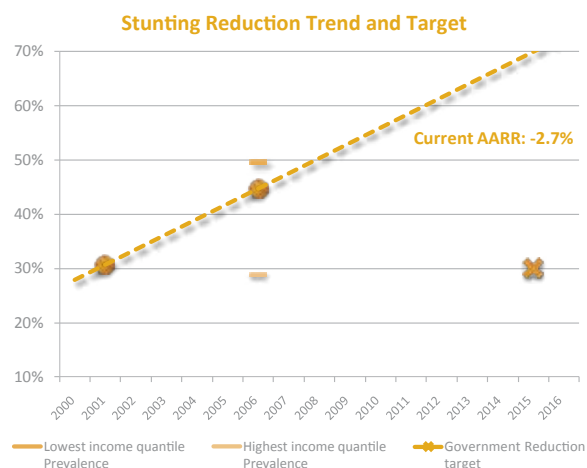
²Internally assessed by in-country self-assessment exercise

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.

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.

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.

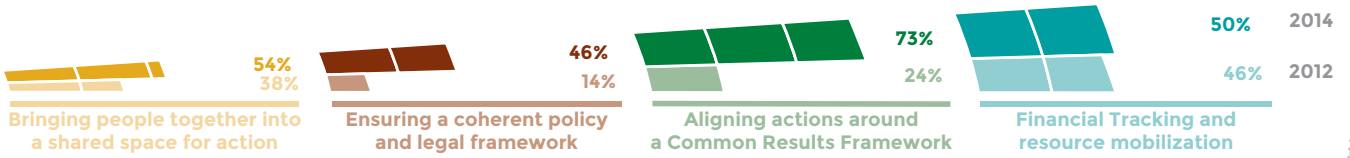
Financial Tracking and resource mobilization

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.

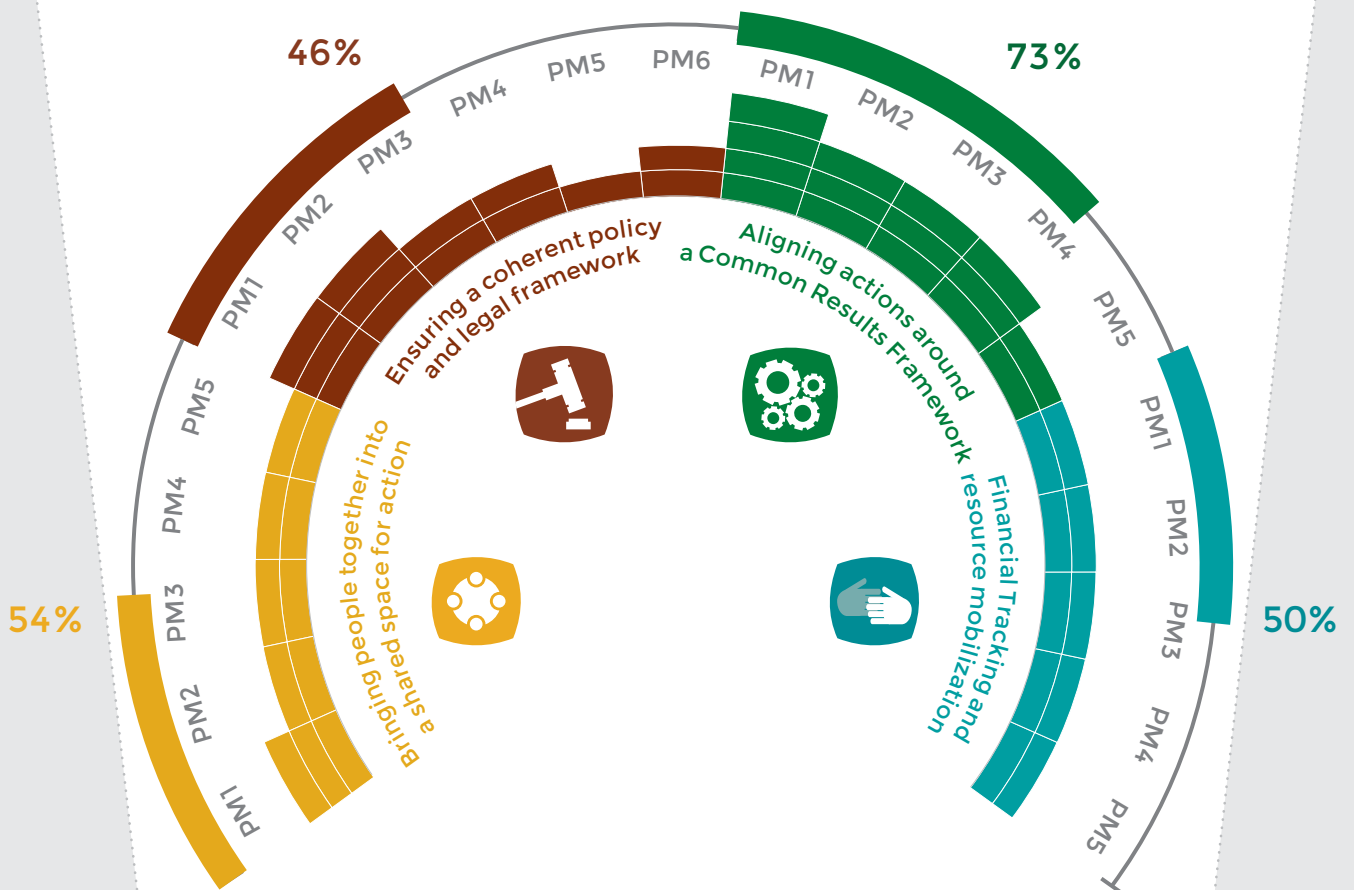
Progress Across Four SUN Processes Benin

2012¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

Stage of Preparedness



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

Namibia

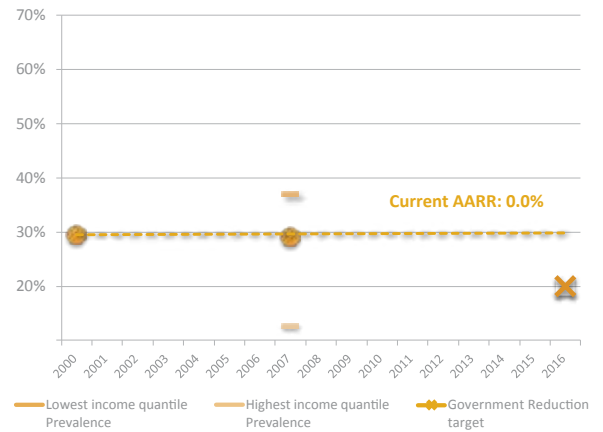


Joined: September 2011

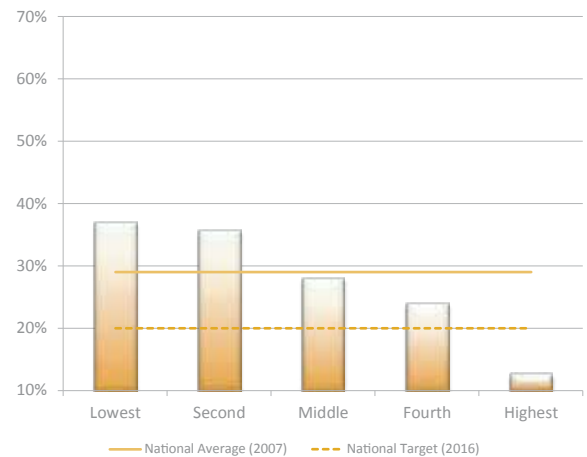


Demographic data	
National Population (million, 2010)	2,2
Children under 5 (million, 2010)	0,3
Adolescent Girls (15-19)(million, 2010)	0,10
Average Number of Births (million, 2010)	0,06
Population growth rate (2010)	1,45%
WHA nutrition target indicators (DHS 2006-2007)	
Low-birth weight	14,0%
0-5 months 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

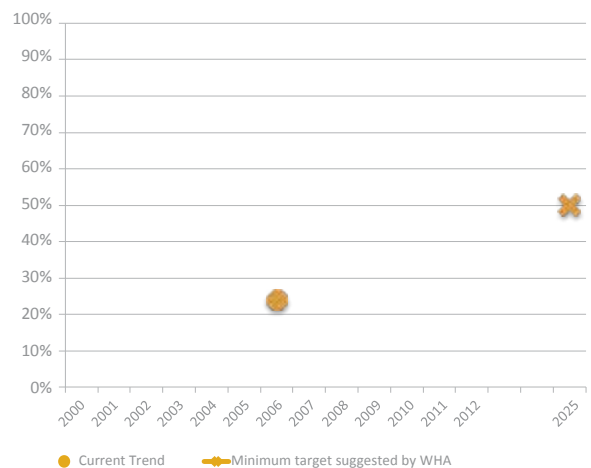
Stunting Reduction Trend and Target



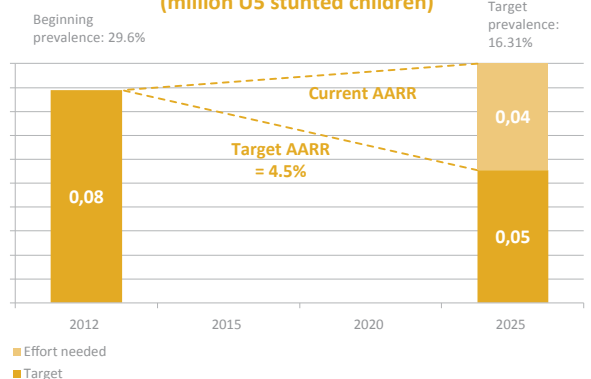
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US 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 Pukewitz 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.

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.

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.

Financial Tracking and resource mobilization

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

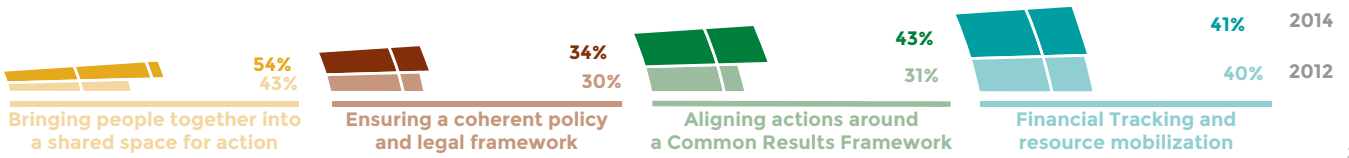
The Ministry of Finance is providing NAFIN with N\$ 200,000 per year (about USD 24,000) for a period of 4 years (2011-2014). The government's financial system have not established a separate nutrition budget lines but the government reports on nutrition-specific expenditure.

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.

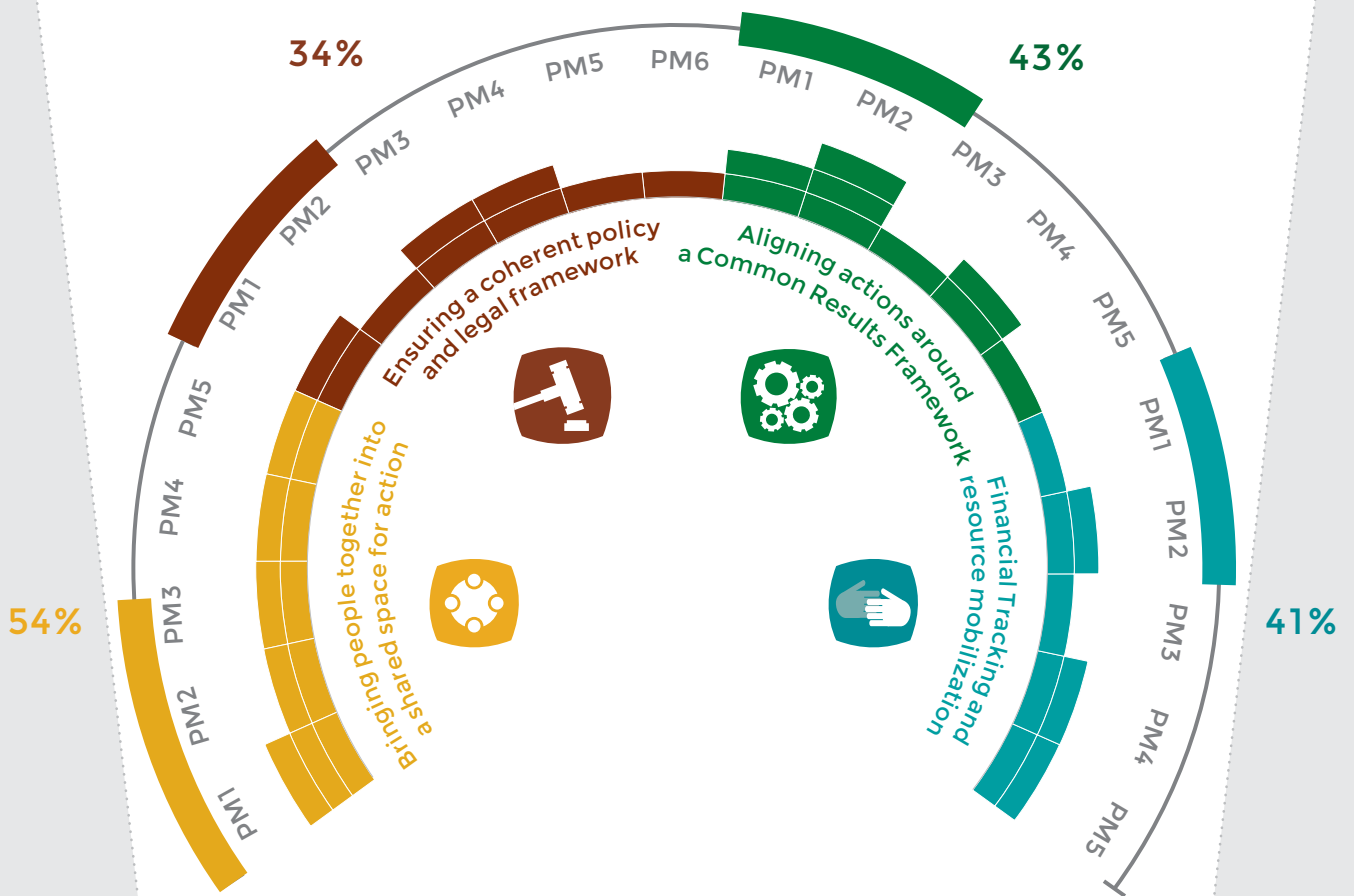
Progress Across Four SUN Processes Namibia

2012¹ and 2014² Scoring of Progress Markers



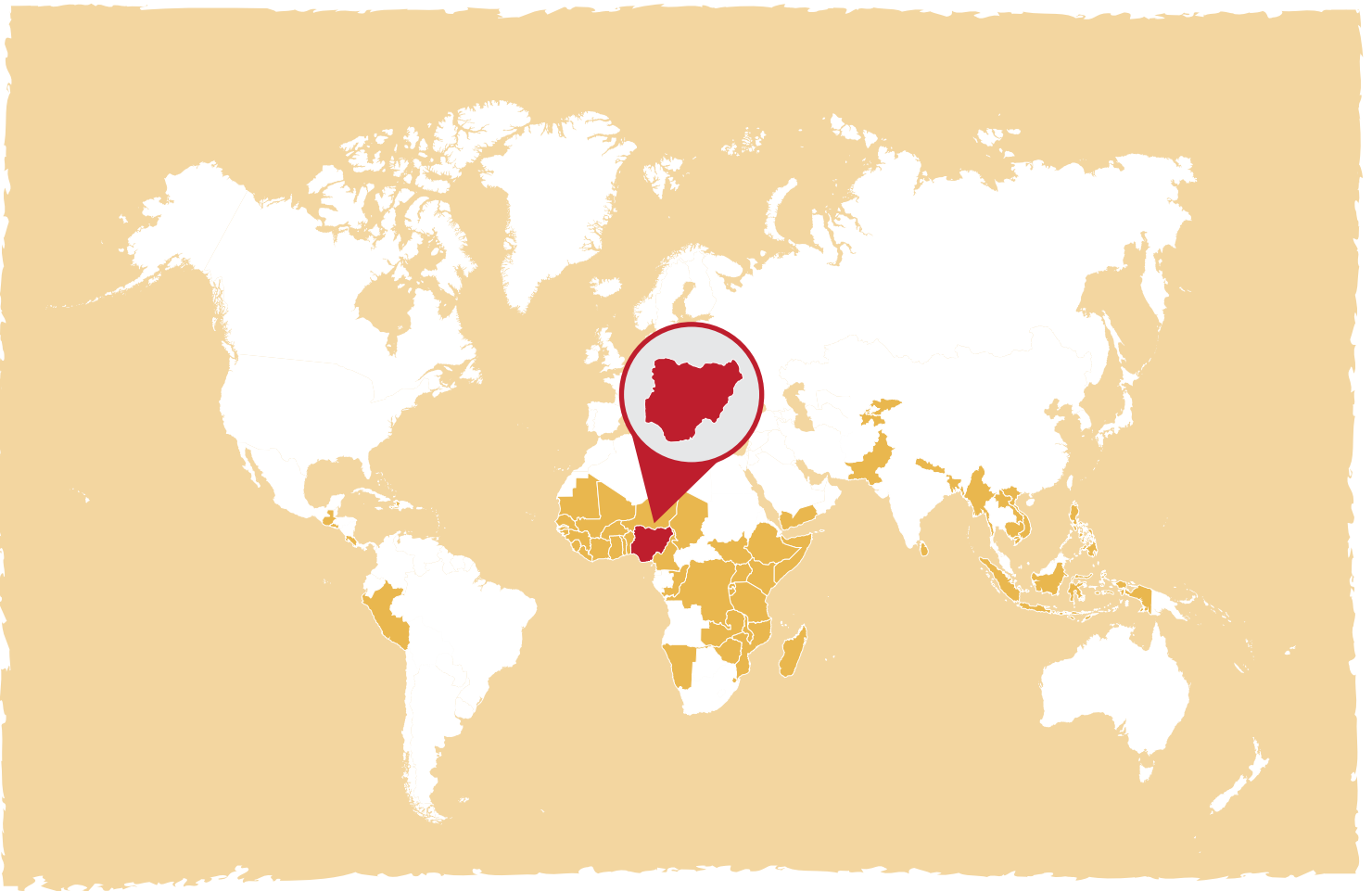
2014 Dashboard for Progress Markers

Stage of Preparedness



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

Nigeria

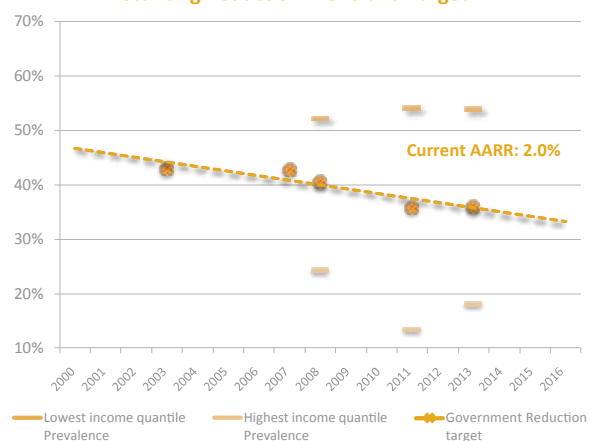


Joined: November 2011

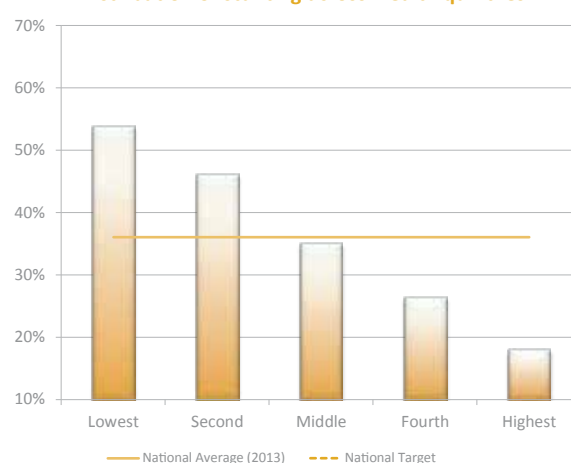


Demographic data	
National Population (million, 2010)	159,7
Children under 5 (million, 2010)	28,0
Adolescent Girls (15-19)(million, 2010)	8,00
Average Number of Births (million, 2010)	6,30
Population growth rate (2010)	2,69%
WHA nutrition target indicators (DHS 2013)	
Low-birth weight	8,1%
0-5 months 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

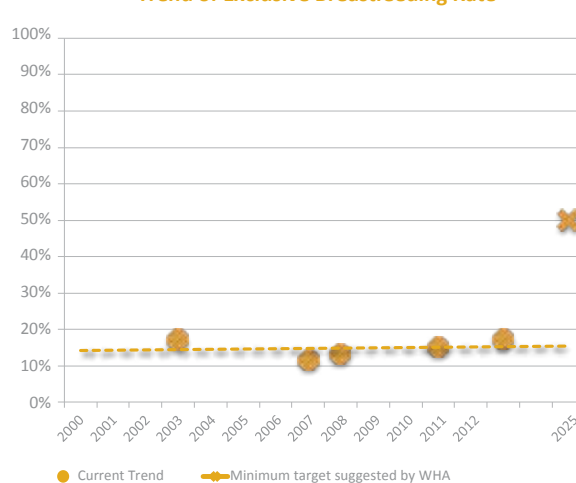
Stunting Reduction Trend and Target



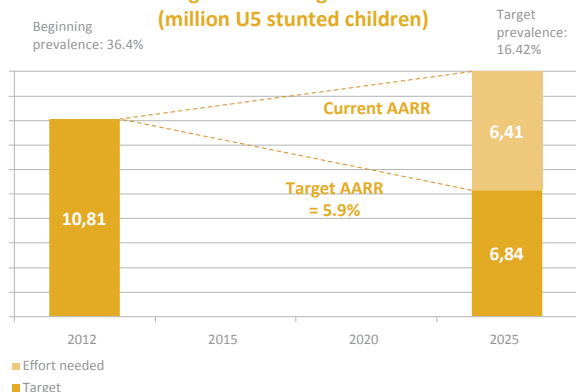
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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 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.

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 been 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.

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.

Financial Tracking and resource mobilization

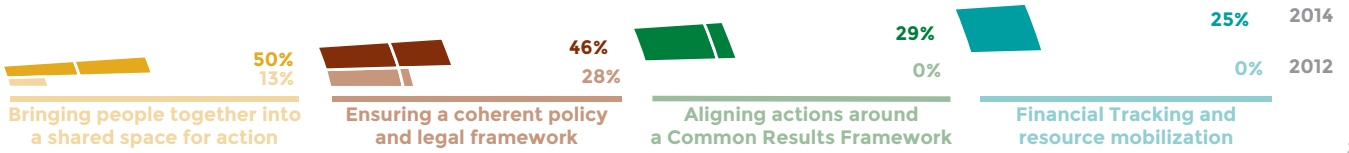
The national budget is mapped and currently there are ongoing efforts of a budget line specifically for nutrition in line ministries at national and state levels. The establishment of the financial tracking system is a priority in order to identify the funding gaps for scaling up nutrition interventions.

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.

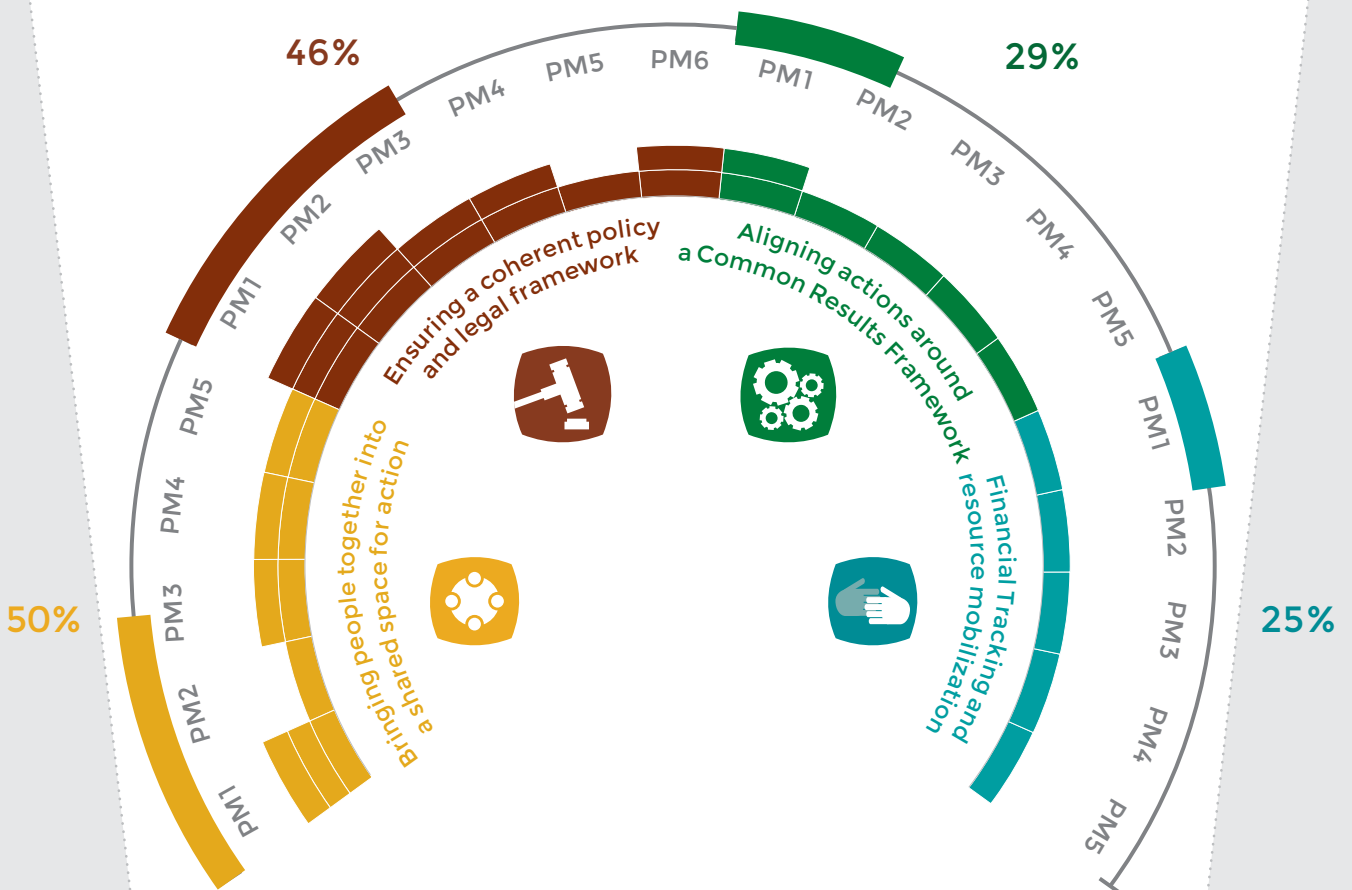
Progress Across Four SUN Processes Nigeria

2012¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

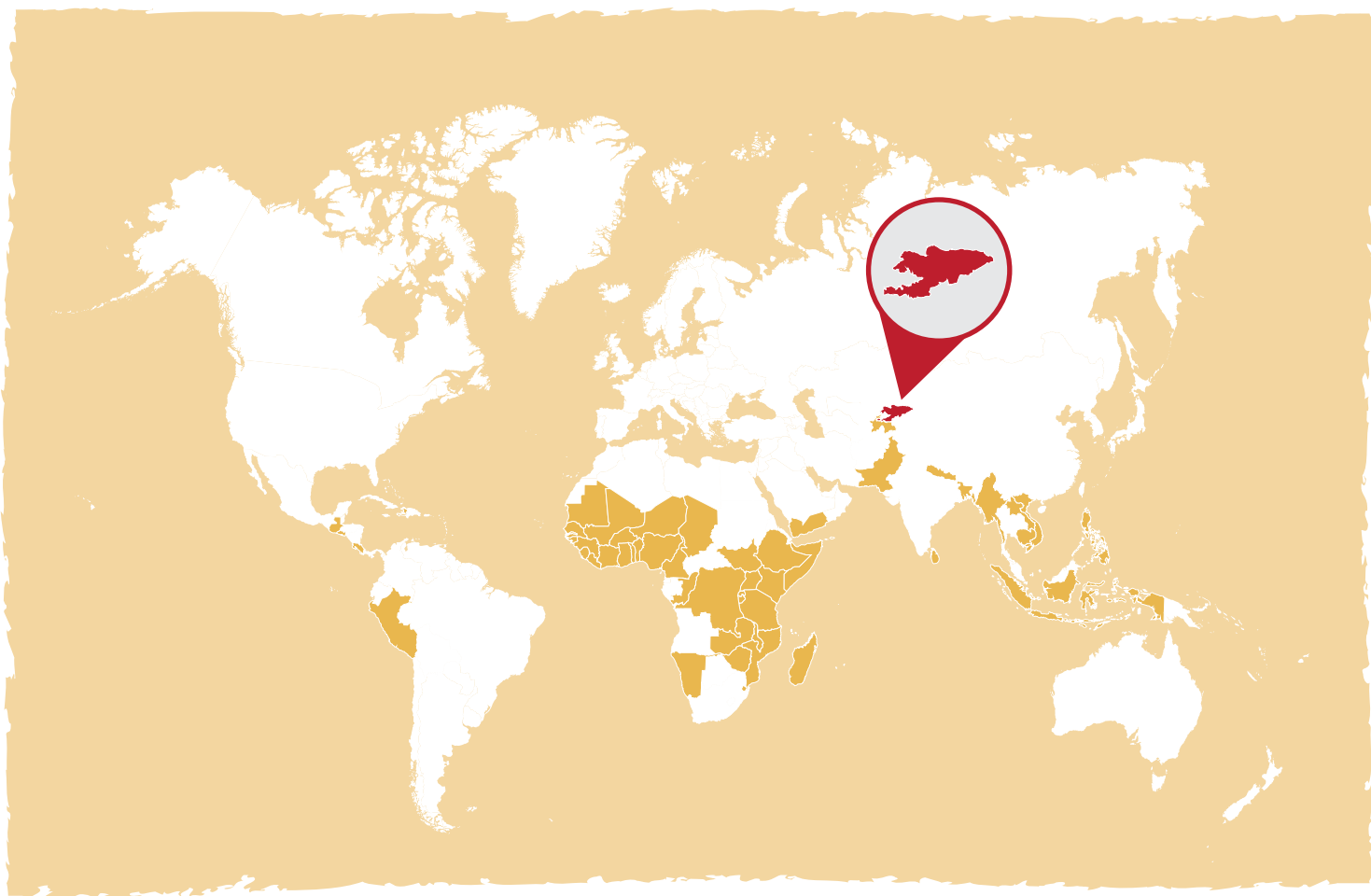
Stage of Preparedness



¹Externally assessed by the SUN Movement Secretariat

²Internally assessed by in-country self-assessment exercise

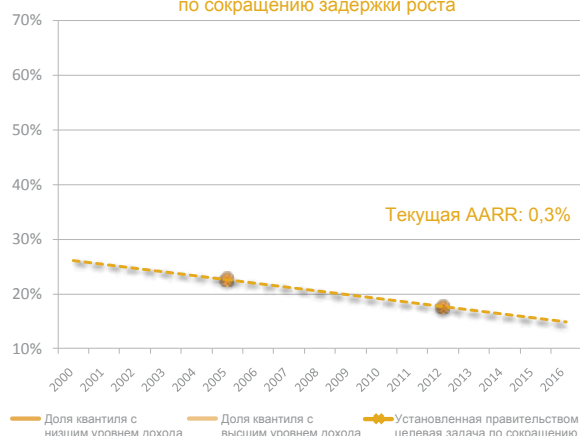
Кыргызская Республика



Присоединилась: Декабрь 2011 г.

Демографические данные	
Население страны (млн, 2010 г.)	5,3
Детей до 5 лет (млн, 2010 г.)	0,6
Девочки-подростки (15–19 лет) (млн, 2010 г.)	0,30
Среднее кол-во рождений (млн, 2010 г.)	0,12
Темп роста населения (2010 г.)	1,13%
ВАЗ: Целевые показатели по питанию (DHS 2012)	
Пониженный вес при рождении	5,3%
Исключительно грудное вскармливание в возрасте 0–5 мес.	56,1%
Задержка в росте у детей в возрасте до 5 лет	17,8%
Истощение у детей в возрасте до 5 лет	2,8%
Избыточный вес у детей в возрасте до 5 лет	9,0%
Покрытие факторов, имеющих отношение к питанию	
Практики кормления детей грудного и раннего возраста	
Минимальный приемлемый рацион у детей в возрасте 6–23 мес.	16,2%
Минимальное разнообразие рациона у детей в возрасте 6–23 мес.	44,0%
Вмешательство для предотвращения дефицита витаминов и минералов	
Дополнение рациона цинком при диарее (дети до 5 лет)	-
Беременные женщины, обращающиеся за дородовой медицинской помощью 4 раза и более	83,6%
Дополнение рациона витамином А (6–59 мес.)	-
Домашние хозяйства, потребляющие достаточно йодированную соль	96,6%
Расширение прав и возможностей женщин	
Грамотность среди женщин	99,9%
Уровень занятости среди женщин	50,3%
Средний возраст вступления в первый брак	20,6
Доступ к квалифицированной акушерской помощи	97,6%
Женщины, родившие первенца в возрасте до 18 лет	6,3%
Уровень фертильности	3,6
Другие показатели, имеющие отношение к питанию	
Уровень урбанизации	35,30%
Доля дохода беднейшего слоя (20 %) населения	7,68%
Калорий на чел. в день (ккал/чел/день)	2.212,0
Энергия от неосновных продуктов питания	13,00%
Железо, доступное с продуктами животного происхождения (мг/чел/день)	-
Доступ к улучшенным санитарно-техническим средствам	95,1%
Открытая дефекация	0,1%
Доступ к улучшенным источникам питьевой воды	85,9%
Доступ к водопроводной воде	25,5%
Поверхностные воды как источник питьевой воды	10,1%
ВВП на душу населения (в текущих ценах в долларах США, 2013 г.)	1.263,00
Экспорт сельскохозяйственной продукции на душу населения (в текущих ценах в долларах США, 2012 г.)	2,66
Импорт сельскохозяйственной продукции на душу населения (в текущих ценах в долларах США, 2012 г.)	3,02

Динамика сокращения и целевая задача по сокращению задержки роста



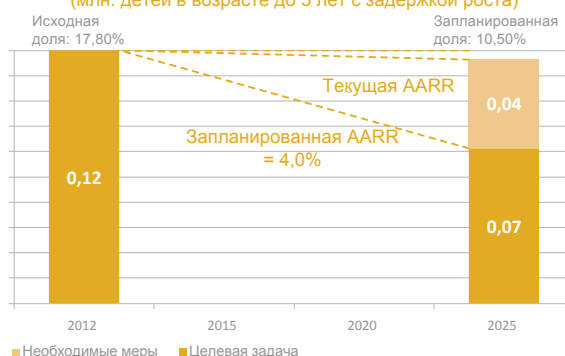
Распределение случаев задержки в росте в квинтилях по уровню благосостояния



Динамика показателя исключительно грудного вскармливания



Запланированное сокращение задержки роста (млн. детей в возрасте до 5 лет с задержкой роста)



Объединение людей в едином пространстве для принятия мер

Ассигнования для сектора питания в Кыргызской Республике выделяются из правительственных фондов. Государственным координатором по РВП назначен заместитель министра здравоохранения.

При поддержке вице-президента Кыргызская Республика планирует учредить Совет по продовольственной безопасности, который станет главным руководящим органом в сфере питания.

В настоящее время деятельность многих организаций направлена на улучшение питания населения (Министерство здравоохранения, Министерство сельского хозяйства и мелиорации, Кыргызская ассоциация солепроизводителей, Ассоциация мукомолов, Ассоциация сельских комитетов здравоохранения, Национальный центр охраны здоровья матери и ребенка и др.), а в будущем планируется создание многосторонней платформы. Партнеры по развитию, включая доноров, агентства ООН и бизнес-сообщество, не в полной мере вовлечены в эту работу. В настоящее время разрабатывается регламент Альянса гражданского общества; уже более 60 негосударственных организаций проявили интерес к участию в движении РВП.

Создание многосторонней платформы является отдельным пунктом разрабатываемой Программы по обеспечению продовольственной безопасности и питания (2014-2017).

Согласование с рамочным соглашением по общим результатам

Программа по обеспечению продовольственной безопасности и питания включает ориентировочные общие результаты и определяет ответственность всех вовлеченных сторон. Осуществление стратегий всех секторов осуществляется в соответствии с международными стандартами. Например, уже сегодня Министерство здравоохранения внедряет целый ряд программ питания, таких как содействие грудному вскармливанию детей до 6 месяцев, продовольственная поддержка беременных и кормящих женщин, продвижение йодирования соли сельскими комитетами здравоохранения, а также обогащение муки.

Соответствующее законодательство уже разработано, но пока не введено в полную силу.

Несмотря на существование плана действий для Программы по обеспечению продовольственной безопасности и питания, на сегодняшний день не разработан единый механизм планирования, мониторинга и оценки государственного бюджета.

Вопросы питания рассматриваются в рамках различных программ, но не подвергаются централизованному контролю.

Обеспечение последовательной нормативно-правовой базы

Существует целый ряд обновленных программ и стратегий, охватывающих такие ключевые секторы, как сельское хозяйство, сокращение бедности и развитие социальной защиты. Всесторонний анализ существующего законодательства и программ питания продолжается и сейчас. В процессе разработки находятся дополнения и поправки к Закону об обогащении муки хлебопекарной.

Программа по обеспечению продовольственной безопасности и питания была разработана по инициативе кабинета премьер-министра, а Министерство сельского хозяйства и мелиорации и Министерство здравоохранения определили вопросы питания в качестве приоритетного направления для своих программ и проектов. Дорабатывается комплексная Программа по обеспечению продовольственной безопасности и питания, включающая в себя безопасность пищевых продуктов, социальную защиту и оптимизацию качества питания.

Контроль финансов и мобилизация ресурсов

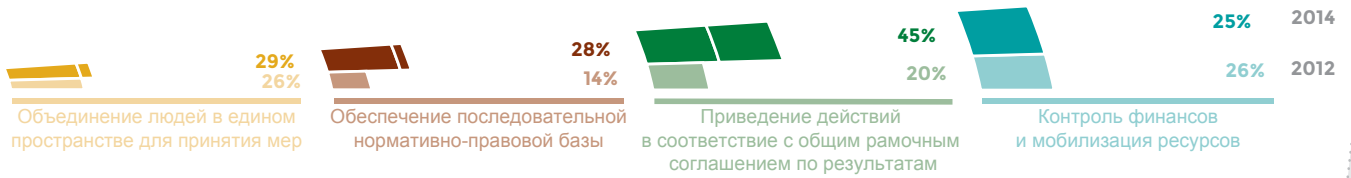
Финансирование Программы по обеспечению продовольственной безопасности и питания, являющейся частью национального плана развития, осуществляется из государственного бюджета и средств, выделяемых донорами. В то время как страна ежегодно тратит более 13 миллионов долларов США на программы школьного питания и деятельность специализированных комитетов по обеспечению продовольственной безопасности, в некоторых стратегических областях, таких как информационно-просветительные программы, развитие и внедрение системы мониторинга питания, обнаружена нехватка финансирования.

В рамках Программы по обеспечению продовольственной безопасности и питания была проведена оценка стоимости приоритетных мер на 2014-2017 годы, включая организацию адресных мер по исправлению ситуации с питанием и улучшению его качества. Был разработан и согласован план действий с четким разделением ответственности основных участников, а также план контроля и оценки. Общая сумма бюджета составила более 15 миллионов долларов США, из которых 9 миллионов полностью покрываются за счет средств государства и доноров. Дефицит финансирования составляет приблизительно 6 миллионов долларов США.

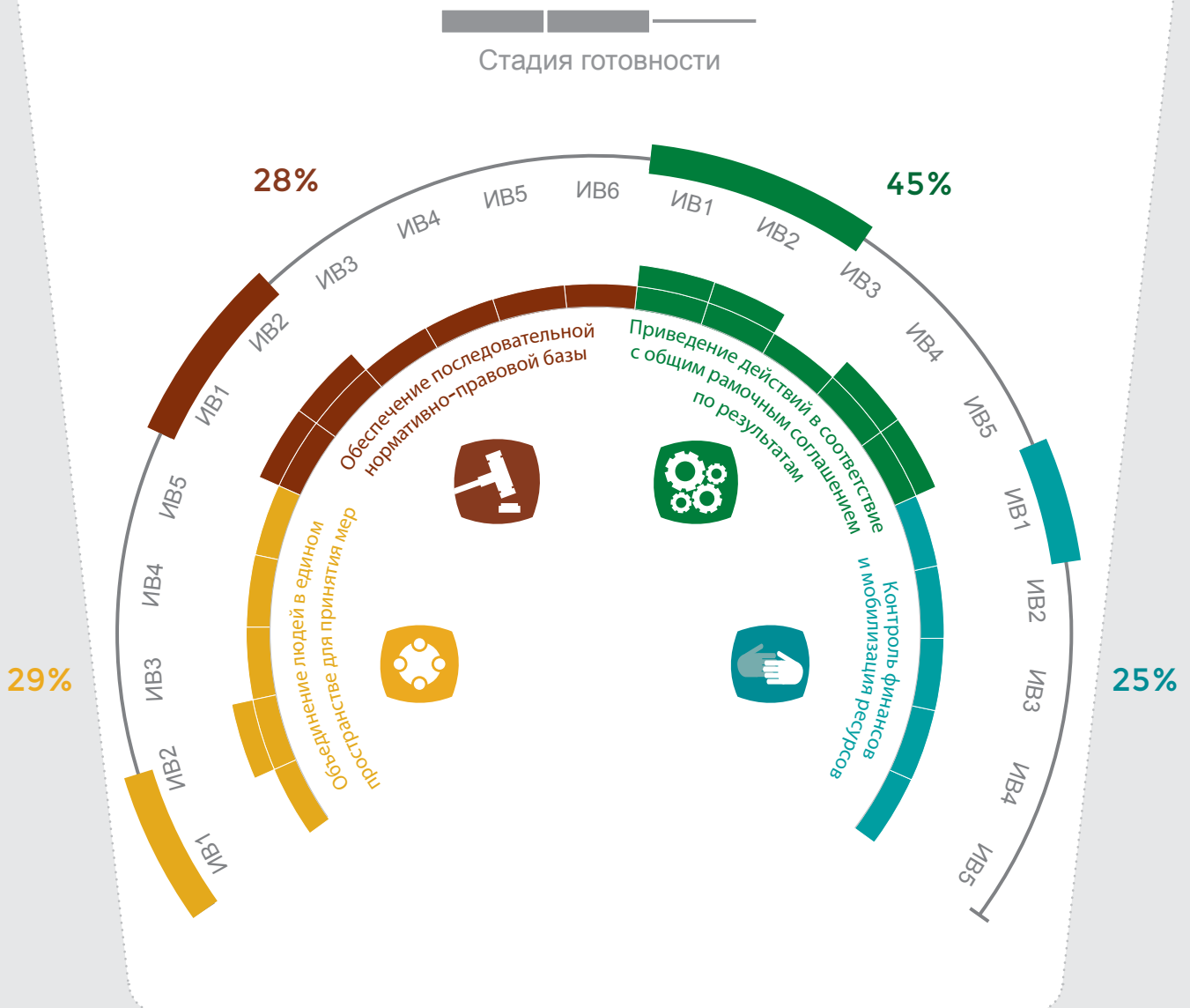
Задачей ближайшего будущего является создание Координационного органа высокого уровня.

Прогресс, достигнутый по четырем процессам РВП Кыргызская Республика

Баллы по индикаторам выполнения: 2012¹ и 2014²

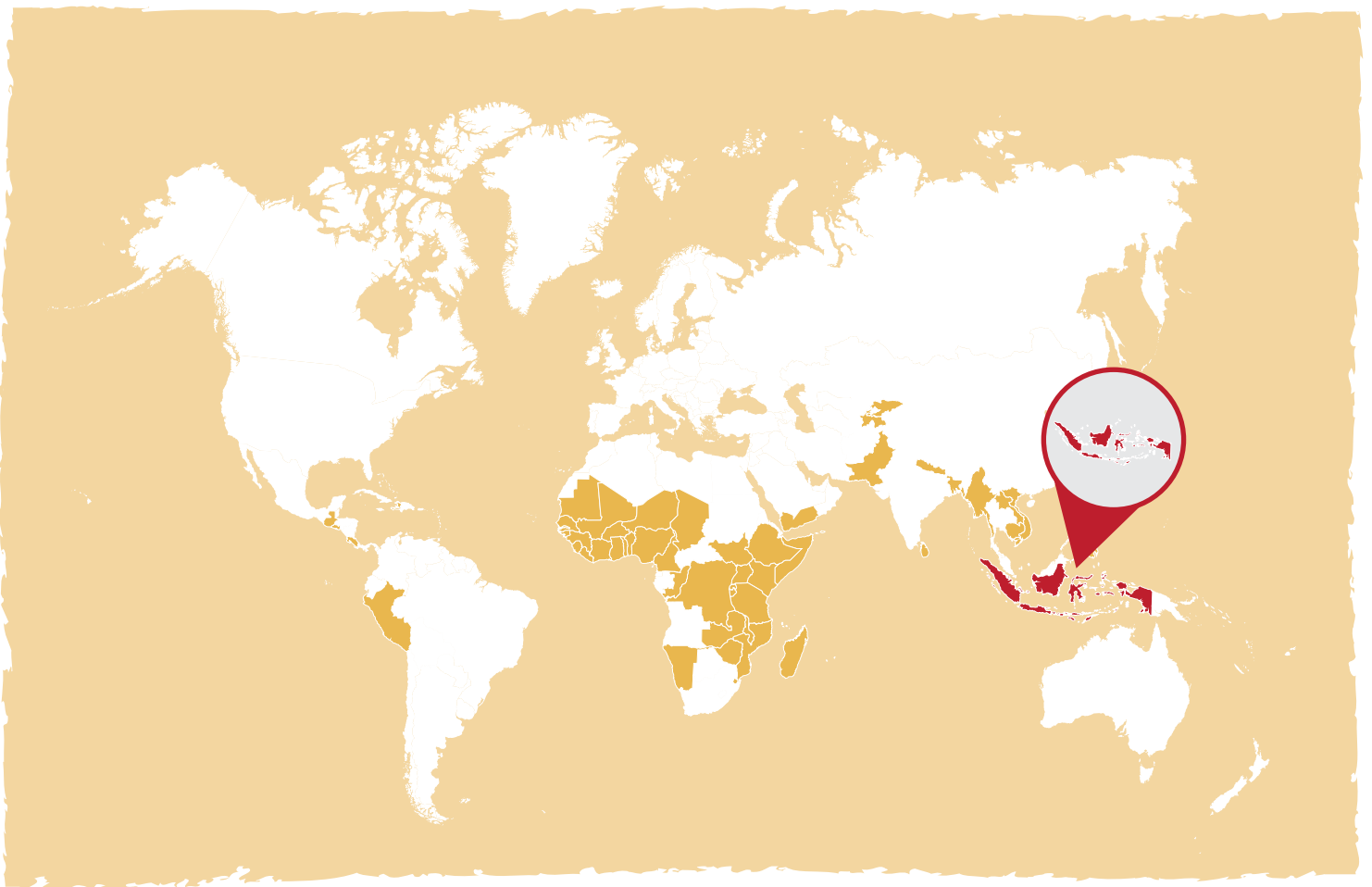


Панель индикаторов выполнения, 2014 г.



¹Внешняя оценка, проведенная Секретариатом Движения РВП
²Внутренняя оценка, проведенная внутри стран путем самооценки

Indonesia

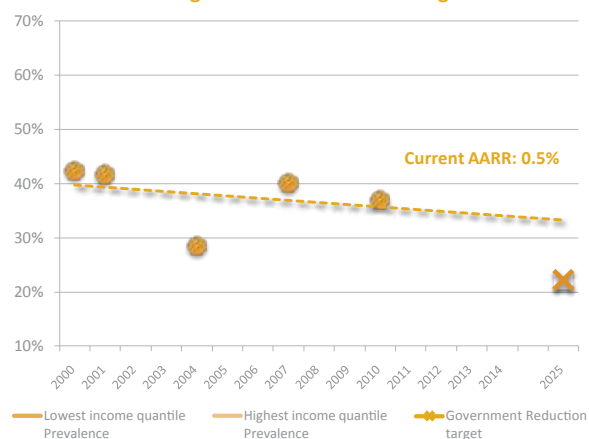


Joined: December 2011

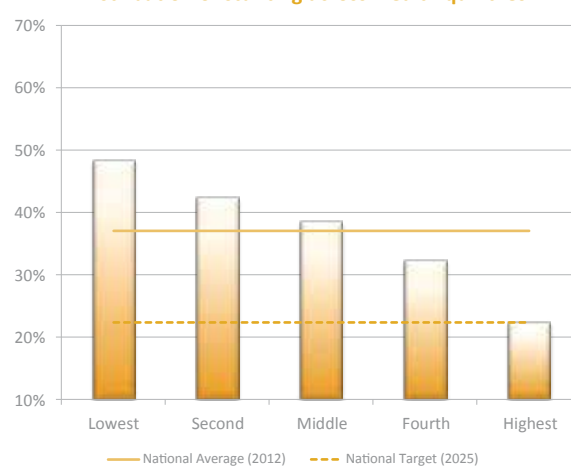


Demographic data	
National Population (million, 2010)	240,7
Children under 5 (million, 2010)	25,1
Adolescent Girls (15-19)(million, 2010)	10,20
Average Number of Births (million, 2010)	4,90
Population growth rate (2010)	1,39%
WHA nutrition target indicators (National report on basic health research, 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

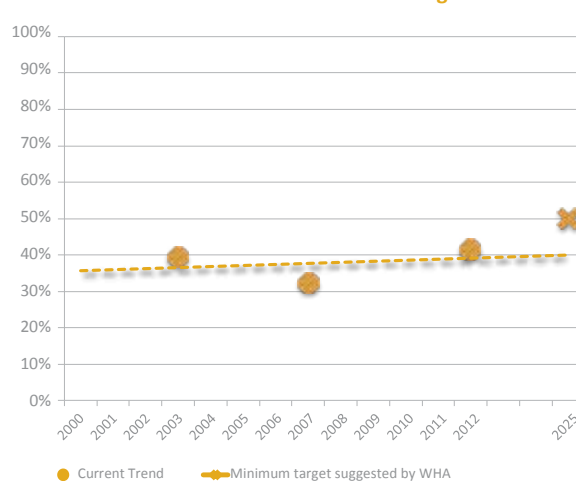
Stunting Reduction Trend and Target



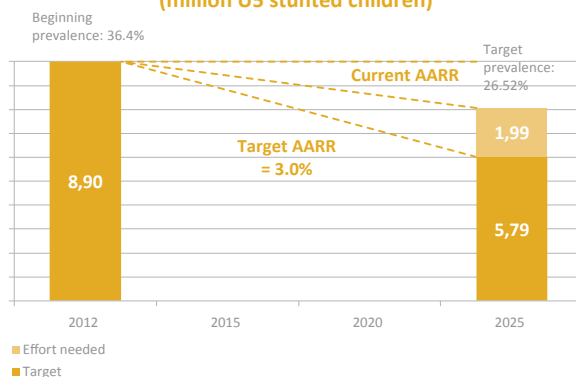
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US 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).

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.

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 in 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.

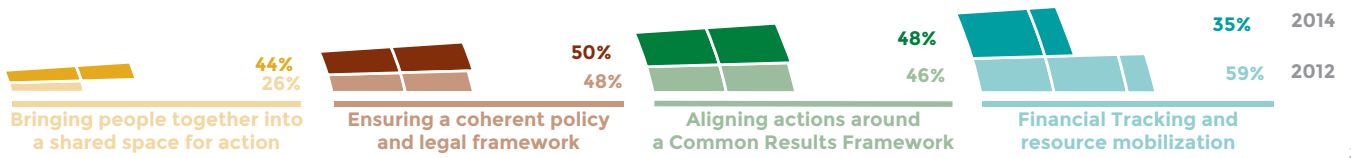
Rice fortification is under preparation. The communication and advocacy strategy on the first 1,000 Days is almost finalized. Efforts are also focusing on the amelioration of information dissemination.

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.

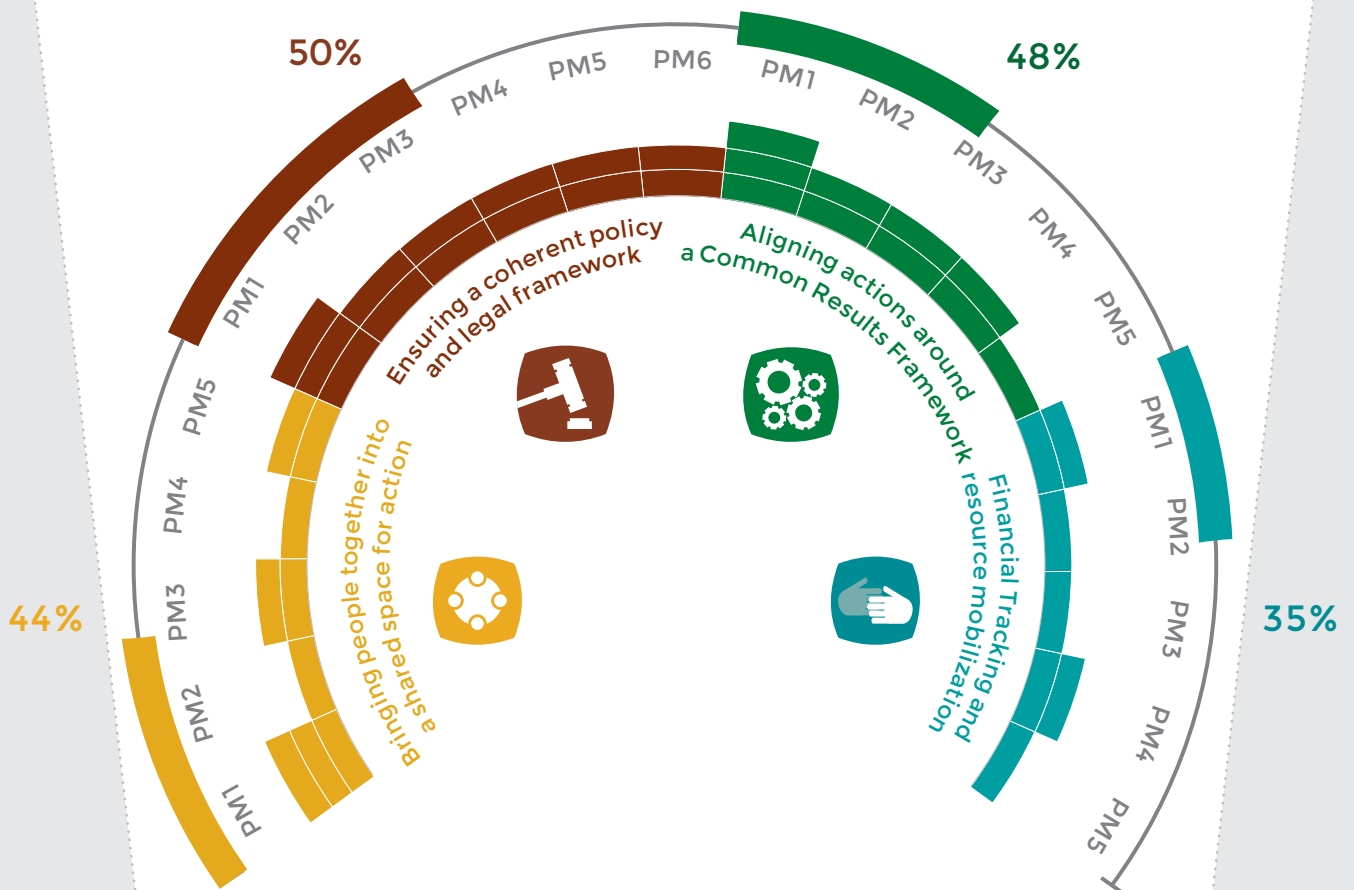
Progress Across Four SUN Processes Indonesia

2012¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

Stage of Preparedness



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

Rwanda

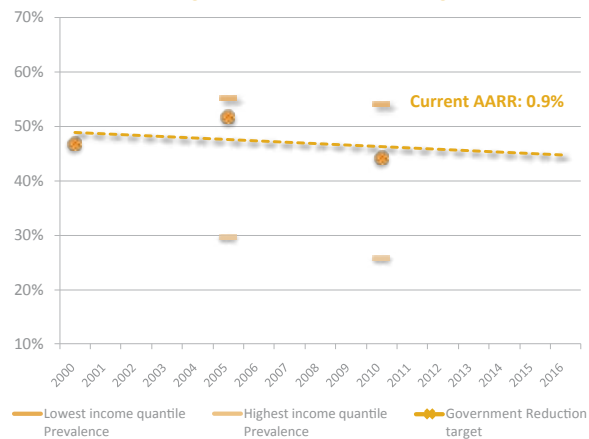


Joined: December 2011

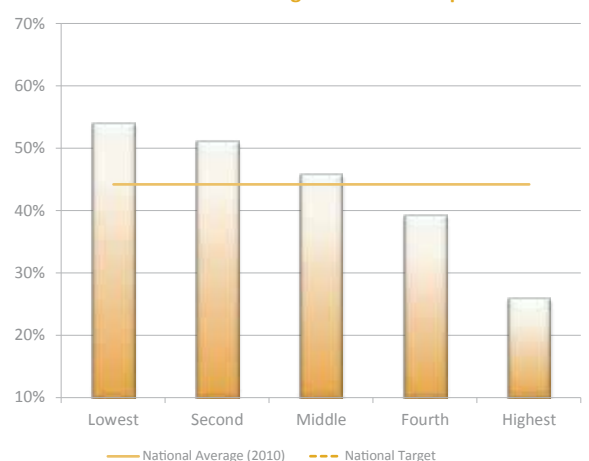


Demographic data	
National Population (million, 2010)	10,8
Children under 5 (million, 2010)	1,8
Adolescent Girls (15-19)(million, 2010)	0,50
Average Number of Births (million, 2010)	0,40
Population growth rate (2010)	2,78%
WHA nutrition target indicators (DHS 2010)	
Low-birth weight	6,2%
0-5 months Exclusive 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

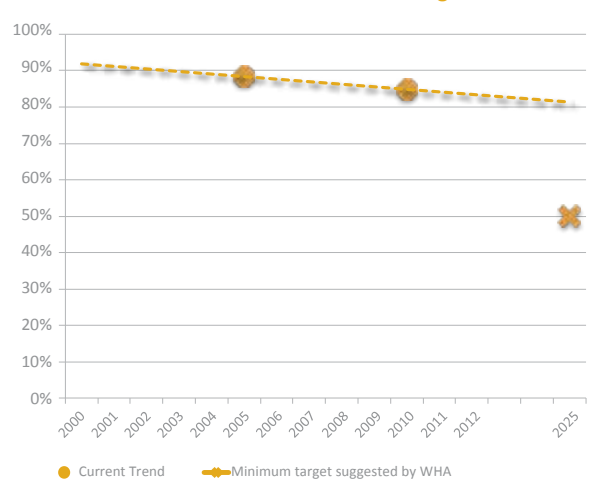
Stunting Reduction Trend and Target



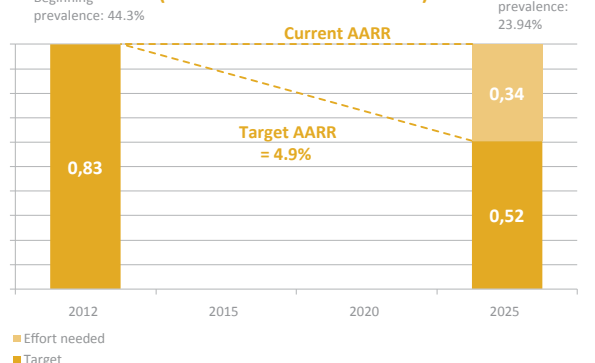
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

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.

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.

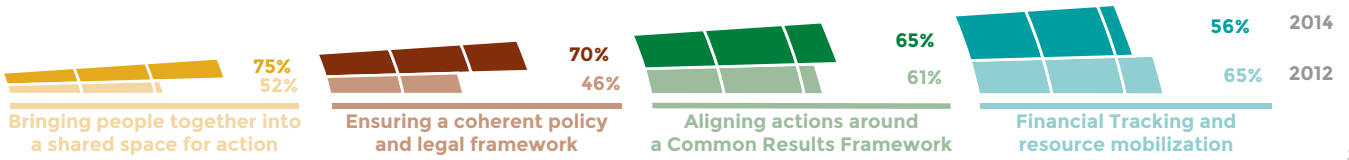
There are current policies in key sectors that have an impact on nutritional outcomes including agriculture, poverty reduction and development, health, education and social protection. Two of them are the **Strategic Plan for the Transformation of Agriculture in Rwanda Phase III Plan 2013-2017** and 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.

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.

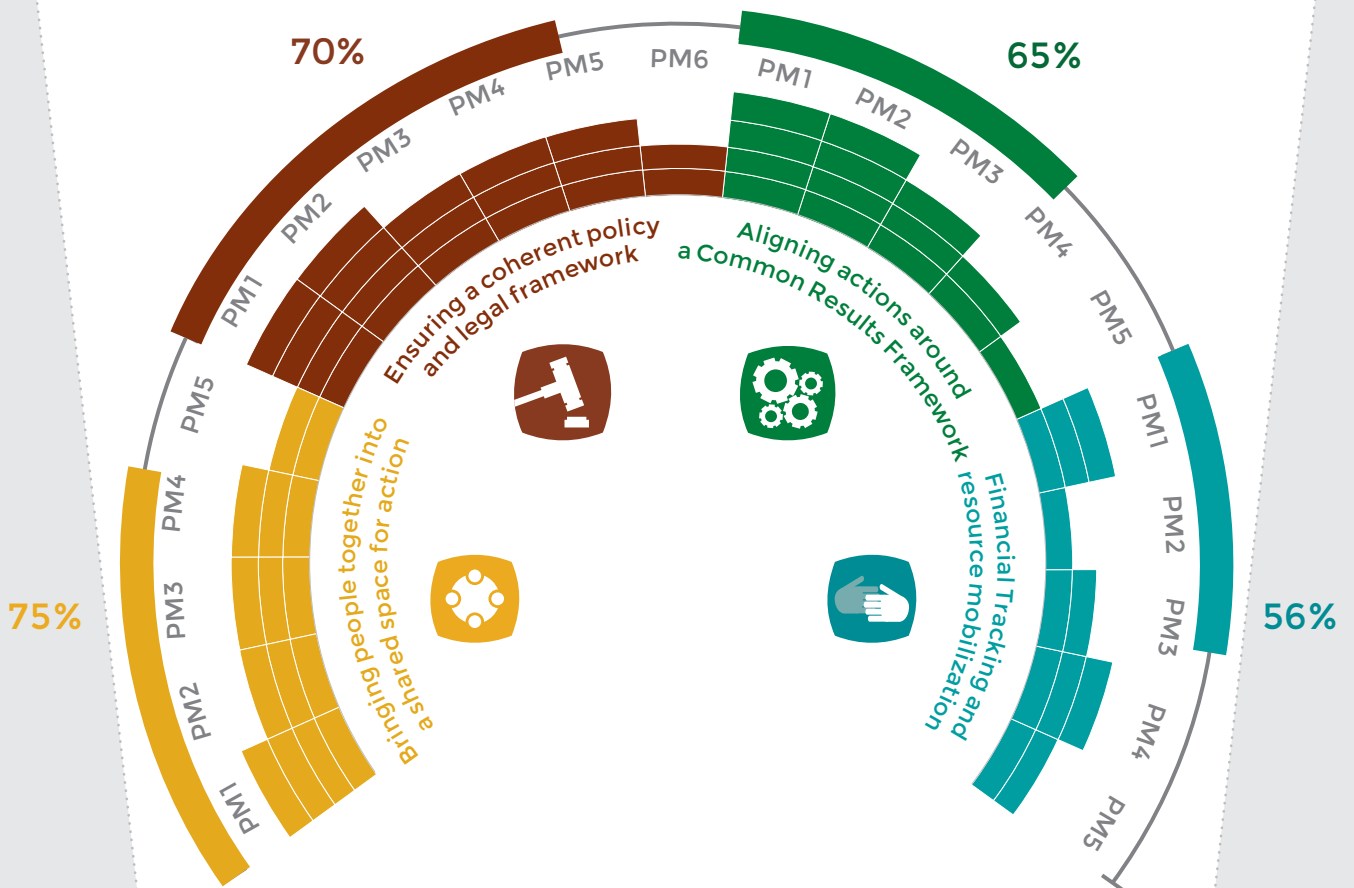
Progress Across Four SUN Processes Rwanda

2012¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

Stage of Preparedness



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





Страны, присоединившиеся к Движению в 2012 г.

Сьерра-Леоне

Мадагаскар

Гаити

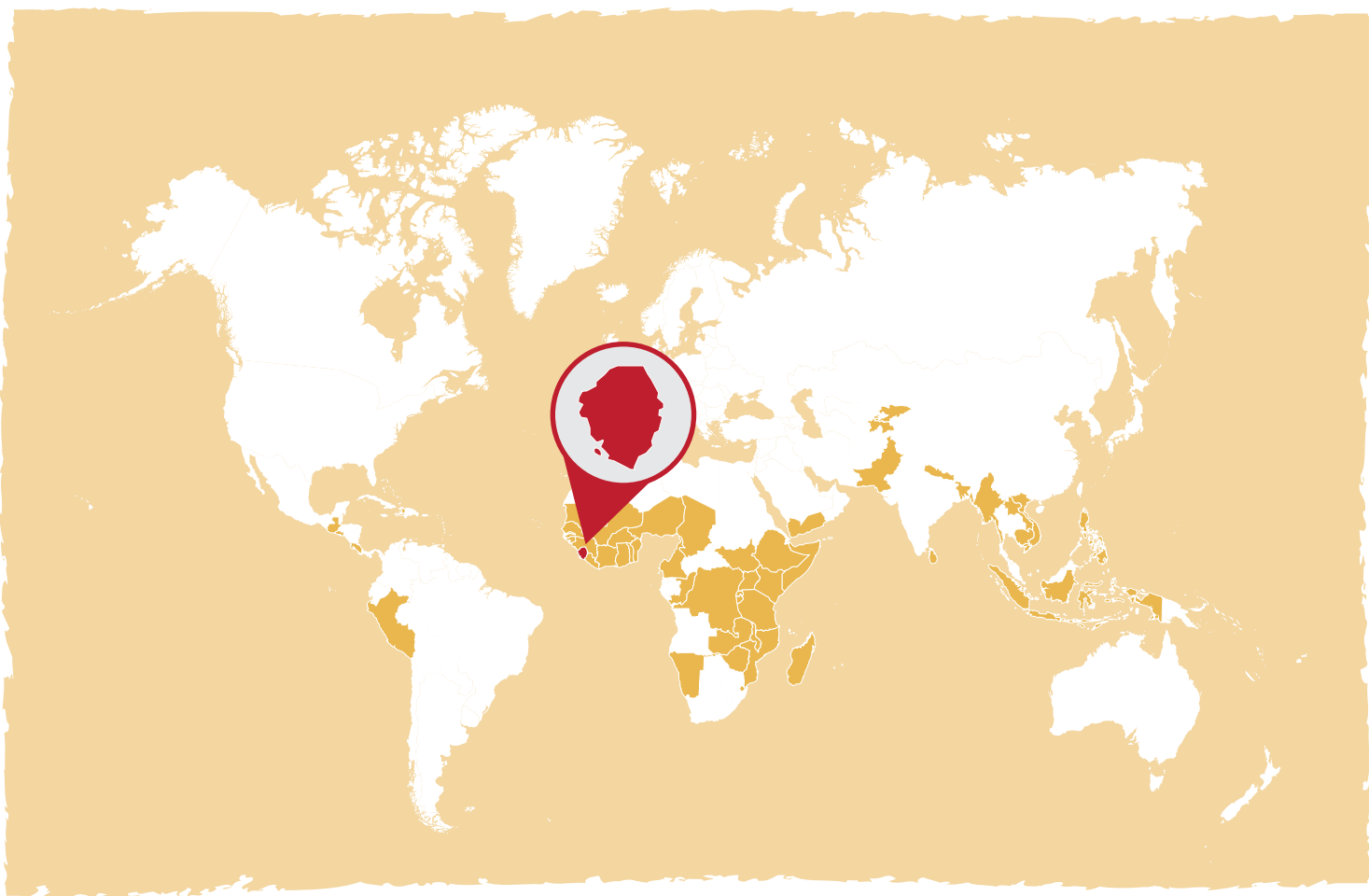
Кения

Сальвадор

Шри-Ланка

Йемен

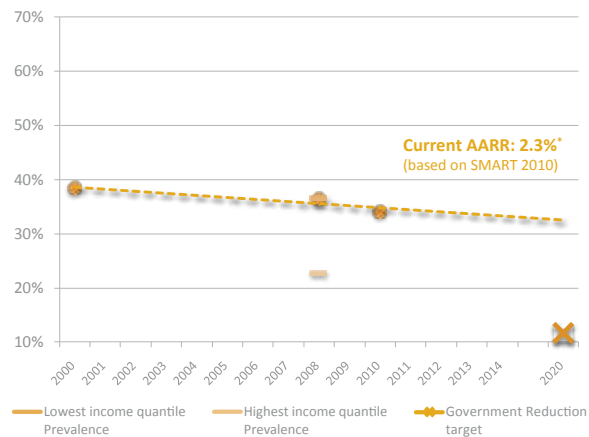
Sierra Leone



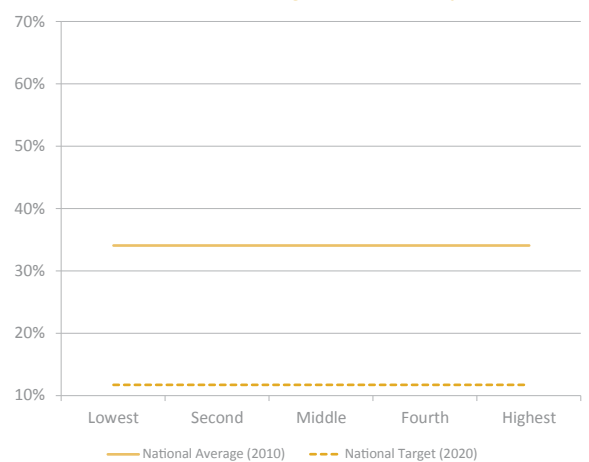
Joined: January 2012

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)	-

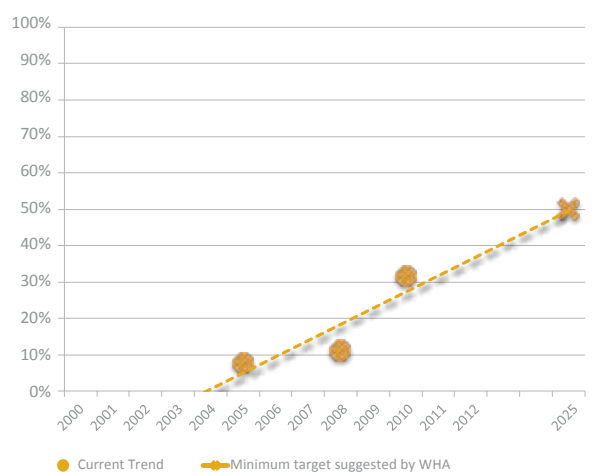
Stunting Reduction Trend and Target



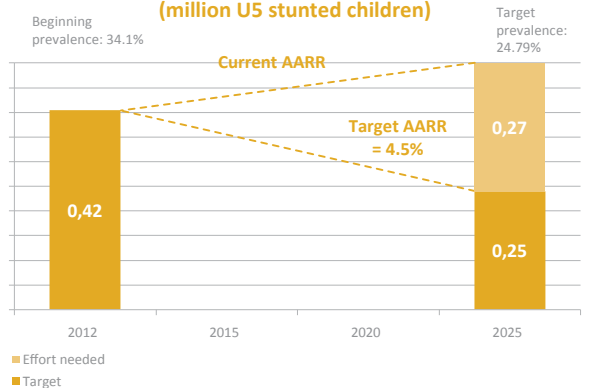
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

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 ministries and stakeholders.

Additionally, the implementation of the Free Healthcare Initiative that focuses on ensuring access and care for women and children is expected to contribute to a reduction in child and maternal morbidity and mortality. The government, which has set clear targets to reduce stunting and wasting and increase exclusive breastfeeding rates by 2020, is committed to scaling up community support networks for nutrition and food security and is increasing the number of qualified nutritionists. Programs have been aligned around seven priorities with involvement of relevant ministries, local government and multiple stakeholders. Focal persons are now identified in nine ministries in support of mainstreaming the implementation of relevant interventions and services at scale.

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.

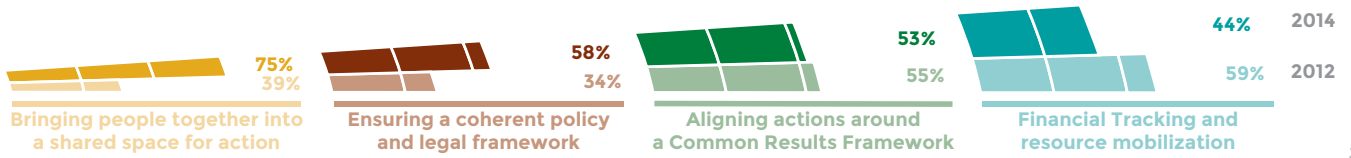
Key line ministries have been pro-active in mainstreaming nutrition into their sector/ministerial strategic plans, though the tracking and reporting system is at sector level. Moreover, there is two nutrition parliamentary committees on Health and Agriculture and Food Security. The National Food and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

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.

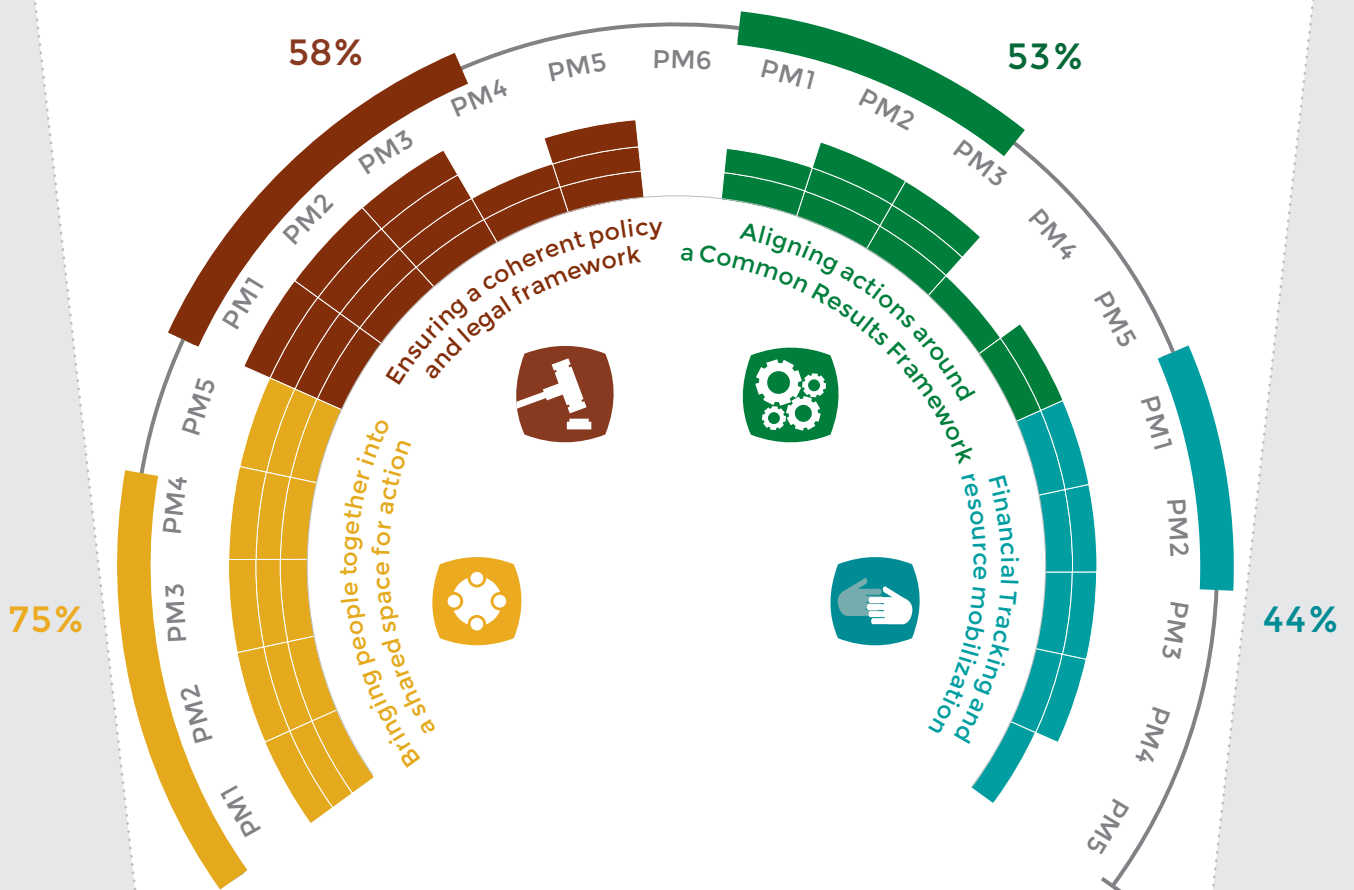
Progress Across Four SUN Processes Sierra Leone

2012¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

Stage of Preparedness



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

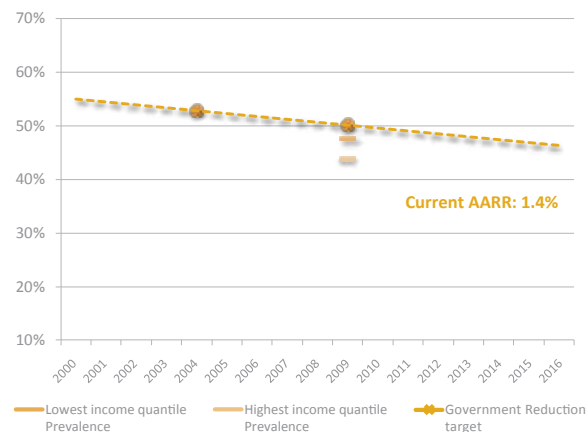
Madagascar



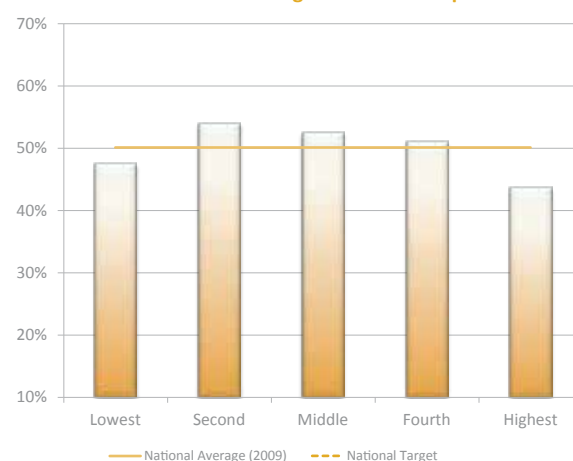
Joined: February 2012

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

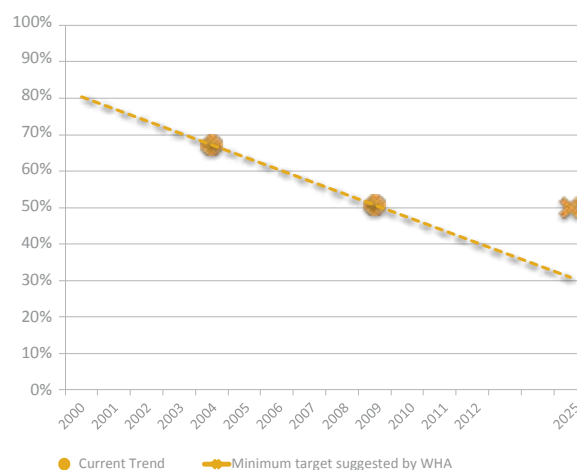
Stunting Reduction Trend and Target



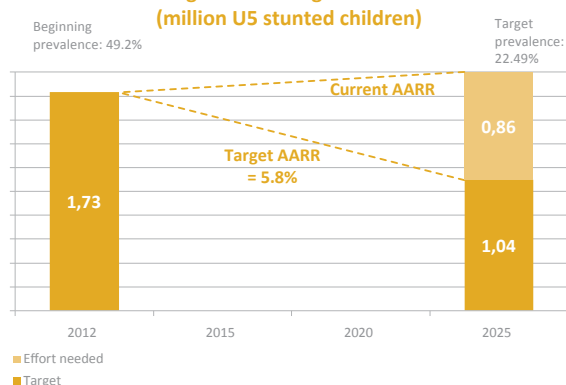
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US 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.

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.

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.

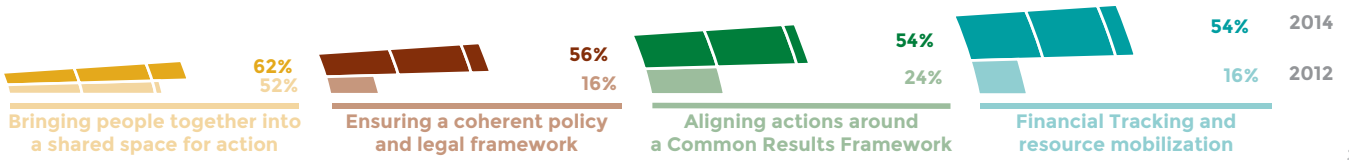
Nutrition is relatively well integrated in the agriculture and food security sectors, development, public health, education and social protection but Madagascar has initiated a process to draft/update directives on incorporating nutrition in sectoral policies in order to guide its application.

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.

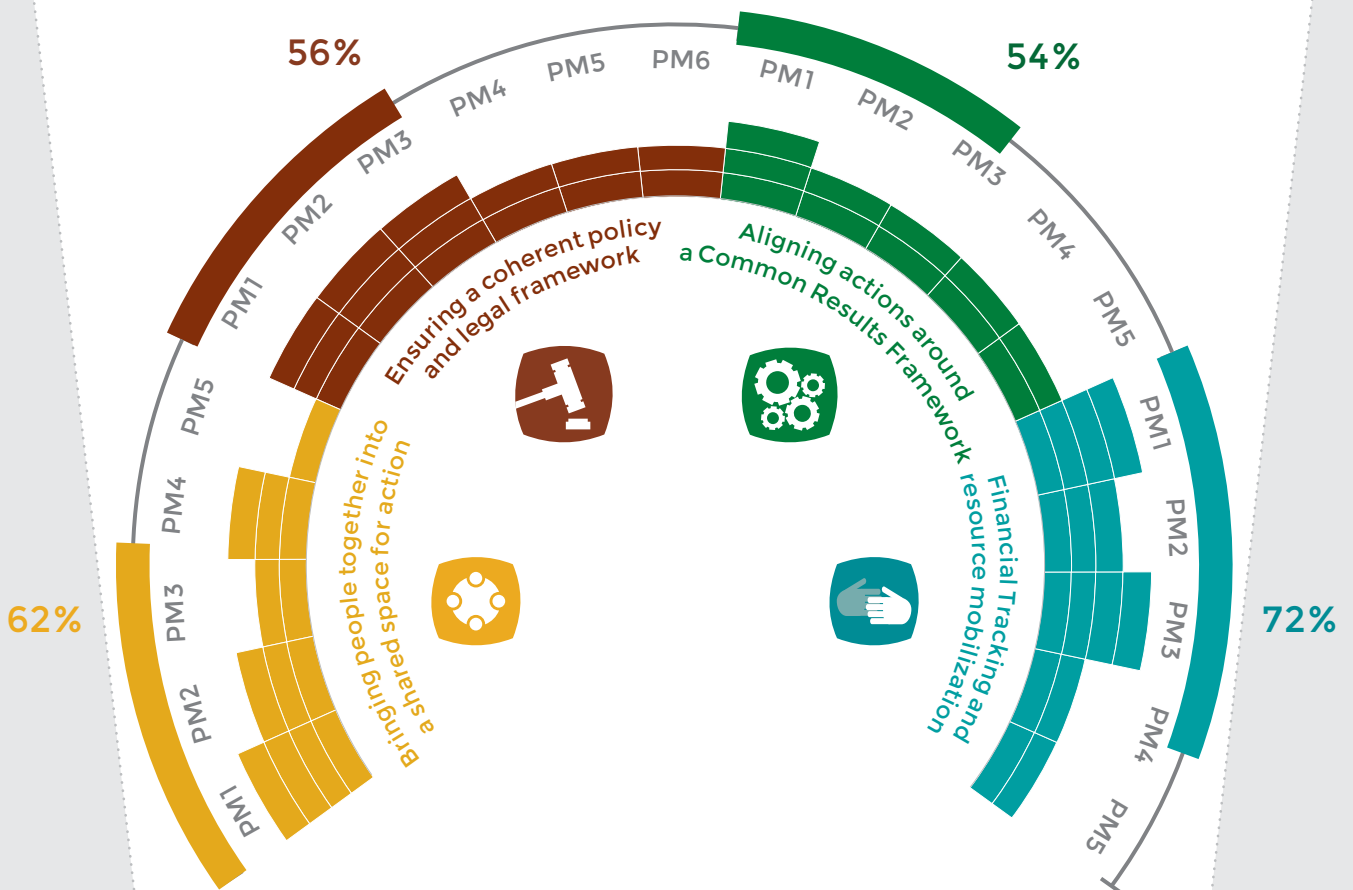
Progress Across Four SUN Processes Madagascar

2012¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

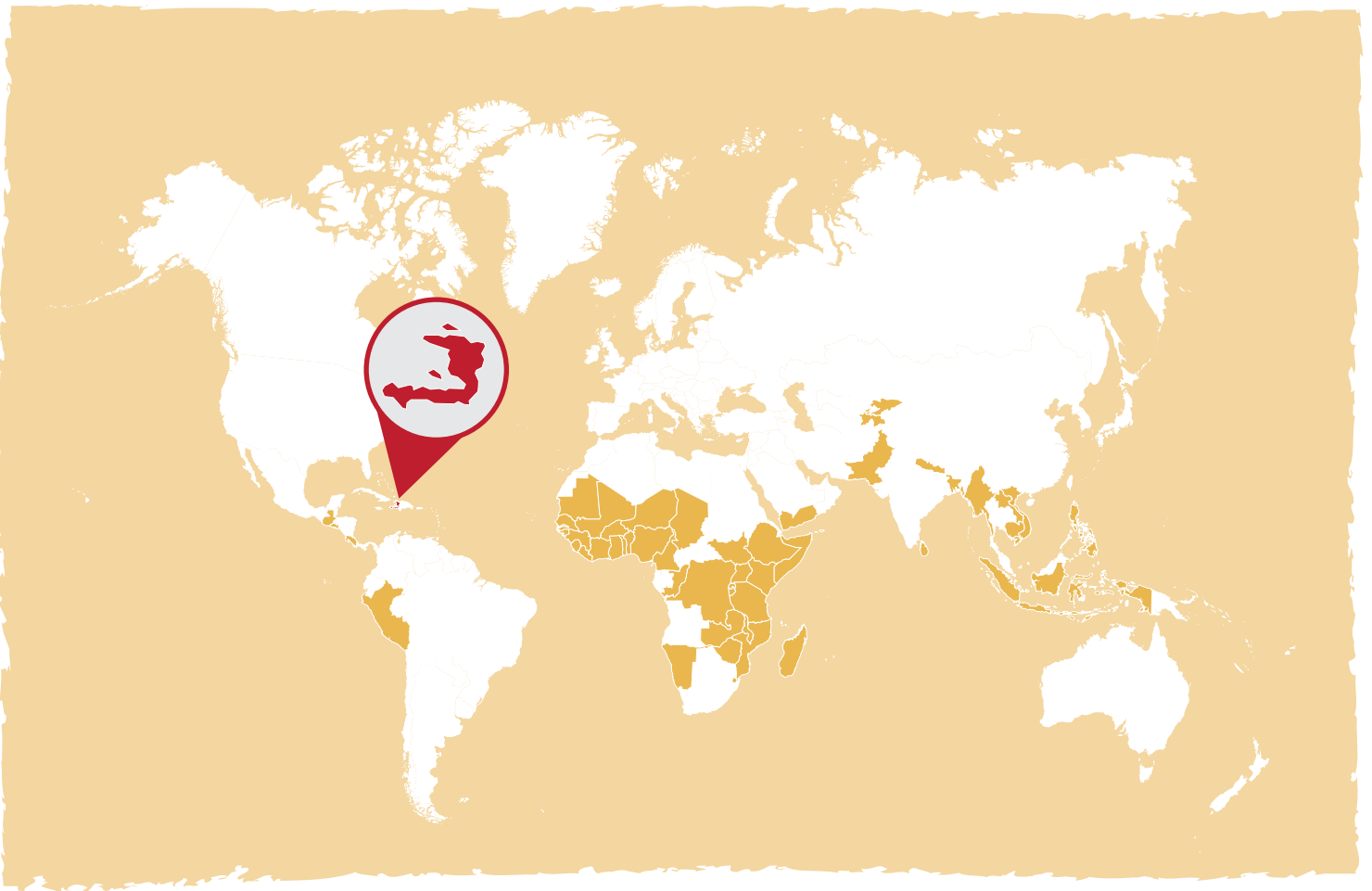
Stage of Preparedness



¹Externally assessed by the SUN Movement Secretariat

²Internally assessed by in-country self-assessment exercise

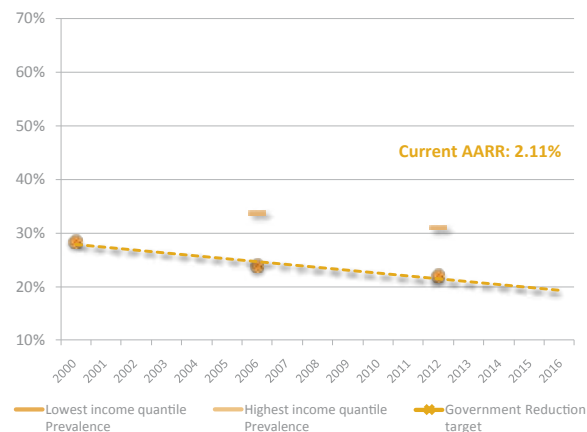
Haiti



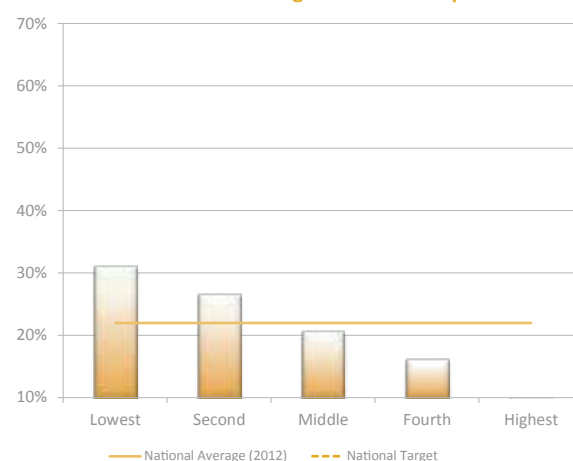
Joined: June 2012

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

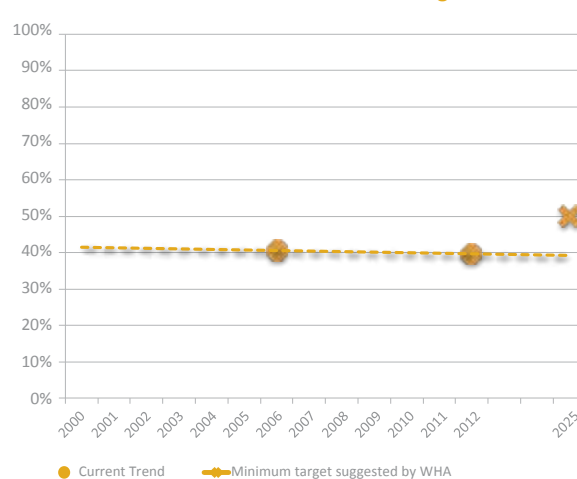
Stunting Reduction Trend and Target



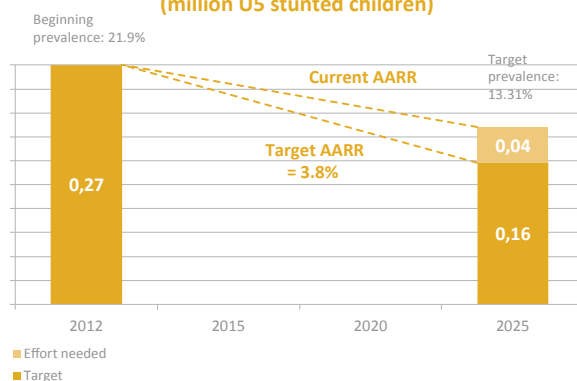
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US 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 GRANGO (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.

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 GRANGO. Through the intermediary of government ministries, ABA GRANGO 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.

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.

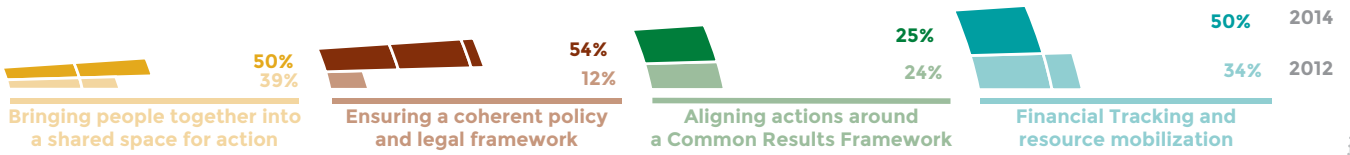
Financial Tracking and resource mobilization

The mobilization of external financial resources, apart from emergency funds, is considered a priority.

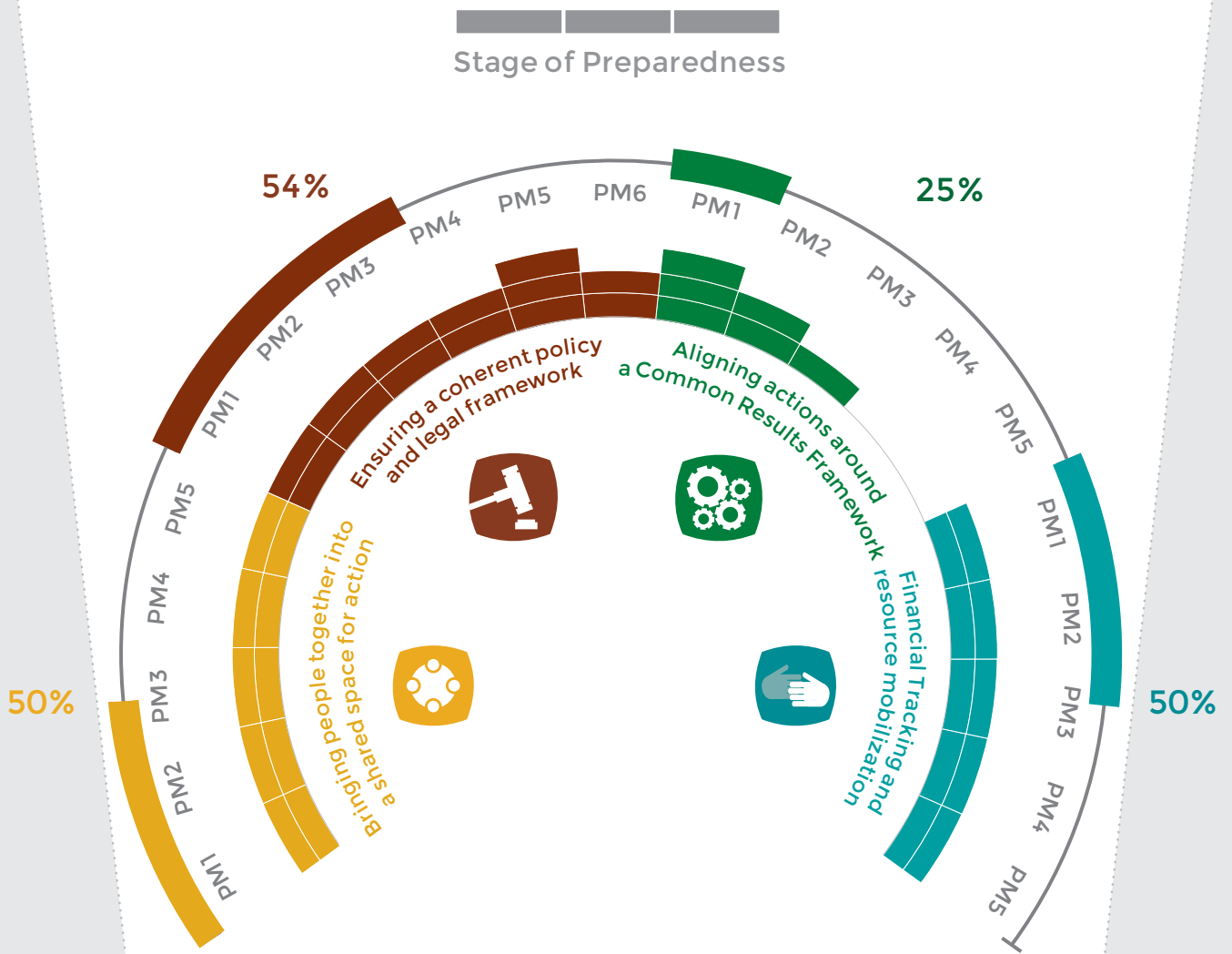
The government's budget line for nutrition, set up in 2013 to start activities, is provisioned. The focus will be on social safety nets, agriculture and community development projects. In 2014, UNICEF helped finance the production of iodized salt and a new project to reduce food insecurity and poverty,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

Progress Across Four SUN Processes Haiti

2012¹ and 2014² Scoring of Progress Markers



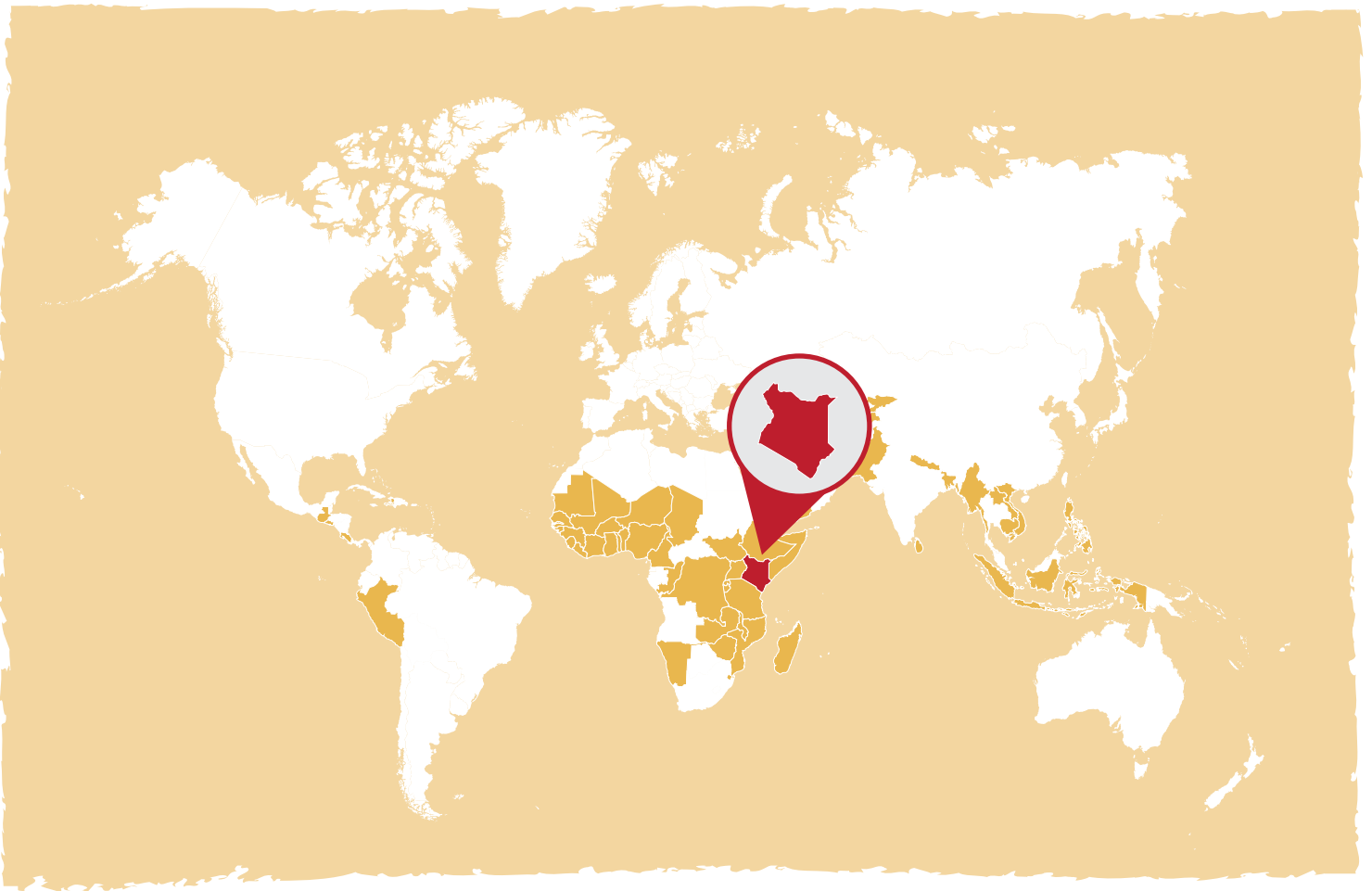
2014 Dashboard for Progress Markers



¹Externally assessed by the SUN Movement Secretariat

²Internally assessed by in-country self-assessment exercise

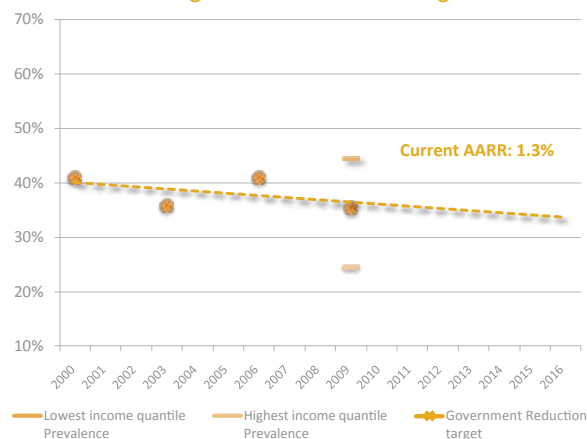
Kenya



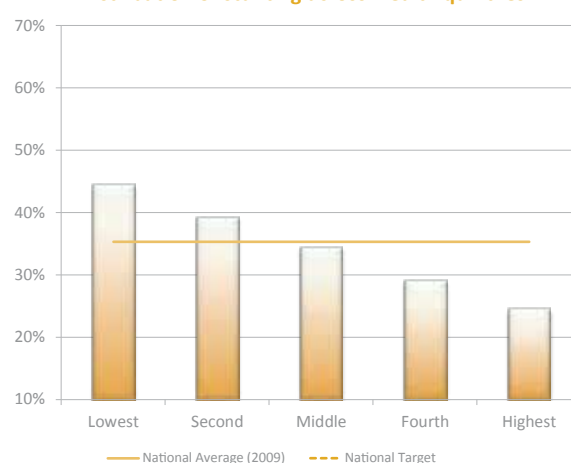
Joined: August 2012

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

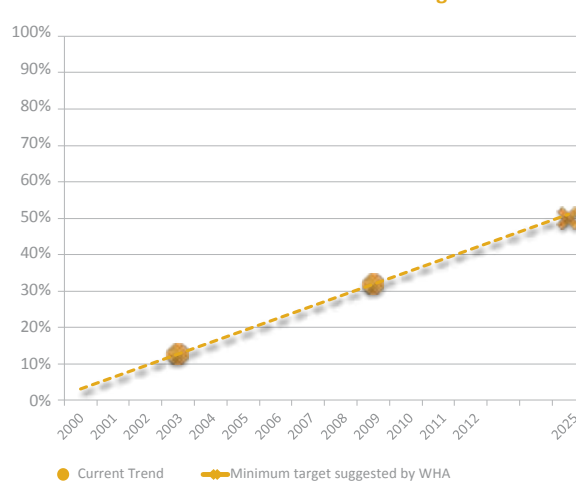
Stunting Reduction Trend and Target



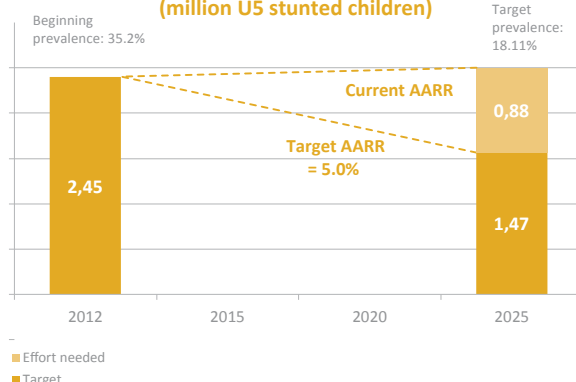
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

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.

Ensuring a coherent policy and legal framework

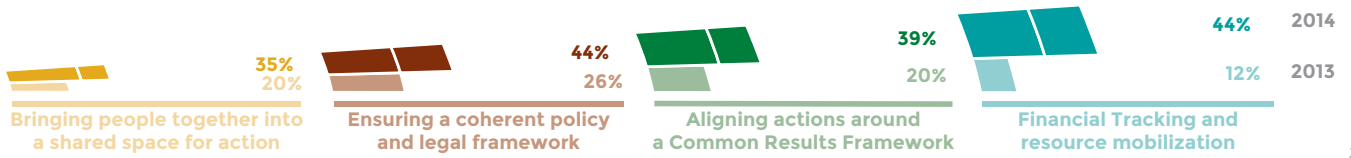
The national Food and Nutrition Security Policy (2012) and the National Nutrition Action Plan (2012–2017) are identified as priorities for the Ministries of Agriculture and Health. These led to the integration of nutrition in the 2013-2014 healthcare development plan and the agriculture Sector Development 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.

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).

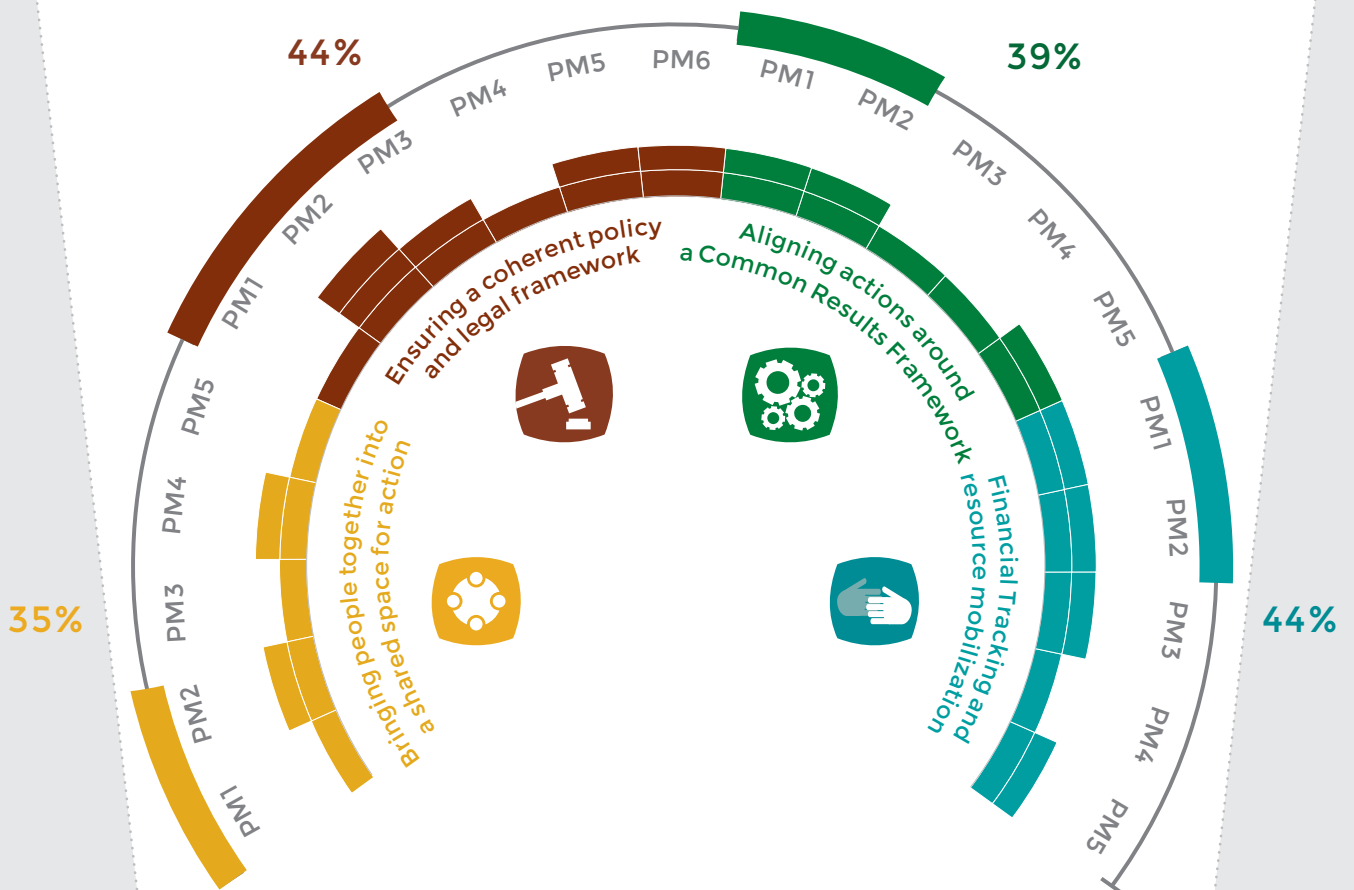
Progress Across Four SUN Processes Kenya

2013¹ and 2014² Scoring of Progress Markers



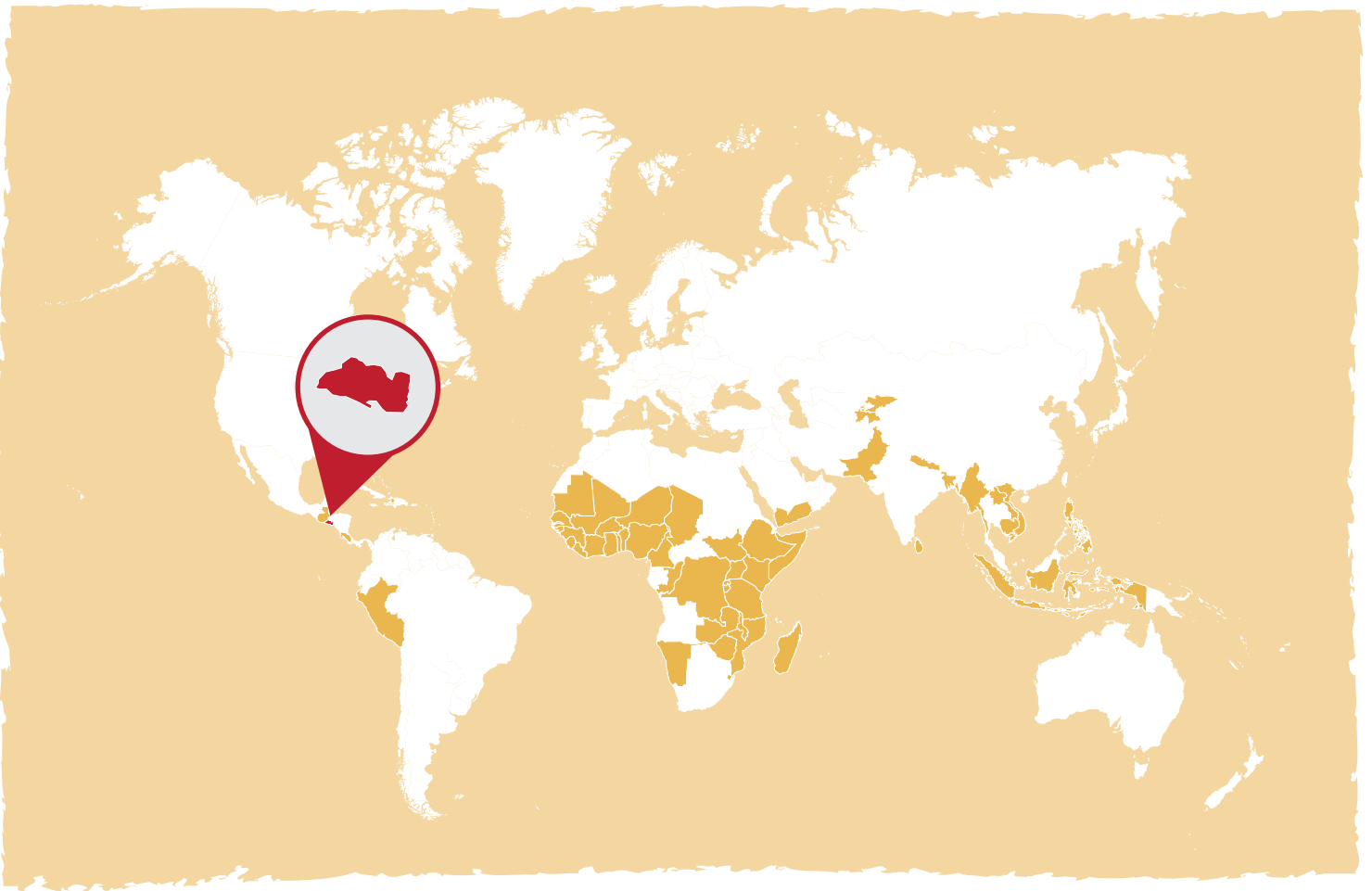
2014 Dashboard for Progress Markers

Stage of Preparedness



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

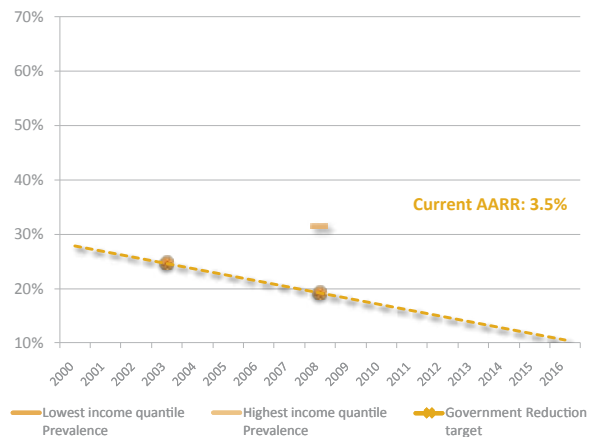
El Salvador



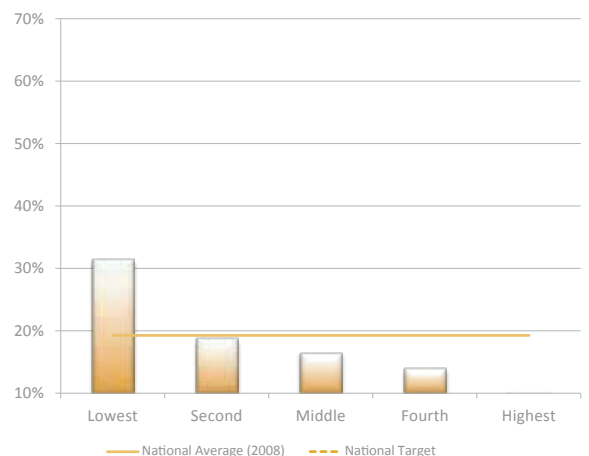
Joined: September 2012

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

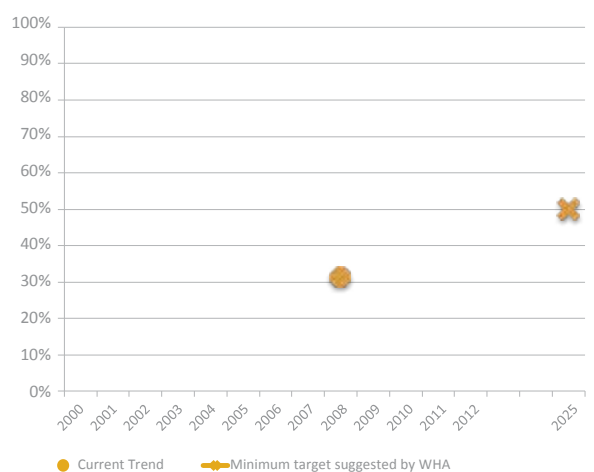
Stunting Reduction Trend and Target



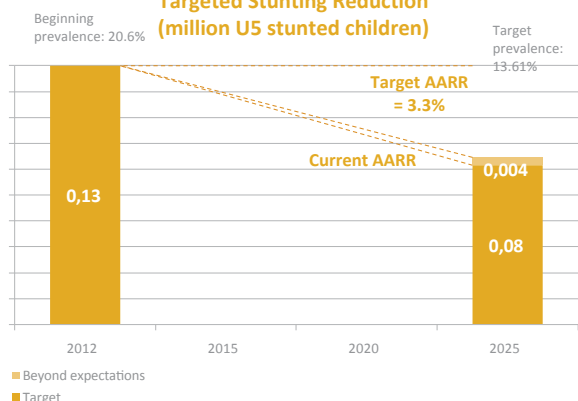
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

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.

Ensuring a coherent policy and legal framework

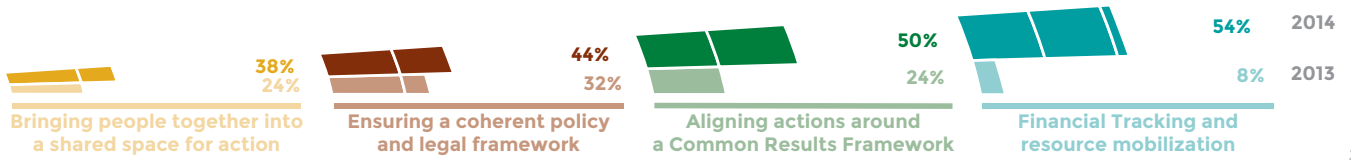
A preliminary bill on FSN has been sent to the National Assembly for approval. The Breast-feeding Act was adopted in 2013. The National Policy for Food Security and Nutrition was ratified in 2010, while the 2012-2016 Strategic Plan for FSN was adopted in 2013. In 2010, El Salvador created a National 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.

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.

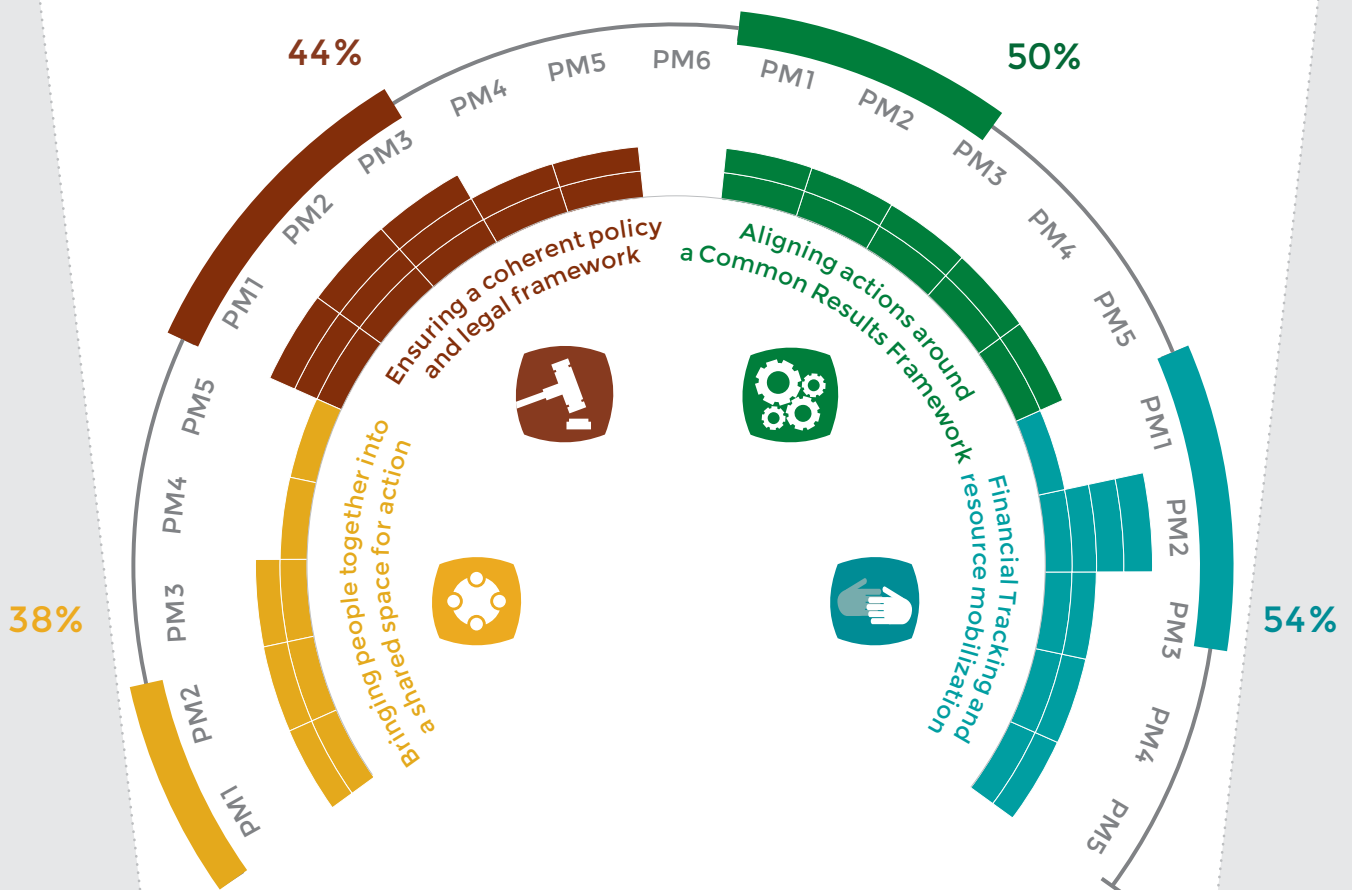
Progress Across Four SUN Processes El Salvador

2013¹ and 2014² Scoring of Progress Markers



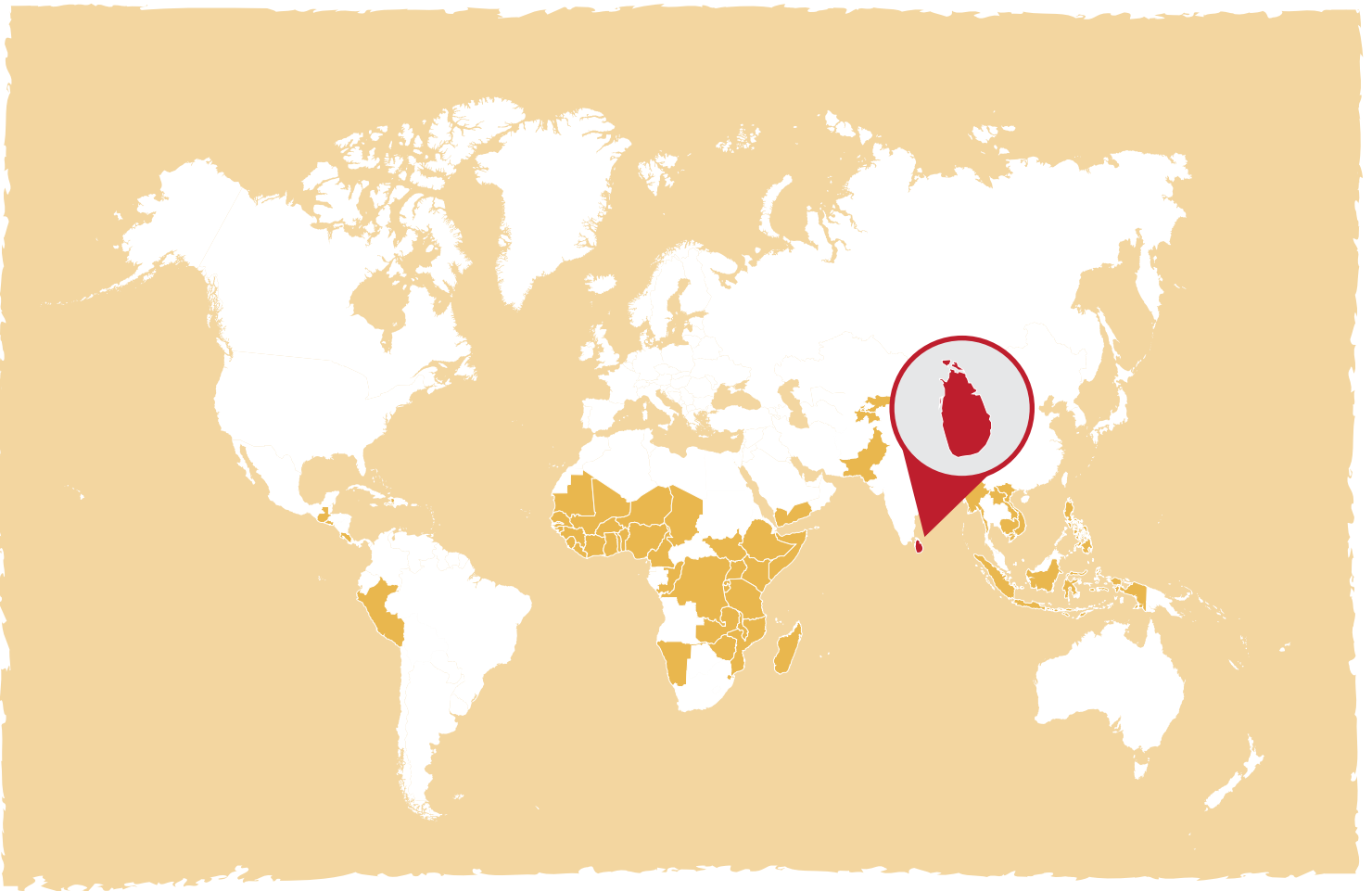
2014 Dashboard for Progress Markers

Stage of Preparedness



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²Internally assessed by in-country self-assessment exercise

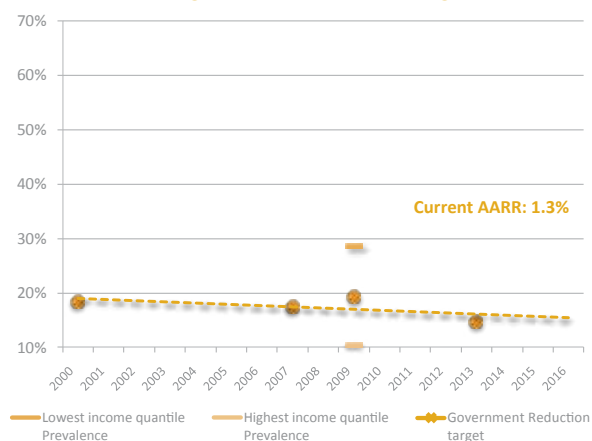
Sri Lanka



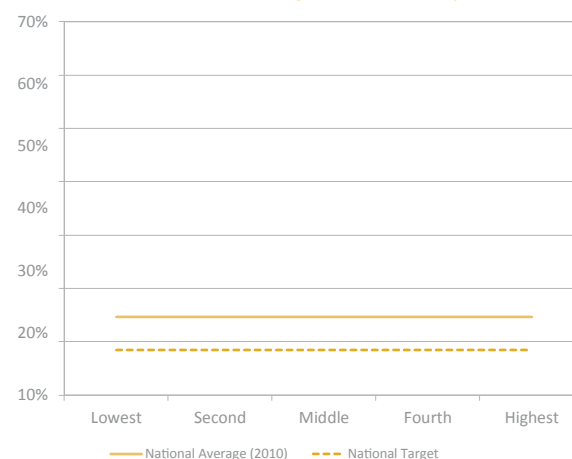
Joined: October 2012

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

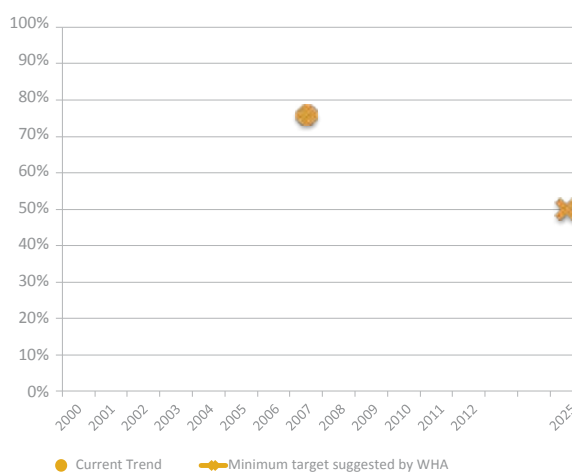
Stunting Reduction Trend and Target



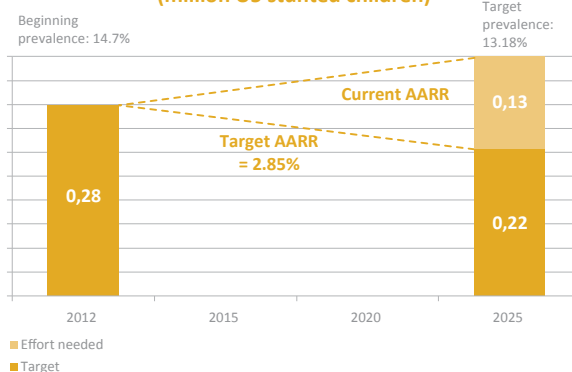
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

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.

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

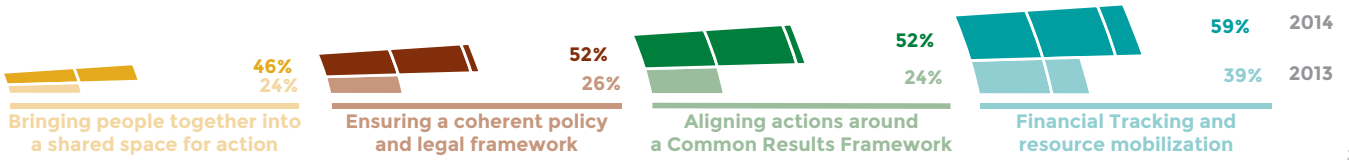
The national legislation covers the Food Act, salt iodization, food labelling, food advertisement, consumer protection and the International Code of Marketing of Breast-Milk Substitutes. Maternity leave covers 6 months paid and up to one year not paid in the public sector and 3 months paid in the private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

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.

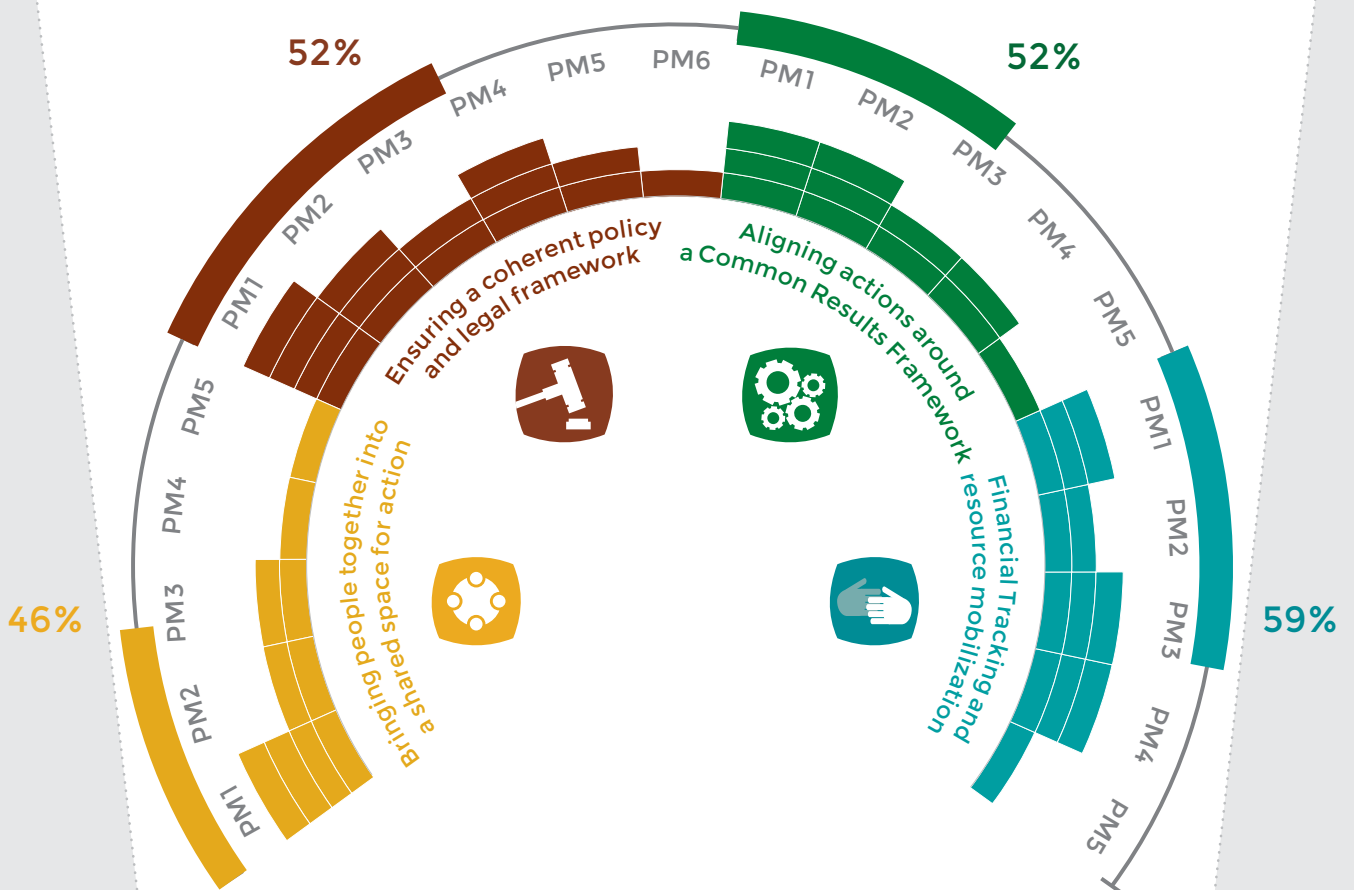
Progress Across Four SUN Processes Sri Lanka

2013¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

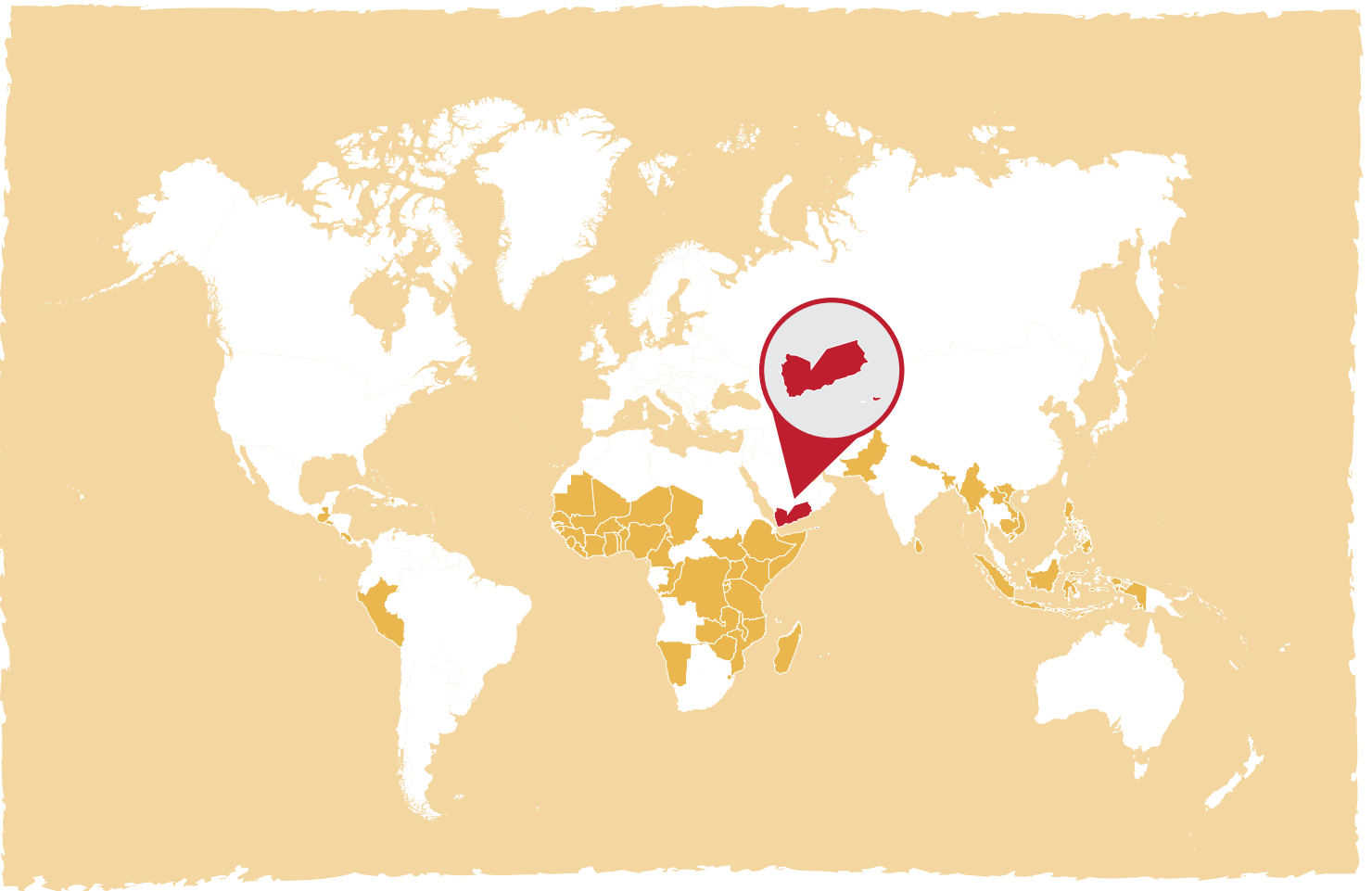
Stage of Preparedness



¹Externally assessed by the SUN Movement Secretariat

²Externally assessed by the SUN Movement Secretariat

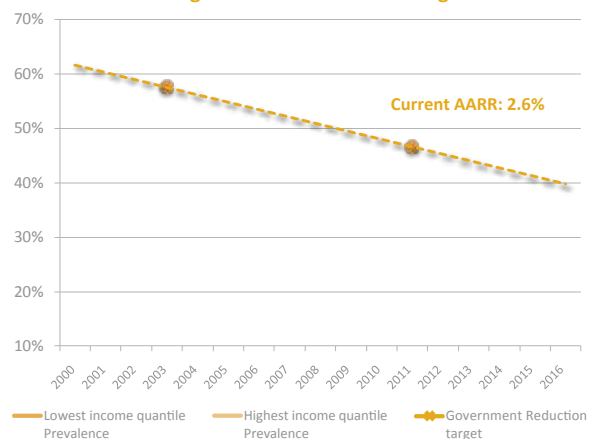
Yemen



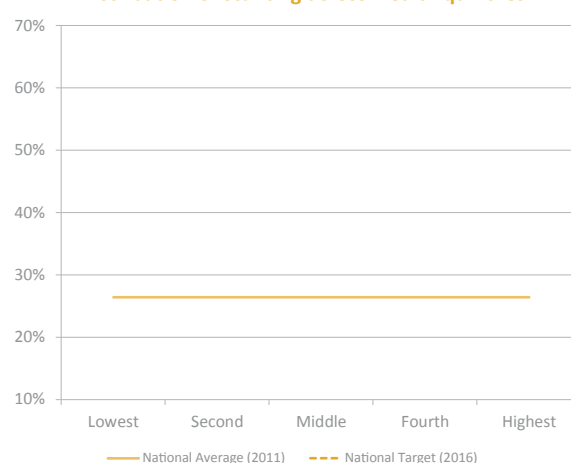
Joined: November 2012

Demographic data	
National Population (million, 2010)	22,8
Children under 5 (million, 2010)	3,3
Adolescent Girls (15-19)(million, 2010)	1,40
Average Number of Births (million, 2010)	0,70
Population growth rate (2010)	2,45%
WHA nutrition target indicators (CFSS 2011)	
Low-birth weight	N/A
0-5 months Exclusive Breastfeeding	11,6%
Under five stunting	46,6%
Under five wasting	13,3%
Under five over weight	1,5%
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)	-
Pregnant Women Attending 4 or more Antenatal Care Visits	-
Vitamin A supplementation (6-59 months)	11,0%
Households Consuming Adequately Iodized Salt	29,5%
Women's Empowerment	
Female literacy	60,6%
Female employment rate	18,6%
Median age at first marriage	-
Access to skilled birth attendant	36,0%
Women who have first birth before age 18	-
Fertility rate	4,9
Other Nutrition-relevant indicators	
Rate of urbanization	33,54%
Income share held by lowest 20%	7,18%
Calories per capita per day (kcal/capita/day)	-
Energy from non-staples in supply	35,57%
Iron availability from animal products (mg/capita/day)	1,2
Access to Improved Sanitation Facilities	52,0%
Open defecation	21,4%
Access to Improved Drinking Water Sources	59,0%
Access to Piped Water on Premises	34,0%
Surface Water as Drinking Water Source	4,0%
GDP per capita (current US\$, 2013)	1.473,00
Exports-Agr Products per capita (current US\$, 2012)	0,22
Imports-Agr Products per capita (current US\$,2012)	1,56

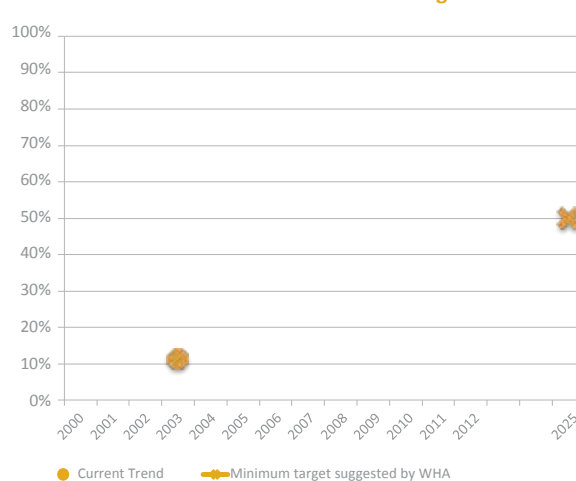
Stunting Reduction Trend and Target



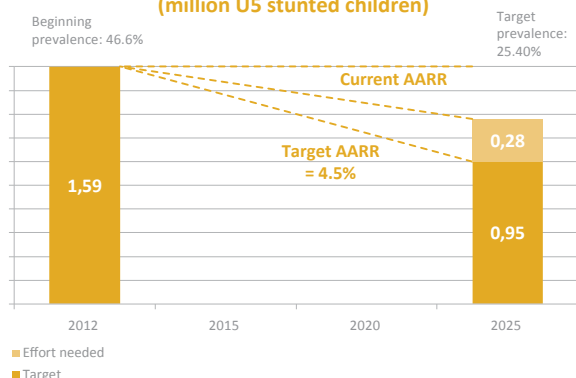
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



Bringing people together into a shared space for action

The Yemeni Governments commitment to understand the causes of under-nutrition in the country and address them is strong and reflected at the highest level. This commitment is shown by a Cabinet resolution and decree issued by the Prime Minister, which requested various ministries to address nutrition as a priority in their respective plans.

A High Council for Food Security, chaired by the Prime Minister has been established. There is also a well-established multi-sectoral National SUN Steering / Committee chaired by the Vice-Minister of Planning and International Cooperation (MOPIC) and its Technical Working Group coordinated by UN partners. These platforms comprise UN agencies, donors, civil society organizations, academia, and the private sector, as well as representation from the government (including the MOPIC, Health, Agriculture, Fisheries, Water & Environment and Education ministries, the Presidential Secretariat and the Prime Minister's Office). All are working towards the establishment of technical competences in their respective ministries.

A decree issued in June 2013 establishes structure and membership of the Steering Committee. The main function of the SUN National Steering/ Technical Committee is to enhance Intersectoral and stakeholders coordination and develop the National Nutrition Multi-Sectoral Action Plan (NNMSAP), and align nutrition interventions, mobilize resources, monitor progress, evaluate impact and lead recommendations for policy, strategic and programmatic changes. A number of CSO's are coordinated for civil society efforts. The EU is the Donor Convener and its Health delegate is the donor network focal point. Although there is interest and active participation by the private sector, it has yet to be fully mobilized. The Yemen SUN National Secretariat is being established at MOPIC. Its work focuses on promoting coordination, M&E and guidance for the performance of nutrition programs.

Aligning actions around a Common Results Framework

With support of the UN Network, Yemen has been working since July 2013 to develop a National Nutrition Multi-Sectoral Action Plan (NNMSAP) for nutrition based on situation / causal analysis carried out by the team of consultants from MQSUN with support of national technical team and experts from SUN secretariat Geneva. NNMSAP captures some of the nutrition specific and sensitive interventions from already in place sectoral plans and strategies i.e. National Nutrition Strategy (2013-2014), the National Agriculture Sector Strategy (2012-2016), Water sector investment plan and the National Fishery Strategy (2012-2015). The NNMSAP is being finalised with full engagement of a multi-stakeholder group led by the MOPIC with technical assistance provided by MQSUN. Ongoing efforts currently focus on identifying the most effective intervention approaches to determine investment priorities for scaling up nutrition in Yemen. Once this is finalised, a monitoring and evaluation system will be put in place.

Ensuring a coherent policy and legal framework

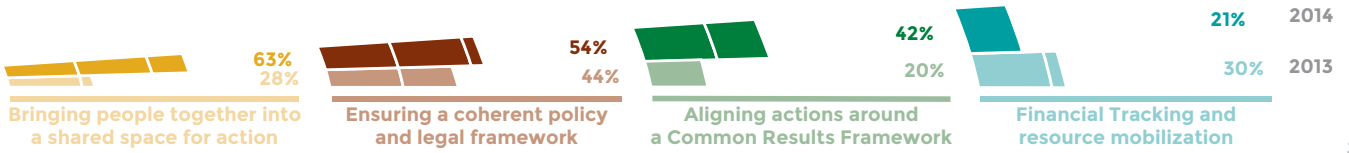
Yemen has a Food and Nutrition Security Policy (2011) and a National Nutrition Strategy (2013-2014), National Health Acceleration Plan which covers large-scale interventions covering humanitarian and basic services to citizens. Nutrition-sensitive policies and strategies are reflected in all key sectors and documents including: The Food Security Policy and Strategy (2011), the National Agriculture Sector Strategy (2012-2016), the National Fisheries Strategy (2012-2015), National water sector strategy and investment plan, the Social Welfare Fund Legislation (2008), National strategy for Basic Education. The existing national legislation addresses salt iodization, sugar and flour fortification (since 1996) and the implementation of the International Code of Marketing of Breast-Milk Substitutes (BMS) since 2002.

Financial Tracking and resource mobilization

The cost of scaling up nutrition in Yemen, estimated for the NNMSAP is around USD 1.2 billion for five years with almost 50% resources planned for direct nutrition interventions while remaining 50% resources will be allocated to the high impact nutrition sensitive interventions from education, water, agriculture and fisheries sectors. It is reported that expenditures tracking remains mostly at individual levels, more coordination is needed to achieve a comprehensive resources mapping. Budgets for nutrition are increased although financial gaps still exist. Resource mobilization, combined with the prioritization of interventions remain priorities to ensure effective nutrition results. Security issues, among others, were identified as hampering progress on the ground and the pace at which these aspiring commitments were expected to be honored. The Government of Yemen has committed to establish new budget lines in relevant ministries for nutrition programming, increase human resources for nutrition by 10-20% as a minimum, and publish national spending publicly.

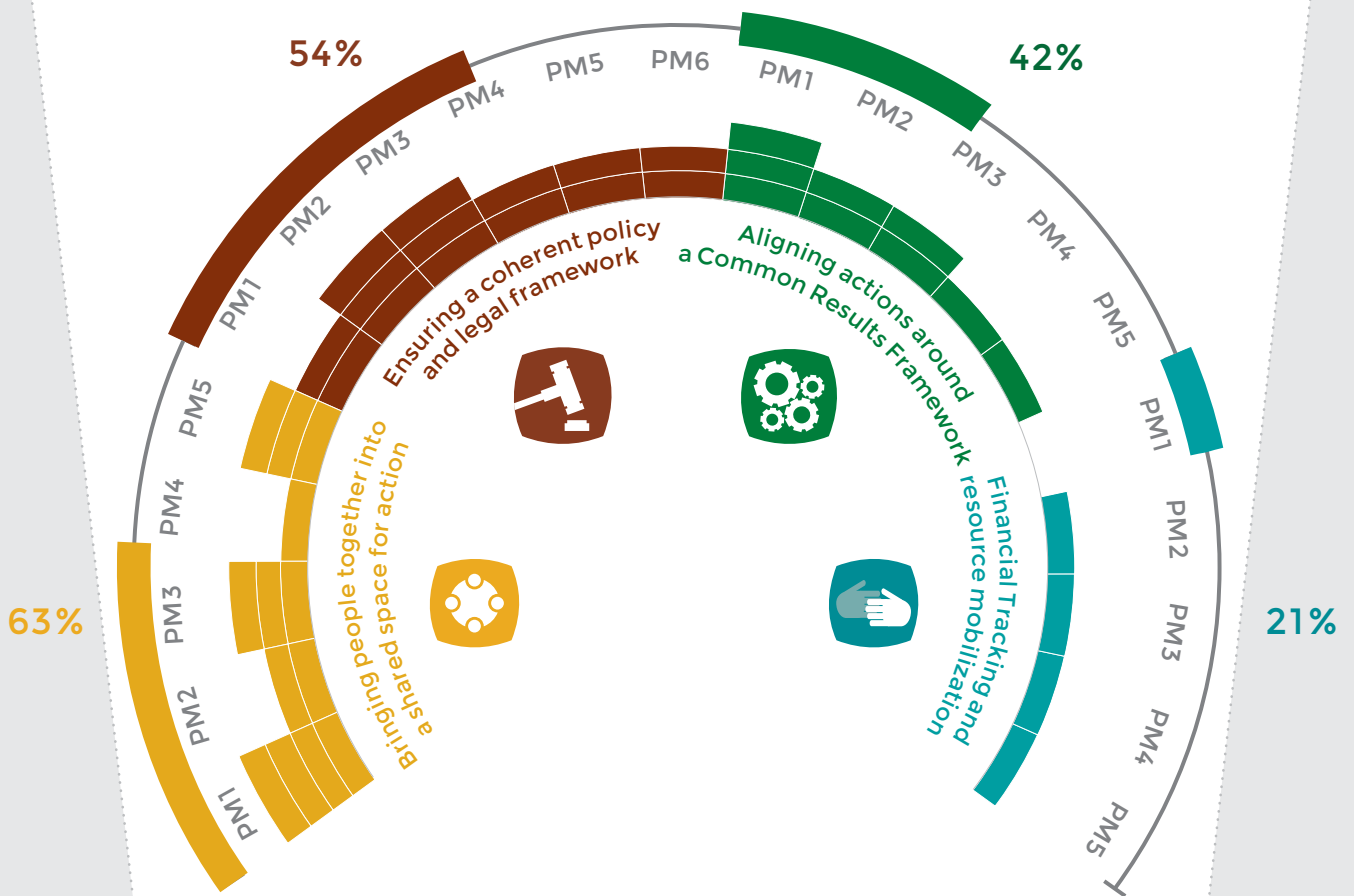
Progress Across Four SUN Processes Yemen

2013¹ and 2014² Scoring of Progress Markers




2014 Dashboard for Progress Markers

Stage of Preparedness



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





Страны, присоединившиеся
к Движению в 2013 г.

Пакистан

Камерун

Бурунди

Мьянма

Чад

Гвинея

Конго,
Демократическая
Республика

Кот-д'Ивуар

Южный Судан

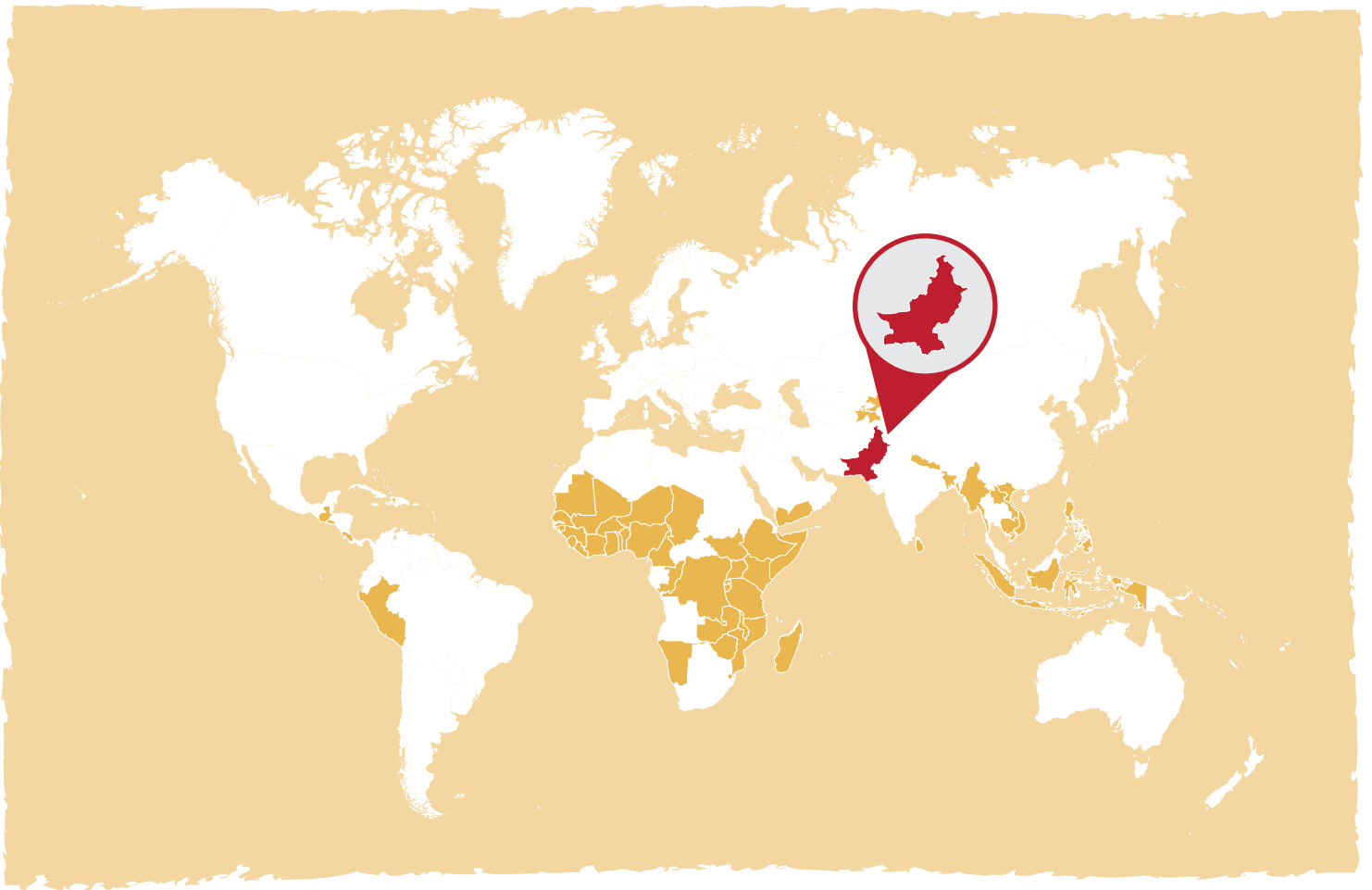
Таджикистан

Конго

Свазиленд

Коморские острова

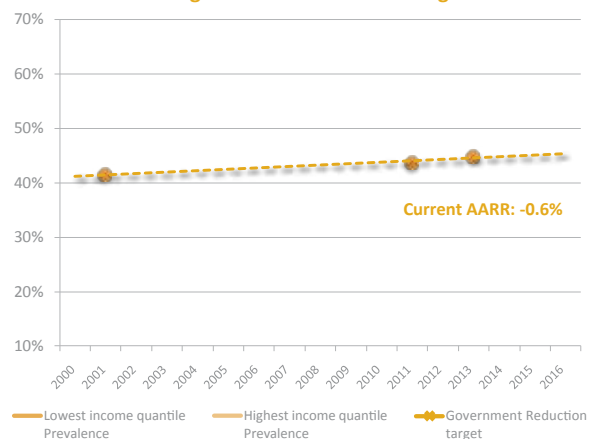
Pakistan



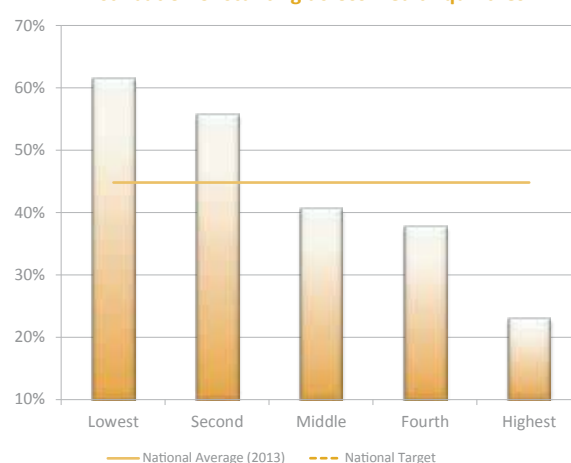
Joined: January 2013

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

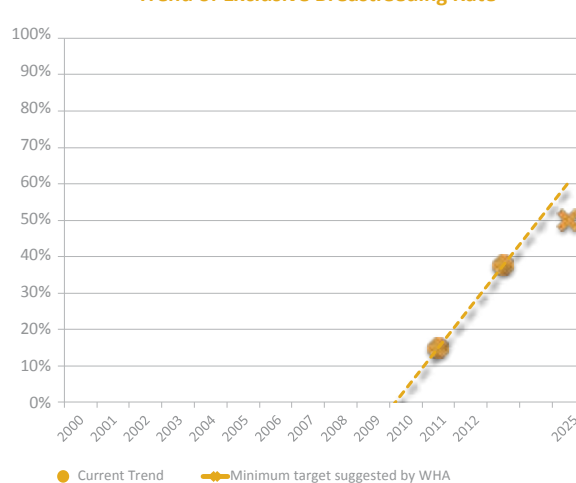
Stunting Reduction Trend and Target



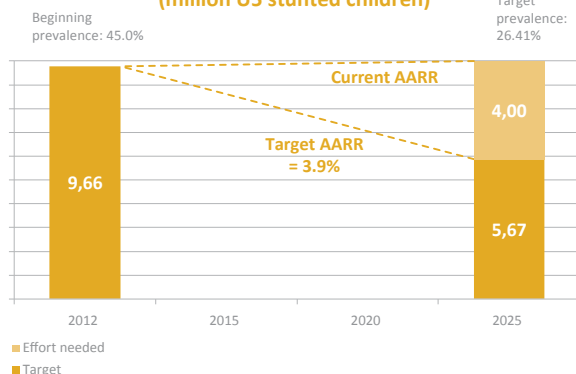
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

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.

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.

Financial Tracking and resource mobilization

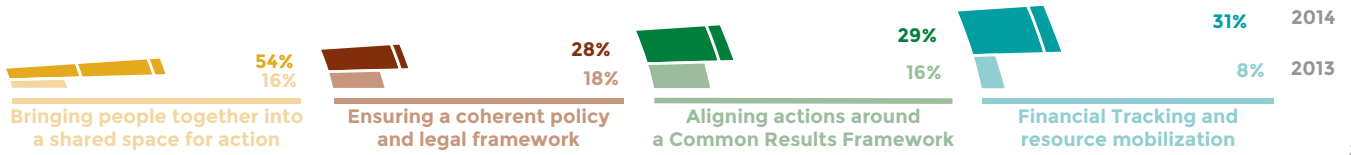
Mapping of donor spending is being undertaken. An extensive System for financial tracking is available with the government. However, the system is not in place for nutrition allocations and utilisation, in addition, development partners have not yet established any tracking system for development investments.

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.

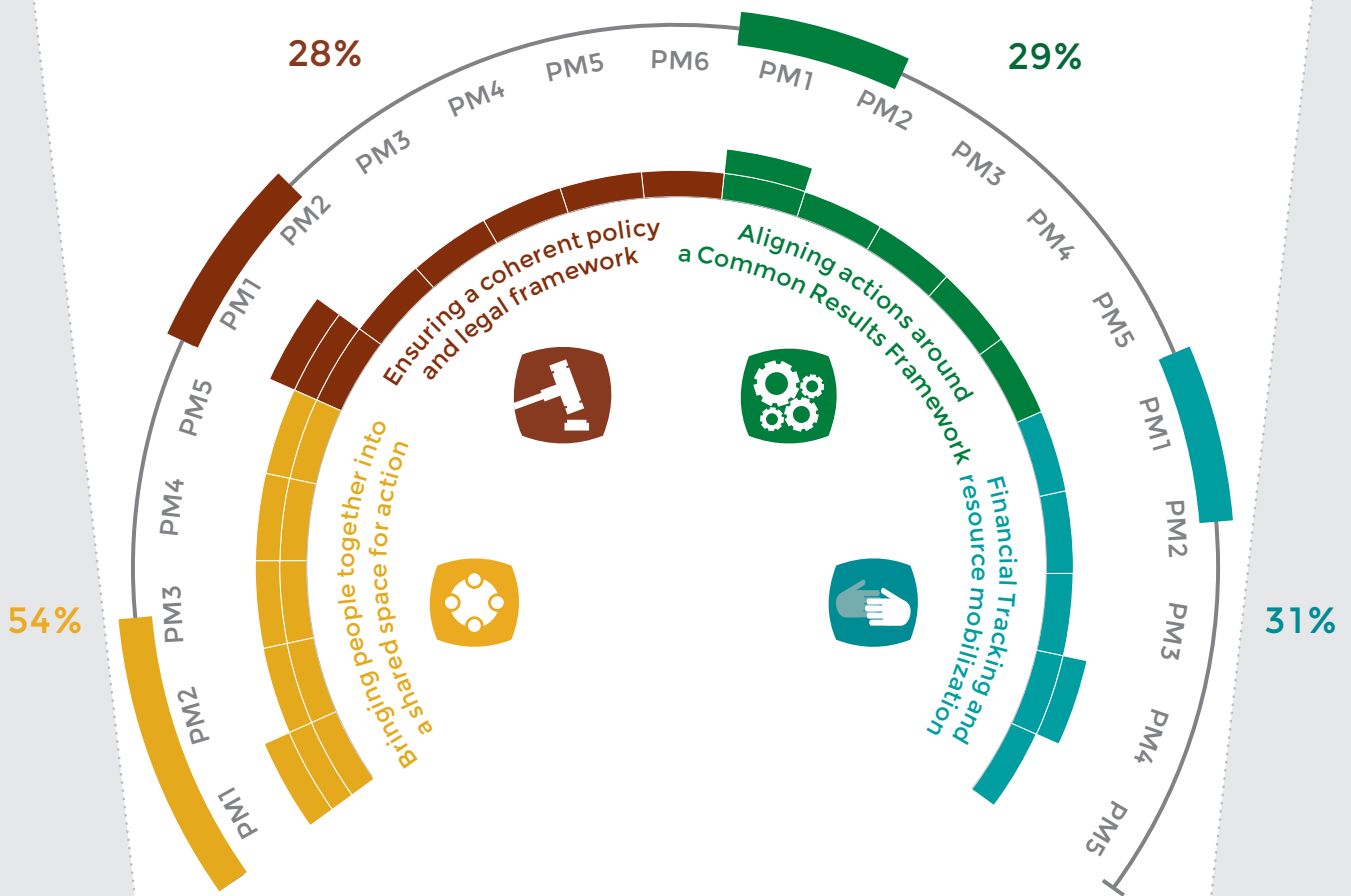
Progress Across Four SUN Processes Pakistan

2013¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

Stage of Preparedness



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

Cameroon

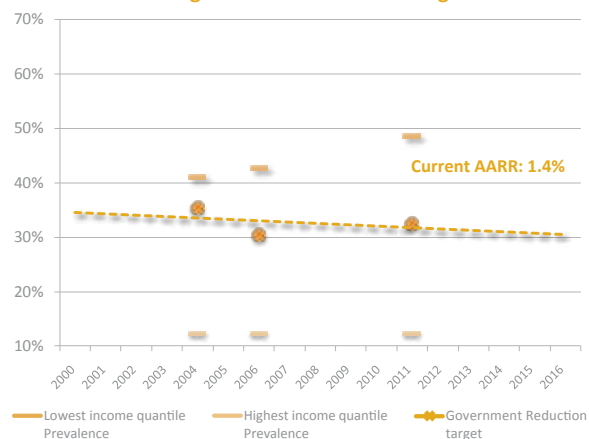


Joined: February 2013

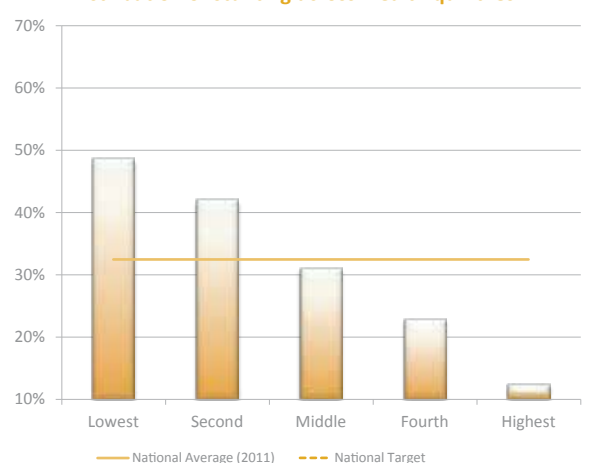


Demographic data	
National Population (million, 2010)	20,6
Children under 5 (million, 2010)	3,4
Adolescent Girls (15-19)(million, 2010)	1,10
Average Number of Births (million, 2010)	0,80
Population growth rate (2010)	2,57%
WHA nutrition target indicators (DHS 2011)	
Low-birth weight	7,6%
0-5 months Exclusive 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

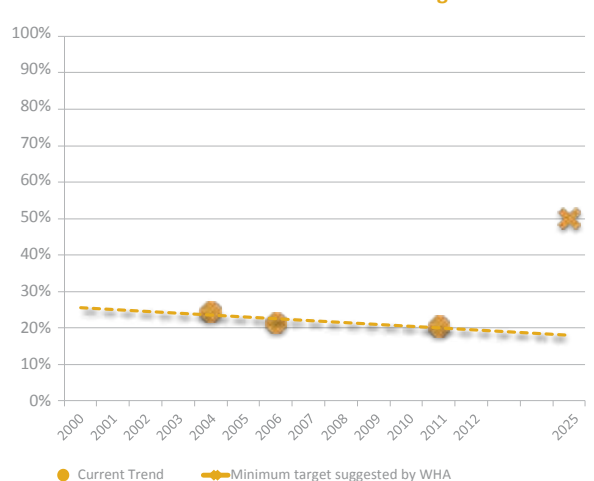
Stunting Reduction Trend and Target



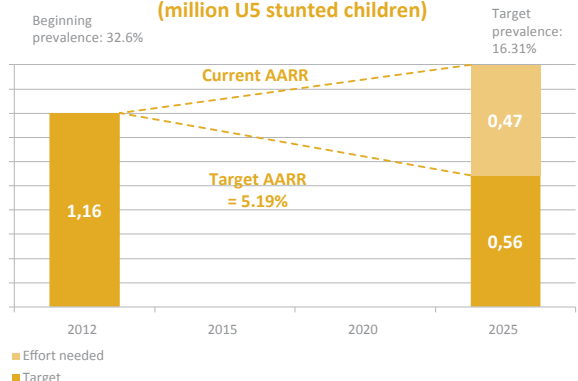
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US 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.

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.

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.

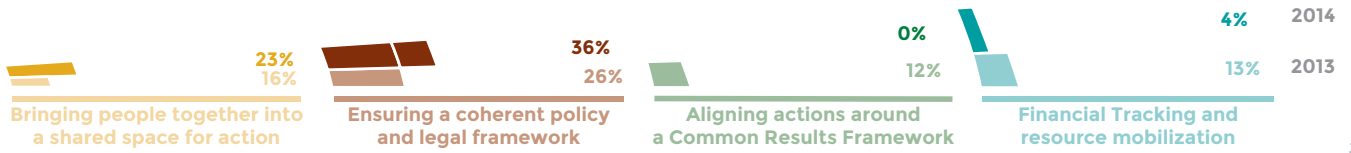
The policy implementation and dissemination efforts need to be strengthened and the drafting of a multi-sector action plan for the fight against malnutrition is ongoing.

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.

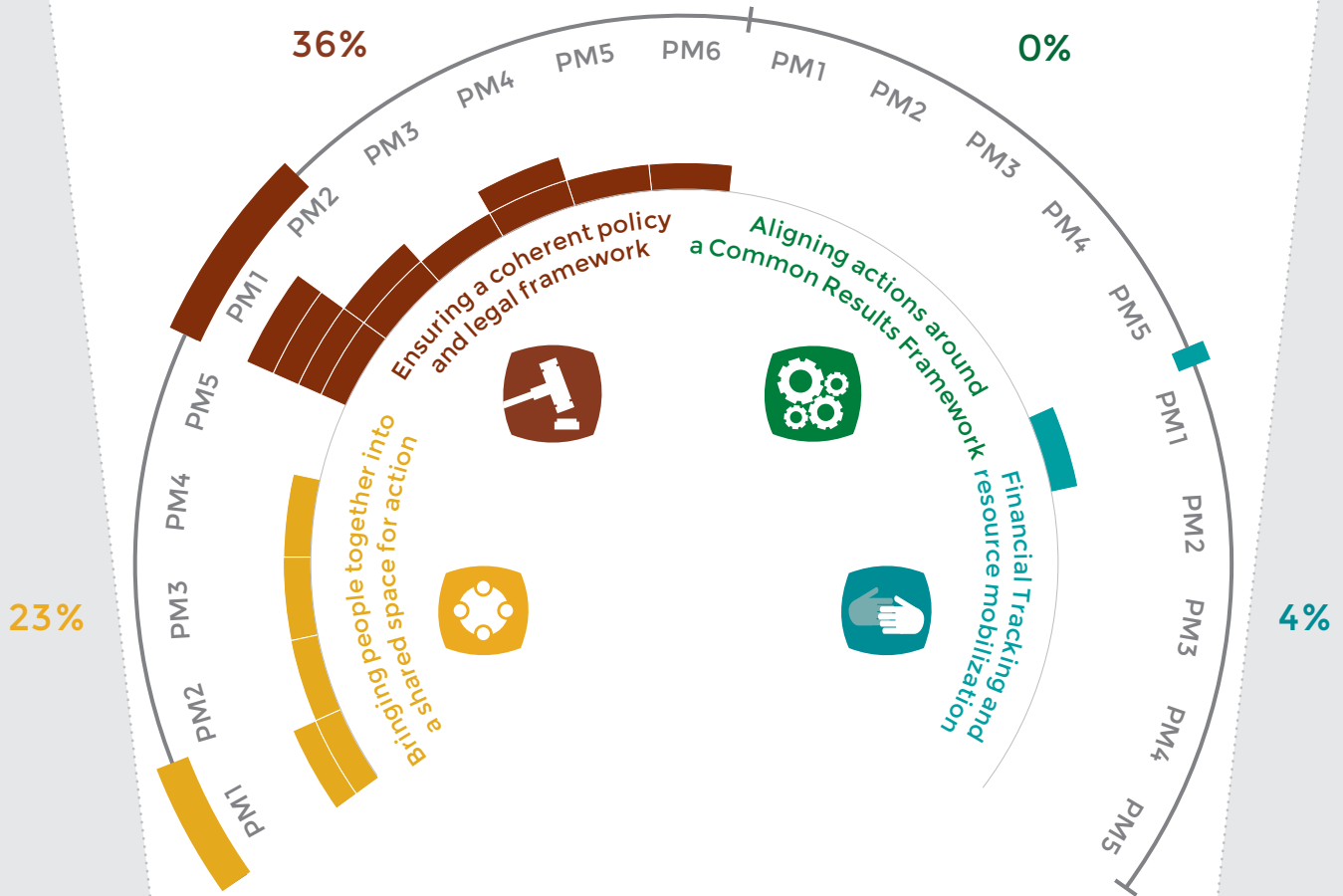
Progress Across Four SUN Processes Cameroon

2013¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

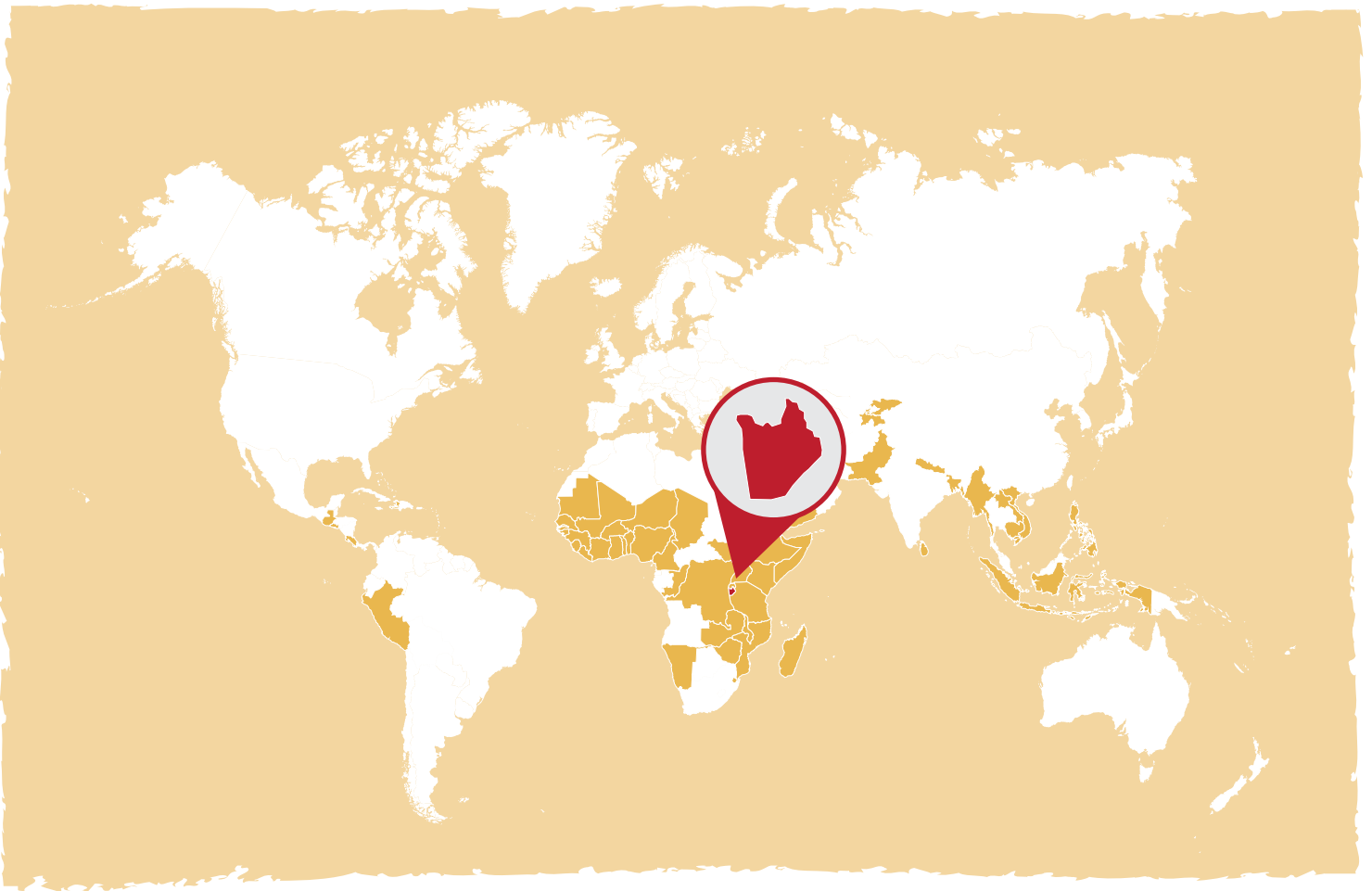
Stage of Preparedness



¹Externally assessed by the SUN Movement Secretariat

²Internally assessed by in-country self-assessment exercise

Burundi

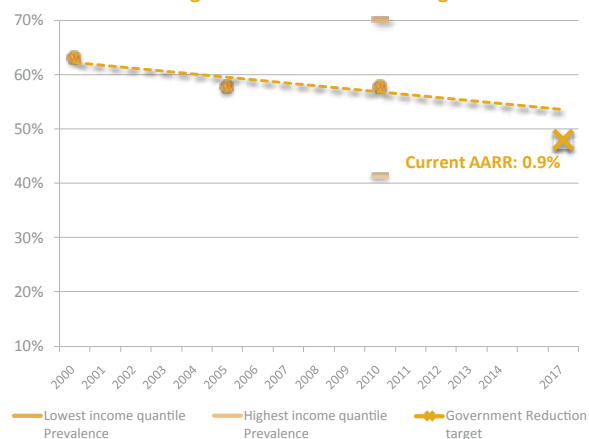


Joined: February 2013

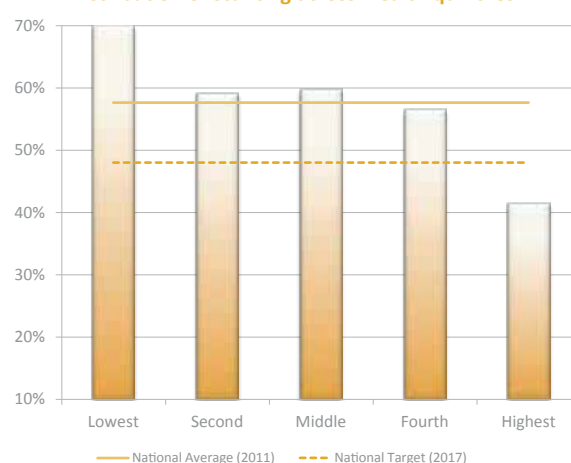


Demographic data	
National Population (million, 2010)	9,3
Children under 5 (million, 2010)	1,7
Adolescent Girls (15-19)(million, 2010)	0,50
Average Number of Births (million, 2010)	0,40
Population growth rate (2010)	3,45%
WHA nutrition target indicators (DHS 2010)	
Low-birth weight	10,7%
0-5 months Exclusive 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

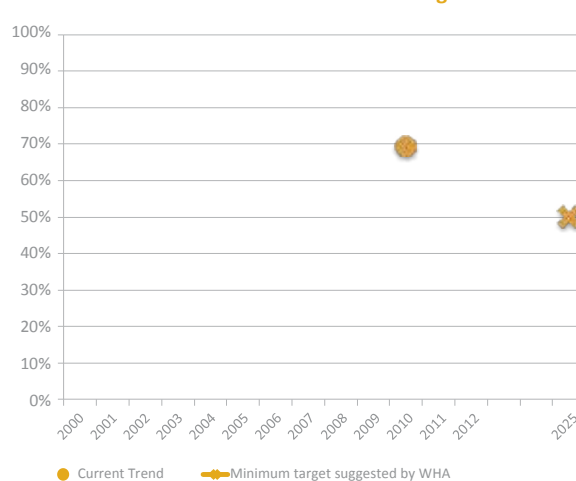
Stunting Reduction Trend and Target



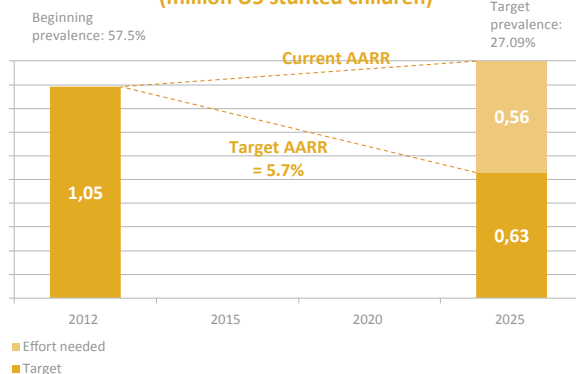
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

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.

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.

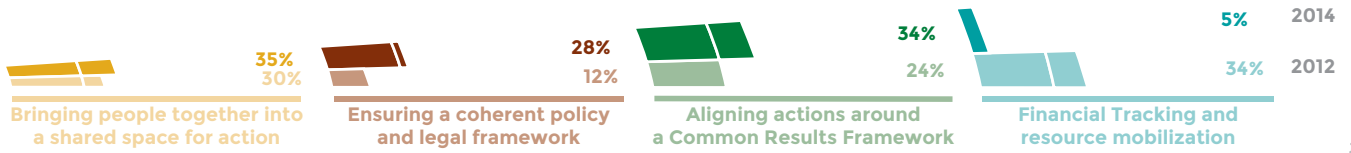
The drafting and dissemination of guidelines on including nutrition in sectoral strategies and a plan to enhance capacity are perceived as necessary to incorporate nutrition in all sectors.

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.

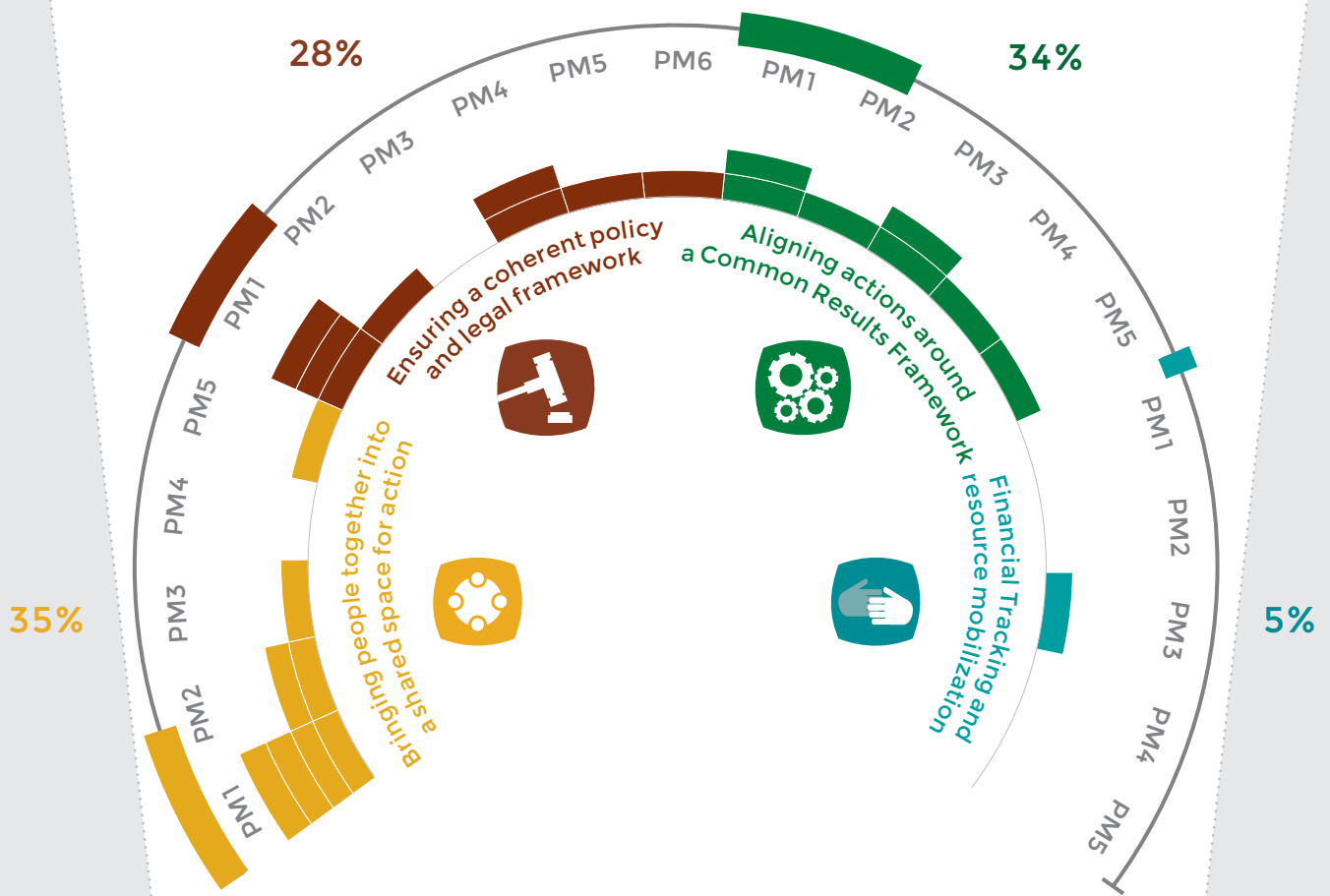
Progress Across Four SUN Processes Burundi

2012¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

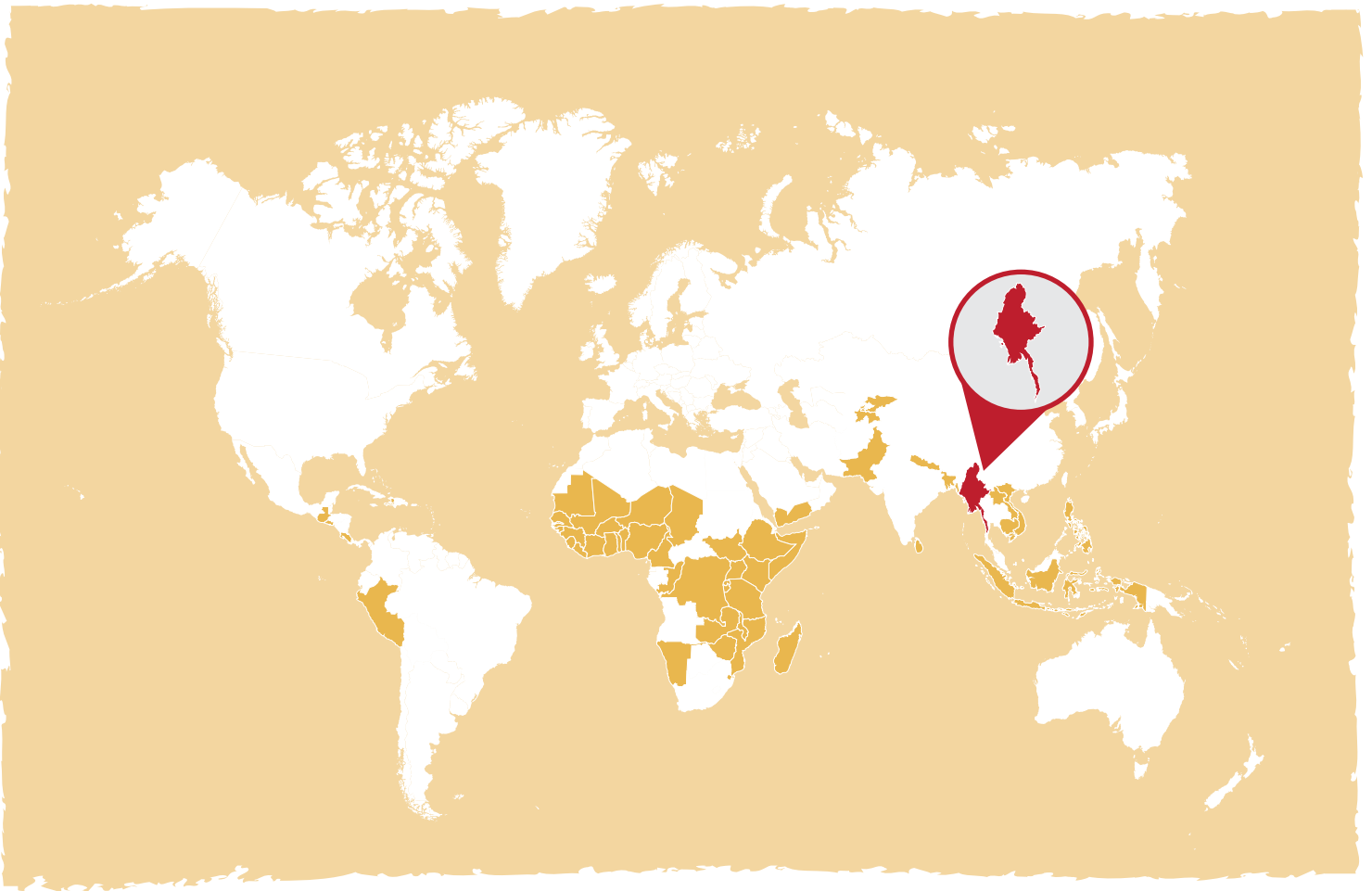
Stage of Preparedness



¹Externally assessed by the SUN Movement Secretariat

²Internally assessed by in-country self-assessment exercise

Myanmar

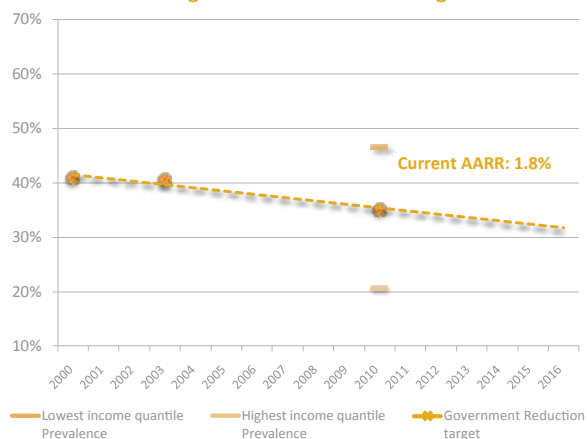


Joined: April 2013

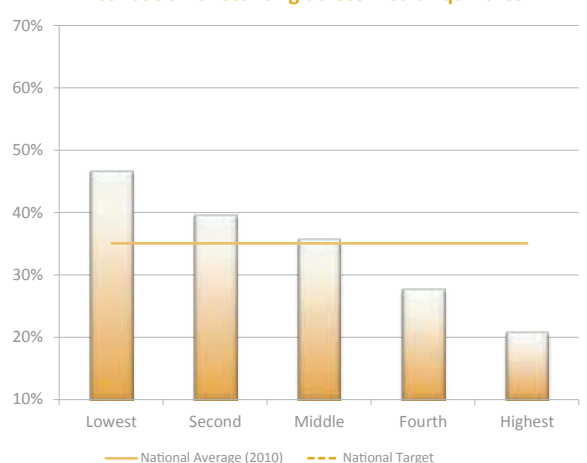


Demographic data	
National Population (million, 2010)	51,9
Children under 5 (million, 2010)	4,4
Adolescent Girls (15-19)(million, 2010)	2,40
Average Number of Births (million, 2010)	0,90
Population growth rate (2010)	0,69%
WHA nutrition target indicators (MICS 2009-10)	
Low-birth weight	8,6%
0-5 months 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

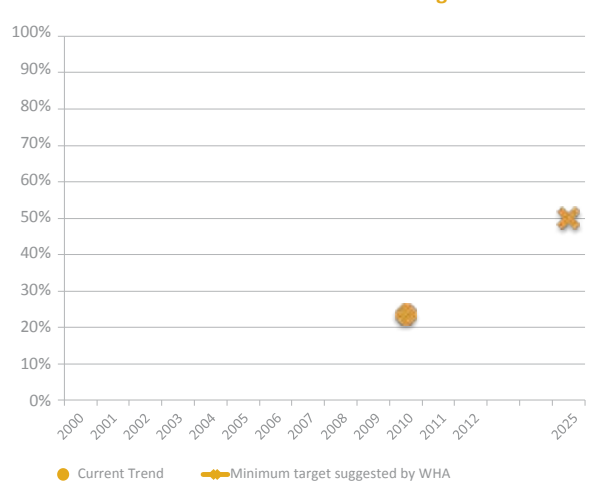
Stunting Reduction Trend and Target



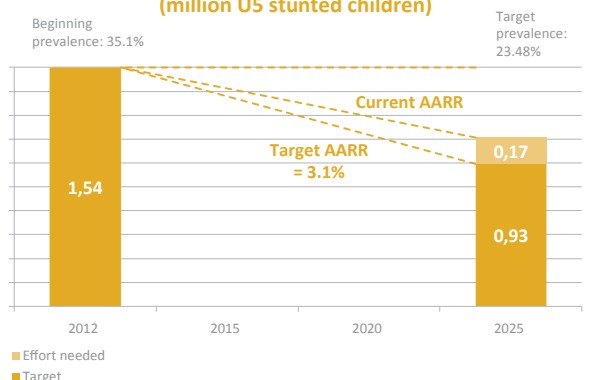
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US 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.

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.

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.

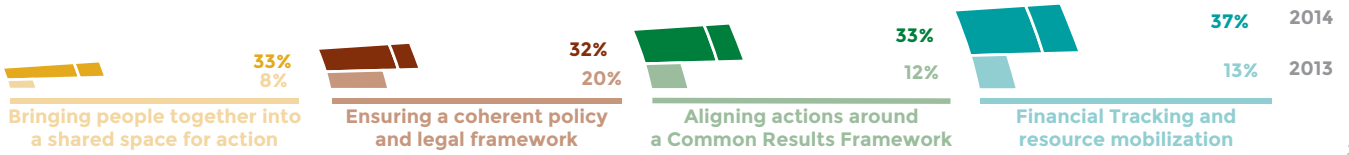
Financial Tracking and resource mobilization

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.

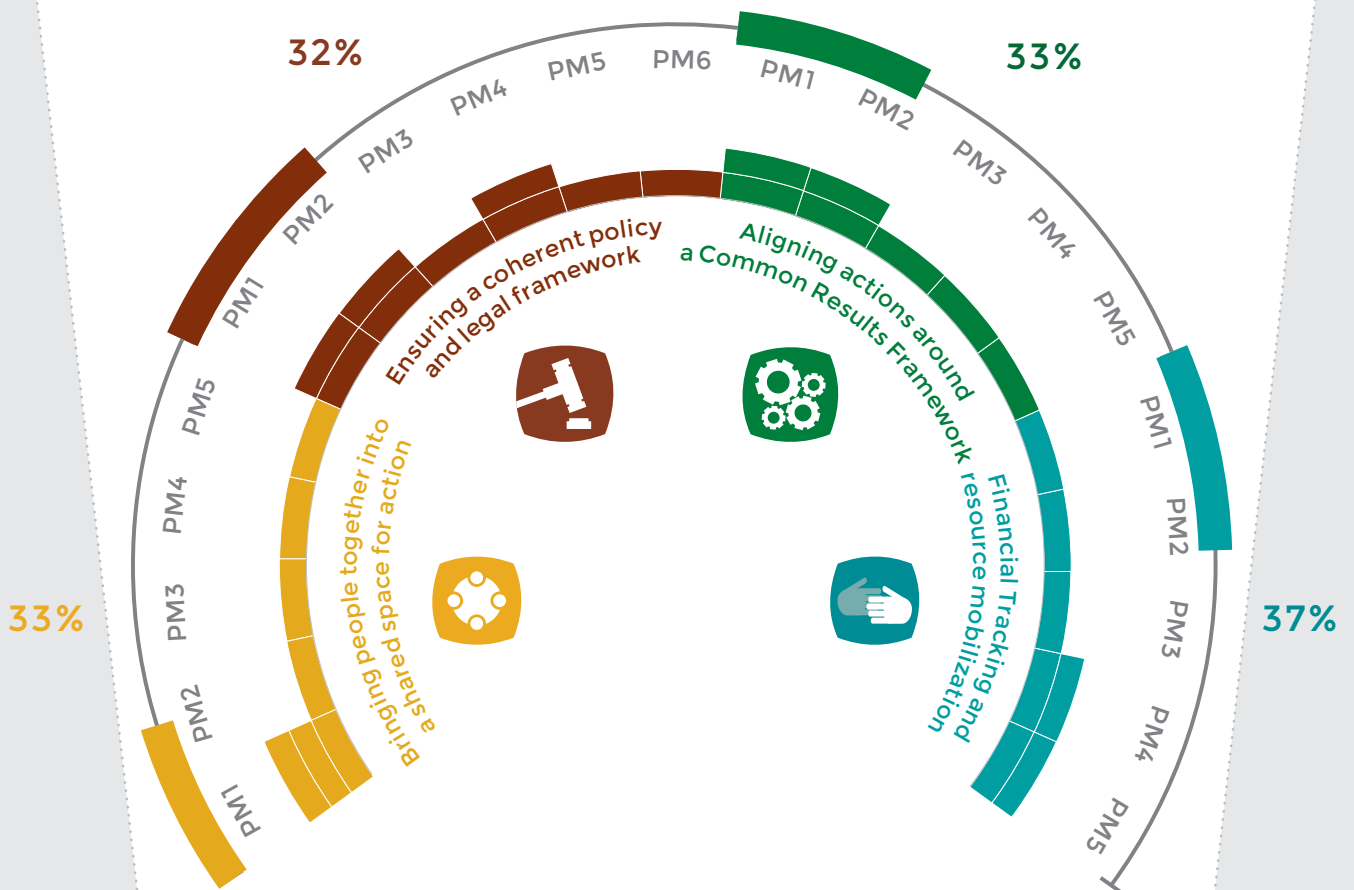
Progress Across Four SUN Processes Myanmar

2013¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

Stage of Preparedness



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

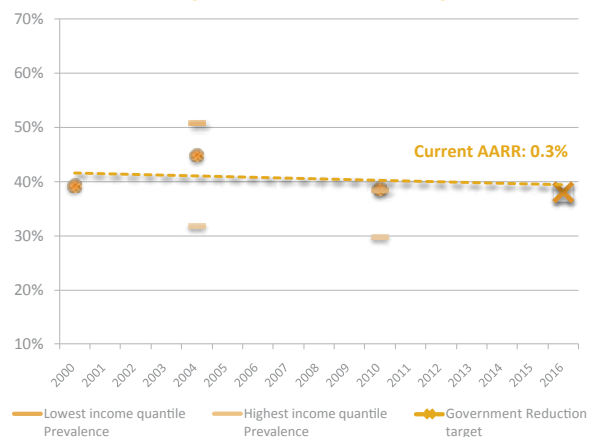
Chad



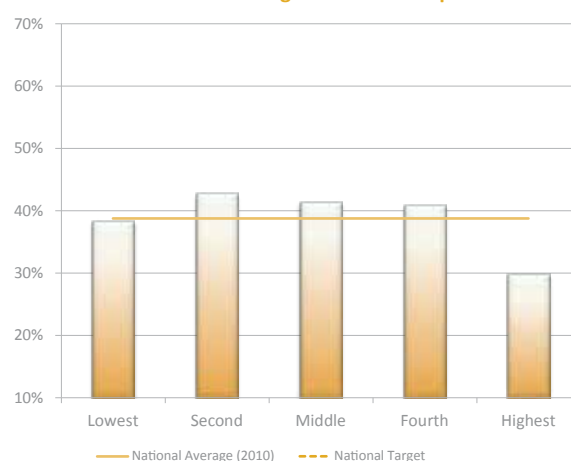
Joined: May 2013

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)	-

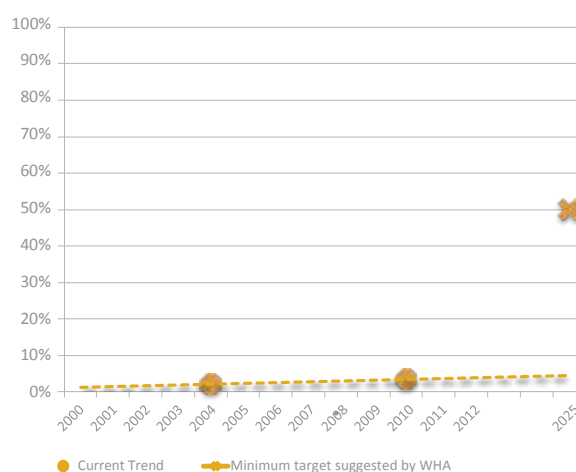
Stunting Reduction Trend and Target



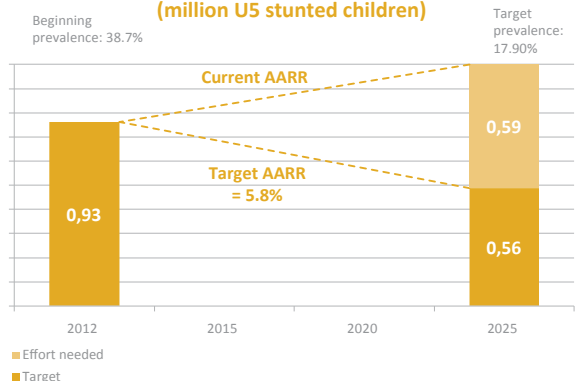
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

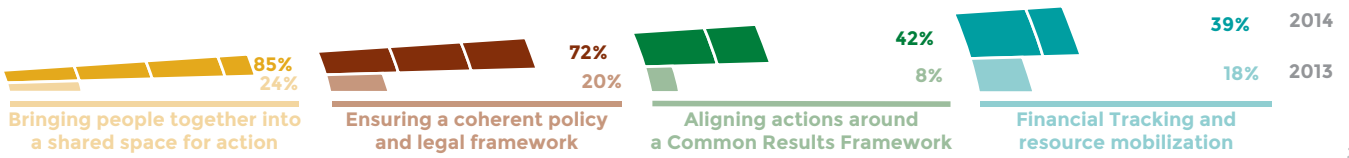
Nutrition programs are implemented and assessed on a regular basis. An information system on tools for collecting information on food security has been set up and the Health Ministry has proposed regular mapping to avoid crises.

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.

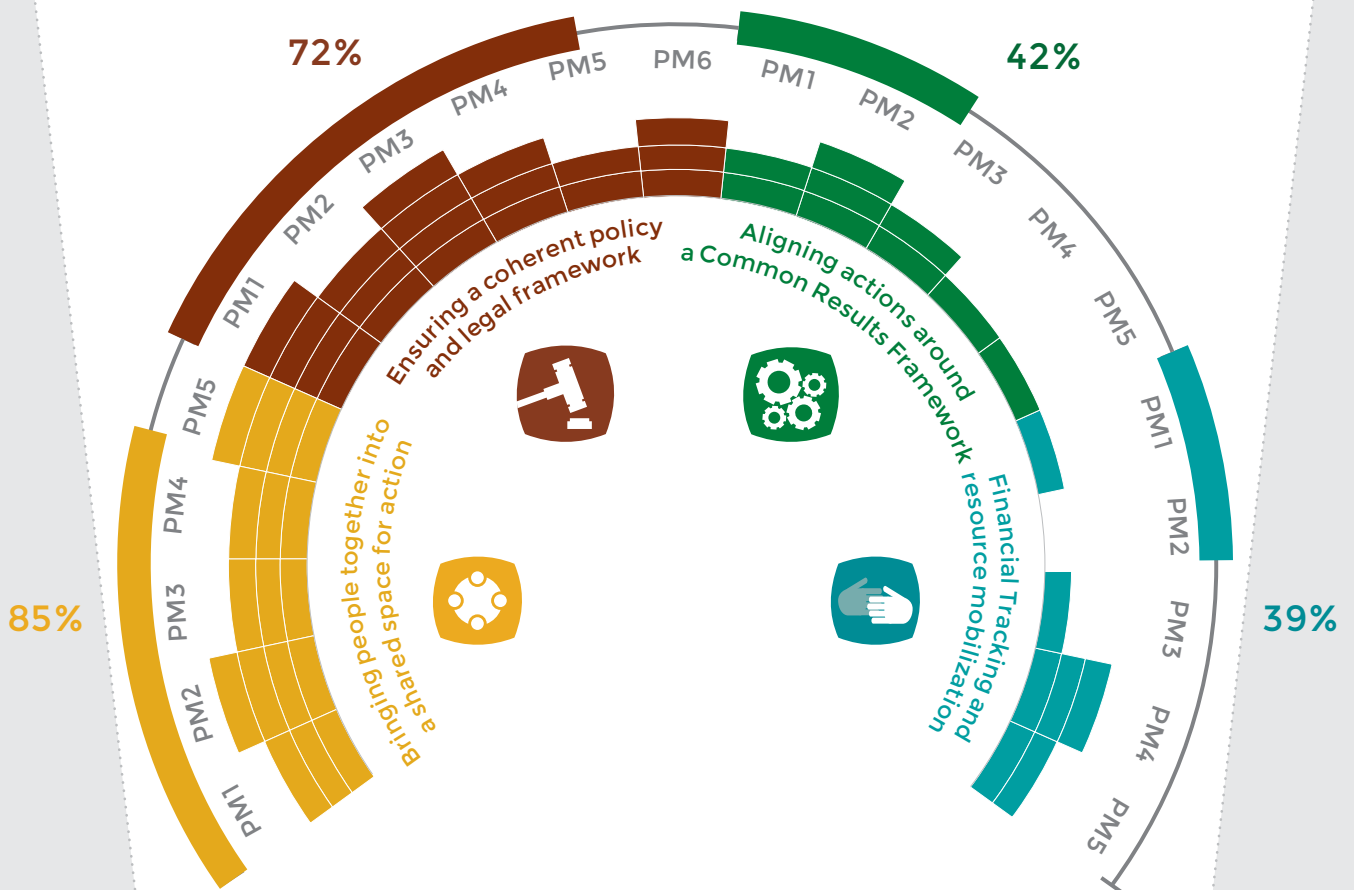
Progress Across Four SUN Processes Chad

2013¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

Stage of Preparedness



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

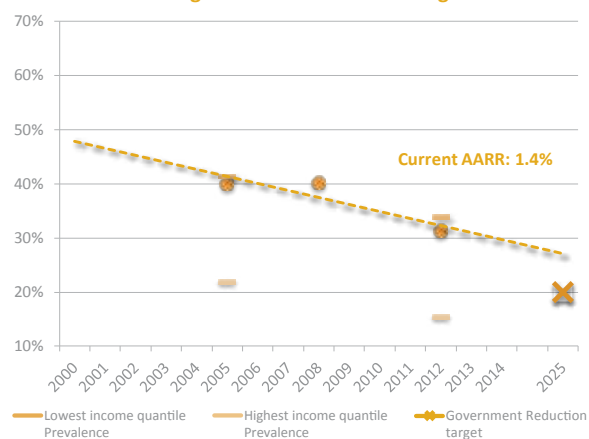
Guinea



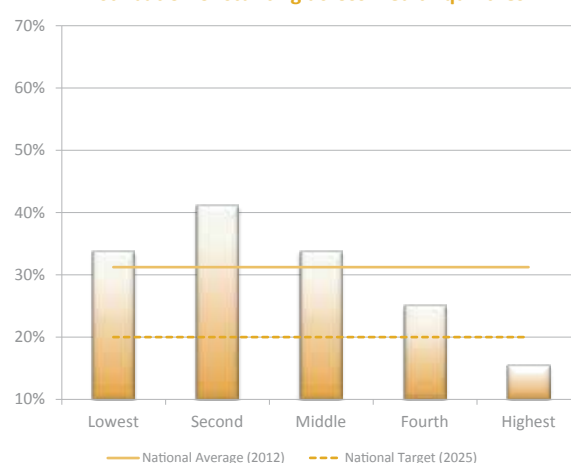
Joined: May 2013

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

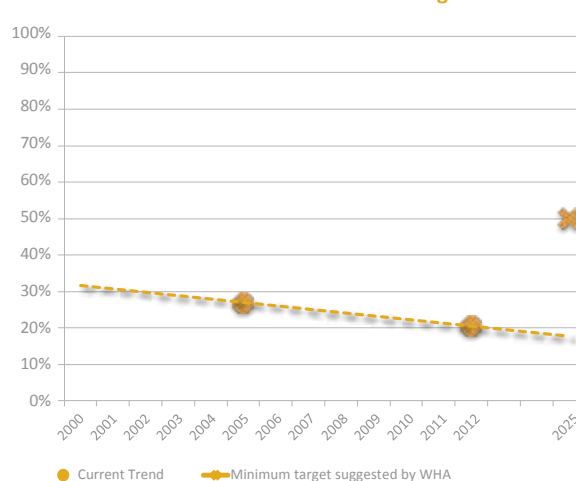
Stunting Reduction Trend and Target



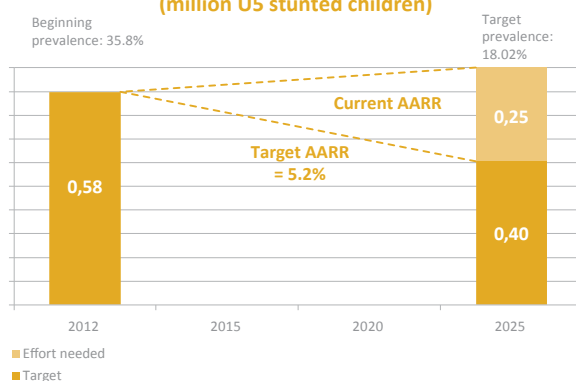
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

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.

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.

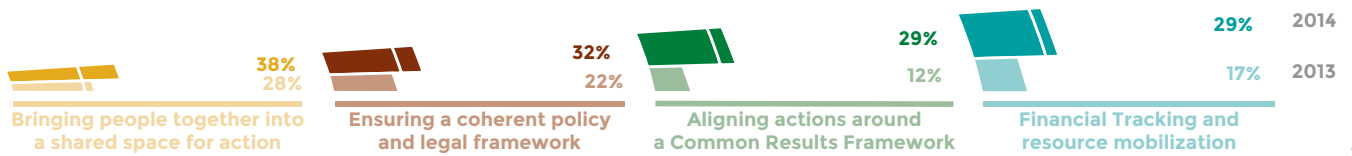
Financial Tracking and resource mobilization

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.

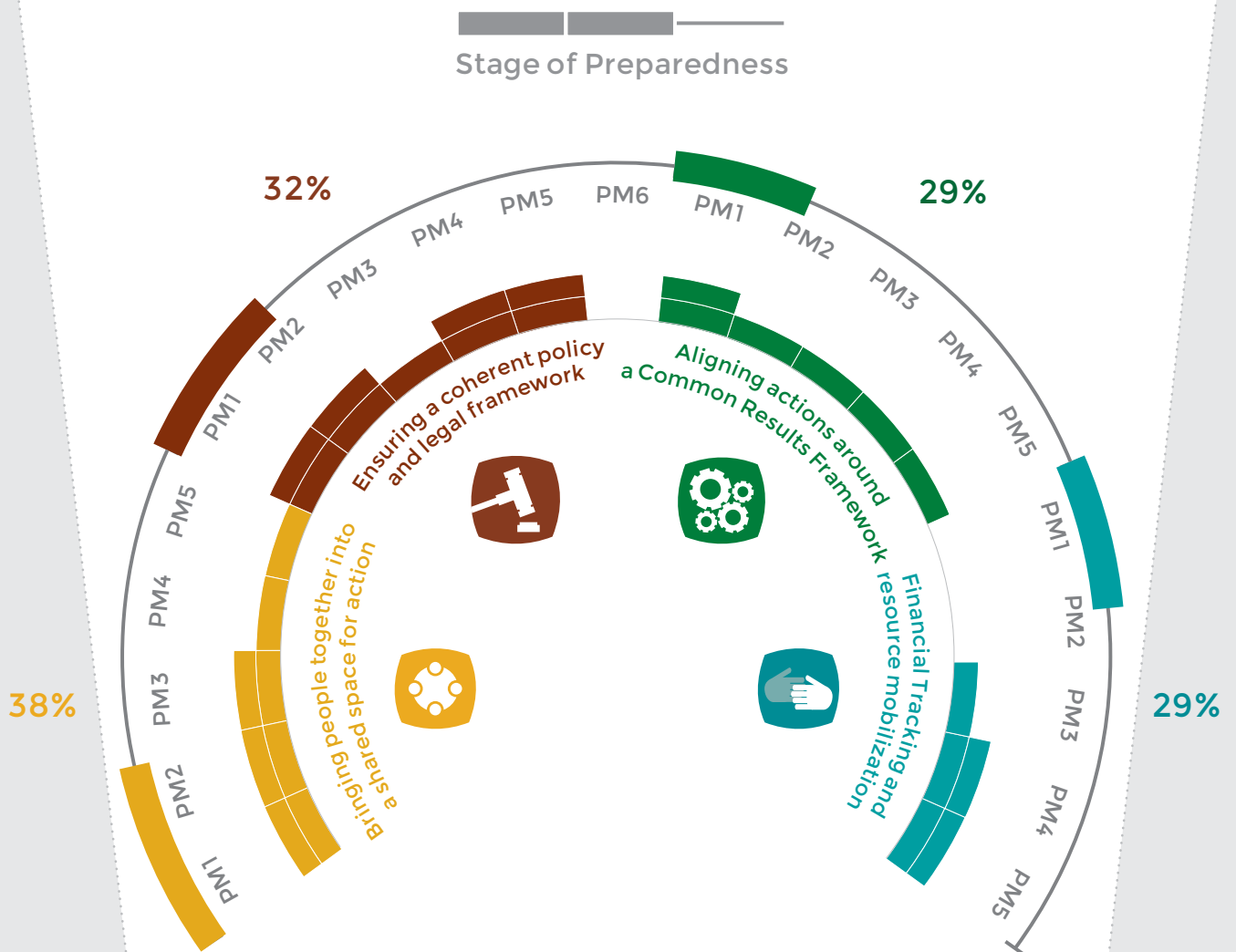
Once the multi-sectoral action plan has been finalized, it will be costed and a submission made to government and PTF on its financing.

Progress Across Four SUN Processes Guinea

2013¹ and 2014² Scoring of Progress Markers

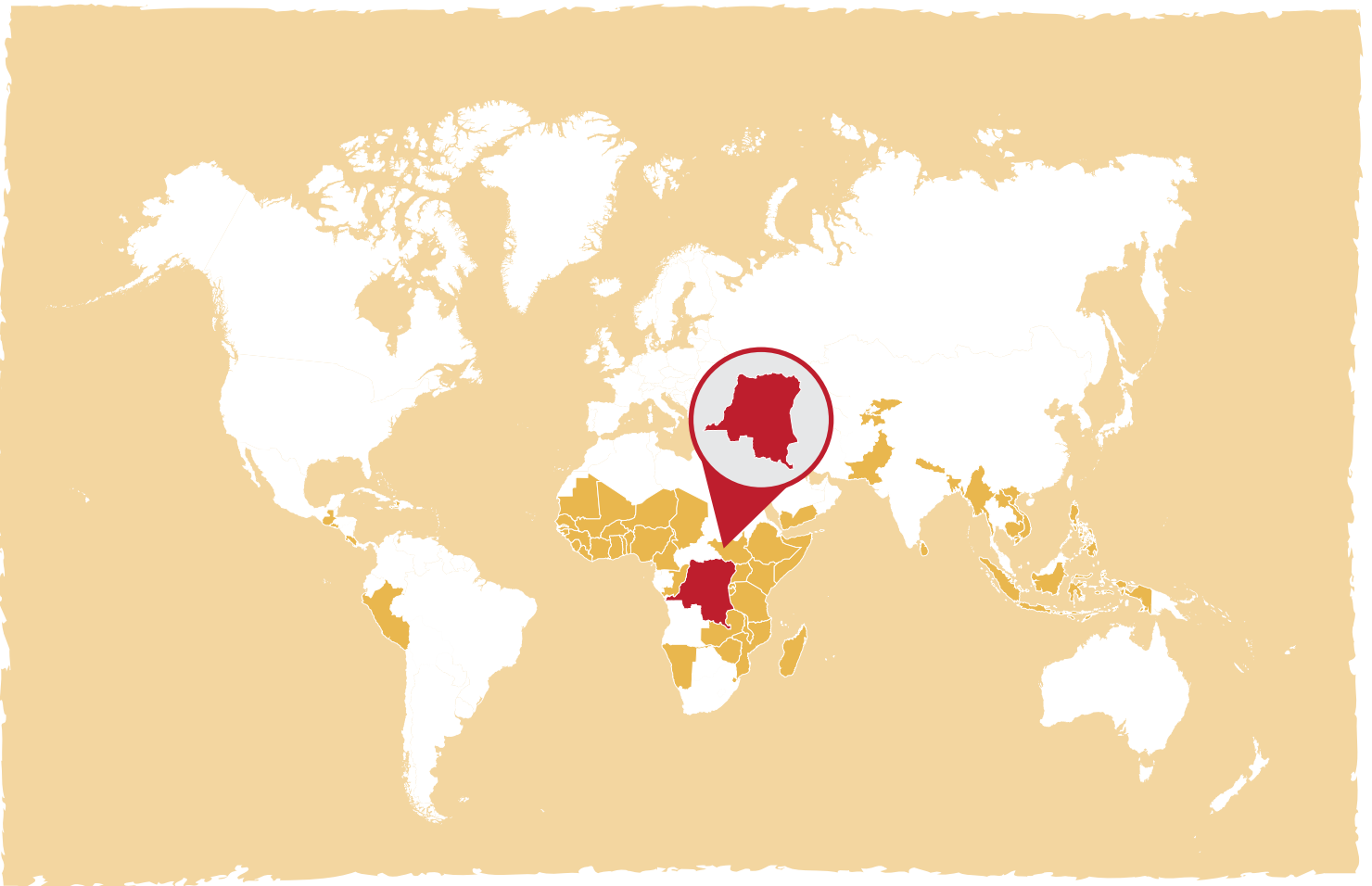


2014 Dashboard for Progress Markers



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

Democratic Republic of the Congo

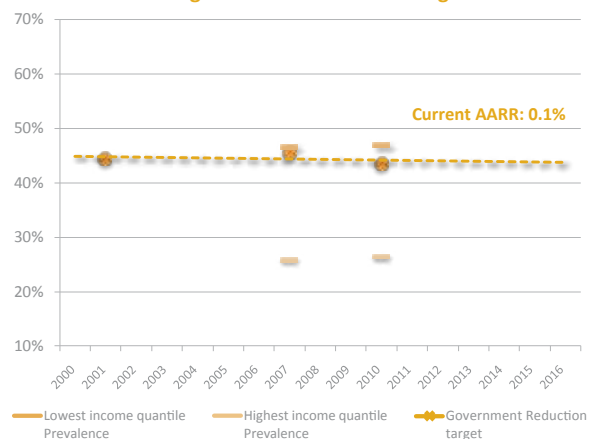


Joined: June 2013

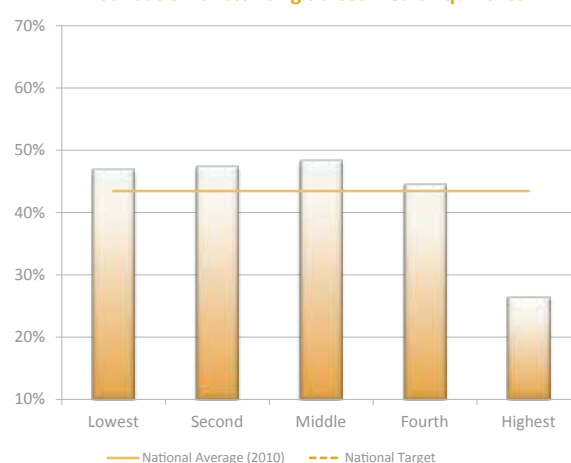


Demographic data	
National Population (million, 2010)	62,2
Children under 5 (million, 2010)	11,2
Adolescent Girls (15-19)(million, 2010)	3,40
Average Number of Births (million, 2010)	2,60
Population growth rate (2010)	2,81%
WHA nutrition target indicators (MICS 2010)	
Low-birth weight	9,5%
0-5 months 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)	-

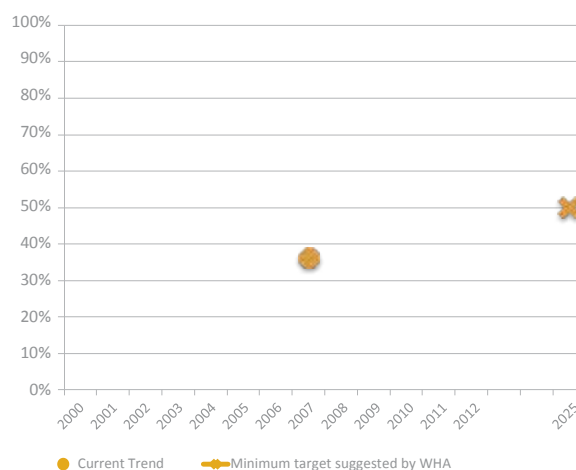
Stunting Reduction Trend and Target



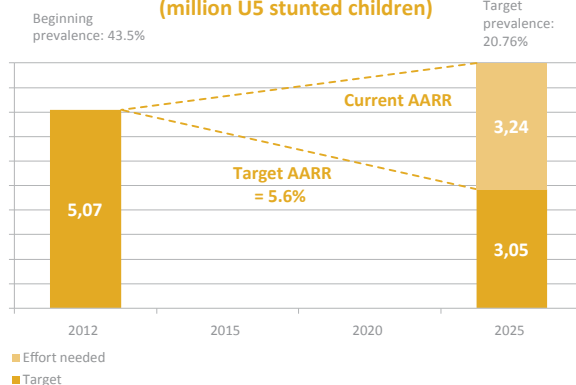
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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 parliamentary networks exist but are not yet operational.

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).

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.

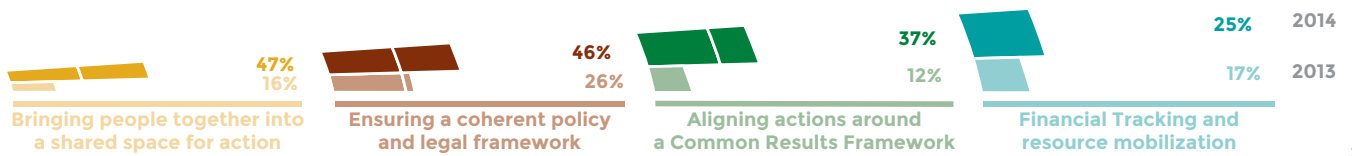
However, the distribution of some policy papers at the decentralized level could be improved. To compensate, a community-based nutrition communication plan will be developed that will target the provinces.

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).

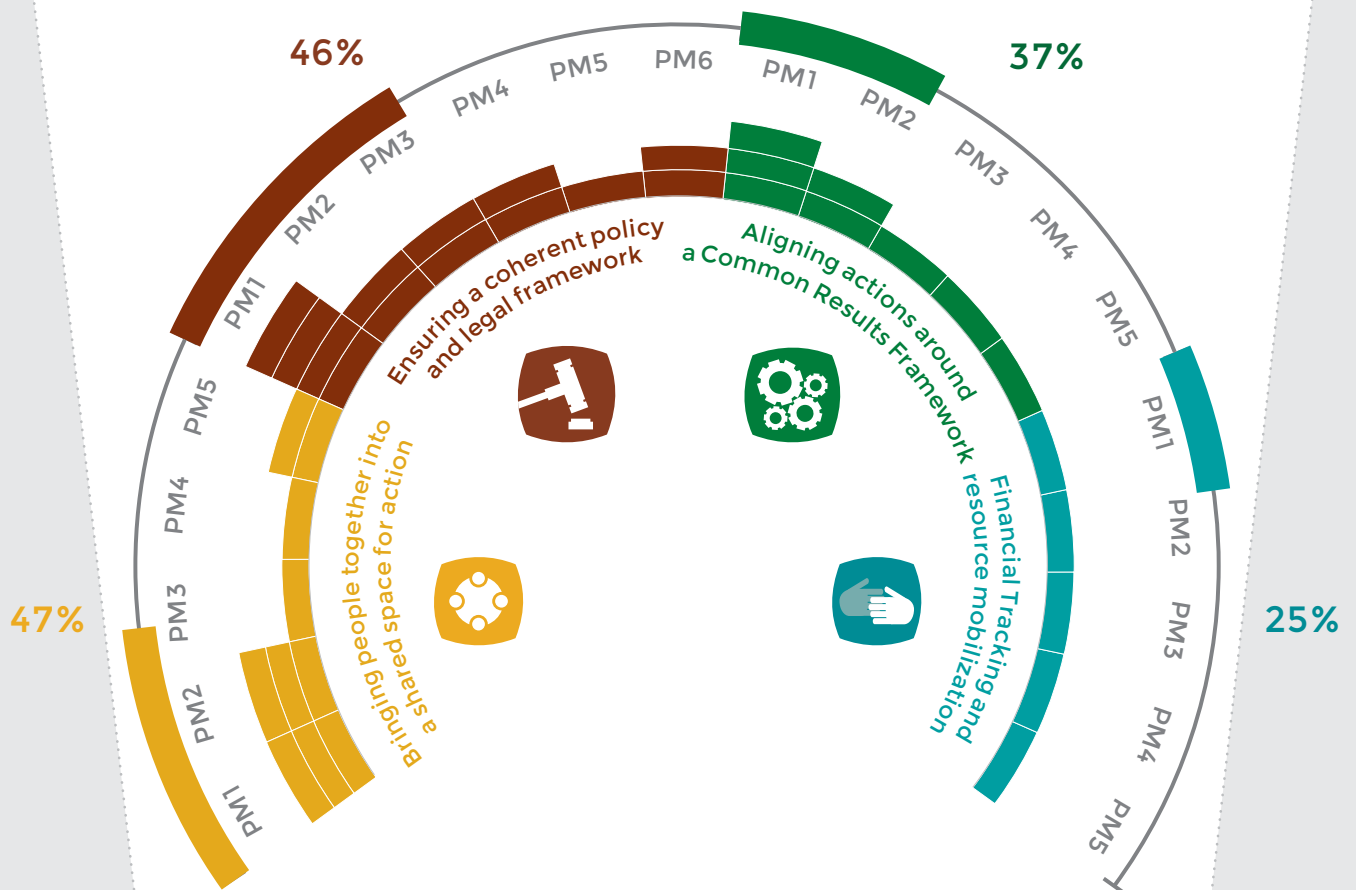
Progress Across Four SUN Processes Democratic Republic of the Congo

2013¹ and 2014² Scoring of Progress Markers



2014 Dashboard for Progress Markers

Stage of Preparedness



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

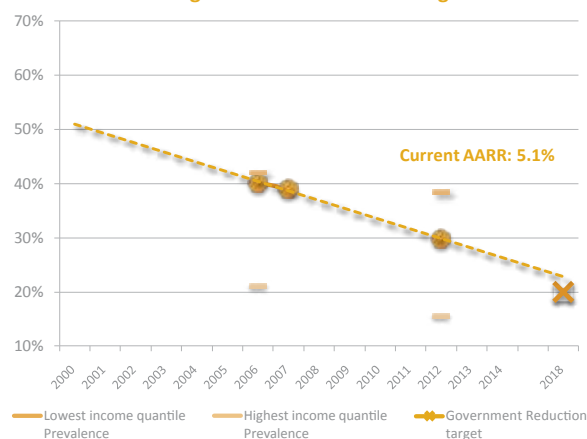
Côte d'Ivoire



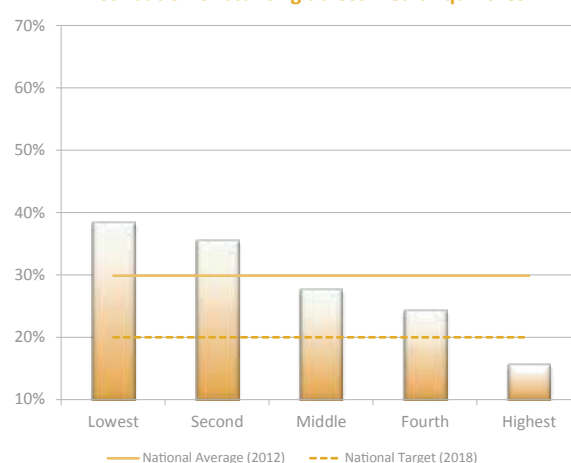
Joined: June 2013

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

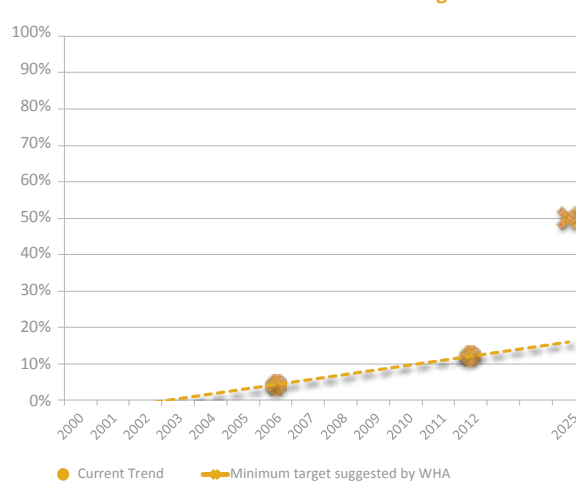
Stunting Reduction Trend and Target



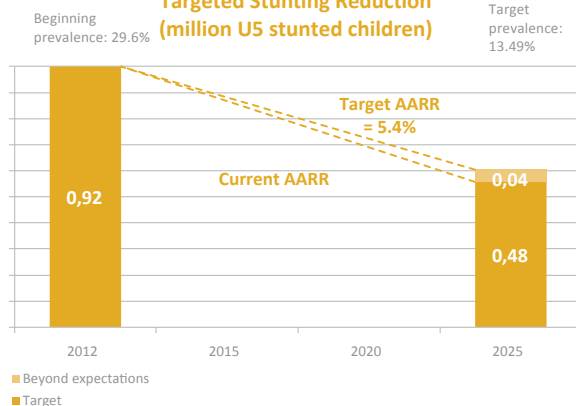
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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

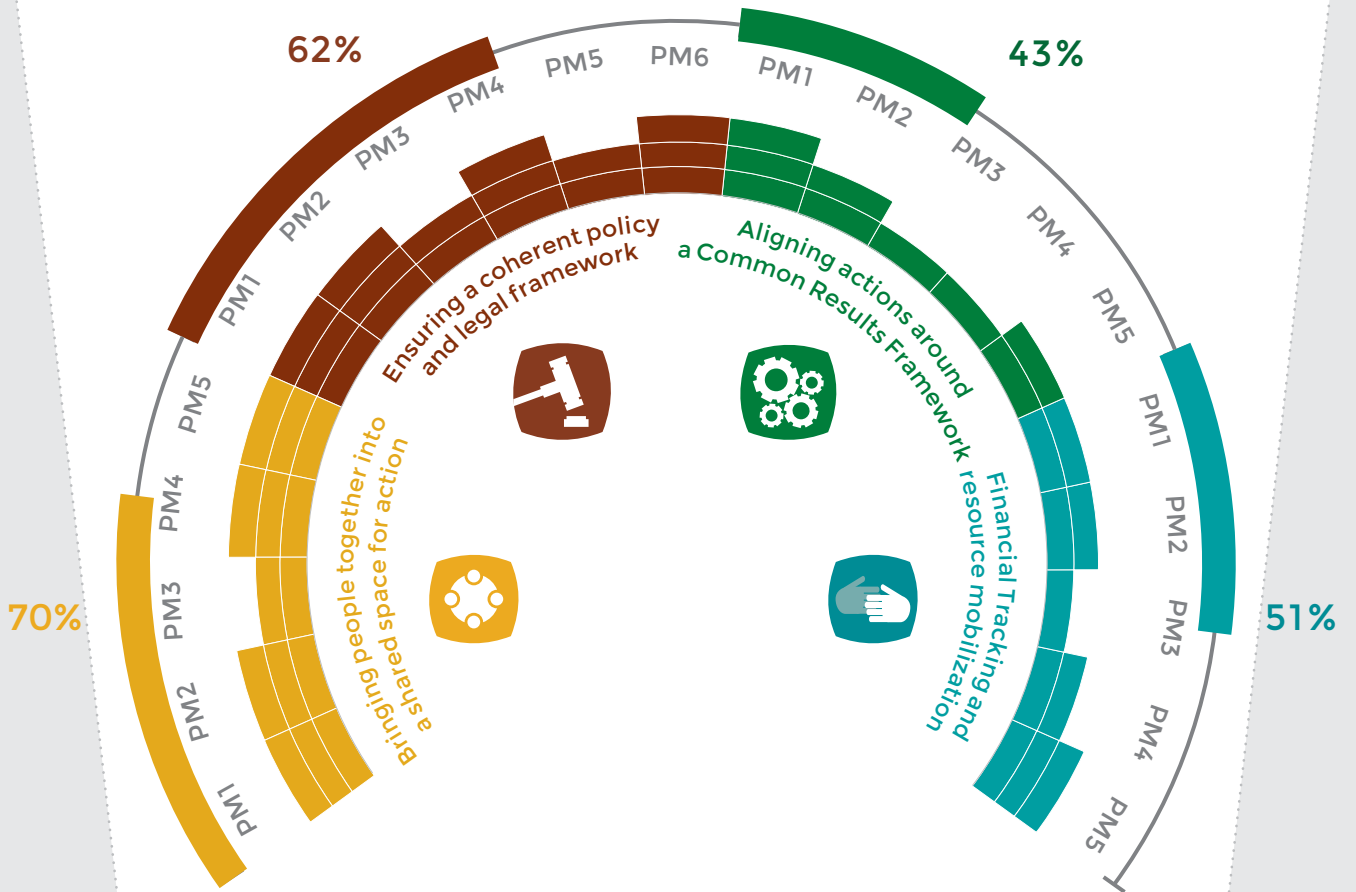
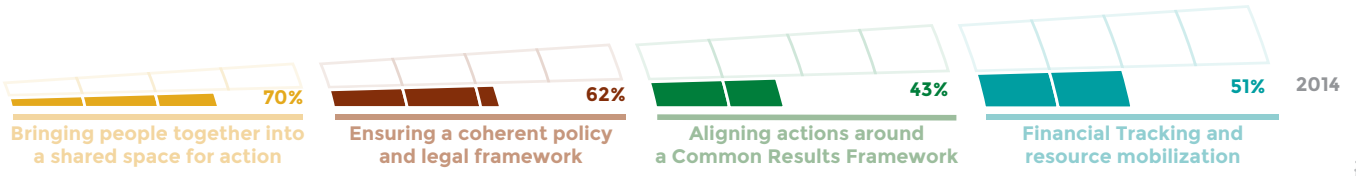
One of the priorities of the multi-sectoral platform will be to organize consultations and round tables with partners in order to mobilize additional resources to enhance nutrition awareness.

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.

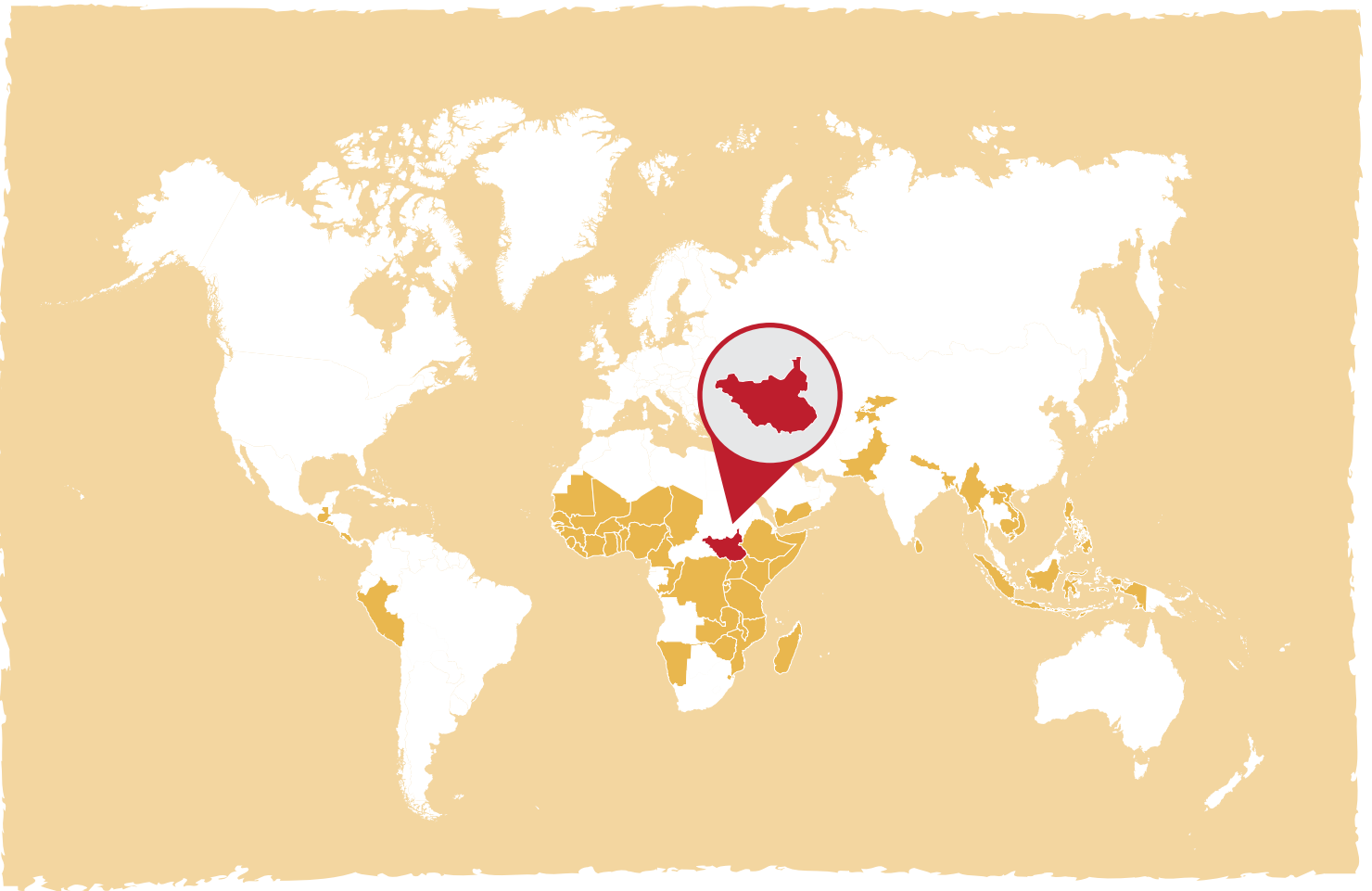
2014¹ Baseline on Four SUN Processes Côte d'Ivoire

2014 Scoring of Progress Markers



¹Internally assessed by in-country self-assessment exercise

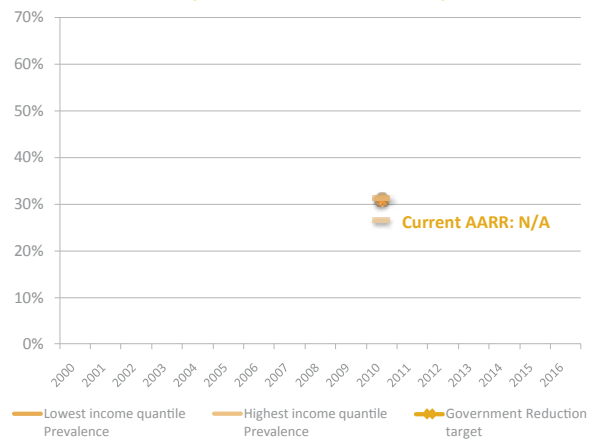
South Sudan



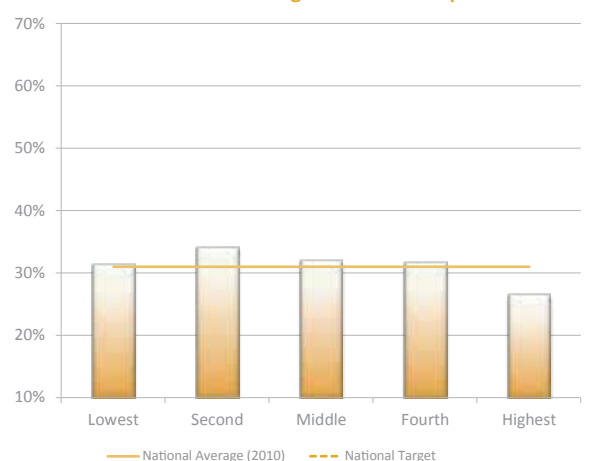
Joined: June 2013

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)	-

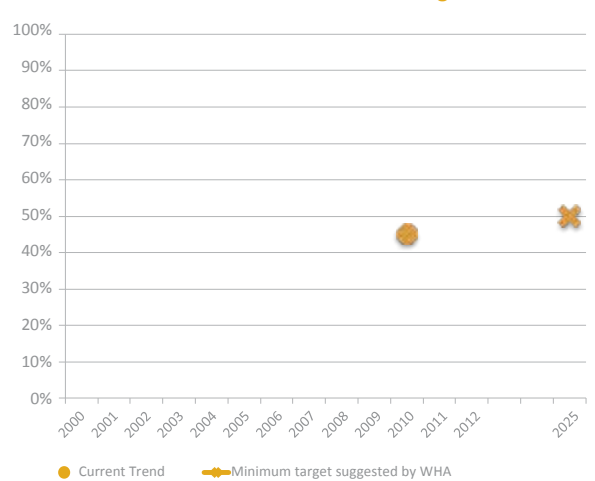
Stunting Reduction Trend and Target



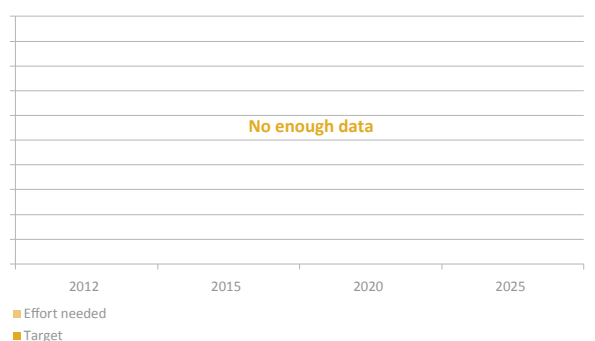
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US 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

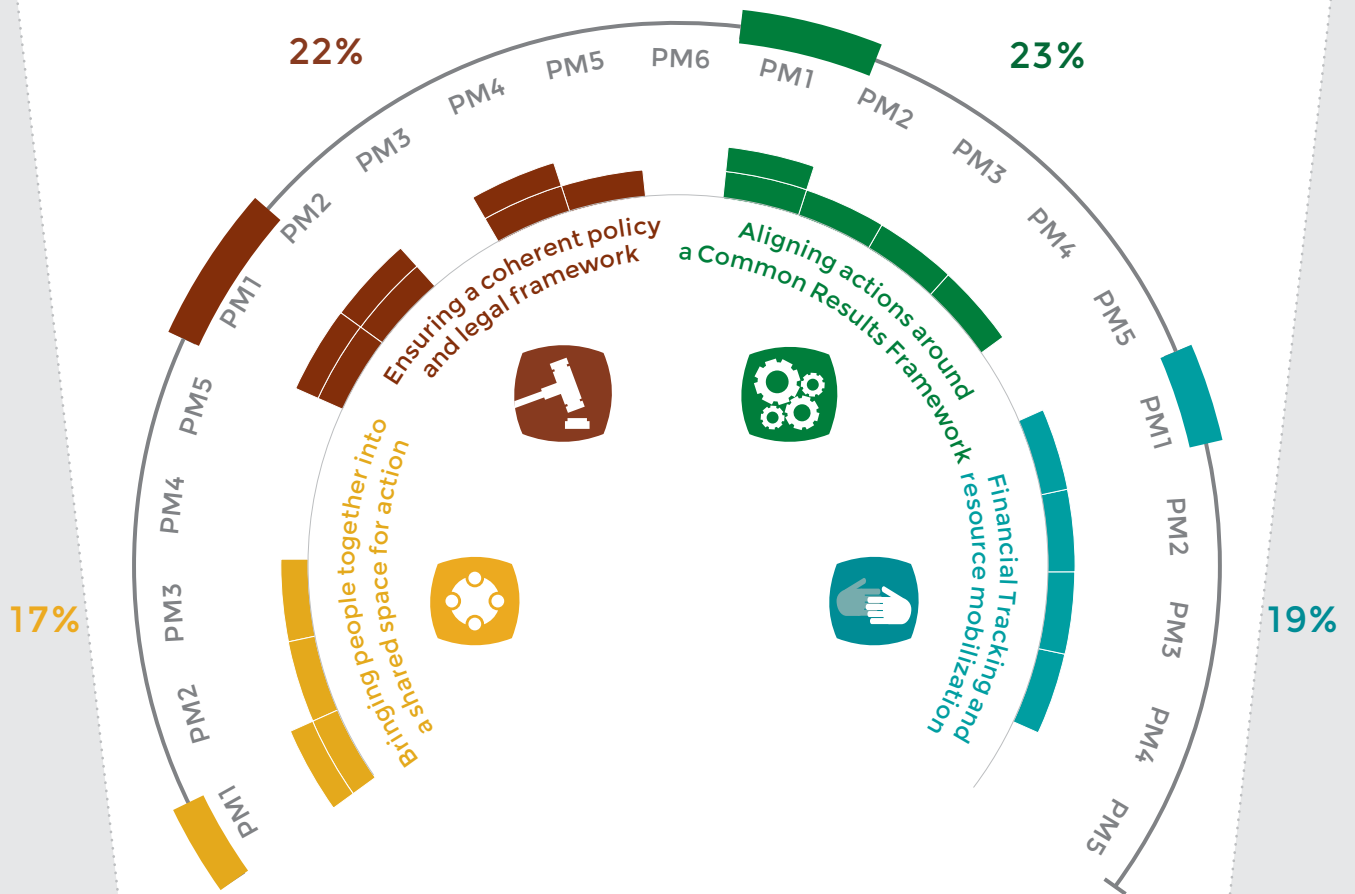
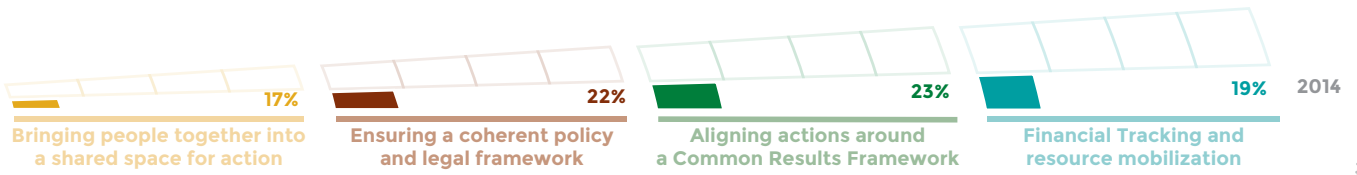
The Ministry of Health is in the process of finalizing the National Nutrition Policy.. Most recently, the nutrition sector has finalized the revision of the Basic Package of Health and Nutrition Services (BPHN). Its endorsement and implementation by the Ministry of Health will enhance integration of 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.

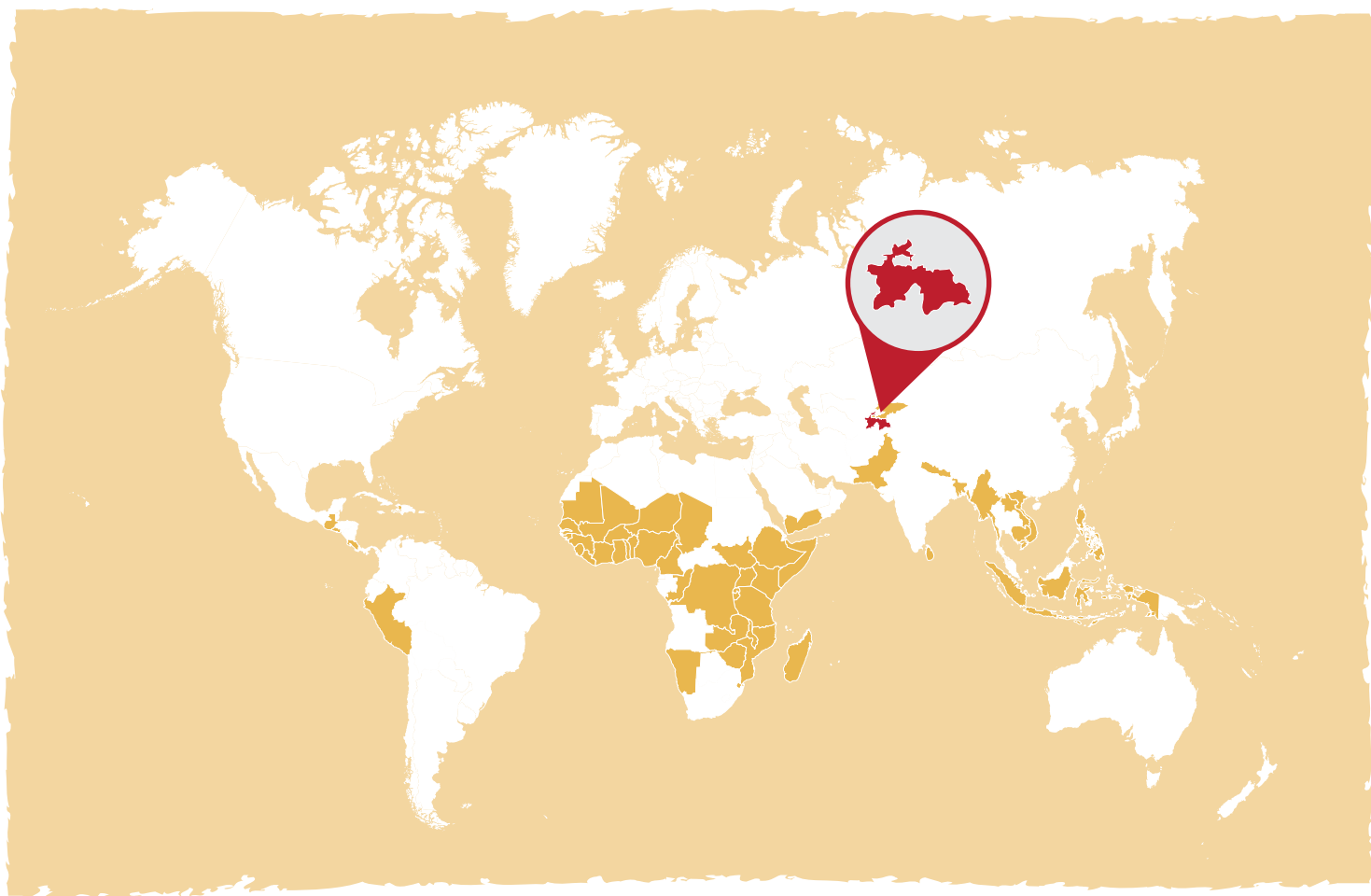
2014¹ Baseline on Four SUN Processes South Sudan

2014 Scoring of Progress Markers



¹Externally assessed by the SUN Movement Secretariat

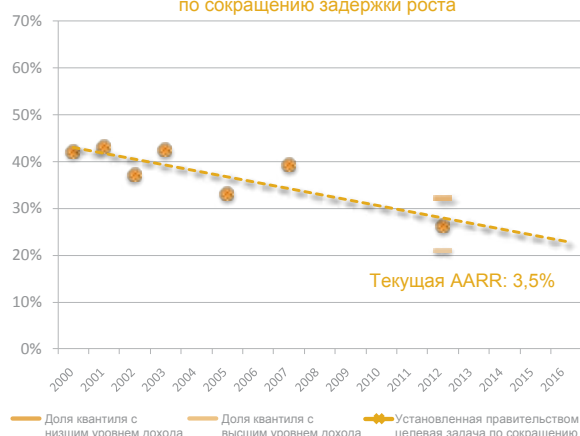
Таджикистан



Присоединилась: Сентябрь 2013 г.

Демографические данные	
Население страны (млн, 2010 г.)	7,63
Детей до 5 лет (млн, 2010 г.)	1,0
Девочки-подростки (15–19 лет) (млн, 2010 г.)	0,43
Среднее кол-во рождений (млн, 2010 г.)	0,22
Темп роста населения (2010 г.)	2,28%
ВАЗ: Целевые показатели по питанию (DHS 2012)	
Пониженный вес при рождении	7,2%
Исключительно грудное вскармливание в возрасте 0–5 мес.	34,3%
Задержка в росте у детей в возрасте до 5 лет	26,8%
Истощение у детей в возрасте до 5 лет	9,9%
Избыточный вес у детей в возрасте до 5 лет	6,6%
Покрытие факторов, имеющих отношение к питанию	
Практики кормления детей грудного и раннего возраста	
Минимальный приемлемый рацион у детей в возрасте 6–23 мес.	19,6%
Минимальное разнообразие рациона у детей в возрасте 6–23 мес.	40,0%
Вмешательство для предотвращения дефицита витаминов и минералов	
Дополнение рациона цинком при диарее (дети до 5 лет)	-
Беременные женщины, обращающиеся за дородовой медицинской помощью 4 раза и более	52,5%
Дополнение рациона витамином А (6–59 мес.)	97,0%
Домашние хозяйства, потребляющие достаточно йодированную соль	38,8%
Расширение прав и возможностей женщин	
Грамотность среди женщин	-
Уровень занятости среди женщин	-
Средний возраст вступления в первый брак	20,3
Доступ к квалифицированной акушерской помощи	87,4%
Женщины, родившие первенца в возрасте до 18 лет	7,4%
Уровень фертильности	3,8
Другие показатели, имеющие отношение к питанию	
Уровень урбанизации	27,00%
Доля дохода беднейшего слоя (20 %) населения	8,30%
Калорий на чел. в день (ккал/чел/день)	2.055,9
Энергия от неосновных продуктов питания	24,66%
Железо, доступное с продуктами животного происхождения (мг/чел/день)	0,9
Доступ к улучшенным санитарно-техническим средствам	94,2%
Открытая дефекация	0,2%
Доступ к улучшенным источникам питьевой воды	76,2%
Доступ к водопроводной воде	35,7%
Поверхностные воды как источник питьевой воды	15,3%
ВВП на душу населения (в текущих ценах в долларах США, 2013 г.)	1.037,00
Экспорт сельскохозяйственной продукции на душу населения (в текущих ценах в долларах США, 2012 г.)	-
Импорт сельскохозяйственной продукции на душу населения (в текущих ценах в долларах США, 2012 г.)	-

Динамика сокращения и целевая задача по сокращению задержки роста



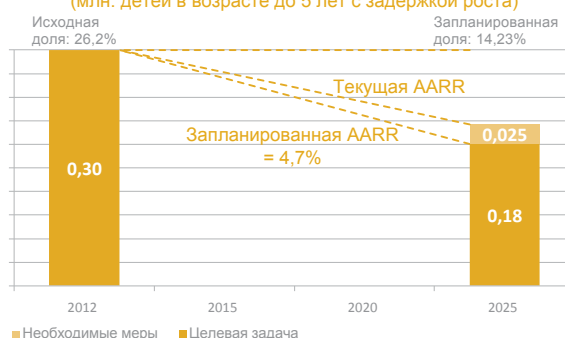
Распределение случаев задержки в росте в квинтилях по уровню благосостояния



Динамика показателя исключительно грудного вскармливания



Запланированное сокращение задержки роста (млн. детей в возрасте до 5 лет с задержкой роста)



Объединение людей в едином пространстве для принятия мер

Министерство здравоохранения и социальной защиты населения (МЗСЗН) является органом, ответственным за созыв Многоотраслевого координационного совета (МОКС), задачей которого является разработка политической линии в области питания. На заседании МОКС, как правило, присутствуют заместители министров. МОКС опирается на рабочую техническую группу, которая включает в себя представителей Министерства образования; Министерства экономики, торговли и развития; Министерства сельского хозяйства; Министерства финансов, промышленности и новых технологий, а также представителей канцелярии президента, партнеров по развитию и гражданского общества. Первый заместитель министра МЗСЗН является председателем Совета; его деятельность по вопросам питания и продовольственной безопасности контролирует Министерство экономики, торговли и развития, которое, в свою очередь, представляет отчеты Хукумату (правительству). Сфера полномочий МОКС и его технической группы еще не разработана. МОКС также может быть объединен с другими существующими структурами. Институт питания и центр питания уже входят в состав МОКС и являются представителями научных сообществ, способствующих развитию потенциала и накопления знаний в областях, относящихся к питанию. ОГО ведут активную работу в сфере питания, а именно просветительскую деятельность; в будущем планируется участие данного сообщества в заседаниях МОКС. Назначенные члены оргкомитета, АМР США и ЮНИСЕФ, используют рабочие группы Координационного совета по вопросам развития (КСР), обеспечения продовольственной безопасности и питания с целью периодического осведомления своих участников о ходе мероприятий по улучшению ситуации с питанием в стране. Таджикистан организует учебную поездку в Непал для изучения деятельности по обеспечению ведущей роли в области питания, что способствует развитию потенциала концепции питания.

Согласование с рамочным соглашением по общим результатам

Департамент охраны здоровья матери и ребенка МЗСЗН, при поддержке партнеров по развитию, составляет годовой план мероприятий по исправлению ситуации с питанием. Одним из приоритетных направлений, утвержденных Правительством Таджикистана, является разработка ориентировочных общих результатов. Данное направление включает в себя план комплексных мероприятий по улучшению питания и расчет их стоимости, что позволит отследить и в дальнейшем мобилизовать необходимые ресурсы. Вышеуказанные вопросы будут обсуждаться в ходе начального совещания по РВП, намеченного на август 2014 года. Конкретных программ питания с определенными сроками исполнения нет, но существует несколько сфер деятельности, направленных на улучшение питания, которые включают в себя: обогащение пищевых продуктов микроэлементами, урегулирование вопросов/лечение острого недоедания, пропаганда грудного вскармливания и оптимального кормления детей грудного и раннего возраста через инициативы в области детского здравоохранения; информационные, образовательные и коммуникационные мероприятия, пропаганда школьной гигиены, йодирование соли и программа школьного питания. Кроме того, ВПП оказывает дополнительное содействие в обеспечении питанием маргинальных групп населения.

Обеспечение последовательной нормативно-правовой базы

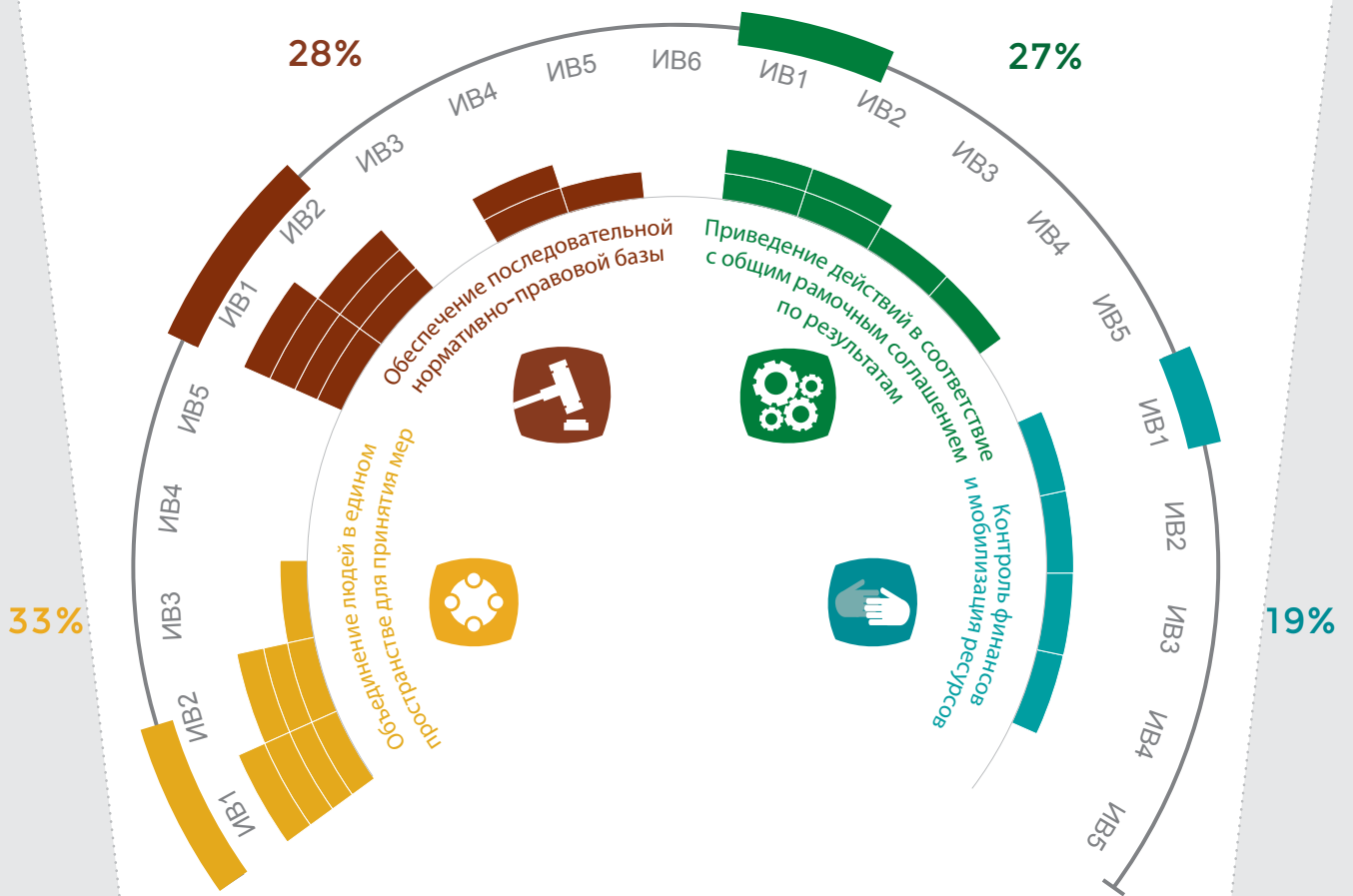
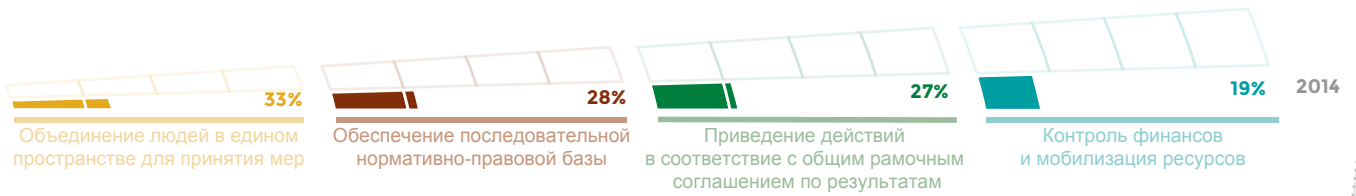
В Таджикистане принят ряд законов по проведению мероприятий для исправления ситуации с питанием. К ним относятся законы о грудном вскармливании, йодировании соли, здравоохранении, репродуктивном здоровье и правах, безопасности пищевых продуктов, а также Международный кодекс маркетинга заменителей грудного молока. В настоящее время правительство работает над завершением проекта Стратегии питания и физической активности, принимая во внимание существующую в стране особую стратегию первого питания. К другим известным стратегиям с повышенным вниманием к сфере питания относятся: Стратегия продовольственной безопасности (в стадии разработки); Стратегия повышения уровня жизни на 2013-2015 годы; Национальная стратегия развития (до 2015 года); Стратегия развития национального сектора здравоохранения на 2010-2020 годы; Национальная стратегия охраны здоровья детей и подростков на 2010-2015 годы; Национальная стратегия охраны репродуктивного здоровья на 2004-2014 годы и Стратегия школьного питания (в стадии разработки).

Контроль финансов и мобилизация ресурсов

Большинство мероприятий в области питания поддерживаются внешними партнерами. По причине отсутствия комплексного плана расходов правительство недостаточно осведомлено о стоимости каждого мероприятия и донорских взносах. С финансовой точки зрения, в рамках инициатив канцелярии президента, запланировано введение отдельных бюджетных линий для каждого сектора программы (например: питание). Данный план, наряду с разработкой общей структуры результатов по питанию, позволит облегчить контроль движения денежных средств в секторе питания.

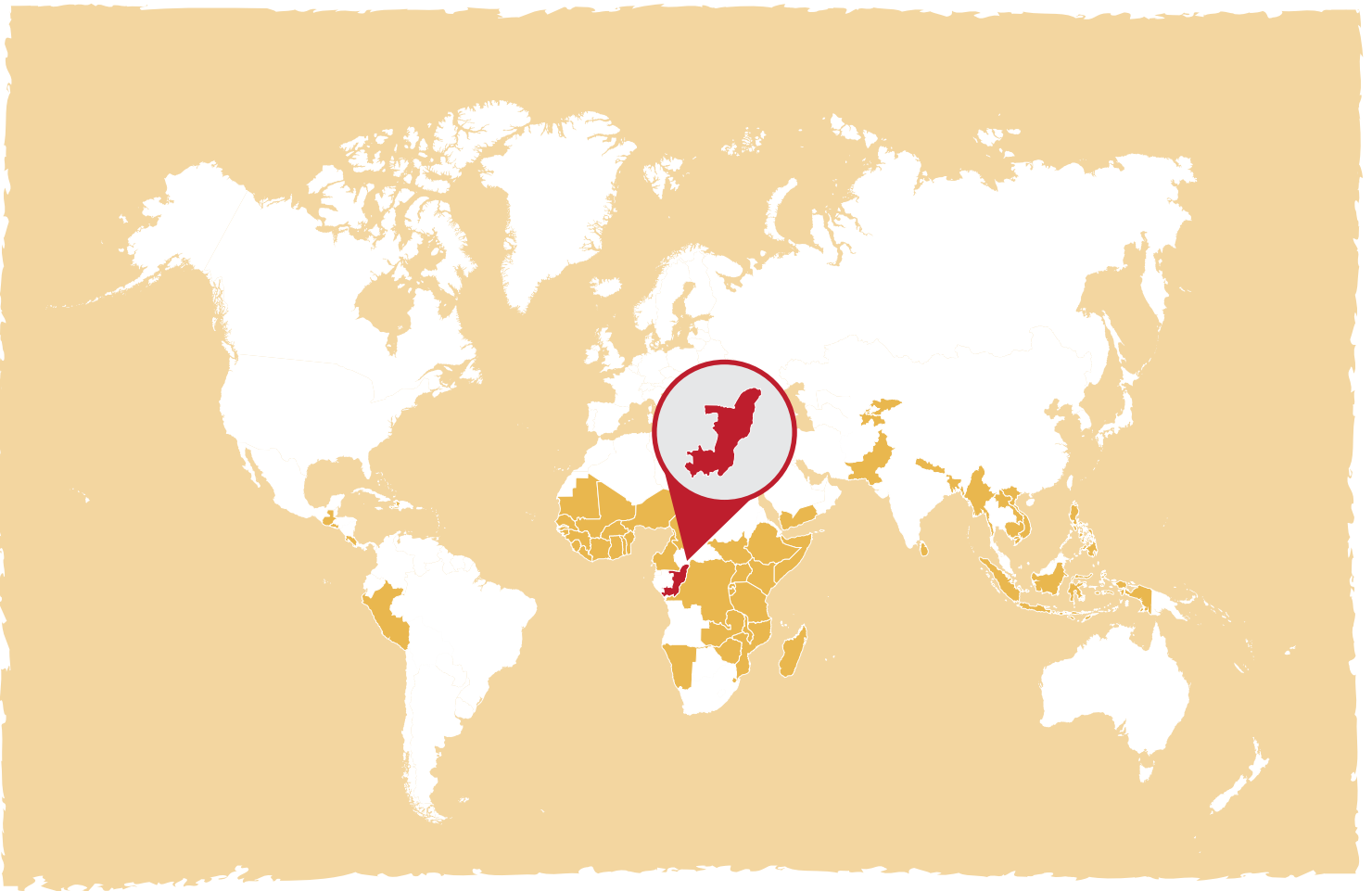
Исходное состояние по 4 процессам РВП, 2014¹ г. Таджикистан

Баллы по индикаторам выполнения: 2014



¹Внешняя оценка, проведенная Секретариатом Движения РВП

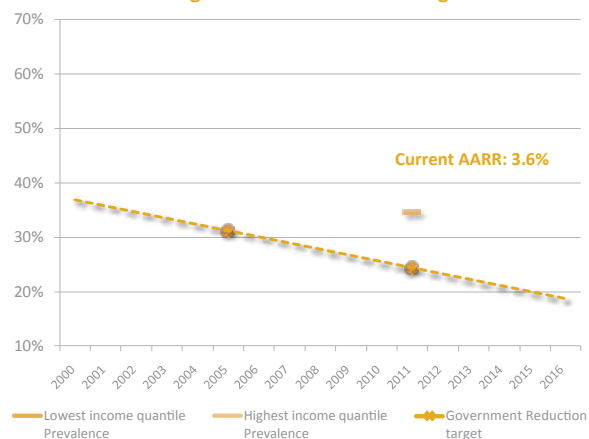
Congo



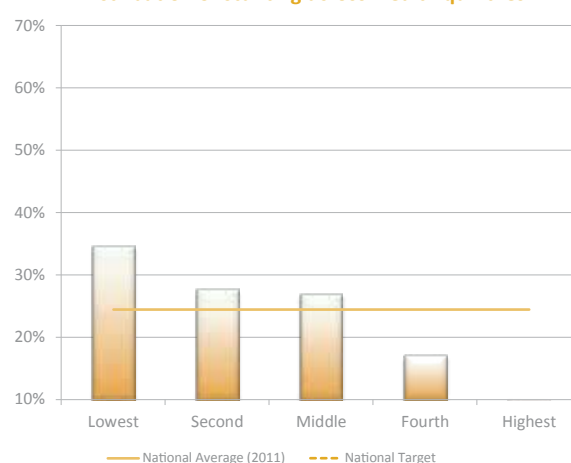
Joined: October 2013

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

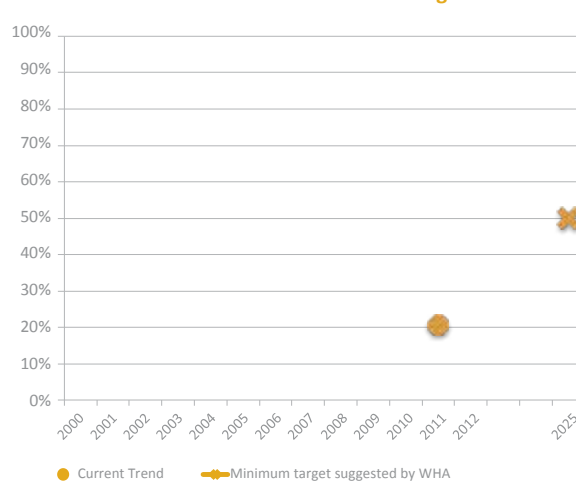
Stunting Reduction Trend and Target



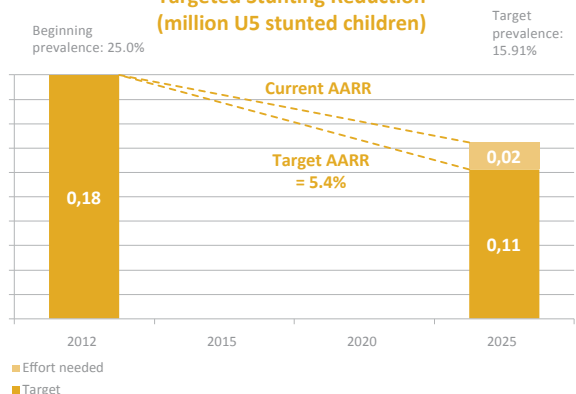
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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

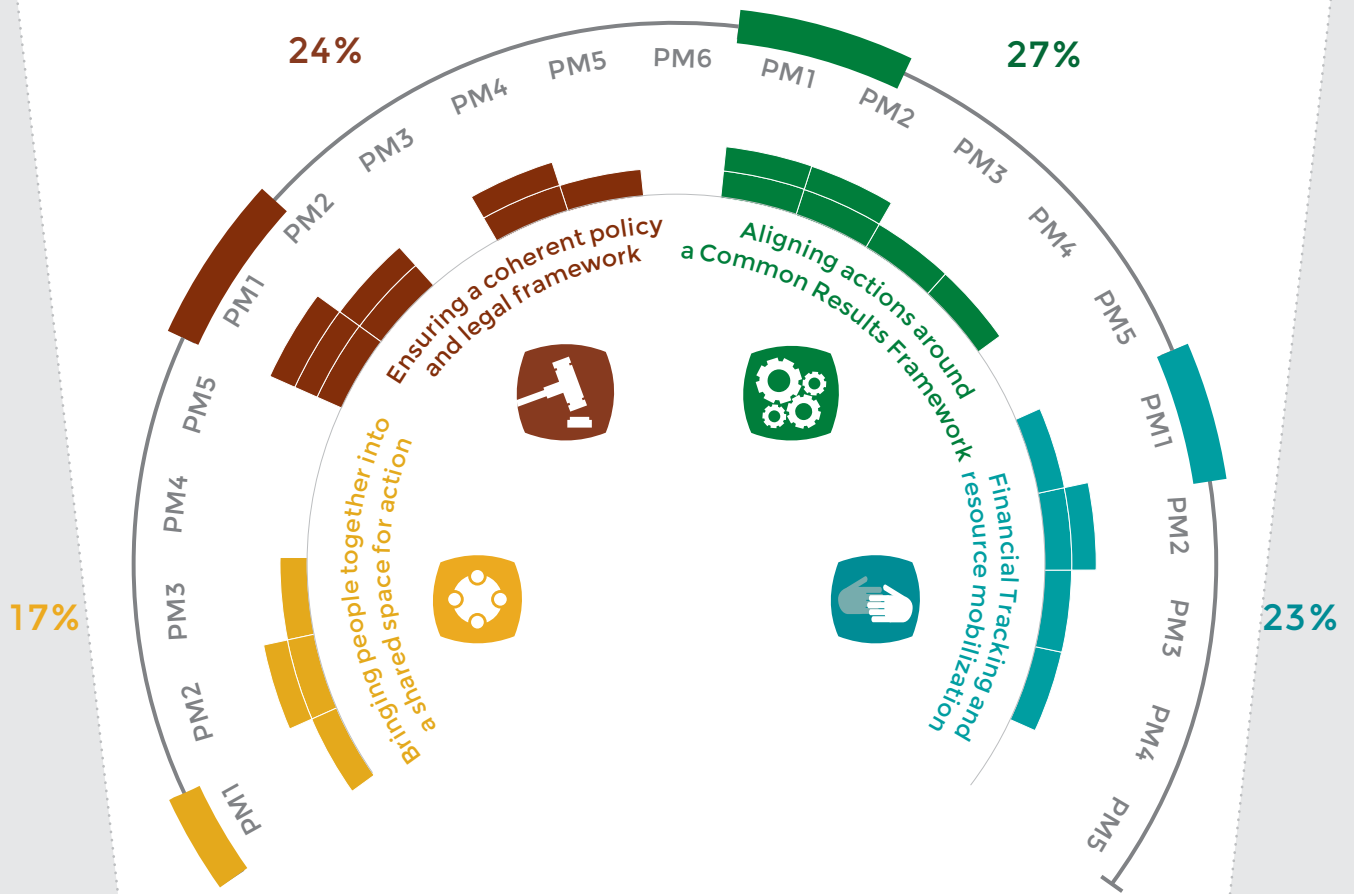
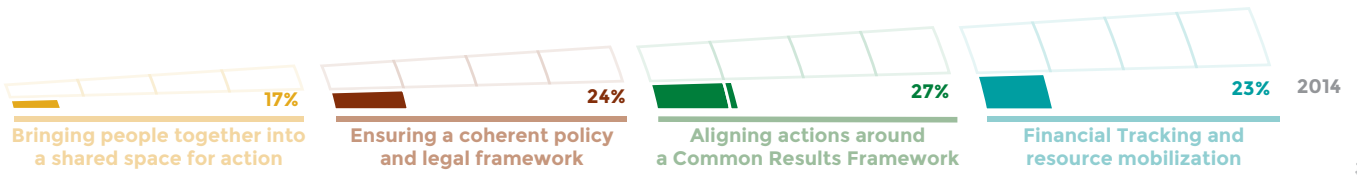
Once the strategic framework for combating malnutrition is finalized, the plan is to draft a multi-sectoral operational plan to combat malnutrition. This plan will serve as a basis for monitoring the implementation of and assessing the various multi-sectoral interventions. Under UNDAF, joint work plans 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.

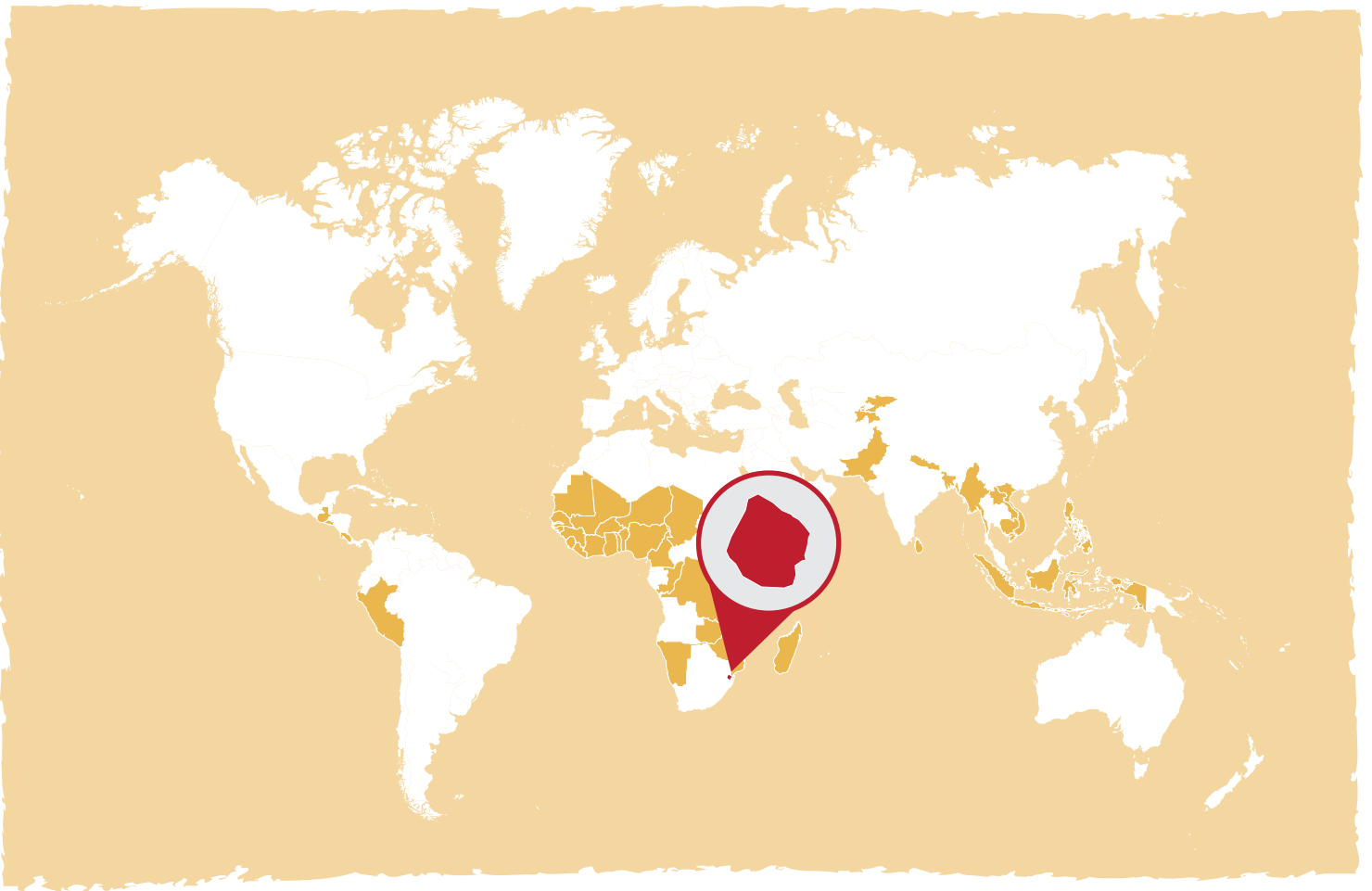
2014¹ Baseline on Four SUN Processes Congo

2014 Scoring of Progress Markers



¹Externally assessed by the SUN Movement Secretariat

Swaziland

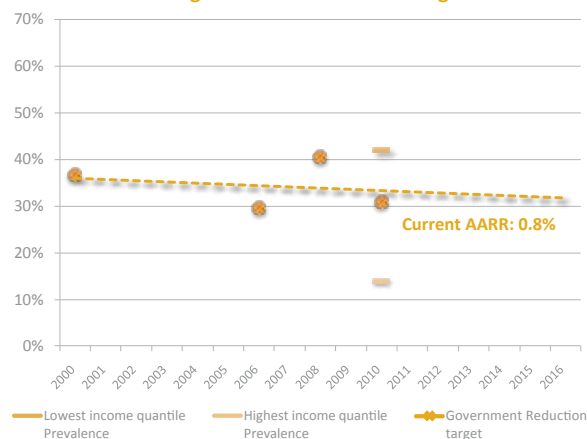


Joined: November 2013

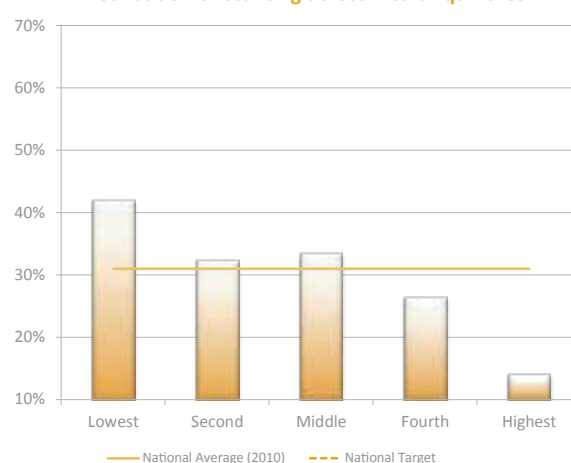


Demographic data	
National Population (million, 2010)	1,19
Children under 5 (million, 2010)	0,2
Adolescent Girls (15-19)(million, 2010)	0,08
Average Number of Births (million, 2010)	0,04
Population growth rate (2010)	1,54%
WHA nutrition target indicators (MICS 2010)	
Low-birth weight	8,7%
0-5 months 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

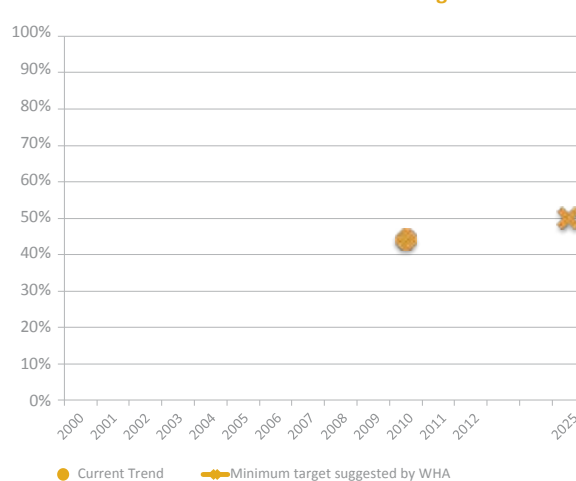
Stunting Reduction Trend and Target



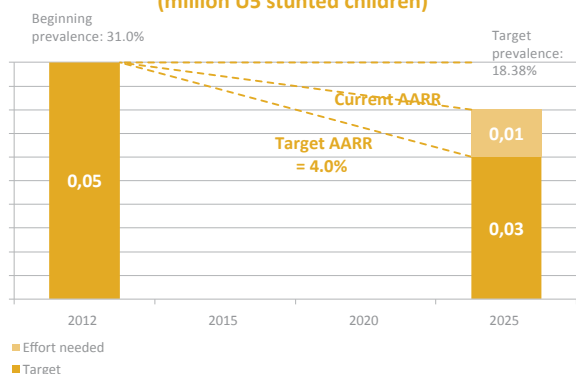
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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

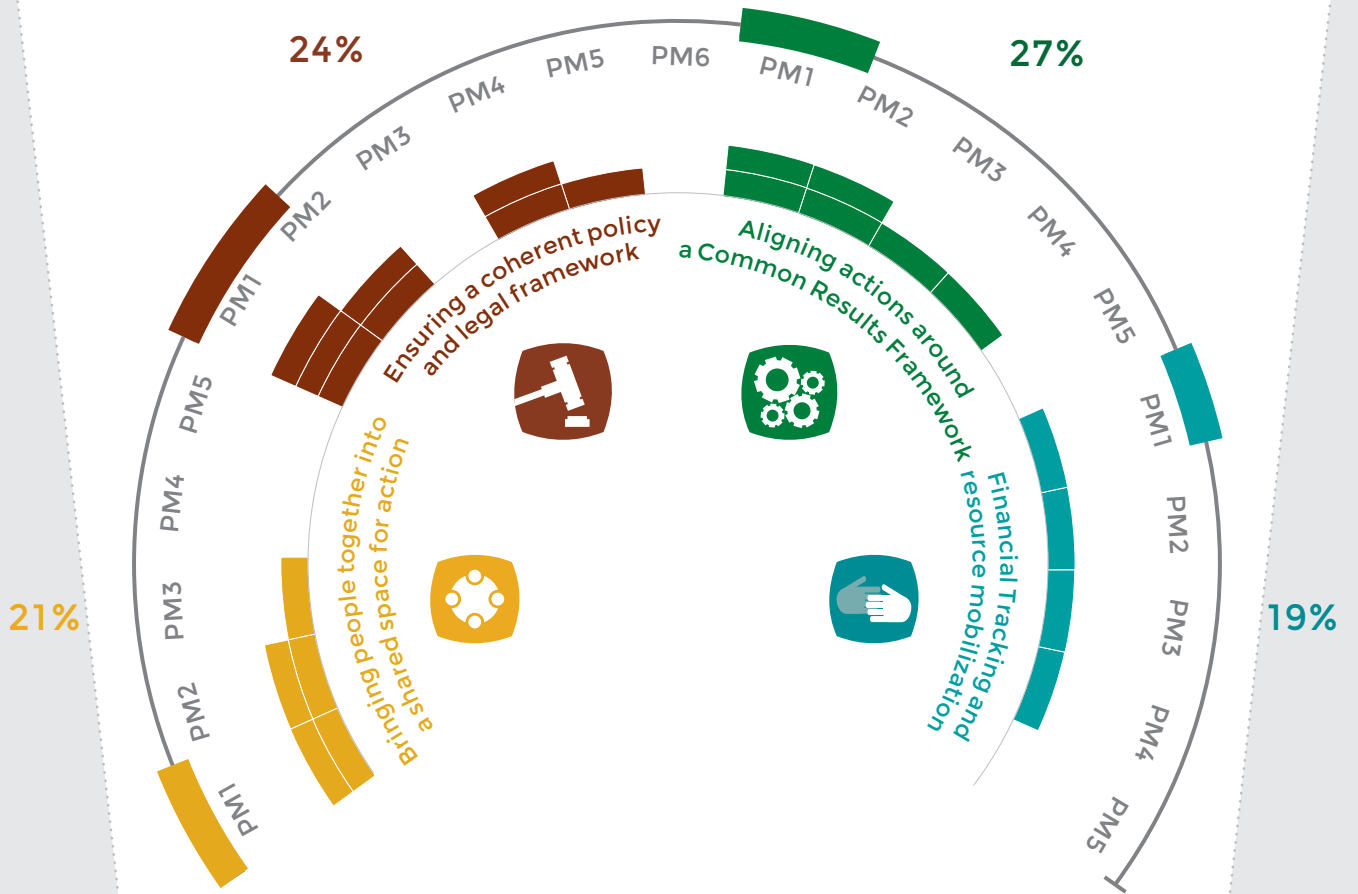
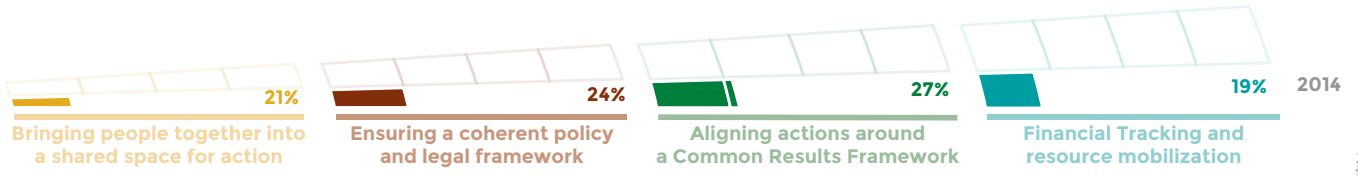
As there is still no Common Results Framework, the national priority remains to merge sectoral planning processes that contribute to nutrition in a coherent and harmonized manner. The government is working on the development of a comprehensive national nutrition strategy with a multi-sectoral approach 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.

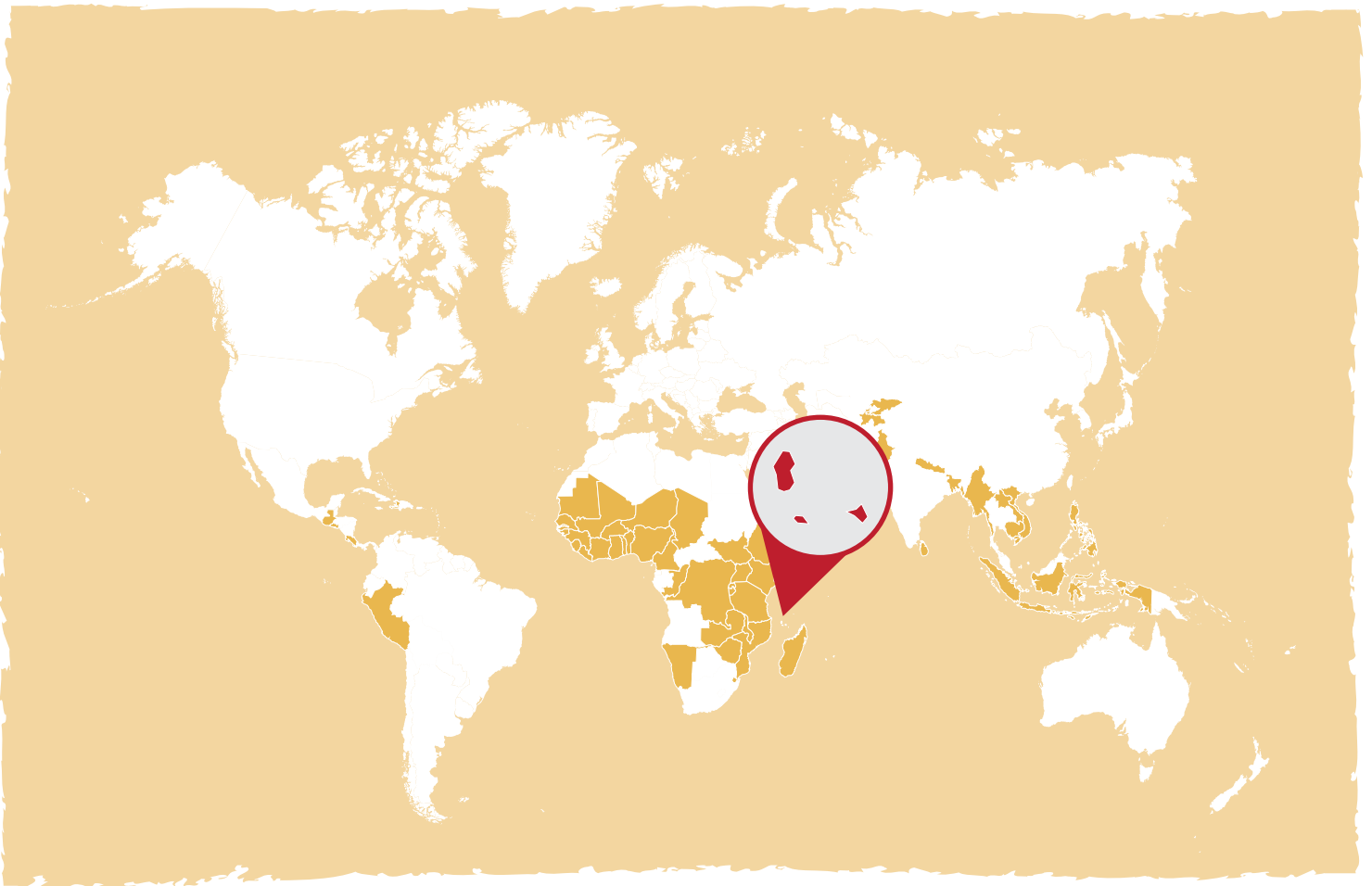
2014¹ Baseline on Four SUN Processes Swaziland

2014 Scoring of Progress Markers



¹Externally assessed by the SUN Movement Secretariat

Comoros

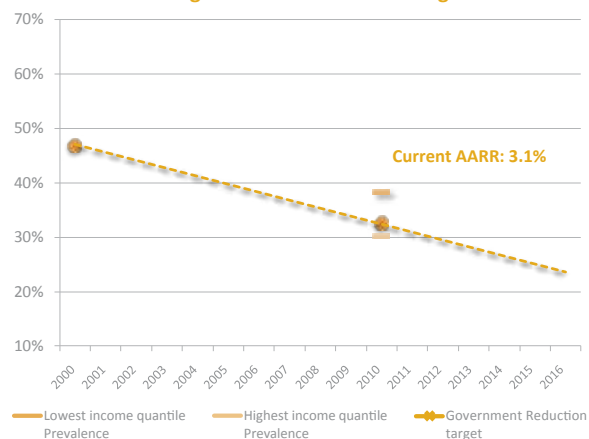


Joined: December 2013

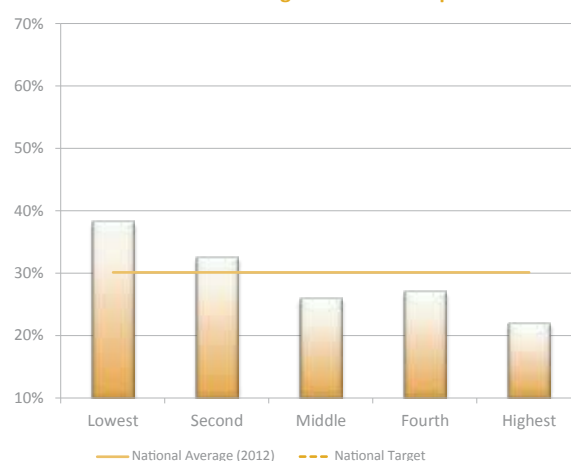


Demographic data	
National Population (million, 2010)	0,68
Children under 5 (million, 2010)	0,1
Adolescent Girls (15-19)(million, 2010)	0,03
Average Number of Births (million, 2010)	0,02
Population growth rate (2010)	2,57%
WHA nutrition target indicators (EDS-MICS 2012)	
Low-birth weight	N/A
0-5 months 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

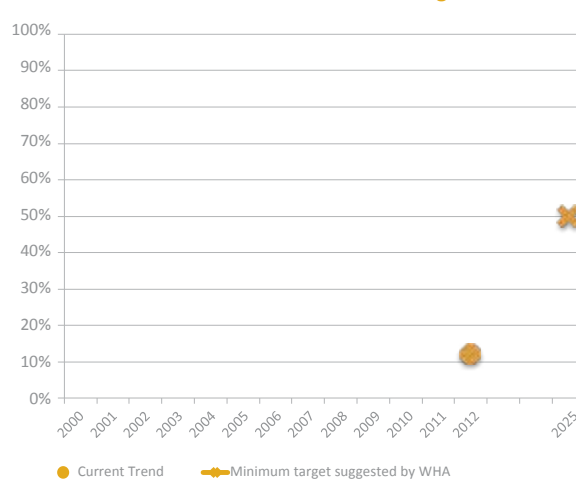
Stunting Reduction Trend and Target



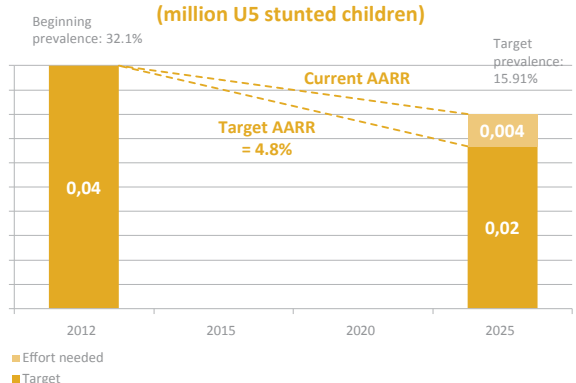
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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).

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.

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.

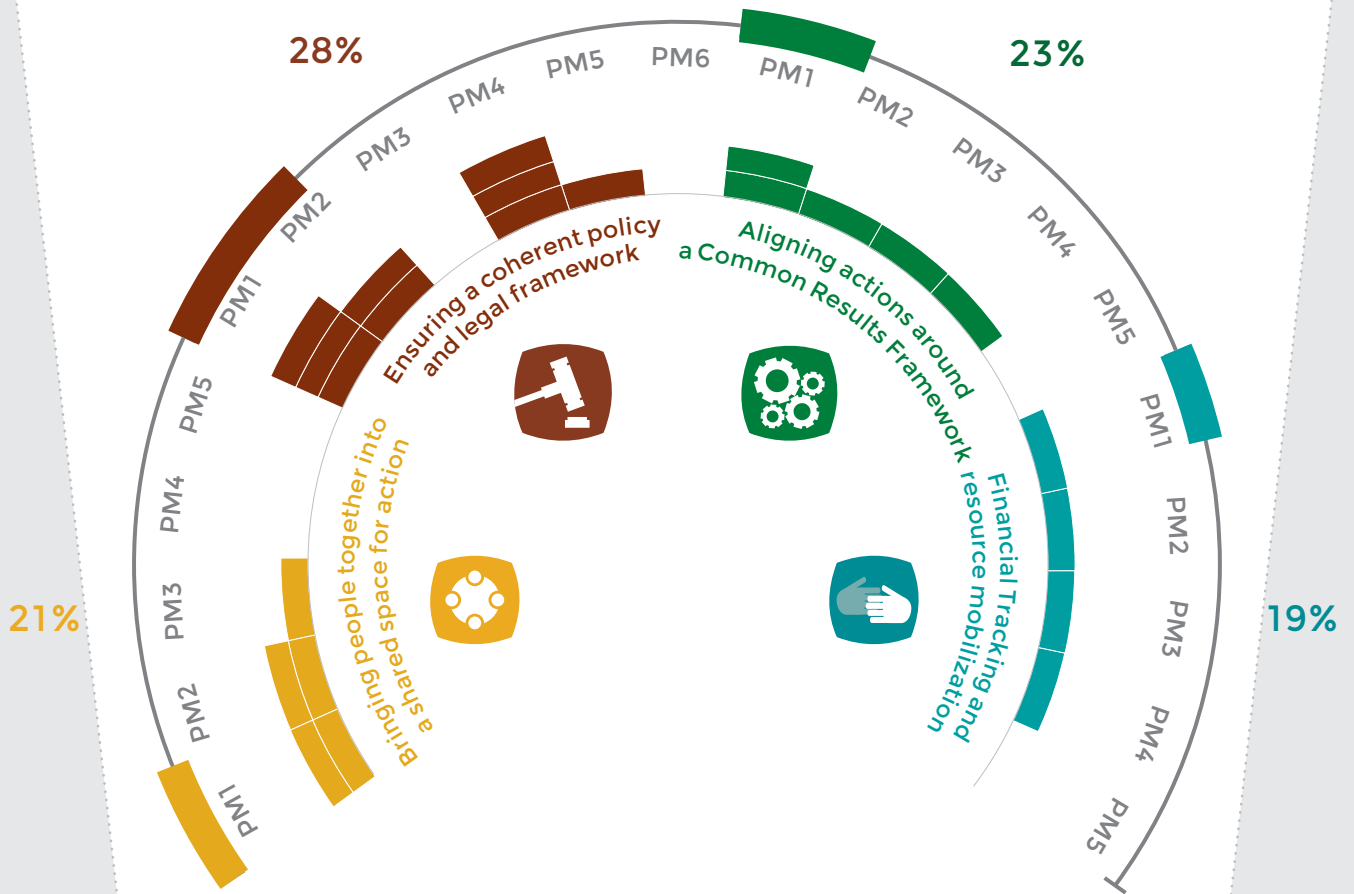
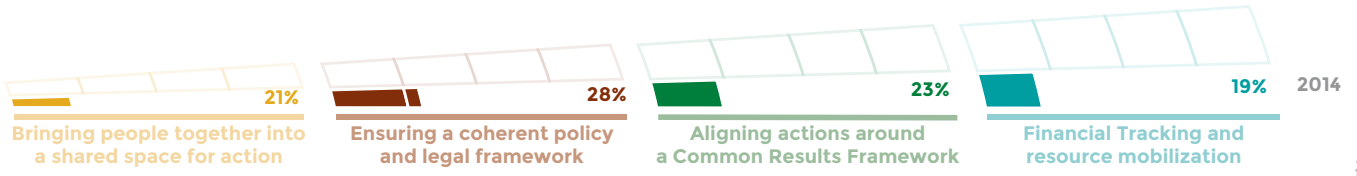
Policies in the agriculture, education and health sectors and policy on poverty reduction all include nutrition. A study was conducted with consultants to analyse data from the most vulnerable populations which would enable a social protection policy to be developed.

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.


2014¹ Baseline on Four SUN Processes Comoros

2014 Scoring of Progress Markers



¹Externally assessed by the SUN Movement Secretariat





Новые страны в Движении РВП (Основные данные, 2014 г.)

Вьетнам

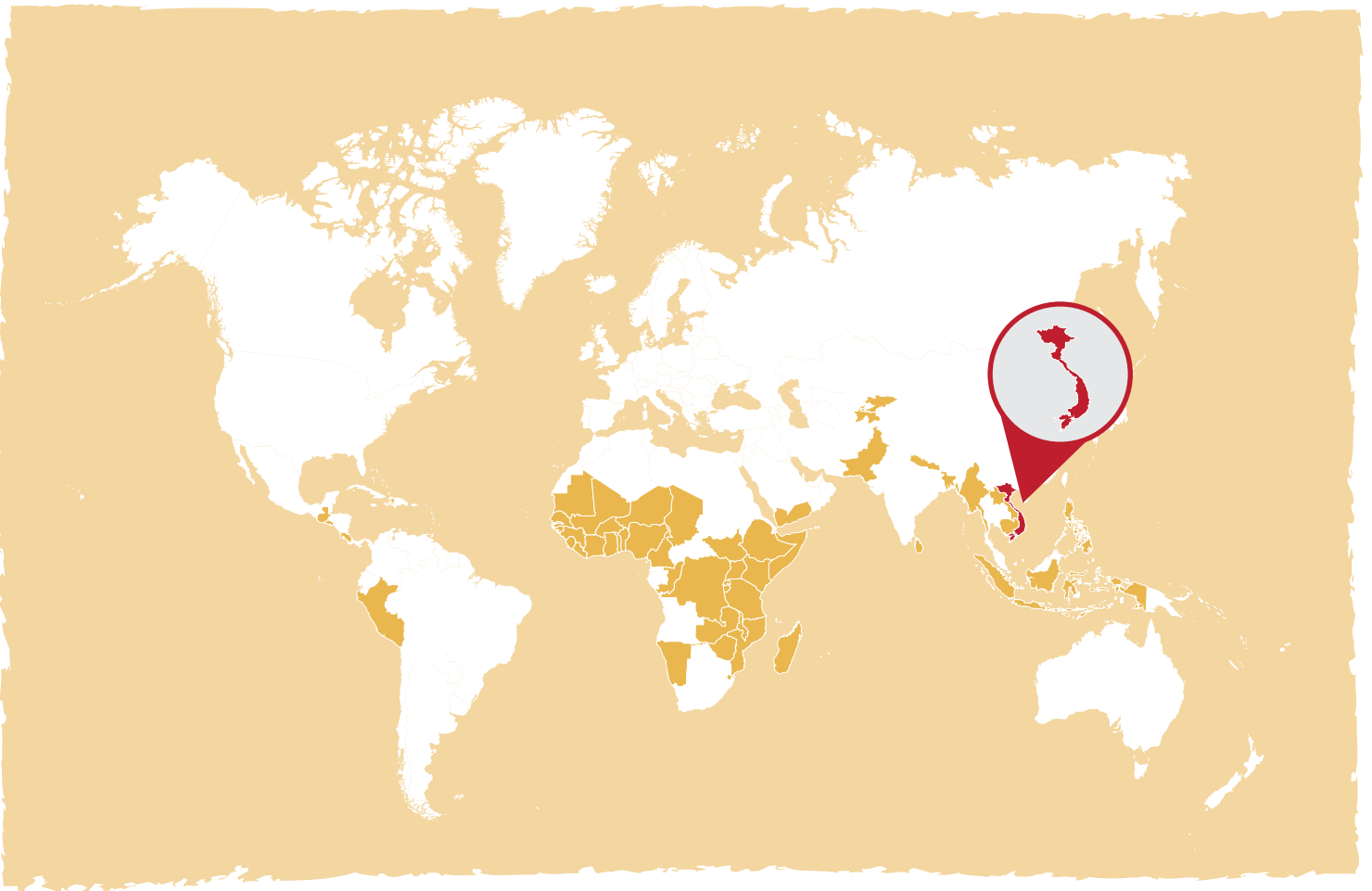
Либерия

Того

Гвинея-Биссау

Коста-Рика

Vietnam

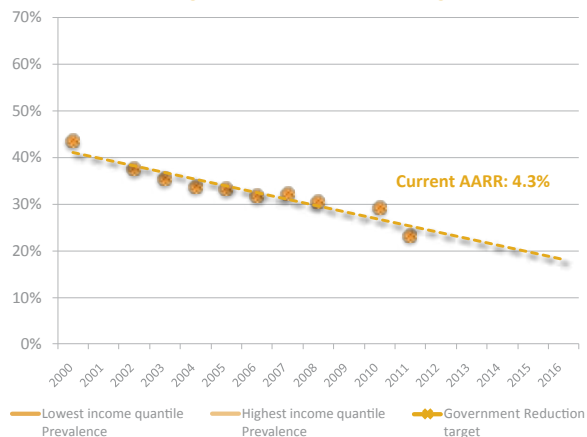


Joined: January 2014

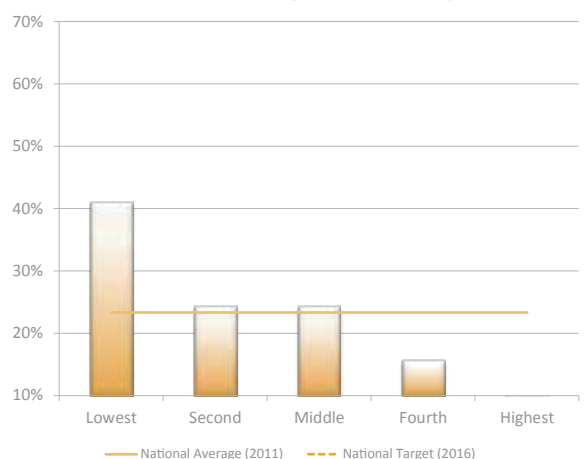


Demographic data	
National Population (million, 2010)	89
Children under 5 (million, 2010)	7,2
Adolescent Girls (15-19)(million, 2010)	4,39
Average Number of Births (million, 2010)	1,48
Population growth rate (2010)	0,94%
WHA nutrition target indicators (MICS 2011)	
Low-birth weight	5,1%
0-5 months Exclusive 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

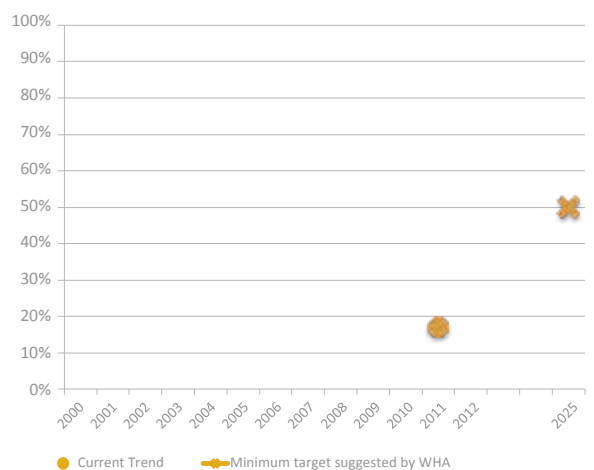
Stunting Reduction Trend and Target



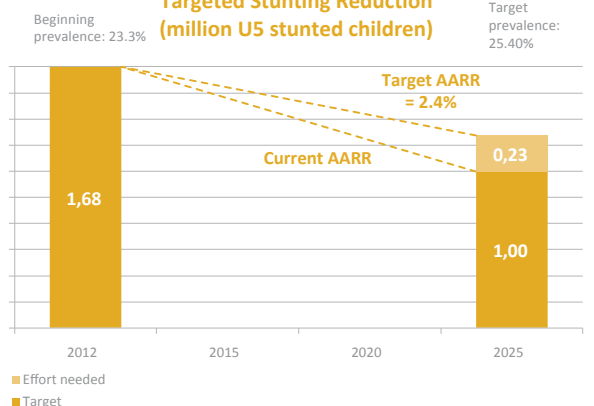
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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.

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.

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.

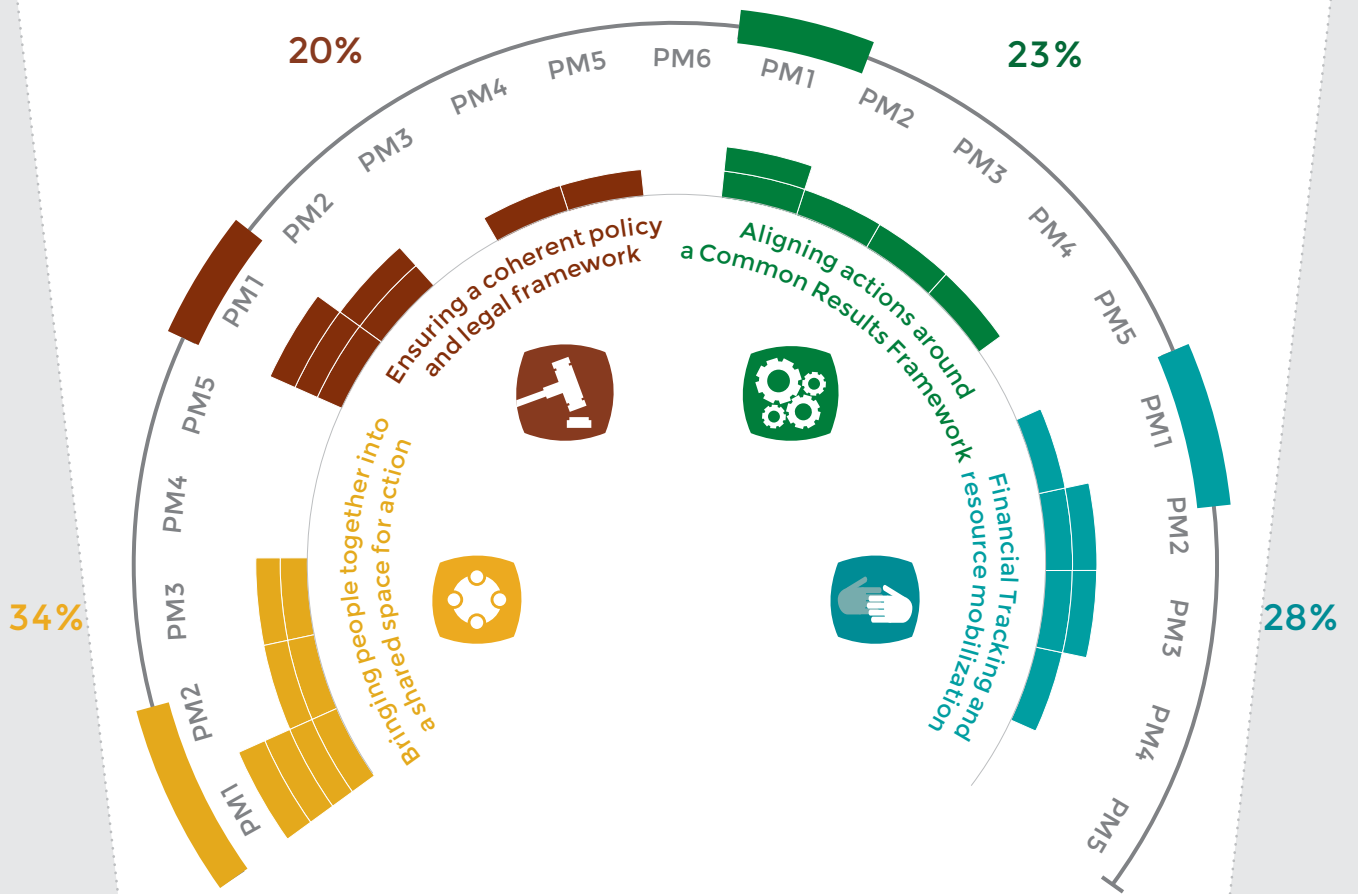
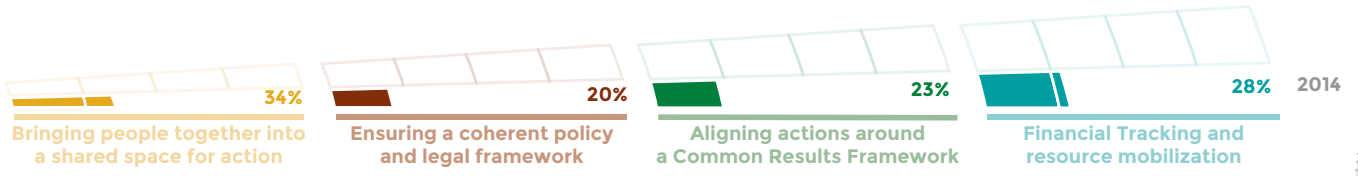
Other strategies exist but without specific nutrition outcomes.

Financial Tracking and resource mobilization

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

2014¹ Baseline on Four SUN Processes Vietnam

2014 Scoring of Progress Markers



¹Externally assessed by the SUN Movement Secretariat

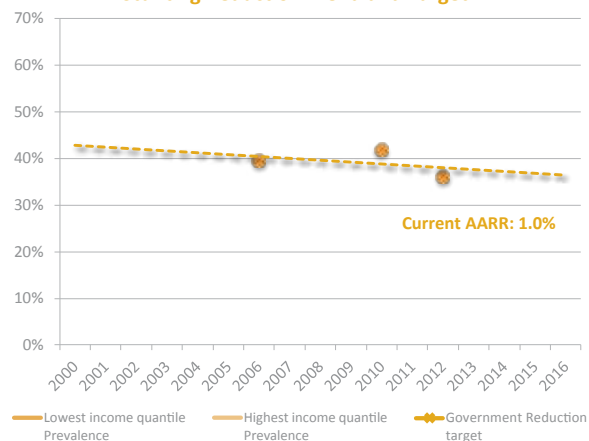
Liberia



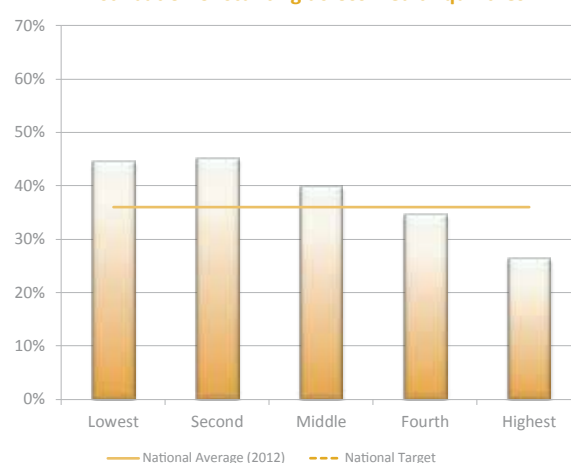
Joined: February 2014

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)	-

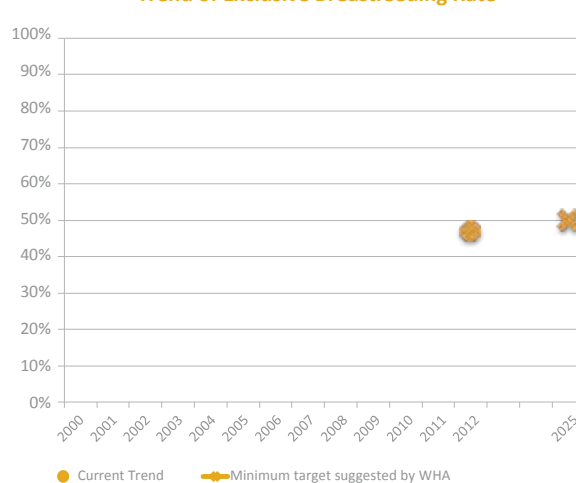
Stunting Reduction Trend and Target



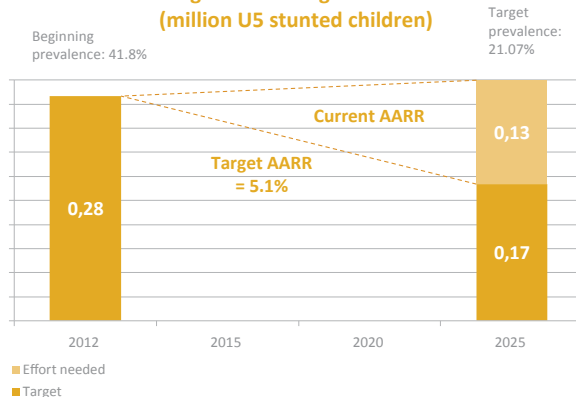
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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 Convener 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.

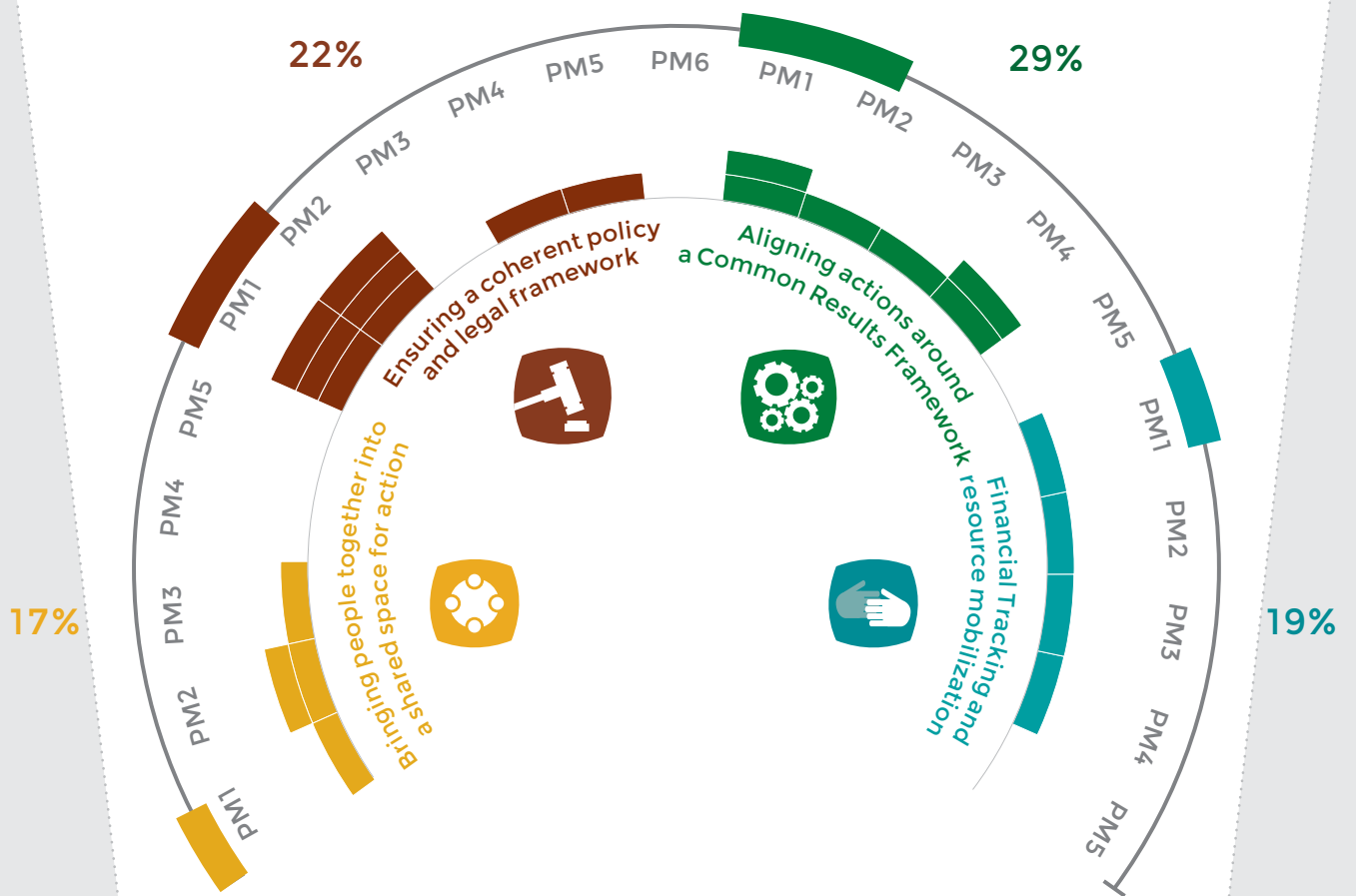
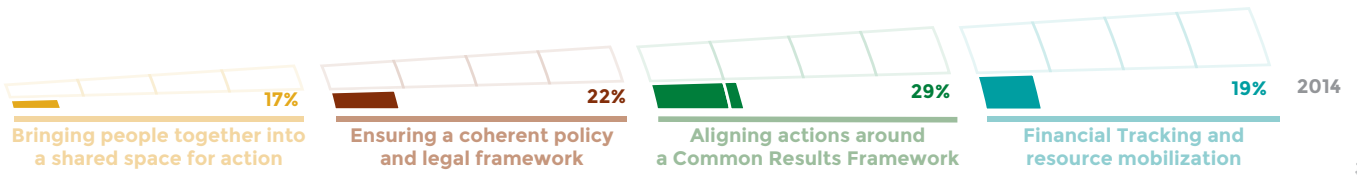
Completion of these documents should have been a part of planned meetings among the sectors, but as mentioned above, there are limitations in the wake of the current STATE of EMERGENCY, therefore, all meetings related to programs implementations are cancelled. Convenings will re-activate as soon as the 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.

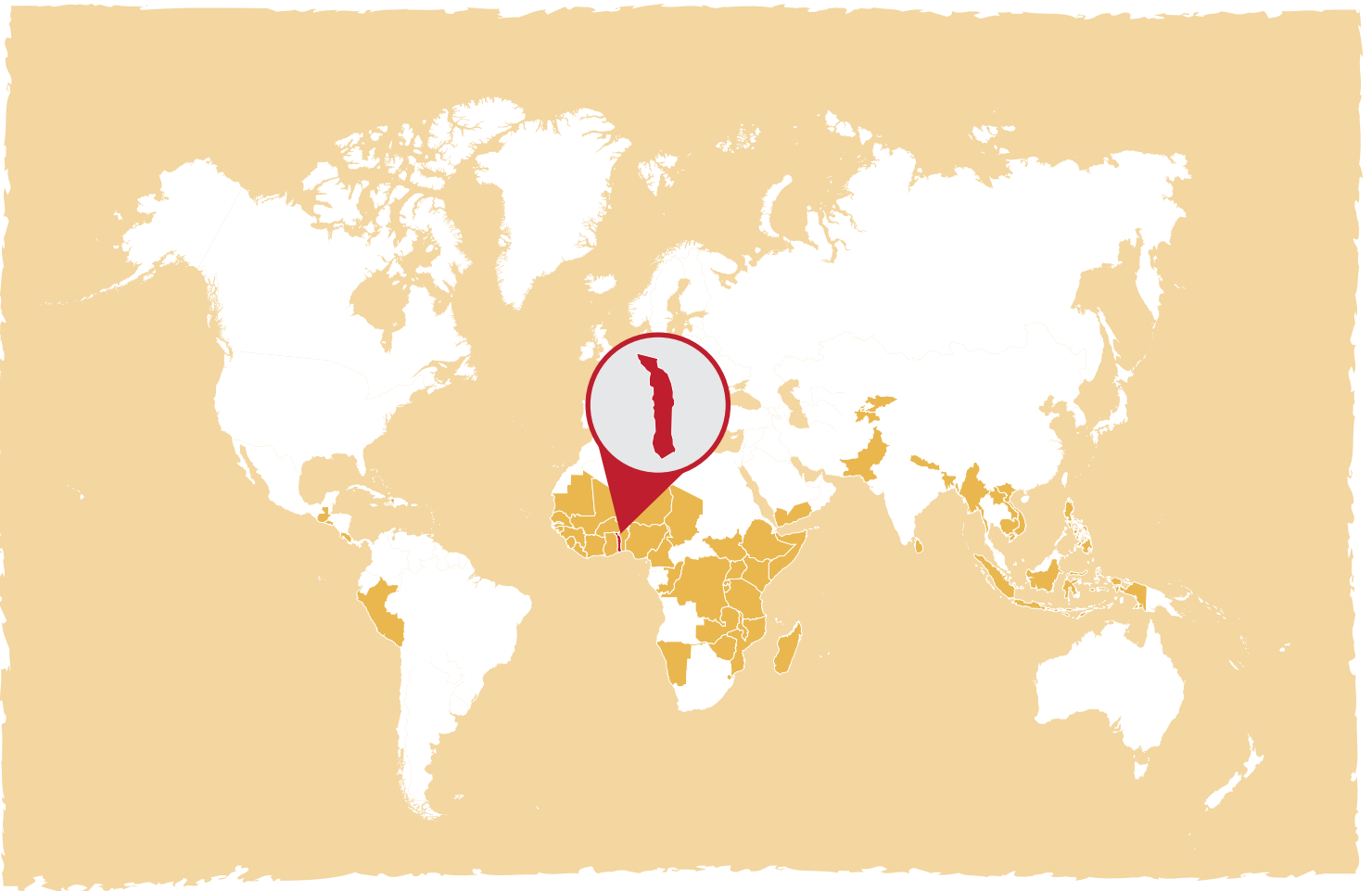
2014¹ Baseline on Four SUN Processes Liberia

2014 Scoring of Progress Markers



¹Externally assessed by the SUN Movement Secretariat

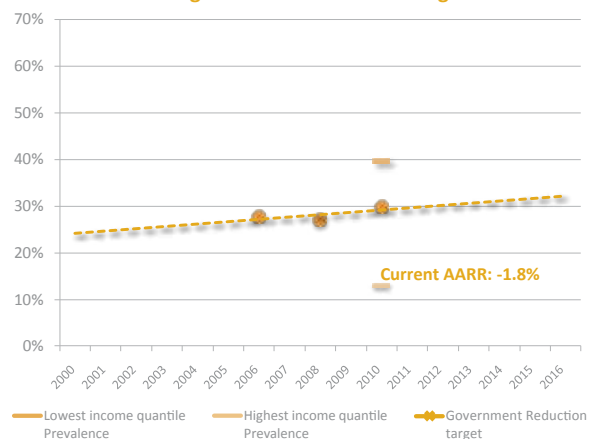
Togo



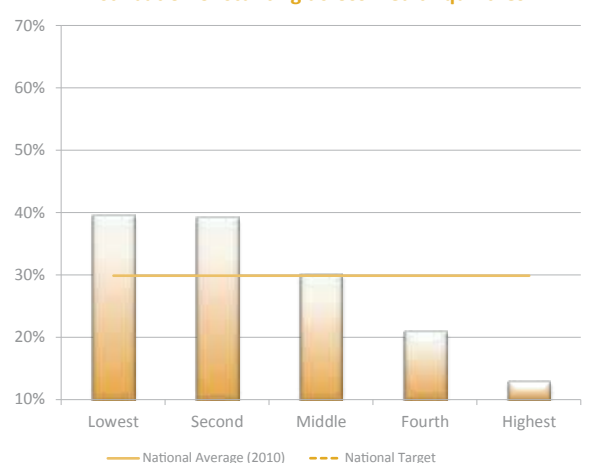
Joined: March 2014

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

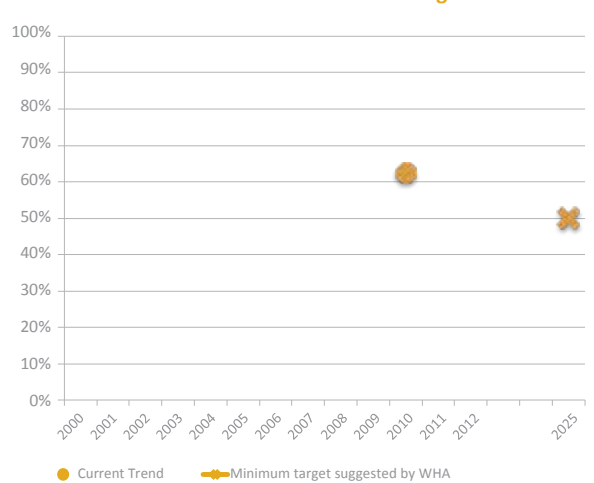
Stunting Reduction Trend and Target



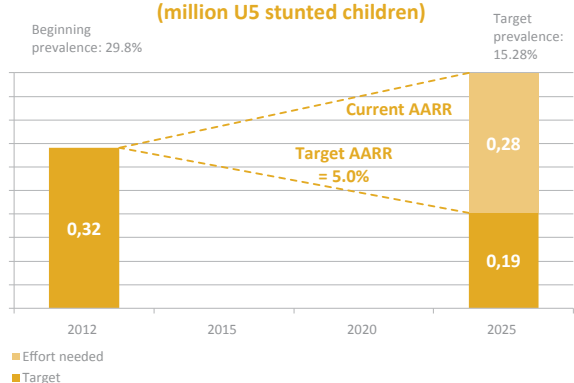
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



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).

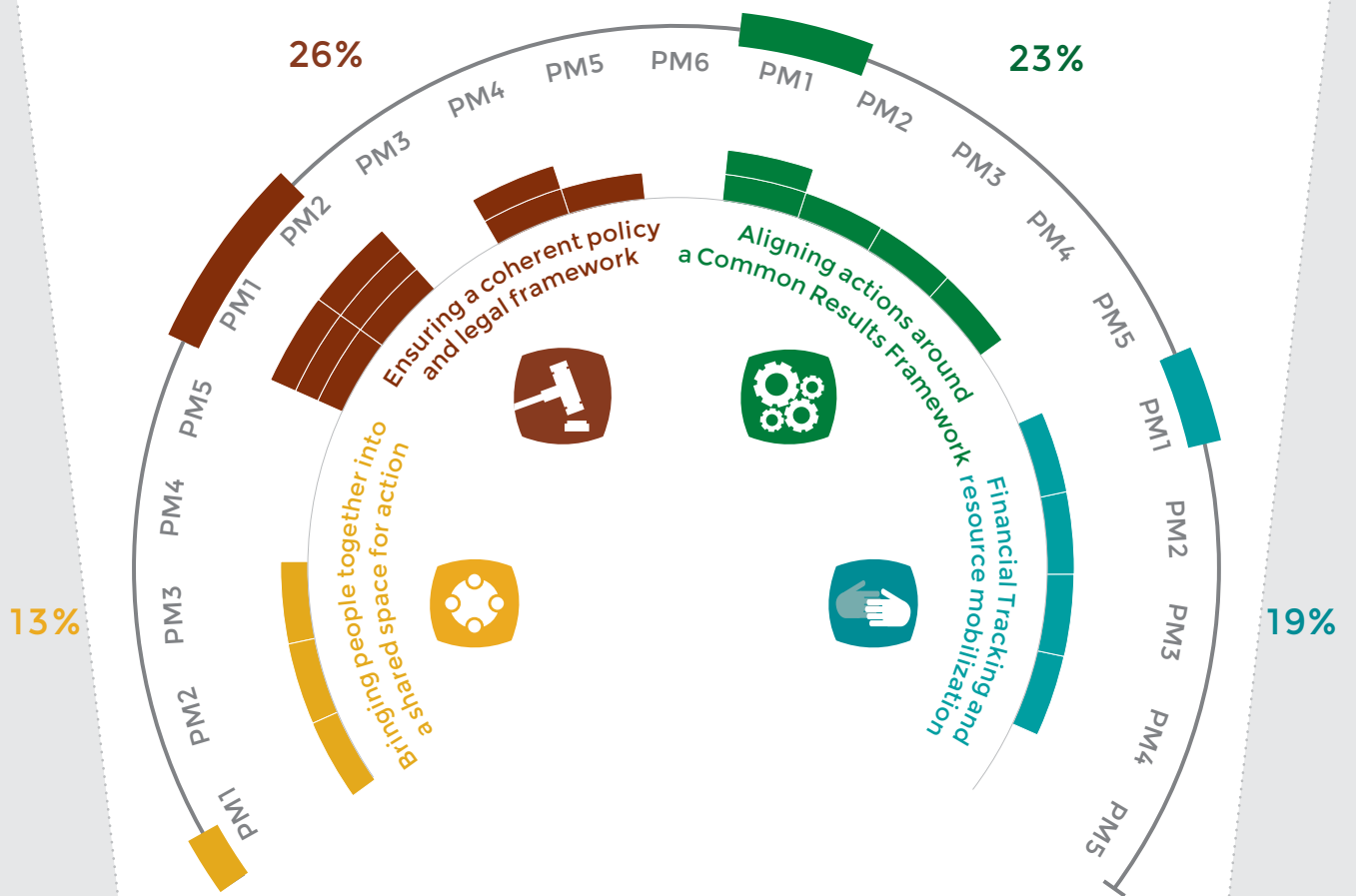
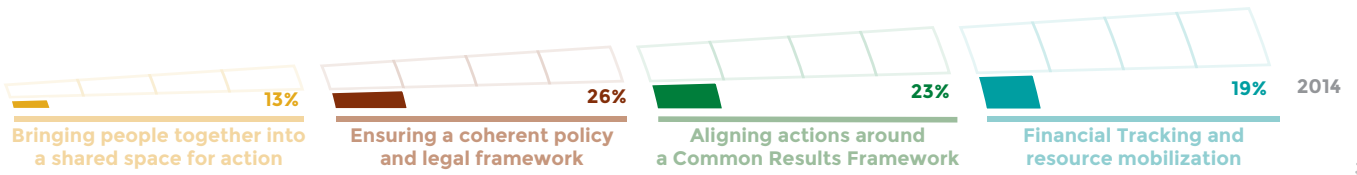
The International Code of Marketing Breast-Milk Substitutes (BMS) adopted since 2003 by the Council of Ministers has not yet been adopted by the National Assembly. However that did not prevent Togo from making progress on infant feeding, since according to the results of the MICS-2010, 62% of children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

Financial Tracking and resource mobilization

No information

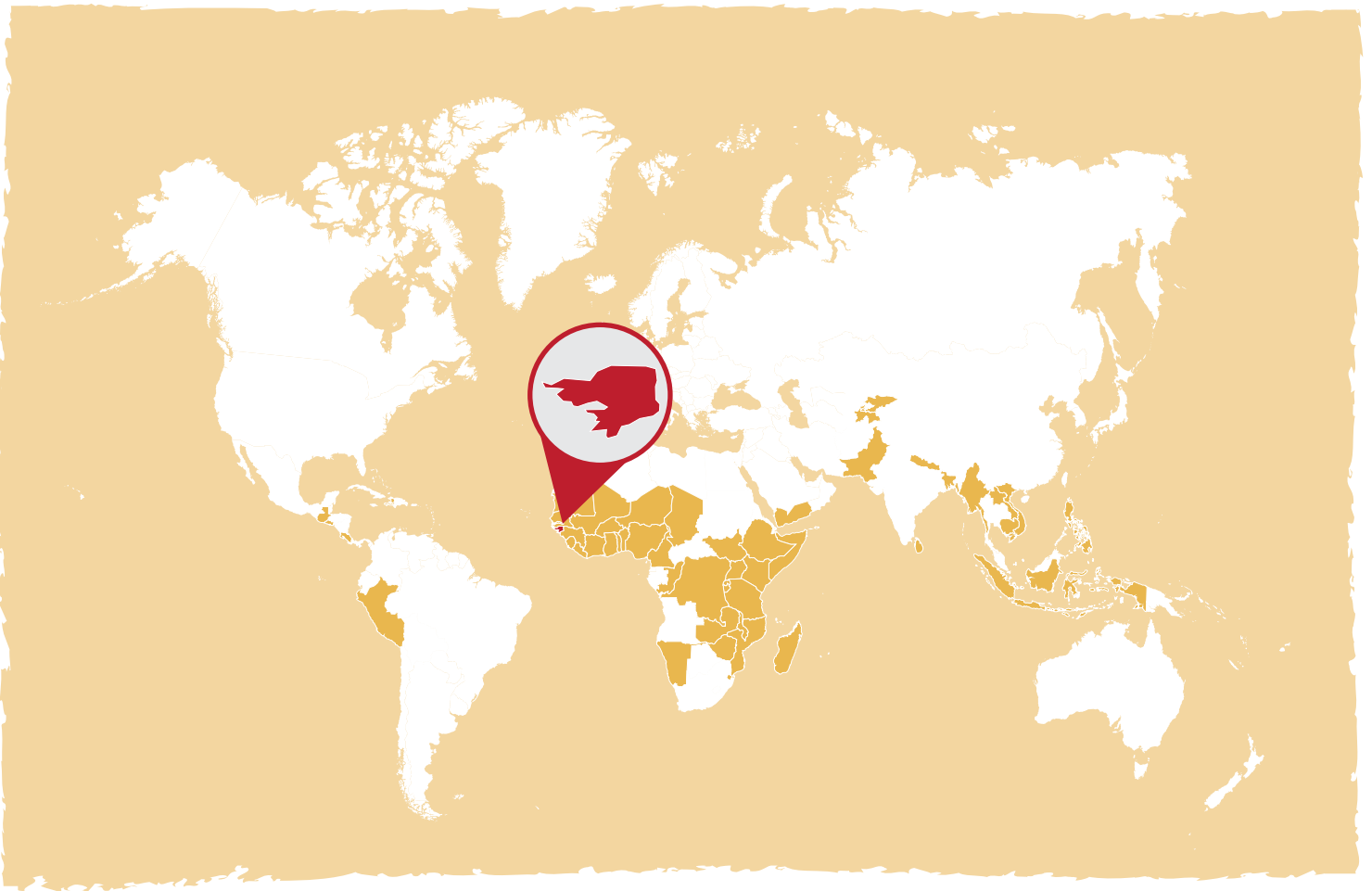
2014¹ Baseline on Four SUN Processes Togo

2014 Scoring of Progress Markers



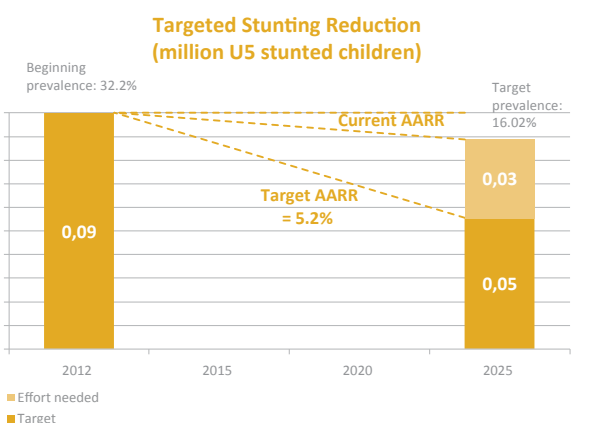
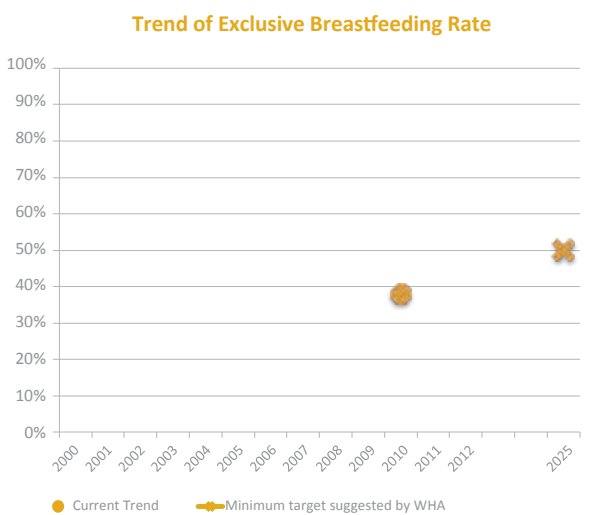
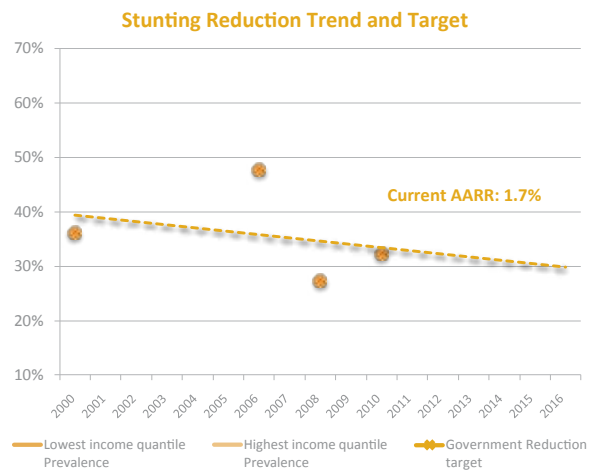
¹Externally assessed by the SUN Movement Secretariat

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.

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.

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.**

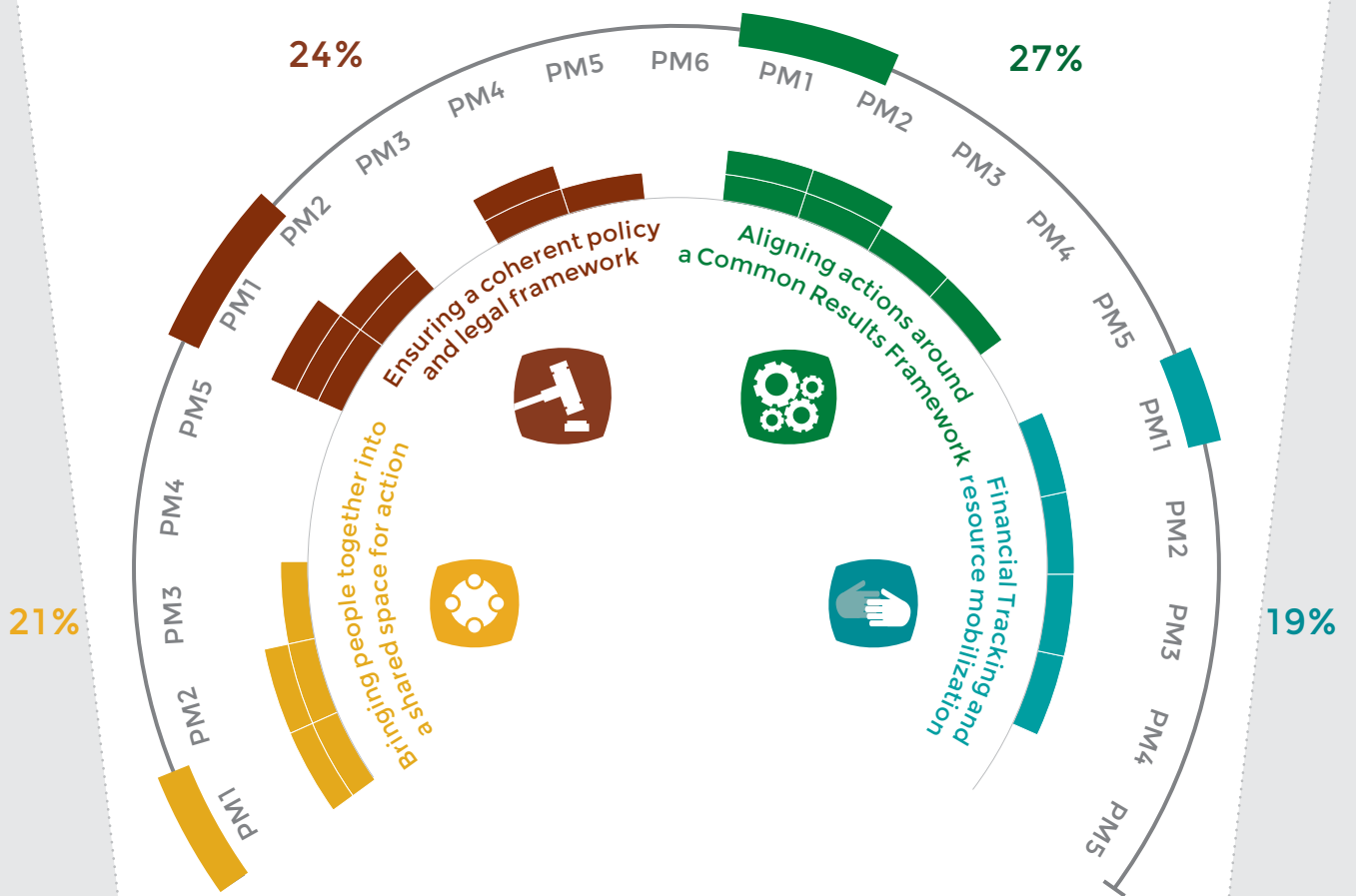
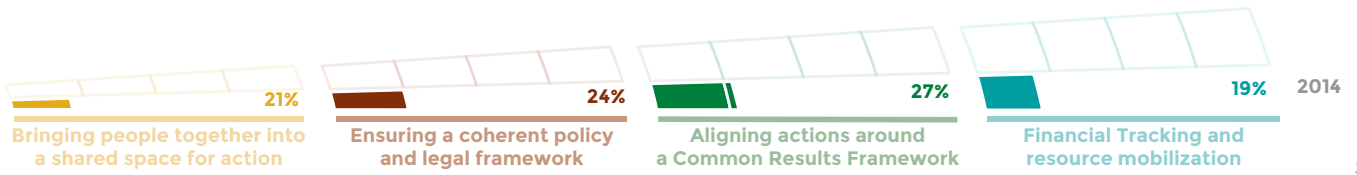
The 2015-2019 Strategic Nutrition Plan is currently being drafted. It will promote nutritious food among the population, food availability and household income.

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.

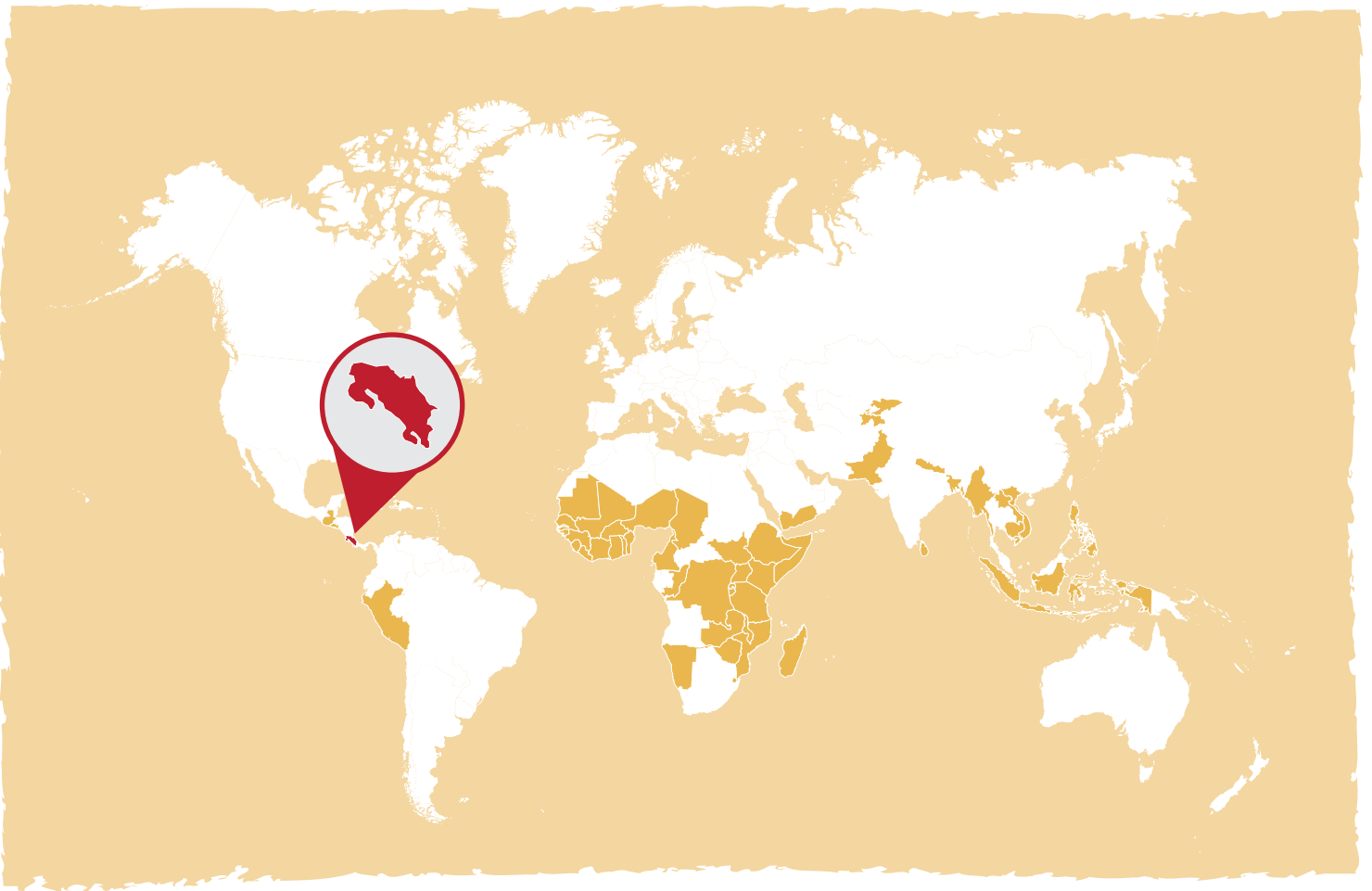
2014¹ Baseline on Four SUN Processes Guinea-Bissau

2014 Scoring of Progress Markers



¹Externally assessed by the SUN Movement Secretariat

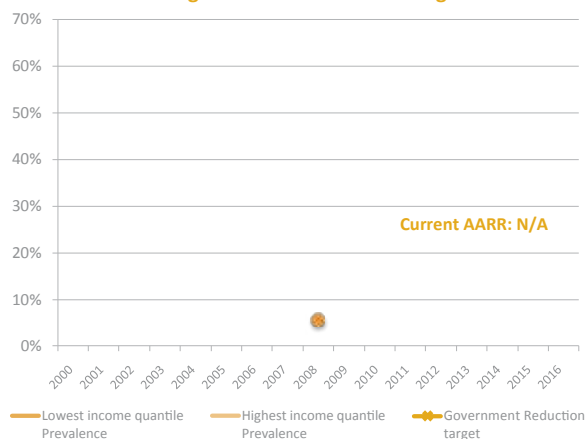
Costa Rica



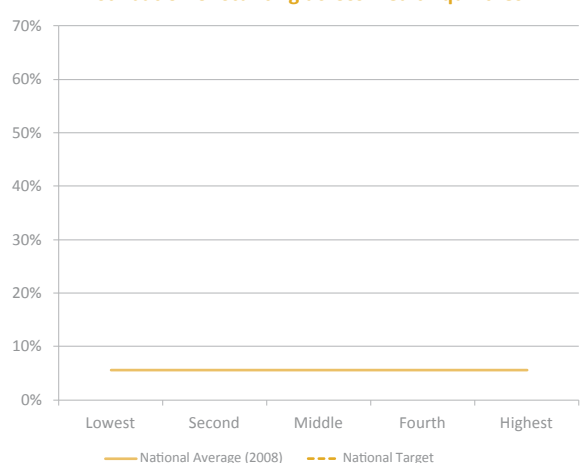
Joined: March 2014

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

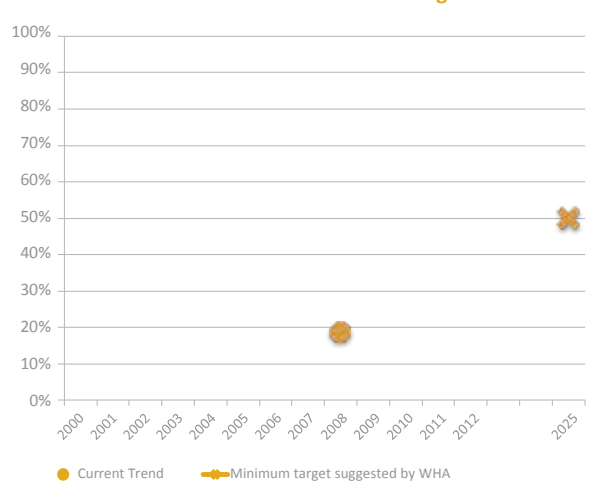
Stunting Reduction Trend and Target



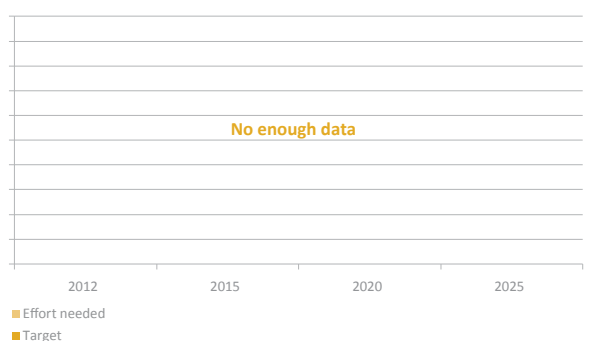
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US 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.

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.

Ensuring a coherent policy and legal framework

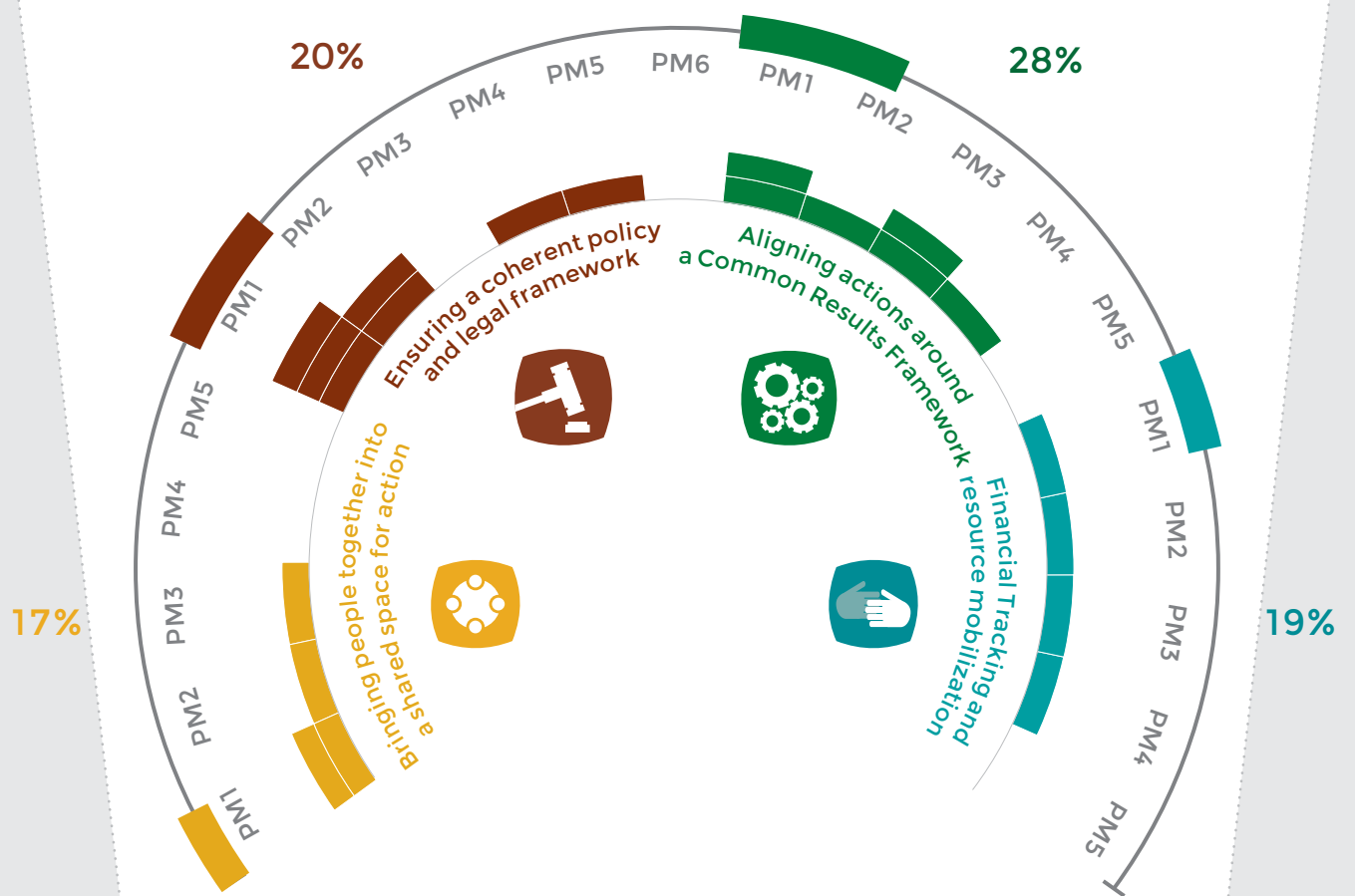
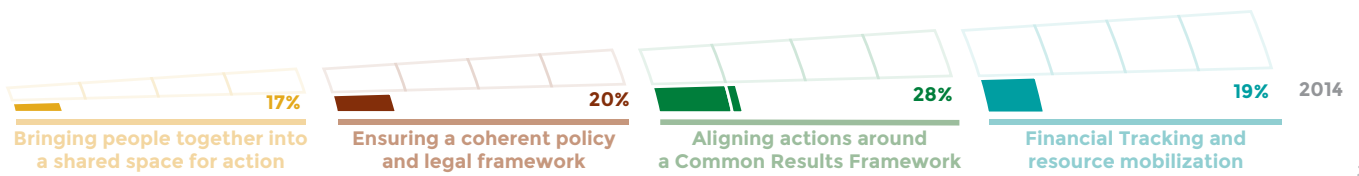
Costa Rica has set up the 2011-2021 National Policy on Food Security and Nutrition, the 2011-2015 National Plan for Food Security and Nutrition, the 2014-2018 Plan to Tackle Child Malnutrition and the 2011-2020 Action Plan on the Reduction and Control of Micronutrient Deficiencies. The 1994 Breastfeeding 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.

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.

2014¹ Baseline on Four SUN Processes Costa Rica

2014 Scoring of Progress Markers



¹Externally assessed by the SUN Movement Secretariat





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