

SUN MOVEMENT



Monitoring, Evaluation, Accountability
and Learning (MEAL) system



Scaling Up
NUTRITION

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DOCUMENT A

SUN Meal Results Framework (Country Level – Baseline 2016)

Theory of Change	Types of results	Sustainable Development Goals or specific Targets	Detailed list of indicators and tools	Added value of the SUN Movement <u>Global</u> Support System
STEP 1: Multiple stakeholders from different sectors come together to tackle malnutrition and build an enabling environment for improving nutrition with equity.	<ul style="list-style-type: none"> Existence and composition of Multi-Stakeholder Platforms (MSP) 		Reference list of indicators (List 1) Part of Joint Annual Assessment (JAA)	<ul style="list-style-type: none"> Support countries in their efforts to strengthen their multi-stakeholder platforms. Support countries in their efforts to strengthen their networks. Support in-country partners to understand the principles of engagement, set the rules for good partnership and get clarity on how to prevent, identify and manage conflicts of interests.
	<ul style="list-style-type: none"> Existence, composition and functionality of SUN networks/alliances (UN agencies, CSOs, business, donors, academia) 		Reference list of indicators (List 1) On functionality Reference List specific to each SUN Network	
STEP 2: Multiple stakeholders from different sectors change their behaviours and commit to achieving common nutrition results for everyone, everywhere.	<ul style="list-style-type: none"> Progress in the four SUN Movement processes and related progress markers and evidence 		Reference list of indicators (List 1) Part of JAA	<ul style="list-style-type: none"> Support peer-to-peer learning across countries. Support countries to review the added value and effectiveness of their multi-stakeholder platforms. Support countries in the development of their national 2030 agenda. Support countries to scale up their advocacy and communication efforts. Engage country champions in key campaigning, advocacy and accountability moments and opportunities. Support countries by matching their requests for external assistance with global networks and providers. Support countries to review the quality of their national multi-sectoral, multi-stakeholder action plans / common results framework.
	<ul style="list-style-type: none"> Existence of information systems for nutrition 		Reference list of indicators (List 1) Mapping done (2016)	
	<ul style="list-style-type: none"> Capacity of Multi-Stakeholder Platforms to coordinate their partners response to identified annual priority action areas in the Joint-Annual Assessments 		<i>Forthcoming 2017</i> Part of JAA (2017)	
	<ul style="list-style-type: none"> Compliance of partners with the SUN Movement Principles of Engagement 	SDG 17	<i>Forthcoming</i> Part of JAA (2017)	
	<ul style="list-style-type: none"> Integration of nutrition in the development plans/2030 Agenda and in new sectoral policies including risk reduction strategies made since the beginning of 2016 	SDG 1; SDG 2; SDG 3; SDG 4; SDG 5; SDG 6; SDG 7; SDG 8; SDG 10; SDG 11; SDG 12; SDG 13; SDG 14; SDG 15; SDG 16	Reference list of indicators (List 1) Part of UN Network reporting from 2018	

Theory of Change	Types of results	Sustainable Development Goals or specific Targets	Detailed list of indicators and tools	Added value of the SUN Movement <u>Global Support System</u>
	<ul style="list-style-type: none"> 'Good' quality of <i>new</i> national multi-sectoral, multi-stakeholder action plans / common results framework made since the beginning of 2016 Mobilization of high-level advocates (champions, parliamentarians, media) SMART-ness of nutrition commitments by Governments and networks / alliances (CSO, business, UN system, donors) made since the beginning of 2016 		<p><i>Forthcoming</i></p> <p>Quality checklist and reference tools</p> <p>Reference list of indicators (List 1) Part of JAA</p> <p><i>Forthcoming</i></p> <p>Part of JAA (2017) Reference ICN FFA Partnership Book</p>	<ul style="list-style-type: none"> Support countries to assess the level of integration of nutrition in national development plans and sectoral policies.
STEP 3: Multiple-stakeholders mobilize resources and align implementation to optimize coverage and effectiveness of their actions	<ul style="list-style-type: none"> Changes in spending for nutrition Reduced gap in the financing of evidence-based high-impact nutrition interventions Increased coverage of services for nutrition Increased diversity and quality of food supply Geographic distribution of core nutrition actions at sub-national level 	<p>SDG 1.a; SDG 2.a.1; SDG 10.b;</p> <p>SDG 3.C.1; SDG 3.7; SDG 3.8; SDG 1.3; SDG 6b</p>	<p>Reference list of indicators (List 2)</p> <p>Reference list of indicators (List 3)</p>	<ul style="list-style-type: none"> Address global data priorities including developing methods for data disaggregation and coverage of various population groups. Support countries to build systems to analyze and use data from multiple sources. Contribute to monitoring SDGs that are driving nutrition impact in key sectors. Support developing global reference guidance to address emerging issues (e.g. double duty actions) Facilitate access to global funding sources. Support countries to scale up their planned actions by matching their requests for external assistance with global networks and providers. Support peer-to-peer learning across countries. Support countries to review evidence on the implementation of high impact actions Increase visibility of countries' lessons and experience in global advocacy and communication efforts.
STEP 4: Results are achieved through aligned implementation in a far greater way than what could have been achieved by each stakeholder on its own	<ul style="list-style-type: none"> Progress in the implementation of legislations for nutrition Changes in key drivers of nutrition, which are embedded in relevant sectors such as health, WASH, food systems, education, social protection and gender Improved Infant and Young Child feeding practices. Improved dietary intake among various population groups. 	<p>SDG 2.1; SDG 3.3; SDG 3.7; SDG 4.5; SDG 5.3; SDG 6.1; SDG 6.2; SDG 7.1; SDG 10.1; SDG 11.1; SDG 16.2</p> <p>1 WHA nutrition target 1 NCD-diet related target</p>	<p>Reference list of indicators (List 4)</p> <p>Reference list of indicators (List 5)</p> <p>Reference list of indicators (List 6)</p>	

Theory of Change	Types of results	Sustainable Development Goals or specific Targets	Detailed list of indicators and tools	Added value of the SUN Movement <u>Global Support System</u>
STEP 5: Women, children, adolescents and families thrive leading to the end of malnutrition by 2030 (SDG 2.2).	<ul style="list-style-type: none"> Progress towards WHA global nutrition targets Progress towards NCD diet-related targets. Progress towards established national level nutrition targets Improved nutrition status indicators 	SDG 2.2 5 WHA nutrition targets. 3 NCD diet-related targets	Reference list of indicators (List 7)	<ul style="list-style-type: none"> Strengthen data and evidence on how multiple forms of malnutrition manifest in SUN countries. Support countries to set SMART nutrition targets and incorporate them in national and sub-national plans.
STEP 6: Better nutrition contributes to the achievement of SDGs.	<ul style="list-style-type: none"> Reduced mortality Increased cognitive ability and school attainment Increased economic productivity as measured by GDP per capita and reduced extreme poverty Women's full and effective participation and equal opportunities for leadership 	SDG 3.1; 3.2; SDG 3.4; SDG 4.2; SDG 4.1; SDG 8.1; SDG 1.1 and SDG 1.2 SDG 5.5	Reference list of indicators (List 8)	<ul style="list-style-type: none"> Strengthen data and evidence on how nutrition contributes to key Sustainable Development Goals. Strengthen advocacy and communication on the importance of nutrition for the achievement of SDGs

Sun Meal Results Framework (Global Support System Level – *Forthcoming with Accountability*)

Theory of Change	Types of results	Reference	Types of analysis	Types of data & information sources
Responsive, predictable and innovative Global Support System for translating SUN country ambitions into results and impacts.	<ul style="list-style-type: none"> Response capacity to requests from SUN countries as recorded by SMS and SUN Networks. 	Joint Annual Assessment priority list	<ul style="list-style-type: none"> Response capacity to countries' requests by type of client (SUN Government Focal Points, companies, CSO, UN agency and donor) with attention to time lag, coverage, TA quality satisfaction and Value for Money. Gap analysis to update priorities identified in the 2016-2017 Roadmap. Segmentation analysis (looking at new/old SUN countries, over/under served countries, fragile and conflict affect countries, etc.) Analysis of verified public references, articles, blogs and other types of media work 	<ul style="list-style-type: none"> SMS tracking database. SUN Network annual reports. Minutes from Lead Group meetings. Minutes from Executive Committee meetings. SUN Movement Annual Progress Reports. SUN Movement Secretariat Annual Activity Reports. Technical providers' reports. SUN Government Focal Point end-of-service satisfaction surveys. Online verification of public references, articles, blogs Reports from Lead Group staff
	<ul style="list-style-type: none"> Response capacity by SUN Networks and Working Groups to deliver on priorities identified in the 2016-2017 Roadmap. 	Priorities from the 2016-2020 Roadmap		
	<ul style="list-style-type: none"> Percentage of Lead Group members actively championing nutrition 	2017 Lead Group Engagement Plan		
	<ul style="list-style-type: none"> Response capacity by the SUN Executive Committee to provide guidance, unlock opportunities and address challenges. 	To be defined		
	<ul style="list-style-type: none"> Effectiveness of global partnerships between the SUN Movement and other initiatives (e.g. EWEC, SAW, ECDAN, etc.) including capacity to respond to countries' requests and to address priorities identified in the 2016-2017 Roadmap 	Global partnerships MoU JAA priority list Priorities from the 2016-2020 Roadmap		
	<ul style="list-style-type: none"> Compliance of global actors with the SUN Movement principles 	SUN Movement Principles Engagement Guidance		
	<ul style="list-style-type: none"> Functioning of a feedback and complaints mechanism to address partnership challenges and to manage conflicts of interests 	SUN Movement Principles Reference Note and Toolkit on Engaging in the SUN Movement Partnership Playbook "Together for the 2030 Agenda"		

DOCUMENT B: LISTS OF INDICATORS AND DATA SOURCES

List 1: Enabling Environment for Nutrition

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
1.1 Existence and composition of Multi-Stakeholder Platforms (MSP)	Proportion of countries report having a functioning MSP mechanism	SUN Joint Annual Assessment, 2018 SUN Movement Secretariat	60 / 100%
1.2 Existence, composition and functionality of networks/alliances (UN agencies, CSOs, business)	Number and type of networks in place, including SUN Donor Network, UN Network, SUN Civil Society Network and SUN Business Network (based on country reported having a network convener in the JAA 2018)	SUN Joint Annual Assessment and SUN Network Secretariat records, 2018	60 / 100%
a. UN Network Functionality Index	Country networks scored on the basis of 6 indicators ¹ of minimum elements needed for optimal functionality: 1) chair(s) nominated; 2) focal points from 3+ UN agencies; 3) work plan developed/priorities in support of national efforts; 4) reporting exercise completed; 5) UNN strategy/agenda; 6) UNN's collective agenda tabled at the UNCT.	UN Network Secretariat, 2018	45 / 75%
b. SUN Business Network Functionality Index	Country networks scored on the basis of 5 indicators of minimum elements needed for optimal functionality: 1) network formally launched; 2) coordinator appointed; 3) action plan in place; 4) strategy developed and aligned to national nutrition plan; 5) funding secured.	SUN Business Network Secretariat, 2018	60 / 100%
c. SUN Civil Society Network Functionality Index	Country networks scored on the basis of 6 indicators of minimum elements needed for optimal functionality: 1) alliance established; 2) steering group/executive committee in place; 3) subnational/decentralised coordination structure in place; 4) funding secured; 5) MSP engagement; 6) CSA strategy.	SUN Civil Society Network Secretariat, 2018	60 / 100%
1.3 Mobilization of high-level advocates (champions, parliamentarians, media)	Engagement of parliamentarians and media and identification of nutrition champions (based on country-reported activities in the JAA)	SUN Joint Annual Assessment, 2018	60 / 100%

¹ Starting in 2017/2018, the UNN is using the UNN Functionality Index+ based on 12 indicators. Data for these additional indicators is included in the MEAL dataset.

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
<p>1.4 Progress in the four SUN Movement processes and related progress markers and evidence</p> <p><i>Process 1 – Bringing people together into a shared space for action</i></p> <p><i>Process 2 – Ensuring a coherent policy and legal framework</i></p> <p><i>Process 3 – Aligning actions around common results</i></p> <p><i>Process 4 – Financing tracking and resource mobilisation</i></p>	Average total weighted score for each process and overall	SUN Joint Annual Assessment, 2015-2018 (53 countries with 2018 data, 3 with 2017 data, 1 with 2016 data & 1 with 2015 data; no data for 2 countries) https://scalingupnutrition.org/progress-impact/monitoring-evaluation-accountability-learning-meal/joint-assessment-exercise/	58 / 97%
1.5 Existence of WHA targets in nutrition plans ²	Inclusion in national nutrition plans of the 6 WHA global nutrition targets (U5 child stunting, U5 child wasting, U5 child overweight, low-birth weight, anaemia among women of reproductive age and exclusive breastfeeding for the first six months) as specific indicators that will be tracked.	SUN Movement Secretariat, Nutrition International, and MQSUN+, 2019	51 / 85%
1.6 Existence of NCD targets in nutrition plans ²	Inclusion in national nutrition plans of the nutrition-related NCD targets in plans (overweight/obesity in adults, diabetes, hypertension and salt intake) as specific indicators that will be tracked.	SUN Movement Secretariat, Nutrition International, and MQSUN+, 2019	51 / 85%
1.7 Information systems for nutrition index	Each country's information systems for nutrition is assessed based on three components (each with a score of 3 points based on a group of indicators): a) government commitment & enabling environment; b) national assessment data; c) national performance monitoring data. Maximum score of 9. ³	SUN Movement Secretariat & Nutrition International, 2019. Index components include data from the following sources: – SUN Joint Annual Assessment, 2018 – UNICEF NutriDash database, 2019, based on administrative reports from countries for the 2017 calendar year. ⁴ – Open Data Inventory (ODIN) database for 2018, http://odin.opendatawatch.com/	60 / 100%
1.8 Integration of under nutrition in national development plans and economic growth strategies	Based on a methodology developed by IDS in 2015, these indicators assess to what extent undernutrition and overnutrition feature in key	SUN Movement Secretariat and Nutrition International (2019) and Institute of Development Studies (IDS; 2015). For 18 countries, the policy	59 / 98%

² Included nutrition plans are those that were part of the systematic review of the nutrition action plans using the quality checklist (n=15; review conducted by MQSUN+ in 2018), as well as a review of an additional 18 updated nutrition plans in February 2019 (conducted by SMS and Nutrition International). The remainder were reviewed as part of the mapping information systems research conducted by the SMS and Nutrition International in 2016.

³ Using the index developed in 2016 to systematically assess the state of information systems for nutrition across SUN Countries (<http://scalingupnutrition.org/share-learn/planning-and-implementation/information-systems-for-nutrition/>), a smaller number of indicators were used to update the index for 2019. Details on the methodology available upon request.

⁴ NutriDash data has been provided by Nutrition Section, Programme Division, UNICEF from the annual NutriDash data collection and programme analysis exercise. Data has been checked and validated by UNICEF Country Offices, with programme analysis conducted by UNICEF Headquarters. Data has been provided only for those countries that have explicitly agreed to share their national data publicly through NutriDash.

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
1.9 Integration of over nutrition in national development plans and economic growth strategies ²	multi-year national development and economic growth strategies (e.g. Five-Year Plans, Poverty Reduction Strategy papers, Vision 2020/2030 documents). Using a list of key search terms specific to each type of malnutrition, the number of times these terms were used was counted and the sum divided by the number of pages in the policy document. Countries were ranked by this result, ranging from 1 to 56 for undernutrition and 1 to 38 for overnutrition. Countries with the same scores were assigned the same rank (e.g. 22 countries with a score of 0 terms related to overnutrition were given the rank of 38).	reviewed by IDS in 2015 was still the most recent policy available. Data for the remaining countries was calculated utilizing the most recent available multiyear national development and economic growth strategies utilizing the policy review protocol provided by IDS.	
TOTAL: 16 indicators			

List 2: Finance for nutrition

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
2.1 National budget spending for nutrition		SUN Movement Secretariat (based on national budget analysis) https://scalingupnutrition.org/share-learn/planning-and-implementation/tracking-nutrition-investments/	
a. Budget analysis completeness	a. A budget analysis is considered complete if it was done + has identified nutrition specific and nutrition sensitive spending + has identified sources of funding + has more than one point in time data		45 / 75%
b. Budget spending per child U5 for nutrition-specific	b. The per capita spending is based on the total spending for nutrition-specific divided by the U5 population of the given year		36 / 60%
c. Percentage budgeted for nutrition-specific spending	c. Gives the percentage budgeted for nutrition-specific spending out of the total amount identified for nutrition		36 / 60%
2.2 Donor funding for nutrition	Researchers used donor disbursement data from the OECD Creditor Reporting System to estimate amount of funding given for nutrition-specific aid. Data are presented as the average of funding for 2015 and 2016 to adjust for large fluctuations from year to year.	Results for Development, 2019. Tracking aid for the WHA nutrition targets: Global spending in 2015 and 2016 and a roadmap to better data. https://www.r4d.org/resources/tracking-aid-wha-nutrition-targets-global-spending-roadmap-better-data/	
a. Donor nutrition-specific spending per stunted child under 5	a. The numerator is based on the total donor disbursements for high-impact nutrition-specific interventions included in the Investment Framework for Nutrition ⁵ , including disbursements across all CRS purpose codes. ⁶ The denominator is the stunted U5 population calculated using the stunting prevalence rate (JME 2019) and 2016 U5 population estimates (UNPD).		60 / 100%
b. Donor nutrition-specific spending per child under 5	b. The numerator is based on the total donor disbursements for high-impact nutrition-specific interventions included in the Investment Framework for Nutrition, including disbursements across all CRS purpose codes. The denominator is the U5 population in 2016 (UNPD).		60 / 100%
2.3 The agriculture orientation index for government expenditures	Calculated as the ratio of Agriculture Share of Government Expenditures to the Agriculture Share of GDP, where Agriculture refers to the agriculture, forestry, fishing and hunting sector.	SDG Indicators Global Database https://unstats.un.org/sdgs/indicators/database/?indicator=2.a.1	38 / 63%
TOTAL: 6 indicators			

⁵ This includes a) programmatic investments on the management of acute malnutrition, micronutrient supplementation for children and pregnant-lactating women, IYCF counselling and promotion of breastfeeding, provision of fortified complementary food and food fortification, and b) above-service investments that support the scale-up of nutrition-specific programs, including coordination, governance and advocacy, capacity building, and research and data.

⁶ Total disbursements include those within the basic nutrition code and those outside of basic nutrition, such as spending on micronutrient supplementation as part of a large reproductive health project, or nutrition interventions as part of a humanitarian response. (Results for Development, 2019)

List 3: Interventions and food supply

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
3.1 Proportion of health facilities that are Baby Friendly Hospital Initiative (BFHI) certified	Proportion of hospitals and maternity facilities that are designated as a “Baby Friendly” institution	WHO, 2017. National Implementation of the Baby-friendly Hospital Initiative, 2017. Geneva: World Health Organization. Available from http://www.who.int/nutrition/publications/infantfeeding/bfhi-national-implementation2017/en/	48 / 80%
3.2 Proportion of children 6–59 months with severe acute malnutrition admitted for treatment	Severe acute malnutrition (SAM) treatment coverage (indirect method) based on country-reported SAM burden and admissions data for children aged 6-59 months from the NutriDash database for the calendar year 2017. The numerator is the number of children aged 6-59 months with SAM admitted for treatment in 2017. The denominator is the estimated national burden of SAM, based on the population of children aged 6-59 months, latest prevalence of severe wasting and applying a standard or adjusted correction factor. ⁷	UNICEF NutriDash database, 2019, based on administrative reports from countries for the 2017 calendar year. ⁸	45 / 75%
3.3 Proportion of children 6–59 months receiving Vitamin A supplementation	Proportion of 6- to 59-month-olds receiving two high-dose vitamin A supplements in the calendar year 2017 (lower of semester 1 and semester 2 coverage)	UNICEF Global Database: Vitamin A supplementation 2000-2017, February 2019, based on administrative reports from countries. Available from http://data.unicef.org/nutrition/vitamin-a.html	53 / 88%
3.4 Proportion of pregnant women receiving Iron and Folic Acid supplementation	Percentage of women with a birth in the five years preceding the survey who took iron tablets or syrup for 90+ days (does not include folic acid)	ICF International, 2019. The DHS Program STATcompiler. (accessed 15 March 2019) http://www.statcompiler.com	46 / 77%
3.5 Number of trained nutrition professionals per 100,000 population	The number of individuals who are trained to pursue a professional career in nutrition, described in most countries as dietitians or nutritionists (including nutrition scientists, nutritional epidemiologists and public health nutritionists).	WHO, Global nutrition policy review 2016-2017: Country progress in creating enabling policy environments for promoting healthy diets and nutrition. Geneva: World Health Organization, 2018. www.who.int/nutrition/publications/policies/global_nut_policyreview/en/	45 / 75%

⁷ The SAM burden calculation is typically calculated using the formula: population 6-59 months X severe wasting prevalence X 2.6]. This standard calculation was used by 37 out of 45 SUN countries, with 8 countries using country-specific estimations.

⁸ NutriDash data has been provided by Nutrition Section, Programme Division, UNICEF from the annual NutriDash data collection and programme analysis exercise. Data has been checked and validated by UNICEF Country Offices, with programme analysis conducted by UNICEF Headquarters. Data has been provided for those countries that have explicitly agreed to share their national data publicly through NutriDash.

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
3.6 Percentage of households that have iodized salt (>0 ppm)	Percentage of surveyed households which have salt they used for cooking that tested positive (>0ppm) for presence of iodine	UNICEF, Division of Data Research and Policy (2018). UNICEF Global Databases: Percentage of households consuming iodized salt (>0ppm) among all tested households, New York, May 2018. http://data.unicef.org/nutrition/iodine.html	57 / 95%
3.7 Proportion of children under 5 years old with diarrhea (in last two weeks) receiving oral rehydration salts (ORS) and Zinc	Percentage of children under 5 with diarrhea receiving oral rehydration salts (ORS packets or pre-packaged ORS fluids) and Zinc	UNICEF, Division of Data Research and Policy (2018). UNICEF Global Databases: Child Health Coverage Database: Children with diarrhoea who were given ORS and Zinc, New York, November 2018. (based on MICS, DHS and other national surveys) https://data.unicef.org/wp-content/uploads/2018/06/Child-Health-Coverage-Database-2018-Nov14.xlsx	52 / 87%
3.8 Proportion of children aged 12–59 months receiving at least one dose of de-worming medication	Percentage of children age 6–59 months given deworming medication in the six months preceding the survey	ICF International, 2019. The DHS Program STATcompiler. (accessed 8 March 2019) http://www.statcompiler.com	48 / 80%
3.9 Use of insecticide treated nets in children aged 0–5 years	Percentage of children under age 5 who slept under an insecticide-treated mosquito net the night prior to the survey.	UNICEF Global Databases: Child Health Coverage Database, New York, November 2018. (based on MICS, DHS and MIS) https://data.unicef.org/wp-content/uploads/2018/06/Child-Health-Coverage-Database-2018-Nov14.xlsx	50 / 83%
3.10 Percentage of 1-year-olds who have received the appropriate doses of the recommended vaccines in the national schedule by recommended age	Percentage of surviving infants who received the third dose of DTP containing vaccine (Note: DTP3 coverage is often used as an indicator of how well countries are providing routine immunization services.)	WHO and UNICEF estimates of national routine immunization coverage, 2017 revision (completed July 2018). http://data.unicef.org/child-health/immunization	60 / 100%
3.11 Proportion of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods	Percentage of women of reproductive age (15–49 years) who are sexually active and who have their need for family planning satisfied with modern methods.	United Nations, Department of Economic and Social Affairs, Population Division (2018). World Contraceptive Use 2018 (POP/DB/CP/Rev2018).	59 / 98%
3.12 Percentage of calories from non-staples in food supply	Share of dietary energy supply derived from non-staples (%) (3-year average, 2011-2013); staples include cereals, roots and tubers	Food and Agriculture Organization (FAO). FAOSTAT data for 2012. http://www.fao.org/faostat/	53 / 90%
3.13 Availability of fruits and vegetables (grams)	Total amount of fruit and vegetables and derived products (in grams) available for human consumption during the reference period (expressed in per capita terms)	Food and Agriculture Organization (FAO). FAOSTAT data for 2013. http://www.fao.org/faostat/	53 / 90%

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
3.14 Fortified Food Supply	Fortification status of fortifiable food vehicles (including salt, vegetable oil, wheat flour, maize flour, rice, sugar, fish/soy sauce) are classified (sustain, improve, build/expand or N/A) based on information about coverage and compliance.	FFI, GAIN, IGN, MN Forum. (personal communication, 2016)	59 / 98%
3.15 Proportion of the population covered by social protection floors/systems	Proportion of the population covered by social assistance programs (%); SDG Indicator 1.3.1, Series SI_COV_SOCAST	SDG Indicators Global Database, based on ASPIRE: The Atlas of Social Protection - Indicators of Resilience and Equity, The World Bank (http://datatopics.worldbank.org/aspire/). Accessed 4 April 2019.	49 / 82%
3.1 Government ministries involved in nutrition actions at national level	Total number of government ministries supporting nutrition actions (based on those actions included in the mapping exercise)	UN Network Secretariat, Nutrition Stakeholder and Action Mapping results (synthesis of data available as of April 2019) https://www.unnetworkforsun.org/outcome-1	11 / 18%
3.17 Stakeholders involved in nutrition actions at subnational level	Average number of stakeholders identified as supporting nutrition actions per mapped sub-national level areas (i.e. lowest administrative level mapped), including both Government and non-government actors.	UN Network Secretariat, Nutrition Stakeholder and Action Mapping results (synthesis of data available as of April 2019) https://www.unnetworkforsun.org/outcome-1	10 / 17%
3.18 High-impact nutrition-specific actions coverage at subnational level	Percentage of high-impact nutrition-specific interventions covered per lowest administrative level mapped. Numerator = average of number of high-impact nutrition-specific actions implemented in each sub-national area Denominator = total number of high-impact nutrition-specific actions mapped in the whole exercise (number varies across countries)	UN Network Secretariat, Nutrition Stakeholder and Action Mapping results (synthesis of data available as of April 2019) https://www.unnetworkforsun.org/outcome-1	12 / 20%
TOTAL: 17 indicators			

List 4: Enacted legislations

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
4.1 Country has legislation /regulations fully implementing the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22) and subsequent relevant resolutions adopted by the World Health Assembly	<p>The legal status of the Code was categorized as follows:</p> <p>Yes: countries have enacted legislation or adopted regulations, decrees or other legally binding measures...</p> <p>Full: encompassing all or nearly all provisions of the Code and subsequent WHA resolutions;</p> <p>Many: encompassing many provisions of the Code and subsequent WHA resolutions;</p> <p>Few: covering only few of the provisions of the Code or subsequent WHA resolutions;</p> <p>No legal measures: countries have taken no action or have implemented the Code only through voluntary agreements or other non-legal measures (includes countries that have drafted legislation but not enacted it).</p>	<p>WHO, UNICEF, IBFAN (2018). Marketing of Breast-milk Substitutes: National Implementation of the International Code, Status Report 2018. Geneva: World Health Organization.</p> <p>https://www.who.int/nutrition/publications/infantfeeding/code_report2018/en/</p>	60 / 100%
4.2 Country has maternity protection laws or regulations in place in line with the ILO Maternity Protection Convention, 2000 (No. 183) and Recommendation No. 191	<p>Country has ratified International Labor Organization (ILO) Convention 183 or has passed national legislation in compliance with the three key provisions of the convention (14 weeks of maternity leave, paid at 66% of previous earnings by social security or general revenue).</p> <p>Yes (4): Convention 183 ratified (maternity leave of at least 14 weeks with cash benefits of previous earnings paid by social security or public funds).</p> <p>Partial (3): Convention 183 not ratified but previous maternity convention ratified (maternity leave of at least 12 weeks with cash benefits of previous earnings paid by social security or public funds).</p> <p>No (1): No ratification of any maternity protection convention</p>	<p>International Labour Organisation (ILO). Working Conditions Laws Database. Condition of Work and Employment Programme 2013. ILO Geneva.</p> <p>As reported by GNR 2017</p>	57 / 95%
4.3 Country has legislation on the Constitutional Right to Food	<p>Assessed level of constitutional protection of the right to food, classified as:</p> <p>Strong 'Explicit for all citizens and/or specific groups or incorporated under article protecting living standards';</p> <p>Moderate 'Implicit as part of a broader right in constitutional law.';</p> <p>Weak 'Has Directive Principles (not justiceable) that contribute to the realization of the right to adequate food OR Likely or confirmed equality of ratified international law to national legislation (i.e. has become a State party to the International Covenant on Economic, Social and Cultural Rights)';</p> <p>None 'No constitutional protection AND country is not yet a State party to the International Covenant on Economic, Social and Cultural Rights'</p>	<p>FAO information paper and web database on Right to Food. FAO (2017). Available from http://www.fao.org/right-to-food-around-the-globe/</p>	60 / 100%

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
4.4 Country has policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, <i>trans</i> -fatty acids, free sugars, or salt	Country has implemented a policy(ies) to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, <i>trans</i> -fatty acids, free sugars, or salt. This indicator is considered fully achieved if the country responds "Yes" to the question "Is your country implementing any policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, <i>trans</i> -fatty acids, free sugars, or salt?", and provides the needed supporting documentation.	Data based on Member State responses to the 2017 NCD Country Capacity Survey. WHO (2017). Noncommunicable Diseases Progress Monitor, 2017. Geneva: WHO. Available from http://apps.who.int/iris/bitstream/10665/258940/1/9789241513029-eng.pdf?ua=1	54 / 90%
4.5 Country has legal documentation that has the effect of allowing or mandating food fortification	<i>Mandatory</i> = The country has legal documentation that has the effect of currently mandating fortification of the food vehicle in question with one or more vitamins or minerals i.e. the documentation indicates that fortification of all or some of the food is compulsory or required. YES: Country has such documentation and GFDx has a copy of it. NO: A local expert has confirmed that the country does not have such documentation. UNKNOWN: A document has not been identified or does not meet our inclusion criteria. YEAR = The year in which fortification of the food vehicle first came into force or into effect in the country.	Global Fortification Data Exchange. [Accessed 29 February 2019.] http://www.fortificationdata.org	60 / 100%
4.6 Country has legal documentation specifying nutrient levels for fortification	The country has legal documentation indicating standardized fortification levels of the food vehicle in question with one or more nutrients. YES: Country has such documentation and GFDx has a copy of it. NO: A local expert has confirmed that the country does not have such documentation. UNKNOWN: A document has not been identified or does not meet our inclusion criteria. YEAR - The year in which the current standard or parent document (e.g. food regulations) was issued, whichever is more recent.	Global Fortification Data Exchange. [Accessed 29 February 2019.] http://www.fortificationdata.org	60 / 100%
TOTAL: 6 indicators			

List 5: Drivers of nutrition (Sustainable Development Goals and others)

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
5.1 Prevalence of diarrhea in children under 5 years of age	Percentage of children born in the three years preceding the survey who had diarrhea in the two weeks preceding the survey	ICF International, 2019. The DHS Program STATcompiler. http://www.statcompiler.com UNICEF, MICS Country Reports. http://mics.unicef.org/surveys	58 / 97%
5.2 Proportion of population using safely managed drinking water services	Percentage of the population using at least basic drinking water service (drinking water from an improved source, provided collection time is not more than 30 minutes for a round trip, including queuing)	WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation 2017. Available from https://washdata.org/data	60 / 100%
5.3 Proportion of population using a safely managed sanitation service [including a hand-washing facility with soap and water]	Percentage of the population using at least a basic sanitation facility (Use of improved facilities that are not shared with other households)	WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation 2017. Available from https://washdata.org/data	60 / 100%
5.4 Malaria incident cases per 1000 population	Malaria incident cases per 1000 population at risk for the year 2017 (SDG indicator 3.3.3, series: SH_STA_MALR)	SDG Indicators Global Database, accessed 3 April 2019. https://unstats.un.org/sdgs/indicators/databases/	59 / 98%
5.5 New cases of measles	Total confirmed measles cases for the year 2018 (Reported by WHO Member States, as of 09 Jan 2019)	WHO/UNICEF Joint Reporting on Immunization http://www.who.int/immunization/monitoring_surveillance/burden/vpd/surveillance_type/active/measles_monthlydata/en/	59 / 98% with reported data
5.6 Number of births during a given reference period to women aged 15–19 years /1000 females	Annual number of births to women aged 15 to 19 per 1,000 women in that age group.	United Nations, Department of Economic and Social Affairs, Population Division (2017). World Fertility Data 2017. http://www.un.org/en/development/desa/population/publications/dataset/fertility/wfd2017.shtml	60 / 100%
5.7 Number of new HIV infections per 1,000 uninfected population by age group, sex, and key populations	Number of new HIV infections per 1000 uninfected population for the reference year 2017 (SDG indicator 3.3.1, series: SH_HIV_INCD)	SDG Indicators Global Database, accessed 3 April 2019. https://unstats.un.org/sdgs/indicators/databases/	55 / 92%
5.8 Tuberculosis incidence per 100,000 population	The estimated number of new and relapse tuberculosis (TB) cases per 100 000 population for the reference year 2017. All forms of TB are included, including cases in people living with HIV. (SDG Indicator 3.3.2, series: SH_TBS_INCD)	SDG Indicators Global Database, accessed 3 April 2019. https://unstats.un.org/sdgs/indicators/databases/	60 / 100%
5.9 Prevalence of undernourishment	Prevalence of undernourishment (%) (3-year average, 2015–2017); defined by FAO as share of the population that consumes an amount of calories that is insufficient to	FAO Statistics Division 2018. Food Security / Suite of Food Security Indicators. Available	53 / 88%

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
	cover the energy requirement for an active and healthy life (as defined by the minimum dietary energy requirement)	from http://faostat3.fao.org/faostat-gateway/go/to/download/D/FS/E	
5.10 Prevalence of severe food insecurity in the population	Estimated prevalence of severe food insecurity in the population (reference year 2016) based on the FAO Food Insecurity Experience Scale (SDG Indicator 2.1.2, series: AG_PRD_FIESSI)	SDG Indicators Global Database, accessed 3 April 2019. https://unstats.un.org/sdgs/indicators/databases/	24 / 40%
5.11 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18	Percentage of women aged 20 to 24 years who were first married or in union before ages 15 and 18	UNICEF Global Database, 2018, based on DHS, MICS and other nationally representative surveys. (last update March 2018) https://data.unicef.org/topic/child-protection/child-marriage/	59 / 98%
5.12 Female secondary school enrollment	Total female enrollment in secondary education, in all programs, regardless of age, expressed as a percentage of the female population of official secondary education age. The rate can exceed 100% due to inclusion of overaged/underaged students (early or late school entrance and grade repetition).	UNESCO, World Bank Global Database http://www.uis.unesco.org/DataCentre/Pages/BrowseEducation.aspx https://data.worldbank.org/indicator/SE.SEC.ENRR.FE (accessed 5 April 2019)	56 / 93%
5.13 Proportion of children 2–14 years old who experienced any violent discipline (psychological aggression and/or physical punishment)	Percentage of children aged 2 to 14 years who experienced any form of violent discipline (physical punishment and/or psychological aggression) within the past month. Psychological aggression refers to the action of shouting, yelling or screaming at a child, as well as calling a child offensive names. Physical (or corporal) punishment is an action intended to cause physical pain or discomfort, but not injuries.	UNICEF Global Database, November 2017, based on DHS, MICS & other nationally representative surveys https://data.unicef.org/topic/child-protection/violence/violent-discipline/ (recent MICS survey report results added)	35 / 58%
5.14 Growth rates of household expenditure and income per capita among the bottom 40% of the population and the total population	Annualized growth in mean household per capita income or consumption for bottom 40% of population and total population	World Bank Global Database of Shared Prosperity http://www.worldbank.org/en/topic/poverty/brief/global-database-of-shared-prosperity	19 / 32%
5.15 Proportion of urban population living in slums, informal settlement or inadequate housing	Proportion of urban population living in slums. (According to UN-HABITAT, slums are areas where households lack durable housing, sufficient living space, secure tenure, or easy access to safe water or adequate sanitation facilities.)	SDG Indicators Global Database (Nov 2017) https://unstats.un.org/sdgs/indicators/databases/?indicator=11.1.1	55 / 92%
TOTAL: 15 indicators			

List 6: Infant and Young Child Feeding Practices (IYCF) and dietary intakes

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
6.1 Exclusive breastfeeding for the first six months	Percentage of infants 0–5 months old who were exclusively breastfed (received only breastmilk during the previous day)	UNICEF Division of Data Research and Policy (2018). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding. New York, May 2018. http://data.unicef.org/nutrition/iycf.html	60 / 100%
6.2 Proportion of children born in the last 24 months who were put to the breast within one hour of birth	Percentage of newborns who are put to the breast within one hour of birth.	UNICEF Division of Data Research and Policy (2018). Global UNICEF Global Databases: Infant and Young Child Feeding: Early initiation of breastfeeding, Ever Breastfed, New York, May 2018. http://data.unicef.org/nutrition/iycf.html	59 / 98%
6.3 Proportion of children aged 6 to 23 months who Minimum Acceptable Diet (MAD)	Percentage of breastfed children 6-23 months of age who had at least the minimum dietary diversity and the minimum meal frequency during the previous day AND Non-breastfed children 6-23 months of age who received at least two milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day	UNICEF Division of Data Research and Policy (2018). Global UNICEF Global Databases: Infant and Young Child Feeding: Minimum acceptable diet, Minimum diet diversity, Minimum meal frequency, New York, May 2018. http://data.unicef.org/nutrition/iycf.html	47 / 78%
6.4 Proportion of children aged 6 to 23 months who receive a Minimum Diet Diversity (MDD)	Percentage of children 6-23 months of age who received foods from ≥ 5 (out of 8) food groups ⁹ during the previous day	UNICEF Division of Data Research and Policy (2018). Global UNICEF Global Databases: Infant and Young Child Feeding: Minimum acceptable diet, Minimum diet diversity, Minimum meal frequency, New York, May 2018. http://data.unicef.org/nutrition/iycf.html	52 / 87%
6.5 Prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day	Mean intake of fruit and vegetables (grams per day) in men and women aged 25+ years, 2016	Global Nutrition Report 2018 dataset, based on Gakidou E., Afshin A., Abajobir A.A., et al 2017. Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. The Lancet, 390:10100, 2016, pp. 1345–1422.	60 / 100%
6.6 Mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years.	Mean sodium intake (grams per day) in men and women aged 25+ years, 2016	Global Nutrition Report 2018 dataset, based on Gakidou E., Afshin A., Abajobir A.A., et al 2017. Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. The Lancet, 390:10100, 2016, pp. 1345–1422.	60 / 100%
6.7 Median urinary iodine concentration in children aged 6–12 years	Median urinary iodine concentration (UIC) in the general population, with preference given to studies carried out in school-age children. Data are from the most recent nationally representative survey (2002–2017); Estimates	Iodine Global Network (2017) Global Scorecard of Iodine Nutrition in 2017 in the general population and in pregnant women. http://www.ign.org/cm_data/IGN_Global_Scorecard_AllPop_and_PW_May2017.pdf	50 / 83%

⁹ The eight food groups are: (i) breastmilk; (ii) grains, roots and tubers; (iii) legumes and nuts; (iv) dairy products (infant formula, milk, yogurt, cheese); (v) flesh foods (meat, fish, poultry and liver/organ meats); (vi) eggs; (vii) vitamin-A rich fruits and vegetables; (viii) other fruits and vegetables.

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
	for Niger, South Sudan, Sudan and Zimbabwe are based on sub-national surveys.		
6.8 Percentage of the population consuming food that is fortified (according to standards)	Based on data available on fortification coverage for oil, maize flour and wheat flour. The proportion of the population (typically measured via household survey) that report consuming, preparing foods at home, or have in the household on the day of the survey a food vehicle (or foods made with that food vehicle) that is confirmed to be fortified at any level. (insufficient data available to assess more stringent indicator of food vehicle fortified according to standards)	<p>Global Fortification Data Exchange. [Accessed 15 March 2019] http://www.fortificationdata.org</p> <p>Fortification Assessment Coverage Toolkit (FACT) survey data summarized in Aaron et al. (2017) http://jn.nutrition.org/content/147/5/984S.full</p> <p>GAIN 2017. Fortification Assessment Coverage Toolkit (FACT) Survey in Afghanistan, 2017. Global Alliance for Improved Nutrition: Geneva, Switzerland.</p> <p>GAIN and Oxford Policy Management. 2018. Fortification Assessment Coverage Toolkit (FACT) Survey in Two Nigerian States: Ebonyi and Sokoto, 2017. Global Alliance for Improved Nutrition: Geneva, Switzerland.</p> <p>Ministry of Planning, Development & Reform and Global Alliance for Improved Nutrition (2018), Fortification Assessment Coverage Toolkit (FACT) Survey – Pakistan, Islamabad, 2018.</p>	7 / 12%
TOTAL: 8 indicators			

List 7: Nutrition Status

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
7.1 Prevalence of low height-for-age <-2 SD in children under five years of age	Percentage of children aged 0–59 months who are below minus two standard deviations from median height-for-age of the WHO Child Growth Standards.	UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Stunting, March 2019, New York. https://data.unicef.org/topic/nutrition/malnutrition/	60 / 100%
7.2 Prevalence of infants born <2500 g	Percentage of infants weighing less than 2,500 grams at birth	UNICEF Global Database – <i>pending updated estimates to be released in May 2019</i>	0 / 0%
7.3 Prevalence of weight-for-height >2 SD in children under five years of age	Percentage of children aged 0–59 months who are above two standard deviations from median weight-for-height of the WHO Child Growth Standards.	UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Overweight, March 2019, New York. https://data.unicef.org/topic/nutrition/malnutrition/	60 / 100%
7.4 Prevalence of weight-for-height < -2SD in children under five years of age	Percentage of children aged 0–59 months who are below minus two standard deviations from median weight-for-height of the WHO Child Growth Standards.	UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Wasting, March 2019, New York. https://data.unicef.org/topic/nutrition/malnutrition/	60 / 100%
7.5 Prevalence of haemoglobin <11 g/dL in pregnant women	Percentage of pregnant women with blood haemoglobin concentration <110 g/L (modeled estimate for the year 2016)	WHO Global Health Observatory (2017) Prevalence of anaemia in women. http://apps.who.int/gho/data/view.main.GSWCAH28v	60 / 100%
7.6 Prevalence of haemoglobin <12 g/dL in non-pregnant women	Percentage of non-pregnant women with blood haemoglobin concentration <120 g/L (modeled estimate for the year 2016)	WHO Global Health Observatory (2017) Prevalence of anaemia in women. http://apps.who.int/gho/data/view.main.GSWCAH28v	60 / 100%
7.7 Proportion of adult women with low body mass index (BMI)	Percentage of adult women (age 18+ years) who are thin according to BMI (<18.5) (modeled estimate for the year 2016)	NCD Risk Factor Collaboration. (2017). Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. <i>Lancet</i> , 390 (10113), 2627-2642. http://www.ncdrisc.org/data-downloads.html	59 / 98%
7.8 Proportion of overweight and obese women aged 18+ years (defined as BMI ≥25 kg/m ² for overweight and BMI ≥ 30 kg/m ² for obesity)	Percentage of defined population (adults age 18+ years) with a BMI of >25 or a BMI of >30 (modeled estimate for the year 2016)	NCD Risk Factor Collaboration. (2017). Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. <i>Lancet</i> , 390 (10113), 2627-2642. http://www.ncdrisc.org/data-downloads.html	59 / 98%

MEAL Indicator Description	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
7.9 Prevalence of overweight and obesity in adolescents (defined according to WHO growth reference for school-aged children and adolescents).	Percentage of adolescent girls aged 10-19 years who are above one and two standard deviations from the median BMI-for-age of the WHO Growth Reference for School-Aged Children and Adolescents (modeled estimate for the year 2016)	NCD Risk Factor Collaboration. (2017). Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. <i>Lancet</i> , 390 (10113), 2627-2642. http://www.ncdrisc.org/data-downloads.html	59 / 98%
7.10 Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years (defined as fasting plasma glucose value ≥ 7.0 mmol/L (126 mg/dl) or on medication for raised blood glucose).	Proportion of adults (age 18+ years) with raised blood glucose (fasting glucose ≥ 7.0 mmol/L or on medication for raised blood glucose or with a history of diagnosis of diabetes, age-standardized estimate for men and women (modeled estimate for the year 2014)	NCD Risk Factor Collaboration. (2016). Worldwide trends in diabetes since 1980: a pooled analysis of 751 population-based studies with 4.4 million participants. <i>Lancet</i> , 387(10027), 1513-1530. http://www.ncdrisc.org/data-downloads.html	59 / 98%
7.11 Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic BP ≥ 140 mmHg and/or diastolic BP ≥ 90 mmHg); and mean systolic BP.	Proportion of adults (age 25+ years) with raised blood pressure: systolic blood pressure ≥ 140 mm Hg and/or diastolic blood pressure ≥ 90 or on medication for raised blood pressure (age-standardized estimate) for men and women (modeled estimate for the year 2015)	NCD Risk Factor Collaboration. (2017). Worldwide trends in blood pressure from 1975 to 2015: a pooled analysis of 1479 population-based measurement studies with 19.1 million participants. <i>Lancet</i> , 389(10064), 37-55. http://www.ncdrisc.org/data-downloads.html	59 / 98%
TOTAL: 11 indicators			

List 8: Sustainable Development Goals that are linked to better nutrition

MEAL Indicator Description	Note	Definition	Data Source(s)	Coverage for SUN Countries (n/%)
8.1 Proportion of population below international poverty line disaggregated by sex, age group, employment status, and geographical location (urban/rural)	Nutrition status is linked to individual income	Poverty headcount ratio at \$1.90 a day (2011 PPP) = percentage of the population living on less than \$1.90 a day at 2011 international prices. Data are based on primary household survey data obtained from government statistical agencies and World Bank country departments.	PovcalNet: the on-line tool for poverty measurement developed by the Development Research Group of the World Bank. http://iresearch.worldbank.org/PovcalNet/home.aspx (accessed 21 March 2019)	59 / 98%
8.2 Under five mortality rate (deaths per 1000 live births)	LiST estimates the number of deaths averted	Country-specific under-five mortality rate (deaths per 1000 live births) for reference year 2017	UNICEF Global Database updated 18 September 2018 (Estimates generated by the UN Inter-agency Group for Child Mortality Estimation (IGME) in 2018) https://data.unicef.org/topic/child-survival/under-five-mortality/	60 / 100%
8.3 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory infections	Estimates of deaths attributed to diet-related NCDs. Increasingly significant in LMICs	Total NCD mortality rate (age-standardized mortality rate per 100,000 population), estimates for reference year 2016	WHO Global Health Observatory http://apps.who.int/gho/data/node.main.A860?lang=en	60 / 100%
8.4 Proportion of children aged 36–59 months who are developmentally on track in at least three of the following domains: literacy-numeracy, physical development, social-emotional development and learning	Nutrition status is linked to cognitive development in young children	Percentage of children aged 36-59 months who are developmentally on track in at least three of the following domains: literacy-numeracy, physical development, social-emotional development and learning	SDG Indicators Global Database https://unstats.un.org/sdgs/indicators/database/?indicator=4.2.1 New data added from MICS reports for Laos PDR (2017), Sierra Leone (2017) and Togo (2017).	29 / 48%
8.5 Annual growth rate of real GDP per capita	World Bank estimates on GDP losses due to malnutrition and GDP gains due to improved nutrition	Annual percentage growth rate of GDP per capita based on constant local currency. Aggregates are based on constant 2010 U.S. dollars. Reference year 2017	World Bank (2018) World Development Indicators https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG (accessed 6 Apr 2019)	57 / 95%
TOTAL: 5 indicators				

Indicators in Progress (Not included in dashboards)

MEAL Indicator Description	Definition & Status of Data Collection	Data Source(s)	Coverage for SUN Countries (n/%)
List 1: Enabling environment			
Capacity of MSP to coordinate their partners response to identified annual priority action areas in the JAA	Data collected from 2017 JAA Analytical stage	Joint Annual Assessments	
Compliance of partners with the SUN Movement Principles of Engagement	Data collected from 2017 JAA Analytical stage	Joint Annual Assessments	
'Good' quality of new national multi-sectoral, multi-stakeholder action plans/CRF made since the beginning of 2016	Review initiated with published plans shared by SUN Government Focal Points	SUN countries	
SMART-ness of nutrition commitments by Governments and networks / alliances made since the beginning of 2016	Data collected from 2017 JAA Analytical stage	Joint Annual Assessments Potential partnership with the Decade of Action (TBD)	
List 2: Finance			
Financing gap for costed nutrition high-impact interventions	TBD – based on 2015 data	InvestininNutrition.org	
Geographic distribution of resources at sub-national level (linked with mapping of stakeholders and actions)	TBD	UN Network follow up	
Proportion of total government spending on essential services: education, health and social protection	TBD	Reported in GNR using SPEED data	17/29% (SPEED data)
List 3: Interventions and food supply			
Proportion of mothers of children 0–23 months who have received counseling, support or messages on optimal breastfeeding at least once in the last year	Number of mothers of children 0-23 months who received IYCF counseling- based on estimates in 29 countries, over 8.5 million mothers received IYCF counseling in 2015. However, coverage cannot be estimated due to lack of a denominator.	UNICEF NutriDash 2015 data for countries that agreed to share data externally.	29/49%
Proportion of children aged 6–23 months receiving micronutrient powders	Number of children 6-23 months receiving micronutrient powders – based on estimates from 32 SUN countries, over 5 million children 6-23 months received MNPs in 2015. However, coverage cannot be estimated due to lack of a denominator.	UNICEF NutriDash 2015 data for countries that agreed to share data externally.	32/54%
List 6: IYCF and Dietary Intake			
Prevalence of Women of Reproductive Age consuming a Minimum Diet Diversity	Technical working group led by FAO	TBD	

DOCUMENT C: ALIGNMENT WITH INTERNATIONALLY AGREED FRAMEWORKS AND MONITORING INITIATIVES

* Maternal, Infant and Young Child Nutrition Monitoring Framework (MIYCF) approved at the 68th World Health Assembly;

† Global Monitoring Framework and Targets for the Prevention and Control of Non-Communicable Diseases approved at the 66th World Health Assembly;

‡ Preliminary file on the provisional proposed tiers for Global SDG Indicators (24 March 2016). A Tier I indicator is conceptually clear, with an established methodology and standards and with data regularly produced by countries.

List 2: Finance for nutrition

List and Indicator description	MIYCF Framework*		NCD Framework†		SDG Framework‡	Other Monitoring Initiatives
	Core	Extended	Target	Indicator		
2.1 National investments for nutrition disaggregated by specific or sensitive, types of programmes, MDAs, sources of funding, allocations expenditures, years						SUN Movement / Global Nutrition Report (GNR)
2.2 Total resource flows for development, by recipient and donor countries and type of flow					SDG 10.b.1 Tier I	SUN Donor Network / GNR
2.3 The agriculture orientation index for government expenditures					SDG 2.a.1 Tier I	GNR
2.x Financing gap for costed nutrition high-impact interventions						SUN Movement
2.x Proportion of total government spending on essential services - education, health and social protection					SDG 1.a.2 Tier III (no methodology and standards established)	GNR
TOTAL: 5 indicators	0	0	0	0	3	5

List 3: Interventions and food supply

Indicator description	Sector	MIYCF Framework		NCD Framework		SDG	Other Monitoring Initiatives
		Core	Extended	Target	Indicator		
3.1 Proportion of health facilities that are Baby Friendly Hospital Initiative (BFHI) certified	HEALTH						GNR NutriDash
3.x Proportion of mothers of children 0-23 months who have received counselling, support or messages on optimal breastfeeding at least once in the last year	HEALTH	Reporting delayed till 2018					Nutridash
3.2 Proportion of children 6-59 months with severe acute malnutrition admitted for treatment	HEALTH						NutriDash / No Wasted Lives Initiative / 2015 GNR
3.3 Proportion of children 6-59 months receiving Vitamin A supplementation	HEALTH						GNR
3.4 Proportion of pregnant women receiving Iron and Folic Acid supplementation	HEALTH	Reporting delayed till 2018					
3.x Proportion of children aged 6-23 months receiving micronutrient powders	HEALTH						NutriDash
3.5 Number of trained nutrition professionals /100,000 population	HEALTH					Or consider SDG 3.c.1 Health worker density Tier I	GNR
3.6 Percentage of households that have iodized salt (>0 ppm)	HEALTH						GNR
3.7 Proportion of children under 5 years old with diarrhea (in last two weeks) receiving oral rehydration salts (ORS packets or pre-packaged ORS fluids) and zinc supplements	HEALTH						GNR

Indicator description	Sector	MIYCF Framework		NCD Framework		SDG	Other Monitoring Initiatives
		Core	Extended	Target	Indicator		
3.8 Proportion of children aged 12-59 months receiving at least one dose of de-worming medication	HEALTH						NutriDash
3.9 Use of insecticide treated nets in children aged 0-5 years	HEALTH						
3.10 Percentage of 1-year-olds who have received the appropriate doses of the recommended vaccines in the national schedule by recommended age	HEALTH						
3.11 Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods	HEALTH					SDG 3.7.1 Tier I	EWEC / GNR
3.12 Percentage of calories from non-staples ¹⁰ in food supply	FOOD SYSTEM						GNR
3.13 Availability of fruits and vegetables (grams)	FOOD SYSTEM						GNR
3.14 Fortified Food Supply	FOOD SYSTEM						GAIN/FFI/MNF
3.15 Proportion of the population covered by social protection floors/systems disaggregated by sex, and distinguishing children, the unemployed, the elderly, persons with disabilities, pregnant women, new born, work injury victims, the poor and vulnerable	SOCIAL PROTECTION					SDG 1.3.1 Tier II	
3.16-3.18 Geographic distribution of stakeholders and core nutrition actions at sub-national level							Stakeholder and Action Mapping (UNN-REACH)
TOTAL: 20 indicators		5	7	0	0	3	14

¹⁰ Staples include cereals, tubers and starches.

List 4: Enacted legislation

Indicator descriptions	MIYCN Framework		NCD Framework		SDG	Other Monitoring Initiatives
	Core set	Extended set	Target	Indicator		
4.1 Country has legislation /regulations fully implementing the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22) and subsequent relevant resolutions adopted by the World Health Assembly						GNR
4.2 Country has maternity protection laws or regulations in place in line with the ILO Maternity Protection Convention, 2000 (No. 183) and Recommendation No. 191						GNR
4.3 Country has legislation on the Constitutional Right to Food						GNR
4.4 Country has policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, <i>trans</i> -fatty acids, free sugars, or salt						GNR
4.5 Country has legal documentation that has the effect of allowing or mandating food fortification (Y/N)						Global Fortification Data Exchange / GNR / Iodine Global Network
4.6 Country has legal documentation specifying nutrient levels for fortification (Y/N)						Global Fortification Data Exchange
TOTAL: 6 indicators	2	1	0	1	0	6

List 5: Drivers of nutrition (Sustainable Development Goals and others)

Indicators	Sector	MIYCN Framework		SDG Framework	Other Monitoring Initiatives
		Core set of indicators	Extended set of indicators		
5.1 Prevalence of diarrhea in children under 5 years of age	WASH				
5.2 Proportion of population using safely managed drinking water services	WASH			SDG 6.1.1 Tier I	Every Woman Every Child / GNR
5.3 Proportion of population using a safely managed sanitation service [including a hand-washing facility with soap and water]	WASH			SDG 6.2.1 Tier I	Every Woman Every Child / GNR
5.4 Malaria incident cases per 1000 population	HEALTH			SDG 3.3.3 Tier I	
5.5 New cases of measles	HEALTH				
5.6 Number of births during a given reference period to women aged 15-19 years /1000 females (and aged 10-14)	HEALTH			SDG 3.7.2 Tier I TBC	Every Woman Every Child / GNR
5.7 Number of new HIV infections per 1,000 uninfected population by age group, sex, and key populations	HEALTH			SDG 3.3.1 Tier I	
5.8 Tuberculosis incidence per 1,000 population	HEALTH			SDG 3.3.2 Tier I	
5.9 Prevalence of undernourishment	FOOD SYSTEMS			SDG 2.1.1 Tier I	GNR
5.10 Prevalence of moderate or severe food insecurity in the population	FOOD SYSTEMS			SDG 2.1.2 Tier I	GNR
5.11 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18	GENDER			SDG 5.3.1 Tier I	Every Woman Every Child / GNR

Indicators	Sector	MIYCN Framework		SDG Framework	Other Monitoring Initiatives
		Core set of indicators	Extended set of indicators		
5.12 Female secondary school enrollment	EDUCATION			Or consider SDG 4.5.1 Tier I female/male parity index)	GNR
5.13 Proportion of children 2-14 years old who experienced any violent discipline (psychological aggression and/or physical punishment)				SDG 16.2.1 Tier II	ECDAN (Early Child Development Action Network) Adjusted to 1-4 years
5.14 Growth rates of household expenditure and income per capita among the bottom 40% of the population and the total population	Poverty / Social Protection			SDG 10.1.1 Tier I	
5.15 Proportion of urban population living in slums, informal settlement or inadequate housing	Poverty / Social Protection			SDG 11.1.1 Tier I	GNR
TOTAL: 15 indicators		4	2	13	9

List 6: Infant and Young Child Feeding Practices (IYCF) and dietary intakes

Indicator description	MIYCN Framework		NCD Framework		SDG	Other Monitoring Initiatives
	Core set	Extended set	Target	Indicator		
6.1 Exclusive breastfeeding for the first six months	WHA Target					GNR
6.2 Proportion of children born in the last 24 months who were put to the breast within one hour of birth						GNR
6.3 Proportion of children aged 6 to 23 months who receive a Minimum Acceptable Diet (MAD)	Reporting delayed till 2018					GNR
6.4 Proportion of children aged 6 to 23 months who receive a Minimum Diet Diversity (MDD)						GNR
6.5 Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day						
6.6 Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years.						GNR
6.7 Median urinary iodine concentration in children aged 6-12 years						GNR
6.x Average amount of food vehicle that is eaten per capita (suggested by GAIN, FFI, IGN and MNF)		Percentage of households consuming iron-fortified wheat flour products				Global Fortification Data Exchange
6.8 Percentage of the population consuming food that is fortified according to standards (suggested by GAIN, FFI, IGN and MNF)						Global Fortification Data Exchange
TOTAL: 9 indicators	2	3	1	1	0	8

List 7: Nutrition Status

Indicator description	WHA Global Nutrition Target	MIYNF	NCD Target	SDG	Other Monitoring Initiatives
7.1 Prevalence of low height-for-age <-2 SD in children under five years of age	Childhood Stunting			SDG 2.2 (2.2.1) Tier I	GNR
7.2 Prevalence of infants born < 2500 g	Low birth Weight				GNR
7.3 Prevalence of weight-for-height >2 SD in children under five years of age	Childhood overweight			SDG 2.2 (2.2.2) Tier I	GNR
7.4 Prevalence of weight-for-height < -2SD in children under five years of age	Childhood wasting			SDG 2.2 (2.2.2) Tier I	GNR
7.5 Prevalence of haemoglobin <11 g/dL in pregnant women	Anaemia in women of reproductive age				GNR
7.6 Prevalence of haemoglobin <12 g/dL in non-pregnant women	Anaemia in women of reproductive age				GNR
7.7 Proportion of women aged 18+ years with low body mass index (BMI)					GNR
7.8 Proportion of overweight and obese women aged 18+ years (defined as BMI ≥ 25 kg/m ² for overweight and BMI ≥ 30 kg/m ² for obesity)			Obesity		GNR
7.9 Prevalence of overweight and obesity in adolescent girls aged 10-19 years (defined according to the WHO growth reference for school-aged children and adolescents, overweight - one SD BMI for age and sex, obese - two SD BMI for age and sex).			Obesity		GNR
7.10 Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years (defined as fasting plasma glucose value ≥ 7.0 mmol/L (126 mg/dl) or on medication for raised blood glucose).			Diabetes		GNR
7.11 Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic BP ≥ 140 mmHg and/or diastolic BP ≥ 90 mmHg); and mean systolic BP.			Raised blood pressure		GNR
TOTAL: 11 indicators	6	9	4	3	11

List 8: Sustainable Development Goals that are linked to better nutrition

Indicator description	Note	MIYCNF Framework*	NCD Framework†	SDG Framework‡	Other Monitoring Initiatives
8.1 Proportion of population below international poverty line disaggregated by sex, age group, employment status, and geographical location (urban/rural)	Nutrition status is linked to individual income			SDG 1.1.1 Tier I	GNR
8.2 Under five mortality rate (deaths per 1000 live births)	LiST estimates the number of deaths averted			SDG 3.2.1 Tier I	GNR
8.3 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory infections	Estimates of deaths attributed to diet-related NCDs. Increasingly significant in LMICs			SDG 3.4.1 Tier II (agreed methodology but limited data availability)	WHO NCD Monitoring Framework GNR
8.4 Proportion of children aged 36-59 months who are developmentally on track in at least three of the following domains: literacy-numeracy, physical development, social-emotional development and learning	Nutrition status is linked to cognitive development in young children			SDG 4.2.1 Tier II (no agreed methodology and no data yet)	ECDAN (Early Child Devt Action Network)
8.5 Annual growth rate of real GDP per capita	World Bank estimates on GDP losses due to malnutrition and on GDP gains due to improved nutrition			SDG 8.1.1 Tier I	GNR
TOTAL: 5 indicators		0	0	5	5