Improving nutrition is critical to achieving the Sustainable Development Goals, which are the blueprint to achieve a better and more sustainable future for all. It will take continued commitment and even greater action by governments for progress to continue and ensure structural change and sustainability of the nutrition agenda.

The recent State of Food Security and Nutrition in the World (SOFI) 2019 report was a stark reminder that we are far from ending hunger and meeting 2030’s global nutrition targets with over 820 million people or 1 in 9 people suffering from hunger. Across the world, 149 million children under 5 are stunted, while overweight and obesity rates continue to increase in all regions.  

The good news is that the prevalence of malnutrition amongst children under five years is decreasing. However, faster progress is needed.

- Across the 61 SUN Movement countries, approximately 95 million children under 5 suffer from stunting and nearly 24 million children under 5 were wasted in 2018.

- Of the 10.6 million children under 5 who are overweight, 5.1 million are in SUN countries in South and South East Asia and 4.8 million are in sub-Saharan African SUN countries.

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• **New estimates** in 2019 of low birthweight prevalence in 44 SUN countries reveal that nearly 4.7 million babies were born with low birthweight in 2015, representing 14 per cent of all livebirths.

• **Countries in Africa and Asia, where most SUN countries are located, continue to have the greatest share** of all forms of child malnutrition.

• Great progress has been achieved in Asia, where the number of stunted children decreased from 134.7 million to 81.7 million between 2000 and 2018. **Among the SUN countries in Asia, an estimated 37.4 million children under 5 were stunted in 2018.**

• Africa is the **only area where the number of stunted children has risen**, based on global trends, from 50.3 million in 2000 to 58.8 million in 2018. The SUN countries in Africa account for an estimated 55.1 million of the stunted children under five in 2018.

• Latin America and Caribbean have seen the greatest progress in the reduction of stunting, **halving the number of US stunted from 9.6 million to 4.8 million between 2000 and 2018.** However, the rate of overweight in Under 5 has increased from 6.6 per cent to 7.5 per cent

• **Exclusive breastfeeding rates exceed 50 per cent in 26 SUN countries.** An average of 45 per cent of infants 0-5 months are exclusively breastfed across the 61 SUN Movement countries.

• Over one third (38 per cent) of women and girls aged 15 to 49 years in SUN countries have anaemia.

• Prevalence of **overweight and obesity among adults** is 40 per cent for women and 26 per cent for men across the SUN Movement countries. The burden of Non Communicable Diseases (NCD’s) is growing in SUN countries – approximately 8 per cent of adults have diabetes and 27 per cent suffer from high blood pressure.

**11 SUN countries are on track to meet the World Health Assembly stunting target**

The World Health Assembly (WHA) Maternal, Infant and Young Child Nutrition Targets (2030) were endorsed by WHO member states to improve nutrition and are vital for identifying priority areas for action and catalysing global change. These targets represent an important milestone if SUN countries are to achieve the Sustainable Development Goals by 2030.

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**Figure 1: How SUN Countries are tracking against World Health Assembly targets:**

- **On track: 11 countries**
  - Some progress: 23 countries
  - Little or no progress: 13 countries
  - Insufficient data: 14 countries

- **Some progress:** 27 countries
  - Little or no progress: 34 countries

- **Some progress:** 33 countries
  - Little or no progress: 11 countries

- **On track:** 26 countries
  - Little or no progress: 19 countries
  - Insufficient data: 17 countries

- **On track:** 24 countries
  - Some progress: 10 countries
  - Little or no progress: 10 countries
  - Insufficient data: 17 countries

- **On track:** 14 countries
  - Some progress: 13 countries
  - Little or no progress: 18 countries
  - Insufficient data: 15 countries

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SUN countries are making progress (see Figure 1) in meeting global nutrition targets. This progress can be seen\(^\text{11}\) in terms of the number of SUN countries who are “on track” to meet global targets as well as a larger number of countries now with sufficient data to start tracking progress (essential to also achieving these targets).

- **Eswatini, Ghana, Kenya and Peru are all “on track”** for all 3 child growth World Health Assembly targets of stunting, wasting and overweight.

- **Half of SUN countries** are “on track” for at least one child growth target (stunting, wasting or overweight).

- **24 SUN countries are also “on track” to achieve the exclusive breastfeeding target, over 2/3 of SUN countries** are “on track” for at least one child nutrition global target (stunting, wasting, overweight, exclusive breastfeeding).

- **A larger number of SUN countries** now have sufficient data to start tracking their progress – an additional 10 countries in 2019 (compared to 2017). Availability of data for these global targets not only helps to describe progress toward nutrition goals but is also an essential component in achieving them.

- **Based on new estimates of low birthweight prevalence, 33 of 44 SUN countries with data available are making progress.** Yet no SUN country is currently on track to achieve this global target. Across the SUN Movement, birthweight data is not available for over one third (39 per cent) of newborns.

- **All SUN countries are currently off course to achieve the targets on: anaemia, obesity, diabetes and there remains an urgent need to prioritise actions for achieving these targets.**

While many SUN countries are moving in the right direction to improve children’s nutrition through effective and sustained multi-sectoral nutrition programming this needs to happen faster and more effectively.

\(^{11}\) This is evident through comparison of baseline data (conducted in 2016) with data from 2018 and 2019. More information available via the SUN Movement MEAL System: [https://scalingupnutrition.org/progress-impact/monitoring-evaluation-accountability-and-learning-meal/](https://scalingupnutrition.org/progress-impact/monitoring-evaluation-accountability-and-learning-meal/)
In 2019, 58 SUN countries came together for the yearly SUN Movement Joint-Assessment which provides insight into country level action and invites countries to celebrate progress, share challenges and set a course for the future. Once each year, actors come together in country to reflect on their progress in adapting their behaviours to deliver on the four strategic objectives in the SUN Movement Strategy and Roadmap 2016-2020 and progress made towards creating the environment required for good nutrition to prosper.

This process of annual reflection and priority-setting is unique to the SUN Movement. The data collected reflects the institutional transformations which are supporting nutrition change agents to make measurable contributions and impact, together.

Progress at a glance:

How SUN Countries, guided by the Movement’s strategic objectives, are creating the environment required for good nutrition

In 2019, 58 SUN countries came together for the yearly SUN Movement Joint-Assessment which provides insight into country level action and invites countries to celebrate progress, share challenges and set a course for the future. Once each year, actors come together in country to reflect on their progress in adapting their behaviours to deliver on the four strategic objectives in the SUN Movement Strategy and Roadmap 2016-2020 and progress made towards creating the environment required for good nutrition to prosper.

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Key messages

Across the Movement, SUN countries are:

- increasingly formalising multi-stakeholder platforms;
- increasingly seeking high-level political engagement and support;
- involving more sectors and more stakeholders to scale up and strengthen nutrition actions;
- increasingly working at sub-national level;
- strengthening the policy and legal frameworks which are necessary for good nutrition;
- identifying nutrition leaders and nutrition champions to advocate for good nutrition;

However, the scaling up, alignment and disbursements of funding for nutrition remains a major challenge in many SUN countries.

What SUN is trying to do...is a relatively new approach within international development, and probably one of the most complex and ambitious examples of such partnerships. It is built on an understanding of the interconnectedness of the factors underlying poor nutrition and the need, therefore, to bring together actors from across society to work together to address them.

Mid-Term Review,
SUN Movement

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Progress as seen in the SUN Movement Joint Assessment in 2019

For the 2018-2019 period, countries\(^\text{13}\) reported scores for the twenty progress markers included in the Joint-Assessment (five progress markers for each of the four SUN Processes)\(^\text{14}\).

- Overall, most countries report these behaviour change processes as ongoing (yellow bars), nearly completed (blue bars) or completed (green bars) for all progress markers

- For bringing people together (Process 1) and ensuring a coherent policy and legal framework (Process 2), over half of SUN countries have completed or nearly completed all the behaviour changes described.

- Slower progress is seen in changing behaviours related to alignment of actions around common results (Process 3) and financial tracking and resource mobilization (Process 4).

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\(^{13}\) For the 2018-2019 period: only 56 countries reported scores for the twenty progress markers. This figure does not include Ethiopia or Nigeria.

\(^{14}\) SUN countries score themselves on a set of progress markers that illustrate behavioural outcomes expected to be displayed by various stakeholders. Stakeholders score achievements in relation to each marker using a five-point scale ranging from 0 (change of behaviour not started) to 5 (change of behaviour completed).


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Figure 2: 2019 progress in the SUN Movement: Joint Assessments from 56 countries\(^\text{15}\)
Trends in completion of SUN Movement progress markers between 2015 and 2019

Among the 33 SUN countries who reported on their progress annually between 2015 and 2019, figure 3 shows the proportion of these countries who reported having nearly (score 3) or fully (score 4) completed each individual progress marker for each of the four SUN Movement processes by year.

- A higher number of these countries report having completed the first progress markers (those that represent types of behavioural outcomes that are ‘easier’ to achieve) compared to the more advanced markers. This trend is consistent across all four processes.

- This group of SUN countries show steady progress over time in completing processes, with more countries reporting having nearly or fully completed almost every progress marker in 2019 compared to 2015.

- For most progress markers, there is evidence of incremental improvement each year. This supports the belief that countries which have been with the SUN Movement for a longer period of time are increasingly taking ownership of and benefiting from the monitoring of progress.

- Countries with very high humanitarian risk contexts were more likely to score lower overall on all four SUN processes.

- Despite this evidence of steady progress over time, including marked improvement in 2019 compared to earlier years, a much lower proportion of countries report completion of progress markers related to financial tracking and resource mobilisation (Process 4).

Figure 3: Trends in completion of SUN Movement progress markers between 2015 and 2019 for 33 countries with data for every year

Percent of SUN countries who reported having nearly or fully completed the progress marker (score of 3 or 4) among the 33 countries with data for every year.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Marker 1</strong> 2015-2019</td>
<td><strong>Marker 1</strong> 2015-2019</td>
<td><strong>Marker 1</strong> 2015-2019</td>
<td><strong>Marker 1</strong> 2015-2019</td>
</tr>
<tr>
<td>0%</td>
<td>25%</td>
<td>50%</td>
<td>75%</td>
</tr>
</tbody>
</table>

The information included in this section is based on the 2018–2019 Joint Assessment and the SUN Movement MEAL system. The MEAL system is the means for measuring the extent to which the SUN Movement is achieving results and impact. More information is available here: https://scalingupnutrition.org/progress-impact/monitoring-evaluation-accountability-and-learning-meal/. To understand the progress markers please refer to Annex 3 of this report or visit: http://scalingupnutrition.org/wp-content/uploads/2018/06/2018-JAA_explanatory-note_ENGLISH.pdf

16 Countries included in the analysis: Bangladesh, Benin, Burkina Faso, Burundi, Chad, Costa Rica, Côte d’Ivoire, Democratic Republic of the Congo, El Salvador, Guatemala, Guinea, Indonesia, Kenya, Kyrgyzstan, Lao People’s Democratic Republic, Madagascar, Malawi, Mauritania, Mozambique, Myanmar, Namibia, Pakistan, Republic of the Congo, Senegal, Sierra Leone, Somalia, Sri Lanka, Tajikistan, Togo, United Republic of Tanzania, Viet Nam, Zambia, Zimbabwe.
In 2019, does progress towards the SUN Strategic Objectives look like in practice across SUN Movement countries

Strategic Objective 1: Expand and sustain an enabling political environment

This includes strengthening in-country leadership and building capacity of SUN Focal Points to ensure that commitment is translated into action and creating a shared space (multi-stakeholder platforms) at national and local levels which pave the way for collective nutrition action. In 2019:

- **55 SUN countries** have an active multi-stakeholder platform (MSP) at the national level. **42 countries** also work at sub-national level, supporting actions across sectors (agriculture, water and sanitation, health, social protection).

- **31 SUN Countries** report having 3 of 4 of these types of networks/fora/platforms (**UN, business, donor & civil society networks**) for coordination of nutrition actions.

- **23 countries** reported having a network, forum or platform where **academia, science and research institutes coordinate their nutrition actions.**

- **MSPs in SUN countries are mobilising a wide range of nutrition advocates**, including **the media** (48 countries in 2019 vs. 27 in 2016), **parliamentarians** (39 countries in 2019 vs. 30 in 2016), and **nominated nutrition champions** (21 countries in 2019 vs. 21 in 2016).
Strategic Objective 2: Prioritise and institutionalise effective actions that contribute to good nutrition

This includes the scale up of proven high impact nutrition interventions to reduce stunting, increase breastfeeding, reduce anaemia and wasting; to help sectors such as agriculture, education, and health incorporate a focus on nutrition and contribute more to nourishing people’s lives and futures and to put in place policies and laws which help make good nutrition a reality. In 2019:

- 47 SUN countries have some form of legal measure related to the International Code of Marketing of Breast-milk Substitutes in place to protect breastfeeding; 19 SUN countries have comprehensive legislation reflecting all provisions of the Code.17

- 80 per cent of SUN countries have at least partial maternity protection laws in place to support breastfeeding and early child development, giving mothers time away from work. 24 countries have a minimum of 14 weeks’ paid maternity leave, and 6 SUN countries (Benin, Burkina Faso, Mali, Niger, Peru and Senegal) have ratified the International Labour Organization’s Maternity Protection Convention, 2000 (No. 183).18 2 SUN countries (Tajikistan and Viet Nam) have legislation that meet the ILO’s Maternity Protection Convention recommended standard of at least 18 weeks of maternity leave with 100 per cent pay, covered by public funds.19

- 11 SUN countries have a strong level of constitutional protection of the right to food (explicit for all citizens or incorporated under article protecting living standards). Another 21 SUN countries have a moderate level of constitutional protection (implicit as part of a broader human right in constitutional law).19

- 52 SUN countries have mandatory fortification legislation in place for at least one food vehicle (48 salt, 34 wheat flour, 11 maize flour, 3 rice, 22 vegetable oil)20, which is a critical step toward scaling up fortification.

- 3 SUN countries (Burkina Faso, Nigeria and Pakistan) have assessed the coverage of fortified foods as part of national surveys in 2018, monitoring the impact of efforts to increase access to micronutrient-rich foods.

- 3 SUN countries (The Gambia, Nepal and Pakistan) conducted national micronutrient surveys to monitor progress. In The Gambia, Nepal and Rwanda, national surveys included assessment of Minimum Diet Diversity among women 15-49 years of age, a proxy indicator for higher likelihood of micronutrient adequacy, one important dimension of diet quality.

While progress is being made in scaling up proven, high-impact nutrition actions, many challenges remain. For example:

- Assessed for the first time globally, nutrition human resource capacity is very low in SUN countries. Of 45 SUN countries who reported data, six countries had no nutrition professionals and the median among 39 countries was only 0.8 trained nutrition professionals per 100,000 population (compared to the global median of 2.3 among 126 countries).21

- Similar to global trends vitamin A supplementation coverage in SUN countries has declined between 2015 and 2017: the decrease in two-dose coverage is most marked in SUN countries in Central/West Africa.

- 13 SUN countries have social protection programmes that reach at least 40 per cent of the population.

- Updated estimates for household drinking water, sanitation and hygiene from the WHO/UNICEF Joint Monitoring Programme show continued but slow progress in increased access for populations in SUN countries between 2000 and 2017.

18 Based on data provided by Global Breastfeeding Collective, 2019
Strategic Objective 3: Implement effective actions aligned with common results

This includes implementation of common results which guide nutrition stakeholders, and improve coordination of national plans and priorities; implementation of a collaborative multi-sectoral approach which monitors impact and is adjusted for results and the sharing of results and learning from experience. In 2019:

- **42 countries** have a multi-year national nutrition plan (also known as a Common Results Framework) which brings together sectors and stakeholders in a whole-of-government approach to address malnutrition. **9 more are** in the process of developing or updating theirs.

- **36 countries** have developed action plans to achieve the goals set out in their Common Results Frameworks. **30 have a monitoring and evaluation framework**, with **12 more in development**.

- **20 SUN countries** have included all 6 World Health Assembly nutrition targets in their national nutrition policies or strategies. **This is 9 more countries than when assessed in 2017 (beginning of the 2nd phase of the SUN Movement).**

- Of the **31 SUN countries** with new or updated national nutrition plans in 2019, **23 now include at least 4 of the 6 World Health Assembly global nutrition targets**, most commonly Under 5 stunting, Under 5 wasting, anaemia in women of reproductive age & exclusive breastfeeding. Many (17/31) of these plans also include a specific target for adult overweight/obesity. Yet most do not include other diet-related non-communicable disease (NCD) targets (diabetes, hypertension, sodium intake) in their nutrition plans.

- **There is evidence of increased mention of under- and over-nutrition in national development policies** in several SUN countries, even though tracking progress for this indicator over time is difficult.

Strategic Objective 4: Effectively use, and significantly increase financial resources for nutrition

This means that spending on nutrition is transparently costed, tracked and assessed, to make existing money work harder and mobilise new money for nutrition and that national governments, donors, innovative financing mechanisms, businesses, and consumers align actions to collectively accelerate progress. In 2019:

- Sustainability of the nutrition agenda relies on domestic investment.

- **51 SUN countries** track public financial allocations for nutrition.

- **25 SUN countries** reported their public finances related to nutrition during the 2018-2019 budget cycle year.

- Since 2015, **51 countries** reviewed their national budgets and reported data. 18 og 51 countries have completed the exercise five times, 8 countries have completed it three times and countries (Benin, Democratic Republic of the Congo, Guatemala, Tajikistan and Yemen) have performed the exercise four times.

- **33 countries** could track the source of the funding for each investment (domestic, external or mixed); **18 countries could track both allocations and actual expenditures** and **4 countries provided a detailed overview of the spending at sub-national levels**. The four countries who tracked spending at sub-national levels include: Lao PDR, Lesotho, Mali, and Pakistan.

- In the lead up to 2018 Global Citizen events, budget analyses were used as part of advocacy campaigns calling for increased financial commitments in Rwanda, Malawi, Tanzania, Côte d’Ivoire, Zambia, Zimbabwe, Ghana and Kenya.
While investing in nutrition yields significant benefits for the wellbeing of a population, and can boost a country’s economic growth rate, nutrition still does not receive adequate funding. A critical gap remains in the nutrition financing landscape—especially in several countries facing significant threat of famine as a result of conflicts, climate change and economic downturns.28

Continued domestic investment in nutrition by SUN country governments is vital: Government expenditure is the largest share of current nutrition spending. Several SUN countries have increased their nutrition expenditures (Burkina Faso, Nigeria, Peru, Costa Rica) especially for nutrition-sensitive interventions. According to the 2018 Global Nutrition Report, the 2013 Nutrition for Growth financial commitments from Governments of USD 19.6 billion have been met.29

Donor funding remains critical if SUN countries are to meet nutrition targets in the future: In 2017, donor funding for nutrition remained strong, fulfilling 93 per cent of what was needed to “scale-up priority high-impact interventions”. However, for these nutrition-specific interventions, the overall funding was USD 100 million less than what was required, and projected needs will increase annually through 2021.30 The World Bank, regional development banks and IFAD all strengthened their strategic focus on nutrition to the supported SUN countries.31

Catalytic investment is and will continue to play an important role: The Global Financing Facility (GFF) replenishment (November 2018) helped to raise more than USD 1 billion to pursue its expansion to 50 countries to deliver impact by 2030.9 SUN countries joined the GFF partnership (May 2019), bringing the total number of GFF-supported countries to 36 SUN countries. 33 SUN countries (as of April 2019) joined the World Bank Human Capital Project: coalition of 60 countries committing to accelerate investments in nutrition and human capital (measured by their Human Capital Index). The World Bank’s Africa Human Capital Plan is setting ambitious targets for 2023, including a drastic reduction in child mortality to save 4 million lives, averting stunting among 11 million children, and increasing learning outcomes for girls and boys in school by 20 per cent. The Power of Nutrition’s co-financing portfolio increased in the last two years to USD 400 million with several projects being implemented in 11 SUN member states and countries in Africa and Asia.

While increased investment in nutrition is paramount, it is equally important to target improved nutritional outcomes from the resources allocated. Results for Development (R4D) has been exploring trends in aid for nutrition from 2015-2017, and research suggests there is scope to improve the equity and efficiency of donor aid.

Figure 4: Nutrition-specific WHA-aligned disbursements to SUN countries 2015-2017 (n=61 SUN countries)

<table>
<thead>
<tr>
<th>Year</th>
<th>Other purpose codes</th>
<th>WHA-aligned basic nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>828</td>
<td>396</td>
</tr>
<tr>
<td>2016</td>
<td>734</td>
<td>482</td>
</tr>
<tr>
<td>2017</td>
<td>993</td>
<td>632</td>
</tr>
</tbody>
</table>

NOTE: does not include Regional or Bilateral/unspecified disbursements that may be used to support SUN countries

30 Tracking Aid for Nutrition, Results 4 Development (2019)
Progress on **nutrition-specific and nutrition-sensitive actions** has been tracked since 2017. In 2019, the majority of SUN countries reported on this with both qualitative and quantitative information. Results show good progress with over half (26) of the SUN countries reporting that most nutrition-specific interventions in the national nutrition action plan are being implemented through large-scale investment programmes. Progress is also evident with 22 of 50 SUN countries reporting implementing most or all of the nutrition-sensitive interventions in their national nutrition action plan at a national or large-scale.\(^{32}\)

- **Nutrition-specific**: have a direct impact on the immediate causes of undernutrition such as breastfeeding, complementary feeding, micronutrient supplementation and home fortification.
- **Nutrition-sensitive**: are funded interventions in sectors (e.g. agriculture or health) that address the underlying causes of nutrition (e.g. poverty, food insecurity, water and sanitation services).

**Figure 5: SUN country scores for the Outcome Marker**

(Shown here for the 50 countries which completed this section of the 2019 Joint-Assessment)

<table>
<thead>
<tr>
<th>Nutrition-sensitive</th>
<th>Very limited</th>
<th>Limited</th>
<th>Many</th>
<th>Most</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition-specific</td>
<td>2</td>
<td>3</td>
<td>22</td>
<td>16</td>
<td>6</td>
</tr>
</tbody>
</table>

- Very limited: Interventions are implemented, but very limited.
- Limited: A small number of interventions in the national nutrition action plan are implemented on a limited scale.
- Many: A variety of actions in the national nutrition action plan are implemented on a medium scale.
- Most: Most interventions in the national nutrition action plan are being implemented through large-scale investment programmes.
- All: All interventions in the national nutrition action plan are implemented nationally, with sustainable financing.

\(^{32}\) Information in this section is sourced from country scores and examples in the Outcome Marker section for the 50 countries who completed this section of the 2019 SUN Joint-Assessment.
**In Afghanistan**, breastfeeding and complementary feeding are promoted, and micronutrient supplementation is provided in public health facilities and school platforms to women and adolescent girls. Regulation on fortification is now approved by cabinet and is being implemented. Nutrition-sensitive interventions such as agriculture, health, social protection, early child development, and WASH are being implemented under Comprehensive Agriculture Development Priority Programme, Citizen Charter, WASH programme, and other sectors too.

**In Bangladesh**, twenty Ministries prepared a nutrition workplan for the first time, in line with the second National Plan of Action for Nutrition (NPAN2). This has helped Ministries to understand their contribution towards nutrition outcomes and include more nutrition sensitive interventions in their policy portfolio.

Under the guidelines of the National Social Security Strategy, the Ministry of Women and Children Affairs (MoWCA) is reforming one of the safety net programmes - the ‘Maternity Allowance Programme’ – to include more nutrition sensitive interventions, including allowances for Pregnant and Lactating Women and nutrition awareness. The number of beneficiaries for the maternal allowance benefit has increased threefold (2.5 million in 2015 to 7 million in 2018). In addition, the number of beneficiaries’ allowance for working and lactating women doubled from 1.25 million (2015) to 2.5 million (2018).

**In El Salvador**, the results of the “IV National Height Census and 1st National Weight Census in First Grade Schoolchildren 2016” revealed an accelerated increase in obesity and overweight. In response, regulations and plans are being developed including: the marketing of food in school cafeterias, the application of laws on breastfeeding, on Development and Social Protection and on Consumer Protection. The Universal Social Protection System provides complementary food in coordination with the Ministry of Health to vulnerable groups and gives incentives to mothers and children to attend health checks.

The National Consumer Protection System, through the National Consumer Protection Policy 2010-2020, articulates institutions of the executive branch under the coordination of the Consumer Ombudsman. It provides inspection, information and monitoring services of food products, ensures health and safety and provides information and training on these issues to consumers and suppliers.

**Mauritania** is promoting nutrition-specific interventions to strengthen management of severe acute malnutrition over the next 5 years. Analysis in 2018, showed that close to 90 per cent of health facilities in Mauritania have either a rehabilitation center for severe cases in outpatients or a rehabilitation center for severe cases with internal complications.

The regulatory text of application of the International Code of Breast-milk Substitutes was recently validated. The majority of the state budget allocations for nutrition goes to nutrition-sensitive interventions across several Government Ministries (Agriculture, Livestock, Education, Social Affairs, Family and Childhood, WASH). The community component of infant and young child feeding plan is being used to build multi-sectoral platforms through strengthening of food production activities, partnerships with the education system to make students actors of change, and identification of areas of convergence with the WASH sector.

**In Nepal** the Multi-sectoral Nutrition Plan (MSNP) includes both nutrition-specific and -sensitive interventions. With EU and UNICEF support to Ministry of Health and Population, the Integrated Management of Acute Malnutrition (IMAM) programme has been implemented in 27 MSNP districts. The Infant and Young Children feeding-Micro Nutrient Powder (IYCF-MNP) programme has been scaled up and implemented in 23 districts. Nutrition sensitive interventions are included in different ministries such as education, WASH, women & children and agriculture. These sectors improve access to and the equitable delivery of nutrition-sensitive services and improved health and nutrition behaviors and practices of vulnerable women and children.

**In Tanzania**, there is increased promotion of biofortified foods and of school and household gardens to ensure dietary diversification. There have been improvements in the provision of antenatal care services and development of an Early Childhood Development Multi-Sectoral Action Plan. The Planning and Reporting Database that is used by all local government includes nutrition objectives and priority areas to track.
Bangladesh was an early-riser in the SUN movement, joining in 2012. Since then, the country has made significant strides to take forward a multi-sectoral approach to nutrition policy and programmes through revitalization of Bangladesh National Nutrition Council (BNNC), the apex policy and coordination body, with the Honourable Prime Minister as the Chair. A costed, 10-year second National Plan of Action on Nutrition (NPAN2) for 2016-2025 is in place.

Bangladesh is progressing well on its nutrition agenda, with strong performance across most of domains of the SUN Theory of Change and the Government is committed to improving nutrition. The Civil Society Alliance, Donors and UN network have been pro-active in seeking out advocacy opportunities to engage with the government and other stakeholders and this renewed commitment has helped with the development of the NPAN 2 and the revitalization of the BNNC, which was a key outcome of the SUN Movement Coordinator’s visit to Bangladesh in 2016.

There have also been remarkable improvements in welfare and human development in Bangladesh. These have been supported by rapid economic growth and many successful social and health programmes undertaken by the government and non-governmental organisations, which have led to shrinking family sizes and growing access of women to education. While Bangladesh has made many nutrition-sensitive gains, a more concerted effort on nutrition-specific community programmes is needed, if remaining gaps and future challenges (overweight and obesity) are to be addressed.

In Kenya, joining the SUN Movement (in August 2012) signaled the country’s commitment to undertake coordinated actions to improve nutrition. Concurrently, the country launched the first National Nutrition Action Plan (NNAP 2012 – 2017) and adopted a set of 11 High Impact Nutrition Interventions. Strong leadership by the SUN Focal Point coupled with cross sectoral focus of programming on the NNAP helped to create an enabling environment for capacity development, improved coordination, collaboration and increased financing for nutrition with notable support from donors, UN agencies and development partners. This culminated in Kenya being recognised as the only country on course towards attainment of WHA targets in the Global Nutrition Report in 2016. In 2019, Kenya is on track for all 3 child growth targets (stunting, wasting and overweight). The diverse range of factors that have contributed to reduction in stunting in Kenya help demonstrate the effectiveness of the multi-sectoral approach.

While Kenya was already on course with policy, programming and coordination forums for nutrition, joining the SUN Movement strengthened these, focused advocacy, served to accelerate progress and catalyse action around joint planning by multiple stakeholders for common results and broadened the view of nutrition beyond being seen as a health issue in the country.
Côte d’Ivoire joined SUN in 2013 and is currently implementing its National Multisectoral Nutrition Plan (PNMN), 2016–20. The Government of Côte d’Ivoire has embraced the SUN Movement’s vision of a multi-sectoral and multi-stakeholder approach, and in the value of encouraging everyone to see the wider nutrition picture. In November 2017, Côte d’Ivoire hosted the 2017 Global Gathering of the SUN Movement in Abidjan. The event was an important moment to celebrate progress while also being an opportune moment to share best practice and lessons learned with other SUN countries.

Since joining SUN in 2012, Ethiopia has seen a 20 per cent drop in child malnutrition. At the root of this success, is government commitment, and impressive progress achieved in reducing poverty and expanding investments in basic social services. The government has started to integrate nutrition-related actions into various initiatives, coordinated by the Ministry of Health, as well as into its agricultural programmes. Nutrition was integrated into the fourth phase of the country’s Productive Safety Net Programme (PSNP) led since 2005 by the Ministry of Agriculture. It is one of the largest social protection programmes in sub-Saharan Africa, and aims to improve food security and nutrition for more than 8 million people. Most recently, the Ethiopian Government unveiled the Seqota Declaration in July 2015, with a commitment to end stunting in children under two years by 2030.

Since joining SUN in December 2010, Zambia has made many strides forward to improve nutrition. Of note, Zambia can be proud to say that they have one of the world’s highest exclusive breastfeeding rates, at 72.5 per cent between a baby’s birth and up to 5 months. Much of this success is because of legislation and policies in the country that strive to ensure an enabling environment for women to better combine work and family. For instance, Zambian legislation provides for 120 days’ maternity leave for workers considered vulnerable. Today, 24 SUN countries are “on track” to achieve the exclusive breastfeeding target.

And celebrating with Madhya Pradesh, a recent riser....

In January 2019, Madhya Pradesh became the 4th Indian state to join the SUN Movement.

The Department of Women and Child Development (DWCD) nominated Mr. Mahendra Dwivedi as the SUN Government Focal Point to help drive the SUN Movement’s approach forward and bring together the key actors needed to boost nutrition impact in the state.

Madhya Pradesh is one of the largest states of India with a population of more than 75 million. The state has made good progress in improving the health and nutrition status of women and children. The Department of Women and Child Development (DWCD) currently has several nutrition programmes to improve women and children’s malnutrition and is currently implementing several new nutrition programs: Atal Bihari Vajpayee (Child Health and Nutrition) Mission (ABM), Ladli Lakshmi Yojna (saving girl child). Due to the efforts of many actors, the prevalence of underweight in the region has reduced from 60 per cent to 42 per cent in the last ten years. However, the prevalence of undernutrition and anemia is still significantly high and requires ongoing attention.

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34 Based on National Family Health Survey (NFHS) 3 Data, 2005-2006 to 42.8 per cent (NFHS 4 data, 2010-16)