May 2016 – Issue 6

ISSN 2050-3733

NUTRITION EXCHANGE

English

Contents

3 Editorial

4 Global and General Nutrition Themes
- 4 Global Nutrition Report
- 5 Nutrition Cluster Advocacy
- 5 en-net
- 6 Global Panel statement on climate change, food systems and nutrition

7 Governance and Coordination
- 7 Evidence Informed Decision-Making Process on Nutrition in Ethiopia
- 9 Innovative regional approaches to improving Nutrition in Emergency (NiE) preparedness and response capacity from Latin America and the Caribbean (LAC)

11 Nutrition sensitive programming
- 11 Nutrition in Mountain Agro-ecosystems
- 12 Promoting good dietary practices in the Democratic Republic of Congo
- 14 Keyhole gardens in Ethiopia
- 15 Briefing on the Bihar Child Support Programme, India
- 16 The growing interest in Nutrition and WASH
- 17 The nutrition-sensitive potential: Lessons from Haiti

18 Nutrition specific programming
- 18 Perceptions of severe acute malnutrition and its management in Bangladesh
- 19 Providing sustainable management of acute malnutrition services in Democratic Republic of the Congo
- 20 Niger Nutrition Alliance
- 22 Mobile clinics in Chad
- 24 Improving nutrition behaviours in Somalia

26 Scaling Up Nutrition
- 26 The Scaling Up Nutrition (SUN) Movement Strategy and Roadmap (2016-2020)
- 27 ENN's Knowledge Management Project
- 28 Understanding the CRF and lessons learned from five SUN countries
- 29 Interview with the Dr. Hjordis Ogendo
- 31 Interview with Dr Mohamed Abdi Farrah
- 33 Role of communication and advocacy in scaling up nutrition in Zambia
- 34 SUN Experiences: Lessons from Pakistan
- 34 SUN Movement experiences in Indonesia
- 35 Nutrition advocacy in Kenya's newly devolved government system

38 News and events

WFP/Kiyori Ueno

A school meals programme in Ethiopia

What is Nutrition Exchange?

Nutrition Exchange is an ENN publication that contains short, easy-to-read articles on nutrition programme experiences and learning, from countries with a high burden of malnutrition and those that are prone to crisis. Articles written by national actors are prioritized for publication. It also summarises research and provides information on guidance, tools and upcoming trainings in nutrition and related sectors. It is available in English, French, Arabic and Spanish.

How often is it produced?

Nutrition Exchange is a free annual publication available as a hard copy and electronically.

How to subscribe or submit an article

To subscribe to Nutrition Exchange visit
http://www.ennonline.net/nex
To contact the editors with feedback or about writing an article, email **nutritionexchange@ennonline.net**

About the ENN

The ENN enables nutrition networking and learning to build the evidence base for nutrition programming. Our focus is on communities in crisis and where undernutrition is a chronic problem. Our work is guided by what practitioners need to work effectively.

- We capture and exchange experiences of practitioners through our publications and online forum En-net
- We undertake research and reviews where evidence is weak
- We broker technical discussion where agreement is lacking
- We support global level leadership and stewardship in nutrition.

ENN would like to acknowledge our translators and technical reviewers Anna Kriz and Elise Becart, Randa el Ozeir and Soha Moussa, for the development of the French and Arabic versions of this publication and Translators Without Borders.

Front cover: Gorkha district, Nepal, 2015, ©WFP/James Giambrone
Back cover: Peruvian peasant women in Cajamarca, ©WFP/Photolibrary

This edition of Nutrition Exchange was funded by Irish Aid and through a USAID/OFDA Grant to the ENN entitled 'Building international and national sectoral and individual knowledge and capacity to respond to emergencies in the food security and nutrition sectors worldwide' under Agreement No. AID-OFDA-G-11-00217

Irish Aid
Rialtas na hÉireann
Government of Ireland

USAID
FROM THE AMERICAN PEOPLE

Editorial

This issue of *Nutrition Exchange* is our sixth and we continue to profile the writing of those working at national and sub-national level. This issue contains 13 original articles from Bangladesh, Chad, Democratic Republic of Congo, Ethiopia, Kenya, Niger and Somalia and two with a regional and geographical perspective. For the first time, we received French articles from west Africa and have translated them into English for this issue. Every original article is the result of a close supportive collaboration with the author(s). ENN provides editorial support to get the best information possible from those working on different types of nutrition-related programmes and issues in different contexts.

There is a stronger focus in this issue of NEX on learning and experiences from Scaling Up Nutrition (SUN) Movement countries. We have carried out two interviews with key SUN Movement actors in Kenya and Somalia. In Kenya, the interview with an outgoing representative of the SUN Donor Network describes the experience of starting the network, their achievements and future priorities. In Somalia, the Government SUN Focal Point shared the challenges faced in bringing nutrition to the wider attention of key government actors and in maintaining this focus in light of the frequent disruption caused by conflict and insecurity. The role of the SUN Civil Society Network in supporting nutrition advocacy and, in particular, the ongoing work to support nutrition in a highly devolved context is described in Kenya. We also have a summary of the phase two SUN Movement Roadmap, the findings from a recent review into SUN country experiences with the Common Results Framework, and a brief description of a new ENN project providing knowledge management services to the SUN Movement in phase two (2016-2020). Two summarised Field Exchange SUN-related articles have been included in this section from Pakistan and Indonesia as they describe the progress made since joining the SUN Movement, highlighting the increasing need to focus on nutrition scale-up in highly devolving situations and to continue to foster multi-sectoral engagement at all levels. The double burden of malnutrition (where high levels of undernutrition and overweight/obesity are both present in a country) is also raised in the Indonesia article.

The original country article from Bangladesh describes ongoing work in the management of malnutrition in infants under six months of age. For many years these infants have been a neglected group, but today they are receiving more attention globally and in certain countries. Three articles from west Africa (Niger, Democratic Republic of Congo and Chad) give us insights into efforts to address contexts with high levels of acute malnutrition. In Niger, an alliance of non-governmental agencies is looking to more sustainable/developmental ways to maintain treatment services; in Chad, mobile teams are being deployed to reach remote populations in need to treatment services; and in DRC the challenges of maintaining effective, community-based nutrition activities once they are mainstreamed into health service provision with lower budgets are exposed. All these articles highlight the practical challenges of applying the technical advances that have been made to prevent and treat acute malnutrition. Additional articles from DRC and Ethiopia describe the use of different agriculturally focused activities to increase dietary diversity in food-insecure areas. Keyhole gardens are one technology being used in Ethiopia to support year-round food availability in food-insecure regions, while the education system is being used in DRC to promote dietary diversity and income-generation at household level. In Somalia, behaviour change and communication (BCC) is an approach being used to increase hand-washing and promote improved infant and young child feeding to prevent undernutrition. These articles describe a range of nutrition specific and nutrition-sensitive approaches. While most of the articles describe relatively small-scale projects, it is encouraging to see attention being given by some to measuring impacts: this is key if decisions are to be taken for replication or scale-up.

We feature an article (IFOAM) describing an approach to agriculture and nutrition in a number of countries with large populations living in remote, mountainous regions. This is being done by networking people through different platforms to access better evidence and knowledge about nutrition-sensitive agriculture and dietary diversity. In Ethiopia, the need to link research more explicitly in order to evidence policies and programmes is described, along with the way current obstacles to this are being addressed. For the first time, we include an article from the Americas, highlighting how the Latin America and Caribbean Nutrition Clusters are working together regionally and are using a tool for the standardised definition and monitoring of regional and national nutrition preparedness and response capacity in a context with recurring natural disasters.

As with previous issues, we have also included summaries of nutrition-related reviews, research, events and global developments that we hope are of interest to our readers. In particular, we have summarised the latest developments in the growing attention on the benefits of linking water, sanitation and hygiene (WASH) with nutrition.

In mid-2016, the third *Global Nutrition Report* will be published and we have included a summary (written by the coordinating team) of the focus this will take. Along with the recently announced Decade for Nutrition (also summarised), the forthcoming Nutrition for Growth Summit in Brazil and the launch of the new Sustainable Development Goals (see the summary), nutrition is still receiving the attention it deserves globally and, more importantly, across many countries where a wide array of policies and programmes is being shaped and implemented and which the NEX team is dedicated to trying to capture and share for the benefit of country actors.

We warmly thank all those who have contributed articles and news pieces and who have been available for interview for this issue. We are already looking for new content for Issue 7 and encourage anyone with experiences and learning to share about nutrition-specific programming, nutrition-sensitive programming, nutrition governance, coordination and financing to get in touch with us. In keeping with our efforts to reach as many readers as possible, this year we will be publishing NEX in Spanish (soft copy only), thanks to the UNICEF Regional Office in Panama and the financial support from USAID and DFID as well as our usual French and Arabic versions.

We warmly thank Valerie Gatchell for her early editorial role before handing over to Jacqueline Frize, who has capably stepped in to support the production of this issue while Valerie is away from ENN. We also thank Chloe for doing so much before taking her maternity leave. We appreciate the considerable support from Gwenola Deplats in supporting the French-speaking authors in west Africa and for adding to our French network and warmly thank Nick Mickshik for copy editing.

The Nutrition Exchange Editorial team,
Carmel, Valerie, Chloe and Jacqueline

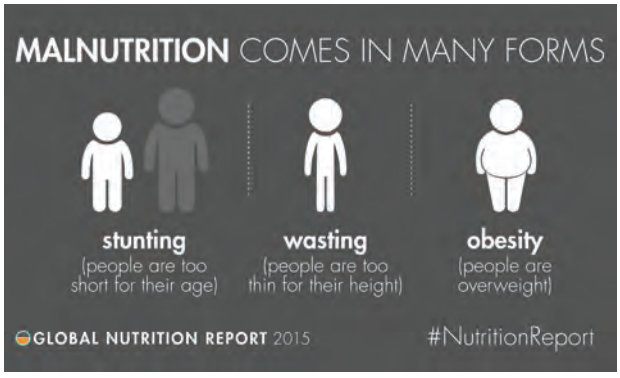


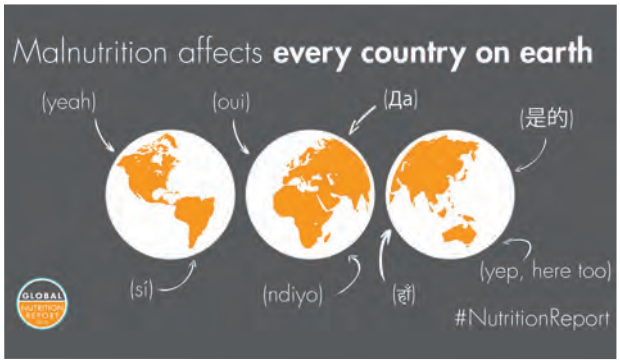

2016 Global Nutrition Report
From Promise to Impact: Ending Malnutrition by 2030

*By **Lawrence Haddad**, **Corinna Hawkes** and **Emorn Udomkesmalee**, Global Nutrition Report Independent Expert Group Co-Chairs*

Ending malnutrition by 2030 is a lot to ask, but the ground has never been more fertile for a step change in the level of commitment to high-impact actions for nutrition improvement. Momentum around nutrition has been building over the last decade, and the inclusion of a commitment to "ending all forms of malnutrition" in the UN Sustainable Development Goals (SDGs) challenged the world to think and act very differently on malnutrition: to focus on all its aspects and try to end it – for all people – by 2030. 2016 brings major opportunities to translate this commitment into action, with the adoption of SDG targets at country level, the Nutrition for Growth (N4G) process, and with Japan's growing leadership on nutrition as part of its G20 leadership and in advance of the 2020 N4G summit.

In light of these opportunities, this year's *Global Nutrition Report* (GNR) – the third in the series – focuses on the theme of making and measuring SMART (specific, measurable, achievable, relevant and time-bound) commitments to nutrition, and what it will take to end malnutrition in all its forms by 2030. The report aims to make it easier for governments and other stakeholders to make high-impact commitments to ending malnutrition in all its forms. Equally importantly, the 2016 GNR aims to make it harder for stakeholders to avoid making such commitments.





At the same time, the 2016 GNR outlines how business-as-usual is a recipe for failure: every country is facing a serious public health challenge from malnutrition, with diet the number one factor in the global disease burden. With business-as-usual, we would reach global nutrition goals by the late 21st century, if at all. Ending malnutrition is ultimately a political choice: nowhere is this clearer than by comparing the different nutrition choices that otherwise similar countries make.

This year's report has a particularly strong focus on malnutrition in all its forms, including overweight, obesity and nutrition-related, non-communicable diseases. It also underlines the need to consider all forms of malnutrition in country-level planning and measurement, as many countries face the challenge of multiple forms of malnutrition.

The 2016 GNR offers guidance to governments and other stakeholders on:

- Why commitments matter: they are a signal of intent; they can provide a direction of travel for everyone; and they seem to go hand-in-hand with improved performance.
- Where to make commitments: which geographical areas and which sectors.
- Who the commitments are being made for: which age, gender and socioeconomic groups.
- How SMART, ambitious and aligned some of our current commitments are, and how all our commitments to nutrition could be more so.
- What kinds of commitments to make: which policies and programmes to commit to and what level of funding is available and required; and
- Who needs to do what and by when.

The *Global Nutrition Report* will launch on 14 June 2016 in a number of locations (including Washington DC, Sweden and Kenya). If you would like to get involved or follow what's happening, please follow us on **@GNReport** on twitter, or contact **josephinelofthouse@me.com**

The *Global Nutrition Report* is an independent and comprehensive annual review of the state of the world's nutrition. It is a multi-partner initiative that holds a mirror up to progress on meeting inter-governmental nutrition targets. It documents progress on commitments made on the global stage and makes recommendations for actions to accelerate progress . You can find out more and see our very useful country nutrition profiles at **http://globalnutritionreport.org**

Article summaries

The Nutrition Cluster Advocacy Strategic Framework

Advocacy as a cluster core function was included in the Nutrition Cluster Strategic Plan 2014-2016 for the first time. The new **Nutrition Cluster Advocacy Strategic Framework 2016-2019** provides overall strategic direction and focus for Nutrition Cluster advocacy efforts to ensure linkages across global and country levels and cluster partners. The strategy aims to help towards the development of common messages and activities to leverage impact.

Three Advocacy Goal areas have been identified through an extensive consultative process with cluster partners. They identify outcome statements for an enhanced response to the nutritional needs of emergency affected populations.

Each Advocacy Goal area is supported by **Objectives, Results** and **Indicators** specifying the changes required to contribute to the achievement of the Goal. For each result, the Framework assesses the current external context and barriers to be addressed, opportunities ahead for influencing, and the Nutrition Cluster role.

Three types of **Indicators** to support the monitoring and evaluation of cluster advocacy are proposed: Indicators of policy change; Indicators of significant steps towards policy/practice change; and progress Indicators.

nutritioncluster.net/advocacy/nutritioncluster.net/wp-content/uploads/sites/4/2016/02/Nutrition-Cluster-Final-Advocacy-Framework-v2.pdf

The three Advocacy Goals

Goal 1	Humanitarian response is well coordinated, aligned and integrated for an effective, timely and quality nutrition response to address the nutritional needs of emergency-affected populations.
Goal 2	Sufficient resources are mobilised for an effective, timely and quality nutrition response to address the nutritional needs of emergency-affected populations
Goal 3	Appropriate preparedness, response and recovery strategies are included as part of the global and nutrition agendas to safeguard the nutritional needs of emergency-affected populations

The online forum for country actors who need help and support with technical, policy, research or governance related nutrition questions

En-net is a free and open online resource run by the ENN for anyone working anywhere in the world who needs access to prompt technical support and advice. It is available in English and French.

A quick online registration process allows en-net users to post questions on any nutrition-specific or nutrition-sensitive topic. Questions are received by an ENN moderator, who directs the user to the appropriate resource/en-net exchange if the answer to the question is already available. If the question is not already covered, it is posted for all en-net users to view and to respond. This creates a thread of discussion and fosters peer-to peer-exchange. If the query cannot be answered by peer-to-peer interaction, the ENN moderator requests specialist technical input from other specialists.

En-net currently covers 18 thematic areas. Recent en-net discussion threads have included questions from practitioners on the following:

- How to design programmes to overcome stunting in Afghanistan;
- The use of dietary diversity food categories to classify the diet on households in Latin America;
- How to design a comprehensive database for nutrition, water, sanitation and hygiene-promotion and food security and livelihoods in Pakistan; and
- Guidance request for diabetes in different age groups.

Follow and join the discussions here: www.en-net.org or for French www.fr.en-net.org

New: The SUN Movement en-net discussion forum

The SUN Movement en-net is a new, free and open resource to provide a space for informal discussions of topical issues, approaches and good practices in relation to SUN Movement country needs.

Fast online registration allows users to post questions on any SUN-related topic. Anyone can create an account and join in the conversation by posting questions to peers and

responding to questions posted by others. Users can also sign up to see the exchanges taking place on the site between other forum participants. All questions are good questions and there is no wrong question!

SUN en-net is primarily a peer-to-peer discussion forum and also facilitates specialist input from experts in certain areas who are able to address more complex questions. Any SUN-related question can be posted at the press of a button. In addition to the discussion forum, there are three thematic SUN en-net areas:

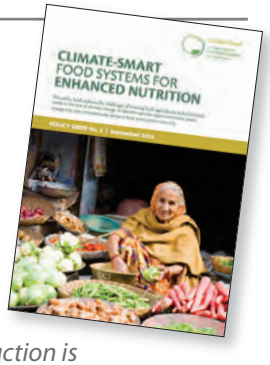
1. Policy and budget-cycle management, from planning to accounting for results;
2. Effective social mobilisation, advocacy and communication; and
3. Functional capacities for coordinated and effective scaling-up of nutrition in action.

SUN en-net Discussions so far have included:

- The use of information and evidence in policy-making for nutrition;
- What is the experience of SUN Movement networks in advocacy to governments to create specific budget lines for nutrition programmes?
- How can multiple government sectors become engaged in planning and costing national nutrition efforts?
- How can parliamentarians be mobilised to help achieve national nutrition objectives?

Follow and join the discussions here: **www.en-net.org/sun**

Global Panel[1] statement on climate change, food systems and nutrition



"The Global Panel on Agriculture, Food Systems and Nutrition strongly believes that urgent policy action is needed to tackle the challenges that climate change poses to agriculture, nutrition, and human health."

Evidence shows that changing climate conditions will have important impacts on agricultural production and the quality of food and nutrition available to billions of people. In October 2015, the Global Panel released a brief entitled *Climate Smart Food Systems for Enhanced Nutrition*.

The Statement

- The Global Panel on Agriculture and Food Systems for Nutrition is concerned that in the past agriculture has not been afforded the priority that it deserves. Realising nutrition outcomes from effective climate smart agriculture will be essential for seeing progress towards the implementation of the Sustainable Development Goals (SDGs).
- Climate change is expected to push down global farm output by 2% per decade between now and 2050. Demand for food is expected to rise substantially during that same period. All of us depend on the nutritious food produced by millions of farmers for our health and wellbeing. We will continue to do so even as drought, extreme weather conditions and temperature changes associated with climate change challenge the resilience of the agricultural sector.
- Good nutrition is a universal goal that lies at the heart of actions to resolve both undernutrition and diet-related chronic diseases. These complex nutrition challenges pose a huge burden for social and economic development. Countries whose agriculture is likely to be most negatively impacted by climate change are those that already have the highest burdens of undernutrition. Many of these countries are in Africa; the impacts of climate change are therefore likely to be highly significant for the continent.
- Action to reduce agriculture's contribution to greenhouse gas (GHG) emissions is also imperative. The Panel welcomes country submissions of their Intended Nationally Determined Contributions (INDCs).
- Of the 156 parties that have submitted INDCs, only 24 refer to nutrition and fewer note the complementarity of nutrition policies and climate action.

The Global Panel make the following policy recommendations:

1. Include diet quality goals with adaptation targets proposed for climate action.
2. Diversify agricultural investments, factoring in the local realities of ecological sustainability and comparative advantage.
3. Support greater food-system efficiency so that outputs per unit of water, energy, land and other inputs are optimised and the footprint of agriculture and non-farm activities are better managed to meet both food demand and higher-quality diets.
4. Integrate measures to improve climate change resilience and the nutritional value of crop and livestock products along the value chain, from production to marketing.
5. Protect the diet quality of the poor in the face of supply shocks and growing food demand through social protection, for example.
6. Promote the generation and use of rigorous evidence on appropriate investments along food value chains which are resilient to climate change and deliver positive dietary outcomes and support improved nutrition.

www.glopan.org/news/climate-change-statement

[1] The Global Panel is an independent group of influential experts with a commitment to tackling global challenges in food and nutrition security.

Original article

Women with children walking to Bella health post, Amhara region, Ethiopia

WFP/Michael Tewelde

Evidence Informed Decision-Making Process on Nutrition in Ethiopia

Tesfaye Hailu *has an MSc in Human Nutrition. He has worked for the Ethiopian Public Health Institute (EPHI)[1] for the last eight years as a researcher. He is also a member of the Scientific and Ethical Review Committee of the EPHI.*

Knowledge gained through research can help to improve policies, programmes and practices within a nutrition service delivery system and can contribute towards significant improvements in the nutritional status and nutrition equity of a country and beyond.

Coordinating mechanism

The government high level National Nutrition Coordination Body (NNCB) is the primary mechanism for leadership, policy decisions and the coordination of Ethiopia's National Nutrition Programme (NNP). The implementation of this programme began in 2008, using a multi-sector and life-cycle approach. The NNP's five-year plan was revised in line with the Millennium Development Goals (MDGs) for the years 2013-2015. The MDGs were also used for the development of the country's second five-year NNP (2016-2020).

The NNCB includes government sectors, partners, civil society organisations, academia and the private sector. Under this body is the National Nutrition Technical Committee (NNTC), comprised of senior nutrition experts from the same sectors. This committee is divided into three sub-committees:

- Nutrition Programme Coordination Sub-Committee chaired by the Federal Ministry of Health (FMOH);
- Nutrition Research, Monitoring and Evaluation Sub-Committee chaired by the EPHI; and
- Food Fortification Programme Sub-Committee chaired by the Federal Ministry of Industry.

While these committees function at a national level, there are other, similar, multi-sector nutrition coordination programme implementation arrangements in place at regional, district (*woreda*) and ward (*kebele*) levels, using the decentralised structure. The terms of reference, membership, frequency of meetings and roles and responsibilities of sectors are detailed to ensure transparency in conduct.

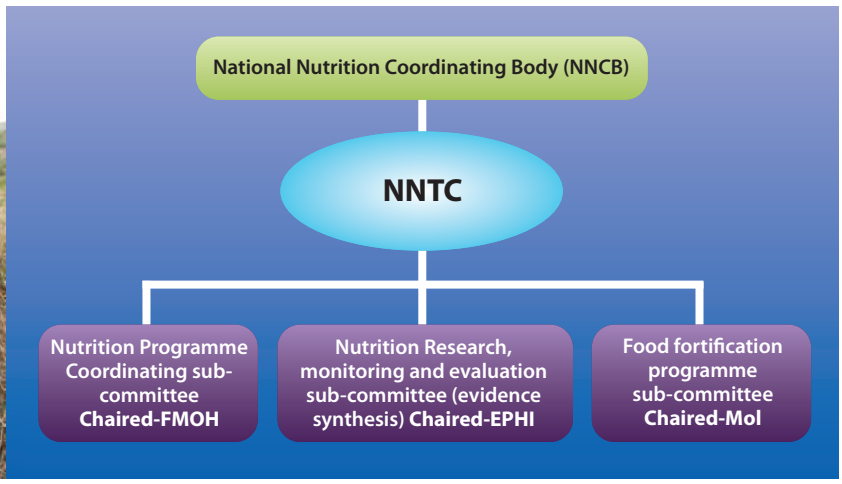
Generating appropriate evidence to inform national policies and programmes

The Nutrition Research, Monitoring and Evaluation Sub-Committee is led and coordinated by EPHI. Members of the Sub-Committee access the research agenda of EPHI and generate, translate and deliver evidence to decision-makers to answer their policy and programme questions. For example, Ethiopia is currently planning a national food fortification programme; in order to ensure appropriate fortification, decision-makers assessed the existing evidence summarized by EPHI and invested in novel, context-specific research. The latter entailed a National

[1] Masresha Tessema and Yibeltal Assefa and Dr Ferew Lema at the Federal Ministry of Health, Ethiopia have contributed to this article.

A Terracing project allows farmers to successfully continue cultivating the land on the hillside, Ethiopia

WFP/Giulio d'Adamo



Food Consumption Survey and a National Micronutrient Survey which collected data on Ethiopian food intake and micronutrient status, respectively. EPHI is also reviewing existing data, including recently published systematic reviews, to produce policy briefs on the relevance of zinc fortification to Ethiopia. Furthermore, EPHI conducted the National Nutrition Survey in 2015. The results of this survey were reported to the FMOH to help set targets for the NNP of 2016-2020.

Information dissemination

While nutrition academics from EPHI are mandated to inform nutrition actions, various other academic institutions have also linked with the EPHI's Department of Food Science and the Nutrition Research Directorate specifically to provide evidence-based answers to questions on nutrition programmes from decision-makers. Evidence produced by these institutions is shared across academia through annual conferences and is subsequently compiled and presented to appropriate government ministers to aid programme reform. A website is also used to disseminate research outputs.

Main barriers identified so far and suggested ways forward

Despite the ongoing efforts to use evidence in making decisions about nutrition programmes, there are still a number of gaps and barriers to the process of decision-making in Ethiopia. These currently include:

- Poor use and integration of research outputs in programme and policy changes;
- Insufficient personnel trained to work on producing systematic reviews to inform policy;
- Poor use of health economics evaluation papers;
- High attrition rates of trained nutritionists in government sectors;
- Difficulties in finding synergies between the agendas of different development partners; and
- Poor linkages with the sub-national (regional) level.

women waiting at a health post, Ethiopia

WFP/Giulio d'Adamo

Some of these barriers can be addressed through the following:

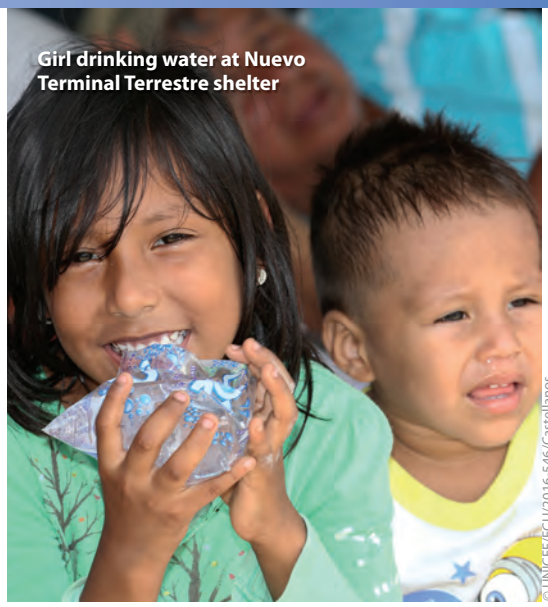
- Short and long-term training of personnel in performing systematic reviews and full health technology assessments;
- Developing methodological tools and processes for identifying and setting priorities in nutrition with decision-makers;
- Establishing a national nutrition database of previous and ongoing research and programmes performed within Ethiopia by the different entities (NGOs, donors, universities, EPHI, etc.); and
- Evaluating the systematic process of decision-making, from priority-setting to the implementation of evidence-informed policy briefs.

Thus far, Ethiopia has mapped the stakeholders involved in evidence-informed decision-making in nutrition, identified priority research topics by talking to these decision-makers and various other key stakeholders, and built the capacity of some researchers in nutrition academia on evidence synthesis. The government has also recognised the importance of evidence in policy-making. Many of these actions have taken place due to Ethiopia joining the EVIDENT Network (Evidence-informed Decision-making in Health and Nutrition; see www.evident-network.org), The network is facilitating Ethiopia in bridging the gap between science and policy and has therefore become an integral part of EPHI's nutrition research agenda and the next five-year NNP.

In addition, Ethiopia's experiences with the SURE collaboration (Supporting the Use of Research Evidence; see www.who.int/evidence/sure/guides/en) and its readiness to accept evidence for better implementation of programmes to improve the nutrition outcomes of the country will be pursued to help overcome some of the barriers to evidence-based policy and decision-making.

Finally, a key lesson learnt so far is that it is essential to have a good governance structure in a country in order to facilitate the acceptance of evidence-based policies and the concept of evidence-informed decision-making and what it entails.

Original article


Girl drinking water at Nuevo Terminal Terrestre shelter

© UNICEF/ECU/2016-546/Castellanos

Innovative regional approaches to improving Nutrition in Emergency (NiE) preparedness and response capacity from Latin America and the Caribbean (LAC)

*By **Stefano Fedele**, Regional Nutrition Specialist and*
***Rebecca Olson**, NiE Consultant at UNICEF LAC Regional Office*

Nutrition hazards, risks, vulnerability and capacity in LAC

Improving preparedness and response capacity for NiE in Latin America and the Caribbean (LAC) is a challenging task. LAC has the highest urbanisation rate in the developing world, with 79% of the population living in cities. After Asia, it is also the region with the highest number of natural disasters, predominantly occurring during the hurricane season between May and November. Floods and storms are related to almost 70% of the disasters recorded. In absolute numbers, flood-related disasters have quadrupled in the past decade and storm-related disasters have increased five-fold. Drought-related disasters are also rising, with three and a half times as many in the past decade compared to the 1970s.

The risk of being affected by natural disasters is compounded by the level of the hazard and the degree of vulnerability. In the Caribbean region, with its diverse island states and annual tropical storms, there is a wide range of risk levels. In Haiti, low human development and severe environmental degradation cause far more damage compared to other Caribbean states, despite similar levels of exposure.

In recent decades, LAC has made significant strides in understanding and improving policies for disaster management, early warning systems and organisation of emergency response. If the 230,000 estimated deaths due to the Haiti earthquake and the recent Ecuador earthquake in which nearly 700 lost their lives are excluded, overall, fewer people die from natural hazards in the region today than a decade ago. Mexico, Chile, Colombia and Costa Rica are among the countries in the region that have improved their capabilities to predict some risks, as well as prepare for and manage emergencies. Moreover, although the capacity to ensure food assistance at times of emergency has increased, the prioritisation of nutrition as a programme area at times of disaster and the capacity to ensure adequate nutrition specific preparedness and response is not the same across the region.

Floods and droughts in LAC are expected to increase in frequency, intensity and unpredictability in the future. Providing safety nets and protecting communities present an increasingly difficult challenge for governments in the region. The least developed sub-national areas which are currently enduring higher rates of child stunting and inequity are also likely to be the most affected by climate change and consequent reduction in yields of subsistence crops, cash crops, soil and forest productivity and reduced livestock production. Infectious disease rates are also likely to increase due to the deterioration of water quality during droughts or floods.

While acute malnutrition (wasting) rates have steadily declined in LAC, and are generally below one per cent, the capacity to monitor any sudden increase and to promptly identify, refer and treat cases is still very limited in primary and secondary health facilities. Spikes that can occur in both emergency and non-emergency settings are often under-reported, increasing the risk of mortality and morbidity. In addition, exclusive breastfeeding rates are reducing in most LAC countries and, despite LAC's high exposure to natural hazards, nutrition is too often seen by national authorities as primarily a health service supply issue or a problem that only needs food assistance to be addressed.

Regional and sub-regional NiE coordination: GRIN-LAC

Since 2013 UNICEF's Regional Office for Latin America and the Caribbean (LACRO), based in Panama, has been supporting the development of a regional NiE group called GRIN-LAC (Grupo de Resiliencia Integrada de Nutrición), to strengthen NiE-related Disaster Risk Reduction (DRR), and emergency preparedness and response. With financial

support from USAID OFDA, coordination is assured by LACRO, in close collaboration with other development partners. GRIN-LAC also works closely with the Global Nutrition Cluster (GNC) to improve the effectiveness of humanitarian response programmes by ensuring greater predictability, accountability and partnership.

GRIN-LAC has explored some innovative approaches to directly engage national NiE focal points. While most countries have people in charge of national nutrition programmes, many had not identified NiE as a priority area, or group emergency-related activities under civil protection or other mechanisms. A lot of effort went into mapping existing NiE focal points and, where these were missing, advocating for the need to appoint a specific person with adequate qualifications.

Since the region covers 36 countries, GRIN-LAC relies on three sub-regional support groups (Central America, South America and the Caribbean) to respond better to the specific needs of the different contexts. The three groups, including the national focal points, UN agencies, NGOs and other key NiE stakeholders, have quarterly webinars, an online document depository and a Facebook page for more rapid news-sharing.

In the past, regional NiE-related initiatives were very sporadic and involved a limited number of participants, while now representatives from 32 countries are regularly engaged and have initiated concrete improvements. These regional and sub-regional coordination and support mechanisms have been very well received and have strengthened partnerships across sectors, stakeholders and governments. They have also facilitated the exchange of information and the systematisation of best practices and lessons learned and ensured greater effectiveness, predictability and accountability of NiE preparedness and response in LAC.

The GRIN-LAC Matrix

A major challenge in the development of the GRIN-LAC approach has been the lack of a standardised definition of what NiE preparedness and response should be in LAC. To address this, LACRO has proposed a tool (GRIN-LAC Matrix) for the development of a standardised definition across countries in LAC of minimum NiE preparedness and response capacity to be used as a baseline, allowing for the prioritisation of countries for support and monitoring progress over time.

The Matrix goes beyond simple hazard and risk analysis to examine specific nutrition-related vulnerabilities and capacities at the country level. It is intended to:

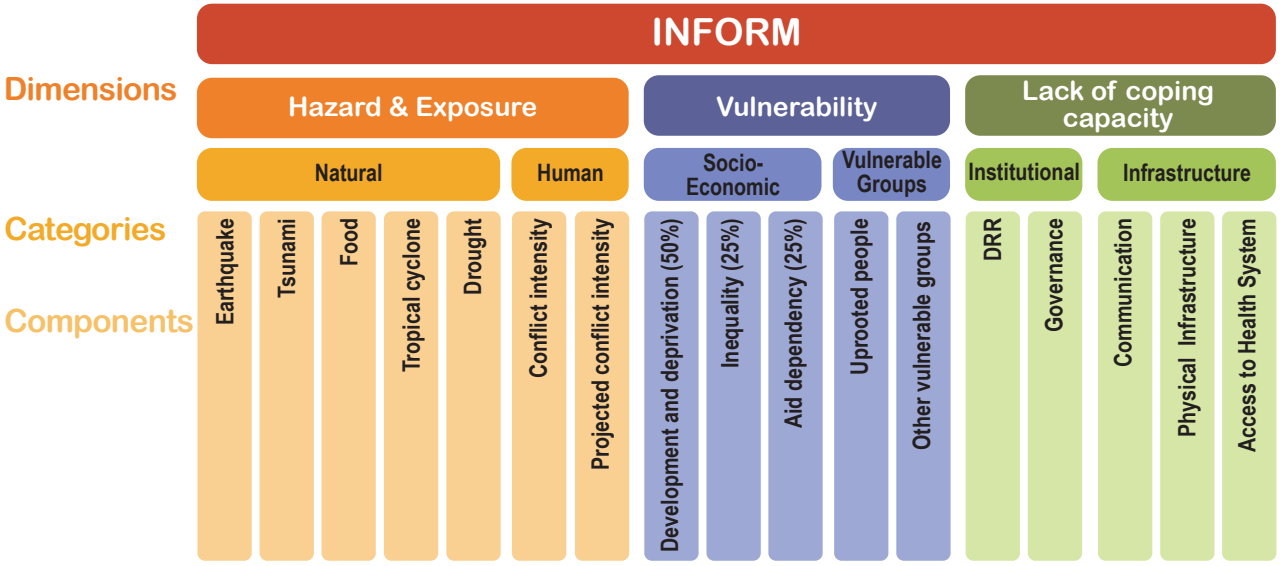
1. Generate a model for defining minimum preparedness and response capacity for NiE at the national and regional level in a standardised way, and monitor progress over time;
2. Develop a common understanding of preparedness and response capacity (for resource mobilisation, planning and promotion);
3. Improve the quality of regional and country-level nutrition data; and
4. Identify gaps and facilitate convergence of efforts to increase resilience.

The GRIN-LAC matrix covers 32 countries in the LAC region and works at the national level by combining the values and indicators already included in the three dimensions of the INFORM model (Hazards Exposure, Vulnerability and Lack of Coping Capacity) with 12 nutrition-specific indicators. The additional indicators constitute 40% of the model and are grouped under the vulnerability and capacity categories. The additional nutrition indicators included in the GRIN-LAC matrix are intended to complement the one currently measured through the INFORM model, as well as add an additional level of analysis relevant to NiE. This is not an exhaustive list but a minimum set intended to capture some key aspects influencing country preparedness and response capacity.

The GRIN-LAC Matrix allows us to achieve a consensual starting point for the convergence of efforts and the monitoring of progress over time. The Matrix has been widely welcomed by regional and national counterparts and other partners and the model is also being adapted by other sectors in LACRO (e.g. WASH and education).

GRIN-LAC web page hosted by OCHA-REDHUM, main document repository, including capacity building materials: **www.redhum.org/sectores/12** GRIN-LAC's Facebook page: **https://www.facebook.com/groups/GRIN.LAC/**

[1] INFORM is a collaboration of the Inter-Agency Standing Committee Task Team for Preparedness and Resilience and the European Commission; more information can be found at: http://www.InfoRM-index.org



Original article


Chatkal, Kyrgyzstan

Shakhnoza Kurbanalieva

Nutrition in Mountain Agro-ecosystems

Shakhnoza Kurbanalieva *has an MBA and ten years' experience in Kyrgyzstan and Bangladesh and is currently coordinating the Nutrition in Mountain agro-ecosystems project at the International Organisation for Organic Agricultural Movements (IFOAM).*

Background

A disproportionately high number of the world's hungriest and most chronically malnourished people reside in mountainous regions of the world (FAO, 2002). These regions often have difficult climatic and topographic conditions, scarce arable land resources and poor infrastructure. Numerous impact studies (UNCTAD 2013, CDE 2010) have shown the potential of programmes for improving agro-ecological practices for poverty reduction and nutrition impact, particularly in marginal and mountainous ecosystems. However, these programmes have not yet reached many remote communities living in these areas.

In June 2015 IFOAM – Organics International[1] launched a Nutrition in Mountain Agro-ecosystems project (NMA) for rural communities across five mountainous countries: Nepal, Pakistan, Kyrgyzstan, Ethiopia and Peru. The NMA project aims to link remote communities, diversify diets through nutrition-sensitive agriculture, and facilitate replication and scale-up of sustainable agricultural practices to impact local, national and global levels. The first phase of the project (2015-2018) is implemented by a consortium and national partners[2] under the lead of IFOAM – Organics International. This article highlights the approach and activities planned in the current phase.

Definition of micro-interventions

The likely MNA activities will focus on adapting agriculture, marketing and consumption for better nutrition, particularly of children and women, through increased diversity of diets in a changing environment, including social, economic and climate changes. The interventions are identified through participatory methods and aim to have a direct impact on the situation of small-scale farmers and households in rural areas and generate insight and knowledge on nutrition-sensitive interventions.

Mountain in Agro-ecosystems Action Network (MAAN)
People living in mountainous areas often lack information about the latest agricultural practices and have limited access to and knowledge about diversified food. The Mountain in Agro-ecosystems Action Network (MAAN), initiated by the NMA project, is an internet-based social and knowledge network of Rural Service Providers (RSPs) around the world. RSPs are made up of government actors (agriculture or health extension), civil society grassroots workers and activists, community representatives, progressive farmers and farmers' organisations, business agents (such as veterinarians, input salespersons and buyers), teachers and many others interested in sharing knowledge and learning about nutrition-sensitive agriculture in mountainous areas. The use of the MAAN virtual platform allows the RSPs to access ready-to-use information, link with like-minded people, expand their social and knowledge network, and to access training and coaching through online discussions.

The NMA project offers a tailor-made Capacity Development Programme for RSPs in each NMA country. This consists of two face-to-face events at the beginning and the end of the course with online interactions throughout the MAAN platform. The course starts with a call for RSPs to apply and present their ideas linked to the needs of communities to improve nutrition status. The first course took place in Pakistan following the Conference on Nutrition Sensitive Agriculture in Mountain Areas, March 29-April 2 2016, in Islamabad, Pakistan.

[1] Organics International (IFOAM) is an umbrella organisation of Organic Agriculture worldwide. See www.ifoam.bio

[2] Consortium partners are Helvetas and FiBL. National partners are Helvetas Swiss Inter-cooperation in Nepal; Intercooperation in Pakistan; Bio Service Public Foundation in Kyrgyzstan; Institute for Sustainable Development in Ethiopia; and IFOAM Organics International in Peru.

Advocacy and communications

The project focuses on the replication and scaling-up of tested agriculture practices and food systems. Advocacy and communication are a large part of the project. Advocacy messages are developed from the results of micro-interventions implemented by the RSPs during their training programme.

The information and knowledge from the field is continuously shared on the MAAN platform, which is accessible to all users. The evidence-based information and knowledge will be available after rolling out the Capacity Building Programme. The national-level interventions are concerned with knowledge-sharing that aims to improve the national policies and engagements in nutrition-sensitive agriculture, thereby improving the living conditions of the rural poor. They also empower countries to take part in global nutrition debates, based on the first-hand experience of local, micro-intervention implementation for duplication/scaling-up of successful approaches on nutrition-sensitive agriculture.

The way forward

- At local level, the project relies on the internet-based MAAN platform. Accessing the platform is a challenge in some remote areas of target countries. To mitigate this challenge, the project provides a mobile-phone version of the platform and focuses more on physical meetings with rural communities. The trainer RSPs are the key target group to bring the knowledge and information from the communities into the MAAN platform and call the users for debates and discussions.
- National-level activities rely on good collaboration and relationships with national decision-makers like ministries of health and agriculture who can influence national plans and programmes on nutrition. Thus, based on the evidence and messages collected from the micro-interventions, it is important to align the project with national committees and platforms, as well as initiate synergies with like-minded organisations.
- Global advocacy is equally important to influence high-level organisations in international fora. It is important to obtain practical examples as actual evidence that can be showcased to stakeholders in the global nutrition discourse, as well as focus on players like the UN Food and Agriculture Organization and the SUN Movement.

For more information, visit **www.ifoam.bio/en/nutrition-mountain-agro-ecosystems**

References

CDE 2010. *Impact Assessment - Organic Cotton in Jalalabad Oblast, Kyrgyzstan*, Centre for Development and Environment, January 2010.

FAO, 2002. UN Food and Agriculture Organization Press Release 16 June 2002. www.fao.org/english/newsroom/news/2002/6763-en.html.

UNCTAD 2013. Report of the UN Secretary General on Agricultural Technology for Development, UNCTAD Trade and Environment Review 2013.

Original article

Promoting good dietary practices in Community Early Learning Centres for children three to five years of age in the Democratic Republic of Congo

Original article submitted in French

***Tiphaine Bueke** is a nutritionist and dietician working for the UN Food and Agriculture Organization (FAO) and manages the support to Community Early Learning Centres in DRC.*

Background

The Community Early Learning Centre project activities

The education system in Democratic Republic of Congo (DRC) provides for the organisation of Community Early Learning Centres (CELCs); facilities which are set up for the education of children aged three to five years. Between October 2012 and November 2013, UNICEF and FAO joined forces to support the CELCs as they were facing several operational challenges, such as payment of teaching staff, the sale of agricultural products to support the financial viability of the CELC teachers, and providing children attending the centres with a nutritious and balanced diet. A total of 62 CELCs were targeted for support, 35 in Équateur and 27 in Bandundu provinces[1].

Financial autonomy for the committees supporting these centres and the promotion of good dietary practice were at the heart of the collaboration between the two UN agencies, along with the Ministries of Education, Agriculture, Fisheries and Livestock and Rural Development. The overall aim was to reduce hunger and malnutrition in the children attending.

FAO recommend promoting healthy diets and nutrition through agriculture, integrating nutrition into agri-business policies, programmes and projects, and sharing the principles of a community's right to food and education. As the UN agency leading on education matters, UNICEF supported the Ministry of Education to implement and organise the CELCs.

[1] Administrative division in 2014.


Charlotte Mubiala, CELC teacher at La Fraternité, Masi-Manimba, in her sesame seed garden

The project reached 7,833 children aged three to five and 271 female early years teachers, 404 women and 689 men, making a total of 1,093 parents of pupils grouped within the CELC committees *(Comités d'appui aux espaces communautaires d'éveil)*.

The project was implemented on the basis of three essential components:

1. Developing the areas of agricultural production in the CELCs and promoting good dietary practice;
2. Harnessing community-level participation for the intervention; and
3. Increasing the availability of foodstuffs rich in plant proteins, vitamins and minerals, as well as improving the diet of children in the households concerned.

The use of the *faire-faire* ('making others do') strategy, a system whereby partners are invited to copy what they have seen, enabled FAO to establish a partnership with government departments and local organisations. The results of this project are the fruit of a collaboration between the local Hirondelle Foundation , community radio stations and parents of pupils in both provinces.

The Farmer Field School methodology *(Champ École Paysan)* was adopted to raise awareness and train members of the CELC committee using media and establishing community listeners' clubs. Community radio stations belonging to the Hirondelle Communication network broadcast 151 programmes in French and Lingala or French and Kikongo, depending on the intervention zone. In the province of Bandundu, 190 men and 223 women came together in 36 community listeners' clubs.

A total of eight topics were covered, including the right to food, nutrition, market gardening, domestic animal husbandry and the issue of gender and Farmer Field Schools; these were addressed by experts selected by FAO.

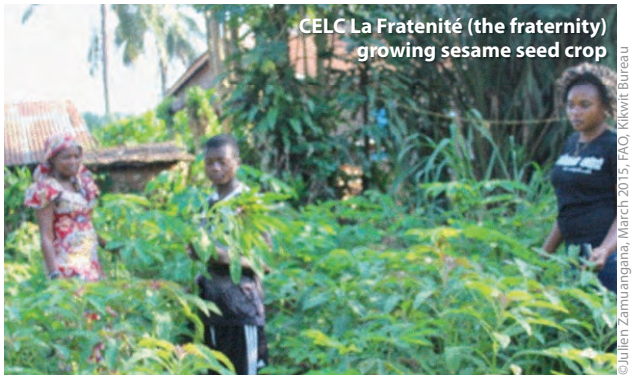
The project included a capacity-building component on gender approaches by providing training for CELC staff. Women's and men's roles were discussed by analysing local proverbs related to daily activities; gender was analysed in Farmer Field Schools; and shared gender-related experiences were discussed through role play. This required know-how to integrate a gender approach into all CELC activities. Trainees received certificates only on completion of a five-day training course and almost six months' technical support in accordance with the Farmer Field School facilitator training programme.

Tools and vegetable seeds and vines of orange-flesh sweet potatoes were distributed free to CELC teachers and parent members of the CELC Committees. An estimated cumulative total of 90 tonnes of vegetables and 5,379 tonnes of sweet potatoes were produced, according to available project monitoring data.

Visits to the gardens were organised for children and they took part in tastings of dishes prepared using produce from the fields, which enabled them to benefit from hands-on educational activities related to agriculture, food and diet.

Dietary habits were seen to improve in the project with the increased consumption of fruits and vegetables reported during focus group discussions with CELC members and monitoring surveys. The CELCs were therefore successful in dedicating spaces for farming production and for the promotion of good dietary and nutritional practice. This led to more diversified consumption of vegetables as well as the opportunity to buy other foodstuffs using money from the sale of produce. Oil, sugar, salt and maize flour were all bought with these funds. The CELCs also succeeded in ensuring that the teachers were motivated by being rewarded financially or in kind, albeit minimally, using the produce grown in the fields.

Three years after the end of the project, the effects are still visible. FAO and UNICEF are looking for further funds for scale-up.


CELC La Fratenité (the fraternity) growing sesame seed crop

[2] The Hirondelle Foundation is a Swiss non-governmental organisation of journalists and humanitarian professionals see www.hirondelle.org/index.php/ fr/qui-sommes-nous

In Masi-Manimba, Charlotte Mubiala, a teacher at La Fraternité ECE, shares her experience:

"Our CELC continues to operate. We currently have 47 pupils comprising 27 girls and 20 boys aged three to five years. Its continued operation is made possible by the support we enjoyed from FAO and UNICEF: technical training, nutrition training and farming kits containing tools and vegetable seeds. We have worked and our standard of living has improved compared to previously. We and our pupils have been eating vegetables from our garden and continue to do so. We, the teachers, have been able to earn money by selling vegetables from the garden. The habit of eating Chinese cabbage, headed cabbage, onions and leeks produced locally has now become established in our homes. But we subsequently encountered a problem with sourcing good-quality seeds to carry on our activities. We therefore organised supplies of seeds from Kinshasa using funds from the sales and added amaranth and tomato seeds, both crops being particularly appreciated by the children in the area. As for me, I have specialised in producing amaranth seeds."

Original article

Keyhole gardens in Ethiopia: A study of the barriers to scale-up

***Yohannes Haile** is a public health professional working in Ethiopia with Catholic Relief Services. He has a Master's degree in Public Health from Mekele University in Ethiopia*[1].

Background

In 2005, the Government of Ethiopia established the Productive Safety Net Programme (PSNP), which aimed to address food insecurity in the most food insecure regions of Ethiopia by targeting households that are chronically and temporarily food insecure (PSNP, 2014). During the first decade, the PSNP focused on important public works resulting in improvements to rural infrastructure and enhanced access to education and health services. It included activities to mitigate the risk of economic and climate-related shocks, such as soil and water conservation activities, small-scale irrigation and integrated watershed management. The latest PSNP (Phase IV) includes support for the nutritional goals of the country and addresses long-term income challenges. Catholic Relief Service (CRS) has been implementing a food security project with livelihood and maternal, child health and nutrition sub-components in six districts of Dire Dawa since 2012 in support of the PSNP. Keyhole gardens (KHGs) were used as a strategy to help achieve improved maternal and child health and nutrition and are the focus of this article.

A KHG is a two-metre wide, circular raised garden with a keyhole-shaped indentation on one side.

KHGs were widely used in Southern Africa by a number of actors[2] involved in food security and nutrition programming; the learning and success has now been adopted in different parts of the world. The indentation allows gardeners to add uncooked vegetable scraps, grey water and manure to a composting basket that sits in the centre of the bed. Keyhole gardens are relatively easy to construct and emphasise the use of locally available resources. They mainly utilise locally available materials in their construction, including stones, spades, thatching grass for the central basket, small tree branches, manure, wood ash and soil.

Yohannes Haile

Bedriya, beneficiary of KHG in Meta Hawibilsuma Kebele, March 2014

The KHGs aim to help improve household food security and, in turn, the nutritional status of household members through the production of a wide variety of vegetables throughout the year. Pregnant and breastfeeding women and mothers of children under five from poor households were the primary target of the nutrition project. Health Extension Workers (HEWs) and implementing partners were trained on the step-by-step construction of KHGs and then trained the target households. Training also included the importance of eating nutritious food during pregnancy and lactation and optimal feeding of infants and young children. Cooking demonstrations at the kebele (lower administrative unit) level were used as a platform to discuss with mothers how to improve dietary diversity and micronutrient consumption using the vegetables they produce.

In total, 772 KHGs were constructed across the project area from 2012 to 2015. The project monitoring reports indicate an improvement in child-caring practices, food preparation techniques and feeding practices. In addition, a significant positive change reported was the priority of feeding children under five a more diverse diet. According to the mid-term project evaluation; 16% of children aged 6-23 months received four or more food types, a 7% increase from the baseline (9%); 17% of children aged 6-23 months received a minimum acceptable diet; and 74% of children aged 6-23 months met the minimum meal frequency. This exceeded the targets set for the third year (CRS 2015).

Despite these improvements, CRS staff and reports from project implementing partners indicated potential sustainability issues with the KHG technology. In preparation for scale-up of the KHGs in the CRS supported programmes, an assessment was conducted in July 2015 to verify KHG numbers, functional status and adherence to design specifications. The assessment revealed only 342 KHG were operational out of the 772 originally established KHGs; i.e. less than 50%. A barrier analysis (BA) was therefore undertaken to better understand what was happening.

Methodology for the barrier analysis

The BA used a rapid assessment tool to understand perceptions and determinants associated with the sustainable maintenance of KHGs. 90 women (purposively sampled) engaged in the original KHG project were interviewed. Of these, 45 were still cultivating (referred to as 'doers') and 45 had stopped KHG activities (referred to as 'non-doers').

[1] Editorial support from Everlyn Matiri (Regional Technical Advisor - Nutrition, CRS and John Steelman (Peace Corps Volunteer, CRS, Addis Ababa, Ethiopia).

[2] Consortium for Southern Africa Food Security Emergency (C-SAFE).

Results

The BA revealed six significant factors to sustaining the KHG:

1. The non-doers were less likely to respond "Maintaining KHG is not difficult at all" and "KHG has no disadvantage at all" than doers did. Non-doers were also three times more likely to respond "It is somewhat difficult to remember and maintain KHG" compared with doers. This indicates the non-doers had reasons for finding the KHG difficult to maintain.
2. Non-doers were more likely to respond "KHG can be used as a source of income by selling some of the produce," suggesting they valued the economic aspect of KHG, whereas doers were more likely to respond "KHGs build a healthy family and saves the cost of buying vegetables" respectively.
3. Non-doers were 2.4 times more likely to respond "It is somewhat likely that their child will become malnourished in the coming months," while doers were 3.5 times more likely to respond: "It is not likely at all" to the same question.

Participants who had working KHGs perceived them as a means to build a healthy family and save on the cost of buying vegetables while also obtaining a source of income by selling the produce. KHGs were also perceived as a means of preventing malnutrition.

Conclusions and ways forward

The results of the BA have been used to develop a refined behaviour change communication (BCC) strategy to improve messages and activities to increase the impact of the KHG. A behavioural change framework was designed on the assumption "If priority group leaders are trained and monitored using a structured BCC strategy on establishing and maintaining functional KHG and on optimal nutrition and are empowered to share their skills, experiences and testimonies with key beneficiaries, then sustainable cultivation of KHGs will be promoted at grassroots level."

The BCC strategy will be used to design activities in PSNP Phase IV and CRS programmes. Activities will aim to build confidence in target individuals around the intervention and reinforce their skills in maintaining functional KHGs year-round. Monitoring will include the numbers of mothers trained, KHGs constructed and maintained, and tools for BCC use. The new phase will focus on 'lead mothers', using a well-defined BCC strategy. One KHG demonstration site will be established for at least 30 households (previously the KHG demonstration sessions were done at the kebele administration centre level).

The implementation area has repeatedly been affected by drought and this might affect the routine implementation plan of the project. CRS aims to mitigate this through use of drought-resistant crop varieties for the KHGs and by introducing roof-harvest technologies to reserve water for use in the KHGs.

References

CRS, 2015. Keyhole Garden: Quality Improvement Verification Checklist Report July 2015. Catholic Relief Services of Ethiopia.

PSNP, 2014. Productive Safety Net Programme Phase IV: Programme Implementation Manual. Ministry of Agriculture, Addis Ababa December 2014.

Article summaries

Anganwadi Workers being trained on using the customised mobile phone application for BCSP

OPM, India

Briefing on the Bihar Child Support Programme, India

Summary of Field Exchange 51 article by Oxford Policy Management (OPM), India

In recent years there has been immense interest in Bihar, India, in combating child malnutrition. Child malnutrition rates in the state have declined over the past decade but remain high in absolute terms. A survey conducted in 2014 found that 40.3% of children under five were underweight, 52% were stunted and 19.2% were wasted. In Bihar, and across India, Conditional Cash Transfers (CCTs) have been suggested as a potential way to address this problem. There is limited evidence so far of the impact of CCTs on nutrition outcomes.

The Bihar Child Support Programme (BCSP) is a pilot scheme in 261 centres that aims to contribute to the evidence base by testing whether a CCT aimed at pregnant women and mothers of young children can help improve child nutrition. Women are registered at the end of the first trimester (three months) of pregnancy and are eligible to receive 250 rupees (US $3.75) per

month until their child is three years old if certain conditions are met. There is also a set of bonuses when a child turns two and three years old if a mother has not become pregnant again and if a child is not underweight. In total, a mother can receive up to 15,500 rupees (US$235), conditional on meeting all conditions throughout the duration of her programme enrolment.

The results so far show that, by the end of November 2015, a total of 7,504 women were registered for the programme, 74% of whom met their conditions and received payment. In addition:

- There has been a steady increase in the number of village health days across the programme area;
- The attendance of nurse midwives, other staff and stock availability has improved considerably and;
- This has translated into increased attendance, higher rates of pregnancy weight-gain monitoring, child-growth monitoring and greater receipt of iron and folic acid tablets by pregnant women.

The impact evaluation report will be finalised in 2016 and summarised in a future edition of *Field Exchange*. This will inform any decision to scale up and contribute to learning for other similar schemes.

Pupils in Ambohimasina public primary school, using the new sanitation block, Analamanga region, Madagascar

WaterAid/ Ernest Randriarimalala

The growing interest in Nutrition and WASH: Some new initiatives and developments

Article summaries

Interest and commitment to nutrition-sensitive interventions and multi-sector coordination has led to an increased number of initiatives and publications on nutrition and water, sanitation and hygiene (WASH).

Inadequate WASH services and practices are a major concern, with an estimated 663 million people worldwide not accessing improved drinking water, and one third of the world's population lacking access to an improved sanitation facility.

A recent WHO, UNICEF and USAID publication lists the global-level commitments and policy basis for scaling up joint nutrition and WASH interventions. It includes:

Nutrition and WASH as related human rights are enshrined in Article 24.2(c) of the Convention on the Rights of the Child urging states to ensure "adequate nutritious foods and clean drinking water" to combat disease and malnutrition (UN, 1989).

The 1992 and 2014 International Conferences on Nutrition led country delegates to adopt the Rome Declaration on Nutrition and the Framework for Action, which recommends "actions on water, sanitation and hygiene".

The Global Nutrition Targets 2025 led the World Health Assembly to call for combined actions in health, food and other sectors, including WASH (WHO, 2012).

The Scaling-Up Nutrition (SUN) Movement partners are working together to implement multi-sector action in order to deliver nutrition-specific and nutrition-sensitive interventions effectively and sustainably.

Source: *Improving Nutrition Outcomes with better water, sanitation and hygiene: practical solutions for policies and programmes.* (WHO, UNICEF, USAID 2015)

Notable recent publications on nutrition and WASH include:

- *Improving Nutrition Outcomes with better water, sanitation and hygiene: practical solutions for policies and programmes*. (WHO, UNICEF, USAID 2015) **www.who.int/water_sanitation_health/publications/washandnutrition/en/**
- *Multisectoral Approaches to Improving Nutrition: water, sanitation and hygiene*. Chase, C, Ngure, F. (2016). The Water and Sanitation Program. **www.susana.org/fr/ressources/bibliotheque/details/2441**
- *The Impact of Poor Sanitation on Nutrition*. Policy brief. SHARE Research Consortium, London, UK; UNICEF India, Delhi, India Chitty, A. (2015). **www.susana.org/en/resources/library/details/2387**
- *The Power of WASH – Why Sanitation Matters for Nutrition*. Spears, D, Haddad, L. (2015). International Food Policy Research Institute (IFPRI). **www.ifpri.org/sites/default/files/gfpr/2015/feature_3082.html**

A specific Working Group on WASH and Nutrition has been established under the Sustainable Sanitation Alliance (SuSanA). The main aim is to examine the adverse nutritional impacts of lack of safe WASH, particularly in acute and chronic emergency situations. The group is currently looking at the impact that faecally-related infections can have on the nutritional status of children and other vulnerable groups and has recently held online discussions on this important area. Links: **www.forum.susana.org/forum/categories/92-nutrition-and-wash** and **www.en-net.org/question/2437.aspx**.

Article summaries


Grace Heymsfield, Haiti, 2015

Meals prepared for the school feeding programme

The nutrition-sensitive potential of agricultural programmes in the context of school feeding: Lessons from Haiti

Summary of Field Exchange 51 article by Nathan Mallonee, Jason Streubel, Manassee Mersilus and Grace Heymsfield

Haiti is the poorest country in the western hemisphere, with 61.7% of the population living below the international poverty line of US $1.25 per day; 23.4% of Haitian children are stunted and 10.6% are wasted. Haiti suffered from high levels of undernutrition and food insecurity prior to the devastating earthquake in 2010. Since this time, although areas affected by the earthquake have seen improved food security, a third of the population remains food-insecure.

Since 2007, Convoy of Hope (COH) has implemented a school feeding programme (SchFP), largely in primary schools in Haiti. The project started supplying 6,000 children with a supplementary meal and was primarily implemented through COH's partner, Mission of Hope (MOH). Community members prepared and served hot meals to students each day of the school year. During 2013 and 2014, 425,000 meals were served weekly.

Each child received 11 grammes of protein and up to 100% of the recommended daily intake of vitamins and minerals such as vitamin A, iron, zinc, and vitamin B12. Servings were often supplemented by schools with locally procured fruits and vegetables. Some schools also received nutrition and hygiene training led by a Ministry of Health community health nurse on topics such as hand-washing, cholera prevention and dental hygiene.

As the project scaled up, it led to an agricultural extension programme designed to boost local production to enable food supply to the SchFP and increase farmer income. Activities included the provision of full-time access to a trained Haitian agronomist, monthly educational workshops and provision of seeds distributed to each farmer for two or three different crops. Each individual agreed to save 10% of their harvest as seed for subsequent seasons and to donate 10% of the initial harvest back to the SchFP.

Pre and post-season surveys revealed that from 2012 to 2014, there was a (245% increase in black bean, sorghum (266%) and pigeon pea (121%) yields. This translated to an average increase in household income from US $2 per day to US $7. Interviews and on-site tests showed improved soil productivity and fertility, an increase in organic matter and an increase in water-holding capacity. Importantly, the project was also perceived locally to be a success. Community leaders approached COH in early 2015 and suggested that the agriculture project move on to other communities. Key to the success of the project was the use of church networks to implement the training, which increased the trust of farmers.

Project challenges have included the difficulties in the adoption of new farming techniques among farmers before seeing the potential for increased profits; collecting reliable anthropometric data which required adequately training and motivating staff; and ensuring that the agriculture extension projects are more nutrition-sensitive by linking farming skills to school or community gardens and looking for opportunities for increased hygiene-promotion activities. Almost half of the agriculture participants are women, which provides COH with the ability to directly reach mothers with nutrition and hygiene education in the classroom or in field agriculture training sessions.


Grace Heymsfield, Haiti, 2015

A nutritionist providing a hygiene lesson as part of pilot WASH programme

Original article

WFP/Ranak Martin

Assessment of the nutritional condition of young children, Bangladesh, May 2015

Perceptions of severe acute malnutrition and its management in infants under six months of age: An exploratory study in Bangladesh

Yasir Arafat[1] *is a medical doctor and public health practitioner, managing community-based nutrition programmes targeting acute malnutrition. He is currently working with Save the Children in Bangladesh*

Background

Acute malnutrition (or wasting) among infants under six months of age has been a neglected area, despite the fact that younger infants are at greater risk of death than older children. Save the Children is conducting research on the management of acute malnutrition in infants (MAMI) in Bangladesh with the aim of providing evidence for the management of this condition. In partnership with the ENN and the London School of Hygiene and Tropical Medicine (LSHTM), a community-based tool for the management of acute malnutrition in infants (C-MAMI) is being developed to provide health workers with guidance to identify, assess and manage acutely malnourished infants in the community.

Bangladesh is very committed to providing nutrition services through existing Ministry of Health district services, although the concept of providing nutrition services through community health workers (CHWs) is new. For example, community-based management of acute malnutrition (CMAM), despite being well known in the sector, is not yet being implemented at scale. CHWs do provide vaccination and family planning support door-to-door in villages, although these staff are not trained to identify acute malnutrition and are generally perceived as being unqualified to provide any special nutritional care.

Methods, findings and conclusions

An exploratory study carried out in 2015 in the Barisal district in Bangladesh involved semi-structured, in-depth interviews with caregivers (mothers, fathers, grandparents and other influential people) of infants under six months of age and focus group discussions with CHWs and those working at the Barisal Medical College Hospital. Interviews captured the views, experiences and preferences in care of infants with severe acute malnutrition (SAM).

It was found that malnutrition in infants under six months of age (known locally as opusti) is perceived as a common problem in the community. The lack of a nutritious diet, insufficient or no breastfeeding and repeated illness were cited as the most frequent causes. Early marriage and maternal malnutrition were also mentioned among other common causes of malnutrition in infancy.

Symptoms associated with SAM include thinness, restless sleep, crying, the inability to breastfeed and illnesses like fever and cough. Mothers reported that they were most likely to chose to go to CHWs, use home-based nutritious foods, juices and keep the baby warm. Carers, including grandparents and fathers, were more likely to report going to traditional healers. Given the experience of door-to-door visits from CHWs for other health-related activities, home visits were cited as an appropriate way of monitoring growth in infants.

While community-based treatment was identified as a low-cost care option, not having a doctor in community clinics to diagnose and ensure the appropriate management for recovery was identified as a risk. In-patient treatment was perceived to be a better care option because of the presence of doctors and 24/7 care availability. Caregivers who reported having experience of visiting these health services were in favour of home-based management options as soon as their infant had overcome the most critical period, so as not to have to spend so much time away from home.

Communities felt that supporting the mother while she cared for a malnourished infant was just as important as

[1] Contributions to this article came from G. Mothabbir at Save the Children in Bangladesh, N. Connell at Save the Children USA, M. Kerac at the London School of Hygiene and Tropical Medicine and MM. Islam at the International Centre for Diarrhoeal Disease Research.

caring for the infant. This notion of wellbeing was extended to support for decision-making on whether to take an infant presenting symptoms identified with SAM to the nearest government facility or to treat the infant at home.

Training of caregivers and health workers was cited as a way forward where there is no availability of qualified medical staff at community level. Mothers also reported being confident in taking care of their infants if they were taught to provide better home-based care. They expressed a preference for in-patient care in hospitals only when there was no other option due to the seriousness of the health status of the infant.
The study indicates that there is a preference for community-based, mother-infant care options due to the issues of access to in-patient care and because of trusted community support mechanisms. Early diagnosis and treatment of SAM at home through reinforcement of a community-based approached based on early detection may be a way forward.

http://www.ennonline.net/c-mami

Yasir Arafat

Yasir training data collectors at field

Original article

The challenges faced in providing sustainable management of acute malnutrition services in Ituri Province, Democratic Republic of the Congo

Original article submitted in French

***Cosma Bakemwanga Sapeke** is the coordinator of the Ituri National Nutrition Programme (Pronanut by its French acronym) in Bunia, Democratic Republic of Congo. He has worked at the Ministry of Health since 2002*

The Democratic Republic of Congo (DRC) has a population of almost 75 million, of whom two thirds live below the poverty line. The DRC is characterised by ongoing conflict, poor infrastructure and highly challenging logistics, all of which have had a severe impact on the health infrastructure and government-funded services. Conflict in the eastern provinces causes continued displacement. According to DRC's Demographic and Health Survey 2013-14, among children under five, 43% are stunted and 8% are acutely malnourished (wasted), with ten territories having rates of acute malnutrition above the emergency threshold of 15%.

Making the benefits of a post-conflict or emergency nutritional intervention sustainable is a necessary process, but it is not always easy to implement and can sometimes lead to frustration in the performance of the programmes. Ituri Province in the east is notorious for conflict and violence and the population shifts that have taken place over the last ten years. As in most of the country, the population has very limited access to basic social services such as health, education, drinking water and electricity. The area has witnessed various changes of strategy for the management of acute malnutrition, alternating between a focus on treatment with excellent results but with low programme coverage and the exclusion of the community from the programme, to a focus on more integrated approaches with the health sector and the prospect of greater sustainability, but which is more problematic in terms of programme quality.

Local solutions for local problems

The Rimba health zone in Ituri Province was supported by an international NGO, but in 2008 the partner withdrew its support and the responsibility was transferred to the National Nutrition Programme (Pronanut). Integration of the management of acute malnutrition (iMAM) in the health system is now effective and functional, but the regular supply of treatment products remains a major challenge. The health zones are dependent on outside supplies and they have no control over quantities or delivery times. This often leads to stock shortages. In the face of frequent shortages of therapeutic milk, some of the therapeutic nutrition units follow the WHO recipe with dried skimmed milk to make therapeutic milk. Maximum care is given, but the protocol is not strictly adhered to, resulting in excessively high death rates in the Therapeutic Feeding Centres *(Unités de Nutrition Thérapeutiques – UNT)*, as well as low recovery rates and a high turnover. These


WFP/Ranak Martin

Agricultural project in Democratic Republic Of Congo

stock-outs impact on the quality of care as well as on the motivation of the staff.

The health authorities in Ituri have decided to also focus on preventative activities and to do so by integrating nutrition into other sectors. This includes promoting the early initiation of and exclusive breastfeeding, adequate complimentary feeding, strategies to address vitamin A, iron and iodine deficiency, deworming and the consumption of a varied diet.

In order to foster preventative approaches to addressing malnutrition, it has been necessary to involve other partners to cover all the health areas.

The leadership of local authorities, in the framework of the Local Nutrition Committee *(Comité Locale de Nutrition – CLN)*, has also been instrumental to ensure this coverage. For example, designated land is used for farming demonstrations by extension workers, promoting the planting of diversified crops rich in nutrients (beans, peanuts, sweet potato, tomato and aubergines) for local consumption by households with malnourished children and they have set up women's farming groups and provided education on healthy eating.

In the Rimba health zone, an appeal to the FAO has enabled seeds and tools for tilling to be distributed in 18 health areas. Members of the CLN have thus been able to promote locally produced food thanks to the support of women's agricultural associations in the region.

Community participation and capacity-strengthening have enabled the communities to participate in identifying problems and tracking cases of malnutrition. Nutritional screening at community level still exists, even if it is not as intensive as when NGOs supported these activities through a financial incentive. The involvement of the people concerned is vital to ensure the sustainability of these activities.

Conclusions

It is essential that good-practice examples, such as that of Rimba health zone's new approach focusing on preventative measures, be taken up by others if malnutrition is to be prevented. It needs to be recognised as being part of a multi-sector approach and the responsibility of all concerned.

The experience of Ituri has shown that the best method of combatting malnutrition is integration of nutrition activities into the existing health system – ensuring sufficient financial resources and systems to provide an adequate supply chain for nutrition products where treatment is needed – and the development of mechanisms to prevent new cases of malnutrition through raising awareness and increased production and consumption of locally produced, micronutrient-rich foodstuffs.

Previous high levels of international actor investment to address acute malnutrition cannot be maintained once the nutrition partner and the funding goes; however it is hoped that with time, the previous implementation experience can be adapted in line with will local capacity and resources.

Original article

Niger Nutrition Alliance

Maïté Bagard *has been the Niger Nutrition Alliance Coordinator since January 2015.*

Background

In Niger, acute malnutrition (wasting) in children is still a major public health issue. In 2014, a national nutritional survey reported a prevalence of acute malnutrition of 18%, of which 2.7% was severe acute malnutrition (SAM) in six out of the eight geographical regions of Niger. Many agencies have been supporting activities to address undernutrition in Niger. This article describes the work of the Niger Nutrition Alliance.

The Alliance, formed in 2013 with funding from European Commission DG ECHO, is a network of non-governmental organisations[1] acting to prevent and manage SAM in Niger. It provides a platform for communication, partnership, advocacy and sharing of best practice, and members are supported to adopt a common discourse and harmonise their approaches.

From 2013 to 2015, the Alliance has strengthened engagement among partners through meetings, document exchange, presentations and advocacy events. Alliance partners have increased cooperation with other actors involved in nutrition, particularly the Government initiative I3N, Nigeriens feed Nigeriens[2], the National

[1] French Red Cross, Concern Worldwide, Save the Children, Action Against Hunger, Cooperazione Internationale, Alima/Befen, Internationale Rescue Committee, Doctors of the World France

[2] Nigeriens Feed Nigeriens (Les Nigériens Nourissent les Nigériens) is a Government initiative that was launched in 2012. It is chaired by the President of Niger.

Technical Group on Nutrition, the National Directorate of Nutrition, local NGOs and the SUN Movement. One key success of the work of the Alliance was the standardisation of Memorandums of Understanding between Regional Directorates of Public Health and nutrition partners, which support a legal framework of roles and responsibilities of all actors. Based on the increased collaboration and initial achievements, ECHO renewed funding for the Alliance for 2015 and 2016.

Progress made in 2015

In 2015, Alliance members continued to work alongside local authorities and decentralised technical services, such as the regional health authority and district management teams, for the management of SAM in 20 out of 42 health districts in Niger. This was intended to benefit nearly 200,000 malnourished children under five years of age. In addition, Alliance members capitalise experiences and harmonise processes in implementing nutrition activities for SAM and enhance and increase advocacy capacity among national policy-makers so that the cost of treatment and prevention of malnutrition is integrated into existing policies and financed to support longer-term nutrition programming.

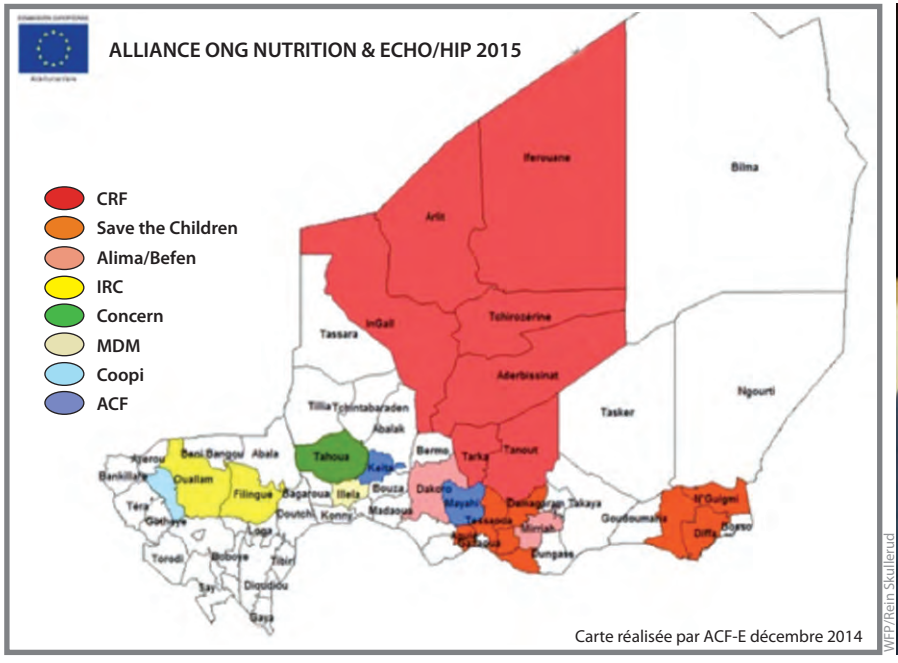
The harmonisation of implementation tools, monitoring and evaluation, sharing of information, analysis and research and development of common advocacy messages allow Alliance members to speak with a single voice using data from each other's experiences. A new initiative in 2015 was the compiling of quarterly reports from members on their supply chain of nutritional commodities and using those reports to advocate for better coordination with UNICEF.

The Alliance has been involved in revising a practical tool (admission, caring practices, roles and responsibilities) to integrate improved supervision of services to optimise the management of acute malnutrition. The tool is about to be validated and disseminated in Niger in 2016.

Additional key efforts for 2016 include the following:

- **Local advocacy**
  An important component of the programme in transitioning from emergency to the development phase of the health system is advocacy. Efforts revolve around active participation in local and national planning meetings to advocate for commitments made in 2014 by the municipalities, the communities and the authorities, including support for required health and nutrition supplies and support to the Ministry of Public Health to recruit 500 additional nurses in rural Nutritional Recovery Centres where Alliance partners operate.
- **National Advocacy**
  The Alliance played an active role by making presentations on progress at major events, including the review of the roadmap for Integrated Management of Acute Malnutrition. This needs to continue in 2016.

  Alliance members are actively involved in the development of the new National Health Development Plan with an aim to ensure the inclusion and appropriation of funds for nutrition (including prevention and management of acute malnutrition) in a framework to strengthen the health system.
- **Common diagnostic tool**
  One of the Alliance's current major objectives is to develop and implement a diagnostic tool that outlines the targeting and type of assistance to be provided to support ownership of the management of malnutrition by the Government and local communities. The tool is based on the WHO minimum standard of quality for health centres and validated by the National Department of Nutrition. The aim is for Integrative Health Centres to use the tool to tailor a plan to improve the quality of services. The tool was used in 20 health districts to establish a baseline and set benchmarks for evaluating the level of integration of the services.
- **Continued networking**
  While there is a shift from emergency to development programming in Niger, the Government will remain donor-dependent for treatment and prevention of acute malnutrition. New partners have joined the Alliance in 2016 and it is planned to promote exchanges with the SUN Movement, UN agencies and all the nutrition partners. Furthermore, relations with the Food Security Alliance will be consolidated. The Alliance will continue to strengthen the Nigerien health system and support actors in capitalising on learning during this transition process.



WFP/Rein Skullerud

A maternal and child healthcare center in Niamey, Niger

Original article

Mobile clinics as a strategy to identify and treat children with acute malnutrition in difficult-to-reach areas in Chad: A case study of the Wadi Fira Region

Original article submitted in French

Dahab Manoufi *is an economist and manages the NGO Bureau d'Appui Santé et Environnement (Health and Environment Support Bureau), Chad.*
Dr Hervé Oufalba Mounone *is a doctor and coordinator at the NGO Bureau d'Appui Santé et Environnement (Health and Environment Support Bureau), Chad.*

Background

Like most countries in the Sahelian belt in Africa, Chad experiences high levels of acute malnutrition (often referred to as wasting) which regularly exceed emergency thresholds of 15%. Acute malnutrition rates in Chad have remained consistently high over the last ten years and levels of stunting have increased from 28% to 39%. Almost one in five babies is born with low birth weight, and only three per cent of women practise exclusive breastfeeding.

Rates of acute malnutrition are even worse in the populations living in difficult-to-access areas, such as the Wadi Fira Region, situated on the far eastern side of Chad[1].

The causes of malnutrition in Wadi Fira are multiple, but key are the barriers to accessing health services due low population density, the long distances that separate villages from healthcare facilities, and insufficient staff in quantity and quality. Added to this is the restricted mobility of household members caused by high poverty levels, which means households have to dedicate their time to subsistence livelihoods, and where women lack decision-making power.

This article describes how mobile health clinics with nutrition outreach activities were supported in one of the most difficult-to-access areas in Chad.

Nutrition surveys carried out between 2010 and 2015 have revealed high levels of acute malnutrition in the eastern Chad provinces (at times rates have been close to 25%), and a high caseload of children under five years of age in need of immediate treatment of the severest form of acute malnutrition. In response to this, BASE (the Health and Environment Support Bureau), a non-government organisation, initiated a community nutrition and health project in 2011. The strategy was to implement mobile clinics for hard-to-reach populations who do not benefit from fixed-point health services. With financial support from UNICEF and the WFP the project, initially planned for a year, has twice been renewed and covered the three districts of the Region until December 2014.

Mobile clinic activities

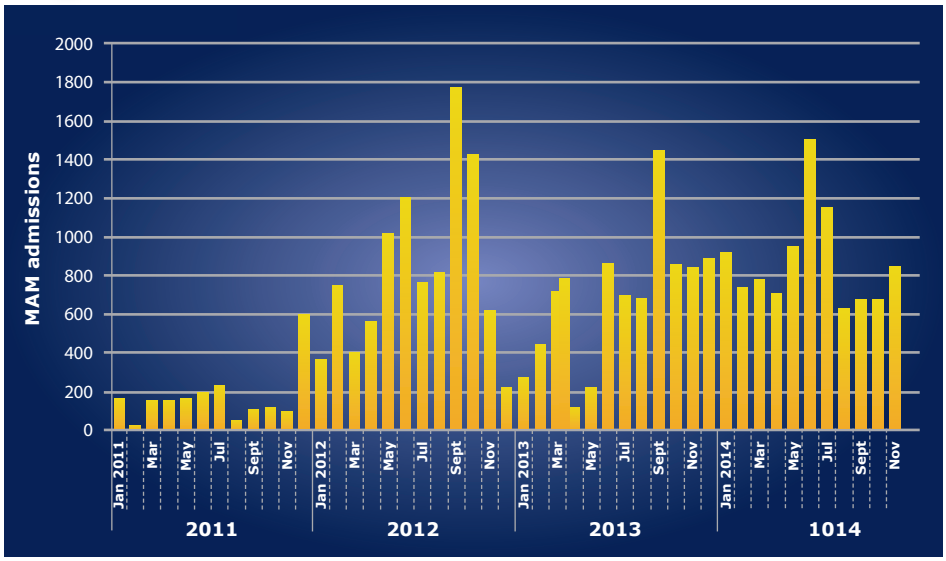
Priority was given to villages located over 5km from a health centre that were difficult to access due to limited means or terrain. Figure 2 shows the implementation of the activities in the three districts.

Mobile team nutrition activities were overseen at the Regional Health Delegation headquarters by a team of three health staff: a medical chief officer *(médecin chef de projet)*; a nutritionist in charge of all training activities and supervision of the application of the national nutritional protocol of management of acute malnutrition; and an administrative/financial assistant.

At the Health District level, six mobile teams were formed, made up of two nurses, a midwife and two measurement officers. These teams were organised to support the health staff responsible for the health centres in 47 sites covering all three health districts. Each Health District had a nurse supervisor and a community mobiliser who took

[1] INSEED. Nutritional study 2010.

Figure 1 MAM admissions between 2012 and 2014 in the BASE-supported nutrition project in the Wadi Fira Region




Mobile clinic in Chad

on the logistics, monitoring and data collection activities relating to the work of the mobile teams as per the implementation of the joint quarterly plans set out by the District Level Management team *(Equipe Cadre de District)*.

The activities carried out by the mobile team included measurement of mid-upper arm circumference (MUAC) for screening for cases of acute malnutrition and arranging for severe and complicated cases to be referred to the therapeutic nutritional units *(unité de nutrition thérapeutique)* in the district hospitals (in Biltine and Iriba). Transportation was provided from the mobile clinics for patients referred to the hospital and their return home once they had recovered. Community involvement was ensured through four to six community mobilisers per village who supported screening activities, looking for defaulters and making home visits for children who were not gaining weight. They were also involved in supporting the health mobilisers and nurses in their sensitisation activities around basic household-level practices.

In January 2011, the number of children being admitted for the treatment of moderate acute malnutrition (MAM) based on a MUAC of 115-125mm in Wadi Fira was 200. Treatment for MAM includes the use of a supplementary, ready-to-eat food supplied by WFP that promotes weight gain. When the BASE nutrition project activities began in October 2011 this number started increasing, as shown in Figure 1 below, with over 10,000 treated during 2014. This increased the number of children being treated for MAM considerably during the project in a remote area of Chad where the national coverage rates for MAM are estimated at less than 15%. Seasonal variations in rates of acute malnutrition were reflected in the admissions patterns, as was the drop in the number of children admitted in April and May 2013, which corresponds to a project funding gap when mobile teams were not operating. (Note: these figures are representative of the BASE-supported project areas only.)

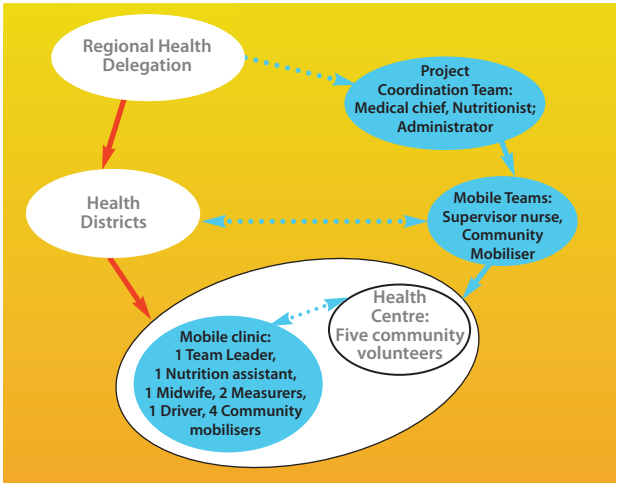
The BASE project admissions data presented above reflects a very low number of admissions at the start of the project in 2011 and then a steady increase over 2012, which was a year of crisis due to drought in the Sahel. The number of admissions continues to be relatively constant after June 2012, suggesting that outreach activities using the mobile clinics may have contributed to increased attendance at a time when prevalence levels of acute malnutrition would be expected to rise during the lean season (May to October), but admissions have been fairly regular[3].

Lessons learnt

The involvement of communities, the provision of transport for referred children (and their carers) and food assistance are key factors that helped mothers to accept the referral of their children to the hospitals. On the other hand, the cost of implementation, the lack of integration with other services and an unreliable supply chain of supplementary, ready-to-use foods limited the scaling-up of such an approach by the health authorities.

Even though this project allowed children suffering from different degrees of acute malnutrition to be referred and treated, it was not focused on preventative actions that could have further reduced the prevalence of acute malnutrition in this population. Acute malnutrition in Chad is still too often perceived as a short-term problem and not a structural one.

Figure 2



[2] BASE 2011, 2012, 2013 and 2014 activity reports.
[3] UNICEF. Report on the Sahel nutritional study. 2014.

Original article


Halima Hillow

Volunteers in a session

Improving nutrition behaviours through a Care Group Model project in Somalia

Halima Hillow *is a nutritionist working in Somalia with World Concern. She has a degree in Food and Nutrition from the Ahfad University of Women in Sudan and is currently writing her Masters thesis in Public Health at Kenyatta University, Kenya.*

Ceel Afweyn District is in the northern Sanaag region of Somaliland with a population of over 117,000. The topography is a combination of mountainous and flat areas and the population is traditionally pastoral, although since the severe drought of 2011 some have moved into other livelihoods, such as commerce and starting small village shops. Access to healthcare services is limited, with only one well-functioning maternal and child health (MCH) centre and two smaller health posts managed by auxiliary nurses with the capacity to treat only minor, common illnesses. The roads are poor and largely inaccessible during the rainy season, further limiting access to markets and the MCH centre.

World Concern[1] is implementing a two-year nutrition project in nine villages (total population 12,600) in the district. The project aims to prevent malnutrition in children under five years of age and in pregnant and lactating women. Wasting levels are high at around 10% in the project area. The project objectives are to:

(i) Improve infant and young child feeding (IYCF) practices;
(ii) Improve maternal nutrition and health care; and
(iii) Improve hygiene and sanitation (personal, food and environmental) and utilisation of safe water.

Baseline, mid-term and end-line evaluations have been designed into the project, which includes measuring nutritional status in the project area as well as underlying causal factors.

The project is focused on promoting behaviour change through the Care Group model[2], which aims to create individual and community behaviour change in health, nutrition and hygiene. This model was chosen based on its success in other countries and its focus on simple messaging to mothers.

Eighteen Care Groups were established across the nine villages. The groups were led by nine Health Promoters (HPs) and supported by 248 Care Group Volunteers (CGVs), selected by community members and whose primary function is to visit households at least once a month, but often more frequently, and deliver key nutrition and health messages to promote behaviour change around:

a) IYCF (timely breastfeeding, exclusive breastfeeding, continued breastfeeding up to two years and complementary feeding);
b) Nutrition and maternal care in pregnancy (importance of proper nutrition with the available resources and the importance of attending MCH clinics);
c) Water, sanitation and hygiene (essential hygiene actions such as water transportation, purification and storage, hand-washing and prevention and management of diarrhoea.

The approach is based on community participation; the HPs receive a monthly incentive of $80, while the CGVs are given lunch allowances during the trainings.

Results

World Concern conducted intense trainings for the HPs and CGVs and 221 CGVs graduated in September 2015 after covering topics in essential health, nutrition and hygiene. The trainings were conducted using adult training methodologies and in the local language to enhance acquisition of knowledge by the volunteers, as most of them were previously unschooled. Cumulatively, the CGVs made 11,666 household visits to deliver key messages to households on health, nutrition and hygiene in the first year of implementation.

[1] World Concern is a global relief and development agency.
[2] The Care Group Model originated in Zimbabwe and has been used in 22 countries worldwide.

During the project inception period, it was identified that many mothers did not breastfeed their newborns immediately after delivery because they were tired and did not feel they could breastfeed. Health messages were designed accordingly and health promoters have worked closely with traditional birth attendants to promote breastfeeding immediately after delivery.

A cross-sectional baseline survey carried out in December 2014 and a mid-project evaluation in October 2015 (involving samples of 330 and 349 households respectively) were conducted in nine villages. Mothers with children under five years of age were interviewed; this showed significant reported improvements in all but one of the promoted behaviours (use of mosquito nets) from baseline. A comparison of the survey results also shows a significant decrease in reported cases of child diarrhoea, increases in reported hand-washing, exclusive breastfeeding and breastfeeding in the first hour after birth (see Figure 1 below).

Figure 1 shows the very positive reported changes in rates from the baseline survey and mid-line surveys for timely breastfeeding, exclusive breastfeeding, hand-washing practices at critical times and incidences of diarrhoea in the two-week period. As these are reported rates of behaviors, they cannot be assumed to reflect actual changes in practice as it may be that mothers are reporting what they feel the interviewer wants to hear. Nonetheless, the findings after just ten months of intensive behaviour change communication activity are very encouraging.

The CGVs focussed on essential hygiene actions such as water transportation, purification and storage, hand-washing and diarrhoea prevention and management. Discussion with Care Groups showed that they had understood the need to manage water sources well. Currently they are working with the committees who manage the water points to ensure they are always clean and that the animal drinking points are separated from the human-use points. Some members of the Care Groups have made tippy taps (a simple device for hand-washing with running water) in their house and act as a model to others. World Concern continues to promote increased uptake of these taps.

Challenges

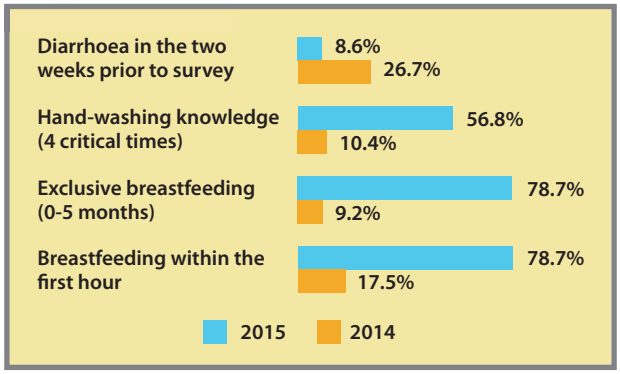
The project has faced several challenges, including:

1. Poor access to health services. Currently, the Somali Joint Health and Nutrition Programme (JHNP) is being implemented in some parts of the country, but it has not reached the very remote areas. JHNP is a comprehensive, multi-donor, development programme aimed at helping Somalia meet its commitments on maternal and child health. The project continues to advocate to the Ministry of Health for the need to expedite the selection of partners and funding for the JHNP in this under-served area.
2. Lack of access to nutritious foods. While mothers receive messages and training on the importance of providing a balanced diet to their children, the main challenge is the limited availability and access to nutritious foods. World Concern has plans to support groups to develop kitchen gardens to supplement their diet for the remaining year of the project.
3. Limited availability of volunteers during the dry months. Some of the mothers in the Care Groups are pastoralists and occasionally move with their animals to look for pasture and water during the dry months, coming back after a month or two. Health promoters try to ensure they are provided with the information they have missed while away, although the gap in contact and follow-up remains challenging.
4. Discontent amongst males due to lack of training. Since Care Groups mainly focus on behaviour change targeting women, the males in the villages have reported that they are upset that they do not receive any training. World Concern is therefore involving men by including them in the village health committees, in which two thirds of the members are male and a third female, and holding monthly meetings for men to discuss messages that are being promoted in the Care Group.
5. Low literacy levels. The majority of the volunteers are illiterate and unable to read the key messages provided by World Concern. Health promoters are literate and work to overcome this by going through all the messages clearly to ensure that all volunteers understand.

Conclusion

The project is in the final year of implementation and will be finished in October 2016. World Concern is engaging Care Groups in discussions on mechanisms that could be employed to sustain them after the project ends and is optimistic that the JHNP will soon start in the area, adopting the Care Group model. The extension of the JHNP and the continuation of community support for health and nutrition will hopefully provide stronger and more sustainable links to the healthcare system. Additionally, World Concern has shared evidence from this project and advocated to Somali Nutrition Cluster partners the integration of the Care Group Model into their health and nutrition programmes in order to improve health and nutrition for women and children based on the positive experiences of this project at community level.

Figure 1 Reported nutrition behaviours at baseline and mid-term survey points



A village health commitee member in a training session

Halima Hillow


Bangladesh, Chittagong Hill Tracts, Bangladesh

WFP/Shehzad Noorani

UPDATE: The Scaling Up Nutrition (SUN) Movement Strategy and Roadmap (2016-2020)[1]

The second SUN Movement Strategy and Roadmap (2016-2020) builds on the collective commitment generated by the 56 countries that are driving the SUN Movement as they seek to end malnutrition in all its forms. The political will has never been stronger; however, moving to impact at scale and ensuring sustainable results for all is now at the heart of the SUN Movement's strengthened approach.

The new Strategy and Roadmap calls for greater emphasis on implementation and accountability and has the following four objectives;

1. **Expand and sustain the enabling political environment;**
2. **Prioritise and institutionalise effective actions that contribute to good nutrition;**
3. **Implement effective actions aligned with national common results frameworks;**
4. **Effectively use, and significantly increase, financial resources for nutrition.**

In support of these objectives, the SUN Roadmap focuses on strengthening country capabilities through:

Improving policy and budget cycle management in order to:

- Have nutrition plans in place, endorsed at the executive and ministerial levels, with defined national nutrition targets and costed actions that guide aligned implementation and resource-allocation;
- Regularly and transparently track budget allocations against the plans and demonstrate better use of finance data through improved advocacy, planning and impact;
- Increase resources for nutrition from both domestic and external sources;
- Analyse and use good quality data for decision-making, accountability and advocacy and through all of the above;
- Implement agreed actions at scale and demonstrate the impact of these actions.

Undertaking social mobilisation, advocacy and communication in order to:

- Keep building and sustaining political, institutional and financial commitment at all levels;
- Maintain advocacy and communication which support the realisation of national priorities;
- Share country lessons and progress, stimulating country-to-country knowledge-sharing.

Build the capacity of individuals and institutions in order to:

- Ensure high-performing, multi-stakeholder platforms, with effective coordination at subnational levels;
- Enable all key stakeholders to make measurable contributions to scaling up nutrition;
- Have aligned political commitment, policy and legislation, in support of nutrition;
- Prevent and manage conflicts of interest as they emerge, promoting effective collaboration.

Strengthen the equity drivers of nutrition, including roles of women and girls.

Equity lies at the heart of the nutrition challenge and the Roadmap will support a shift from rhetoric to action. It will help support SUN Countries to prioritise:

- equitable improvement in the nutrition status of all people, ensuring that no one is left behind;
- policies that reduce nutritional inequities, especially among women and girls and eliminate discriminatory laws and practices.

At the core of these services are the SUN Movement's Principles of Engagement, which guide the myriad of actors, all working to scale up nutrition.

Process to date

At their meeting in September 2015, the SUN Movement Lead Group tasked the new SUN Movement Executive Committee to oversee the development of the Roadmap to ground the high-level ambitions of the Strategy in practical actions that will have greater impact at country level.

Through a consultative process (kick-started at the SUN Movement Global Gathering in 2015), working groups were established to set ambitions for the coming five years. Facilitated by the SUN Movement Secretariat, with stakeholders drawn from the membership of SUN Countries, SUN Networks (UN, Civil Society, Donor and Business) along with academic and technical partners, the Roadmap was reviewed.

The final Strategy and Roadmap will be endorsed and launched by the incoming SUN Movement Coordinator, Ms. Gerda Verburg and the Lead Group, in July 2016.

It will continue to be a country-led, multi-stakeholder and multi-sector collective force for nutrition.

For more information on the SUN Movement, please visit www.scalingupnutrition.org

[1] This update was kindly written by the SUN Movement Secretariat.


A andean woman climbs down a steep mountain to reach the piece of land where her animals graze

WFP/Edward Alba

ENN's Knowledge Management Project in support of the SUN Movement

Tui Swinnen *is the Global Knowledge Management Coordinator at ENN*

In early 2015, ENN began work on a five-year project to support Knowledge Management (KM) for the Scaling Up Nutrition (SUN) Movement under a DFID-funded Technical Assistance for Nutrition (TAN) programme. The programme is designed to support countries to seize the opportunity presented by the favourable political environment that has been created for nutrition globally and to maximise the benefits of membership of the SUN Movement. The Micronutrient Initiative (MI) is also funded under the TAN, with a focus on delivering technical assistance support to countries within the SUN Movement. With the SUN Movement now in its second phase (2016-2020), TAN partners will provide ongoing support to actors involved in scaling up nutrition with a focus on implementation and experience at country level.

ENN's KM work will focus on supporting actors within SUN countries to identify knowledge gaps, strengthen evidence on effective nutrition scale-up, and share know-how among actors involved in multi-sector programming and policy-making. ENN will pay particular attention to countries within the SUN Movement that are fragile and conflict-affected, recognising the unique challenges faced by actors involved in scaling up nutrition in these contexts. Furthermore, ENN will harness the opportunity to improve knowledge-sharing and coordination between actors in both humanitarian and development nutrition sectors that often exist side by side in fragile and conflict-affected contexts.

Progress to date

ENN has undertaken extensive consultation with a wide range of stakeholders and regional scoping visits to Somalia, Kenya, Ethiopia, Zambia, Senegal, Myanmar, India, Bangladesh and Laos to understand the status of the SUN Movement in these countries and their KM needs.

ENN has also assembled a dedicated team of KM specialists to lead the KM work with a Global Coordinator based in ENNs London, UK sub-office. Three regional KM specialists are based in east/southern Africa, west/central Africa and in south Asia. The regional KM specialists bring extensive experience in the nutrition sector and involvement in the SUN Movement at country and regional levels, as well as strong networks in their respective regions. The ENN KM team will develop a thorough understanding of knowledge needs at country and regional levels within the SUN Movement and will foster intra- and inter-regional learning and exchanges.

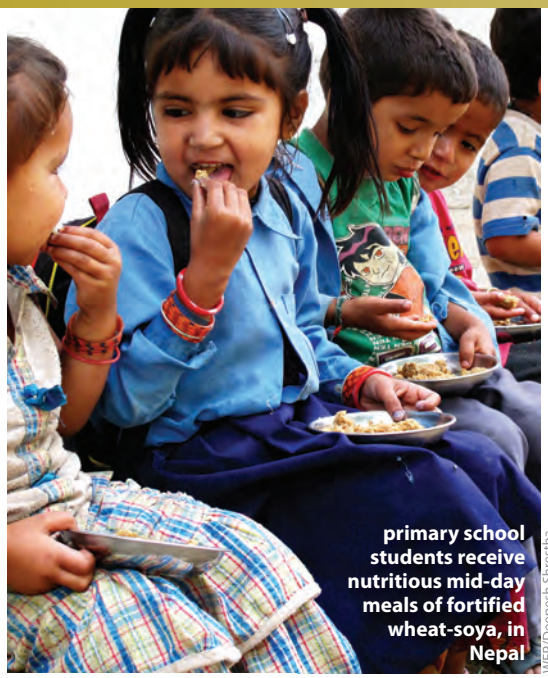
In addition to using existing ENN networks, publications and platforms, including en-net, Field Exchange and Nutrition Exchange, ENN will develop new tools and approaches for KM in order to meet the needs of actors involved in the SUN Movement at the national and sub-national level. Regional learning events will be organised to focus on specific learning and ENN will develop more digital content and interactive online spaces to improve networking among country level actors and the capture and exchange of learning and know-how.

ENN will continue to expand its audience and network, engaging actors involved in scaling up nutrition from all sectors and networks, which will bring new voices, perspectives and lessons on scaling up nutrition to help strengthen the SUN Movement and the scale-up of nutrition. ENN will also ensure key KM-related materials are translated into the languages needed in order to reach out to new audiences at national and sub-national levels.

For more information, please contact Tui@ennonline.net and follow us on Twitter @TuiSwinnen and @ENNOnline.


A child's Mid Upper Arm Circumference (MUAC) being measured in Diffa, Niger

WFP/Tim Dirven



primary school students receive nutritious mid-day meals of fortified wheat-soya, in Nepal

WFP/Deepesh Shrestha

The SUN Movement Common Results Framework: Understanding the CRF and lessons learned from five SUN countries

*This is a summary of an ENN Review of the SUN Common Results Framework (CRF) written by **Tamsin Walters**, which brings together background thinking and five examples of country level implementation in Tajikistan, Madagascar, Nepal, Niger and Peru SUN). The full report is available at: www.ennonline.net*

What is a CRF?

The 2014 SUN Movement Progress Report describes a CRF as a single and agreed set of expected (or common) results generated through the effective engagement of different sectors of government and the multiple (non-government) actors who have capacity to influence people's nutrition. This set of results should be based on the national goals and targets for nutrition and reflect the ways in which different sectors and actors can best contribute to the achievement of these targets through their individual and collective actions. While the 'results' referred to in a CRF are guided by the 1,000 days window of opportunity to improve nutrition, CRFs may also include targets for obesity and/or overweight reduction.

- The ENN review finds that SUN Movement global advocacy has played an important role in bringing awareness to nutrition and gaining high-level political commitment to move processes forward. Studies on the cost of hunger and economic effects of malnutrition have also proven effective in some countries. However, the role of nutrition champions in high-level positions at national level cannot be underestimated.
- The process of bringing stakeholders together from across ministries, donors, United Nations (UN) agencies, civil society, academia, the private sector and the broader population requires a high-level convenor. Where SUN Focal Points are based in a sectoral ministry, such as the Ministry of Health, their ability to convene across sectors is often compromised and plans may be skewed towards activities of their sector.
- The case examples reveal that missed opportunities to engage a range of actors can result in weaker plans, with challenges arising at the implementation stage. Madagascar, Niger and Peru are examples of countries where there has been recognition of the need for early consultation with the sub-national level stakeholders to inform improved planning.
- One of the first hurdles to overcome is finding a common ground for multiple stakeholders to engage in and invest in. As each sector has its own operational plan and faces competing priorities, adding nutritional indicators may be viewed as a burden and a distraction from their core business. The review highlights that a substantial amount of high-level advocacy may be required to raise awareness and understanding of nutrition as an issue that cuts across a range of sectors.
- At the implementation stage, country experiences advocate starting slowly, with gradual build-up of coverage of interventions. Strong coordination teams are required at provincial/district level to link budgets, plans, monitoring and accountabilities.
- The development of a CRF is a process that may take years rather than months as it requires the commitment of a variety of different sectors and stakeholders to establish a relevant, feasible and workable CRF.
- A key issue around funding of CRFs remains. It is unclear how donor funds are contributing to the processes of developing and implementing CRFs as the links between the global level (SUN donor network) engagement and country level appear weak.
- The author concludes by raising the question on how CRFs resonate with fragile and conflict-afflicted states and the particular challenges they face. Capturing experiences from more SUN countries in such contexts would assist learning around how the humanitarian perspective is incorporated into CRF processes and how humanitarian approaches are considering multi-sector engagement.

Original article

Interview with the Dr. Hjordis Ogendo, Head of Social Affairs and Environment, EU Delegation in Kenya and SUN Donor Convenor

Dr. Hjordis Ogendo

Background

Kenya was one of the first countries to sign up to the SUN Movement in November 2012 and the European Union Delegation in Kenya agreed to be the SUN Donor Network convenor in 2013. Around this time, Hjordis arrived in Kenya as the Head of Social Affairs and Environment and volunteered to take on the task of facilitating the SUN Donor Network. She has been in the post for three years and will soon step down after handing over her role to anther Donor Convenor. NEX editor Carmel Dolan interviewed Hjordis to get some insights into her experiences of this role.

1. How does the Donor Network function and are there specific terms of reference or guidance documents?

When we started, nobody really knew what signing up to the SUN Movement meant. We started mainly from scratch and had to think through how to go about it. I felt that we were largely alone as a Donor Network (DN) in Kenya and didn't know how it was for other DNs being established in other countries. There was a generic terms of reference developed by the SUN Movement Secretariat (based in Geneva) which we used and adapted to set out specific roles and responsibilities in the Kenya context. The Kenya DN was approved and adopted in late 2014.

2. How much work is involved for you in this role?

The DN-specific work requires about two days per month of time and I was fortunate to be able to share this workload with a DFID-funded consultant, who worked full time for one and a half years supporting the DN. Without this support, we would not have got to where we are today. This additional support has proved vital, as facilitating the DN is on top of my main European Union Delegation role in Kenya.

The key function of the DN is to support government directly through the SUN Focal Point (SUN FP) in their efforts to address malnutrition. Kenya has already achieved reductions in undernutrition and is one of only a few countries on track to achieve the World Health Assembly targets by 2020. However, many challenges remain as the disparities are large between various parts of the country and in the urban, informal settlements and there is also a growing problem with overweight and obesity.

Every SUN network in Kenya meets quarterly so this includes civil society, academia, UN agencies, business and donor networks. The Government SUN FP attends the DN meetings as well as other network meetings. As well as SUN-related network meetings, there are technical working group meetings on technical nutrition-related areas. Recently, a task force was established to discuss the need for a multi-stakeholder platform and Common Results Framework and to discuss advocacy on nutrition at national and county level. In Kenya most of the nutrition-related areas lie with the counties, so it is crucial to advocate also at this level.

The network facilitators also meet quarterly, so I attend these meetings to represent the DN. In essence, there are a large number of meetings (perhaps too many), not all of which everyone can attend. It is also important to inform the DN on what has been discussed and agreed in these other meetings.

3. How does the Donor Network interact with government – the SUN Focal Point and actors within other ministries?

The SUN FP is the key actor with whom the DN interacts on a regular basis. The EU has also supported the financing of a full-time policy support position in the Ministry of Health (MoH) to help the SUN FP with her workload, which is considerable. In terms of other ministries, there is limited interaction between the DN and these ministries at this time.

4. Do you think the network is better coordinated now in Kenya? Is there a better understanding of duplication and gaps between donors and between donors and government now that there is this network?

School lunches are fortified with 15 essential vitamins and minerals in Nairobi, Kenya

WFP/Challiss McDonough

Yes, I would definitely say this is the case. There was no donor-specific coordination on nutrition before, but now we all know who the main donors are as well as who the smaller donors are. We have been mapping the 'who, what, where' and are much better at sharing information. But I am not saying we could not improve on this – for example, we have a long way to go in terms of coordinated programming at county level to avoid gaps and prevent duplication of efforts. This is particularly pressing given that Kenya has now devolved to 47 counties.

5. What would you say have been the main achievements of the Donor Network?

I would highlight two great achievements. Firstly, the First Lady of Kenya is now our Nutrition Patron, thanks to considerable advocacy work by all the networks in Kenya. This has had tremendous impact and still has great potential. The First Lady is a spokeswoman and role model and therefore she is listened to. Often in her speeches she refers to the need and importance of a healthy and balanced diet also related to reducing maternal and child death in the country.

As Kenya has a devolved system of power to 47 counties, we now have the opportunity to engage the Governor's First Ladies in each county. People listen to them, so they are an ideal channel to transfer powerful and simple nutrition messages for the general population, as well as support their role as nutrition advocates to parliamentarians.

Our second biggest achievement has been undertaking a donor-mapping exercise for nutrition. Although we were not given a template for this, DFID provided support for a consultant to take on this task. We created a donor landscape of who was doing what where and with what resources in Kenya. As a donor community, we have found this very useful. The report has been published and is available on the EU Delegation's website.

This may have been simpler for us if we had had more guidance on how to go about such an exercise. In fact, at a later stage, while attending a SUN Movement meeting in Kampala, we discovered that a methodology for this type of donor mapping was being developed and took it further by developing a scoring system to identify nutrition-specific and nutrition-sensitive interventions. We had not known about this before and think it would have strengthened our work in Kenya. Nevertheless, I am proud to say our mapping work has been very valuable.

Water harvesting technologies have improved food security in arid regions in north-western Kenya

WFP/Rose Ogola

6. What have been the main areas of difficulty/frustration with the Donor Network?

One of our main difficulties is that nutrition is still seen as a health problem. The nutrition agenda needs to open up and go beyond the current health and food-based approaches of supplementation and emergency nutrition interventions focused on treatment, although these are life-saving and vital.

The European Commission has a great interest in nutrition; therefore I had an increasing role to play to take the nutrition agenda forward and beyond the DN. We supported meetings between many stakeholders, not just donors, but academia and government too to discuss the need for multi-sector engagement and activities. It has been difficult to get key players to see that nutrition requires a life-cycle approach in order to tackle undernutrition as well as the growing overweight/obesity and non-communicable diseases challenges. What the increasing problems of overweight and obesity mean in the context of the SUN Movement is unclear. The perception that nutrition is an MoH problem remains a key issue. We need to see the ministries of education, agriculture and others equally engaged.

7. What have you learnt along the way and what advice will you impart to the next donor convenor?

I would mention a few priorities. First, the DN needs to be more strategic. I do not think we are there yet, mostly due to our time constraints, as we only meet quarterly and we are competing with other focus areas of development. We simply don't have time! Devolution offers an opportunity to enhance our strategic thinking, identify county-level gaps and avoiding duplication of our nutrition programmes. There is scope for perhaps embarking on some joint donor programmes at the county level. Donor networking takes time and can't be rushed. This is a key point and one that needs to be appreciated more widely. To transition from a DN that openly shares information to one that works and plans strategically is the next stage, but this will take time and patience.

2016 is the year of the DN and other SUN networks in Kenya for focusing on nutrition advocacy. This is important in order to maintain momentum for nutrition in a devolved context. Advocacy is needed in all 47 counties.

I would encourage the new DN convenor to continue to support the SUN FP in the country, as this is their main partner. The SUN FP's main role is to get the other line ministries in the country on board and be proactive in pursuit of SUN-related activities. In the case of Kenya, the SUN FP is housed under the MoH, which we have seen has an insufficient level of influence with other line ministries to be able to get the necessary engagement. This is not a criticism, as the SUN FP does a huge amount of work; rather, she is limited by her position in government. Multi-sector scale-up relies on buy-in from the highest levels and this requires a high level, multi-stakeholder platform. This is beyond the reach of the MoH not only in Kenya but in many other countries. In Kenya, the SUN Movement would probably achieve much more under the Office of the President or under the responsibility of a line ministry that has the convening mandate, such as ministry of planning, to get the

intended profile. At the moment, there is a Bill on Food Security and Nutrition with a proposed (and revitalised) National Nutrition Council that will be based in the Office of the President. I would like to see SUN at this level. I believe there will be great benefits from improving the current set-up.

8. Looking back at SUN in Kenya in two to three years time, what changes would you like to have seen?

If I were to look back in a few years time, I would very much like to see the following achievements:

- First and foremost, I would like to see Kenya continuing to reduce the stunting rates and other malnutrition indicators and staying on track to achieve the WHO targets. To achieve this, the DN needs to continue to support the Government of Kenya;
- Stronger donor coordination and strategic thinking which provides joint programming at the county level;
- A multi-stakeholder platform in place so that nutrition is more prominent at higher levels and amongst the key ministries; and
- I would like nutrition to be addressed through an integrated approach in which other sectors play a much more important role when we discuss nutrition in Kenya, as well as in other countries.

Original article

Dr Mohamed Abdi Farrah

Listening to SUN country actors: A face-to-face interview with Dr Mohamed Abdi Farrah, Somalia SUN Focal Point[1]

Background

Somalia has been affected by civil war since 1991 and suffers from recurrent droughts, characterising it as a complex political environment with extreme poverty, food insecurity and instability. Somalia's malnutrition rates are consistently among the worst in the world, with currently 13.6 per cent wasting in children under five years of age, high levels of stunting (>26%), low levels of exclusive breastfeeding rates for infants under six months (5%) and widespread micronutrient deficiencies. Somalia has a well-established Nutrition Cluster, which since 2006 has grown to almost 100 active partners. This has been a forum for representing all actors, including UN and civil society organisations, in emergency nutrition concerns over many years. More recently, the Nutrition Cluster members have been able to engage with newly established SUN activities in Somalia.

Somalia joined the SUN Movement in 2014 and now has a national-level SUN Focal Point (SUN FP), Dr Farah, who is based in the Office of the Prime Minister. There is also a sub-national SUN FP based in Puntland and there are plans to expand to have more sub-national-level FPs in every state, including Somaliland. While the SUN Movement approach has been endorsed in Somalia, an official public launch is planned in 2016 which is seen as a way to bring people together and a chance for advocacy to further embed nutrition issues within government.

In January 2016 Tui Swinnen, the ENN Global Knowledge Management Coordinator, met with Dr Farrah at a Somalia Cluster meeting in Nairobi, Kenya. This presented an ideal opportunity to interview Dr Farrah to obtain his perspectives on scaling up nutrition in such a challenging and rapidly changing environment.

1. Can you tell me about the nutrition context in Somalia when government joined the SUN movement?

- Somalia is a context where there was no funding for nutrition and no solid evidence/knowledge base for nutrition due to the volatility and conflict situation. Research in Somalia is underdeveloped and has been haphazard. It was a difficult environment for establishing a SUN platform.
- I recognised early on that the SUN FP, in having responsibility for setting up the multi-stakeholder platform (MSP), must be placed in the Prime Minister's or President's office or another high post in order to ensure the power to convene different ministries. The location of the SUN FP within a ministry, often the Ministry of Health, in other SUN countries has proved to be a big challenge as this person does not have the authority to convene other ministers or ministries, which is critical to be able to successfully undertake nutrition-sensitive and multi-sector planning and programming.

2. As the Somalia context is unique, do you think actors working to scale up nutrition in Somalia would benefit from learning exchanges with other countries in the Movement?

[1] Special thanks go to Samson Desie, Somalia Nutrition Cluster Coordinator, for helping arrange this interview.


A mother and child at a clinic in Mogadishu, Somalia

WFP/Laila Ali

- There is certainly an interest in adapting sensitisation materials for parliamentarians, which is something that has been done elsewhere in the SUN Movement. There is also an interest in understanding what other countries have put in place in terms of monitoring and evaluation frameworks for their MSP and what the expectations are. These structures are in a nascent stage in the Somalia context as there is no precedent to draw on.
- There is also a keenness to develop a multi-sector plan and a Common Results Framework (CRF); therefore there is an interest in hearing how this has unfolded in practice in other contexts – specific practical aspects such as who is on the MSP, how many members are viable, etc.

3. Since Somalia joined the SUN Movement in 2015, nutrition has become a priority in Somalia with buy-in from the highest levels of government. Can you tell me how this shift came about?

- With security being the top priority in a country like Somalia, the focus of leaders and government has been on fighting insurgents, basic state-building and reclaiming the country; it was very difficult to make the case for the importance of investing in nutrition activities such as stunting reduction. It was important to make the leaders at a high level understand the importance of nutrition and to take the right arguments to them. This process is about educating leaders, building trust and bringing them along. There is no quick fix – this process takes time.
- I was involved in a key meeting in the early stages of establishing SUN in early 2015 in Somalia and put nutrition in perspective for the Prime Minister, with figures on the daily and monthly deaths relating to malnutrition in the country. The success of SUN depends on establishing the legitimacy of the issues and getting support from the leadership. The Prime Minister then appointed me as SUN FP in his own cabinet, giving me the ability to bring together different ministers and the legitimacy to set up an MSP in the country. A challenge to overcome is not only other pressing priorities, but also the lack of understanding of nutrition and health at a high level. The need for statistics as well as materials that explain the science and fundamentals of nutrition to someone with no background in this is essential.
- SUN is seen as a journey. It is about adaptation to unique contexts and seeing what works for different people. There will be a number of deep challenges to overcome in setting up SUN structures and to scaling up nutrition.

4. What are some of the 'deep challenges' that need to be overcome in Somalia?

- Coordination is an extreme challenge in Somalia, given that the government is not fully functional and not all the stakeholders who need to be 'around the table' and 'under one roof' for SUN activities can physically come together to do this. The UN actors and the donors operate out of Kenya, while the government and local actors are based in Mogadishu and other parts of the country. The restrictions on international actors travelling to Somalia every time there is a severe explosion or attack can pull the plug on an organised event at the last minute and even the planned SUN launch is at risk of this sudden change of plan.
- Financial tracking is another extremely difficult issue in this context as there is no central repository – for example a national bureau of statistics ¬– that could do this currently and tell us what is being invested in nutrition. However, the nutrition strategy for health in Somalia has a costed plan for the three regions of Somalia and includes a micronutrient and infant and young child feeding strategy, so financial progress is being made.

5. You have mentioned gaps in nutrition research and data in the Somalia context. Are there any plans to fill these gaps?

- There is currently no coordinated system in place for knowledge management. By this I mean the collection, evidence-building, technical assistance, documentation and assessment of nutrition information. This is a huge barrier for SUN activities as there is a need to be able develop, for example, a CRF or a National Nutrition Plan based on existing information, but this is not readily available.
- Nutrition research for Somalia is lead by the Food Security and Nutrition Unit (FSNAU) of FAO. UNICEF and FAO have the best data on Somalia at present and FAO has conducted several seasonal nutritional surveys in Somalia with a focus on vulnerable areas. They are open to sharing the data with government and other partners.
- SUN will be used to form a research centre for nutrition for Somalia. There is a need to create a database of all research, assessment and related health and nutrition findings for the country. SUN provides new opportunities to make use of information from neighbouring countries in the region that would be relevant to the Somalia context and could help fill the gap in research from Somalia itself. We will eventually also be able to share information with other countries.

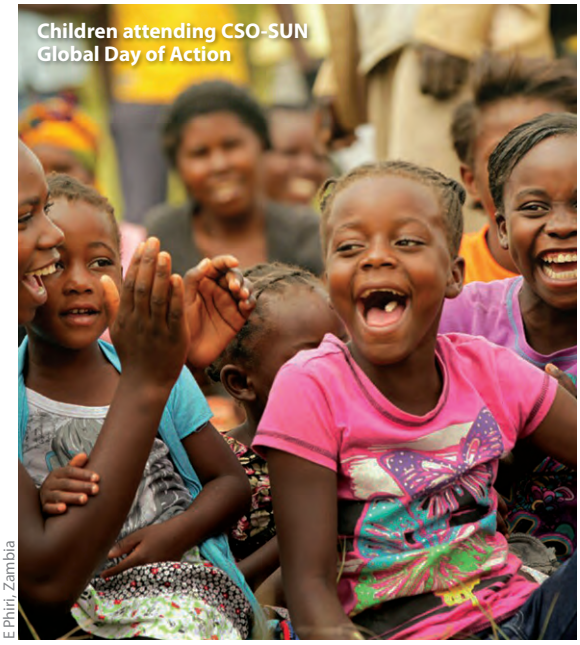
  As the Somali Government cannot oversee or control the research and knowledge-management activities, individual organisations conduct their own research and produce results to inform their own programmes. There is a need for a central repository to coordinate research in nutrition and to set national priorities.

6. What has been the Somalia experience of setting up a multi-stakeholder platform?

- Multi-sector engagement and structures are critical to the success of scaling up nutrition, but cannot be rushed. Building up new links between ministries and convincing

new sectors to engage in nutrition simply takes time and there are no shortcuts. It has taken me a year of meetings and follow-up and engagement activities to bring everyone onto the same page on nutrition for SUN in Somalia.

- Selling nutrition to leaders and framing the issues is critical. This must be presented in a way that resonates with leadership and must be evidence-based. Even in such a difficult and volatile context as Somalia, available data and well-crafted arguments can go a long way to making the case for nutrition. If it can be done in Somalia, it can be done anywhere!
- I believe we need to create an 'introductory' package of information, guidelines and templates for SUN. In Somalia we have had to start from at the beginning and develop documents and plans after joining the SUN Movement. The SUN 'blueprint' must be adapted to meet the needs of individual countries and contexts. In Somalia this means adapting national structures to a context in which there are three separate governments operating in the three regions and half the network stakeholders (donor and UN) located outside the country (in Kenya). The need for adaptability and creative ways of setting up SUN structures cannot be overstated.



Children attending CSO-SUN Global Day of Action

E Phiri, Zambia

Role of communication and advocacy in scaling up nutrition: lessons and plans from the Zambian experience

Field Article FEX51, p7

*By **Eneya Phiri,** Head of Advocacy and Communications at Zambia Civila Society SUN Nutrition Alliance*

Background

In children under five years of age, the Republic Zambia has high levels of stunting (40%) and wasting (6%), and high levels of micronutrient malnutrition. Over the years, there has also been an increase in overweight/obesity, affecting an estimated 23% of women.

Zambia joined the SUN Movement in 2010 and the government is determined to address malnutrition from a multi-sector and multi-stakeholder perspective. The SUN framework in Zambia is designed so that the National Food and Nutrition Commission, the statutory body charged with responsibility to coordinate action on nutrition in Zambia under the Ministry of Health, is at the centre of efforts to scale up nutrition. This houses the SUN Focal Point (SUN FP). The SUN FP coordinates action across other SUN networks, including academia, UN and business and civil society networks. As a result, for the first time, the government, civil society, the private sector and cooperating partners are all collectively engaged in fighting malnutrition. This article provides an overview of the role of communication and advocacy contributions of the Civil Society SUN (CS-SUN) Alliance in Zambia.

Established in 2012, the CS-SUN Alliance is a movement of civil society organisations working together to raise the profile of nutrition on the national development agenda to increase coverage of effective and integrated nutrition programmes. This requires increased networking among key stakeholders across sectors, advocating for resource commitments to nutrition, and holding those in office to account. CS-SUN public awareness-raising work has had considerable success. For example, the CS-SUN successfully ran a campaign that culminated in the review of the National Food and Nutrition Act of 1967; has supported Zambian political parties to include nutrition messages in the presidential campaigns; conducts national budget analysis and tracking for nutrition sector spending since; and has trained the media on nutrition reporting.

The lessons learnt so far include learning to package messaging properly so that nutrition concepts are broken down into simple, meaningful language that can be widely understood. Quick follow-up action is required when awareness-raising activities take place because, when communities are made aware, they start to demand better nutrition programming. Learning to work with parliamentarians as a specific target group has also brought lessons on how to bring the needs of their constituents to their attention. Finally, lessons also include the realisation that, by belonging to a global network of nutrition actors, the SUN Movement makes for easy access to information to facilitate cross-learning. For example, Zambia has been paired with Malawi to benefit from regional learning.

SUN Experiences: Lessons from Pakistan

Field article, FEX51 p10

Muhammad Aslam Shaheen *is SUN Focal Point in Pakistan.*
Dr. Ali Ahmad Khan *is Programme Officer for the SUN Secretariat, Ministry of Planning, Development and Reform, Pakistan.*

Background

In Pakistan, the nutritional status of children under five years of age is extremely poor. At a national level almost 40% are underweight. Over half the children are affected by stunting and about 9% by wasting. There are significant provincial variations in these rates in Pakistan and the prevalence of stunting appears to be associated with the overall level of development of the provinces, being lowest in Punjab and highest in Balochistan Province.

The Islamic Republic of Pakistan joined the SUN Movement in April 2013. The Chief of Nutrition is the SUN Focal Point and deals with technical and operational matters related to the Movement. His efforts are in line with the Pakistan Vision 2025 and guidance is provided by the Members, Secretary and Minister for the Ministry of Planning Development and Reform. The SUN Movement in Pakistan is currently working under the direction of the Planning Commission of Pakistan, the government body that regulates almost all programmes and proposals related to federal and provincial departments. A SUN Core Group (or National Nutrition Committee) (NNC) has been formed which is the equivalent to the SUN multi-stakeholder platform and consists of 15 key members of development partners and ministries who steer the process forward in the country. In addition, six specific networks (Government, UN, Donor, Civil Society Alliance, Business Network and Academia and Research) have been formed for streamlined efforts to scale up nutrition in the country.

SUN Focal Points have been appointed in four devolved provinces to coordinate their efforts for scaling up nutrition as, since devolution, every province is autonomous in planning and setting its priorities. After joining the SUN Movement, nutrition-specific and nutrition-sensitive programme budget analysis was performed for the first time. Results were presented in the SUN Movement Financial Tracking Workshop held in Asia in early 2015. For 2015-16, there is specific budget allocation for Nutrition and the Sustainable Development Goals (SDGs), an additional tranche of funding.

The added value of the SUN Movement in Pakistan is the increased coordination between the donors, UN agencies and other development partners with government. Government's ability to scale up nutrition in the country is increased and 2015-16 is the first year that there has been direct allocations of funds by government for nutrition-specific and nutrition-sensitive programming.

The authors conclude that Pakistan has made significant strides towards scaling up nutrition in Pakistan: nutrition is seen as a multi-sector challenge and efforts have been made to involve all relevant sectors. The aim has been to plan multi-sectorally but to implement sectorally, then evaluate multi-sectorally. It is too early to say if and how this multi-sector approach is working as the process is slow and requires patience and teamwork from all stakeholders. Continued advocacy and monitoring and evaluations will be required to ensure that these efforts are productive.

SUN Movement experiences in Indonesia

Field article, FEX 51 p 16

Nina Sardjunani *is SUN Lead Group member, and Endang L. Achadi, Professsor in the Faculty of Public Health, University of Indonesia.*

Background

Undernutrition rates in Indonesia are high with stunting and wasting affecting 37% and 12% of children under five respectively. There is large regional variation in stunting prevalence, with rates as high as 58% in some parts of the country. Overweight/obesity is also increasingly becoming a significant concern, with 14% of children under five, 20% of children aged five to 12 years, and 33% of women over 18 classified as overweight/obese.

The Republic of Indonesia joined the SUN Movement in 2011 at a time when the Ministry of Health and the Coordinating Ministry of People's Welfare began the 'First 1,000 Days of Life Movement' and Bappenas (the Ministry of National Development Planning) decided to formulate a SUN Policy Framework. This article describes how political and policy commitment was obtained from relevant ministries in Indonesia and led to a Presidential Decree approved and launched in October 2013. The SUN principles were included in the five-year National Medium Term Development Plans for 2015-2019, and the National Action Plan on Food and Nutrition was aligned to the SUN Common Results Framework (CRF) by engaging 13 ministries and two national board/agencies in the process so that nutrition was addressed by multiple stakeholders. The Presidential Decree also mandated the establishment of a coordinating mechanism for a multi-stakeholder, high-level Task Force led by the Ministry of People's Welfare.

Nutrition-sensitive programmes are in place. These include the Ministry of Public Works and Public Housing programme

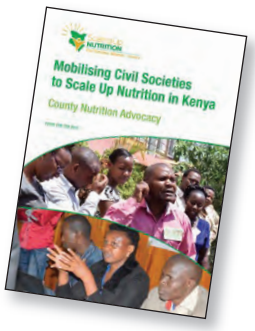
to build water and sanitation facilities, the Ministry of Industry food fortification programmes, and the Ministry of Trade stabilisation of food prices. Both nutrition-specific and nutrition-sensitive interventions have been costed through the budget allocation for each programme and the integration of this into the National Action Plan.

Stakeholder Networks of the Indonesia SUN Movement have also been established under the SUN technical team and include the UN Country Network, the SUN Business Network, the SUN Civil Society Alliance, and the Donor and UN Country Network on Nutrition.

Six Working Groups (Campaign, Advocacy, Training, Planning and Budgeting, Partnership and Environmental Risk Factor Study) have been established and are supported by an Expert Team. Each Working Group convenes meetings to discuss their strategies and programmes. The Networks reflect the SUN approach: government, UN, donor agencies and international agencies are grouped as one network; civil society organisations comprised of academia, professional organisations and NGOs are grouped as a second; and business as a third network.

Some of the implementation challenges linked to the current context include limitations in food availability and diversity due to reduced domestic food production, poor food access due to the decline in purchasing power caused by poverty and unstable food prices, and Indonesia's double burden of malnutrition. The authors also remark on how Indonesia's recognition of its current double burden of malnutrition situation has led to a multi-stakeholder approach and considerable buy in at presidential level, but also that significant challenges remain for increased decentralisation at district level to implement the National Plans.

Original article



Nutrition advocacy in Kenya's newly devolved government system

Titus Mung'ou *was the Advocacy and Communications Manager at Action Against Hunger (ACF) at the time of writing.*
Jacob Korir *is the Head of Health and Nutrition and Health Department at ACF Kenya Mission. He is the current Chair of the SUN CSA*

Background

The Kenya Demographic Health Survey (KDHS) 2014 indicates significant progress in nutrition in Kenya over the past five years. Stunting levels decreased from 35% to 26%; wasting rates declined from 7% to 4%; and the proportion of underweight children dropped from 16% to 11%. The 2015 *Global Nutrition Report* declared Kenya the only country in the world classified as being on course to meet all five maternal and child nutrition targets[1]. Despite the progress, however, malnutrition continues to pose a risk to the lives and livelihoods of a significant proportion of the population.

Since 2013, stakeholders in Kenya's nutrition sector have been realigning programmes to address the devolution of political, economic and decision-making power to the 47 newly created counties[2]. Under the new constitution, the health sector – including nutrition – is fully devolved to county-level governments, along with water and some treasury services. Sensitisation of nutrition sector actors on the structures and operations of governments is

[1] Stunting, overweight, wasting, exclusive breastfeeding and anaemia (the sixth, low birth weight is not included in the GNR report rating)
[2] *Devolution of Health Care Services in Kenya. Lessons Learnt from Other Countries*, KPMG 2013, p3, www.kpmgafrica.com.

Figure 1 Stunting prevalence 2014 in Kenya by county

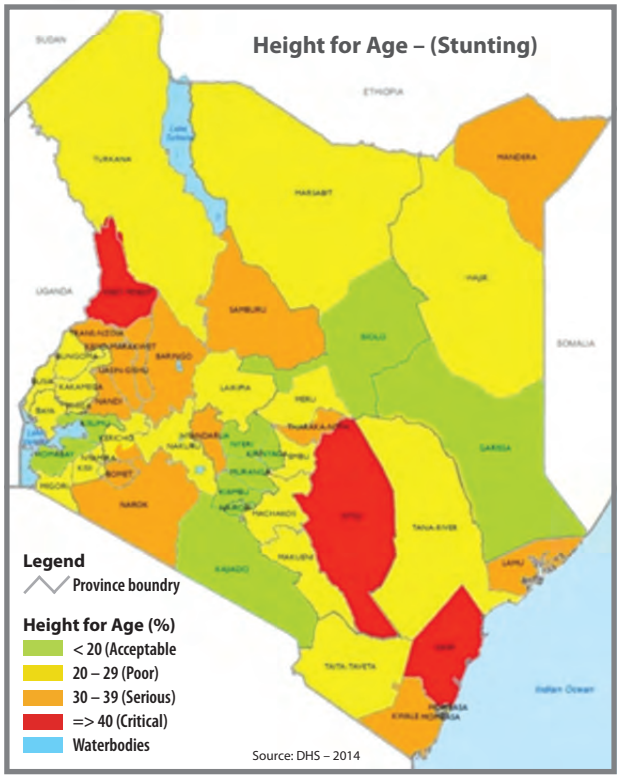
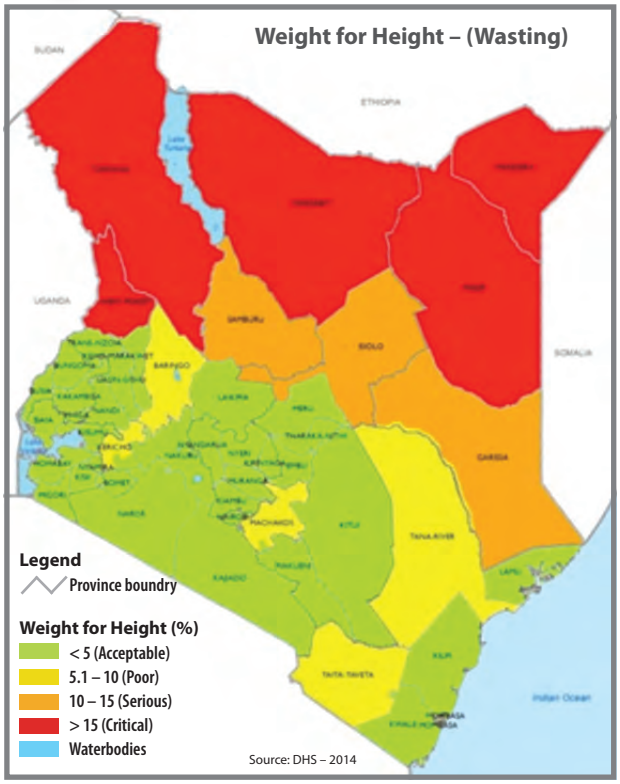


Figure 2 Wasting prevalence 2014 in Kenya by county



[3] Source: Constitution of Kenya, 2010. Fourth Schedule.
[4] Regional Comparison of Total Health Budget as a Percentage of GDP 2010-2011 p3.
[5] *Kenya Demographic Health Survey 2014 Key Indicators Report* p35. www.knbs.or.ke/index.php?option=com_content&view=article&id=308:2014-kenya-demographic-and-health-survey-2014-)

therefore essential for the successful implementation of nutrition programmes in these counties. This article reflects on some of the progress to date.

National and county-level responsibilities in the health sector[3]

The Kenya Health Policy 2014-2030 proposes the formation of county health departments whose role will be to create and provide an enabling institutional and management structure responsible for "coordinating and managing the delivery of healthcare mandates and services at the county level." The county health management teams provide "professional and technical management structures" to coordinate the delivery of services through health facilities in each county.

However, allocation of funds remains poor. A World Bank study notes that Kenya, as a signatory to the 2001 Abuja Declaration, "committed to allocating at least 15 percent of its national budget to health. Not only is Kenya spending a relatively low amount (7% in 2013) as a percentage of GDP on healthcare, but the allocation of funds to public facilities has been uneven."[4] Primary care facilities and community health play a significant role as the first point of contact in the provision of healthcare services.

In recent years, the nutrition spotlight has been on county level. According to the KDHS 2014, more than ten counties are grappling with deteriorating malnutrition levels[5].

With fewer than 15 out of 47 counties in Kenya making positive progress in scaling up nutrition, there is a huge task to consolidate efforts in the rest of the counties. Nutrition stakeholders have to overcome limited resources, low awareness of the importance of good nutrition, inadequate policies and weak coordination mechanisms across sectors in order to reverse the malnutrition trends.

The SUN Movement networks, through the leadership of the government-appointed SUN Focal Point in the Ministry of Health Nutrition and Dietetics Unit, have been developing strategies and guidelines. This includes the Advocacy, Communication and Social Mobilization (ACSM) Strategy, which aims to:

- Mobilise multi-stakeholders to support scaling up nutrition;
- Identify and build the capacity of county nutrition champions;
- Support and strengthen coordination of health and nutrition programmes;
- Lobby county governments to increase the number of nutritionists;
- Support the review of County Integrated Development Plans (CIDPs) to improve the status of nutrition;
- Advocate to county governments to increase nutrition budgets;
- Work with media to sensitise communities to scale up nutrition; and
- Conduct county media training on reporting nutrition issues.

The SUN Civil Society Alliance (SUN CSA) has mobilised 44 civil society organisations (CSOs) at national level and 30 others at county level. With funding from the SUN Multi-Partner Trust Fund, the network has established eight county CSA sub-national/county chapters with members such as women and youth groups and human rights and consumer associations not traditionally seen as part of the nutrition sector. In 2015, SUN CSA conducted two SUN sensitisation workshops for

representatives of the business community in West Pokot and Isiolo counties which led to the formation of the public-private sector partnership for nutrition in West Pokot County, a major milestone for SUN at the grassroots level.

Another achievement in the 2015/16 financial year in some counties was successful advocacy to county governments to recruit more nutritionists. West Pokot County, which has the highest prevalence of stunting in Kenya (45.9%)[6], now has one nutritionist per 27,000 population, compared to one per 82,000 last year. The nutritionists help ensure access to optimal, high-impact nutrition services. They are government employees on government payroll.

County nutrition champions

A key task of SUN networks has been to identify nutrition champions at national and county levels to drive the nutrition agenda. Kenya's First Lady became Nutrition Patron in March 2015. At least seven county First Ladies (wives of governors), politicians and celebrities have been identified and have accepted the role of nutrition champions. First Lady Margaret Kenyatta's Beyond Zero Campaign has integrated nutrition issues in its maternity mobile clinic initiative that is targeting counties, especially those grappling with access to quality health services. On 16 December 2015, SUN CSA held a county nutrition champions workshop[7] in which participants came up with four key recommendations:

- To build capacity of nutrition champions to promote nutrition through the media;
- To develop nutrition messages for nutrition champions translated to their mother tongue;
- To complete county Nutrition Action Plans to enable the champions to push for specific budget lines in county budgets;
- To organise a two-day nutrition advocacy training for county nutrition champions, to include over 20 First Ladies.

Way forward and next steps

Sensitisation of county-level stakeholders on SUN, the ACSM strategy, development of criteria for identification of nutrition champions, guidelines for engagement with parliamentarians, formation of new county SUN CSA chapters and coordination of nutrition advocacy trainings are among key activities earmarked by the SUN networks this year. The goal is to mobilise diverse stakeholders and leaders to prioritise nutrition, while building capacity of nutrition actors to position nutrition as a development agenda.

While the establishment of a SUN Multi-Stakeholder Platform at the national level seeks to position nutrition coordination in the Office of the President, the quest by SUN networks is to position nutrition in the Office of the County Governors. This has partly been achieved following the identification and sensitisation of nutrition champions from five counties in December 2015.

Training of county-level journalists on nutrition reporting, support to journalists to cover nutrition programmes, and sensitisation of nutrition technical staff to work with the media have been bolstered in at least six counties supported by SUN CSA. The training of more than 45 journalists, mostly from the counties, on nutrition reporting is expected to transform public views and perception on scaling up nutrition.

Documentation of malnutrition situation, best practices and research findings will be prioritised by SUN networks to improve evidence-based advocacy. Through joint field trips to nutrition projects in the counties by technical officers, key decision-makers and journalists, more awareness of the real situation is expected to lead to increased allocation of resources. Another important step will be to capture and upload data onto the website of the Ministry of Health Nutrition and Dietetics Unit,[8] which has created pages for counties. The first SUN CSA best practice booklets covering national and county advocacy activities were published in 2015.

Conclusion

As Kenya enters a new chapter in health and nutrition, the nutrition landscape is being aligned steadily following the establishment of SUN networks, sensitisation of key stakeholders on nutrition issues, identification of nutrition champions and integration of nutrition programmes into the devolved government system.

Devolution to the county governments is expected to strengthen the quest to tackle malnutrition at community level. In the past two years, SUN networks and stakeholders at the national level have been supporting counties to develop their CIDPs, cost their county Nutrition Action Plans, and lobby for the creation of clear budget lines for nutrition programmes. Despite the high levels of undernutrition in some counties, there is light at the end of the tunnel thanks to the progress Kenya is making in being on track to meet World Health Assembly nutrition targets.

[6] *Kenya Demographic Health Survey 2014*. dhsprogram.com/pubs/pdf/FR308/FR308.pdf
[7] County Nutrition Champions Workshop Report 2015. Available at mptf.undp.org/document/download/14540
[8] www.nutritionhealth.or.kenya

Participants after SUN CSA Nutrition Advocacy Workshop in Kajiado

Sustainable Development Goal 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture[1]

Agreed by all UN member states, *Transforming Our World: 2030 Agenda for Sustainable Development*, consists of a Declaration, 17 Global Goals and 169 targets, a section on means of implementation and renewed global partnership, and a framework for review and follow-up.

Within the 2030 Agenda, the UN member states have committed to comprehensive, integrated and universal transformations which include ending hunger and malnutrition once and for all by 2030. This ambition is captured in Global Goal 2, which includes achievement of food security, improved nutrition and sustainable agriculture as part of a comprehensive set of actions.

The following targets are associated with the goal:

2.1 By 2030 end hunger and ensure access by all people, in particular the poor and people in vulnerable situations including infants, to safe, nutritious and sufficient food all year round.

2.2 By 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.

2.3 By 2030 double the agricultural productivity and the incomes of small-scale food producers, particularly women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets, and opportunities for value addition and non-farm employment.

2.4 By 2030 ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters, and that progressively improve land and soil quality.

2.5 By 2020 maintain genetic diversity of seeds, cultivated plants, farmed and domesticated animals and their related wild species, including through soundly managed and diversified seed and plant banks at national, regional and international levels, and ensure access to and fair and equitable sharing of benefits arising from the utilization of genetic resources and associated traditional knowledge as internationally agreed.

2.6 Increase investment, including through enhanced international cooperation, in rural infrastructure, agricultural research and extension services, technology development, and plant and livestock gene banks to enhance agricultural productive capacity in developing countries, in particular in least developed countries.

2.7 Correct and prevent trade restrictions and distortions in world agricultural markets including by the parallel elimination of all forms of agricultural export subsidies and all export measures with equivalent effect, in accordance with the mandate of the Doha Development Round.

2.8 Adopt measures to ensure the proper functioning of food commodity markets and their derivatives, and facilitate timely access to market information, including on food reserves, in order to help limit extreme food price volatility.

Dr. David Nabarro, who previously coordinated the SUN Movement, has been appointed Special Adviser on the 2030 Agenda for Sustainable Development to work with member states and other relevant stakeholders to galvanise action on implementation of the Agenda. He will bring his considerable knowledge of the SUN Movement to the nutrition-related SDGs. At least 12 of the 17 Global Goals contain indicators that are highly relevant for nutrition, reflecting the centrality of nutrition for instigating comprehensive change.

Improved nutrition is the platform for progress in health, education, employment, female empowerment, poverty reduction and the mitigation of greenhouse gas emissions. In turn, water, sanitation and hygiene, education, food systems, climate change, social protection and agriculture all have an important impact on nutrition outcomes.

While the ambition of the nutrition community is grounded in Goal 2, a nutrition revolution is needed to ensure the full potential of all goals across the 2030 Agenda to bring lasting benefits to everyone, everywhere.

To find out more visit **www.un.org/sustainabledevelopment/hunger/**

WFP/David Longstreath

S Kamal/Tdh, Bangladesh, 2013

F Struzik/Image of Dignity, Bangladesh, 2012

WaterAid/ Panos/ Adam Patterson

[1] We thank Florence Lesbannes of the SUN Movement Secretariat for help in writing this piece.

The Second World Breastfeeding Conference, 11-14 December 2016, Johannesburg

The International Baby Food Action Network in partnership with the Government of the Republic of South Africa, will host the Second World Breastfeeding Conference in Johannesburg, South Africa.

The conference will call for committed action and provide a platform for breastfeeding advocates, governments, scientists, civil society organisations, UN agencies, international organisations, research institutions, public interest groups and other stakeholders to discuss and share experiences. It will provide an opportunity to review the global investment promises for maternal and infant and young child nutrition.

The conference will address breastfeeding in a human rights framework and will raise awareness on progress to date in improving breastfeeding rates, which has occurred at different speeds in many countries. It will raise awareness of the challenges in the promotion, protection and support of breastfeeding and other IYCF interventions due to funding, structural, policy and political environment.

Read more at **www.worldbreastfeedingconference.org**

---

eLENA mobile phone application now available!

The WHO e-Library of Evidence for Nutrition Actions (eLENA) is an online library of evidence-informed guidance for nutrition interventions. It is a single point of reference for the latest nutrition guidelines, recommendations and related information, including supporting materials.

In recognition that access to eLENA content in settings without regular or reliable internet access is problematic, WHO has developed an eLENA mobile phone application, eLENAmobile, which delivers much of the content of eLENA to smartphones and can be accessed anywhere – no internet connection is required.

eLENA aims to help countries successfully implement and scale up nutrition interventions by informing as well as guiding policy development and programme design. eLENA is available in all six official UN languages. Nutrition interventions are listed in alphabetical order for easy access.

Read more at **www.who.int/elena/en/**

General Assembly proclaims the Decade of Action on Nutrition

The Decade of Action on Nutrition is a commitment of Member States to undertake ten years of sustained and coherent implementation of policies and programmes. It will increase the visibility of nutrition action at the highest level, ensure coordination, strengthen multi-sectoral collaboration and measure progress towards food and nutrition security for all. The resolution recognises the need to eradicate hunger and prevent all forms of malnutrition worldwide.

> ***159 million children under five years of age are stunted. Approximately 50 million children under five are wasted; over two billion people suffer from micronutrient deficiencies and 1.9 billion are affected by overweight, with over 600 million of them obese.***

The resolution calls upon FAO and WHO to lead the implementation of the Decade of Action on Nutrition in collaboration with the World Food Programme (WFP), the International Fund for Agricultural Development (IFAD) and UNICEF, involving coordination mechanisms such as the United Nations System Standing Committee on Nutrition (UNSCN) and multi-stakeholder platforms such as the Committee on World Food Security

To find out more visit **http://www.ipcinfo.org/**

WFP/Agron Dragai

F Struzik/Image of Dignity, Bangladesh, 2012

R. Aryeetey, Ghana, 2014

©IFPRI/Gert-Jan Stads

ENN
32, Leopold Street, Oxford, OX4 1TW, UK
Tel: +44 (0)1 865 324996 Email: office@ennonline.net
Charity registration no: 1115156. Company registration no: 4889844

To register for Nutrition Exchange go to
www.ennonline.net/nex

English