

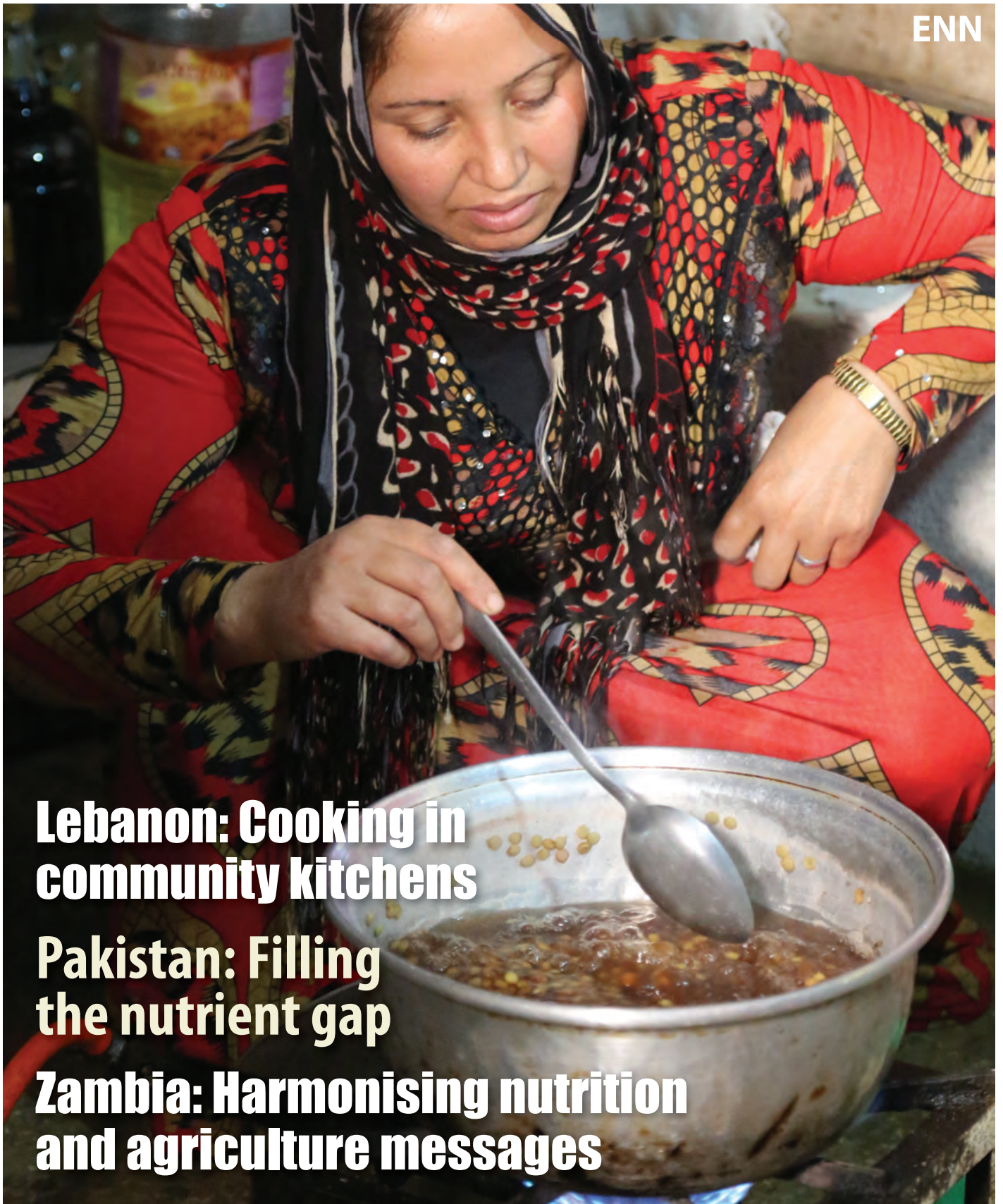
Ecuador: Strategies to tackle obesity

Nepal: Voices from the field

West Africa: Civil society nutrition advocacy

# NUTRITION EXCHANGE

ENN



**Lebanon: Cooking in community kitchens**

**Pakistan: Filling the nutrient gap**

**Zambia: Harmonising nutrition and agriculture messages**

English



# Contents

## 3 Editorial

## 4 Global Themes

- 4 Investing in Nutrition
- 4 Integrating water, sanitation and hygiene, and nutrition interventions
- 5 National Information Platforms for Nutrition
- 6 Non communicable diseases: The next pandemic
- 6 en-net discussion
- 7 The State of Severe Malnutrition
- 7 New role for UNSCN
- 8 *Shamba Chef*: Cooking up a nutritious storm in Kenya

## 9 Original Articles

- 9 Community kitchens in Lebanon: Cooking together for health
- 10 Healthy snacks and nutrition education: School feeding in Lebanon's public schools
- 12 Tackling overweight and obesity in Ecuador: Policies and strategies for prevention
- 15 Voices from the field in Nepal: Programming at district level
- 17 Filling the Nutrient Gap in Pakistan: Insights to address malnutrition
- 19 Singing the same song: Nutrition-sensitive agriculture messages in Zambia
- 21 Developing capacity needs assessments for nutrition-sensitive agriculture in Ethiopia
- 24 Advocating for nutrition in West Africa: The role of SUN civil society alliances
- 26 Strengthening capacities for nutrition in Kenya: Developing a new framework
- 28 Shaping national food and nutrition policy in Nigeria

## 30 Resources and Updates

- 30 On-line resources
- 31 SUN Movement update

ENN would like to thank the UNICEF Regional Office in Panama, and UNICEF, Middle East and North Africa Regional Office in Jordan, for making the Spanish and Arabic versions of this publication possible.

We would also like to thank members of the ENN KM team for their contributions to this issue including Regional Knowledge Management Specialists (RKMS) Ambarka Youssoufane (Senegal), Lillian Karanja (Kenya), and Charulatha Banerjee (India), supported by Tui Swinnen (ENN Global KM Coordinator), and on the NEX podcasts Jonah Klein (Digital Content Producer) and Azaria Morgan (Project Assistant).

**Front cover:** A Syrian mother cooking in her kitchen in a tented refugee settlement in Bekaa Valley in Lebanon; WFP/Abeer Etefa

**Back cover:** A school meals programme in Lebanon; WFP/Dina El Kassaby



WFP/Edward Johnson

## 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 prioritised for publication. It also provides information on guidance, tools and upcoming trainings. NEX is available in English, French, Arabic and Spanish.

## How often is it produced?

*Nutrition Exchange* is a free, bi-annual publication available in hard copy in English and French, and electronically in English, French, Arabic and Spanish.

## How to subscribe or submit an article

To subscribe to *Nutrition Exchange*, visit <http://www.ennonline.net/nex>

Many people underestimate the value of their individual experiences and how sharing them can benefit others working in similar situations. ENN aims to broaden the range of individuals, agencies and governments that contribute material for publication in *Nutrition Exchange*.

Often the articles you see in *Nutrition Exchange* begin as a few bullet points that authors share with us. The editorial team will help support you in writing up your ideas into an article for publication.

To get started, just email Carmel and Judith ([carmel@ennonline.net](mailto:carmel@ennonline.net) and [Judith.Hodge@ennonline.net](mailto:Judith.Hodge@ennonline.net)) with your ideas. We are now looking for articles for NEX Issue 9 so please be in touch.

This edition of *Nutrition Exchange* was funded by UK aid from the UK Government, 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



# Editorial

Welcome to this eighth issue of *Nutrition Exchange* (NEX), in which we have widened our geographical reach to include more readers and contributors from the Middle East and North Africa region. This is the first NEX issue to feature two articles from **Lebanon**. One looks at a community-based kitchen initiative (page 9), the other a school feeding programme (page 10). Both articles describe efforts to address the double burden of malnutrition (overweight/ obesity and undernutrition) among the Syrian refugee and vulnerable Lebanese populations.

Malnutrition in all its forms is evident in every country in the world (as confirmed by the 2016 *Global Nutrition Report*). According to WHO's analysis, very few countries have yet been able to account for the rapid rise in overweight/ obesity and non-communicable diseases in their food and nutrition policies and plans. **Ecuador** may be an exception; the article in this issue reports that food labeling, a sugar tax on beverages and school-based initiatives to increase healthy eating and physical activity are being implemented (page 12). An interview with **Nigeria's** Ministry of Budget and National Planning (page 28) provides important insights into the challenges of developing a national food and nutrition policy, particularly in securing the necessary budget lines in different ministries with a role in nutrition. Advocacy can play a crucial part in raising the profile of nutrition among parliamentarians and the media in order to influence national policies and budget allocations. An initiative in 12 countries in **West Africa** to scale up nutrition advocacy efforts through creating nutrition champions and civil society alliances is described in detail (page 24).

In countries where agriculture remains the primary economic activity (mainly in Africa and Asia), the focus is now on making agriculture more nutrition-sensitive; that is, seeking to maximise its contribution to nutrition. This issue contains articles on two such initiatives, in **Ethiopia** and **Zambia**. Both focus on building capacity, defined as the process by which individuals, organisations and societies strengthen their knowledge, skills and experience in order to achieve development objectives. The Ethiopia

story (page 21) describes a project to identify capacity strengths and gaps in implementing the country's nutrition-sensitive agriculture plan. In the Zambia article (page 19), the emphasis is on 'singing the same song' – developing key nutrition messages for agricultural extension workers. Building capacity is also the focus of an article from **Kenya** (page 26), where a nutrition capacity development framework is being streamlined to take account of the country's devolved government structure and the need to support sub-national level solutions for nutrition problems.

Many countries are implementing multi-sector nutrition programmes (MSNPs), which attempt to link together all the sectors – such as agriculture, education, health, water and sanitation and social protection – that can help address the immediate, underlying and basic causes of malnutrition. An article from **Pakistan** (page 17) describes a tool that uses existing data to identify the potential cost and nutritional impact of a range of interventions to 'fill the nutrient gap' across different sectors. In **Nepal**, the reality of carrying out multi-sector interventions is explored by two district officers charged with implementing an MSNP on the ground (page 15).

We would be delighted to feature many more of these 'voices from the field' – so please do share your stories and experiences of nutrition programming with us for the next issue of NEX, to be published in January 2018. Thank you to all our contributors and happy reading!

Carmel Dolan, *Co-editor, NEX*

([carmel@enonline.net](mailto:carmel@enonline.net))

Judith Hodge, *Co-editor, NEX*

([Judith.Hodge@enonline.net](mailto:Judith.Hodge@enonline.net))



Media Hub



Listen to an interview with the editors on the ENN podcast channel:

<http://www.enonline.net/mediahub/nex8editorspeak>

## About ENN

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.





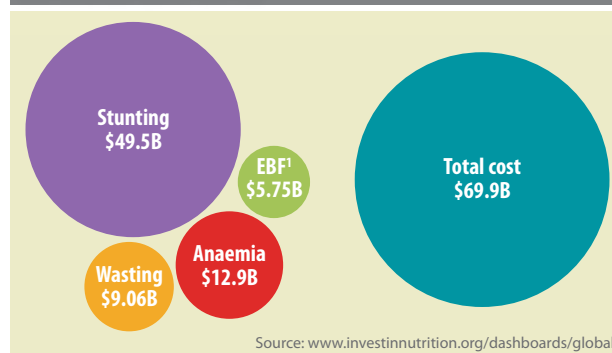
# Investing in Nutrition

**H**ow much will it cost to reach the World Health Association (WHA) global targets to reduce stunting, wasting and anaemia and increase exclusive breastfeeding? About US\$70 billion on top of current funding over the next ten years, according to *Investing in Nutrition*, a report by the World Bank and the Bill and Melinda Gates Foundation, among others. This figure comes from estimates of delivering a package of interventions, such as antenatal micronutrient supplementation, breastfeeding promotion and staple food fortification.

A useful interactive map of 29 countries provides information on current investment (both foreign donor and domestic spend, where data is available) to achieve WHA targets. For example, in Ethiopia in 2015 the government and foreign donors spent a total of US\$71.8 million on WHA nutrition targets, of which US\$2.55 million came from the government and US\$69.2 million from foreign donors. In contrast, Tanzania spent US\$39.6 million on the WHA targets, comprising US\$22 million from the government and US\$17.6 million from foreign donors.

According to the report, a “Global Solidarity” scenario is required to mobilise the level of funding needed, whereby donor spending scales up rapidly over the next five years, while domestic (government) spending steadily grows. Then, from 2020 to 2025, domestic financing accelerates and donors begin to scale back in support of country ownership over nutrition programming.

Cost of meeting targets on top of current spending, 2016-2025 (USD 2015)



<sup>1</sup> Exclusive breastfeeding (EBF) is defined as no other food or drink, not even water, except breast milk for the first six months of life.



ACF - Pakistan 2015

## Integrating water, sanitation and hygiene and nutrition interventions



**L**inking undernutrition to poor hygiene, poor sanitation and unsafe drinking water is a key focus of multi-sector approaches in many countries. The *WASH Nutrition* guidebook, published by Action Against Hunger (ACF), offers practical help to practitioners involved in designing programmes in both humanitarian and development contexts. The manual provides examples from over 30 countries on how to link nutrition and WASH programming, plus guidance on setting up monitoring and evaluation systems to measure progress and impact, and tools for advocacy and capacity-building. There is also a resources section with tools and examples from the field on how integration efforts can fit within a project cycle.

A ‘WASH 1,000 strategy’ from Ghana shows how to integrate key household behaviours such as handwashing at critical times and giving a child only boiled or treated water within the first 1,000 days (from the start of pregnancy to the child’s second birthday).

Another example of a nutrition project in Madhya Pradesh, India, focused on tackling open defecation and other WASH-

related issues in the targeted communities to achieve nutrition and health impact. In this setting a community-led, total sanitation (CLTS) specialist was employed to liaise with the community on identifying key issues (such as lack of toilets and handwashing) and possible solutions.

ACF reports that in the Sahel region of Africa, since the last nutrition and food security crisis of 2012, only 10% (approximately 100,000) of the children admitted for severe acute malnutrition treatment received a WASH minimum package of activities to prevent the vicious circle of diarrhea/nematode infections/enteropathy/undernutrition. The guidebook gives special emphasis to integrating WASH and nutrition in humanitarian emergencies, since safe drinking water and sanitation, in addition to food and shelter, are vital to safeguarding the health of communities affected by crisis.

### Reference

Action Against Hunger. *WASH Nutrition: A practical guidebook on increasing nutritional impact through integration of WASH and nutrition programmes* (2017). [www.actionagainsthunger.org.uk/sites/default/files/publications/action\\_against\\_hunger\\_wash\\_nutrition\\_guidebook.pdf](http://www.actionagainsthunger.org.uk/sites/default/files/publications/action_against_hunger_wash_nutrition_guidebook.pdf)

# National Information Platforms for Nutrition

**H**ow do governments identify the most effective nutrition-specific and nutrition-sensitive interventions to achieve their nutrition goals? Having robust nutrition information is crucial to

every government’s decision-making, so a European Commission-led initiative called National Information Platforms for Nutrition (NiPN) is providing support to up to ten SUN Movement countries, including Bangladesh, Ethiopia, Kenya, Laos, Niger and Uganda, to analyse information and data to better inform their nutrition policies and programmes. The NiPN is intended to:

- Raise questions each government needs to answer to develop or refine its policies and programmes in all sectors that could improve nutrition, including health, agriculture, food security, social protection and water and sanitation;
- Bring together existing information needed to answer those questions, including indicators of nutritional outcomes, published literature, context information and data on programmes and investments in all sectors;
- Review information, analyse data and interpret results in the light of current knowledge to try to answer the questions;
- Disseminate the findings and evidence to policy makers and programme planners; and

- Develop or refine policies and programmes that lead to improvements in nutrition.

A conceptual model of this process is shown in Figure 1, below.

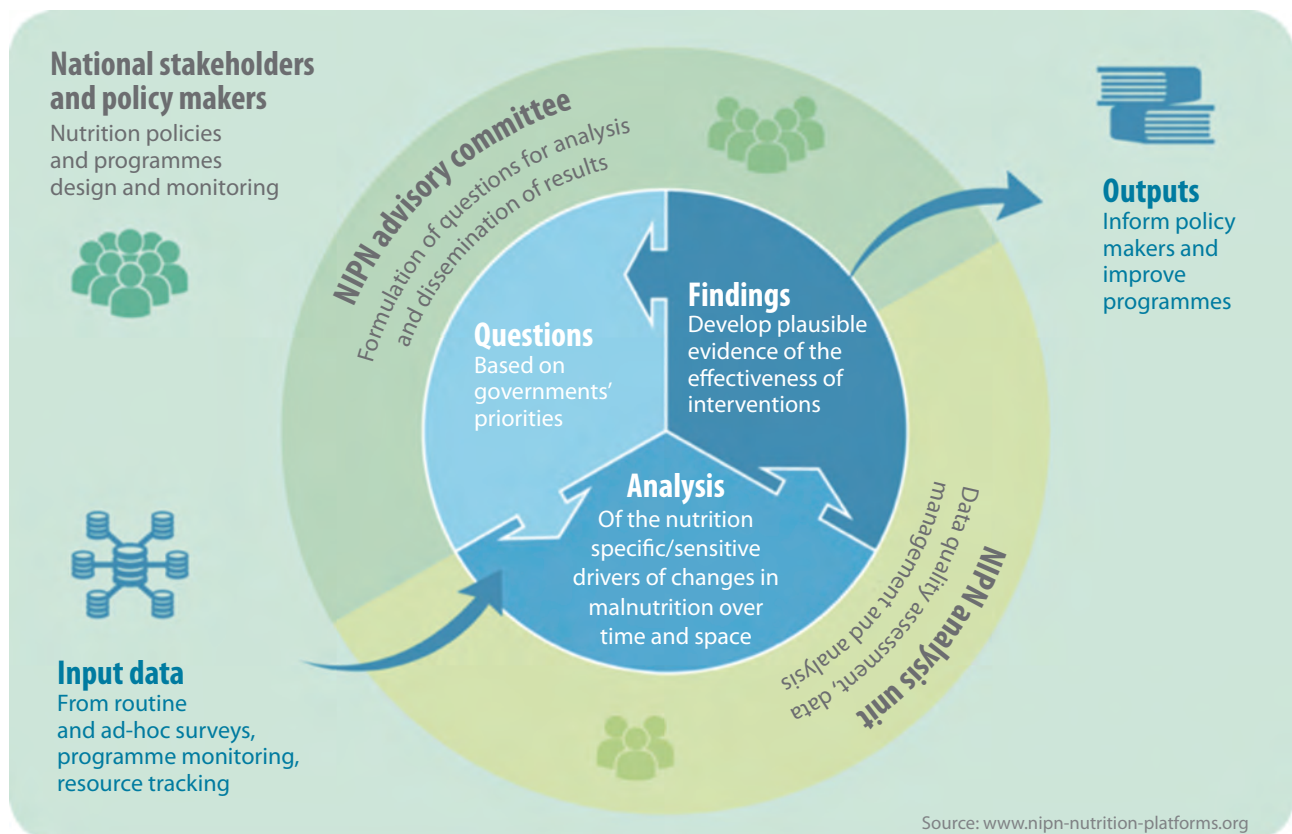
Guiding principles underpinning the project include the following:

- Each NiPN is country-owned, so the design of the information platform and data analysis is embedded within national structures;
- The NiPN builds on what exists by making the best use of current information;
- It adds value by complementing other initiatives; and
- It strengthens capacity, so it develops the skills in government needed to achieve its objectives.

A Global Support Facility (GSF) has been set up to support countries and to coordinate the technical support and capacity-building required. An Expert Advisory Group has also been constituted to provide technical guidance and advice throughout the project. The initiative is supported by the European Union, the UK Department for International Development and the Bill and Melinda Gates Foundation.

To find out more, visit [www.nipn-nutrition-platforms.org](http://www.nipn-nutrition-platforms.org)

**Figure 1 NiPN conceptual model**



# Non communicable diseases: The next pandemic

It is described as the next pandemic: the relentless increase of non-communicable diseases (NCDs) in developing countries. Also known as nutrition-related chronic diseases, NCDs such as cardiovascular related disease, hypertension, type 2 diabetes and cancer now account for over half of the overall burden of disease in middle-income countries and nearly one third in low-income countries, with cardiovascular disease the main contributor. The disease burden increased by nearly 30% between 2000 and 2015, affecting younger people than in wealthier countries.

A recent report by the Economist Intelligence Unit (EIU) highlights the huge social and economic costs of NCDs on existing healthcare systems in developing countries that are set up primarily to deal with infectious diseases and improve child and maternal health. Now there is a pressing need to include the prevention and management of chronic diseases in these systems.

As the report points out, developing countries already face severe funding constraints for healthcare in general. Current total healthcare expenditure per capita is less than 1% in low-income countries and 2% in middle-income countries and only a tiny proportion of development aid is currently apportioned to NCDs.

What is contributing to this steep rise in NCDs in the developing world? Not surprisingly, many of the same factors

affecting populations in high-income countries are responsible – urbanisation and lifestyle changes such as increasingly sedentary jobs, more motorised transport and less physical activity. Countries in so-called nutrition transition are witnessing an increase in processed food as eating healthily becomes more expensive than consuming cheaper, high-calorie ‘junk’ foods, yet the WHO 2015 Global Survey on National Capacity for the Prevention and Control of NCDs found that globally, less than 41% of reporting countries (in any income category) had an operational, multi-sector NCD strategy.

The EIU report concludes that technological and organisational innovations, such as prevention programmes that offer incentives for both patients and healthcare providers, are urgently required to stop the increasing burden of NCDs from reversing health gains made since the turn of the century.

## References

The Economist Intelligence Unit. *The Next Pandemic? Non-communicable diseases in developing countries*. London, UK.  
<http://accessaccelerated.economist.com/reports/thenextpandemic/>

World Health Organization. *Assessing National Capacity for the Prevention and Control of Noncommunicable Diseases*. Global Survey (2015)  
<http://apps.who.int/iris/bitstream/10665/246223/1/9789241565363-eng.pdf?ua=1>



## en-net discussion

As a free and open resource, available in English and French, en-net offers help to field practitioners with access to prompt technical advice for operational challenges for which answers are not readily accessible. Recent discussions generated at country level on en-net that may be of interest to NEX readers include the following:

- A question was raised about available research on resilience in the context of climate change and nutrition in non-agricultural communities, such as urban slums, where nutrition is heavily affected by poverty, poor sanitation and lack of employment opportunities ([www.en-net.org/question/2858.aspx](http://www.en-net.org/question/2858.aspx)).
- A discussion on selecting and promoting appropriate nutritious crops in a community that has been supported with a new irrigation system in Eastern Uganda ([www.en-net.org/question/2872.aspx](http://www.en-net.org/question/2872.aspx)) led to resources from FAO and FANTA Project being recommended as of value.
- Another question asked about effective ways to engage the

private sector in food fortification and the development of nutritional products, plus information on donor interest in these approaches ([www.en-net.org/question/2834.aspx](http://www.en-net.org/question/2834.aspx)).

The stunting prevention section of en-net has also seen some very interesting comments and questions, including whether stunting should be a focus of humanitarian programmes; the evidence base for preventing stunting in the under 24-month age group; and appropriate proxy indicators for preventive interventions ([www.en-net.org/question/2784.aspx](http://www.en-net.org/question/2784.aspx)).

There has also been a great deal of discussion concerning the prevention and treatment of acute malnutrition, with issues raised from national government staff about access and coverage; the en-net expert in this technical area provides advice here ([www.en-net.org/question/2886.aspx](http://www.en-net.org/question/2886.aspx)).

It is easy to follow the links to the discussion areas. To ask questions or share your experiences, go to [www.en-net.org](http://www.en-net.org) or [fr.en-net.org](http://fr.en-net.org)



## The State of Severe Malnutrition

It is estimated that more than 16 million children around the world have Severe Acute Malnutrition (SAM) and a further 33 million have Moderate Acute Malnutrition (MAM)

# The State of Severe Malnutrition

Globally, 108 million people were reported to be facing food crisis in 2016, up 35% compared to almost 80 million in 2015, so it is timely that a new website, the State of Severe Malnutrition, has been launched providing a comprehensive overview of all qualitative and quantitative resources on acute malnutrition (both severe and moderate forms).

The website was developed as part of the 'No Wasted Lives' Initiative, a partnership between UNICEF, Action Against Hunger, Children's Investment Fund Foundation, the European Commission and the UK Department for International Development. The initiative aims to double the number of children with severe acute malnutrition receiving treatment from 3.2 million (UNICEF 2014) to six million a year by 2020.

The new online resource combines articles and guidelines from the previous CMAM Forum website, information from coverage assessments, and UNICEF data to provide a global and country-specific overview of acute malnutrition. The website aims to link malnutrition discussions to wider public health and child survival debates, highlight the progress that has been made globally on treatment coverage, and provide a global perspective and country-

specific overviews of malnutrition treatment outcomes. (There is currently a dearth of data on prevention-only treatment). Data and documents on the website are organised by the following themes:

- **Enabling environment:** includes policy and guidance documents as well as financing data points and information;
- **Supply:** includes data on products and routine medicine, human resources, geographical coverage and community mobilisation;
- **Demand:** includes quantitative data on the burden of acute malnutrition, nutrition and infection (including malaria and HIV), as well as health-seeking behaviour; and
- **Quality:** includes data on treatment admission and exits, treatment coverage, lives-saved estimates and cost effectiveness.

The website also contains a broad overview of current research on the prevention and treatment of acute malnutrition, in addition to highlighting areas of innovation and upcoming events. Individuals are invited to join the discussions on data or submit resources and events as part of the website's ongoing development.

To find out more, visit [www.severemalnutrition.org](http://www.severemalnutrition.org)

## New role for UNSCN

There have been large shifts in the global nutrition landscape, particularly in the last five years. Initiatives such as the Scaling Up Nutrition (SUN) Movement, Nutrition for Growth (N4G), the Global Nutrition Report (GNR) and multiple private-sector initiatives have emerged, while pre-existing actors have had to reassess their position to take account of the changed landscape. One of these is the UN Standing Committee on Nutrition (UNSCN), established some 40 years ago in the aftermath of the 1970s food crises at the request of the World Food Conference.

The Committee comprises five UN agencies (FAO, IFAD, UNICEF, WFP and WHO) with an explicit mandate for nutrition; membership is also open to other UN agencies engaged in nutrition. UNSCN's role has become less clear since other actors have revamped and repositioned their activities towards nutrition – and the nutrition landscape has become more complex and busy. This has led to a call for the Committee to reinvigorate the UN's interagency work on nutrition to deliver more synergy and impact.

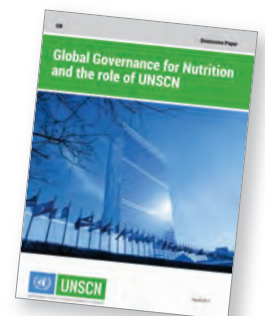
The recently published UNSCN discussion paper on global nutrition governance describes the state of play in the global

nutrition landscape and governance arrangements and provides an overview of the main actors (public and private) driving the nutrition agenda globally.

The paper concludes that, as the "strategic nerve centre" of the UN focused on global policy coherence, the Committee should adopt key roles in: enhancing coherence by bridging the worlds of nutrition to help governments at the national level embrace multi-sector actions; stewardship to establish political legitimacy and increase pressure to pay attention to nutrition at all levels of the UN system; and evidence and accountability – for example, forging stronger links with the GNR and providing more of a "one-stop shop" for up-to-date evidence online.

It is interesting to note the emphasis in the report on "sharing experiences and lessons from the national level" as part of an "adaptive learning system". This sentiment is very much at the core of ENN's work with the Sun Movement and *Nutrition Exchange* is one of the vehicles for this.

For more information, visit [www.unscn.org](http://www.unscn.org)





Contestants cook nutritious meals in a *Shamba Chef* cook-off in Kimende, central Kenya

## *Shamba Chef*: Cooking up a nutritious storm in Kenya



*Titus Mung'ou is an advocacy and communications consultant in Kenya with over 15 years experience in the humanitarian, health and nutrition sectors. He holds an MA in Communications Studies from the University of Nairobi.*

**S***hamba Shape Up* is a makeover reality television series that promotes best-farming practices in East Africa with a weekly audience in Kenya, Uganda and Tanzania of over two million households. Viewers tune in to watch real-life situations on farms (shambas), where topics such as livestock issues and soil fertility are tackled, with technical experts visiting a different shamba each episode to provide affordable advice. Now, hot on its heels, comes *Shamba Chef*, a new series aiming to improve nutrition and promote cleaner and more efficient cooking stoves. When visiting farms for *Shamba Shape Up*, the Mediae Company team (producers of both programmes) found a lot of smoke in household kitchens and a number of farmers displaying eye and lung problems. The idea to improve both cooking stoves and kitchens was born – and to link nutrition to agricultural practices.

*Shamba Chef* targets rural and peri-urban women as a primary audience; men are an important secondary target as they are often the decision-makers in allocating household resources. *Shamba Chef* will focus on promoting clean cooking stoves and tackling wider issues associated with cooking – the growing, preparation and storage of food, which foodstuffs improve nutritional status and how to make tasty and nutritious meals.

A team of chefs, nutritionists and agronomists travel Kenya visiting families in their homes. They find out what equipment the family are cooking on, which fuel they are using, what they are growing in their kitchen gardens, what

they eat and what is available in local markets. The team then highlights any issues in the family's diet and works with them to select nutritious ingredients from their farms or the local market. They then demonstrate how to cook delicious meals and share simple food hygiene tips. As with *Shamba Shape Up*, the focus is on affordability – in this case for kitchen improvements – and solutions for cleaner, cheaper and more efficient cooking.

There is a pressing need for fuel-efficient and cleaner cooking options in Kenya, with 84% of the population using solid fuels for cooking and an estimated 15,000 deaths attributed each year to household air pollution. The programme offers advice on affordable cooking stove alternatives, including financial advice on special cooking stove loans from finance institutions such as Kenya Union of Savings & Credit Co-operatives and Kenya Women Microfinance Bank.

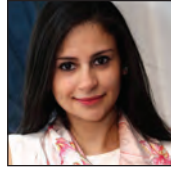
Some episodes have competitions or cook-offs between neighbours, featuring popular Kenyan chefs and showing varying cultural food preferences in different parts of the country. Dishes are inspired by local recipes and are made from locally available ingredients, with nutrition experts adding information about the benefits of a well-balanced diet. Both the winner of the cook-off and the family featured in the programme receive an improved cooking stove.

*Shamba Chef* is broadcast in English and Kiswahili. A mobile phone call centre will provide nutrition tips each week; food recipes are available on [www.shambachef.com](http://www.shambachef.com).





# Community kitchens in Lebanon: Cooking together for health



**Joyce Barakat** is the Food Security Programme Coordinator at International Orthodox Christian Charities (IOCC) in Lebanon. She has a BSc in Biology and Premedical Studies from the Lebanese American University.

## Introduction

Food assistance is known to be the fastest intervention in emergencies. Following the early stages of the Syrian Crisis in 2011 and the influx of refugees arriving in Lebanon, International Orthodox Christian Charities (IOCC) began delivering food parcels to Lebanon's most vulnerable refugees through funding from German agency Diakonie Katastrophenhilfe.

Two years later, IOCC and the American University of Beirut (AUB) tried to shift food assistance programming from the delivery of food parcels to the delivery of items with greater nutritional value. The aim was to contribute to beneficiaries' improved dietary diversity and food security by improving their food consumption scores and making food more available and accessible. To meet this aim, the chosen vehicle was the provision of hot meals through the establishment of community kitchens in areas hosting the highest concentration of Syrians among poor Lebanese populations, mainly in the Bekaa Valley in the North of Lebanon.

IOCC is currently targeting 700 families (4,200 individuals) identified as eligible for food assistance through four community kitchens, as they have been found to have medium-to-severe food insecurity and low food consumption scores.

## Setting up the first kitchen

The first community kitchen was established in the north of Lebanon in 2014, targeting displaced Syrians and vulnerable Lebanese. IOCC identified a group of Lebanese women in a rural area who were already engaged in cooking for the elderly, and asked them to take part in upgrading and establishing the first community kitchen. Steps for setting up the kitchen included:

1. Recruitment of Syrian women (most of them heads of household) to join the kitchen team alongside the Lebanese participants. An additional benefit of the programme is its focus on creating income-generating activities for deprived women, with men involved in the transportation and meal-delivery activities of the project.
2. Development and identification of culturally and nutritionally appropriate recipes (Syrian and Lebanese cuisine is very similar) and setting up a menu cycle;

3. Standardisation of recipes and training on the recipes;
4. Training and capacity-building in hygiene and food safety, as well as business management and entrepreneurship.

IOCC refurbished and equipped the existing kitchen according to food safety standards where needed, and AUB provided technical training to the cooking team on food safety and menu development. The cooking team produced healthy, yet tasty, traditional meals three times per week, in addition to providing two bread parcels and fresh produce along the meal. A total of 8,400 hot meals are being served on a monthly basis.

Through the close daily monitoring of this project, beneficiaries have shown improved dietary diversity and therefore better food consumption scores, which has been recorded through post-distribution monitoring and focus group discussions. Awareness sessions, especially those related to food storage and healthy eating habits, have also been considered as beneficial by the households. Other benefits of involving women from both Syrian and Lebanese nationalities in the same activity have been reported instances of enhancing social cohesion and reducing tension. As the Syrian participants relayed, the project not only enabled them to earn some income (the cooking teams are paid), but also helped them to build friendships and reduce the psychological impact of the crisis.



Syrian and Lebanese women work together to prepare food in the community kitchen project

IOCC

## Scaling up and plans for sustainability

Since the first kitchen was set up, IOCC have replicated the community kitchen model with three other partners. These kitchens are operated by women's cooperatives or local organisations who were conducting similar activities prior to the kitchens' establishment.

IOCC has been implementing community kitchens in Lebanon since the end of 2012 and is exploring with its partners how to expand the community kitchen model into a sustainable, independent business. A detailed business plan is currently being developed for each of the community kitchens specifically focusing on women's entrepreneurship. Plans include: expanding the community kitchens' coverage through links with small and medium caterers; developing kitchen and school gardens; and selling healthy snacks in private schools, with profits being directed to feeding other children.

The Ministry of Social Affairs values the project and has shown interest in investing in replicating the model in different deprived areas of Lebanon.

## Costs and other challenges

The project cost is approximately US\$10 per meal or US\$30 per week per family for three meals (covering six individuals per household on average.) A US\$10 meal meets the needs of some of the most vulnerable people in Lebanon, and at

the same time reduces their expenditure on cooking utensils, fuel and other costs.

The monthly food parcels that were previously distributed either through IOCC or different partners in the Food Security Sector cost around US\$35 – which might be considered lower than the cost of hot meals at US\$30 per week, but incurred additional costs of cooking in the household and posed a safety hazard in informal tented settlement settings.

## Summary

This multi-faceted project delivers hot food to beneficiaries, while creating opportunities for income generation, social cohesion, and nutrition education. Participants have access to technical expertise and livelihood opportunities that make them feel independent and empowered as decision-makers. When asked what they had learned during the project, one Syrian participant said, "I now know how to balance the cooking and how to diversify the food when I cook for my family. This will improve their health and decrease the vitamin deficiencies they suffer from." A Lebanese cook said, "I learned the different kinds of fats and started to cook healthier food at home." She laughed and added, "Healthy food can also taste good!"



Listen to an interview with the authors on the ENN podcast channel:

<http://www.enonline.net/mediahub/communitykitchensLebanon>



# Healthy snacks and nutrition education: School feeding in Lebanon's public schools



*Nanor Karagueuzian is School Feeding and Nutrition Project Manager at International Orthodox Christian Charities (IOCC) Lebanon. She has a BSc in Biology and a BSc in Nutrition.*

## Background

The influx of one million Syrian refugees in Lebanon since 2011 has stretched thin the country's public services, including the education sector. Refugees now comprise an estimated 25% of Lebanon's population and although schooling has since been made more available and accessible for Syrian refugees, enrolment remains low. In response, public schools have started operating a double-shift system for the enrolment of Syrian refugee children in formal public schools. Currently, there are 330 public schools operating double shifts for the 2016-2017 school year. However, according to recent assessments, 47% of Syrian children aged 6-14 and 84% aged 15-17 are still out of

school, missing out on an education, and at risk of child labour abuse. Several barriers to school access have been identified, including strained family budgets.

## Why school feeding?

From 2001 to 2008, International Orthodox Christian Charities (IOCC) ran school feeding activities in Lebanon, reaching more than 45,000 school children in 243 public schools. The programme offered a school snack consisting of a sandwich or fortified muffin with milk or juice, and nutrition education. IOCC's experience with school feeding programmes (SFPs) showed that such interventions



contribute to ensuring regular attendance and enrolment through parent motivation – particularly important in the context of the Syrian refugee crisis. Well-designed and effectively implemented SFPs can also alleviate short-term hunger, which in turn helps to increase student concentration and school performance. Additionally, SFPs can address specific micronutrient deficiencies, such as iodine and iron deficiency, that directly affect cognition and contribute to improved eating habits through distribution of healthy snacks and education about healthy eating.

### Child malnutrition: a double burden in Lebanon

Both Lebanese and Syrian children have a double burden of nutrition problems, including overweight/obesity and undernutrition, with both micronutrient deficiencies and stunting growth. Vulnerable groups including displaced Syrians, Palestinian refugees, and poor Lebanese demographic groups have seen their food security status worsen since 2013 due to the protracted Syrian crisis.

Stunting rates for children under five years old are reported as 23% in Lebanese children from food insecure households (Ghattas et al 2014) and 20% in Syrian children (Hossain et al 2016). Conversely, in a recent study in Akkar, 37% of Lebanese school-age children and 17% of Syrian refugee children were found to be overweight (Daher et al, 2016). In general, child obesity trends are increasing and even doubling among children.

### Piloting a new school feeding programme

In 2016, through funding from the World Food Programme (WFP), IOCC began implementing a pilot SFP in 22 intermediate and primary public schools throughout Lebanon to provide daily snacks for 10,000 Syrian refugee and Lebanese students. The project design aimed to improve children's school access and retention, as well as bolster their nutrition (although the latter has not been measured.)

The SFP provides healthy baked snacks such as baked thyme rolls and almond muffins, fruit, milk and juice, contributing to the intake of essential macro and micronutrients. In addition, nutrition education sessions are conducted in one 40-minute classroom session per month for every grade. These are delivered by IOCC field officers and the school health educator using educational materials developed in collaboration with WFP. Sessions vary based on age groups but follow the same theme, with students introduced to various topics such as food groups, benefits of eating fruits and vegetables, the importance of physical activity and of eating breakfast, etc. The awareness sessions contributed to improving students' knowledge, as evidenced by pre and post-tests, which in turn contributed to increased consumption of the milk and snacks provided. The programme also included sessions for parents on healthy eating.

### Healthy snacks and healthy eating

IOCC staff (nutrition educators) conducted daily and regular monitoring of the distribution and uptake of school snacks, reporting to the WFP and the Ministry of Education. They noted that students are becoming more aware of the importance of eating healthy snacks at school. Despite the fact that many students are still buying unhealthy items from the school shop, some are bringing healthier items from



Students enjoy their healthy snack during the recess at a school in Mount Lebanon

Rana Hage/IOCC Communications and Reporting Officer

home, such as fruits and vegetables. IOCC nutrition educators had observed that most of the students in the afternoon school shifts (where the project is implemented) do not buy food items from the canteen if their fruit and milk snack is delivered. Focus group meetings with students and parents found that parents had a preference for cash over food, although a considerable number of parents indicated reliance on their child's distributed snack and that they had stopped sending food with their children to school in order to use that money for other needs.

### Programme continuity and sustainability

Given its success, the SFP programme has been continued, delivering milk and fruit to up to 17,000 students in around 40 public schools all over Lebanon during 2017. WFP is handling the procurement of fruit and milk and ensuring delivery of the snacks to the schools, while IOCC educators provide nutrition education sessions to students of all ages in all 40 targeted public schools. The programme will include a summer camp for children to reinforce key healthy eating messages. There is also great interest in integrating nutrition messages within the existing curricula; to this end, IOCC with WFP is reviewing best practices for nutrition education as well as existing material.

The sustainability of the programme is reliant upon the extent to which the distribution of snacks can be sustained, and the capacity of schools to administer nutrition messages. The current cost per child per day to provide school snacks and education is around US\$1, and the programme is viewed as highly beneficial by the Ministry of Education.

Due to the shortage in funding and the overall aid environment, there is a need to diversify funding to ensure sustainability of this initiative.

### Challenges and lessons learnt

The main challenge lies in measuring the nutrition-related impact of the programme, since indicators such as anaemia are not included, although some anthropometric

Sin El Fil 3rd School in Beirut



WFP/Dina El Kassaby

measurements are being taken by the Ministry of Education. However, indicators such as enrolment and attendance are being captured, despite the attendance dynamics, with numbers continually changing due to lack of deadlines for registration and dropouts.

Another challenge is ensuring the sustainability of the programme, including the provision of meals and nutrition education. Given the experience that IOCC had ten years ago in the same schools, there is a need to ensure institutional memory in what worked well and what challenges remain. To sustain healthy eating in schools, efforts also need to focus on improving the quality of meals and snacks in schools, which are mostly high in sugar and fat. There was a recent attempt to improve the quality of these snacks through legislation, although steps to enforce this law are still lagging.

#### References

Daher S, Naja F, Hwalla N, Alameddine M & Jomaa L. (2016). *Food and Nutrition Security Status of Syrian Refugees and Their Host Communities in Lebanon: The Case of Akkar*.

Ghattas H, Sahyoun N, Sassine A, Barbour J, Seyfert K, Hwalla N & Nord M. (2014). *Household food insecurity is associated with childhood stunting in vulnerable populations in Lebanon* (1014.3). *The FASEB Journal*, 28(1 Supplement), 1014-3.

Hossain SM, Leidman E, Kingori J, Al Harun A & Bilukha OO. (2016). *Nutritional situation among Syrian refugees hosted in Iraq, Jordan, and Lebanon: cross sectional surveys*. *Conflict and Health*, 10(1), 26.

## Tackling overweight and obesity in Ecuador: Policies and strategies for prevention



(Left to right) **Angélica Ochoa-Avilés** is a professor/researcher at the Food Nutrition and Health Unit, Department of Biosciences, Cuenca University, Ecuador.

**Gabriela Rivas-Mariño** is the coordinator of the National Nutrition and Food Security Unit at the Ecuadorian Ministry of Public Health.

**Roosmarijn Verstraeten** is an independent nutrition consultant and collaborator at the Department of Food Safety and Food Quality, Ghent University, Belgium.

### Child and adolescent nutrition and health in Ecuador

Ecuador is an Andean upper middle-income country with 16.5 million inhabitants and a life expectancy of 76 years. An estimated 63% of the population live in urban areas, 72% are 'mestizos' (of mixed Spanish and indigenous descent) and 7% are indigenous people. Over the past decade, Ecuador has experienced a higher burden of non-

communicable diseases (NCDs) such as diabetes, hypertension, stroke, ischemic heart disease and pneumonia, which are now the leading causes of death (Instituto Nacional de Estadísticas y Censos, 2013). Overweight and obesity are widely prevalent across all age groups (8.6% of children under five years old; 29.9% of school-age children; 26% of adolescents; and 62.8% of adults) (Freire, Belmont et al, 2013).



In addition, around 13% of households have both an overweight or obese mother and a child under five years old who is stunted, which shows how the double burden of malnutrition and overweight can coexist in the same household. Worryingly, stunting and anaemia among children under five are 25.3% and 25.7% respectively; both conditions are higher among indigenous groups (42.3% and 40.5% respectively) (Freire, Belmont et al, 2013). Exclusive breastfeeding occurs only in 43.8% of children under six months old; this number decreases among women in the higher income groups (31.9%) and in those with a higher education level (29.2%) (Freire, Belmont et al, 2013).

In response to these public health challenges, the Government of Ecuador has adopted a national nutrition agenda that aims to achieve the following goals by 2025: to eradicate stunting among children under two years old; to reach 64% exclusive breastfeeding for infants during the first six months of life; and to decrease the prevalence of obesity and overweight among children aged 5 to 11 years old to 26%. This article describes the strategies that have been implemented to reduce the rapid increase in obesity among children of school age.

### Food labelling regulations

A key policy in the fight against obesity is implementation of traffic-light labelling of processed foods and beverages. This system applies to all the pre-packaged, processed food items containing artificially added fat, sugar or salt, produced nationally or internationally and sold in Ecuador. The labels classify processed food as having a low, medium or high content of total fat, sugars and salt, as described in Figure 1. The label is a simple and useful tool that can help people choose what they buy and eat. An evaluation showed that children, adolescents concerned about health issues and adult women pay more attention to the label when selecting products (Freire, Waters et al, 2016). Moreover, the population has adjusted eating behaviours in response to a red label, with reported reductions, for example, in the frequency and amount of consumption of such food items. Instead, people prefer food options with yellow and green labels and natural foods and beverages such as fruits, vegetables and water (Freire, Waters et al, 2016).

Of great importance to Ecuador, the traffic-light regulations have been recognised by the Pan-American Health Organization 55th Directive Council as a public health achievement in the region and have received endorsements from organisations including the NCD Alliance, the Healthy Latin American Coalition and the World Cancer Research Fund.

Nima Yeghmaei



A rural market in Ecuador with a wide variety of food

### Regulations for in-school food tuck shops

In April 2014, the Ministry of Health (MoH) issued an agreement to regulate the functioning of in-school food tuck shops, which established regulatory committees at national and local level to protect the health of school children. To prevent possible conflicts of interest, the food industry does not form part of these regulatory committees. This is in order to overcome constant industry pressure to block the implementation of the agreement. The regulations prohibit the sale of: (i) any product with a high sugar, salt or fat content (with a red traffic light); (ii) products containing artificial sweeteners and caffeine; and (iii) energy drinks. In addition, food tuck shops are obliged to sell fruits and vegetables and to offer free, safe water. According to MoH 2016 national reports, 70% of schools comply with the bans relating to red traffic lights and 95% comply with the obligation to sell fruit and vegetables. A more in-depth evaluation of the strategy is planned in 2017.

### Physical activity lessons and food taxes

Since 2014, in parallel with the in-school food tuck shop regulations, the Ministry of Education (MoE) stipulated an

**Figure 1** The traffic-light food label

	Low content (Green label)	Medium content (Amber label)	High content (Red label)
Total fat	≤3g/100g	>3g and <20g /100g	≥20g/100g
	≤1.5g/100mL	>1.5g and <10g/100mL	≥10g/100mL
Sugar	≤5g/100g	>5g and <15g /100g	≥15g/100g
	≤2.5g/100mL	>2.5g and <7.5g/100mL	≥7.5g/100mL
Sodium	≤120mg/100g	>120mg and <600mg/100g	≥600mg/100g
	≤120mg/100mL	>120mg and <600mg/100mL	≥600mg/100mL

Source: Freire, Waters et al, 2016



Students learn about healthy eating during the ACTIVITAL intervention

Ximena León

increase in physical activity lessons from two to five hours per week in the national education system. Unfortunately, neither the results nor an evaluation of this initiative have been reported since its implementation, although the MoH is planning to monitor the initiative in 2017.

In May 2015, Ecuador's National Assembly approved a law to increase taxes on sugary and non-sugary drinks. This fiscal measure imposes a tariff of US\$0.18 (18 cents) per 100 grams of sugar added to processed beverages. For non-sugary drinks, including those that use artificial sweeteners, a rate of 10% of the price is imposed.

### Healthy eating and physical activity in schools: the ACTIVITAL programme

A research group from Cuenca University, in collaboration with researchers from Ghent University in Belgium, implemented the ACTIVITAL programme from 2009 to 2012 to improve dietary and physical activity behaviours among 1,430 school-going Ecuadorian adolescents aged 11-16 years. The programme involved 20 schools in the urban area of Cuenca, Ecuador's third-largest city. It consisted of interactive classes taught by schoolteachers on healthy eating and physical activity; participatory workshops with parents and food tuck shop staff on topics such as healthy eating, physical activity, portion sizes, and food safety; preparation of healthy breakfasts; motivational talks by famous local athletes; and the creation of walking trails in the schools.

These strategies were implemented in ten schools, while the normal curriculum was maintained in the other ten. ACTIVITAL was found to be effective in decreasing added sugar and processed food intake during snacks and reducing waist circumference and blood pressure among members of the intervention group. The intervention ameliorated the trends towards lower fruit and vegetable intake and less physical activity during adolescence (Ochoa-Avilés, 2015).

The following challenges were identified during the implementation and evaluation of ACTIVITAL:

- As the programme was not included in the school curriculum, teacher participation was voluntary rather than compulsory, but researchers could not wait for the revised curriculum due to funding constraints;
- Portion sizes of dishes offered by the food tuck shops were large, with high levels of carbohydrates, and low in protein, fruit and vegetables, but there was strong resistance to reducing portion sizes from staff and teachers for cultural reasons and because of the simultaneous initiation of the in-school food tuck shop regulations (described above). A lesson learnt is the importance of involving all stakeholders in the design, implementation and evaluation of policies to enable the acceptance of feasible and locally adapted strategies.
- Despite recognition of its positive results, ACTIVITAL has not been scaled up due to a national agenda focus that prioritises under 12-year-olds rather than adolescents and the challenge of the MoH and MoE in implementing a joint strategy, since each ministry has different objectives, frameworks and authorities, and budget issues.

### Next steps

Although actions have been taken to promote healthy eating and physical activity, more efforts are needed. Having a national agenda along with a strong political will has helped Ecuador put in place powerful strategies at the national level, but these achievements need protection by: (i) 'scaling up' the regulations into laws; (ii) reinforcing the surveillance and monitoring systems for the regulations; (iii) scaling up local, successful interventions; and (iv) increasing the national budget for health promotion.

Positive outcomes of the ACTIVITAL research are a new study aimed at understanding the obesity problem among younger children and documenting the perceptions of in-school food tuck shops, and a more active relationship between policymakers and researchers, with academic involvement in preparing Ecuador's Nutrition Guidelines.

### References

- Freire WB, Belmont P, Mendieta M, Silva M, Romero N, Sáenz K, Piñeiros P, Gómez L, Monge R. *Resumen Ejecutivo Tomo I. Encuesta Nacional de Salud y Nutrición del Ecuador*. In: Ministerio de Salud Pública INdEyC, editor. Quito, Ecuador, 2013.
- Freire WB, Waters WF, Rivas-Mariño G, Nguyen T, Rivas P. *A qualitative study of consumer perceptions and use of traffic light food labelling in Ecuador*. *Public Health Nutrition*. 2016:1-9.
- Instituto Nacional de Estadísticas y Censos. *Presentación Defunciones 2011 Ecuador*. Instituto Nacional de Estadísticas y Censos; 2011 (updated 07/01/2013.)
- Ochoa-Avilés AM. *Cardiovascular risk factors among Ecuadorian adolescents: a school-based health promotion intervention*. Ghent University, 2015.





# Voices from the field in Nepal: Programming at district level



**Nischal Raj Pandey (NRP)** (left) has served in the district government office, most recently as a Local Development Officer (LDO) in Parsa district and previously in Khotang district. **Arjun Prasad Subedi (APS)** (right) has worked as an LDO in Bajura district since October 2016.

## 1. What types of nutrition programmes were there in your districts before Multi-sector Nutrition Programming (MSNP)?

**NRP:** The districts were implementing routine nutrition-related activities as per the approved programmes, but these activities were not under the MSNP umbrella as they are now.

**APS:** Various nutrition-related programmes were being implemented before MSNP, such as vaccination campaigns, Golden 1,000 Days and Suaahara (Good Nutrition), which had some successes although they were limited in terms of their scope and target population. They were also conducted in isolation and an integrated approach was missing. There were no visible outcomes of these programmes.

## 2. In your understanding, why is this approach important?

**NRP:** If MSNP-targeted beneficiaries are to be reached in the real sense, the interventions need to be designed in such a way that the presence of all sectoral agencies is felt.

**APS:** Currently, the National Planning Commission (NPC), along with line agencies with help from donor organisations, has initiated this as a priority one project, which has eventually led to this multi-sector approach on a national and regional scale. They have prepared regional indicators as well as corresponding strategies and work plans.

## 3. What forms of malnutrition is this approach aiming to reduce?

**NRP:** The MSNP approach aims to address all forms of malnutrition, particularly among marginalised and hard-to-reach communities by providing maternal and child nutrition services, providing life skills to adolescent girls, improving access to quality food products and reducing the work burden of women. The highest priority is given to address malnutrition caused by inadequate nutrient intake.

**APS:** MSNP has been implemented at the national and regional level, reaching out to community and household levels. Primarily, this programme focuses on the first 1,000 days for mothers and children in order to reduce wasting and stunting.

## 4. Do you have a target for reducing malnutrition in your district?

**NRP:** The District Coordination Committee (DCC) has set targets to reduce malnutrition prevalence in its district development plan that are in line with the WHA global nutrition targets<sup>1</sup>.

**APS:** To achieve the national target, we have prepared strategic work plans at district, community and household level to include all male and female members of the community and 1,000-day mothers and children, based on the MSNP framework and guidelines. Targeted groups are 1,000-day mothers, children, adolescent boys and girls, school children, parents involved in school management, and teachers.

## 5. Which are the key sectors involved in MSNP and how are they being coordinated?

**NRP:** The major stakeholder agencies are the district public health, livestock services, agriculture development, women and children, water supply and sanitation, and the district education offices. We have also coordinated with the District Chamber of Commerce and Industries and several other active NGOs (non-governmental organisations) and CBOs (community-based organisations) for effective implementation of the MSNP. Coordination includes regular district level Nutrition and Food Security Steering Committee meetings and organising workshops and trainings related to activity planning, joint monitoring and supervision so that MSNP activities are being carried out in an integrated manner.

**APS:** The major stakeholder agencies at the national level are the NPC, the offices of district public health, livestock services etc., and donor agencies. At the district level, we have these line agencies' respective offices and local governing bodies like Gaupalika (village council) and municipalities.

## 6. Are there additional financial resources for MSNP? Is there a set budget?

**NRP:** A budget of 10 million Nepali rupees (estimated US\$97,000) has been allocated in this fiscal year (this sum excludes the budget allocated for the District Public Health Office, which comes through the routine approved annual work plan and the government's budget). Furthermore, the village district committees (VDCs) where MSNP has been implemented have also been allocated some additional budget to conduct nutrition-related activities.

**APS:** As per instructions for the fiscal year 2017/18 [2074/75 in the Nepali calendar] from the NPC and respective ministries, this plan has been set as a priority one programme, so that a pool fund has to be set up by all sectoral agencies at the local level. This will ensure better

<sup>1</sup> Global Targets 2025 to improve maternal, infant and young child nutrition; see [www.who.int/nutrition/global-target-2025/en/](http://www.who.int/nutrition/global-target-2025/en/)

A female community health volunteer shares her experience of implementing nutrition activities during an advocacy workshop in Achham district



Man Bahadur Kunwar, MSNP District Coordinator, Achham

ownership of the agencies regarding the MSNP programme. The DCC has kept a separate fund of 200,000 Nepali rupees (US\$1,940) to coordinate MSNP activities. All Gaupalikas and municipalities have been instructed to allocate a fund targeting 1,000-day mothers and children.

#### 7. Do you get specific guidance from the national level?

**NRP:** We are provided with directions and guidance from time to time by the national level for MSNP implementation. This mainly involves orientation on mainstreaming MSNP at the district level using an integrated approach, capacity development trainings and workshops, advocacy and awareness campaigns to bring multiple stakeholders on board, and conducting joint monitoring and supervision visits to observe implementation of activities. We have also been receiving guidance from the national bodies on improving the nutritional value of locally available food products and ensuring that these products are consumed.

**APS:** Because MSNP is a priority one status programme, we have received clear instructions and guidelines from the central level for setting work plans and implementing programmes, as well as monitoring and evaluation. For example, the MSNP plan document includes various indicators, such as reduction in the prevalence of stunting among children under five years old to below 29% by 2017, to ensure a multi-sector approach. We also have a robust advocacy and communications plan to ensure reach and effective implementation of MSNP at the local level.

#### 8. What MSNP activities are being implemented in your district?

**NRP:** Various MSNP activities have been implemented in the district, in particular raising nutrition-related awareness, especially for the first 1,000 days, providing education to

adolescent girls, raising cattle and encouraging agricultural food production, initiating kitchen gardens for availability of nutritious food, ensuring safe drinking water and sanitation, encouraging delivery of babies in healthcare facilities, regular intake of iron pills, completing vaccinations and regular growth monitoring.

**APS:** In Bajura district the DCC organises various trainings and regularly monitors them. This includes the distribution of chickens and their multi-use for meat and eggs, trainings to encourage usage of livestock, 1,000-day mothers and children; interaction programmes with pregnant women; cleanliness campaigns on using toilets and handwashing in schools aimed at students and parents; and water purification demonstration campaigns.

#### 9. Are you facing any challenges in implementing MSNP?

**NRP:** We have experienced several challenges in the district, such as unavailability and lack of timely disbursement of budgets, lack of competent and committed human resources, possibility of duplication of programmes by sectoral agencies, irregular operation of community outreach clinics, low and misutilisation of resources, lack of stakeholder ownership and consultation, and lack of public awareness and knowledge of the importance of nutrition.

**APS:** Since the entire nation is moving towards a federalist structure, there are some difficulties in terms of budget-release procedures. Frequent transfer of trained officials (such as those who have received Master Training of Trainers on the MSNP) to other districts has also been a challenge. Refresher training is required on the importance of the plan. MSNP focal persons of all sectoral agencies need to spend more time ensuring the effective implementation of the plan in an integrated and coordinated manner to meet the programme's national goals.

#### 10. Are there key lessons learnt that you would like to share?

**NRP:** In my experience, the MSNP modality can be instrumental in changing the current malpractice of designing isolated and small-scale interventions based on the preferences of certain influential persons in sites of their choice. MSNP can actually promote integrated development planning, budget allocation, programme implementation and joint monitoring and supervision to foster better ownership and accountability of the stakeholders concerned. Currently we have been able to extend MSNP programmes in only 21 out of 67 VDCs in the district, but from the next fiscal year this will be extended to cover at least half of the VDCs and municipalities.

**APS:** Coordination needs to be enhanced among all the sectoral agencies at both central and district level to embody the spirit of the multi-sector approach; timely development of annual plans and disbursement of budgets pave the way for effective implementation; and at the beneficiary level, advocacy, social mobilisation and behaviour-change communication interventions need to be well planned and executed to promote demand-driven initiatives.

*Acknowledgements: The interviews were organised by Sudeep Uprety, Research Uptake and Communications Manager at Health Research and Social Development Forum (HERD). Sudeep would like to acknowledge support from Santosh Pudasaini, Documentation Officer at HERD as well as district teams of Parsa (Gyanendra Dawadi and Sushil Kumar Sah) and Bajura (Ganesh Prasad Joshi and Damodar Neupane) for their efforts in arranging and translating the interviews with the LDOs.*



# Filling the Nutrient Gap in Pakistan: Insights to address malnutrition



(left to right) **Dr Aliahmad Khan** is a nutritionist with the World Food Programme Pakistan Country Office in Islamabad  
**Muhammad Aslam Shaheen** is Chief of Nutrition and SUN Focal Point in Pakistan at the Ministry of Planning Development and Reform  
**Frances Knight and Giulia Baldi** supported the Pakistan 'Filling the Nutrient Gap' process from the World Food Programme Headquarters in Rome

## Background

Malnutrition is widespread across Pakistan; in most cases, the situation has remained severe or even deteriorated in the last 50 years. Almost half of children under five are stunted, 15% are wasted and nearly all are deficient in at least one micronutrient (Government of Pakistan & UNICEF Pakistan 2011); (Blankenship 2016). The exact burden of the problem varies across the country, but in all cases progress is hampered by the complexities of poverty, food insecurity, very limited dietary diversity, increasing prevalence of overweight and obesity, population growth, security issues, rapid urbanisation and vulnerability to natural and man-made shocks.

## The 'Fill the Nutrient Gap' analysis

The Fill the Nutrient Gap (FNG) initiative was developed to gain further insights and develop strategies to address one of the two prerequisites to prevent the immediate causes of malnutrition, i.e. adequate nutrient intake (the other being disease prevention). The FNG is an in-depth analysis of secondary data on nutrition indicators, food access and availability, dietary intake, preferences and practices, food security, household food expenditure and socio-economic conditions, as well as analysis of dietary affordability and intervention modelling using the cost-of-diet (CoD) tool<sup>1</sup>. Through this, the nutrient gap in a country can be better defined in terms of who (vulnerable population groups), where (regions, urban/rural), when (seasonality), why (compounding factors) and how (quantity and/or quality of nutrient intake).

Secondary data also contributes to an analysis of the enabling environment, including national legal and regulatory framework, policy, programmes and partnerships relevant to nutrition, to inform entry points for sustainable action. The analysis then identifies and models the potential economic and nutritional impact of possible interventions to address this gap across the identified sectors and entry points.

The FNG can inform multi-sector decision-making regarding which interventions are needed to respond to nutrient gaps and improve nutrient intake for key target groups through entry points, especially from the health, agriculture, social

protection, education and private sectors. The process places emphasis on improving the quality of and access to nutritious food, especially during the critical period of the first 1,000 days, but also considers other windows of opportunity, such as improving the nutrient intake of adolescent girls.

## FNG in Pakistan

In Pakistan, the FNG process began in late 2016 under the leadership of the SUN Focal Point at the National Ministry of Planning and Development, with support from WFP and in collaboration with the SUN Core Group<sup>2</sup> and National Nutrition Committee, made up of representatives from government, UN, donors, international NGOs and the private sector (via the SUN Business Network).

Multiple stakeholders from a range of sectors (representing nutrition, food security, agriculture, health and education/academia) were engaged to introduce the analysis, define the scope of the FNG and identify and consolidate the secondary data. Over 190 data sources, from national health surveys to district-level qualitative studies, were reviewed and any identified data gaps were followed up to ensure that all relevant information was considered. Meetings were then held to gain insights on preliminary findings from the analysis of secondary data and intervention modelling.

## Key insights from the FNG

The benefit of the FNG secondary data analysis is the ability to combine and present existing data in order to reveal new insights into the contributing dietary-related factors behind undernutrition. In Pakistan, the key findings are:

- Affordability is the greatest barrier to achieving a nutritious diet. The CoD analysis revealed that 67% of households could not afford a nutritious diet;

<sup>1</sup> See [www.heacod.net/countries/reports/cotd-softwareversion-2-2016](http://www.heacod.net/countries/reports/cotd-softwareversion-2-2016).

<sup>2</sup> The Core group is made up of Ministry of Planning Development & Reform – Nutrition Section/SUN Secretariat; Ministry of National Health Services Regulation & Coordination – Nutrition Wing; Ministry of National Food Security & Research – Food Commissioners; WFP; WHO; UNICEF; FAO; World Bank; DFID; DFAT (Australian Aid); European Union; Save the Children; Micronutrient Initiative (MI); Global Alliance for Improved Nutrition (GAIN); and Harvest Plus.

March 2017 Representatives from the education sector discuss prioritisation of interventions to improve nutrition at the Balochistan Province FNG workshop in Quetta



- Early undernutrition in infants and young children highlights a problem with maternal and adolescent diets; a quarter of all children are already stunted by the age of six months (Government of Pakistan & UNICEF Pakistan 2011);
- Both dietary quality and quantity are issues in Pakistan and deficiencies in intake of energy, animal protein and multiple micronutrients are common; the minimum acceptable diet is met by less than 3% of infants and young children (Government of Pakistan & UNICEF Pakistan 2011);
- The high prevalence of micronutrient deficiencies and poor household and individual dietary diversity across socio-economic groups, provinces and urban/rural areas suggest that diets are universally poor;
- There is an increasing prevalence of overweight and obesity in women and children; over 40% of women are obese or overweight (Government of Pakistan & UNICEF Pakistan 2011). Moreover, the double burden of obesity and stunting affects the most vulnerable households, where stunting prevalence is highest; one in four stunted children have an overweight mother (Government of Pakistan & UNICEF Pakistan 2011; Blankenship 2016);
- The nutrition challenges are compounded by rapid population growth, dramatic urbanisation, vulnerability to shocks and a complex security situation.

A variety of strategies to respond to these identified nutrient gaps were modelled in the CoD software and the following were identified as key priorities:

- The nutrient requirements of adolescent girls are the most expensive to meet among the modelled household members, given the heightened nutrient needs during this time of growth and development. Interventions targeting adolescent girls could therefore have a greater impact on reducing overall household unaffordability of a nutritious diet;
- Fresh food vouchers (FFVs) (providing daily servings of animal-source foods and vegetables) are the most effective way to reduce the cost of meeting the nutrient needs of adolescent girls compared to provision of supplements, special nutritious foods or fortified staples;
- Specialised nutritious foods (SNFs) such as super cereal plus (SC+), Wawa Mum or Maamta are the most effective

way to reduce the cost of meeting the nutrient needs of children aged 12-23 months and pregnant and lactating women. For example, provision of SC+ or Wawa Mum reduced the cost of nutritious diets for children aged 12-23 months in Urban Balochistan by up to 81% and 64% respectively in winter months;

- Cash transfers (CTs) further contribute to improving affordability of nutritious diets for the households, provided that adequate demand-creation strategies, such as conditionalities and provision of nutrition behaviour change and education, are in place to help ensure that the money is spent on nutritious food;
- Staple food fortification is useful but is not enough to meet the entire needs of key vulnerable groups;
- Combined packages that include FFVs, SNFs and CTs for the key target groups are the most effective way to improve affordability of nutritious diets;
- The cost of providing nutritious household diets was higher during the lean season (summer months) in both rural and urban areas in all provinces and modelled interventions were less effective at reducing non-affordability during these periods; seasonal variation in diet access needs to be taken into account when developing interventions to ensure effectiveness;
- Different sectors need to be used as entry points for interventions, including social protection, markets (availability of nutritious foods and physical access to markets), education, health and agriculture.

The modelling results encouraged stakeholders to think about the implications of different combinations of interventions and entry points for filling the nutrient gap. Further costing of the intervention options for different sectors at various levels of coverage would then be required to complement the analysis and guide/inform investment decisions.

The FNG also identified areas or themes where little or no primary data was available. A key data gap was information on the current food and nutrient intake of infants and young children, pregnant and lactating women and adolescent girls, as well as information on decision-making, intra-household food distribution and barriers to improving intake.

### FNG dissemination workshops

In March 2017, workshops were held in Karachi, Quetta, Lahore and Peshawar provinces which were coordinated by the Pakistan SUN Secretariat and Provincial SUN units with the support of WFP country and provincial offices. The province-level findings of the FNG were presented to representatives from a range of sectors, including health and nutrition, agriculture, social protection, education and food fortification. Participants then worked together to identify and prioritise context-specific interventions, programmes and actions affecting the enabling environment to fill nutrient gaps for key target groups, and contribute to fight malnutrition in the short, medium and long term. Data gaps and future research priorities were also discussed.

The FNG findings from the provincial workshops were then presented to national-level stakeholders to identify overarching recommendations for actions that would support provincial activities, as well as strengthen the enabling environment for nutrition at the national level.



## Challenges and lessons learnt

A key challenge to the initial design of the FNG analysis in Pakistan was the complexities of policy frameworks in a post-devolution context. Policy priorities and level of progress towards developing and implementing multi-sector nutrition action plans differ between provinces and there is a lack of harmonisation with national policy development activities. To address this challenge and respond to the complexities of the context, the FNG analysis and dissemination process was first carried out in the four provinces. Following this, findings from the province-level analysis and outcomes from the provincial workshops were fed jointly into a national workshop; representatives from each province participated.

A crucial lesson learnt from the FNG experience in Pakistan was the importance of leadership of the process by the SUN Secretariat and national and provincial governments. The SUN Core group was instrumental in sharing information, contributing to the analysis plan, validating and interpreting preliminary findings and participating in workshops. The SUN secretariat, through their positions within national and provincial government departments, played a critical

leadership role in the coordination of FNG events and success in terms of representation from multiple sectors and stakeholders.

*Acknowledgements: WFP Pakistan Country Office team, with particular thanks to Cecilia Garzon and Pablo Rodriguez (in addition to the co-author); WFP Regional Bureau Bangkok (Katrien Ghoos, Jessica Blankenship); the SUN Country Coordinator's team at national and provincial level; and the SUN Core Group in Pakistan.*

## References

Government of Pakistan & UNICEF Pakistan. *National Nutrition Survey Pakistan 2011*. [www.humanitarianresponse.info/system/files/documents/files/59\\_National Nutrition Survey-2011.pdf](http://www.humanitarianresponse.info/system/files/documents/files/59_National%20Nutrition%20Survey-2011.pdf)

Blankenship J. *Nutrition in the Cities: Secondary data analysis of nutrition status for urban children under 5 years of age in Pakistan – Draft Report*. Islamabad, 2016



Listen to an interview with the authors on the ENN podcast channel:

<http://www.ennonline.net/mediahub/fillingthenutrientgapinpakistan>



# Singing the same song: Nutrition-sensitive agriculture messages in Zambia



(Left to right) **Bertha Munthali** has worked for ten years on nutrition in agriculture in Africa, and is currently advisor for the Food, Agriculture and Natural Resources Policy Analysis Network. She has an MA in Development Studies.

**McDonald Mulongwe** has worked in nutrition with CARE International Zambia since 2006 and as a consultant on programmes with the Ministry of Health and Ministry of Agriculture in rural areas. He has a BSc in Human Nutrition.

**Edye Kuyper** provides nutrition leadership to the INGENAES project. She works at the University of California, Davis, where she earned her MSc in International Agricultural Development with an emphasis on nutrition.

**Kristy Cook** has a PhD in Agricultural Economics. She worked as Associate Director for the INGENAES project through Cultural Practice, LLC, for two years. She is currently with the Policy Division of the Bureau of Food Security, USAID.

**Emily Burrows** is an independent consultant who works at the intersection of food, agriculture and nutrition. She previously worked for Catholic Relief Services as the Chief of Party for the USAID Feed the Future Mawa project.

## Background

Zambia has experienced more than a decade of robust economic growth and stable maize production, yet food and nutrition security has not improved significantly. Over 40% of children under five are stunted (Central Statistical Office, 2015) and 48% of the population is undernourished (FAO/IFAD/WFP 2015). Growing evidence suggests that this seeming paradox may be associated with an overemphasis on production and consumption of the staple crop, maize:

roughly 51% of cultivated land is committed to maize, which constitutes 57% of the national diet.

Nutrition-sensitive agriculture works to maximise agriculture's contribution to improved nutrition and offers promise for improving the dietary diversity of Zambians. Government and donor commitment to the Scaling Up Nutrition (SUN) Movement has prompted the design of strategies to achieve good nutrition through agriculture. Under the country's first 1,000 Most Critical Days Programme (MCDP); the Ministry of



Organic agriculture contributes to income generation as well as environmental protection in Luangua, Zambia

WFP/Rein Skallerud

## Figure 1 Nutrition-sensitive Agriculture Messages

These points can help extension officers support farm households to improve nutrition and health through agriculture.

### Increase production of more diverse and nutritious foods, including small livestock, for home consumption.

**Why:** Families need diverse foods of the right quantity and quality to meet their food and income needs throughout the year.

**How:** These are some examples of actions farm households can take to grow more diverse and more nutritious foods:

- Grow legumes, such as groundnuts, soyabeans, cowpeas, bambara nuts and beans. Beans can provide up to three harvests per year and offer food at all stages of their growth – leaves, pods, fresh seed and pulses.
- Grow vegetable gardens to increase household access to nutrient-rich foods.
- Raise chickens for eggs or meat. Small livestock is a good source of animal proteins and income.
- Irrigate fields and gardens, if possible, to produce food throughout the year.
- Control stagnant water to reduce risk of water-borne diseases.

### Protect natural resources through good agricultural practices.

**Why:** Healthy natural resources, including soil and water, are necessary to sustain and increase production of diverse foods.

**How:** These are some examples of good agricultural practices that protect natural resources required to grow diverse, nutritious foods.

- Prepare fields early and plant on time to achieve strong yields and protect crop quality.
- Intercrop maize with legumes, like groundnuts, cowpeas or pigeon peas, and rotate crops every season.
- Leave crop residue on the field to protect against soil erosion.
- Practice safe storage and use of agro-chemicals. Store them away from children and food and always follow instructions on the package.

### Increase household nutrition through on-farm processing, preservation and storage practices.

**Why:** Good post-harvest practices minimize crop losses, improve food safety and maintain nutrients in food so that more and better food is available for consumption throughout the year.

**How:** These are some ways to maintain food nutrients, extend the shelf-life of food and reduce food loss:

#### Fruits and vegetables:

- Only preserve fresh – never rotten – fruits and vegetables.
- Dry fruits and vegetables with a solar dryer or on a clean mat in the shade, away from animals.
- Use clean and dry packages for storage.

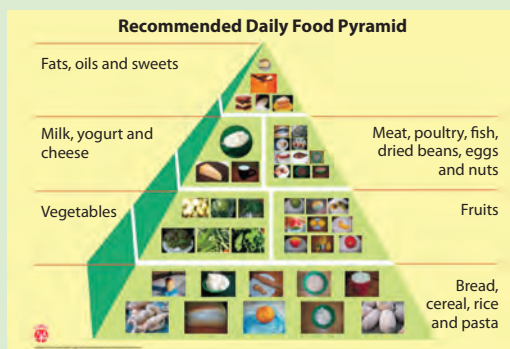
#### Staples and legumes:

- Dry cereals and legumes in the shade on clean mats, away from animals.
- Proper processing and drying of cassava is required to reduce risk of cyanide poisoning.
- Remove stones, husks, pods and broken grain before storing maize and legumes. *Never store grain with signs of mold or other damage.*



Before preparing food, always wash hands. Wash hands after using the latrine or changing nappies; handling animals; and using agro-chemicals to prevent the spread of diseases or food contamination.

### Grow, buy and EAT more diverse and nutritious foods following the "Recommended Daily Food Pyramid."



**Why:** The foods families choose to grow, buy and eat have a big impact on family health, environment and resources. All people, especially pregnant and lactating women and children under two, require a diverse diet with balanced foods to be strong, healthy and productive.

Agriculture (MoA) plays a prominent role in making sufficient, high-quality food available for diversified, healthy diets.

The USAID Integrating Gender and Nutrition within Agricultural Extension Services (INGENAES) project has assisted partner institutions to implement agricultural extension services (AES) that help farmers improve the supply and consumption of nutritious foods. In Zambia, one of eight focus countries, INGENAES worked with partners to prioritise the harmonisation of nutrition messages, collaborating closely with the MoA to develop nutrition-sensitive agriculture messages for the government's 1,700 camp extension officers (CEOs).

### Avoiding mixed messages

INGENAES commenced activities in Zambia by convening stakeholders who identified challenges and opportunities to improving nutrition through AES. Where nutrition messages flow from multiple sources – health clinics, AES and NGOs – information must be consistent to avoid mixed messages that can lead to confusion or inaction; INGENAES and partners found examples where nutrition information available to farming households was inconsistent and contradictory.

For example, one organisation's nutrition messages borrowed from guidelines developed in Southeast Asia and focused primarily on severe acute malnutrition. Messages neither aligned with national nutrition guidelines nor addressed the most common form of malnutrition among children under two years of age in Zambia: stunting. Some NGOs promoted consumption in terms of three food groups; others spoke of four or six food groups.

Building on initial consultations in 2016, the MoA and INGENAES partnered to convene 37 representatives from the public, private and NGO sectors at a workshop in Lusaka. Participants shared their experiences of integrating nutrition within AES and contributed to group work that identified a pathway toward complementarity in nutrition messaging. Groups identified nutrition messages relevant to agricultural practices and products promoted by the MoA and other ministries: conservation agriculture; government-subsidised seed and input packages; food processing, preservation and storage; and fisheries and small livestock. Each group cited AES as a vehicle for sharing nutrition information with farming households<sup>1</sup>.

The workshop served as the foundation for collaboration between INGENAES and MoA Food and Nutrition Section in developing messages that CEOs can convey to farming households. INGENAES ensured alignment with the MoA *Food and Nutrition Section Operational Guidelines*, which focus on interventions that can maximise the impact of agriculture on household nutrition, including production of diversified and nutritious foods, improved post-harvest practices, and women's empowerment.

<sup>1</sup> For meeting proceedings, see <http://ingenaes.illinois.edu/zambia-nutrition-wksp/>



INGENAES supported MoA in fine-tuning the messages, revising them to clarify language, and ensuring that their intent was well understood by intermediaries who communicate directly with farming households. Messages were pre-tested with staff from the ministry's Information and Training Unit.

Following pre-testing, INGENAES and MoA prioritised five core messages, which also align with global recommendations for improving nutrition through agriculture (FAO/IFAD/WF 2015). Each message is accompanied by a statement describing the connection between food, agriculture and nutrition and illustrative small steps that households can take to test practices. Core messages focus on:

1. Production of more diverse, nutritious foods;
2. Protection of natural resources;
3. On-farm processing, preservation and storage practices;
4. Consumption of more diverse and nutritious foods; and
5. Recognition of women's role in agriculture.

### Lessons learnt and next steps

Several challenges were encountered throughout this process. The MCDP promotes a list of priority actions that are essential to achieving better nutrition during the 1,000-day critical window. However, they are not necessarily aligned with the duties of AES. For example, vitamin A supplementation may be better left to health professionals, while diversifying production to address market opportunities and household consumption needs is more closely associated with the responsibilities of AES. As the MCDP enters its next phase it is hoped that inter-ministry coordination will build on each

sector's comparative advantage in addressing the underlying causes of poor nutrition.

A new edition of the *Planning and Resource Guide for Agricultural Extension Officers* (PREGEO) is being given to CEOs working across Zambia in 2017. This is a resource that CEOs turn to for information on agriculture production and participatory extension. The publication helps CEOs plan daily activities and guides supervisors in monitoring and supporting AES. The new edition includes the final nutrition-sensitive AES messages.

INGENAES continues to work with MoA and other stakeholders to identify opportunities to educate CEOs on these nutrition messages. With continued commitment to SUN and the MCDP, INGENAES is hopeful that additional resources will become available to intensify efforts to promote nutrition-sensitive AES in Zambia. These opportunities may include pre-service training to equip future AES staff with basic nutrition knowledge relevant to the context in which they will be working, as well as in-service training opportunities to build the capacity of existing AES providers.

### References

Central Statistical Office 2015. *Zambia Demographic and Health Survey, 2013-2014*. Lusaka, Zambia: Government of Zambia.

FAO/IFAD/WFP 2015. *The State of Food Insecurity in the World*. Rome, Italy: FAO.



Listen to an interview with the authors on the ENN podcast channel:

<http://www.ennonline.net/mediahub/nutrition-sensitive-agzambia>

## Developing capacity needs assessments for nutrition-sensitive agriculture in Ethiopia



**Workicho Jateno** (top) is an agriculture and rural development expert who leads FAO Ethiopia's Social Economic Team and coordinates multi-sector and joint UN activities in the fields of nutrition, food security and social protection.



**Charlotte Dufour** (bottom) is Nutrition Officer in the Nutrition and Food Systems Division of the UN Food and Agriculture Organization, specialising in nutrition-sensitive agriculture and food systems.



### Background

The Government of Ethiopia's distinctive political commitment on nutrition is enshrined in the Seqota Declaration, National Nutrition Strategy (NNS, 2008) and National Nutrition Programme (NNP). The Ministry of Agriculture and Natural Resources (MoANR) demonstrates its commitment by mainstreaming nutrition in flagship

programmes such as the Agricultural Growth Programme II (AGP-2) and the Productive Safety Net Programme IV (PSNP-4) and adopting the Nutrition-Sensitive Agriculture Strategic Plan 2016-2021 (NSASP). The NSASP was designed through a multi-stakeholder consultation. It includes the following key objectives: increasing the production, access and consumption of diverse, safe and nutrient-dense foods from

## Box 1 Definitions

A **capacity needs assessment** normally focuses on the three dimensions of capacity development, especially the enabling environment and organisations. It seeks to identify and map capacity strengths and gaps and ways to address the gaps.

A **learning needs assessment** focuses on the individual dimension of capacity development in order to identify the profiles of actors involved, what tasks they need to do, and what they need to know to carry out the tasks.

animal and plant sources for all people at all times; enhancing the resilience of vulnerable population groups using social transfer schemes and programmes; mainstreaming gender in agriculture; strengthening multi-sector coordination and improving the monitoring of agriculture's impact on nutrition.

The implementation of strategies requires significant efforts to develop capacities for nutrition-sensitive agriculture (NSA). But capacities of who? To do what? This article describes the importance of organisational capacity needs assessments and individual learning needs assessments (see Box 1) and the use of participatory methods as an effective means of collecting information while building consensus on capacity-development priorities.

### Strengthening capacities for nutrition-sensitive agriculture

Developing capacities for NSA is often conceived as providing nutrition training for agricultural extension workers. However, NSA requires a broader range of tasks, responsibilities and levels of engagement. The MoANR's Agriculture Technical Taskforce therefore mandated FAO – with support from the European Commission – to conduct a capacity-needs assessment to inform the implementation of the NSASP.

In response to this request, FAO and MoANR organised three organisational capacity needs assessment workshops at federal and decentralised levels<sup>1</sup> with two objectives: 1) identify capacity strengths and gaps for NSA, and 2) provide

training on basic concepts and approaches for NSA. The workshops were attended by participants from MoANR, Ministries of Livestock and Fisheries (MoLF), Health and Education, development partners and civil society organisations (CSOs). They were organised in two parts:

- First, participants constructed problem and solution trees of malnutrition by livelihood groups<sup>2</sup> (smallholder farmers; rural landless; vulnerable/poor pastoralists and the urban poor) to reach a shared understanding of what NSA and food systems mean and identify the priorities for making agriculture nutrition-sensitive for each livelihood group.
- Second, participants assessed the organisational capacities and enabling environment for NSA. Participants worked in groups to identify the main stakeholders who are, or should be, involved in NSA and qualitatively assess their capacities to:
  - Formulate and revise NSA policies;
  - Develop and implement NSA programmes;
  - Monitor results; and
  - Coordinate with government and non-government actors working in nutrition.

The methodology built on FAO's Capacity Development Approach<sup>3</sup> and the UN Network for SUN's Nutrition Capacity Assessment Guidance Package<sup>4</sup>. The workshops included presentations of existing capacity needs surveys conducted by partners in Ethiopia and lessons learnt from ongoing NSA capacity-development programmes.

Capacity strengths identified by participants included the existence of the MoANR NSA Strategy, Nutrition Case Team and Technical Working Group (TWG) to support nutrition mainstreaming in agriculture. Major programmes (such as the Agriculture Growth Programme) are taking active steps to mainstream nutrition and there is in-country capacity to collect food consumption data, a key indicator for NSA.

Participants identified the following broad areas as priorities for capacity development:

- Awareness-raising and training on NSA among a wider range of staff and at a greater scale, both at federal and woreda (district) levels;
- Strengthening multi-sector coordination, especially at decentralised levels where communication between agriculture coordination bodies and nutrition coordination bodies is limited;
- High-level advocacy to strengthen political commitment for NSA in all relevant ministries (including MoLF) and at all levels of decision-making;
- Strengthening the government structure for NSA, in particular by enhancing the authority of nutrition advisors on decision-making and ensuring greater support to nutrition in the livestock and fisheries sector;
- Ensuring nutrition is addressed in key policy frameworks related to food and agriculture; and



Problem and solution tree exercises at a capacity needs assessment workshop in Ethiopia

Charlotte Dufour/FAO

<sup>1</sup> The administrative levels include the following: federal, region, zone, woreda (district) and kebele (the smallest unit of local government or ward). The regions covered included Oromia, Amhara, Tigray and Afar.

<sup>2</sup> Using the FAO methodology *Agreeing on Causes of Malnutrition for Joint Action*: [www.fao.org/3/a-i3516e.pdf](http://www.fao.org/3/a-i3516e.pdf)

<sup>3</sup> [org/capacity-development/resources/fao-learning-material/learning-modules/en/](http://org/capacity-development/resources/fao-learning-material/learning-modules/en/)

<sup>4</sup> UN Network for SUN. 2016. Nutrition Capacity Assessment Guidance Package. Available on UN SUN website.



A smallholder farmer in Southern Ethiopia



WFP/Judith Schuler

- Monitoring NSA programmes, in particular through greater use of individual dietary indicators (e.g. minimum dietary diversity for women) and better integration of health and agriculture data.

The findings of the workshops are used to inform the design and implementation of well-coordinated capacity-development activities for NSA led by the Government and supported by UN agencies, NGOs and development partners at federal and woreda levels in Ethiopia.

### Learning needs assessments: The case of agriculture extension workers

The participatory capacity needs assessment described above focused on organisational capacities and the enabling environment but it is also important to focus on the individuals responsible for carrying out the tasks identified. These include policy-makers and advisors, programme designers and implementers, data experts, agricultural extension workers and farmers. Effective capacity development requires identifying what they can do for NSA, and *what they need to know and know how to do* to fulfil their role.

MoANR had already identified capacity development of agricultural extension workers on nutrition as a priority and, with the support of FAO, established a Technical Working Group including NGOs and development partners with the purpose of developing reference training materials for this audience. Lessons learnt from existing experiences in Africa show that nutrition materials for extension workers often draw on materials for community health workers and are not adapted to the tasks and learning needs of agricultural extension agents, leading to limited uptake and use of the trainings. To avoid a similar situation, the Extension Directorate of MoANR and FAO conducted a participatory learning needs assessment.

The first step entailed preparing a 'white paper' describing the categories of extension workers<sup>5</sup>, their terms of reference, the nutrition-related tasks they could be asked to perform and the knowledge and skills they would need to perform them. The white paper findings were discussed in a multi-stakeholder workshop in December 2016, where participants identified common and specific learning needs for each type of extension worker. Key knowledge needs included: types, causes and consequences of malnutrition; impact pathways between agriculture/livestock/fisheries and nutrition; healthy

diets and nutritional value of foods; gender roles and nutrition; and roles of different sectors in nutrition. Key skills needs included analysing causes of malnutrition at the local level; improving the production and processing of nutritious foods (including fruits, vegetables, livestock, fish products); behaviour change communication; and working with multi-disciplinary teams. The findings provide the basis for a comprehensive curriculum, tailored to extension agents' needs, which is guiding the development of the training materials commissioned by MoANR.

### Lessons learnt

Successful capacity development for NSA requires that the trainings and support provided be adapted to various agriculture professionals involved. Participatory capacity needs assessment methods and learning needs assessments require a substantial time commitment, but are very efficient in ensuring strategic targeting of capacity-development efforts and building a common vision and shared set of priorities that enable partners to coordinate their efforts to scale up NSA.

The main challenges encountered in the Ethiopian experience were the time required to align the financial and technical assistance resources needed and the availability of all key stakeholders; the fatigue associated with numerous consultation processes; and the need to maintain momentum after the workshops. But through the workshop evaluations, participants confirmed the exercise was very relevant and effective. Key success factors included strong government leadership in the process and partners' willingness and enthusiasm to work together and share knowledge, resources and experiences.

*Acknowledgements: The article and process it describes are a team effort made possible by the key contributions of Sally Berman (Capacity Development officer, FAO HQ), Yvette Fautsch Macias (Nutrition Officer, FAO-HQ) Robert Fungo (Nutrition consultant, FAO Ethiopia), Tarik Kassaye (Nutrition consultant, FAO Ethiopia) and Dia Sanou (Nutrition officer, FAO East Africa).*

### References

FAO, 2017: *Integration of Nutrition in Agriculture Extension Services in Africa – A desk review of country case studies, pre-service and in-service training materials* [www.fao.org/3/a-i6891e.pdf](http://www.fao.org/3/a-i6891e.pdf)

<sup>5</sup> Categories of extension workers were: crops, livestock, natural resources, animal health and farmers' cooperatives coordination experts, and 'head of kebele' agriculture development agents.



# Advocating for nutrition in West Africa: The role of SUN civil society alliances

**Judith Kabore** (top) is an advocacy officer at the regional office of Action Against Hunger (ACF). Before this, she worked for nine years in the Ministry of Health in Burkina Faso and in broadcasting for six years. **Laure Serra** (bottom) has been an advocacy officer at the regional ACF office since 2016 after spending four years at the French Embassy in New York, where she worked on sustainable development issues.

## Building a civil society Nutrition Champions network in West Africa

The Nutrition Champions Network<sup>1</sup> comprises high-level members of civil society organisations and nutrition/ advocacy experts of ACF. Building on their capacity in nutrition and advocacy, these experts have partnered with national NGOs and the CSAs to fight for improved nutrition at national and regional level.

### Views from civil society champions

*“The SUN CSA in Niger, Collectif Tous Unis en faveur de la Nutrition (TUN), was founded in 2011. At that time, we were not familiar with advocacy work and coordination for nutrition. Thanks to the Nutrition Champions Project, we were trained in advocacy programming and implementation and benefited from hearing about the experiences of other countries in influencing national nutrition policies.”*

Dr Souley Harouna, the SUN civil society coordinator for Niger

*“The opportunity we had to be trained as champions, to understand how to advocate for nutrition, to mobilise other actors in civil society and to influence policy makers is really important. Back in my country, my role will be to share the skills and knowledge I gained here with other civil society organisations so that we can continue to raise the nutrition profile in Liberia and ensure that commitments are respected.”*

Manah Katta, Head of the Nutrition Department, ACF Liberia

## Introduction

Advocacy is a key pillar in the fight against malnutrition in West Africa. In 2012, Action Against Hunger (ACF) decided to invest at the regional level in civil society capacity-building and knowledge and experience-sharing through a three-year project that nominated nutrition champions from local civil society in 12 countries (Burkina Faso, Chad, Guinea, Ivory Coast, Liberia, Madagascar, Mali, Mauritania, Niger, Nigeria, Senegal and Sierra Leone). Their role was to mobilise other stakeholders to create Scaling Up Nutrition (SUN) civil society alliances (CSAs) where they did not exist, create and implement local advocacy plans, influence policies for nutrition, share experiences and participate in country learning-exchange visits.

## Advocacy events

A number of key events have been organised over the three years. One was advocacy training for 25 members of the CSAs from West Africa in October 2013, which kickstarted a series of annual, week-long regional workshops held between 2013 and 2017. These aimed to strengthen capacities of CSA members through sharing knowledge and experiences and planning common advocacy activities. The workshops triggered discussions on capacity-building at regional level, highlighted the value of multi-sector advocacy and looked at how nutrition objectives can be integrated into other relevant sectors, such as agriculture and water, sanitation and hygiene.

## Sharing advocacy experiences

The regional workshops have been an opportunity for the CSAs to discuss how their advocacy efforts are aligned behind national plans and how they are building successful working relationships with SUN Government Focal Points and their multi-stakeholder platforms. Over the course of the project, participants have discussed methodologies and tools for multi-sector public policy influence and budgetary advocacy, shared their experiences of good practice – including engagement with parliamentarians and the media – and recounted common challenges faced by the SUN CSAs. Mali, for example, shared its experience in creating a network of parliamentarians in favour of nutrition, which has been active since 2015. Sierra Leone, Burkina Faso, Senegal and Mauritania gave examples of influencing their government to increase nutrition budget with a specific budget line.

<sup>1</sup> [www.actioncontrelafaim.org/en/node/79678](http://www.actioncontrelafaim.org/en/node/79678)



Malian refugees preparing food at the M'bera refugee camp in the southeast of Mauritania



WFP/Alan Mouton

Some other advocacy experiences included:

- Supporting the adoption of legislation in Guinea-Conakry, such as the International Code of Marketing of Breast-milk Substitutes<sup>2</sup>;
- Advocacy for increased investment in nutrition-sensitive agriculture in Senegal;
- Promoting the use of local foods for feeding young children in Mauritania;
- Increasing awareness of nutrition within government, partners and communities in Yobe and Jigawa States, Nigeria;
- Supporting the integration of nutrition in the student medical training curricular at the University of Mali;
- Increasing civil society coordination and regular advocacy activities in Niger; and
- Developing a SUN civil society platform in Liberia and Burkina Faso.

### Regional workshop in Dakar

Civil society representatives from the 12 SUN countries met for a four-day workshop in Dakar, Senegal in March 2017. This workshop aimed at strengthening capacities of participants to analyse, influence and monitor public policy, as well as exploring various thematic advocacy areas. Expert advocacy support was provided, creating a space to share experiences and learning. Using the ACF advocacy toolkit<sup>3</sup> and other advocacy tools, such as the RESULTS advocacy tools<sup>4</sup>, the training combined theoretical learning with case studies, group and individual exercises and role-plays. The workshop took a comprehensive approach to joint advocacy planning and included power mapping, analysis and targets and materials needed to reach all audiences. Discussions about multi-sector nutrition policies helped advocates to understand the power of evidence-based advocacy and participants identified communication as a key area for further development.

Finally, a common regional advocacy workplan for the SUN CSAs in West Africa was developed at the workshop with the following key objectives:

- Improve government accountability to meet political and financing commitments for nutrition;
- Improve financing for nutrition in West Africa through funding national nutrition policies and contributing sector policies;

- Elaborate, implement and monitor public policies that are influenced by civil society in favour of nutrition; and
- Strengthen civil society capacities in West Africa to speak with one voice.

For each key objective specific common advocacy activities have been identified and will be carried out by the network during 2017 and 2018. This includes, common advocacy documents for specific opportunities like World Bank meetings or ECOWAS Forums, thematic advocacy on the Sustainable Development Goals (SDGs) to present to parliamentarians or for national agricultural plans, as well as country peer visits and contributions to the SUN Global Gathering.

### Challenges and next steps

During this gathering, the SUN CSAs worked together to overcome common challenges they faced. These included difficulties in accessing information on nutrition budgets and monitoring political commitments (such as Nutrition for Growth commitments) by governments and international donors; maintaining good coordination among actors involved and relationships with governments to advance together; problems encountered when working in consortia; and the importance of clear communication and specific roles and responsibilities. The lack of funding remains one of the main challenges as the financial support for SUN CSAs as well as regional coordination and meetings like this workshop cannot be continued without sustainable support.

The next steps for the West Africa SUN CSAs are to:

- Advocate with donors to fund national SUN CSAs in order to strengthen nutrition at country level;
- Implement activities included in the common regional advocacy workplan;
- Produce and publish briefing papers and advocacy tools;
- Continue sharing advocacy success stories; and
- Continue to organise annual regional workshops.

Note: The regional advocacy workplan is available on request from the ACF West Africa regional office. Email [lserra@wa.acfspain.org](mailto:lserra@wa.acfspain.org)

<sup>2</sup> The International Code of Marketing of Breast-milk Substitutes (WHO,1981) and subsequent relevant World Health Assembly Resolutions (the Code). <http://ibfan.org/the-full-code>

<sup>3</sup> [www.actioncontrelafaim.org/fr/actualites/publications](http://www.actioncontrelafaim.org/fr/actualites/publications)

<sup>4</sup> [www.results.org/skills\\_center/activist\\_toolkit/](http://www.results.org/skills_center/activist_toolkit/)



# Strengthening capacities for nutrition in Kenya: Developing a new framework



(Left to right) **Fridah Mutea** is director of Nutrition Programming with International Medical Corps (IMC), Kenya Mission. She holds a BSc in Food and Nutrition from the University of Eastern Africa Baraton.

**Irene Mugure Mugo** is a national nutrition capacity development officer with IMC with eight years' experience in general nutrition programming. She has a BSc in Food Nutrition and Dietetics from Egerton University.

**Caroline Kathiari** is a nutrition capacity development coordinator with the Ministry of Health, Kenya, and convener of the capacity technical working group. She has an MSc in Food Nutrition and Dietetics.

**Olivia Agutu** has worked as a nutrition officer with UNICEF, Kenya since 2009. She holds a BSc in Food Nutrition and Dietetics from Egerton University.

**Lucy Maina Gathigi** is a nutrition officer with UNICEF Kenya, specialising in information systems. She holds an MSc in Applied Epidemiology and a BSc in Food Nutrition and Dietetics.

*Authors' note: The views of Olivia Agutu and Lucy Maina Gathigi incorporated in this article are their own and not those of UNICEF.*

## Introduction

Kenya has made great strides in improving nutrition, particularly from 2009 to 2014. This period saw stunting among children under five years old decline from 35% to 26%, wasting decline from 7% to 4% and underweight decline from 16% to 11%, while exclusive breastfeeding in infants aged 0-6 months almost doubled from 32% to 61%<sup>1</sup>. Childhood obesity has remained below 5%. The 2015 Global Nutrition report declared Kenya the only country in the world on track to meet all five World Health Assembly (WHA) maternal and child nutrition targets<sup>2</sup>. Sustaining this progress requires various strategies; one of these is strengthening capacities for nutrition at all levels.

## The need for a Kenyan Nutrition Capacity Development Framework (KNCDF)

Capacity development is the process by which individuals, groups, organisations and societies increase and organise their systems, resources and knowledge. This is reflected in their ability at individual or collective level to perform functions and solve problems in order to achieve and sustain development objectives. Capacity gaps at system, organisational and nutrition-workforce level have limited the large-scale implementation of nutrition programmes and communities' ability to demand services over a number of decades in Kenya.

Before the KNCDF, the nutrition sector did not have a unified, standardised and holistic way of addressing the capacities of the nutrition sector to deliver the intended programme. Capacity-development efforts were largely focused on ad hoc identification of health-worker training to implement

nutrition-specific interventions, such as treatment of severe acute malnutrition. Kenya signed up to the Scaling Up Nutrition (SUN) Movement in 2012, thereby engaging with the SUN networks in addressing malnutrition and advocating for multi-sector nutrition programming. This prompted a rethink of the country's nutrition capacity-development strategy, prompting an in-depth look at nutrition systems, organisations and technical capacities, as well as the capability of communities to demand their rights and access to nutrition services.

## Process for developing the framework

The KCNDF was developed through the Capacity Development Working Group (CDWG) under the leadership of the Ministry of Health (MoH) as the secretariat (through the Nutrition and Dietetics Unit) and involving other stakeholders: line ministries (Agriculture, Water and Education); the regulatory body (Kenya Nutritionist and Dietetics Institute (KNDI)); UNICEF (technical and financial input); implementing partners (International Medical Corps as the chair of the National Capacity Development Working Group); and technical input from other INGOs, including Action Against Hunger, Save the Children, Concern Worldwide, Helen Keller International and representatives from academia. Regular working group meetings were held at the national level, with in-depth involvement of the key stakeholders from the counties (Kenya has a devolved government system) through workshops at national and county level.

<sup>1</sup> Kenya Demographic Health Survey, 2014.

<sup>2</sup> *Global Nutrition Report Nutrition Country Profile 2015: Kenya*. Washington DC. [http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/129819/ filename/130030.pdf](http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/129819/filename/130030.pdf)



## Pre-testing at county level

The MoH (National and Kilifi County Governments), with support from International Medical Corps and UNICEF, carried out a pre-test of the KNCDF and its operational guide and tools in Kilifi County in 2016. A core County Health Managers Team (CHMT) comprising three Kilifi County Health Managers was constituted to lead the process, which involved data collection and key informant interviews. Results included:

- **System Capacity:** The Kilifi County Government had developed/adopted planning documents that included a County Integrated Development Plan (CIDP), County Health Sector Strategic Plan (CHSSP) and County Nutrition Action Plan (CNAP), although health and nutrition activities were not always implemented as stipulated due to budget constraints.
- **Policies:** The County had some key national policies in place; e.g. the mandatory food fortification policy and the International Code of Marketing of Breast-milk Substitutes, and enforcement at the county level was increasing. County-level bills to be developed included a health bill and maternal and child health bill, but there was a shortage of key nutrition guidelines at facility level.
- **Organisational Capacity:** Reporting tools were in place in the facilities sampled, including several forums/systems that addressed data quality and performance, and nutrition was integrated in most of these systems. However, forums were not held regularly.
- **Technical capacity:** Numbers of nutritionists were still below recommended levels, despite County efforts on hiring. Trainings for the nutrition workforce were mostly on nutrition-specific interventions, while emerging issues like non-communicable diseases (NCDs) were neglected. The nutrition workforce reported the need for additional capacity building in order for them to be well equipped in offering nutrition services
- **Community capacity:** Only 78 Community Units (CUs) – of which only 74 were functional – were established in the county, against the recommended 256 CUs. Some Community Health Volunteers (CHVs) were trained on the basic community health module; however no CHV was trained on the standard community health nutrition module. The community health strategy is operational, but the referral system was not very effective.

The results, disseminated at a one-day meeting with key nutrition stakeholders, emphasised the need for the CHMT to lead all stakeholders in prioritising implementation and addressing the gaps identified. The KNCDF operational guide stipulates that capacity assessments are conducted every two and a half years to allow for the implementation and monitoring of capacity initiatives, guided by the gaps and follow-up actions stipulated by the counties themselves from a capacity assessment.

The pre-test in Kilifi County was critical in informing the final KNCDF operational guide and nutrition capacity<sup>3</sup>. The Capacity Development Working Group has supported a further six counties in carrying out the same activity. Undertaking a capacity assessment is resource-intensive in terms of technical, human and financial resources, with one assessment costing approximately US\$12,000, although costs vary from county to county. The nutrition sector is advocating for the government (national and county) to incorporate this activity into its annual work plans under

## Quotes from stakeholders

*“We have been here but we did not know all these gaps existed – some of the things brought out by the assessment are shocking.”*

County executive committee member for Health, Kilifi County.

*“We are now able to quantify our challenges.”*

CHMT member, pointing at bar graphs showing the number of nutritionists currently employed compared to the recommended number.



health and nutrition budget lines, although additional funds may be needed from donors.

## Lessons learnt

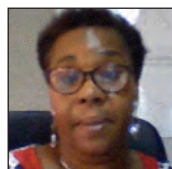
- All stakeholders (both at county and national level) need to be involved in the entire capacity-assessment process, with national government giving overall guidance.
- The county must take the lead in the process, as this enables it to better articulate its issues, own the gaps and look for solutions locally. The CHMT needs to take the primary role in conducting assessments and provide direction and leadership in implementing the action plans developed.
- Continued advocacy is needed to ensure budget allocation for the process (and nutrition in general) in county annual work plans due to competing activities at county level.
- Line ministries appreciate their role in nutrition more once they understand the gaps revealed in this process. Currently the assessments are focused on nutrition-specific issues, but in future line ministries may consider including nutrition-sensitive actions.
- The capacity guidelines give a clear road map on how to address capacity matters in nutrition. However, budgetary allocations needed to implement the recommended changes remain a major challenge.

<sup>3</sup> Both documents are still currently in draft format but in use, email: fmutea@internationalmedicalcorps.org



# Shaping national food and nutrition policy in Nigeria

**Ambarka Youssoufane**, ENN's West Africa Regional Knowledge Management Specialist, interviewed **Roselyn Gabriel**, Deputy Director of Food and Nutrition, Ministry of Budget and National Planning, on the process of developing Nigeria's National Food and Nutrition Policy.



*Roselyn Gabriel has worked in the field of nutrition for the past 30 years at the national level, supervised and monitored state-level programming on Community Management of Acute Malnutrition (CMAM), and advocated at the community level to increase knowledge and understanding of nutrition. She holds an MSc in Public Health.*

## Background

Nigeria is a country with abundant natural and human resources, but poverty remains pervasive. Children from poorer households are four times more likely to be malnourished than children from wealthier families, and the country has the highest number of children under five who are stunted (low height for age) in sub-Saharan Africa and very high levels of wasting (see Box 1). As with other low and middle-income countries (LMICs), Nigeria is also facing the double burden of malnutrition, with the co-existence of undernutrition and overweight/obesity at both household and community levels.

In response to the urgent need to scale up high-impact and cost-effective nutrition interventions, in April 2016 Nigeria adopted a new National Food and Nutrition Policy (NFP) that reflects emerging issues such as the importance of the first 1,000 days and the upsurge in the prevalence of diet-related, non-communicable diseases (NCDs). The process of developing the new policy has been a lengthy one, involving multiple stakeholders (including the Ministry of Health and State Nutrition Offices) driven by the Ministry of Budget and National Planning and supported by development partners and non-governmental actors.

The new NFP has been commended for its SMART (Specific, Measurable, Achievable, Relevant and Time-limited) targets for the reduction of stunting and wasting, for being costed and for identifying current resource allocations and resource mobilisation.

### Box 1 Key facts on nutrition in Nigeria

Wasting (low weight for height) in children under five: 18% (2013)<sup>1</sup>

Stunting (low height for age) in children under five: 42% (2003); 37% (2013)

Rate of exclusive breastfeeding of infants under 6 months: 17% (2013)

Vitamin A deficiency in children 6-59 months old: 42% (2013)

Anaemia in women of reproductive age: 49% (2013)

Adult overweight/obesity: 33%; 11% (2014, GNR)

Source: Nigeria Demographic and Health Survey (NDHS) (2013)

### 1. The new policy is a significant achievement. How did it come about?

The impetus to review the policy came from Demographic Health Survey (DHS) results in 2013, which revealed very high levels of wasting of about 18%, high levels of stunting, and specific micronutrients deficiencies such as Vitamin A, anaemia and iodine. The Ministry of Budget and National Planning initiated a committee with relevant stakeholders to review the former 2001 nutrition policy, which served as an initial draft. This original policy had become outdated due to poor implementation, inadequate funding and ineffective coordination. It also didn't take account of emerging initiatives, namely the birth of the SUN Movement (Nigeria joined in 2011), the rise of NCDs and the 1,000 days concept.

Three different sets of meetings were organised to ensure maximum ownership: state level meetings in the country's three regions (south, east and north); technical meetings at national level; and validation meetings with all national commissioners. The policy was launched by the First Lady, showing commitment at the highest level, and all 36 Nigerian States are 'domesticating' the nutrition policy; that is, adapting the national nutrition policy to the state-specific context. Each state is therefore elaborating its own action plan derived from the policy.

### 2. Did you seek outside guidance or use other country examples for policy development?

Many partners were involved, including the Ministries Departments and Agencies, the UN agencies, academics etc., bringing different knowledge and experiences to the process. Technical assistance was also provided by UNICEF through the recruitment of consultants, who gave technical support and expertise for the regional and national consultations of stakeholders, elaboration of different drafts, and integrating comments from various participants.

### 3. What are the main priorities of Nigeria's food and nutrition policy?

The goal of the new NFP is to attain optimal nutritional status for all Nigerians by 2024, with an emphasis on vulnerable

<sup>1</sup> Rates of wasting tend to 'surge' seasonally during the year and will be higher if a survey is conducted during the lean season. For example, the *Global Nutrition Report Nigeria country profile* (2015) estimates SAM at 8%: <http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/129994/filename/130205.pdf>



groups such as infants and children, adolescents, women of reproductive age and people in difficult circumstances (e.g. those living with HIV/AIDs and internally displaced people). There is also recognition of the need to prevent and control NCDs and the importance of incorporating food and nutrition considerations into development plans at federal, state and local government level.

The NFNP key targets have been set according to the *World Health Assembly (WHA) Global targets 2025*<sup>2</sup> and include:

- Reduce stunting rate among under-five children from 37% in 2013 to 18% by 2025;
- Reduce childhood wasting, including Severe Acute Malnutrition (SAM) from 18% in 2013 to 10% in 2025 [the WHA target is to reduce to wasting to 5%];
- Reduce anaemia among pregnant women from 67% in 2013 to 33% in 2025;
- Increase exclusive breastfeeding rate from 17% in 2013 to 65% by 2025; and
- Halt the increase in obesity prevalence in adolescents and adults by 2025.

There are several other targets that involve increasing coverage of interventions such as universal household access to iodised salt, zinc supplementation in diarrhoea management, proportion of children who receive deworming tablets and coverage of Vitamin A supplementation.

#### **4. Has the new policy been budgeted? What was the process for costing and what proportion is to be funded by the government and development partners?**

After the policy development phase, nutrition stakeholders developed a costed action plan with the support of the Micronutrient Initiative (now Nutrition International), who provided technical assistance to support the process. The 2001 NFNP suffered from the lack of a specific budget line, which blocked the implementation of nutrition activities. That is why the Federal Government has called for specific budget lines to fund the action plan. The President has directed relevant ministries to create specific budget lines to fund nutrition activities based on the NFNP. The 2017 national budget was supposed to make these provisions.

However, discussions are still ongoing with different ministries to comply with presidential instructions. Even though it is difficult to clearly evaluate the limit of the budget created through domestic funding at this stage, we are confident that this mechanism, combined with external donor funding, will allow the scale-up of nutrition interventions to achieve the policy's objectives.

#### **5. How does the policy relate to the federal governments?**

The policy covers multi-sector areas and is therefore amenable to challenges in the course of addressing malnutrition issues. Indeed, although we know the nutrition challenges are high, we also know that they are unevenly distributed across the country. So, the states are in the process of domesticating the policy by developing their own specific action plan emphasising the local context. The state's action plan is going to be costed and used for advocacy for funding at state government level, ensuring better alignment and coordination with the NFNP. The national action plan will also take into consideration the different sectors involved and develop specific strategies and activities for each sector.

WFP/Andrie Vornic



Children displaced by the Boko Haram insurgency receive food aid in Maiduguri in north-eastern Nigeria

#### **6. What were the most important challenges in writing and adopting the policy?**

One of the important challenges we faced was convening meetings with all the stakeholders, particularly when the country has been facing a serious nutrition emergency in the north-east due to the Boko Haram crisis. This has diverted considerable government efforts, including nutrition expertise. There was also a challenge in finding funding for meetings, but various partners started expressing interest in the process and the government also provided some funding.

When the policy document was completed, obtaining the support of the Federal Government was particularly challenging, since there was a new administration after the 2015 general elections. It took us time to brief the new administration about the policy and we had to wait until the government was fully operational before introducing the document. This was done through the National Council of Nutrition (NCN), which is chaired by the Vice President and is the highest decision-making body for nutrition. The NFNP was one of the first documents to be attended to by the new administration.

#### **7. Finally, what advice would you give to other country governments in the region that might want to follow Nigeria's example?**

One of the key lessons we learnt is the importance of working with all stakeholders from government and non-government agencies, civil society, even the business sector should be invited to the table. Given that nutrition requires multi-sector interventions to have greater impact, working with all relevant stakeholders right from the policy development step is the only way to be effective and ensure maximum acceptance and understanding. In Nigeria, the SUN Movement has been playing an effective role in bringing people together around the SUN Focal Point, who sits in the Ministry of Health, with the National Committee on Food and Nutrition (NCFN) playing the role of government networker. Today there is a very high commitment toward nutrition at the global level and we are confident that the new policy will help address the issue of malnutrition in line with these global targets and initiatives.

<sup>2</sup> [www.who.int/nutrition/global-target-2025/en/](http://www.who.int/nutrition/global-target-2025/en/)



WFP/Santosh Shahi

A group of female harvesters, on their way to harvest seasonal crops in Rautahat, Nepal

## On-line tools

USAID's Strengthening Partnerships, Results, and Innovations in Nutrition Globally project (SPRING) project (due to end this year) provides a wealth of resources, including pathway tools for connecting agriculture to nutrition, project case studies, technical brief series, indicators and more.

[www.spring-nutrition.org/stories/spring-promotes-nutrition-sensitive-agriculture](http://www.spring-nutrition.org/stories/spring-promotes-nutrition-sensitive-agriculture)

SPRING has related tools, such as those for community health worker (CHW) nutrition advocacy that identify gaps in CHW nutrition service delivery for specific countries with a focus on national, public sector programmes. The aim of the slides is to understand the training, support, monitoring and mentoring systems needed to scale up CHW nutrition services.

[www.spring-nutrition.org/publications/series/community-health-worker-nutrition-advocacy-tool](http://www.spring-nutrition.org/publications/series/community-health-worker-nutrition-advocacy-tool)

Following on from their e-learning modules on improving nutrition through agriculture and food systems, FAO has produced a toolkit on how to design, implement, monitor and evaluate nutrition-sensitive food and agriculture policies and programmes.

[www.fao.org/nutrition/policies-programmes/toolkit/en/](http://www.fao.org/nutrition/policies-programmes/toolkit/en/)

The Nutrition Impact and Positive Practice (NIPP) project is a community-based initiative aiming to improve nutrition security and care practices through behaviour change, including promotion of improved care and feeding practices, household hygiene-sanitation hardware and utilisation and homestead gardens. It targets high-risk individuals/households and is currently being implemented in Sudan, South Sudan, Zimbabwe, Malawi and Niger. The toolkit provides valuable guidance to help practitioners who wish to implement the NIPP approach.

[www.goalglobal.org/nipp](http://www.goalglobal.org/nipp)

HANCI-Africa is a tool for advocacy, monitoring commitment and accountability which measures the political commitment of the governments of 45 African countries to tackling hunger and undernutrition. The index compares countries across three spheres of commitment: laws, policies and spending. <http://africa.hancindex.org>

The Nutrition Knowledge Bank is an open-access source of nutrition-related content in the form of factsheets and mobile messages. This content is developed with the aim of addressing knowledge gaps and improving behavioural practices to reduce malnutrition in the implementing countries of the mNutrition Initiative. The content builds on defined nutrition-sensitive agriculture pathways and nutrition-specific health interventions.

[www.cabi.org/nutritionkb](http://www.cabi.org/nutritionkb)

## On-line courses

This free on-line USAID course introduces the fundamentals of nutrition-sensitive agriculture and provides guidelines for practitioners to use when designing programmes that promote access to nutrient-rich foods and dietary diversity.

[agrilinks.org/training/nutrition-sensitive-agriculture](http://agrilinks.org/training/nutrition-sensitive-agriculture)

Another open access course (which also includes a low bandwidth version) is LSHTM's Agriculture, Nutrition and Health, designed to explore multi-sector links between agriculture, nutrition and health, highlight current evidence, and identify potential programmatic solutions. <https://www.lshtm.ac.uk/study/courses/short-courses/free-online-courses/agriculture-nutrition-health>

## Other resources

The SUN Movement's checklist on 'good' national nutrition plans is the first step towards standards and guidance on developing quality nutrition plans for country governments. Recommendations are divided into five thematic areas: situation analysis, stakeholder engagement, costs, implementation arrangements, and M&E, with criteria such as SMART nutrition targets and governance, accountability, management and coordination mechanisms.

[www.securenutrition.org/resource/checklist-criteria-and-characteristics-'good'-national-nutrition-plans](http://www.securenutrition.org/resource/checklist-criteria-and-characteristics-'good'-national-nutrition-plans)

In short video 'bites', World Bank Group team leaders describe their experience of integrating nutrition-sensitive agriculture activities into a project through concrete examples, focusing especially on how country context and initial conditions impact the type of intervention.

<https://olc.worldbank.org/content/nutrition-sensitive-agriculture-projects---demystified>



WFP/Judith Schuler

Students use a water pump to wash their hands after their meal in Liberia





## Managing knowledge in the SUN Movement

**K**nowledge management (KM) is a relatively new term in the development/humanitarian world and in global nutrition discourse. Over the last few years, the growing global momentum on nutrition has seen a corresponding increase in the number of KM actors and initiatives in nutrition. This KM work encompasses documenting learning and know-how based on practical experiences, research and evidence-building, and synthesising and disseminating findings. It is increasingly recognised that reflection and documentation, rather than being a 'nice-to-have' or optional extra, are critical to facilitating the effective working of those at the sharp end of nutrition programming and policy-making.

The contexts in which nutrition problems emerge are many and various, while understanding of effective interventions (nutrition-specific and sensitive) and their delivery is growing. Yet, despite great progress in many areas of nutrition, there are still critical gaps in understanding related to technical programme design and delivery, and the optimal underpinning of institutional architecture and associated governance. There are also areas in which there is a strong knowledge base, but this information does not reach the right people at the right time in the right way.

Although there is recognition of the importance of this new 'discipline', there have not been many opportunities to ensure that KM is being aligned. Coordination of KM is critically important to ensure complementarity, coherence and appropriate priority-setting. In order to catalyse and better coordinate KM work within the nutrition sector, the Scaling Up Nutrition (SUN) Movement Secretariat and ENN co-organised an event in Geneva in early 2017 to bring together representatives of diverse organisations working in this area.

The SUN Movement has been an important development for the nutrition sector globally, bringing together different governments, sectors and stakeholders to achieve malnutrition goals and establishing platforms to facilitate coordination. It has also created new opportunities for sharing and learning among different groups involved in nutrition. ENN played a role (as part of the Technical Assistance for Nutrition (TAN) Programme) in supporting and coordinating KM for the SUN Movement as a partner during the Movement's second phase (2016-2020).

### Identifying synergies, avoiding duplication

A diverse group of agencies with different approaches to knowledge management attended the two-day SUN KM event in Geneva. These included KM staff from different UN agencies (UNICEF, WFP, REACH); representatives from global and regional initiatives with a direct or indirect KM focus (SAFANSI, Glopan, Alive&Thrive, SPRING); and staff from research or knowledge-focused organisations and universities (IDS, IFPRI, SISN, Sight&Life, Secure Nutrition). Technical assistance providers under the TAN programme (Nutrition International and MQSUN+), SUN Movement Secretariat and SUN global networks (civil society, UN, business and donor) staff were also in attendance.

Each organisation presented their current KM work and priorities to the group. This was an opportunity to identify synergies with other organisations and potential duplication and gaps (geographically, thematically and in terms of methodology). The SUN Movement Secretariat also shared the vision behind the 2016-20 Road Map and how KM providers can be leveraged to serve country-level needs around knowledge, documentation and learning.

Attendees had the opportunity to conduct bilateral meetings, allowing for more concrete and detailed conversations on collaboration and communication. Many organisations will continue these discussions and coordination in the year ahead as a result of the meeting and it is hoped that this will improve the effectiveness of global and country-level KM on behalf of the SUN Movement.

This meeting was the first of its kind in the sector and signals a shift towards understanding the crucial role of KM in driving the nutrition agenda – both in improving the practical and technical know-how of those working at the front line of nutrition programming and planning, but also in generating outward-facing stories about the impact and change that is being brought about through efforts to scale up nutrition.

For more information, contact Edwyn Shiell, Policy and Strategy Advisor – Advocacy and Communication, SUN Movement Secretariat: [edwyn.shiell@undp.org](mailto:edwyn.shiell@undp.org)





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

To register for Nutrition Exchange go to  
[www.enonline.net/nex](http://www.enonline.net/nex)