

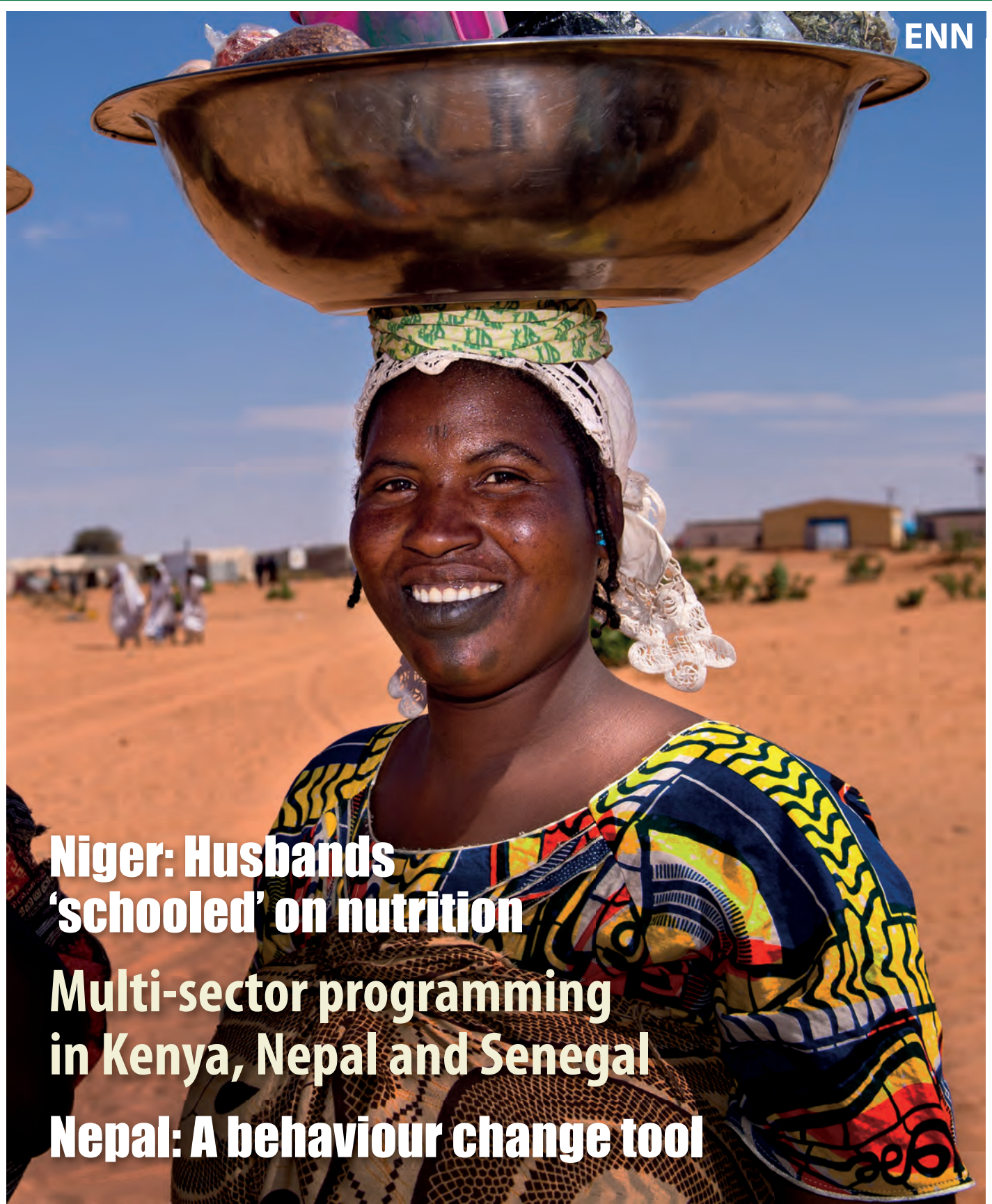
Yemen: Access to nutrition services in a conflict setting

Technical Assistance for SUN countries

Chad: Decentralising nutrition coordination

NUTRITION EXCHANGE

ENN



Niger: Husbands 'schooled' on nutrition

Multi-sector programming in Kenya, Nepal and Senegal

Nepal: A behaviour change tool

English

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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, Lillian Karanja, and Charulatha Banerjee, 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: Mauritania, Bassikounou, Mbera camp, February 2015; WFP/Agron Dragaj

Back cover: The Ngarangou health clinic. Bol, Chad Basin, 28 March 2017; WFP/Giulio d'Adamo



WFP/Camille Allameir, Haiti, 2009

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 and Judith.Hodge@ennonline.net) with your ideas. We are now looking for articles for NEX Issue 10 so please be in touch.

This edition of *Nutrition Exchange* was funded by UK aid from the UK Government and Irish Aid. The ideas, opinions and comments therein are entirely the responsibility of its author(s) and do not necessarily represent or reflect UK Government or Irish Aid policy.



Editorial

It has been a very busy time for the wider nutrition community. There is a sense of urgency to do more to tackle current levels of malnutrition and this is reflected in a number of the articles and global themes covered in this ninth issue of *Nutrition Exchange*. The FAO *State of Food Security and Nutrition* report (page 5), for example, gives a worrying picture of the rise in hunger for the first time since 2001. This is mainly (but not restricted to) fragile and conflict-affected settings, which account for a considerable proportion of stunting and wasting globally, as echoed in the 2017 *Global Nutrition Report* (page 4).

There are three articles from countries facing both development and emergency-related challenges. The article on war-torn **Yemen** (page 10) describes harnessing community leadership to increase access to nutrition services for mothers and children. Community-based interventions feature in an article from **Niger** (page 12) on Husband Schools, which focus on educating men to improve maternal and child health through nutrition, family planning and agriculture initiatives. The article on **Nepal** (page 27) looks at how female community health volunteers swap their sterile flipcharts for colourful, tactile trays of real food for nutrition counselling purposes to positive effect. Of course, scaling-up 'what works' is the next challenge – and both the Niger and Nepal articles touch on plans to take relatively small-scale interventions to the next level.

'Multi-sector' and 'nutrition-sensitive programming' are terms that are constantly on everyone's lips. But what is the reality of sectors working together at the sub-national level? ENN's Knowledge Management specialists in Asia and Africa describe early findings from studies in **Kenya**, **Nepal** and **Senegal** (page 23); contexts may vary but there are already common lessons to share. Other stories in this issue that touch on the challenges of multi-sector coordination come from two West African countries. In **Mauritania** (page 16), little change in stunting prevalence over the last decade has prompted new ways of addressing malnutrition and the development of a multi-sector nutrition plan with a strong behaviour-change component through community structures. In **Chad** (page 14), innovation has come in the form of a new layer of co-ordination: the appointment of regional nutrition co-ordinators to link sectors and strengthen inter-sector cooperation.

The SUN Movement embraces both the concept of scale-up and multi-sector programming and a number of tools and resources are available to support countries to achieve this. An article on technical assistance for SUN Member countries describes the experiences of **Tajikistan and the Philippines** (page 20) in

accessing this support to develop a Common Results Framework and a plan of action for nutrition, respectively. The Joint Assessment process is another SUN tool that enables SUN networks to take stock of their common goals and objectives. An article considers observations of the process in two countries, **Burkina Faso** and **Kenya** (page 18). Another tool from the UN 'family' is the Compendium of Actions for Nutrition: the CAN, as it is known, has been used to great effect in **Haiti** and **Myanmar** (page 25) to drive home the multi-sector concept and the understanding that nutrition is every sector's responsibility.

Finally, we've been really busy at ENN, too: read **What's New at ENN?** (page 8) to find out about a new online resource, *NutritionGroups*, the latest updated version of *Operational Guidance on infant and young child feeding in emergencies*, and the release of a new discussion paper on addressing stunting in protracted crisis contexts, among other initiatives. ENN had a prominent role at the recent **SUN Movement Global Gathering** and we share some thoughts from one of our team members who attended (page 29).

We would also like to thank all the NEX readers who took part in our impact survey for your insights into what we're doing well (for example, providing opportunities to learn from the experiences of peers), as well as what we could do better (such as broaden the list of recipients with national networks around government ministries and civil society). We value all feedback, so send us your ideas for sharing your invaluable experiences in tackling malnutrition. As with every issue, a huge thanks to all our contributors and happy reading!

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Media Hub



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

www.enonline.net/mediahub/nex9editorialpodcast



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.

Follow us on:



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ENN Online

Nourishing the Sustainable Development Goals: *Global Nutrition Report 2017*

In this fourth *Global Nutrition Report (GNR)*, significant burdens of three key forms of malnutrition (child stunting, anaemia in women of reproductive age and overweight in adult women) were found in 140 out of 193 countries. The vast majority (88 per cent) of these countries face a serious burden of two or three forms of malnutrition, highlighting the damaging impact on broader global development efforts.

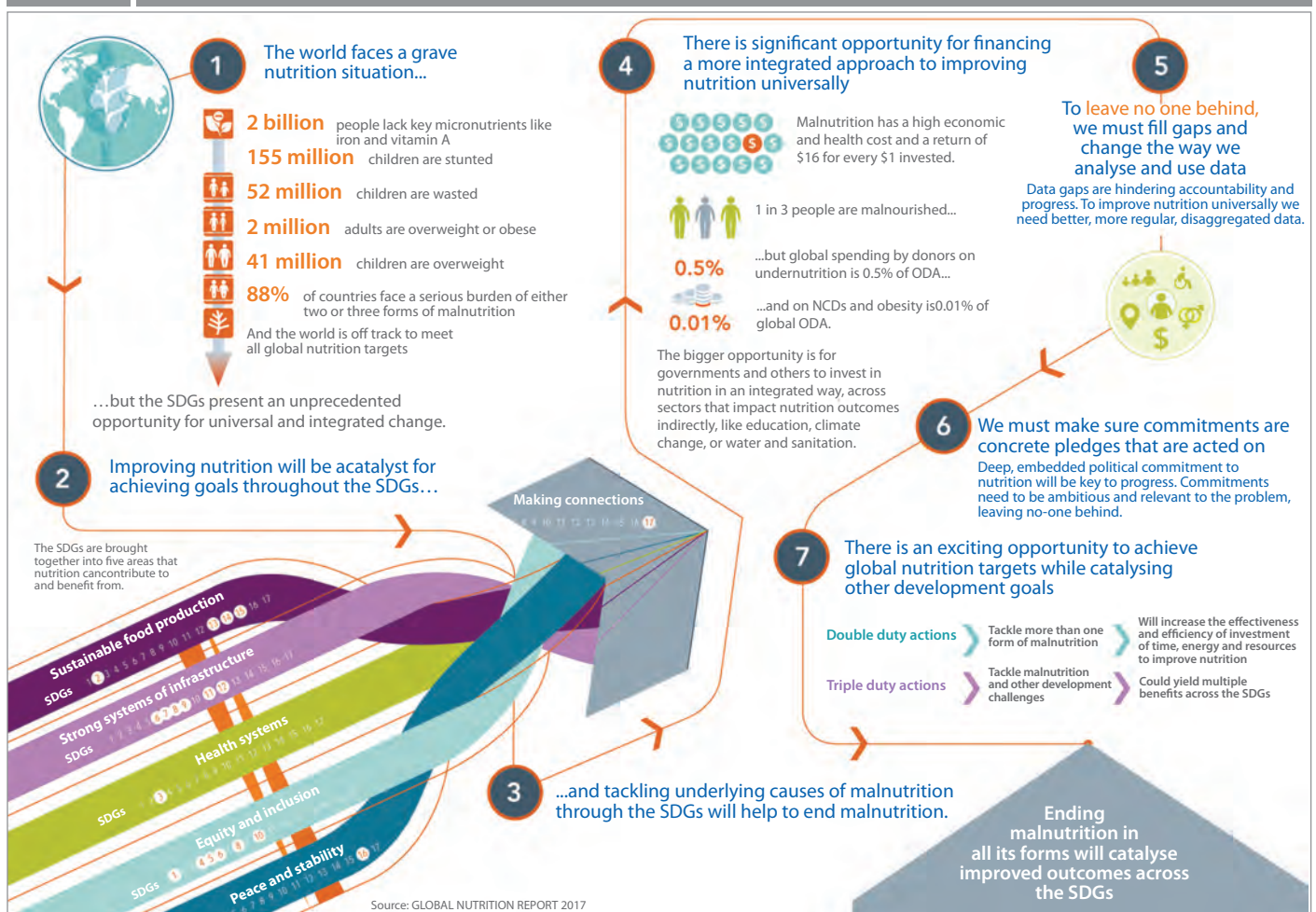
The *GNR 2017* has a strong focus on galvanising efforts needed to achieve the Sustainable Development Goals (the SDGs, adopted by 193 countries in 2015), which offer a critical window of opportunity to reverse or stop current trends in malnutrition. It identifies five core areas of development that run through the SDGs to which nutrition can contribute and in turn benefit from (see Figure 1).

Investment in these core areas can have a powerful multiplier effect across the SDGs, according to the GNR. In fact, the report claims that it will be a challenge to achieve any SDGs without reducing malnutrition. There is also an opportunity to achieve global nutrition targets while catalysing other

development goals through “double-duty” actions by tackling more than one form of malnutrition at once. These include interventions such as promoting and protecting breastfeeding in the workplace; city planning for safe, nutritious and healthy diets; and universal healthcare provision with undernutrition and diet-related non-communicable disease (NCD) prevention. Further potential “triple-duty actions” which tackle malnutrition and other development challenges are also cited, such as school meal programmes that help improve nutrition as well as supporting livelihoods (for farmers that sell their produce to schools) and education. The GNR calls for integrated action and for everyone working to improve nutrition to identify at least one triple-duty action that tackles both undernutrition and NCDs or obesity and other development goals.

Financing for nutrition is another major topic covered in the report, as are data gaps that are hindering accountability and progress. New analysis for 2017 shows domestic spending on undernutrition varies widely from country to country, with some spending over 10 per cent of their budget on nutrition and others far less.

Figure 1 Making links between nutrition and the SDGs



Donor funding for nutrition rose by just two per cent in 2015 to US\$867 million, representing a slight fall in the overall percentage of global aid. The report calls for a tripling of global investments in nutrition to US\$70 billion over the next ten years to tackle childhood stunting, wasting and anaemia and to increase breastfeeding rates. Crucially, spending on prevention and treatment of obesity and NCDs represented just 0.01 per cent of overseas development aid in 2015, a “disturbingly low” level given the enormous global burden of these diseases.

More regular and detailed data, disaggregated by wealth quintiles, gender, geography, age and disability, are needed. National averages are not detailed enough to identify marginalised, vulnerable populations. Two notable data gaps are identified around adolescents (to better understand and tackle nutrition at this critical life stage) and dietary intake.

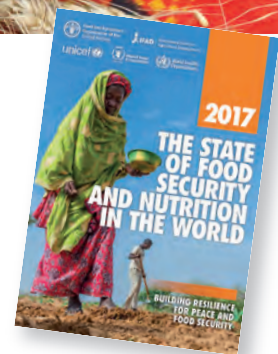
The GNR’s online Nutrition Country Profiles (for all 193 countries) have been refreshed in 2017 with new data where available. The two-page documents provide a snapshot of over 80 indicators of nutrition status and determinants, food availability, intervention coverage and policies that support good nutrition for each country as well as for six regions and 22 sub-regions. The GNR describes itself as an “intervention” rather than a report and these profiles enable nutrition advocates to mobilise for greater action for nutrition and identify ways to integrate nutrition in related sectors.

For more information, visit www.globalnutritionreport.org/the-report/ GNR 2017 Nutrition Country Profiles: www.globalnutritionreport.org/the-data/nutrition-country-profiles/



WFP/Laura Nielo, Burundi

Rise in world hunger: *The State of Food Security and Nutrition in the World* – FAO report 2017



For the first time since the turn of the century, the number of hungry people has increased globally from 777 million in 2015 to 815 million in 2016, according to the report, *The State of Food Security and Nutrition in the World*. This is mainly due to a rise in conflicts and climate change shocks, such as droughts or floods. Over the past decade, violent conflicts have increased significantly, particularly in countries already facing food insecurity, hitting rural communities the hardest and affecting food production and availability. Conflict is a main driver of population displacement and displaced populations are among the most vulnerable in the world, experiencing high levels of food insecurity and undernutrition. For example, 20 million people in four countries – Nigeria (north-east), South Sudan, Somalia and Yemen – were declared at risk of famine in 2017.

People living in countries affected by protracted crisis (so-called fragile and conflict-affected states (FCAS) are nearly two and a half times more likely to be undernourished than

those living elsewhere. Of the 815 million chronically food-insecure and undernourished people in the world, the vast majority – 489 million – live in countries affected by conflict.

Moreover, food security has also deteriorated in some non-conflict-affected settings, particularly those affected by economic slowdowns. A number of countries heavily dependent on commodity exports have experienced dramatically reduced revenue in recent years. Food availability has been affected through reduced import capacity, while access to food has deteriorated in part due to the reduced ability to protect poor households against rising domestic food prices.

Africa has the highest levels of severe food insecurity, affecting 27.4 per cent of the population – almost four times that of any other region. Higher food insecurity was also observed in Latin America, rising from 4.7 per cent to 6.4 per cent.

For more information, visit www.fao.org/state-of-food-security-nutrition/en/

Tracking progress for breastfeeding policies and programmes

WFP/Tatiana Moreno

Breastfeeding (BF) is reported to be one of the most effective investments a country can make in nutrition programming. It not only provides protection against child morbidity (e.g. from diarrhoea and respiratory infections), it is also associated with increased intelligence in children, thereby enhancing human capital (Victora et al, 2016). It also brings benefits to mothers, including prevention of breast and ovarian cancer and diabetes. And new evidence confirms that the practice reduces the risk of non-communicable diseases and decreases the prevalence of overweight and/or obesity later in life (Victora et al, 2016). Yet recent economic analysis estimates that present low levels of BF at six months of age could account for a global loss of gross national income (GNI) of US\$302 billion annually (0.5 per cent of GNI) (Rollins et al, 2016).

The *Global Breastfeeding Scorecard* (2017) is produced by a WHO-UNICEF-led collective of over 20 organisations which analyses a wide range of indicators that can influence breastfeeding. These include:

- Funding for the creation and maintenance of programmes that support infants, mothers and health workers;
- Regulation of the marketing of breast-milk substitutes;
- Paid maternity leave;
- Ten steps to successful breastfeeding (baby-friendly hospital initiative);
- Counselling;
- Community support programmes;
- National assessment of BF policies and practices; and
- National monitoring of BF rates.

Every mother decides how to feed her child, but her decision is strongly influenced by economic, environmental, social and political drivers.

Worldwide, performance on recommended policies and programmes for breastfeeding is poor. In fact, only six countries out of 129 with available data were classified as achieving a recommended performance level in more than half of the indicators. In recognition of this, the collective has set targets for 2030 to galvanise action by policy makers (see Figure 1).

The Scorecard shows that countries with investment in BF protection, promotion and support are able to maintain high rates, with a significant correlation between donor funding and BF rates. It is estimated that each additional dollar spent in donor funding per birth correlates with an average increase of 2.9 percentage points in the rates of exclusive BF at six months; and rates of continued BF at one year increase by 3.3 percentage points for every additional dollar spent. Governments also need to invest more in BF to meet national commitments.

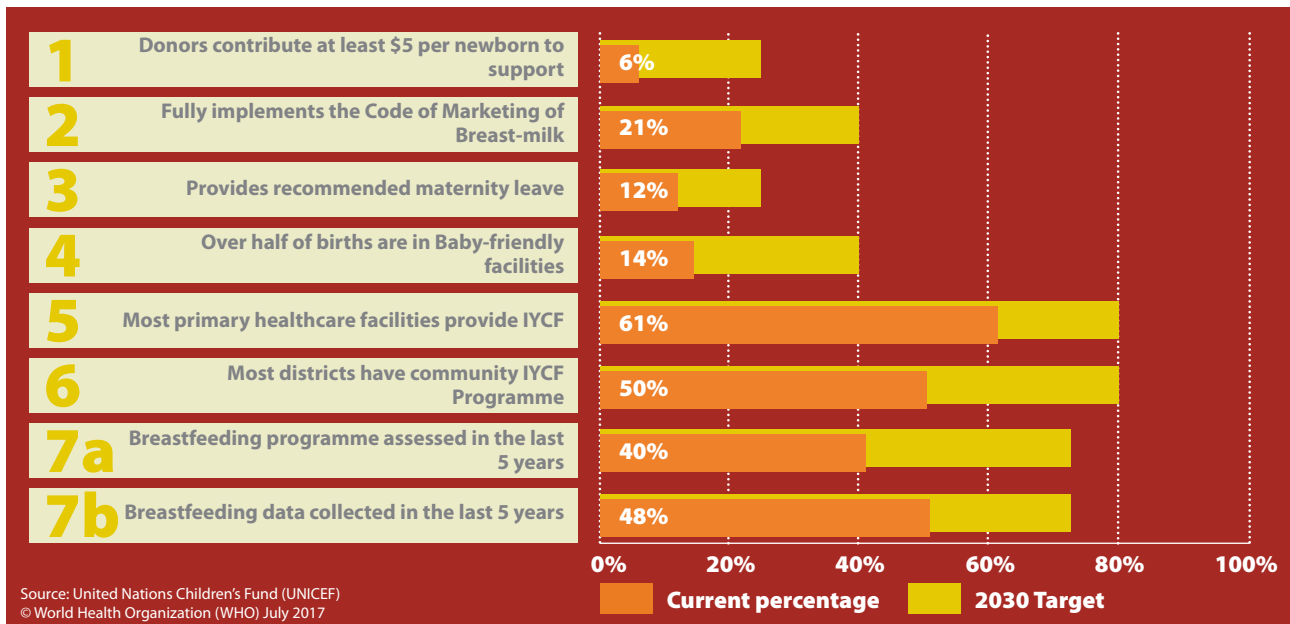
For more information and for country scorecards, visit <http://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2017/en/>

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Figure 1 Current rates and targets of breastfeeding practices



A regional nutrition strategy for West Africa

West Africa has a population of close to 372 million, of which 62.3 million are children under five years of age (CU5). Over one third of these – 19 million CU5 – are stunted, while the prevalence of wasting and overweight is nine per cent and two per cent respectively (GNR 2017). Overweight and obesity also affect the adult population, with 14 per cent and 37 per cent of women affected, respectively (GNR 2017). Nearly half of women of reproductive age (49 per cent) have anaemia and 47 per cent of children aged 6-59 months have vitamin A deficiency.

The existence of a single economic community in the region – the Economic Community of West African States (ECOWAS) – offers opportunities to align regional strategies and policies to tackle malnutrition collectively.

About 100 people from 14 ECOWAS countries (Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo) attended a five-day conference on nutrition surveillance in Guinea-Bissau in October 2017. The conference was jointly organised by the West African Health Organisation (WAHO; an ECOWAS institution) and the Guinea-Bissau Ministry of Health (MoH). Presentations and discussions ranged from food fortification initiatives and monitoring food safety to tracking nutrition financing and the use of cost-of-hunger studies for decision-making. Those attending were Scaling up Nutrition (SUN) Movement country Focal Points, nutritionists or health information officers in the MoH or from the National Bureau of Statistics. There was also wide representation from donors and other partner organisations, both in the region and from Eastern and Southern Africa. On day five participants debated the WAHO regional

nutrition strategic plan (2018-22), of which the overall objective is to scale up nutrition-specific and nutrition-sensitive activities.

The strategic objectives are:

- To improve governance, coordination, implementation, planning, and monitoring and evaluation of food and nutrition security;
- To consolidate knowledge management, including sharing of best practices, monitoring for optimum decision-making;
- To consolidate capacities for regulation and implementation of high-impact interventions in nutrition; and
- To mobilise resources for food and nutrition security.

The regional strategy, costed at US\$41.3 million over five years (to be funded mainly by ECOWAS community resources, NGOs, donors and the private sector), aims to support existing country plans by providing a regional framework for nutrition.

Recommendations include: strengthening the monitoring framework for the implementation of commitments and progress made by countries; supporting the creation of national and regional nutrition knowledge-management centres; and strengthening the budgetary monitoring framework for resources allocated to nutrition activities.

For more information on the regional plan, please contact: William Bosu, WAHO (wbosu@wahoos.org)

Reference

GNR 2017. Development Initiatives, 2017. *Global Nutrition Report Nutrition Sub-Regional profile: West Africa, 2017*. Bristol, UK: Development Initiatives.





What's new at ENN?

Nutrition Exchange: Preliminary results from user survey

ENN conducted an impact survey in late 2017 with the aim of understanding how our global network of practitioners and policy makers are engaging with ENN's core knowledge products (*Nutrition Exchange*, *Field Exchange* and *en-net*). From a total of 122 respondents across the globe, 70 per cent were readers of *Nutrition Exchange* (NEX) and the majority were from West Africa, East Africa and South Asia.

The survey sought to gauge the extent to which NEX readers benefit from the publication in their professional lives. Of the options presented, the three most frequently selected were:

- [NEX] "helps me to understand a technical or policy issue better";
- "Offers me the opportunity to learn from the experience of peers"; and
- "Gives me news about events or developments in the sector".

These are pleasing outcomes as we strive to showcase nutrition issues in an easy format for sharing and learning across all sectors and for actors working nationally and sub-nationally. Many of you have been with *Nutrition Exchange* from the beginning and there is a steady trend of new subscribers to the publication each year. NEX online content (www.enonline.net/nex) is the way most (60 per cent) of our readers engage with the latest issues of NEX and half our readers download NEX as a pdf. As well as the growth of NEX online readership, approximately half our readers continue to receive a hard copy delivered by ENN (47 per cent), some of which are shared with colleagues. Moreover, we received a 100 per cent 'yes' response when we asked if readers would recommend NEX as a source of learning and exchange to others, which directly speaks to its relevance and growing audience.

An increasing amount of NEX content is now available in new, accessible digital formats such as podcasts and videos (via ENN's media hub www.enonline.net/mediahub). We are also keen to hear how we can improve NEX; here are some of the comments from NEX readers about how we can do this:

"The global themes should be more global. It seems [that NEX] is more concerned about some places than others."

"By documenting information from all areas – even the smallest area in a county or district."

"...motivate field-based nutrition workers and others to contribute to NEX. Interact and appreciate what they are doing. Work together with them in polishing to suit publication needs..."

"Broaden the list of recipients with national networks around the ministry of health and civil society."

(Translated from French.)



NutritionGroups: A new ENN online platform

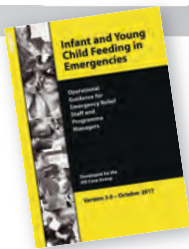
Developments in recent years have led to the flourishing of new and diverse networks working on malnutrition at international, regional and country levels. This has created the need for dedicated online spaces that allow for efficient and regular engagement and connection between those who work together face-to-face and those who work together remotely.

NutritionGroups is a new, online collaborative space for stakeholders working in nutrition and related sectors. It has been designed by ENN to enable those working to improve nutrition to better communicate and engage online, upload and share resources and documents, and get the latest updates in closed groups. *NutritionGroups* builds on ENN's experience with *en-net*, but rather than provide a space for public discussion, it enables closed conversations between peers on joint work, planning and collaboration.

Many nutrition professionals cannot or do not wish to use mainstream social media sites at work. The *NutritionGroups* site provides the functionality of popular social media sites, but has been set up as a dedicated professional page to ensure that communication and collaboration can happen more efficiently. Groups on the platform are private and only invited members of a group can participate and access the content. Moderators come from the groups themselves.

Groups will be set up by request and can include nutrition practitioners and stakeholders at any level. For example, a country-level group might include the multi-stakeholder platform group, with the SUN Focal Point as moderator and members from the different platforms and sectors. The possibilities are endless: *NutritionGroups* is a platform that enables real-life networks of people working in nutrition to work together more efficiently.

For more information visit www.nutritiongroups.org, or to request a group page please contact SUNKM@enonline.net. You can also find us on social media; Facebook and Twitter: @NutritionGroups



Release of latest Operational Guidance on infant and young child feeding in emergencies (Version 3)

The *Operational Guidance on infant and young child feeding in emergencies* (OG-IFE) is a key global

policy document to inform country-level emergency preparedness, response and recovery programming. It was endorsed by a World Health Assembly Resolution in 2010.

Version 3 of the guidance was released in October 2017. The update was undertaken by the IFE Core Group in consultation with international, regional and country informants, co-led by ENN and UNICEF.

It provides concise, practical guidance on how to ensure appropriate infant and young child feeding in emergencies. It applies to emergency preparedness, response and recovery worldwide to minimise infant and young child morbidity and mortality risks associated with feeding practices and to maximise child nutrition, health and development.

It is relevant for policy-makers, decision-makers and programmers working in emergency preparedness, response and recovery, including governments, UN agencies, national and international non-governmental organisations, donors, volunteer groups and the private/business sector. It is also relevant across sectors and disciplines.

Changes to the new version include:

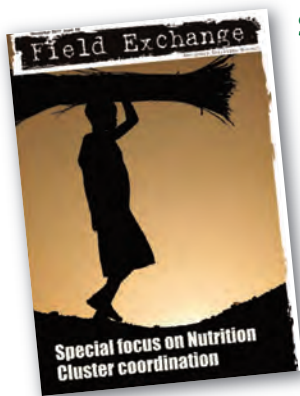
- Greater emphasis on the **lead role of government** in preparedness and response;
- More content on **emergency preparedness**;
- Greater clarity on the respective **roles and responsibilities of UN agencies**;
- Greater coverage of **sectors other than nutrition** and more explicit actions to take;
- Updated to reflect **latest global guidance**;
- Greater **programmatic detail** in all sections;
- Greater and more balanced content to address **needs of non-breastfed infants**;
- More comprehensive content on **complementary feeding**; and
- An extensive list of supporting **references and resources, with weblinks**.

The *OG-IFE* is available in soft copy in English, French and Arabic; translation into more languages is underway. All content is available at:

www.ennonline.net/operationalguidance-v3-2017

A series of Powerpoint slides to help in dissemination to different target groups is also available.

Print copy is available in English from UNICEF country offices and through IBFAN (www.babymilkaction.org/shop) and ENN (postage costs apply).



Special edition of Field Exchange on nutrition cluster coordination

ENN has produced a special edition of *Field Exchange* (Issue 56) on nutrition cluster coordination. Guest edited by Josephine Ippe, Global Nutrition Cluster (GNC) Coordinator, *Field Exchange* editors have worked closely with the GNC team and country cluster coordinators to identify and distil key learnings from their experiences, which

are documented as field articles. The issue includes articles from Afghanistan, Sudan, South Sudan, Somalia, North-eastern Nigeria and Ethiopia. Experiences of the OFDA-funded technical rapid response team also feature, with case studies of advisor experiences during deployments worldwide. Summaries of the latest GNC strategy and guidance developments at global level are also included.

Field Exchange 56 is available in English and French (individual articles) at: www.ennonline.net/fex, where you can also order print copies.

Children who are both wasted and stunted at the same time

ENN recently published an article about children under five years old (CU5) who are stunted and wasted at the same time (referred to as 'concurrency'). Children who are both wasted and stunted have a greatly elevated risk of death, which is why it is important to understand the prevalence and burden of concurrency in this age group. Data came from Demographic and Health Surveys and Multi-indicator Cluster Surveys from 84 countries. It was found that the pooled prevalence of concurrency in the 84 countries was 3 per cent, ranging from 0 to 8 per cent. Nine countries reported a concurrency prevalence greater than five per cent. The estimated burden was close to six million children. The prevalence of concurrency was highest in the 12 to 24-month age group and was significantly higher among boys compared to girls. Fragile and conflict-affected states reported significantly higher concurrency (3.6 per cent) than those countries defined as stable (2.24 per cent).

The analysis represents the first multiple-country estimation of the prevalence and burden of CU5 who are concurrently wasted and stunted. Given the high risk of mortality associated with concurrency, the findings indicate a need to report on the condition and investigate whether the children are being reached through existing programmes. To read the full open-access article, click on the following link: onlinelibrary.wiley.com/doi/10.1111/mcn.12516/epdf

Stunting in emergencies

Building on a technical briefing note published in 2015, ENN has released a follow-up discussion paper titled *Stunting in Protracted Crises*. ENN is concerned with stunting in these contexts because up to 45 per cent of the global stunting burden is found in fragile and conflict-affected states. Unless inroads are made into preventing stunting in these contexts, this proportion is likely to rise (as stunting prevalence reduces in more stable contexts), and we will be unable reach the global WHA targets and sustainable development goals of stunting reduction by 2025 and 2030, respectively.

This paper sets the stage for discussions to be held in 2018 on policy and programming implications. It has a strong advocacy message; namely that a reduction in stunting (or at least no increase) should be viewed as a legitimate humanitarian goal in the same way that prevention and treatment of wasting is seen as a legitimate development goal. The paper contains a number of conclusions and recommended ways forward.

www.ennonline.net/stuntingprotractedemergencies



Community engagement through local leadership: Increasing access to nutrition services in a conflict setting in Yemen



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Yemen is among the poorest countries in the Middle East region with a population of 27 million. It is divided into 22 governorates (the highest administrative division in the country) and Taizz, one of its most populous and war-torn, has seen active conflict and the most sustained fighting in the country since 2015. Global acute malnutrition (GAM) is 17 per cent and severe acute malnutrition (SAM) is 1.9 per cent in Taizz City, while in the Taizz lowlands GAM and SAM are 25.1 per cent and 5.3 per cent respectively. Stunting (low height for age) levels are very high, at over 50 per cent¹.

A partnership between UNICEF and a local NGO, Soul for Development, was set up to implement a pilot project for a two-year, integrated, community-based programme in three out of 23 districts in Taizz (208 villages with a combined population of 312,634) from March 2015 to February 2017. The project used the 'triple A' approach², which enables communities to Assess and Analyse the causes of their health and nutrition-related problems and identify and agree 'doable Actions' at the family and community levels to improve health and nutrition status.

Developing community engagement

The entry point to community engagement was the formation of 193 village development committees (VDCs). These are groups of about eight to ten influential people in the community, including school principals, traditional leaders, sheikhs (tribal leaders) and religious leaders, such as imams. A further 15 sub-district development committees were also formed. These committees, together with the respective District Health Office, were involved in the selection of 770 female community health volunteers (CHVs), who were trained to provide health and nutrition services in 50 per cent of the villages. The main roles of the CHVs were to screen children for acute malnutrition³ and refer for treatment, and to provide micronutrient powders to children

under two years old, iron and folate to pregnant women, and deworming tablets to children under five years old. The CHV role is voluntary, although transport costs are covered. CHVs were later trained on growth monitoring and promotion for children under two years old.

The CHVs collect health and nutrition data through community registers and community growth charts, which are discussed with household members during home visits, and at community level by VDCs. VDC members were briefed on how to discuss nutrition-related issues within their communities.

Almost one third of villages (68 out of 193)⁴ that achieved ten criteria were designated model villages. Criteria included: availability of all structures – CHVs, VDCs; availability of CHV supervisors; and scheduled meetings conducted regularly. VDCs in the model villages took the lead in organising events and activities to address health and nutrition problems without external support, including education festivals where staff from SOUL gave talks on nutrition, health and WASH and provided individual consultations to community members. House-to-house visits by CHVs providing education sessions (on IYCF and WASH) and practical demonstrations (such as cooking) offered a platform to deliver health and nutrition services to communities that have been cut off from access to services (some health facilities were destroyed during the

¹ Save the Children. Nutrition and Mortality Assessment Report Emergency WASH & Nutrition for conflict affected people in Yemen – Taizz governorate; March 2017; <http://yemen.savethechildren.net>

² The triple A approach is a cyclic process of Assessing the nutritional problem, Analysing the causes, resources and the feasibility of solution, then taking the required Action. Since the approach is cyclic, reassessment is usually required.

³ CHVs were trained to use mid-upper arm circumference (MUAC) tapes for taking measurements for screening.

⁴ SOUL has continued working with the other villages in the project to help them reach model status, but this was very difficult in areas where health facilities or schools are not available since this was a requirement of becoming a model village.

fighting). The regular meetings of the VDCs with CHVs kept the project vibrant as communities were well informed by their leadership of the work of CHVs in their communities and actions they needed to take.

Key results and findings

Positive impacts, based on CHVs' monthly reports, were observed at a number of levels, although these findings have not been systematically analysed. They include:

1. Nutritional status

- Up to 90 per cent of children under two years old were screened for SAM and MAM using mid-upper arm circumference (MUAC) on a monthly basis during the pilot period, indicating caregivers' understanding of the significance of the practice;
- 2,563 children were treated for SAM;
- There was a significant reduction in the reported numbers of SAM and MAM children referred (by the CHVs) from some villages to the OTPs (a total of 13 out of the 68 model villages recorded zero cases of SAM (MUAC <115mm) by the end of the project period);
- Bottle-feeding has almost disappeared in a few villages⁵ as more mothers have initiated early breastfeeding;
- Maternal/caregiver knowledge on nutritious food (including exclusive breastfeeding and complementary feeding) increased by 50 to 60 per cent;
- There was an increase among participating communities in utilising local foods for preparing nutritious meals; and
- Around 90 per cent (33,834) of the children received vitamin A supplements; 30 per cent of households with children under five years old received hygiene kits (4,017) and consumed iodised salt; and around 80 per cent were educated on nutrition and related issues (such as personal and home hygiene).

2. Community ownership – a critical success factor, due to both empowering communities to utilise services as their 'right' and challenging the programme to provide continual improvement.

3. Demand for services – CHVs demanded further training and more information to respond to the mothers' requests for additional knowledge to improve their families' lives and local authorities in neighbouring districts demanded the expansion of programme activities into their areas.

Programme challenges

Some of the main challenges involved communication and coordination issues, especially with health offices at governorate and district levels; selection of suitable CHVs (this was resolved through a CHV selection-verification system); and long waiting times for CHV trainings (this is only partially resolved). Moreover, the outbreak of conflict in the country has created significant insecurity for team members, commodities and vehicles, and Soul for Development has had to relocate outside Taizz City due to heavy military confrontations. The local NGO often has to deal with multiple and conflicting authorities (the Ministry of Health on the one hand and the de facto authorities on the other), with both parties imposing contradicting instructions and demands.

Lessons learnt and next steps

A review workshop was done with NGO partners working in community-based programmes, including Soul for



A community health volunteer conducts growth monitoring in the community in Taizz

Development, to inform scaling-up plans. Key findings focused on improving CHV selection, building capacity for health supervisors and mobile health teams, unifying planning and coordination, and an emphasis on education and support to adopt the production of local food-based meals and recipes.

The scaling-up plan included revision of the basic training package for CHVs to incorporate growth monitoring (currently underway), and for endorsement of the community structures (VDCs) to be part of the community-based programme's formal structure (this has been achieved). The objective of the national programme is to strengthen the prevention of both stunting and wasting in Yemen through engaging communities to take charge of their health and nutrition status at both the household and community level. While the scaling-up plan is being rolled out nationwide, UNICEF has continued its partnership with SOUL for Development and increased the number of targeted districts to ten, while partnerships with other NGOs reached an additional 15 districts in 2017; however a further step is needed to create a multi-sector, community-based programme that provides both nutrition-specific and nutrition-sensitive interventions in order to unify provision of SAM and MAM services, since both occur together in Yemeni regions.



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

www.ennonline.net/mediahub/communityengagementyemen

⁵ A shop owner complained that the programme ruined his business because the whole village stopped purchasing powdered milk.

Back to school: The role of Husband Schools in maternal and child health and nutrition in Niger



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Introduction

In Niger's social context, the husband is the key decision-maker in terms of maternal and child health and nutrition (MCHN), so there is potential for him also to be a partner in improving the food and nutrition security of both the family and the community. In response to a 2007 survey², threats to MCHN were identified which included men not allowing women to access health services and failing to provide support to women on recommended practices such as exclusive breastfeeding. As a result, the 'Husband Schools' (HS) initiative was launched, which seeks to involve men in the promotion of MCHN and reproductive health and to encourage their behaviour change.

Inspired by this strategy, Helen Keller International (HKI) set up its own HS in 2011 in Dogondoutchi and Tibiri departments. Then in 2015, AGRANDIS Nut, the capacity-building project for health and community facilities for the prevention and treatment of undernutrition in Niger in 100 villages, set up HS in 50 villages (one per village).

What makes a 'model husband'?

Part of the project's key strategy is a focus on 'communication for change in social behaviour'. This is achieved through community structures composed of community groups, traditional birth attendants (TBAs) and traditional practitioners (doctors) in villages, as well as exclusive breastfeeding support groups, complementary feeding support services and HS that have been put in place.

Particular emphasis has been placed on the members of the HS as part of the 'peer educators' approach. Husbands are chosen from the community using the following criteria: they must be married, have good morals, be at least 25 years old and be able to read and write. Members must have a wife who uses the health services and must agree to their wife taking part in other groups. They should be available for the school and other community members and support their own family and be involved in bringing up the children.

How do Husband Schools work?

Each HS has ten members and is supervised by the project field officer and the head of the village health centre. All members are trained on essential actions in nutrition and in



Husbands' School nutrition education session in the village of Toudoun Baouchi, Niger

¹ AGRANDIS is a French acronym for 'Saving Lives through the Prevention and Treatment of Acute Malnutrition'.

² United Nations Population Fund (UNFPA)/Laboratoire d'Analyses Sociales pour le Développement local (LASDEL) – Etude sur les obstacles à la promotion de la santé de la reproduction dans la région de Zinder (Niger). (2007)

hygiene (French acronyms are NEA/AEH) and given education cards and resources for data collection. Everyone is equal in the group; there is no designated leader and any member who has the group's support can lead a meeting on a topic he knows well. If necessary, the school calls upon a human resource such as a religious leader, health officer or teacher to teach members and the community at large and to strengthen ties within the group.

“Thanks to the various cooking demonstrations organised by the field officer, the women have acquired a lot of knowledge about the type of food to give to their children.”

Chekarau Kouabo, village chief of Nassarawa

On the basis of their monthly planning, model husbands organise group discussions with their peers on topics such as the importance of best practices in infant and young child feeding (IYCF), nutrition of pregnant women, breastfeeding, family planning, hygiene and health issues identified in the community. HS members encourage men to share their experiences, doubts and fears about applying these practices. This sharing allows model husbands to observe and identify men who are only partially convinced and who need a home visit to encourage them to adopt best practices. Home visits are also made to the homes of all members to encourage them to maintain their efforts. Couples who agree to practice family planning at the end of the visit are referred to a health centre, with a referral coupon to receive the necessary support. This makes it possible to assess the efforts made by these model husbands in increasing attendance at health centres and use of family planning.

In addition the HS writes and presents sketches or plays on the themes that it promotes in public places, during ceremonies or any other opportunities in the community to raise awareness. The model husbands also promote hygiene and regularly organise public health days in villages, install ‘tippy-tap’ handwashing stations and build indoor toilets in houses. Other construction activities include the manufacture of traditional incinerators, handwashing facilities in public places, and fences, sheds and waiting rooms in health centres.

Monitoring and evaluating the project

Each HS holds a fortnightly meeting to evaluate monthly programming and report back on activities such as visits to village members. Indicators are recorded for each input, such as education on IYCF practices (e.g. number of husbands who buy meat, fruit or eggs at least once a week for women and children in the family). Increases in child visits to healthcare centres have been recorded and the project has documented a number of achievements in community action, such as hygiene/sanitation activities in villages.

One main challenge in the operation of the HS is the exodus of members during the ‘hungry’ or lean season. In response to this, income-generating activities are planned in the next phase of the project to strengthen resilience during this period and to keep communities in the same place. Following

Husband school members conduct a village sanitation session, or ‘clean-up’ in Maiguebé, Niger



HKI Niger

requests from HS members who say they are limited in carrying out the village sanitation sessions due to lack of tools, the project also plans to support them with hygiene and sanitation kits (e.g. shovel, rake, wheelbarrow, etc).

A final impact evaluation is planned for February 2018. Operational research so far shows that there has been an increase in communication within couples, and more men are relieving women of domestic tasks (such as carrying water and wood, particularly when their wives are pregnant) and becoming involved in monitoring the health status and nutrition of their families. Annual costs of HS per village, including capacity building, fuel costs for monitoring/supervision of project staff etc, are estimated at just over US\$1,280.

“The activities of the school opened my eyes and improved our life as a couple, since I have made the commitment to help my wife with her daily tasks and make decisions about our family together, such as family planning and accompanying her to the health centre. Sometimes I even cook dinner when she is busy. I planted moringa for the consumption of my household to improve their nutritional status (it is rich in iron and vitamin A) and so that my wife can sell it.”

Tanimoune Amadou, farmer, husband and father of five children, Badifa village

Sustainability of Husband Schools

The next phase of the project is to scale up the HS initiative to the other 50 villages in the project area, building on lessons learned in the first phase. The HS strategy is part of the national policy for family planning/reproductive health in Niger and the final HKI evaluation may strengthen advocacy for its inclusion in the revision of Niger’s national nutrition policy.

Decentralising nutrition management and coordination in Chad



Mohamed Cheik Levrak is the international REACH facilitator in Chad, building on his REACH experience as the national facilitator in Mauritania. Before that he worked for 17 years in the Ministry of Planning in Mauritania, mainly on policy/strategy and capacity building.



Dimanche San San worked with Mohamed Cheik Levrak as national REACH facilitator. He was a former director of the Learning Centre for Nutrition for the World Vision Regional Office in West Africa.



Background

Chad joined the REACH initiative¹ in 2012 and the Scaling Up Nutrition (SUN) Movement in 2013, confirming the country's recognition of nutrition as an essential factor in its development. In 2015 it adopted a National Food and Nutrition Policy (NFNP 2014-2025) and in 2017 adopted an Inter-sector Food and Nutrition Action Plan (IFNP). Their purpose is to establish a clear vision to reduce various forms of malnutrition by improving coordination and the scale-up of effective nutrition interventions that are both targeted/specific and sensitive.

A Permanent Technical Food and Nutrition Committee (PTNC, or Permanent Committee) was established in 2014 following a prime ministerial decree instituting the national nutrition coordination and management system. The system includes the National Food and Nutrition Committee (NFNC), led by the Prime Minister; the PTNC, led by the SUN Focal Point hosted in the National Nutrition and Food Directorate (DNFA); and the Regional Food and Nutrition Committees (RFNCs), led by regional governors.

Of the above coordination mechanisms, the Permanent Committee is functioning well, with meetings convened regularly. All relevant sectors and actors as well as the respective SUN networks are represented in the PTNC. The SUN Government Focal Point, the Director of the DNFA, presides over the Permanent Committee. In addition, the PTNC has an annual action plan which is regularly monitored through status reports provided in monthly meetings. Despite the progress made in nutrition coordination at the national level, the regional coordination mechanisms are not functioning.

Decentralising nutrition

Five RFNCs were created in October 2016 (in the regions of Logone Occidental, Tandjilé, Wadi Fira, Ouaddai and Guera) as part of efforts to operationalise the nutrition coordination architecture. They were chosen as pilots to test the regional committees, which will be extended to other regions if successful. The pilot regions all have high rates of malnutrition, but they were also selected due to the existing presence of multiple stakeholders and are targeted by the European Union 11th Development Fund (11e FED).

The mission of the RFNCs is to coordinate and facilitate implementation of the National Food and Nutrition Policy; specifically, to ensure a coherent multi-sector approach. Their performance varies by region, although it is too early to draw concrete conclusions. The committees of Ouaddai, Western Logone and Wadi Fira have convened several times to explore prospects for integrated programming. The other regional committees have not progressed, underscoring the need for REACH support at the regional level.

The RFNCs have generally not functioned very well to date, due to the following factors:

- Coordination with different actors. People are used to working in their individual sectors and it is challenging to bring them together to work on common objectives;
- Weak governance and coordination. There is a strong need for capacity building of government institutions for managing and coordinating multi-sector programmes and multiple actors;
- Lack of human resources to conduct the work. Each sector has its own action plan and related staff, but dedicated staff are also needed to coordinate all the sectors; and
- Lack of financial support. According to the 2017 Global Nutrition Report, the Government of Chad allocates 19 per cent of its budget to nutrition, but funding is a real challenge and is primarily based on traditional agencies such as international NGOs and UN agencies operating at the regional level. These agencies fund specific activities, which are mostly focused on humanitarian interventions².

After ten months of their establishment, the five RFNCs were granted Focal Points (FPs) through an ordinance of the Ministry of Public Health in 2016, tasked with promoting and operationalising the REACH facilitation-based, multi-sector approach at the regional level.

¹ REACH (Renewed Efforts against Child Hunger and undernutrition) is a country-centred, multi-sector approach to help strengthen national capacities for nutrition governance. It works in collaboration with nutrition coordination structures and SUN Networks, including the UN Network.

² This is being taken into account in trying to include long-term development interventions and funding for joint action plans. Furthermore, the possibility of better linking humanitarian and development programmes was discussed as part of UN strategic planning and was captured in the country's new joint UN Nutrition Agenda, likewise facilitated by REACH.

REACH support

REACH offers neutral facilitation, coordination and analytical services on nutrition at the country level. It catalyses SUN processes thanks to its impartial facilitators, who are dedicated to supporting the SUN Focal Point and other government officials and representatives with multi-sector and multi-stakeholder coordination, including that of the various SUN Networks. The REACH facilitators are also able to leverage and apply lessons learned from REACH engagements in other countries in the region, such as Mauritania and Niger. This includes tactics and tools (e.g. Dashboard) to help raise awareness among actors working in different nutrition-related sectors and engage them in policy formulation and nutrition planning. In addition, REACH has provided guidance on the country's nutrition coordination architecture and institutional arrangements, both at the central and decentralised levels, as well as the links between the two.

The REACH engagement in Chad was initiated at the national level. Among other functions, it actively supported the establishment of the SUN Networks and the formulation of their respective work plans. The mediation and networking skills of the REACH facilitators helped bring together the diverse actors for a common goal. To this end they shepherded the development of a common work plan for all the SUN Networks. Thanks to new EU funding, the REACH approach has been replicated at the regional level this year in an effort to support the operationalisation of the national nutrition policy and plan and address the coordination challenges at regional level.

In collaboration with DNTA, REACH organised a training for RFNC Focal Points in August 2017 to give impetus to regional processes. The workshop unpacked the terms of reference of the RFNC Focal Points and equipped them with expertise required for effective multi-sector coordination at the regional level. A process was then initiated to develop a common work plan for the RFNCs, again with the support of REACH. Joint monitoring missions in September 2017 aimed to facilitate the work of the five RFNC Focal Points and were supported by REACH. The missions also included discussions with RFNC members on coordinating and managing nutrition across sectors and how to bridge their work with ongoing national coordination; i.e. the roles that the RFNCs will have to play to implement the national nutrition and

food policy and plan in their regions. Mission participants also discussed details of mobilising resources, advocacy and joint programming.

Emerging lessons on regional coordination

The launch of the RFNCs has been a participatory process that requires actors to develop a sufficient understanding of their roles and responsibilities in promoting the multi-sector, multi-stakeholder approach to nutrition. However, RFNC effectiveness largely depends on the leadership skills of the regional governor, where the RFNC Focal Points are hosted, and the representative of the public health services, who assumes the role of RFNC secretariat.

Next steps

Now that Focal Points for the five pilot RFNCs have been recruited and trained in coordination, REACH will continue to support them. A nutrition capacity assessment will be launched in early 2018 with the support of REACH which will cover both technical and functional capacities. Functional capacities refer to the management skills that enable national and regional actors to plan, manage, adapt and maintain technical capacities, irrespective of a given sector or organisation. The assessment of functional capacities will be organised in close collaboration with government institutions. This assessment will in turn inform the formulation of a capacity development plan for nutrition, which will be integrated into the joint RFNC action plan.

Some challenges can be solved at the regional level (for example, a clear understanding of the roles and tasks required to coordinate nutrition regionally and locally, as well as the roles of the RFNC Focal Points). Others can be addressed at the national level (such as the need for a deeper understanding of nutrition policy provisions and strategies for implementing them, leading to more effective multi-sector efforts in the fight against malnutrition). As part of the REACH engagement, the links between the coordination efforts and mechanisms at national level (e.g. SUN Focal Point) and the RFNC Focal Points will be strengthened. An official secretariat of the PTNC/NFNC will also be established to reinforce the PTNC's important coordination role. The new secretariat will be led by the SUN Focal Point in order to track progress, support the organisation of both the PTNC and NFNC meetings and liaise with the various RFNCs.



Le gouvernement du Tchad a sélectionné 5 points focaux pour les Comités régionaux pour l'alimentation et la nutrition à Logone occidentale, Tandjilé, Wadi Fira, Ouadal et Guera



Moving towards multi-sector programming in Mauritania



Mohamed Ould Saleck is the coordinator of the National Nutrition Programme at the Ministry of Social Affairs, Childhood and Women in Mauritania.

Background

A vast country with a landmass of 1.03 million km, Mauritania has a population of over 3.5 million. The country has significant natural resources: iron ore, gold and copper, small reserves of offshore oil and gas, and one of the world's largest fishing stocks (the coast is almost 750 km long). Mauritania's economy, however, is extremely vulnerable to exogenous shocks and climate change; the effects of the latter are becoming increasingly evident.

Over the past 15 years the Government has made significant efforts to improve healthcare in terms of its national training programme, recruitment system, infrastructure and equipment, and in making healthcare services more accessible. It has also taken steps to fight disease by developing and implementing the National Health Development Plan (PNDS) for the period 2012-2020. After four years of implementation, the Ministry of Health (MoH) launched a mid-term evaluation of this plan to refocus the 2016-2020 phase in line with the first SCAPP (French acronym for *Strategie de croissance acceleree et de prosperite partagee* or 'Strategy for accelerated growth and

shared prosperity') Action Plan. The first stage of SCAPP comprises 15 strategic projects and 59 priority interventions (reforms, projects and activities).

Despite the progress made, malnutrition remains a major public health issue in Mauritania. Prevalence of wasting among children under five (CU5) is very high at 15 per cent (GNR 2017) and CU5 stunting prevalence is little changed in the last ten years (29 per cent in 2007 and 28 per cent in 2017 (GNR 2017). Moreover, the country is off course to meet under-5 overweight global World Health Assembly targets, with 8 per cent prevalence (GNR 2017). However, the country has made progress in increasing rates of exclusive breastfeeding, albeit from a very low base of 11 per cent in 2007 to 27 per cent in 2011 (GNR 2017).

A lack of multi-sector and malnutrition prevention programmes (the focus has been on emergency interventions) may have contributed to the stagnation of stunting rates in the country over the last decade. Added to this, a causal analysis carried out by ACF and the French Red Cross in Gorgol (Mauritania) and Matam (Senegal), which are separated by the Senegal river, shows that these border areas are subjected not only to major shocks (floods and drought) but also frequent micro-shocks, which the affected communities have difficulty in anticipating and withstanding.

Developing nutrition policies and programmes

Mauritania has made a number of policy and governance-related efforts to improve the nutrition situation, such as the creation of the National Nutrition Development Council (CNDN), linked to a Standing Technical Committee; the adoption of the National Nutrition Development Policy (PNDN); and joining the Scaling Up Nutrition (SUN) Movement in 2011.

Building on this momentum at national level, the Ministry of Social, Childhood and Family Affairs (MASEF; French acronym for *Ministère des Affaires Sociales de l'Enfance et de la Famille*) set up a National Nutrition Programme (NNP) (2013-2016) to tackle the causes of malnutrition and to promote good nutrition and eating habits at the household level. The main objective of the plan was to improve the nutritional status of infants and children aged 0-59 months in ten of the country's 15 regions. The old NNP has been replaced by a new one (2016-2025) which is more multi-sector in its focus, while retaining important nutrition-specific actions.

A mother and her baby during a health screening at a clinic in the suburbs of Kaedi, Mauritania



WRP/Agron Dragaj



WFP/Agron Dragaaj

Mothers attend an education session on malnutrition and breastfeeding in Kaédi, Mauritania

For several years MASEF, with support from the World Bank, has been running sector nutrition activities that focus on behavioural change communication (BCC). These activities aim to prevent malnutrition by educating mothers and raising awareness of the problems linked to malnutrition, although the level of coverage of multi-sector activities remains limited.

A new country approach to communicating behaviour change

Mauritania has long undertaken awareness-raising activity to encourage people to adopt preventative health behaviours, but the approach has varied over time. The current NNP strategy is built on the following three key elements:

- A **Community Nutrition Centre (CNC)**;
- A female **Community Nutrition Officer (CNO)** who runs the CNC; and
- A **Mother Representative**. This officer is appointed by the community in line with criteria such as being able to read and write, being motivated to do the job and being able to speak to an audience. The officer must be accepted and chosen by consensus by the women in the village or neighbourhood, of which they must be a permanent resident.

CNOs have a number of tasks, such as organising child weighing days to monitor growth and systematic screening of children in the village or neighbourhood at least once a month by taking mid upper arm circumference (MUAC) measurements. They are responsible for referring malnourished children for treatment and counselling and for monitoring progress. Treatment using the community management of acute malnutrition (CMAM) model is offered in most of the health centres; geographic coverage of interventions for treatment of severe acute malnutrition (SAM) is estimated at 88 per cent (2012) (GNR 2017).

The officers dispense iron supplementation to pregnant and lactating women, ensure that all children in the village receive vitamin A supplements during MoH campaigns and give children deworming tablets. They also organise education sessions on nutrition-related topics.

The CNO is supported by the Mother Representative. In fact, the women in the village all take turns in the role for one

month, ensuring that they remain connected to the CNC and feel directly involved in its activities. The small financial 'reward' they receive at the end of the month is given as an alternative to giving food rations, as without it there is a risk that the women would have no motivation to attend the centre.

A programme supervisor who monitors the activities of the CNOs and presents a CNO activity report containing figures at the end of each month. The programme received funding from the World Bank to include a communication component on changing nutritional behaviour and it has funded income-generating activities to support the economic activity of women who are generally the head of their household in villages and in outlying neighbourhoods.

In the next phase of the NNP the CNCs could have a role to play as gateways to building local multi-sector platforms.

Aligning actions around a Common Results Framework (CRF)

The new NNP has been organised around a Strategic Multi-sector Nutrition Plan (2016-2025) that is awaiting political validation. As a reference document for nutrition-related interventions, it does not contain an action plan but forms a policy framework for all actors involved. A planning workshop for implementation is scheduled to operationalise the Plan, prioritising actions that contribute to nutrition and evaluating actors' implementing capacity.

According to the SUN Movement guidance, the specific interventions in the CRF will be operationalised through scaling up plans that are being produced on treating acute malnutrition, promoting good feeding practices for infants and young children, and combating the lack of micronutrients. Other priorities include:

- Ensuring the support of financial partners by reviewing the NNP in line with the results-based CRF approach and by developing a monitoring system to document impact indicators; and
- Improving budgeting and funding based on a cost estimate, development of a financing plan and a resource mobilisation plan.

Reference

GNR 2017. *Global Nutrition Report (2017) Nutrition Country Profiles: Mauritania*. Bristol, UK: Development Initiatives.



Taking stock of processes and goals: SUN Movement Joint Assessments (2017) in Burkina Faso and Kenya

Ambarka Youssoufane, ENN Regional Knowledge Management Specialist for West and Central Africa, and Lillian Karanja, ENN Regional Knowledge Management Specialist, East and Southern Africa, were invited to observe country Joint Assessments in Burkina Faso and Kenya, respectively.

Introduction

Every year SUN Movement member countries are encouraged to engage in a Joint Assessment (JA) exercise to assess their country's progress against four processes in pursuit of the strategic objectives specified in the SUN Movement Strategy and Roadmap (2016-2020).

- **Process one:** Bringing people together in the same space for action.
- **Process two:** Ensuring a coherent policy and legal framework.
- **Process three:** Aligning actions around a Common Results Framework (CRF).
- **Process four:** Tracking finance and mobilising resources.

The JA process was initiated in 2014 and provides the core foundation of the SUN Monitoring, Evaluation Accountability and Learning (MEAL) framework¹.

Scores range from 0 (nothing in place) to 4 (completed and fully operational) and are based on a combined attribution by the members of the different SUN country networks. SUN countries are encouraged to use the previous year's report as a reference to objectively assess whether there has been progress.

Each country approaches the exercise differently, although the most important considerations are that it is facilitated by the SUN Government Focal Point and done jointly, bringing together actors from the different government sectors and stakeholders involved in nutrition, including representatives from the SUN country networks (donor, civil society, business and private sector).

Box 1 Key objectives of the JA process

The JA has five objectives:

1. Promote the coming together of teams of in-country stakeholders in a participatory process to align their vision of the status of institutional transformations for scaling up nutrition in each SUN country, including progress over the past year;
2. Give a snapshot of challenges and obstacles faced;
3. Mobilise support for realising joint goals, including ensuring that women and girls are at the heart of all actions in terms of substance, structure and staffing at the country level;
4. Set common priorities for the following year and identify the support available for achieving them;
5. Provide concrete inputs to the decision-making process of the global SUN system and its support system, including the SUN Movement Executive Committee, Lead Group, Networks, Experts, Coordinator and Secretariat.

Description of the JA in two SUN countries

Burkina Faso

Five SUN country networks have been formed since Burkina Faso joined the SUN Movement in 2011. In May 2017, the country approved a multi-sector strategic plan for nutrition, including a CRF, a monitoring and evaluation system, and a budget estimate (although annual and sector work plans containing measurable targets still need to be developed), alongside a multi-sector information platform on nutrition.

Burkina Faso's JA meeting in June 2017 was attended by 33 people, with the majority of participants from government sectors. Networks represented by just one or two people joined with other networks to form a single work group (for example, civil society combined with the private sector network).

Guidelines of the JA process were shared with Burkina Faso participants by the SUN Government Focal Point a few days in advance of the meeting, but no specific preparations were undertaken by the participants. This may have contributed to time constraints identified during the JA. However, the process itself was described as the most important part of the work, since key discussions were held within groups before attributing scores.

Those who took part were pleased to be a part of the JA exercise and most agreed on the importance of the process in discussing progress made by a country in scaling up nutrition and assessing progress since the previous year; however, it was suggested that group work could be organised by the SUN country networks among themselves before coming together as a multi-stakeholder platform to

“The JA assessment is a unique opportunity to bring all the different actors on board to monitor and plan together. We are also expecting through the JA to discuss the challenges of scaling up nutrition, especially through nutrition-sensitive interventions such as WASH, food security, etc.”

Briac Deffobiss, EU Burkina Faso, SUN Donor coordinator

¹ SUN MEAL framework: <http://docs.scalingupnutrition.org/wp-content/uploads/2017/09/MEAL-Baseline-Documents-17-October-2017.pdf>

Figure 1 Range of scores for each step of JA process					
N/A	0	1	2	3	4
Not applicable	Not started	Started	On-going	Nearly completed	Completed
Progress marker not applicable to current context	Nothing in place	Planning begun	Planning completed and implementation initiated	Implementation complete with gradual steps to processes becoming operational	Fully operational/Targets achieved/ On-going with continued monitoring/Validated/ Evidence provided

Source: the SUN Movement Secretariat

assess progress jointly. It was also suggested that the JA results themselves could be better used by finding ways of monitoring progress towards achieving the CRF objectives.

Kenya

For Kenya, the JA held in May 2017 was primarily an all-SUN-networks meeting. Thirty-six participants took part, including nine from government. The event was an opportunity for each network individually to take stock of its progress at the self-assessment stage (Kenyan SUN networks had conducted a self-assessment, either via e-mail or face-to-face discussions, prior to the JA meeting), as well as build awareness of each other's progress collectively.

Participants were reflective and the different networks seemed aware of each other's progress and limitations, using this to challenge each other when it came to allocating marks. Two facilitators took turns in leading participants through the JA processes, reading out progress markers and the assigned scores for each network from their self-assessments, then opening the floor for discussions to assign a joint score. Disagreement over scores was brokered by referring back to the previous year to check if there had been progress on the specific issue. Participants felt that progress recorded needed to remain modest to challenge actors to improve.

The JA exercise was a means to a greater end in terms of assessing how far the networks had come in defining and adopting a common goal, e.g. in Kenya's case finalising the Food Security and Nutrition Strategy in order to have a CRF that can be adopted by all networks; revision of the Kenya National Nutrition Action Plan; and progress in adoption of the food security and nutrition bill.

The JA content was useful in stimulating broader, thought-provoking discussions and both stages of the JA process (joint and self-assessment) provided space to reflect on the progress of scaling up nutrition in general.

Final observations on JAs in Burkina Faso and Kenya

The JA process

The JA exercise is seen by both countries as an important process in the SUN Movement approach. Because it is based on the views of multiple nutrition-focused stakeholders at country level, they are able to reflect on their progress towards collective nutrition goals and identify weaknesses and challenges in order to strengthen and embed the scaling-up process. In some cases, the annual JA may be the only time in the year that nutrition stakeholders and SUN Government Focal Points are able to take stock and look ahead to the coming year. In addition, the JA exercise not only gives a picture at the country level, but the combined JA gives an overall picture of the SUN Movement's progress. However, despite the importance of the JA process, a number of challenges were raised around specific elements within it.

The JA tool

One of the challenges shared by stakeholders in both countries was the need for a more straightforward tool: a number of questions in the questionnaire were described as "not straightforward" and requiring complex answers and the process of filling out the form was described as "tedious", with some duplication with other UN reporting tools. Despite the guidance offered by the SUN Movement Secretariat on interpreting the meaning behind the scores, interpretations remained varied, with uncertainty on what was meant by the indicators.

The use and implications of results from the JA

Lack of further in-country consultations on the results of their JAs once they had been completed was mentioned by participants in both countries. Although the SUN Movement Secretariat provides feedback on all JAs and includes the analysed information from the JAs in the SUN Movement Annual Progress Reports, the feedback process was not widely understood by in-country participants. It may be helpful to share and disseminate the documentation process broadly so that participants are made aware of the means of utilising the findings of the final JA report. Participants in the Burkina Faso JA found it a really useful tool and complained about not using it throughout the year to monitor implementation. The last part of the JA exercise concerns planning for next year's priorities to scale up nutrition in-country; however, it was observed that stakeholders had not looked at the priorities set for the following year during the 2016 JA after completion of the exercise and these were only revisited during the 2017 JA exercise. It came as no surprise to many stakeholders to see that many of the priority aims were not achieved.

The context-specific characteristics that influence JA results

Progress markers under process three (aligning actions around a CRF) in the JA template assume the existence of a CRF. Lack of an officially adopted CRF was a specific limitation for the Kenyan SUN networks, causing the networks to revert to individual group objectives rather than well-defined joint goals. There was a sense of the Kenya networks being limited in what they could jointly accomplish in the absence of an established multi-stakeholder platform and an agreed CRF. On balance, stakeholders from both countries reported the value of network-to-network engagement offered by JAs and the unique opportunity they offer to gain a comprehensive picture of nutrition progress at national level.

"The JA process sparked the feeling of the need to get the business network strategy up and running. It revealed a sense of stagnation [in the network]."

Phyllis Obote, SUN Business Network Convener, Kenya.

A catalyst for scale-up in SUN countries: Experiences of technical assistance for Tajikistan and the Philippines



ENN's SUN Knowledge Management team with contributions from Nutrition International (NI) and Maximising the Quality of Scaling Up Nutrition Plus (MQSUN+)

One of the added benefits for countries who are part of the SUN Movement is access to *free* technical assistance (TA) to support them in their efforts to institutionalise nutrition and accelerate achievements towards reducing malnutrition.

One important TA provision in the current phase of the SUN Movement (2016-2020) is the Technical Assistance for Nutrition (TAN) programme funded by the UK Department of International Development (DFID).

What is the TAN Project?

The TAN project includes two TA providers – the Maximising the Quality of Scaling Up Nutrition Plus (MQSUN+) consortium led by PATH; and Nutrition International (NI, formerly Micronutrient Initiative). The TAN project also provides knowledge management support to the SUN Movement through ENN.



School meals programme, Norek, Tajikistan

Photo: WFP/Emma Khachatryan

Assistance under TAN covers all aspects of nutrition support, such as nutrition policy and legal framework analysis; nutrition stakeholder mapping; costing nutrition plans; monitoring and evaluation; and the development of a common results frameworks (CRF)¹ or the design and operationalisation of multi-sector nutrition action plans. TAN partners provide technical assistance to countries both remotely or in country and TA can be either short-term or delivered through a longer-term, phased approach providing sequenced support over time (see Tajikistan example below).

Requests for TA under TAN are usually generated by the SUN Government Focal Point, with other key members of the national multi-stakeholder platform for nutrition, including SUN network convenors. After this, the country begins a process of discussion with the TA provider to ensure country needs are well understood and requests are broken down into specific deliverables. The MQSUN+ consortium receives TA requests via the SUN Movement Secretariat (SMS), whereas NI works directly with countries supported by their network of country and regional offices².

How do countries access TAN?

The TAN is a demand-driven model in that TA providers can respond to country needs via requests from SUN countries. The support is tailored to the specific country context and challenges of a given country and ensures there is opportunity for in-depth consultation with local stakeholders and collaboration on outputs and delivery.

With the SUN Movement now including 60 member countries plus three states of India (as of November 2017), there is significant diversity across the Movement, with countries tackling malnutrition in unique ways and working within a range of institutional, political and social contexts. While generic guidance is available and much can be learnt from the experiences of other SUN countries, there is demand for TA that provides specific support to countries especially on issues such as introducing national targets,

¹ Visit ENN's media hub for a podcast series on CRFs www.ennonline.net/mediahub/crf1

² Countries covered by NI include: Bangladesh, Burkina Faso, DR Congo, Ethiopia, Indonesia, Kenya, Lao PDR, Malawi, Mozambique, Myanmar, Nepal, Niger, Nigeria, Pakistan, Philippines, Rwanda, Senegal, Tanzania, Uganda and Zambia.

scaling up effective programmes, working and coordinating different sectors, supporting the operationalisation of national nutrition-related plans and developing action plans to address malnutrition, and being able to measure the status of malnutrition and progress. At the end of a TA delivery, the country government who requested the TA owns all outputs, including national plans, tools, frameworks and guidance produced.

Tajikistan: Support for a Common Results Framework by MQSUN+

The Republic of Tajikistan joined the SUN Movement in September 2013. Since independence in 1991, Tajikistan had developed a number of laws and adopted strategic documents to improve on health, nutrition and food security. The country had also established the Food Security Council of the Republic of Tajikistan (FSCT) to coordinate strategic decision-making concerning national food security. The SUN Government Focal Point is the Deputy Minister of the Ministry of Health and Social Protection of the Population within government. Prevalence of stunting among children under five years of age is 27 per cent (2012) and 10 per cent of children are affected by wasting (GNR 2017a).

In 2017 MQSUN+ provided TA to support the Government of Tajikistan in developing a CRF, which is in the process of being translated into a multi-sector nutrition plan of action. The request came through the SMS in January 2017. As with all requests, it was formalised into a terms of reference (TOR) to outline the TA approach and work plan and deliverables. Once the TOR is finalised, it is approved by the SUN Focal Point, SMS and DFID. The timing of this process can vary significantly, depending on the accessibility of all stakeholders, including government and SUN multi-sector platforms. The Tajikistan TOR was finalised in early March 2017 and implementation started the same month.

Between March and June 2017, an MQSUN+ international expert and a national consultant – working alongside UNICEF Tajikistan (the SUN donor co-convener) – supported the SUN Focal Point and the Ministry of Health and Social Protection of the Population (MoHSPP) to facilitate policy and strategy dialogue within and between different sectors.

The 2017 TA involved:

- Developing a CRF roadmap;
- Getting consensus on the roadmap from the multi-sector platform;
- Conducting stakeholder meetings to review relevant policies and strategies; and
- Developing working groups to identify gaps and recommendations.

Previous technical assistance in Tajikistan

MQSUN (the predecessor of MQSUN+, also led by PATH) had already provided TA support to Tajikistan, so existing contacts and experiences were leveraged to respond to this new request. The previous work included a nutrition policy review and strategy alignment and a nutrition gap analysis and stakeholder mapping in 2015–2016. MQSUN also supported a multi-sector workshop for an initial dialogue around a CRF, the outcome of which was an agreed goal: the reduction of stunting.

These activities culminated in a two-day workshop in May 2017, where over 60 government officials from different sectors, development partners, private sector and civil society representatives came together to discuss and agree a draft CRF for Tajikistan.

Following the workshop, MQSUN+ held further consultations with government ministries to finalise sector roles and define nutrition-specific and nutrition-sensitive interventions. In June 2017, a draft of the CRF (not yet costed) was completed and shared with UNICEF Tajikistan and with MoHSPP Tajikistan by the MQSUN+ team. The draft was translated into Russian and a presentation was held with the SUN Focal Point and multi-sector platform later that same month during the Nutrition Forum for endorsement.

The Tajikistan CRF covers the period 2018–2022, outlining the goal and the strategic objectives for the plan, which are based on the World Health Assembly (WHA) targets (adopted by Tajikistan) and the Sustainable Development Goal (SDG) 2 targets. The CRF is divided into four strategic objectives, each one broken down by results, indicators, means of verification, lead agency and contributing sector. In some cases specific targets have been set, such as coverage for vitamin A supplementation and salt iodisation.

While this TA is completed and a CRF has been developed and is in the process of being approved, the phased approach taken by MQSUN+ allows for existing work to be built on and a follow-on TA assignment is already planned. The next phase will see the operationalisation of the CRF. This includes an assessment of capacity-building needs, working with sectors to integrate relevant components into sector planning, costing activities and defining financial mechanisms, and developing the M&E framework.

Philippines: Support for development of the Philippines Plan of Action for Nutrition 2017–2022

Philippines joined the SUN Movement in March 2014 with the commitment to end hunger and malnutrition in all its forms and ensuring that every Filipino enjoys his/her right to good food and good nutrition. Undernutrition in the Philippines remains a serious problem with 30 per cent of children under five years of age (CU5) affected by stunting (2013) and 8 per cent CU5 by wasting (2013) (GNR 2017b).

In 2016 NI completed one of its first TA tasks under TAN, providing support to the Government of the Philippines to develop the Philippines Plan of Action for Nutrition (PPAN) 2017–2022, the blueprint for addressing nutrition problems in the country.

The request for the TA came through the National Nutrition Council (NNC), the lead policy and coordinating agency for nutrition in the Philippines responsible for developing the PPAN. The objectives of the TA were to conduct a situational analysis to:

- Analyse the nutrition situation in the country;
- Provide a set of recommended and priority nutrition actions, along with nutrition targets for various sectors and stakeholders;
- Assist in the formulation of the final plan, including costing of the priority interventions and a CRF; and
- Support sector partners to assess their budgetary allocations and availability, compare against the

commitments and additional resource requirements, and explore ways to meet the resource gaps identified.

To respond to the request for TA support, NI worked closely with the NNC and UNICEF using a cost-sharing approach and contracted an experienced consultant who led a team on a short-term basis to deliver this TA between August to December 2016. The team consisted of a lead consultant, two member consultants and two support staff. A core group was formed to work on the plan, including the consultants and representatives from multiple sectors/agencies; government departments (health, agriculture, social welfare and development, and education); the National Economic and Development Authority; the Food and Nutrition Research Institute; and the NNC.

The TA team completed a situational analysis of the nutrition landscape through consultations, key informant interviews and focus group discussions in the capital city and six regions within four months. Sector and national-level consultative workshops were then held to disseminate and discuss key findings and feed into the development process of the CRF that was linked to the national plan. The team met with stakeholders through sector and national-level consultations to draft and finalise the plan, which was officially launched by the Government in May 2017.

The plan consists of 46 projects under 12 programmes as a framework for actions to be undertaken by member agencies of the NNC, other national government agencies and local units, non-governmental organisations, academic institutions and development partners over a six-year period. Eight of the programmes are nutrition-specific, one is nutrition-sensitive and three support initiatives to build an enabling environment.

The next stage is to build on the work completed under this TA with the formulation of regional and sector action plans. NI and other TA providers, along with the NNC, recognise that there is a need for a capacity building of the NNC to guide the regional administrations and sector partners in effectively designing, delivering and tracking priority nutrition actions at the regional level. There also is a need to build and enforce effective coordination among multiple nutrition agencies and partners. This next phase of TA will be long-term (24 months, ending December 2019) to operationalise the PPAN and advance the nutrition agenda and will be provided with support from NI, UNICEF and the NNC.

For more information on the Tajikistan Common Results Framework (CRF) visit scalingupnutrition.org/news/technical-assistance-mqsun-case-study-tajikistan/

For more information on the Philippines Plan of Action for Nutrition (PPAN: 2017-2022) visit www.nutritionintl.org/content/user_files/2017/10/final_PPAN2017_2022Executive-Summary-3.pdf

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Media Hub



Listen to interviews with the authors on the ENN podcast channel:

www.ennonline.net/mediahub/technicalassistanceforsunpart1
www.ennonline.net/mediahub/technicalassistanceforsunpart2

Women cultivate land next to a school, where they will grow crops to be used in school meals, Mindanao, Philippines



WFP/Jacob Maentz



Drilling down to sub-national level: Multi-sector implementation in Kenya, Nepal and Senegal

ENN's SUN Knowledge Management team

There has been substantial progress in advocating for the scaling-up of multi-sector nutrition programmes through the establishment of coordination mechanisms embedded within national governments. Initiatives like the Scaling Up Nutrition (SUN) Movement are among the catalysts for bringing multiple sectors together.

Countries are being encouraged to develop multi-sector nutrition action plans with targets to reduce malnutrition that engage multiple sectors and stakeholders. Working multi-sectorally and implementing multi-sector activities, however, is not straightforward and many countries experience challenges to bring these approaches to scale.

As part of ENN's knowledge management (KM) role to support the SUN Movement, in-depth documentation on how multi-sector programmes are being implemented at the sub-national level is being conducted in three SUN countries (Kenya, Senegal and Nepal), focusing on six districts (two in each country).

The choice of diverse countries and districts was intentional in order to highlight how national plans are translated in different contexts and to understand how much local direction is put into the rollout of these plans. While the SUN Movement has 60 member countries, in reality this is really many hundreds of regions and districts, all of which play a vital role in determining national nutrition achievements and reaching global targets.

ENN's regional KM team mapped out the key stakeholders and conducted detailed key informant interviews with people at national and district/county levels. Communities were also visited in each district to see programmes on the ground and interview community workers from the relevant sectors.

Some of the broad questions being asked in this study are:

- How are national multi-sector plans and programmes interpreted and implemented on the ground?
- What happens in highly decentralised and devolved country contexts?
- How is multi-sector action working in practice and how do people at district/implementation level understand it?
- What nutrition-sensitive programmes are being implemented; how and by whom; and what are the successes, lessons learnt and challenges?

What are we learning about multi-sector and nutrition-sensitive programme implementation?

Although ENN is in the early stages of the study, the

following important lessons are emerging and will be reported more fully in NEX issue 10 (July 2018) and elsewhere.

First, we are finding that different types of multi-sector programmes are being implemented; those where new components are being added to an existing sector-specific programme to make it more nutrition-sensitive, and those where new programmes are planned and designed by multiple sectors but, when implemented, may not have convergence (i.e. they are not coming together geographically or in terms of target populations) as sectors work separately to deliver their plans.

In Senegal, the PRN¹ is an example of a nutrition-specific programme (growth monitoring, growth promotion and treatment of moderate acute malnutrition) to which new components are being added to make it more nutrition-sensitive. The new components, including social protection, water sanitation and hygiene (WASH) and food security, are being added in certain districts based on needs and availability of funding. In the Matam region, for example, a household food security component is being added to the PRN to support nutritious food and animal production.

The P2RS² programme in Senegal is another example. Implemented in the two regions where ENN's in-depth analysis is being carried out, P2RS combines nutrition, food security and resilience through four main pillars that include

¹ Programme de renforcement de la nutrition (Nutrition enhancement programme).

² Programme de renforcement de la résilience au Sahel (Sahel resilience enhancement programme).



A community health volunteer monitors growth by taking a child's mid upper arm circumference (MUAC) measurement in Matam, Senegal

Jonah Klein

rural infrastructures, forest resources protection, nutrition reinforcement and youth employment, and development of value chains across all sectors. These different components of P2RS are implemented by different ministries such as Agriculture and Environment, but with little geographic or target convergence.

The Multi Sector Nutrition Plan (MSNP) in Nepal has brought sectors closer together at the district level and there are examples of making sectoral activities more nutrition-sensitive. For example, the agriculture sector – whose key purpose traditionally is increasing production of staples and raising income – is now looking to provide training on the development of kitchen gardens to improve dietary diversity. The health sector, which had previously focused on the treatment of acute malnutrition, has now understood the importance of prevention activities through the MSNP approach and now provides counselling on WASH activities (such as promoting handwashing and dietary practices) through its frontline workers.

In some districts there are efforts to implement all newly designed activities from all sectors together in one small geographical area such as clusters of 200-300 households, so that changes can be observed based on results, then replicated.

The targeting process has become very transparent. This has been achieved because the importance of the golden 1,000 days (pregnancy plus first two years of life) has been widely emphasised; the concept has been well understood at all levels through an intensive campaign and is described as the 'buzz phrase' now in Nepal.

In Kenya the Accelerated Value Chain Development programme (AVCD) has mainstreamed nutrition objectives into agriculture programmes. For instance, Makueni, one of 47 devolved counties, is a drought-prone county where the growth and consumption of nutrient-rich, drought-tolerant cereals and pulses is actively promoted. The inclusion of nutrition into agriculture is done through a shared database of beneficiaries between the Ministries of Agriculture, Health and Education. The Ministry of Agriculture selects beneficiaries who receive agricultural inputs (seeds, training, farming equipment) and this list is then shared with Ministry of Health community health workers, who carry out household-level sensitisation of key dietary diversity messages. The Ministry of Education then adopts the same beneficiary list to identify parents of children in early childhood development centres to carry out cooking demonstrations on preparation of the same foods. In this way, the farmer who grows the foods is a beneficiary of both agricultural services and nutrition education services further along the value chain.

Second, we are finding that vertical structures/budgets make convergence extremely difficult and that there is limited evidence that this is changing, although there are meaningful changes going on in relation to targeting and to sectors understanding the importance of their work to nutrition.

The implementation of the Nepal MSNP at the district level was coordinated through the District Development Committee (DDC), where a Food and Nutrition Security Committee was formed. This included MSNP focal points from all sectors and was chaired by the local development officer of the district. This structure, though clearly

understood by all, depended too much on the personality of the MSNP focal point. Frequent staff changes have had an impact on the functioning and continuity of activities.

With devolution in Kenya, the County Integrated Development Plan (CIDP) is the document that brings together the different sectors. As it currently exists, this simply consolidates the sector-specific plans, i.e. it does not yet amalgamate the different sector plans. It can therefore be considered an administrative arrangement for consolidating sector-specific plans. Some of the gaps in this include the inability to enable inter-sector accountability; inability to articulate joint monitoring; and inability to provide for joint budgeting. Government budgeting and monitoring and evaluation systems are still sector-specific.

Third, multi-sector collaboration on the ground is often enabled/catalysed by development partners or local partners by making resources available for transport, meetings and coordination, as well as outlining the approach and sensitisation. However, coordination can be both costly and time-consuming, underlining the importance of recognising how long these processes can take and that dedicated resources are needed for coordination to be sustained. This in turn can lead to 'fatigue' when there are many cross-sector meetings at district level on nutrition, taking up a significant amount of district-level staff time.

In Nepal the Ministry of Federal Affairs & Local Development (MoFALD), the nodal ministry for district-level implementation, set up programme monitoring units supported by UNICEF-EU and run by a local NGO. These units serve to monitor and nudge the district-level committees to meet frequently and ensure regular financial and activity reporting. Most government stakeholders acknowledged the usefulness of this mechanism; more so because the MSNP budget did not provide for extra staff either at the DDC level or in the different sector departments.

In Kenya the Food Nutrition and Security Policy is a key document that provides a national framework for multi-sector engagement. Actors from the Ministries of Agriculture and Health operating at the management level in counties and below cite it as a key guiding policy document. However, its implementation framework is yet to be rolled out and the sectors lack inter-sector funding mechanisms.

Fourth, learning by doing is inevitable; therefore there is a need for long-term/sustained efforts and commitment that allow for adaptation to a changing environment, learning from mistakes/course correction, and time for new approaches to 'trickle down' and become district-owned and embedded.

Multi-sector approaches can be measured through soft and hard achievements. Soft achievements may be intangible but are crucial for facilitating the promotion and trickling down of the multi-sector programming agenda. It may include key actors buying into the need to work multi-sectorally and being willing to try out a previously untested multi-sector approach. An example is the AVCD-supported coordination meetings in Kenya, which were the first platform where actors from these ministries discussed a programme of joint interest. The soft achievement was in the ministries 'getting to know' each other and finding agenda items of interest to both sectors.

Applying the Compendium of Actions for Nutrition: Experiences from Haiti and Myanmar



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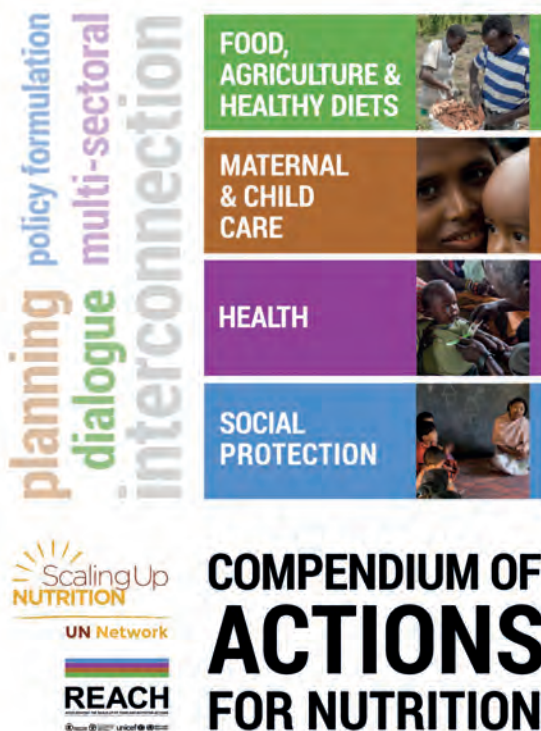
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The CAN in a nutshell

The CAN is a resource for countries concerned with implementing multi-sector nutrition actions – both nutrition-specific and nutrition-sensitive – to address all forms of malnutrition. The actions are classified by the type of evidence underpinning them. There is also information on technical tools developed by the UN agencies. The CAN is organised into four main sections: (1) Food, Agriculture and Healthy Diets; (2) Maternal and Child Care; (3) Health; and (4) Social Protection.

www.reachpartnership.org/en/compendium-of-actions-for-nutrition



The *Compendium of Actions for Nutrition* (known as the CAN) is a resource developed by the UN Network for SUN/REACH Secretariat following a participative process that engaged external experts and UN agencies. The compendium was initially conceptualised as a resource for REACH facilitators to draw on during multi-sector dialogue at the country level, particularly in nutrition-related policy formulation and planning. Due to the high demand for a practical resource of this sort, the target audience was later expanded to include SUN Government Focal Points and others working in multi-sector nutrition planning and coordination.

Countries have since started to use the CAN according to their specific context. Experiences from Haiti and Myanmar contained in this article provide insights into how the CAN has helped enable them enlist a wider range of nutrition actions from different sectors.

Haiti

REACH in Haiti used the CAN to guide nutrition sensitisation efforts with three distinct stakeholder groups: government representatives, development partners and journalists. This included the development of a Haiti-adapted communications tool articulating the links between the nutrition situation in the country and interventions supported by different sectors in Haiti. The tool (a booklet containing sections on malnutrition and different sectors such as agriculture, WASH and education) aimed to demystify these links and present them in simple language. This was shared with government staff in nutrition-related ministries and development partners in meetings. Several interviewees in a country evaluation² felt that REACH facilitators had contributed to raising awareness about nutrition and its multi-sector dimension in particular through the booklet.

¹ REACH (Renewed Efforts Against Child Hunger and undernutrition) is a joint UN initiative of FAO, UNICEF, WFP, WHO and IFAD that facilitates the creation and enhancement of country-led coordination mechanisms and brokers participatory, multi-sector dialogue to implement priority nutrition actions.

² Mokbel Genequand M, 2017. Thematic Evaluation – End of Term Evaluation; Renewed Efforts Against Child Hunger and undernutrition (REACH) – Haiti Case Study Report. Decentralized Evaluation. Geneva.



Market selling a range of vegetables in the town of Bogale, Myanmar

WFP/Edith Champagne

The tool was also disseminated during a sensitisation workshop held for about 40 journalists and students at Quisqueya University. In the post-workshop assessment, the journalists said the statistical and geographical data provided would empower them to become more 'scientific' professionals and more comfortable in writing about food and nutrition issues. Resulting media coverage included three TV broadcasts on food and nutrition security, engaging government officials including the Ministry of Health, the Prime Minister's office and the Mayor of Cité Soleil, an urban area where food insecurity was found to be particularly high.

REACH was already actively working with government officials and development partners to help employ a multi-sector approach to addressing malnutrition, but this was the first time REACH colleagues had communicated with journalists on the subject. This experience illustrates how the CAN has the potential to be an effective vehicle for helping to mobilise other, less 'conventional' nutrition actors who are working at the country level.

Myanmar

The CAN was first applied in Myanmar to set the stage for a comprehensive nutrition stocktaking exercise, led by the Government of Myanmar (GoM) with REACH support. The exercise entailed bringing actors together at a SUN multi-stakeholder platform meeting to identify and prioritise nutrition actions most relevant to the country and its particular context. The stocktaking workshop included 54 participants from SUN networks, including representatives from five government ministries. The natural tendency (not

unlike many other countries) was for actors initially to gravitate towards nutrition-specific actions implemented through the health system, but it was acknowledged that this was only part of the picture and that nutrition sensitive-actions are also needed.

The CAN served as a crucial resource to help steer the selection process of core nutrition actions for the country so that a greater multi-sector balance was reflected. For example, actions include 'sensitising' social protection measures to nutrition and providing nutrition-sensitive agriculture activities, such as crop diversification. The menu of possible options presented in the compendium was helpful in ensuring that the stocktaking encompassed all sectors related to nutrition. In addition, the evidence classification featured in the CAN served as a 'door opener' for dialogue with technical practitioners from other sectors and as a means for fostering consensus among diverse nutrition actors. Ultimately, it helped country actors to employ an evidence-driven prioritisation process.

The next step is for the same multi-sector group to develop the GoM's Multi-sector National Plan of Action for Nutrition (MS-NPAN: 2018-2022), due for completion by the end of February 2018. The CAN is one of four key references being used and is likely to help expedite the work to develop the new plan.



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

www.ennonline.net/mediahub/canexperiencemyanmar

“When I was invited for this nutrition workshop I didn't quite understand why. I thought that this was the business of the health people and that I had nothing to say at the meeting. [But] we found that in the Agriculture Chapter [of CAN], the livestock we were providing to small-scale farmers was indeed one of what they were calling a nutrition-sensitive activity. This means that our livestock work was not far distanced from the nutrition work of the midwives and nurses walking around in the communities. Knowing this will provide us with the impetus to extend our activities, now that we know we are making a difference.”

May Win Shwe, Deputy Director, Livestock Department, Ministry of Agriculture, Livestock and Irrigation (MOALI)

Poshan Nanglo: Piloting a new tool for nutrition behaviour change in Nepal



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Introduction

Nepal was hit by a devastating earthquake measuring 7.4 on the Richter scale in April 2015 and the government declared 14 out of 75 districts severely affected. As part of emergency response and recovery, comprehensive nutrition interventions including infant and young child feeding (IYCF) and treatment of moderate and severe acute malnutrition and micronutrient supplementation are being implemented in the 14 severely affected districts. The recovery activities are set to continue into 2018.

Child undernutrition is a prevailing issue in Nepal, with rampant inequities. Although some progress has been made in reducing stunting prevalence among children under five years old (stunting has decreased from 49 per cent in 2006 to 37 per cent in 2014), it remains high, while wasting rates have stagnated at 11 per cent (2014) (GNR 2017). The inequity is most visible in the mid and far-west regions of the country, especially among disadvantaged dalit and terai caste groups, among the lowest wealth quintile, and among those children whose mothers either have no education or are educated to primary level only.

Optimal IYCF practices, one of the key underlying determinants of child undernutrition, remains a challenge, with wide disparities (see Figure 1). At present, only 37 per cent of children aged 6-23 months receive a minimum acceptable diet (GNR 2017).

Behaviour change communication (BCC) is an important IYCF promotion strategy and there is an urgent need to explore innovative, complementary approaches to improving IYCF and to test their feasibility, as well as their effectiveness for scaling-up.

Display of local foods

Poshan Nanglo ('tray of food') is a display of seven complementary food groups that are locally available. These are presented by female community health

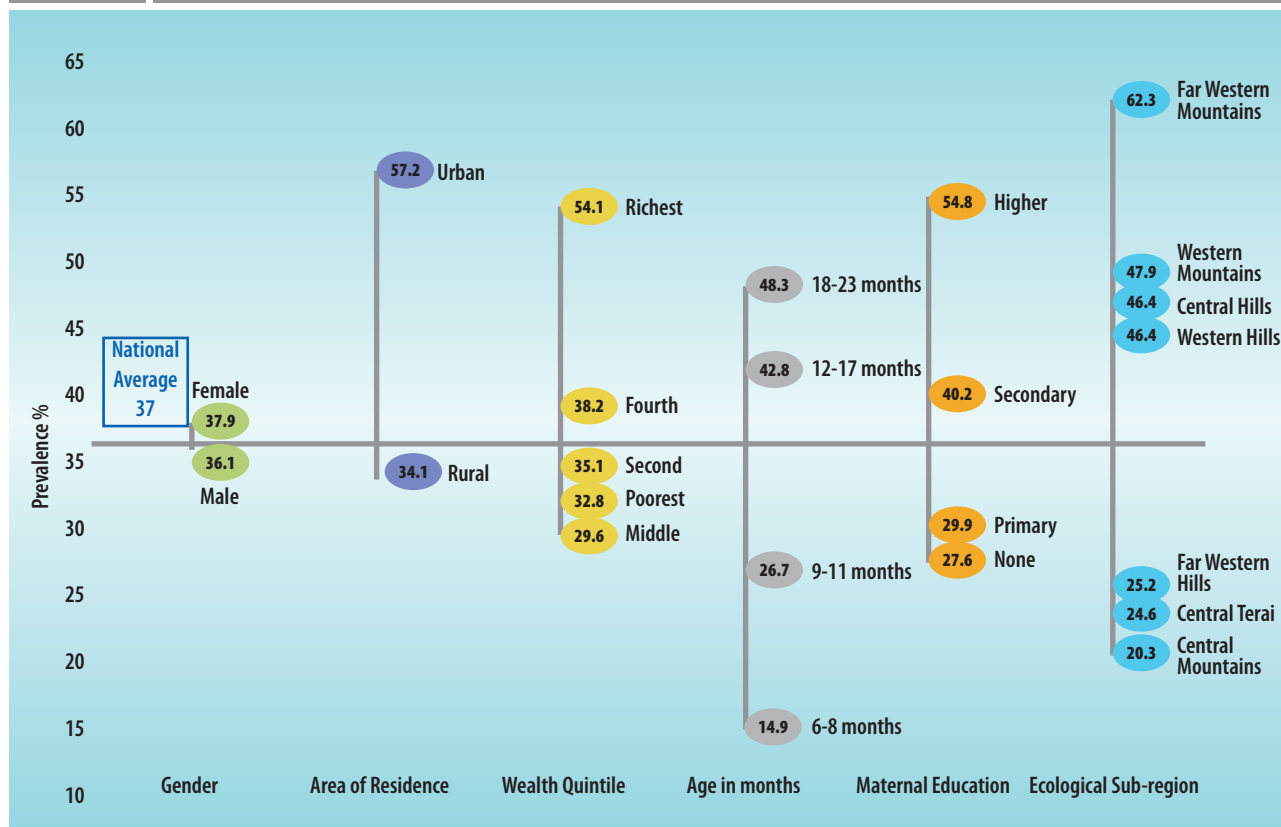
volunteers (FCHVs) in a nanglo, a traditional flat, round, bamboo tray widely used in Nepali kitchens. Nutrition workshops and trainings in Nepal are often accompanied by an attractive display of foods at the venue, an approach adapted for the community level. The same concept was used to encourage the display of seven food groups (grains, roots and tubers; legumes and nuts; dairy products; meat and fish products; eggs; vitamin A-rich fruits and vegetables; other fruits and vegetables) for IYCF counselling. Using the nanglo, a common item used by all

UNICEF Nepal



Poshan Nanglo display by FCHVs, Chhampi Lalitpur, Nutrition Week, October 2016

Figure 1 Minimum Dietary Diversity of children aged 6-23 months and Inequity (NMICS 2014)



Source: UNICEF 2017

strata of society, for arranging the food display is thought to help associations with food at the household level.

The aim of Poshan Nanglo is to reinforce minimum dietary diversity in line with the standardised IYCF promotion slogan 'harek bar khana char' ('consume at least four out of the seven food groups in every meal'). Poshan Nanglo displays were implemented as part of the BCC component of the Nutrition Week campaign, an extension of the well established national vitamin A campaign, in the 14 severely earthquake affected districts (INEHD 2015).

In view of the potential to replicate and scale up the approach, the tool was piloted in three districts of Kathmandu Valley to test its acceptability by the FCHVs and to understand their perception of its effectiveness. Training for the Poshan Nanglo display was integrated with the refresher trainings for the FCHVs that took place prior to Nutrition Week in 2016. FCHVs provided the nanglo and the foods displayed, hence there was no additional cost involved with the implementation. Data collected on its use (63 FCHVs were purposively selected from urban, peri-urban and rural areas) aimed to evaluate whether this tool was more effective than other educational materials, such as flipcharts for nutrition BCC.

Key findings

FCHVs found the Poshan Nanglo display of real food to be more effective for counselling than flip-chart pictures for a number of reasons:

- Display materials were easily available (foods can be tailored to local contexts and seasonality);
- Mothers appeared more interested and listened carefully

(this may be due to the multi-sensory learning experience of being able to 'see and touch' real food as opposed to looking at pictures);

- Easier to show and explain the ingredients used in preparation of nutritious complementary foods, such as sarbottam pitho lito and jaulo (used to make porridge);
- Easier to counsel on the use of Baal Vita (multiple micronutrient powders (MNPs)), since it is recommended to add the powders to the porridge.

Poshan Nanglo also breaks the literacy barrier for both promoters and beneficiaries as it does not require the ability to read. Furthermore, it brings supplementation as well as food-based approaches together and promotes both at the same time. Integration with the vitamin A supplementation programme provides opportunity for counselling on utilisation of MNPs. Poshan Nanglo also gives visibility to the role of food, thereby facilitating agriculture-nutrition linkages and helping to promote the concept of household food production. Such food displays are equally relevant in rural as well as urban areas, since they can even help to encourage the mothers/caretakers to increase dietary diversity. For example, rural households with livestock such as cows, buffalo and chickens can be encouraged to prioritise milk and milk products and eggs for children. They can also help address not just undernutrition but increasing problems of overweight/obesity since they help sensitise people to 'real' nutritious foods rather than packaged foods high in calories that are increasingly found to be given to children, especially in urban areas.

This is a low or even 'no-cost' intervention, since orientation of the concept was integrated into existing trainings and display items were provided by the volunteers themselves (an estimate for the cost of the two-hour orientation and food cost is approximately US\$5 per FCHV). The plan is to maintain this approach for scale-up.

Some challenges

Displays of perishable foods, especially dairy and meat products, were prone to deterioration during long campaign hours. Similarly, the FCHVs were faced with a dilemma when children played with the displayed foods and sometimes even wanted to eat items like fruits, which affected the comprehensiveness and arrangement of the display.

Another potential challenge is that some households might not be able to afford all the foods in the display, but care was taken to ensure that the Poshan Nanglos contained foods commonly found in the different communities and even in the households.

The pilot study only presented the perspectives of the FCHVs and the viewpoints of the mothers and caretakers have yet to be understood. Data collection was completed one and a half months after the intervention and there is therefore some possibility of respondent recall bias.

Next steps

There is a strong network of more than 50,000 FCHVs across Nepal who are government-funded and trained. The uptake of the tool by FCHVs in Kathmandu Valley and positive perceptions of the FCHVs sampled indicate the potential for a wider coverage and impact of this simple, homegrown solution on IYCF to strengthen nutrition BCC efforts. The next step would be to conduct a more robustly designed evaluation to measure the impact on IYCF knowledge, attitude and practices of mother/caretakers, as well as include beneficiaries' perspectives on the Poshan Nanglo itself as a BCC tool.

In addition to the nutrition campaign, there is potential to include Poshan Nanglo in other existing platforms, such as mothers' group meetings convened by the FCHVs on a monthly basis. Participants could be gradually encouraged to contribute food items and jointly organise cooking demonstrations of complementary foods. UNICEF is currently working to support the scaling-up of the concept as part of Multi-sector Nutrition Plan II in 28 of the 75 districts.

References

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 INEHD (2015). *Cost-effectiveness Analysis of CNW for Emergency Nutrition Response in Earthquake Affected Districts in Nepal*.



Poshan Nanglo display and utilisation by FCHVs, Tokha, Kathmandu, Nutrition Week, April 2017



WFP/Anne Poulsen

Small-scale, subsistence-oriented family farming in Burkina Faso



WFP/Santosh Shahi

A women farmer, Kanchan Maya, watering her garden, Sindhuli District, Nepal

On-line tools

The Agriculture to Nutrition (ATONU) project

The Agriculture to Nutrition (ATONU) project part of the Food, Agriculture and Natural Resources Policy Analysis Network (FANRPAN), is providing on-line technical assistance to integrate nutrition into agriculture programmes. The tool enables users to:

- (i) Select agriculture projects which offer the best opportunities;
- (ii) Select, design and implement context-specific, nutrition-sensitive interventions (NSIs); and
- (iii) Design monitoring and impact evaluation mechanisms for selected NSIs. www.atonuframeworks.fanrpan.org/



The Global Fortification Data Exchange

The Global Fortification Data Exchange (developed by the Food Fortification Initiative, GAIN, Iodine Global Network and the Micronutrient Forum) is an analysis and visualisation tool that maps data on food fortification, including indicators on legislation, available standards, food availability and intake for over 230 countries. Future plans are to include coverage data and the tool will continue to be updated with the most recent information and additional indicators. <http://fortificationdata.org>

The Infant and Young Child Feeding (IYCF) Image Bank

The Infant and Young Child Feeding (IYCF) Image Bank is a collection of over 700 images developed from adaptations of UNICEF's *Community Infant and Young Child Feeding Counselling Package*. These and other similar images portraying recommended IYCF practices have been used in more than 70 countries for counselling and training to promote behaviour change for improved maternal and child nutrition.



iycf.spring-nutrition.org

Nutrition information systems assessment

An assessment of nutrition information systems for 57 SUN countries is available online following a mapping exercise as part of the DFID-funded Technical Assistance for Nutrition (TAN) project. Three categories were analysed: *Government commitment and enabling environment* (whether each country has a national nutrition policy, is tracking key global nutrition targets and has reviewed allocations for nutrition in the national budget); *National assessment data* (availability of nationally-representative survey data, and whether these surveys were conducted on a regular basis; i.e. every three to five years); and *National performance monitoring data* (whether countries closely monitor the delivery of nutrition interventions and whether there are currently systems in place that help countries understand the reach of those interventions. This includes information systems in other sectors (such as health, agriculture, education, water, sanitation and hygiene, social protection and early child development) that are able to track the performance of nutrition-sensitive interventions).



This mapping exercise can help SUN countries to identify potential nutrition data gaps, help guide their national nutrition strategy, and better understand how nutrition information can be incorporated into their existing information systems in various sectors.

scalingupnutrition.org/share-learn/planning-and-implementation/information-systems-for-nutrition/

SecureNutrition

A World Bank initiative, SecureNutrition has a comprehensive library of evidence-based resources that focus on multi-sector approaches for improving nutrition outcomes. Resources range from case studies and journal articles to tool kits and training. The platform also provides information on original events and blogs and newsletters on multi-sector nutrition linkages. www.securenutrition.org/library





SUN Global Gathering: An ENN viewpoint

The 2017 SUN Global Gathering (GG) in Côte d'Ivoire (7-9 November 2017) brought together all SUN Government Focal Points and representatives of their partners from civil society, donors, UN agencies, private-sector partners, academia, media, parliamentarians and others. It was the first time that a GG took place in a SUN country. The primary goals of the meeting were to:

- Celebrate SUN countries' progress in advancing implementation of national nutrition plans, better understand challenges and collectively identify solutions;
- Create a space where SUN countries and the SUN Movement support system could interact and get to know each other better in order to sharpen skills, deepen understanding of key issues and agree on priority actions to ensure everyone is staying on track to deliver results; and
- Showcase the wealth of experience, knowledge and resources that each SUN country has to offer, while strengthening networks to best capitalise on these assets.

The gathering was organised around plenary sessions, parallel workshops and a 'marketplace' of stands. The plenary sessions involved discussions among high-level representatives and participants on a number of themes, including: the multiple burdens of malnutrition; nutrition in fragile and crisis contexts; the key findings of the 2017 SUN Movement Progress Report; investing in the implementation of nutrition actions; and the added value of the SUN Movement Monitoring, Evaluation, Accountability and Learning (MEAL) system. There were six parallel workshops on each day with topics ranging from 'How can small and medium enterprises be supported to help improve nutrition outcomes?' to 'What can be done to improve and protect nutrition outcomes in fragile contexts?' The marketplace was a forum where all SUN countries and networks were invited to bring material for sharing and learning about each other's efforts to scale up nutrition.

Given the very wide scope of subjects and country experiences presented and discussed at the meeting, the

following is not intended as a summary of all the key points, but rather a synopsis of what stood out from the perspective of Jeremy Shoham, one of ENN's technical directors:

- The world is considerably off course to meet the World Health Assembly nutrition targets and the Sustainable Development Goals;
- There is progress in some countries, but very few are addressing overweight, obesity and related non-communicable diseases alongside undernutrition;
- Some countries have made considerable progress in reducing levels of undernutrition and increasing spend on nutrition, e.g. Zambia, Burkino Faso, El Salvador and Nepal, but the majority have stagnated, with some going backwards in terms of spending;
- Since the inception of the SUN Movement the global caseload of stunting has decreased by ten million to 155 million people;
- SUN networks are established in all SUN signatory countries, but there is not adequate information about the achievements and impact of these networks. The MEAL system has now compiled a baseline of information about these networks, which can help track their future progress (see *NEX* online resources).

Finally, the nutrition situation in fragile and conflict affected settings was given prominence as these countries have a particularly high burden of stunting of up to 45 per cent; a percentage expected to significantly increase by 2030 if left unchecked. This underlines the importance to all of us that the SUN Movement is paying particular attention to these highly vulnerable contexts through greater linking of the humanitarian and development systems. The energy and commitment of GG participants was almost palpable. Every national colleague who spoke had invaluable insights into experiences around scaling up effective nutrition programming. The report of the Côte d'Ivoire GG should therefore contain critical insights and lessons to support future scaling-up nutrition efforts.



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