

West Africa: Nutrition
budget analysis

Strengthening post-natal
care in Gaza

Healthy food outlets in
Sri Lanka

NUTRITION EXCHANGE

ENN

**Youth leaders: Speaking out
on adolescent nutrition**

**Breaking the cycle of
malnutrition in Nepal**

**Addressing adolescent
anaemia in Afghanistan**

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Front cover: Adolescent girl using a tube well as part of WASH component of intervention; Min Raj Gyawali

Back cover: Home-grown school feeding programme in Ethiopia; WFP/Stephanie Savariaud



WFP/Rein Skullerud

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 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 13 so please be in touch.

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Editorial

There is a growing awareness among the nutrition community of the specific vulnerabilities facing the adolescent (11-19 years old) population. Adolescent girls who are exposed to early marriage, pregnancy and childbirth are a particular group of concern and it is not surprising to see greater attention is now turning to nutrition interventions and related approaches that target this group to improve their nutritional status, prevent early marriage, pregnancy and childbirth. A report on *Adolescent Nutrition* highlights the policy and programming efforts underway in Scaling up Nutrition (SUN) Movement countries to ensure a focus on 'the intergenerational cycle of malnutrition'. This issue of *Nutrition Exchange* highlights the approaches and progress in two Asian countries, Nepal and Afghanistan, and in the SUN Civil Society Alliance Youth Leaders' global initiative.

Nepal is one of the leading countries to have begun building integrated approaches to adolescent nutrition across sectors. In support of these government efforts, the well known Suaahara ('good nutrition') II Programme has designed and is rolling out a school-based intervention that encompasses adolescent health, nutrition and water, sanitation and hygiene. In **Afghanistan** a weekly iron and folic acid supplementation programme is targeting school-going adolescent girls to reduce high levels of anaemia. This intervention is a collaboration between the ministries of education and health and harnesses schools as a platform through which to reach this age group. However, as the authors point out, attention is now needed on the much harder to reach out-of-school population, comprising an estimated 2.2 million adolescent girls in Afghanistan.

One of the issues raised in the *Adolescent Nutrition* report is the lack of consultation with young people themselves about the extent to which nutrition services are currently serving them, or how those services could be better designed to meet their needs. The SUN CSA Youth Leaders for Nutrition initiative seeks to remedy this situation. A NEX interview with two prominent youth leaders – young women from **Madagascar** and **Kenya** – explores the topics of direct interest to this age group, including adolescent nutrition and its links with child marriage. Both countries have high rates of child marriage and the Youth Leaders are active in their communities to raise awareness of the intergenerational effects of having children too young and the increased risk of malnutrition. The interview highlights how their work encompasses nutrition, health and sex education to empower adolescent girls.

Civil society also plays a key role in broader advocacy, as highlighted in an article from **Senegal**. Here, in the build-up to the presidential elections, nutrition commitments have been made and it is up to civil society and other stakeholders to hold government to account for these promises, particularly regarding financial targets.

One way of understanding the extent to which governments

are on track to realising their commitments and pledges is through national-level nutrition budget analysis. While this is a notoriously challenging area to navigate, an article from the **West Africa** region describes a pilot study in seven countries (Benin, Burkina Faso, Côte d'Ivoire, Gambia, Ghana, Mauritania and Togo) designed to overcome difficulties in identifying nutrition-relevant budget lines and overcome the discrepancies inherent in categorising budget-line items.

This issue features the latest ENN case studies on large-scale, multi-sector nutrition programming, sharing insights from the most recent studies in **Ethiopia**, **Niger** and **Bangladesh**. As with previous case studies, these focus on the sub-national level to understand how programmes are being implemented. Although it is difficult to generalise findings from such different contexts, the article summarises similarities between countries, particularly in terms of the challenges being faced.

Against the backdrop of growing attention being given to the potential of multi-sector nutrition programmes to reduce malnutrition, we are reminded through the *Global Report on Food Crises* (featured in this issue's Global Themes) that conflict and insecurity, climate shocks and economic turbulence are major drivers of the acute food insecurity facing an estimated 113 million people. Another fragile part of the world in the Middle East is **Gaza** which, for the first time in NEX, has shared how it is strengthening postnatal care and maternal and newborn nutrition in such a challenging context.

Finally (and also for the first time), we feature an article from **Sri Lanka** highlighting a government and NGO approach to developing healthy food canteens run by women, providing livelihood support alongside promoting indigenous foods. Sri Lanka is not alone in dealing with the rise of overweight/obesity and nutrition-related chronic diseases, and we expect to feature more learning in future issues of NEX on the different initiatives countries are adopting to tackle malnutrition in all its forms.

We hope that you enjoy reading NEX issue 12 and feel inspired to share your country experiences with us for future publication.

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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.

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Making food systems sustainable



Food systems lie at the heart of many challenges facing countries, encompassing everything from food insecurity to resource conservation and climate change. The ability of governments and stakeholders to transform their food systems can also help achieve at least 12 of the 17 Sustainable Development Goals.

The Collaborative Framework for Food Systems Transformation explains how governments and stakeholders, at national or local levels, can apply a food-system approach to policy-making and implementation. The framework, based on interviews with relevant national actors, includes a range of actions for better assessment, design, implementation and monitoring of sustainable food-system policies and programmes by policy-makers and stakeholders, leading to better decisions and outcomes regarding livelihoods, health, nutrition and the environment. Four key actions have been identified:

1. Identify an individual or group of food-system champions and build momentum;
2. Conduct an holistic food systems assessment;
3. Initiate a multi-stakeholder process for dialogue and action;
4. Strengthen institutional capacity for food-systems governance in the long term.

The framework also contains a series of country case studies with examples of public-sector led initiatives and others led by civil society and the private sector, and a reference checklist to help governments and food-system stakeholders assess the progress their countries or cities are making in establishing favourable conditions for policy-making and implementation.

For more information, visit www.oneplanetnetwork.org/sites/default/files/un-e_collaborative_framework_for_food_systems_transformation_final.pdf

Global report on food crises

There has been only a slight decrease in the number of people facing acute hunger globally. According to the Global Report on Food Crises produced by the umbrella organisation Food Security Information Network, the decline was from 124 million in 2017 to 113 million in 2018. However, over the past three years (2016, 2017 and 2018), more than 100 million people have faced periods of acute hunger and have required urgent food, nutrition and livelihood assistance. A further 143 million people were found to be living in stressed conditions, defined as being on the cusp of acute hunger (Integrated Food Security Phase Classification/Cadre Harmonisé (IPC/CH) Phase 2). They risked slipping into crisis or worse (IPC/CH Phase 3 or above) if faced with a shock or stressor. Seven countries and one region account for two thirds of the total number of people facing acute food insecurity. They are (in order of severity): Yemen, Democratic Republic of Congo, Afghanistan, Ethiopia, the Syrian Arab Republic,

Sudan, South Sudan and northern Nigeria. The main drivers of food insecurity are conflict and insecurity, climate shocks and economic turbulence.

Predictions for 2019 are for more of the same, with protracted conflict in some countries and local insecurity and intercommunal violence in others continuing to disrupt agricultural production, food systems and markets, and erode livelihoods. Weather shocks and extreme climate events are expected to have a severe impact on agricultural and livestock production in several regions, including the massive destruction following tropical Cyclone Idai in March 2019 in Mozambique, Malawi and Zimbabwe, and the dry weather associated with El Niño conditions affecting agricultural production and food prices in Latin America and the Caribbean.

For more information, visit www.fsinplatform.org/report/global-report-food-crisis-2019

Figure 1 Integrated Food Security Phase Classification (IPC) & Cadre Harmonise (CH)

Phase 1 MINIMAL	Phase 2 STRESSED	Phase 3 CRISIS	Phase 3 EMERGENCY	Phase 3 CATASTROPHE/ FAMINE
Households are able to meet essential food and non-food needs without engaging in atypical, unsustainable strategies to access food and income	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in detrimental coping strategies	Households have food consumption gaps with high or above usual acute malnutrition OR accelerated depletion of livelihood assets that will lead to food consumption gaps	Households have large food consumption gaps resulting in very high acute malnutrition and excess mortality OR face extreme loss of livelihood assets that will lead to food consumption gaps	Households have an extreme lack of food and other basic needs. Starvation, death and destitution are evident
Action for disaster risk reduction and livelihoods protection		Urgent action required		

Latest global Joint Child Malnutrition estimates

Global malnutrition rates remain alarming, with stunting declining too slowly and wasting still affecting too many young children, according to the 2019 edition of the UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates.

Key findings include:

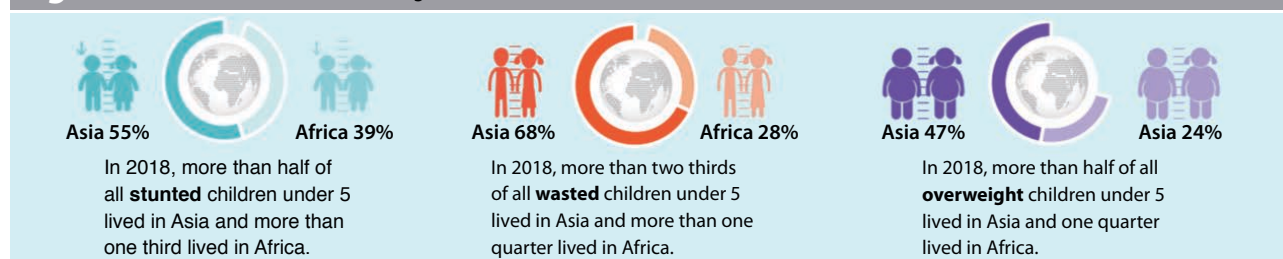
- More than half of all wasted children in the world (33.8 million) live in Southern Asia;
- Two out of five stunted children in the world live in Southern Asia;
- Africa is the only region where the number of stunted children rose between 2000-2018;

- In two UN sub-regions at least one in every 10 children under five years of age is overweight; and
- There has been no progress in stemming the rate of overweight among children under five years old in more than 15 years.

These new figures show that most countries are not on track to reach the World Health Assembly targets set for 2025 and the Sustainable Development Goals set for 2030.

For more information, visit: www.who.int/nutgrowthdb/jme-2019-key-findings.pdf?ua=1

Figure 1 Africa and Asia bear the greatest share of all forms of malnutrition



Creating an urban food agenda

Over half of the world's population live in urban areas and 85% live in or within three hours of an urban centre of more than 50,000 people. By 2050 the global urban population is projected to have increased to two thirds of all people, with 90% of this increase taking place in Asia and Africa.

What is the impact of urbanisation on food systems?

According to the framework for the urban food agenda of the UN Food and Agriculture Organization (FAO), urban dwellers currently consume up to 70% of global food supply, and, even in countries with large rural populations, urban dwellers account for a disproportionately large share of food consumption. One of the main concerns is the link between urban lifestyles and the consumption of processed foods with low nutrient value and how this is contributing to the global increase in levels of overweight and obesity. Added to this, urban populations can have significant levels of child undernutrition, including micronutrient deficiencies at the same time as overweight/obesity and diet-related non-communicable diseases. Other pressures on urban food systems include food waste, which accounts for more than 50% of all municipal waste (commonly the single highest cost for most local administrations), and high food expenditure in cities in low-income countries, which can be as much as two thirds of total household expenditure.

As much as urban areas form part of global food insecurity, malnutrition and poverty challenges, however, they may also hold the key to sustainable solutions due to their dense networks and proximity to (and close interaction with) rural

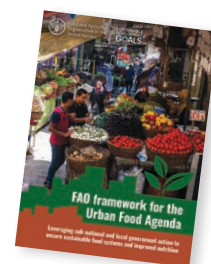
areas. The FAO framework makes a number of recommendations for sub-national and local government to leverage action and ensure sustainable food systems and improved nutrition in urban areas, in line with the Sustainable Development Goals.

Comprehensive areas for support include:

1. Effective national, urban and territorial policies and transformative institutions to enhance sustainable food systems;
2. Integrated food-system planning and inclusive food-governance mechanisms to support sustainable urbanisation and territorial development;
3. Short supply chains and inclusive public food procurement to tap the potential of production in the city and surrounding region;
4. Innovative and sustainable agro-food business for employment generation and the development of functional and prosperous territories across small towns;
5. Improved access to food and green environments for healthy cities;
6. Optimised supply chains and circular bio-economy for reduction of food losses and waste in urban centres; and
7. Evidence-based outreach initiatives to improve global urban-food governance and boost investment.

For the full report, visit

www.fao.org/3/CA3151EN/ca3151en.pdf





TAJIKISTAN
 Fresh Tajik puff cakes being prepared as part of a project supporting inclusive agriculture and food security initiatives.
 ©FAO/Nozim Kalandarov

State of Food Insecurity report

The 2019 edition of the FAO State of Food Insecurity (SOFI) report introduces for the first time estimates of the prevalence of food insecurity combining moderate and severe levels. This indicator gives a perspective on global food insecurity that looks towards the realisation of the SDG goal of ensuring access to nutritious and sufficient food for all. While severe food insecurity is associated with hunger, people experiencing moderate food insecurity face uncertainties about their ability to obtain food, and have been forced to compromise on food quality and/or quantity. Using this indicator, SOFI estimates that just over 26% or 2 billion of the world's population is food insecure putting them at greater risk of malnutrition.

Country-level analysis shows that obesity rates are highest in countries experiencing higher food insecurity, although the relationship is more complex. In upper-middle- and high-income countries in particular, living in a food-insecure household is a predictor of obesity in school-age children, adolescents and adults.

A major theme of the SOFI report is the role that economic slowdowns and downturns have played in recent food security and nutrition trends. In most regions, whilst economies rebounded after the sharp 2008–2009 global economic downturn, economic recovery was uneven and short lived. Real GDP per capita growth is under threat

particularly in regions with some of the highest levels of food insecurity and malnutrition. Indeed, GDP growth has declined in seven sub-regions, five of which were home to around 263 million undernourished people in 2018.



Yet economic growth alone is not enough to reduce extreme poverty or improve food security and nutrition. Inequality plays a key role, not only in income distribution, but also in access to nutrition services and social and health infrastructure. Evidence shows that economic downturns have a disproportionately negative effect on food and nutrition security in countries that have greater levels of inequality.

The report calls for short- and medium-term food security and nutrition policies that guard against economic fluctuations, including the following;

- guaranteeing funding of social safety nets;
- ensuring universal access to health and education; and
- tackling existing inequalities at all levels through multisector nutrition policies and programmes.

For more information, visit <http://www.fao.org/3/ca5162en/ca5162en.pdf>

South Asia
MATERNAL NUTRITION
 A Nutrition Exchange regional publication

In partnership with
 UNICEF Regional Office for South Asia (ROSA)

A FREE PUBLICATION SHOWCASING
 ARTICLES FROM THE REGION



What's new at ENN?



Field Exchange (FEX) 60 – special issue on the continuum of care

A special edition of ENN's sister publication, *Field Exchange*, FEX 60 focuses on country experiences in ensuring a continuum of care for children who are acutely malnourished. Field articles include the experiences, lessons learned and research from a range of country contexts in integrating approaches within

health and community systems. This publication is available via www.enonline.net/fex

Update on MAMI (management of at-risk mothers and infants under six months of age)

ENN coordinates a special interest group focused on the management of at-risk mothers and infants under six months of age comprising researchers, programmers and policy-makers active in this area (see **MAMI SIG**).

Related to this, ENN is also part of a new research initiative led by the London School of Health & Tropical Medicine in collaboration with Jimma University in Ethiopia and the Irish international aid charity GOAL. Funded by the Eleanor Crook Foundation, a randomised control trial on a community-based intervention for the under-six-months-of-age population will be carried out in Ethiopia. For more information, contact Marie McGrath, marie@enonline.net

Global Technical Assistance Mechanism for Nutrition (GTAM)

ENN is the knowledge management and monitoring partner for the Global Technical Assistance Mechanism for Nutrition (GTAM) led by UNICEF and World Vision. This mechanism aims to improve the support countries receive who face humanitarian emergencies by mobilising global resources to address unresolved technical issues with advice, consensus-driven guidance and specialist technical expertise.



ENN's online discussion forum, **en-net**, is one of the key platforms GTAM will link with. ENN's role is to monitor and document the development and functioning of the GTAM against its objectives (utilising our existing publications to share this with the wider

nutrition community) and to support the development and dissemination of knowledge products in response to the needs identified through the system. For more information, contact Tanya Khara, Tanya@enonline.net

Wasting-stunting study

ENN has started research as part of its long-standing work on wasting and stunting (WaSt). This study, funded by USAID/OFDA and the Global Health Bureau, will be implemented in Nigeria. It aims to bring new evidence produced by the WaSt Technical Interest Group (TIG) on the relationship

between wasting and stunting and their combined impact on mortality into existing programme practices. To read more about the study, see this summary www.enonline.net/attachments/3150/WaSt-Study-Summary_25Apr19.pdf or email Carmel Dolan Carmel@enonline.net



Multi-sector nutrition programmes

ENN recently published three new case studies from Bangladesh, Ethiopia and Niger on large-scale, sub-national implementation of multi-sector nutrition programmes (see article in this publication). This work builds on previously published case studies on the same theme and provides important evidence for policy-makers and practitioners on how these programmes are being operationalised by various government departments and institutions in these three countries.

For more details on the case studies, see:

Bangladesh

www.enonline.net/mspcasestudybangladesh2019

Ethiopia

www.enonline.net/mspcasestudyethiopia2019

Niger

www.enonline.net/mspcasestudyniger2019

A video outlining the previous work and key emerging themes can be found here:

<https://vimeo.com/341723946/b4c9574250>

FAO/IFAD/WFP/Tiphaine Walton



Villagers increased their revenue thanks to the sale of the extra fodder in Dargué, Maradi region, Niger



Harnessing the power of youth leaders: Speaking out on adolescent nutrition and child marriage



'Youth power' is being harnessed around the world as an effective nutrition advocacy tool. ENN interviewed two young people from the SUN Movement Civil Society Alliance (CSA) Youth Leaders for Nutrition Programme about their work to highlight adolescent nutrition and its links with child marriage. **Hanitra Rarison** (left) is an agronomist from Madagascar and **Jane Napais Lankisa** (right) is a nutritionist from Kenya.

1. How did you first become aware of the issues of adolescent nutrition?

Hanitra: Through my background in agriculture I have been trained to do research on food security and food habits, and through my experience in helping to create the national Girl Guides nutrition programme 'Girl Powered Nutrition' we have focused on adolescent nutrition solutions through educating about healthy eating. This is a priority for me since it is a crucial period of development, particularly for young women. Adolescents are targeted by advertisers of processed foods

and they are big consumers of fast foods and street food, which are high in fat, salt and sugar. The biggest nutrition issues affecting adolescents in Madagascar are overweight/obesity and anaemia, affecting 35% and 36.8% of this age group (10-19 years old), respectively¹.

Jane:

I became more aware of adolescent nutrition through my day-to-day activities working with the NGO Feed the Children. I noticed a nutrition gap for adolescents since the [Masai] community that I am from does not prioritise nutrition, especially for girls. Before I started my campaign I was working with pregnant and lactating women (aged 15-49 years) but I wanted to focus on girls, particularly those who drop out of school and who might be facing child marriage and early pregnancy.

2. How important do you consider the issue of child marriage and what is the link with nutrition?

Hanitra: Child marriage is very common in Madagascar, with 42% of girls married under 18 in rural areas and 29% in urban areas². In some cultures they believe that girls are ready to be married when they have their first period. These girls are not prepared physically and they are vulnerable to all kinds of malnutrition and to non-communicable diseases. Their babies will also face malnutrition in the future, so the cycle will be perpetuated.

Jane: Child marriage is driven by gender inequality and the belief that girls are inferior to boys. Some 23% of Kenyan girls are married before their 18th birthday and 4% are married before the age of 15 and experience higher rates of anaemia and malnutrition³. Adolescent pregnancy has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low birth weight baby. The risk of having children who are stunted is 33% higher among first-born children of girls under 18 years

Youth leader interviewing a young Masai woman in Kenya



© Feed the Future/Kenya

¹ Madagascar Country Nutrition Profile, Global Nutrition Report (2018) globalnutritionreport.org/nutrition-profiles/africa/eastern-africa/madagascar/

² www.girlsnotbrides.org/child-marriage/madagascar/

³ www.girlsnotbrides.org/child-marriage/kenya/



Leading a Girl Power nutrition session with Girl Guides in Madagascar

Randison

in Sub-Saharan Africa and, as such, early motherhood is a key driver of malnutrition³.

3. *What understanding do you think there is in your country about nutrition in general and the challenges facing adolescents?*

Hanitra: Madagascar is one of the five highest countries globally for child stunting, so the country has adopted a national programme with a focus on the first 1,000 days and pregnant mothers. The national action plan mentions adolescent nutrition but it is not a priority. We have a lot of work to do!

Jane: In Kenya 10 million people suffer from chronic food insecurity and poor nutrition. Adolescents make up 22% of the total population, indicating the need for more investment in health, nutrition, education and livelihoods for this age group. Young people face nutritional challenges like micronutrient deficiencies as a result of social norms and restrictive practices, such as more nutritious foods (such as liver) being reserved for boys in Masai communities, despite the need for iron-rich foods among adolescent girls vulnerable to anaemia.

4. *What advocacy work have you engaged in to raise the issues of adolescent nutrition and child marriage?*

Hanitra: Girl Guiding is very popular in Madagascar, with around 80,000 girls in the 22 regions of the country involved. Through the Girl Power nutrition programme we have trained 500 Girl Guide leaders in seven target regions with high stunting levels. The curriculum focuses on training these leaders to first improve their own food habits and then to raise awareness in their communities through activities such as making gardens in schools and villages. The leaders have also received media training to promote adolescent nutrition through different communication channels, such as radio. We use social media to campaign about adolescent nutrition but we also think that, to reach the most vulnerable, particularly in rural areas, we still need to meet face-to-face to raise community awareness.

Jane: As a youth advocate in Kenya, I have launched a campaign on scaling up nutrition among adolescent girls both in school and out of school with support from Feed the Children. The campaign objective is to develop a lifestyle programme on nutrition, health and sex education to empower adolescent girls, to be introduced as part of existing health clubs in schools. I am also working hand-in-hand with community health volunteers to reach out to girls out of school through the care groups that Feed the Children is implementing at community level.

5. *What do you think young people bring to the debate and why do we need youth leaders?*

Hanitra: We need young people because of their enthusiasm – when they are motivated and you trust them with responsibility, they are the agents of change. It can be challenging for young people to tell adults about nutrition because they are not always seen as valuable to the community. We help adolescents to be more confident; when they are the same age, there is a big advantage in peer education and we believe that the Youth Leaders in our programme can be taken seriously when they help and support mothers, but not judge them.

Jane: When young people are provided with support, they can influence changes in policies, systems and environments and in unique ways. The debate on adolescent nutrition and child marriage affects this particular age group directly and we need to engage young people in decision-making or conversations to identify what works and what doesn't work for them.

6. *How are youth leaders organised in terms of communication and coordination?*

Hanitra: Among the Youth Leaders for Nutrition Programme, we discuss progress in our campaigns through a message group and on a monthly call, where we also receive training on subjects such as fundraising and communications. We also share ideas where we have similar interests, such as adolescent nutrition. In my country so far, I have shared

my action plan for adolescent nutrition with SUN network people, especially the SUN CSA in Madagascar, and the government. We are planning to raise awareness about a pool of youth advocates.

Jane: Usually social media platforms are the favourite for communication, particularly for reaching young people globally, including the other Youth Leaders for Nutrition (we have a WhatsApp group, Twitter page and Instagram where we share our campaign progress and lobby for support). Communicating with those adolescent girls out of school is particularly hard since the majority do not have smart phones and rely on their parents.

7. What more could the SUN Movement networks in your respective countries be doing to address adolescent nutrition and child marriage?

Hanitra: SUN networks in Madagascar are active in promoting food fortification (business network) and research in biofortification (academic network), although these principally affect children under five rather than adolescents. The SUN CSA works to influence the decision-makers or relevant donors to increase the budget allocated to nutrition in the country to improve the issues in the country.

Jane: SUN networks (civil society, UN and business) could engage food manufacturers, traders and other food-chain franchises to change the narrative on healthy foods, including reviewing and regulating street food and fast-food joints adjacent to schools. There are many options to spread key messages on healthy eating, such as working with the media and national school-health programmes. With regard to child marriage, SUN networks could work with government and other stakeholders to strengthen legislation, making the case for gains to be made in

reducing school dropout rates, pregnancy rates and stunting prevalence.

8. Do you have plans for next steps in this work?

Hanitra: My plan is to train 30 more nutrition leaders through the Girl Powered Nutrition campaign to spread the message through their communities, especially targeting vulnerable girls. We are also planning to meet the parliamentary nutrition network to make them aware of our campaign after the elections.

Jane: My next phase is to work with schools to help integrate learning about good nutrition into lessons. I want to reach schools through the Ministry of Education to fight curriculum constraints where academic focus is higher than the nutritional wellbeing of the adolescents and to improve a school feeding programme that doesn't involve micronutrients (Kenya's feeding programmes focus on the provision of protein and carbohydrates).

9. Do you have any advice for others looking to engage young people in nutrition advocacy work?

Hanitra: The youth of all countries are the present and the future so engaging them is crucial – and engaging them in nutrition advocacy will ensure a better life for the next generation.

Jane: When engaging young people, actions and conditions should be created that support them to develop into competent, caring and contributing adults while experiencing physical, social and emotional well being. In terms of nutrition interventions, we need to engage them in decision-making and in conversation to identify what works and what doesn't work for them.



Adolescent girls in Kenya, especially those who are out of school, face marriage and early pregnancy

Feed the Future/Kenya

Nutrition budget analysis at national level: A contribution to a revised approach from West Africa



(left to right) **Adam Aho** is Coordinator of the West African consultation on the methodology of nutrition budget analysis and has worked for three years with UNICEF West and Central Africa regional office.

Judith Kabore is an advocacy officer for Action Against Hunger, originally in Burkina Faso and then at the West and Central Africa regional office.

Seydou Ndiaye is National Coordinator of the African Network on the Right to Food and for Senegal's Civil Society Alliance for the Scaling Up Nutrition Movement.

Dr Noel Zagre is Regional Nutrition Adviser for UNICEF West and Central Africa regional office.

Background

The importance of good nutrition for the health and economy of countries has been recognised for many years now, underlining the need for increased funding for the nutrition sector and the need to track financial resources dedicated to nutrition in national programmes. However, tracking nutrition financial resource flows is not straightforward, mostly due to their multi-sector nature. Although most nutrition-specific expenditures are incurred in the health sector, so-called nutrition-sensitive expenditures involve sectors responsible for water and sanitation, education, social protection, food and agriculture.

Nutrition financing and budget-tracking is generally recognised as a challenging process. In 2015 the Scaling Up Nutrition (SUN) Movement developed a three-step approach to enable countries to assess resources dedicated to nutrition in their national budgets. The approach consists in first identifying budget-line items that are relevant to nutrition through a keyword search (a list of keywords is provided by the SUN Movement). Second, identified budget lines are classified into two categories: "nutrition-specific" and "nutrition-sensitive". Finally, a percentage is assigned to the amount of each budget line in order to estimate the concrete financing dedicated for improved nutrition outcomes¹.

Nevertheless, seven countries in West Africa (Benin, Burkina Faso, Côte d'Ivoire, Gambia, Ghana, Mauritania and Togo) that conducted a nutrition budget analysis in 2015 using this approach reported a number of issues, such as difficulties in identifying nutrition-relevant budget lines. Significant discrepancies were observed regarding the way each country categorised and weighted budget-line items.

Review of nutrition financing tracking in West Africa

In response to these issues, the regional offices of UNICEF and Action Contre la Faim (ACF) worked on a technical review of nutrition financing tracking in West Africa, consulting with governments, institutions and agency partner experts in the field².

The main findings were:

- **Importance of defining boundaries for nutrition programmes**

Since nutrition problems require multi-sector approaches, many sectoral actions could be included in the budget allocation to the nutrition costed plan. Therefore, the consultation group deemed it important to clearly delineate between programmes within the nutrition sphere and those that are not. To do this, the consultation group recommends using the national common results frameworks (CRF), which lists nutrition-specific as well as nutrition-sensitive interventions. The CRF should also be based on nutrition determinants in the country and should be costed.

Although straightforward in theory, experience has shown the method of budget-line identification through keyword search to be challenging, since budget wordings are not often linked to nutrition documents and do not include

¹ <http://scalingupnutrition.org/wp-content/uploads/2015/02/SUN-Budget-Analysis-Short-Synthesis-Report-SUNGG-version-EN.pdf>

² www.actioncontrelafaim.org/publication/investir-dans-la-nutrition-cest-sauver-la-vie-de-28-millions-denfants-souffrant-de-malnutrition-chronique/

³ Expenditures are configured by administrative classification (i.e., the department or unit under which the expenditure falls) or economic classification (i.e., the nature of expenditure such as personnel costs, recurrent or capital expenditure).



WFP/Agnon Dragoj

A mother washes her son's hands before malnutrition screening in Kaédi, Mauritania

nutrition terms. This is because the system of public finance management adopted by most countries in the region does not allow nutrition expenditure to be identified directly³. To address this, the consultation group recommends a line-by-line manual review of the national budget. Although lengthier than a simple keyword search, this would enable stakeholders to generate a comprehensive list of nutrition-specific and nutrition-sensitive government budget lines or programmes, in line with CRF⁴. This should be completed by both nutrition and budget experts (budget and planning staff from the ministry for budget/finance/economy and other key ministries, when needed). The group also recommends carrying out this step with additional interviews in order to clarify particular budget-line items, where identified.

• **Classification of nutrition-related budget lines should not be systematic**

The importance of the Lancet nutrition framework, as well as the continuum of care targeting the first 1,000 days (pregnant and lactating women and children under two years old) and women of reproductive age, including adolescent girls, was recognised by the consultation group for the categorisation step. However, it was agreed to use the Lancet nutrition framework as a reference or a guiding framework but not as the only mandatory framework. The use of the framework would allow identification of the determinants of malnutrition, but differentiate them by country and by regions in the same country.

Two criteria are important in determining the classification of nutrition programme financing: (1) primary purpose and (2) expected outcomes on nutrition (direct or indirect impact)⁵. Nutrition-specific refers to high-impact interventions through which the nutrition outcomes are explicit. By contrast, nutrition-sensitive applies to programmes where the objectives or expected results are important to nutrition and may address the underlying determinants of malnutrition.

The review proposes a third category, “supportive investment”, to include broader development programmes that may contribute to improved nutrition outcomes but which have an extremely long and often unclear pathway, such as construction of roads in rural areas; irrigation programmes; the purchase of agricultural machines; research or training in nutrition, etc. This category is not considered in total nutrition allocations or expenditure.

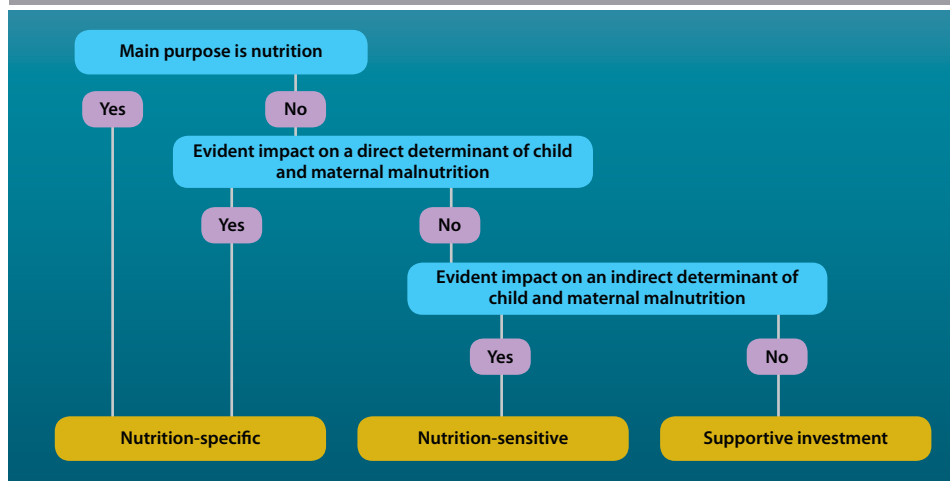
• **Arbitrary weighting cannot be avoided for nutrition-sensitive interventions for now but could be better conducted and harmonised**

A comprehensive package of interventions combining nutrition-specific and nutrition-sensitive initiatives is required to tackle malnutrition. However, unlike

⁴ The time taken to complete the keyword search depends on the length of the national budget; among the five countries it took 2.5 days on average and covered four to five fiscal years.

⁵ Direct and indirect determinants refer respectively to direct/immediate and underlying/structural factors or causes of child and maternal malnutrition.

Figure 1 Conceptual framework for nutrition funding categorisation



nutrition-specific programmes, the impact of nutrition-sensitive interventions is less clear. For instance, women's empowerment programmes usually focus on increasing female literacy, female income and female bargaining power in the household as their primary aims; therefore, it would be inaccurate to assume that 100% of the resources allocated to nutrition-sensitive interventions can be attributed to improving the nutrition situation in a country. Ideally, the weighting and level of funding for such interventions that should reasonably be included in the nutrition budget still need to be developed scientifically to avoid relying on subjective judgment.

Since there is as yet no scientific method and no clear evidence on most nutrition-sensitive interventions, the consultation group suggests using the judgment of experts for this. The review's advice was to use a weighting of 100% for nutrition-specific funding, which means the total amount will be taken into account. Regarding nutrition-sensitive funding, the group proposes a triple system of weighting (10%, 25% and 50%) to be applied to funding, depending on the estimated degree of nutrition sensitivity (low, medium and high respectively). In order to reduce the level of subjectivity, the following two criteria are to be considered: (1) expected outcomes (theoretical impact reflecting the literature, as well as the actual situation); and (2) targeted population (direct and indirect beneficiaries of a given action).

Piloting a consensual approach

In 2018 the methodology was applied in five West African countries: Burkina Faso, Guinea, Mali, Mauritania and Togo. In all five countries the overall process was led by government (SUN Focal Points) in collaboration with partners and included capacity-development during the exercise to enable national stakeholders to undertake the exercise by themselves in the future.

As in previous experiences with the three-step approach, findings showed that budgets allocated to nutrition remain very low. Estimates for general government budget range from 0.1% in Guinea; 0.4% in Mali; 1.1% in Burkina Faso; 1.4% in Togo and 3% in Mauritania, although there is little financial commitment from governments for nutrition, despite the precarious malnutrition situation in all five countries. Moreover, in line with other similar exercises, most of the financing was found to be engaged in nutrition-sensitive actions; Guinea has no budget allocation for nutrition-specific activities, while Burkina Faso has the highest contribution at 14%. Findings also show that significant nutrition-sensitive budgets are invested in agriculture (Guinea and Mali), health (Burkina Faso), social protection (Mauritania) and water, sanitation and hygiene (Togo). Reasons for this skewing of investment toward nutrition-sensitive interventions are unclear and the issue requires further investigation.

Challenges encountered

Two main obstacles were faced in conducting nutrition budget-tracking by applying the consensual methodology. Firstly, CRFs do not exist in some of the countries (for example, Guinea and Togo). Thus, a list of interventions was developed based on the determinants of malnutrition in the country and validated by all nutrition stakeholders, to be used as a reference to identify nutrition budget lines.

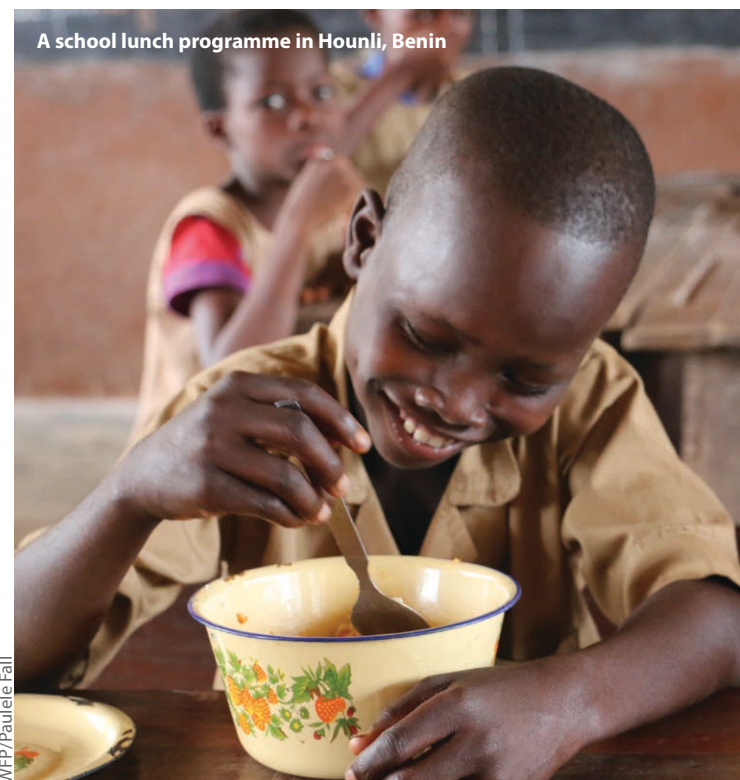
Secondly, the level of budget detail is very low in most of the public finance management systems being used by countries in this review. This meant that in-depth analysis of each identified budget line (activities, objectives, expected results, beneficiaries) was instead performed through interviews with resource people in the relevant ministries who were familiar with particular programmes and budgets. Advocacy is recommended to push for programme-based budgets that would better enable identifying nutrition-relevant budget lines.

Lessons learned and next steps

A number of key lessons were learned from this initiative:

- There is a great need for further actions and breakthrough strategy for increased domestic budget for nutrition, especially for nutrition-specific investments. Furthermore, nutrition-sensitive programmes should be better designed and oriented to improve nutrition outcomes;
- Government ownership and leadership are critical to successful budget analysis;
- Nutrition budget-tracking should be conducted routinely (yearly): there is a need to strengthen the methodology and to develop in-country capacity for the analysis;
- Adequate timing for the exercise is important to better influence budget process: for most West African countries, this would be between February and June;
- Involving a wide range of stakeholders increases buy-in and the quality of the analysis;
- It is important to track external funding for nutrition in the analysis, so a separate exercise should be conducted to cover external funding that bypasses national budgets.

The findings, interpretations and conclusions in this article are those of the authors. They do not necessarily represent the views of UNICEF or ACF, their executive directors, or the countries that they represent and should not be attributed to them.



A school lunch programme in Hounli, Benin

WFP/Paulele Fall

‘True Sri Lankan Taste’ food outlets: Promoting indigenous foods for healthier diets



(left to right) **Disna Rathnasinghe** is Additional Director in Agribusiness Development in the Department of Agriculture, Sri Lanka.

Gamini Samarasinghe is Additional Director of the Plant Genetic Resources Centre, Sri Lanka and National Coordinator of the Biodiversity for Food and Nutrition project.

Renuka Silva is Professor of Nutrition and Chair of the Department of Applied Nutrition, Wayamba University of Sri Lanka.

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Introduction

Sri Lanka, one of the world's biodiversity hotspots, is home to a huge diversity of edible species, including wild plants, local animal breeds, food crops and traditional nutrient-rich varieties of fruit and vegetables. Sri Lankan farmers have maintained this rich agro-biodiversity in their fields for thousands of years. Today, urbanisation and generational changes in food preferences and lifestyles have led to changes in food production, eating habits and the food system.

Although the health and living standards of Sri Lankans have improved in recent years, malnutrition continues to be a serious problem. There have been moderate declines in the prevalence of undernourishment (from 13.8% in 2010 to 10.9% in 2018) and child stunting (from 19.2% in 2010 to 17.3% in 2018), but child wasting has increased to an alarming rate of 15.1% over the same period¹. Moreover, more than half of Sri Lankan children and adolescents are affected by multiple micronutrient deficiencies, including low levels of vitamin A and iron². At the same time, diet-related non-communicable diseases (NCDs) such as diabetes, cardiovascular disease, obesity and cancer are on the rise in Sri Lanka: one in three people have raised blood pressure and a third of women are overweight³. Consumption of salt is two to three times higher than recommended and the consumption of fruits, vegetables and milk products is low².

An untapped resource

Nutrient-rich indigenous species remain a largely untapped resource for long-term food security in the country. Including agro-biodiversity in food systems and diets can help solve national diet-related nutrition and health issues by providing ready access to the diversity of nutrients needed for healthy growth and living, yet there are many barriers and constraints to the production and consumption of indigenous foods. Currently, locally available traditional fruits and vegetables are considered 'inferior'; often due to a lack of awareness and because they do not meet aesthetic standards that consumers have come to expect. More technical, political and financial support, as well as incentives and public



The canteens provide women with an opportunity to run their own business

Biodiversity for Food and Nutrition project

¹ globalnutritionreport.org/nutrition-profiles/asia/southern-asia/sri-lanka/

² Weerahewa J, Gedara P, Wijetunga C. Nutrition Transition in Sri Lanka: A Diagnosis. *Ann. Nutr. Food Sci.* 2018;2:1020

³ www.who.int/beat-ncds/countries/sri-lanka/en/



Hela Bojun are working to make healthy and nutritious foods available, based on recipes once common in Sri Lankan culture

Biodiversity for Food and Nutrition project

awareness, are clearly needed if farmers are to conserve and grow these foods and if consumers are to find them desirable and create demand for them.

Healthy food outlets run by women

One innovative approach to addressing these multiple challenges has been the design and implementation of a network of Hela Bojun 'True Sri Lankan Taste' food outlets throughout the country. These outlets are operated by about 750 women trained by the Women's Agriculture Extension Programme in the Department of Agriculture in food preparation, food hygiene, customer care and business management. Currently there are 22 outlets established primarily in urban areas, including university campuses and near government offices.

There were a number of reasons for initiating a network of Hela Bojun, including:

- to generate agriculture-based entrepreneurship, employment and private enterprise opportunities, especially for women, in order to provide a sustainable and stable family income;
- to create awareness and interest among new generations about healthy eating and the nutritional value of disappearing traditional foods and recipes, while trying to reduce the influence of the growing fast-food culture;
- to reduce reliance on foreign food imports, while creating demand for local produce.

Addressing rising obesity levels

This is the first national local food-outlet network of its kind to actively promote indigenous foods for healthy eating as well as livelihoods of rural women and farmers. Hela Bojun have proven popular among customers, with enthusiasm and demand for local traditional foods. There is also growing awareness among the population at large about the impact of poor diet on general health and increasing levels of overweight/obesity and NCDs and the potential of nutrient-rich traditional foods as part of the solution to addressing this.

Efforts to enhance awareness and presentation of local, healthy traditional foods are continuing, including additional capacity-building of outlet vendors. The food outlets have been selling local foods at competitive and affordable prices, helping make traditional foods more available to the general population. Some women have been empowered to earn a decent living wage (600-800 USD/month).

Making snacks healthier

Through the Biodiversity for Food and Nutrition project⁴, which has been supporting the expansion of the Hela Bojun network, a multi-sector platform has been established in Sri Lanka that links many relevant ministries (including health), universities, non-governmental organisations and community-based organisations, chefs, dietitians and nutritionists. This has had many benefits, including partnering with a university research network that has provided data on the nutritional composition of local foods sold in outlets, and there are plans to display nutrition information labelling in the future. Other initiatives include chefs working with the women's groups to build capacity in quality, presentation and handling of food.

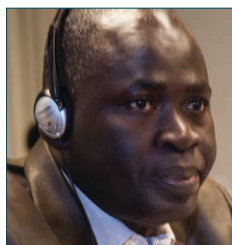
An assessment of the nutritional value of foods on sale found that some traditional breakfast meals and snacks could not be categorised as 'healthy'. To address this, various partners are working with Hela Bojun organisers to identify more nutritious and healthy alternatives and recipes once common in Sri Lankan food culture, especially traditional cereal products (millet), under-utilised seasonal fruits, vegetables and a variety of green leafy vegetables in efforts to make these more widely available. The initiative also includes healthier food preparation and recipes that are at the same time visually appealing to consumers.

Future campaigns

In addition, new efforts are focusing on targeted, innovative, healthy food promotion campaigns, communication strategies using social media and mass media, and for the Department of Agriculture to collaborate on these with the private sector and universities. Promoting healthy foods, especially traditional cereals, pulses, fruits and vegetables, may not only strengthen the health promotion aspect of the initiative but at the same time could better link Hela Bojun outlets to schools, home gardens, urban gardens, workplaces and small-scale farms. Some of these campaigns are currently underway and include discussions with the Ministry of Education to convert school canteens into Hela Bojun.

⁴ The Biodiversity for Food and Nutrition project was a multi-country project in Brazil, Kenya, Turkey and Sri Lanka funded by the Global Environment Facility, the funding mechanism for the implementation of the United Nations Convention on Biological Diversity. www.b4fn.org/countries

Committing to nutrition: Advocacy strategies during Senegal's elections



Abdou Diouf

National elections present an important opportunity to raise the profile of nutrition on the political agenda.

Ambarka Youssoufane, ENN's Regional Knowledge Management Specialist for Central and West Africa, interviewed **Abdou Diouf** (left) about advocating for nutrition during recent presidential elections in Senegal.

Diouf is the Executive Secretary of the SUN Movement Civil Society platform, which brings together civil society organisations working on nutrition and food security issues in collaboration with government and other SUN networks, including UN agencies and the private sector.

1. You have stressed that the SUN Civil Society network is working to make nutrition a priority on the political and development agenda in Senegal. What are the country's main challenges for nutrition?

The two main challenges are coverage of nutrition interventions and mobilising resources. Although Senegal is not a large country, programmes do not reach down to all the local communities where they are needed, despite a large network of different players and interventions. The SUN Movement has enabled several hundred local authorities to be supported today, but it is a challenge to mobilise resources nationally to meet the needs that have now been identified at national and local level.

2. How do you prioritise which nutrition messages to focus on to bring about change?

The Civil Society platform developed a communication and advocacy strategy when it was set up in 2013. This was underpinned by an analysis of the nutrition situation that gave us our priorities for action, one of the first of which was coordination of the many interventions by various stakeholders. The situational analysis strengthened the work we did with the Government, including developing national policies such as the multi-sector strategic plan for nutrition. We also realised that we needed to provide a coherent framework so that civil society spoke with one voice, since the civil society organisations working in Senegal are quite diverse, even fragmented.

3. What about the role of the platform in holding the government accountable to the nutrition commitments made by Senegal at international and national level?

In relation to the Millennium Development Goals, Senegal committed from 2011 to mobilise 2.8 billion USD annually for nutrition until 2015 (and has spent more than 3 billion USD annually since then). The commitment has been more or less fulfilled, but it is not clear whether the money went directly to communities, to beneficiaries who really needed the services, or whether it has been absorbed into the operating costs of organisations responsible for nutrition. In addition to the specific actions on nutrition, there are other actions which should be addressed, where the country is perhaps not allocating enough resources, such as towards nutrition-

sensitive agriculture. We have realised that civil society needs to refine its analytical tools to create a more balanced reading so that it can challenge the figures on this type of commitment. The Government has made an investment case and now that we have this point of reference we may be able to make a sharper assessment.

4. You recently carried out advocacy with presidential candidates in Senegal, urging them to make commitments in favour of nutrition. Can you tell us about this action in particular?

Senegal held a presidential election in early 2019 and we developed a concept note in which we set out an assessment of the nutrition situation and what we considered to be strategic directions to be followed by political leaders, including the presidential candidates. We had wanted to organise a hearing on nutrition with the candidates or their representatives, but we were not able to do this with them due to tight deadlines. Instead, we organised a press conference and afterwards we sent the candidates' offices a formal call to action, along with the SUN Civil Society platform's assessment.

5. Why did you choose a press conference as an advocacy strategy to reach the presidential candidates?

Partly, it was due to time. The presidential election campaign is very short in Senegal – just three weeks – and we knew the candidates were extremely busy. We focused on online media, recognising its impact in getting information both to politicians and the public. By posting the call to action on the candidates' social media pages and feeds, we wanted to have an impact on them indirectly, but also directly because there was favourable press coverage as a result. This was a pilot exercise that we can refine, develop and organise better in the future, perhaps extending the media coverage.

6. Did any of the presidential candidates raise the issue of (mal)nutrition or make pledges for improving nutrition in their campaigns?

Apart from perhaps the President [Macky Sall, the incumbent president who won a second five-year term], the other candidates spoke only about the health dimensions [of nutrition] and we understand from this that a holistic view of nutrition is still not a reality among Senegalese politicians.

7. *Are there other countries that have inspired you in this type of advocacy work?*

We asked the SUN Movement Secretariat about what El Salvador had done a few years ago during the last presidential campaign and also Burkina Faso, but in both cases they had more time to prepare. Our opportunity was, indeed, the press conference, but we are aware of the drawbacks of such an action. Other [civil society] stakeholders in different sectors were able to organise citizens' interviews of candidates, but there were a lot of resources mobilised for this, which we still don't have at the platform level.

8. *Have you any lessons learned to share with other civil society networks about this work?*

The main lessons are to start early for any successful activity and that it requires a high level of preparatory technical work. Fortunately, we had support in drafting a concept note from our partnership with Action Contre la Faim, and with

them we were able to rapidly mobilise funds for printing and other activities.

9. *What are the plans for next steps?*

We are hopeful about our advocacy efforts as the President elected was in office when the policy and the multi-sector strategic plan for nutrition were developed. In Phase 2 of the Plan for an Emerging Senegal, nutrition is also mentioned in the second line of strategic action relating to human capital.

Since our call to action, the SUN Civil Society network has discussed with the SUN Movement Government Focal Point and Coordinator of the Malnutrition Cell about conducting a similar action to address prospective candidates at the local elections later in the year. We will be doing this through platform members who are closest to the local level across the country. We also have an opportunity to access funds through the SUN pooled fund for support for action by civil society at the community level that contributes to policy development.



Multi-sector programmes at the sub-national level: Insights from Ethiopia and Niger

ENN's SUN Knowledge Management team

As part of ENN's knowledge management role to support the Scaling Up Nutrition (SUN) Movement, in-depth documentation on how multi-sector programmes (MSPs) are being implemented at the sub-national level began in 2017, initially in Kenya, Senegal and Nepal¹. In 2018, ENN conducted additional case studies in Ethiopia and Niger. Countries were selected based on either national progress in reducing undernutrition; the presence of multi-sector structures and strategies at a national and sub-national level; or evidence of large-scale, multi-sector implementation at sub-national level. Although programming looks very different in each of these countries, they offer examples of how to develop coordination structures to enable MSPs at a sub-national level.

In Ethiopia, ENN, with the support of the Government of Ethiopia (GoE), examined sub-national developments in relation to the Seqota Declaration, a commitment made by the GoE in 2015 to end stunting among children under the age of two by 2030. In Niger, ENN looked at the 'Commune de Convergence' (C2C) approach, which offers a promising example of how the Government of Niger and partner agencies can improve convergence and multi-sector collaboration by working through communes (the lowest level of governance in the country).

FAO/IFAD/WFP/Michael Tewelde



Food distribution in Gode woreda, Dolo Baad distribution centre

¹ www.ennonline.net/nex/9/mspkenyanepalsenegal

Box 1 The Seqota Declaration

The main goal of the Seqota Declaration (SD) is zero stunting among children under two years of age by 2030. The SD is implemented by six sectoral ministries: Agriculture and Natural Resources; Livestock and Fishery Resource Development; Health, Water, Irrigation and Electricity; Education and Labour; and Social Affairs. Their activities are aligned to the second National Nutrition Plan (2016-2020) and are being piloted in 33 woredas (districts) in two regions (Amhara and Tigray) and involve six innovations to accelerate the delivery of existing evidence-based interventions. The innovations (outlined below) were selected based on global experience of successful delivery of stunting prevention approaches, as well as gaps identified during the final review of the first National Nutrition Plan (2008-2015):

- A coordination team, known as the Programme Delivery Unit, consists of multi-sector experts at both a federal and regional level and employs advisors to regional presidents to ensure that nutrition remains a priority;
- Community Labs in which communities are able to contextualise solutions to problems through a participatory approach;

- Web-based data platforms to facilitate the monitoring and evaluation of multi-sector interventions and create a data revolution in Ethiopia;
- Demonstration farms, known as Agriculture Innovation and Technology Transfer Centres, that aim to improve the nutrition outcomes of the agriculture sector;
- Developing local level/woreda-based costed multi-sector plans;
- Utilising a ‘First 1,000 days plus public movement’ approach in which critical sociocultural barriers to undernutrition prevention are identified and utilised for opportunities to intervene.

Added to the innovations, another key difference between the Seqota Declaration and other multi-sector programme approaches in Ethiopia is the political ‘face’ that has been mainstreamed into its day-to-day roll-out. Having regional presidential sign-off on the SD and the appointment of advisors at this level have both enabled political buy-in to the SD agenda at the sub-national level that has so far ensured nutrition remains a political priority at regional level.

While, as expected, the two approaches to MSP differ greatly between Ethiopia and Niger, certain similarities emerged that are worth highlighting:

1. Government priorities are gradually being seen to influence partner and sector planning: Evidence of increased government cohesion, as realised through the development of joint policies and plans, seems to have influenced many partners to reflect government’s priorities in their own plans. In Ethiopia a number of implementing partners identified the need for breaking down their future plans by woreda and using government

timelines. This alignment has been attributed to the political framework of the SD. In Niger the C2C approach compelled agencies to combine individual plans and activities, which in turn enabled them to reduce duplication and address coverage gaps.

2. Interventions proposed in multi-sector plans are similar, but convergence at the household level is challenging at times: Proposed interventions outlined for each sector in these multi-sector plans were similar in the two countries. For example, in the C2C approach, water, sanitation and hygiene (WASH) interventions focused on community-led total sanitation, improving drinking water



Community participation in home-grown school meals programme in Niger

WFP/Dourfaye Zoulikaléyini

and water and sanitation facilities in schools and health centres. Similarly, the SD focused on increasing coverage of safe and adequate water supplies.

In both countries the multi-sector plans enabled joint planning at a local level in relation to these interventions. By undertaking shared work plans, the health, agriculture, livestock and education sectors in Ethiopia were able to use a shared beneficiary list of vulnerable children. This enabled a convergence of services to the most vulnerable in the communities. In Niger the C2C offered a platform for stakeholders, particularly UN partners, to plan together and implement in a more coordinated and aligned manner. The focus on a local level further facilitated the development of context-specific services that were appropriate to each commune. However, while the plan enabled convergence of interventions at the commune level, it did not result in convergence of interventions at the household level due to different targeting criteria; thus, it is critical for multi-sector nutrition plans to consider joint targeting to converge interventions to reach the most vulnerable households.

3. The level of multi-sector engagement is varied:

The level of engagement of the different sectors and implementing partners varies between the countries. In Ethiopia this has been based on the prior existence of nutrition-sensitive plans and the presence and availability of nutrition staff in other sectors, such as agriculture. An over-reliance on non-governmental institutions for implementation was noted in Niger, given the limited resources available to government.

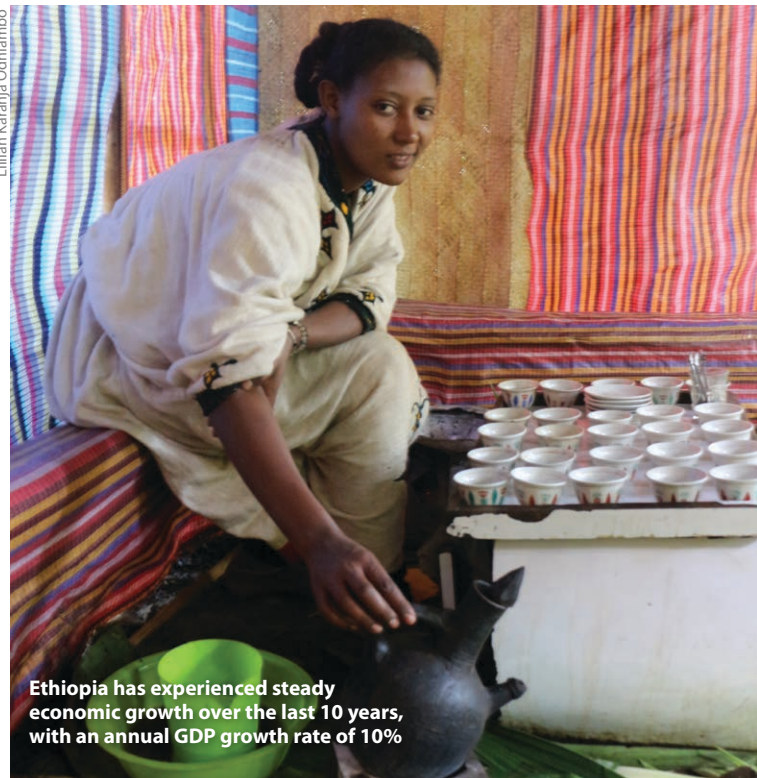
4. Monitoring and evaluating plans are challenging:

In both Ethiopia and Niger, monitoring and evaluating multi-sector plans remains a challenge. In Ethiopia the need for a 'data revolution' was recognised. However, it was hampered by a lack of consistency in terms of indicators collected and frequency of data collection across the

Box 2 The communes de convergence (C2C) approach

The C2C approach was rolled out in 35 pilot communes over a four-year period from 2013-2018, led by the UN agencies and the 'les Nigériens nourrissent les Nigériens' (3N initiative), a high-level government body mandated to coordinate nutrition across different sectors and implementing agencies in the country. Communes were selected based on vulnerability. The core concept of the approach involves each commune developing its own annual plan through a consultative process, bringing together all the main agencies involved in implementing nutrition activities in that commune. This is formalised into a commune plan, which aims to provide a complete picture of what is to be done, how much each agency is committing to spending on what, which specific activities are to be carried out, and a timeline. The UN has played a critical and central role in developing and designing the C2C, including changing its own ways of working to support the convergence approach. Government partners, implementing actors and UN agencies worked together to design and plan nutrition programmes to be delivered in the chosen communes.

Lillian Karanja Odhiambo



Ethiopia has experienced steady economic growth over the last 10 years, with an annual GDP growth rate of 10%

sectors. As a means of mitigating this, quarterly and six-monthly review meetings were held that enabled sectors to jointly appraise their progress.

In Niger monitoring and evaluation (M&E) mechanisms to measure impact had not been given sufficient consideration at the time ENN documented the learning. There was no visible alignment across M&E systems in the C2C and, while a baseline survey was conducted, a mid-term survey was not carried out. Thus, while there is a broad understanding that the C2C approach has improved the nutrition situation in the country, it is not possible through data evidence to say whether this has been the result of the C2C approach or other activities.

5. Understanding the financial aspects of multi-sector plans is critical:

In Ethiopia ensuring financing for the SD has been critical. One of the initial actions was to develop a detailed cost for the Declaration's innovation phase (estimated to cost 538 million USD). Based on the costed woreda-based plans, the Government has contributed an estimated 37.2% thus far, with partners contributing an estimated 14%. Although there has been good progress in this area, there is still an absence of a routine, GoE-embedded system to monitor and track funding and financing remains a challenge. In Niger most of the funding for the C2C approach has been funnelled directly to national and international NGOs and UN agencies, rather than through government, who has no oversight of the funds. This is reported to have created distrust between government and UN agencies, which at times is viewed as having impacted the quality of C2C implementation.

Following these two case studies, a third case study on Bangladesh was conducted examining the enabling environment for implementing the country's second National Plan of Action for Nutrition (NPAN 2). Further information can be found here: www.ennonline.net/mspcasestudybangladesh2019

Strengthening postnatal care in Gaza: A home-visiting programme for mothers and newborns



(left to right) **Amani Jouda** is the Early Childhood and Development Officer in the UNICEF Gaza field office. **Selena Bajraktarevic** is Chief of the Health and Nutrition programme with UNICEF, State of Palestine. **Younis AwadAllah** is a health specialist in the UNICEF Gaza Field Office. **Shereen Obaid** is a monitoring and evaluation specialist with UNICEF, State of Palestine.

Background

The Gaza Strip, or Gaza, is a self-governing Palestinian territory with a population of around 1.85 million on the eastern coast of the Mediterranean, bordering Egypt and Israel. The health sector in Gaza has been heavily disrupted by years of conflict, sanctions and socioeconomic decline. Healthcare services and clinical staff are overstretched and lack basic resources, with frequent power cuts and stock-outs of essential drugs and equipment¹.

Maternal healthcare in Gaza is an integral component of the health service. Annually in Gaza there are between 50,000 to 60,000 deliveries, with around 160 children born per day. Nearly all deliveries are institutionalised; a quarter of women gave birth with assistance from a midwife/nurse and three quarters by a physician². However, more than half of the women (58%) stay less than six hours in the facility after they give birth due to overcrowding in maternity wards, and postnatal care remains at an unacceptable level in terms of coverage, quality and the frequency of visits of women to health centres for postnatal checkups.



The postnatal home-visiting programme focuses on high-risk mothers and newborns

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Strengthening postnatal care

Postnatal home visits in the first week of life are strongly recommended by the World Health Organization (WHO) to improve maternal and checkup outcomes. Considering the context and the current situation in Gaza, the nutrition risks and vulnerabilities among pregnant and lactating women and infants, particularly newborns, are high. For example, micronutrient deficiencies are high, with 75% of children under one year of age being anaemic and an estimated 30% of pregnant and lactating women suffering from anaemia³. Less than 50% of infants are exclusively breastfed to six months of age⁴.

In 2011 a postnatal home-visiting (PNHV) programme was set up to tackle these issues for high-risk pregnant and lactating women and newborns, usually within the first three days following delivery. The Ministry of Health (MoH) is the main partner, with support from UNICEF, and aims to offer the programme to 6,000 women and their newborns in all five governorates in Gaza.

Developing the programme

The PNHV programme is implemented by a cadre of 45 trained midwives from MoH and partners, who receive annual refresher training. The main maternal nutrition care provided to the mother includes measuring haemoglobin and blood glucose levels. Mothers are counselled on the importance of nutritious food and taking iron tablets and they are referred to health centres for iron supplements where required. Such advice is provided alongside other services, including checking the mother's vital signs (temperature, pulse, respiration and blood pressure). Care for the infant includes weighing and measuring length and

¹ UNRWA Report. www.unrwa.org/activity/health-gaza-strip

² Palestinian Central Bureau of Statistics (2015); Palestinian Multiple Indicator Cluster Survey (2014) Final Report, Ramallah, Palestine.

³ Ministry of Health (2016) Nutrition Surveillance.

⁴ UNICEF. Health and Nutrition Profile, Palestine. www.unicef.org/sop/what-we-do/health-and-nutrition

providing advice on exclusive breastfeeding and responsive parenting, alongside assessing the newborn for any developmental delays, with referral if needed.

Programme evaluation

An external evaluation of the PNHV programme was conducted in June 2018, covering the 2011-2016 period. Around 130 people, including home-visitor midwives, mothers, fathers and key informants, were interviewed. However, the lack of a baseline and a robust monitoring and evaluation system has made it difficult to give statistical evidence on programme impact, so findings of programme effectiveness are limited to qualitative and observational data.

In general, the PNHV programme is thought to have increased the capacity for home visits to promote infant and young child feeding, and encourage exclusive breastfeeding and support for non-breastfed infants where needed. The evaluation found that community and home-based activities had increased mutual understanding and respect between health providers and women. This had helped midwives conducting the home visits to establish stronger relationships with mothers, building trust and enabling mothers to ask more questions about their own health and that of their babies.

Benefits to mothers and midwives

Mothers interviewed said the programme had been quite effective in stopping potentially harmful traditional practices, such as giving infants herbal teas, use of crystallised sugar to treat jaundice and use of bitter substances for weaning off breastmilk. There was a very high satisfaction rate among participating mothers, who reported increased self-esteem and confidence.

Midwives had also gained new insights in their training as home visitors, especially on nutrition, breastfeeding and hygiene practices, but also on early childhood development

(an area that had been recently included in their role). Moreover, health providers and key informants cited key successes where they saved lives or detected complications for referral in timely fashion, although these had not been measured in the evaluation.

Addressing challenges and lessons learned

The evaluation also highlighted a number of ways to enhance the quality of postnatal care and to better integrate such care into maternal and child health services. Recommendations include standardisation of postnatal guidelines, harmonisation of services provided by all stakeholders, and building a centralised information system to document and monitor programme implementation. Due to financial constraints, the programme has had to focus on women with high-risk pregnancies/deliveries and first-time mothers, rather than covering all households. However, the PNHV programme needs to address concerns about the absence of an holistic postnatal care approach and lack of an updated protocol in order to ensure sustainability of continued external funding. Furthermore, there was no specific strategy to engage fathers and extended family members, such as grandparents.

Home visits facilitated a more personalised approach and allowed a deeper understanding of problems that women in the programme were facing. The mothers realised that they need postnatal care for themselves and not only for their infants. In addition, home visitors were able to provide enhanced services through building stronger relationships with beneficiaries, and postnatal care was perceived as a routine aspect of their role. Providing high-quality PNHV services, including better targeting and criteria for selection of high-risk pregnant and lactating women, is extremely important for successful outcomes. However, documenting and evidence-based programming should be considered from the beginning until the end of an intervention.



The programme has helped to establish stronger relationships between health providers and mothers

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Addressing adolescent anaemia in Afghanistan through a school-based programme



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Introduction

In Afghanistan there are about 7.7 million adolescents in the 10-19 year age group, half of whom are girls. Adolescence provides a second window of opportunity for growth after the first 1,000 days, but early marriage and pregnancy in this age group, which occurs mainly in low- and middle-income countries such as Afghanistan, can lead to malnutrition. Anaemia among adolescent girls is 30.9%, while thinness in this age group (based on body mass index (BMI)) is 8%¹.

It is estimated that 3.7 million children aged 7-17, of whom 2.2 million are girls, do not attend school in Afghanistan. Over 80% of these children are in the seven provinces that are the most conflict-prone and insecure (Uruzgan, Zabul, Hilmand,

Kandahar, Paktika, Logan and Wardak); Uruzgan also has the highest percentage (97.9%) of girls out of school. However, children attending school has increased ninefold since 2001 to over 9.2 million children in 2015, of whom 39% are girls².

A school-based programme

The life-cycle approach calls for addressing anaemia in children and adolescents. Since 2015 the Ministry of Public Health (MoPH) and Ministry of Education (MoE) have jointly started provision of a weekly iron folic acid supplementation (WIFS) programme to school-going adolescent girls (aged 10-19 years) to improve their school performance and boost pre-pregnancy stores of iron for a healthy reproductive life. The programme also has a deworming component for all school-going adolescent girls in order to increase iron absorption and general health.

A memorandum of understanding specifies clear roles and responsibilities for each ministry. This was initially signed for three years (2015-2017), but has now been renewed until 2023. By December 2018 the programme had reached 1.16 million school-going adolescent girls (10-19) with iron and folic acid (IFA) supplementation in all 34 provinces.

Training for teachers

Training for focal point teachers and academic supervisors was required as this was a new nutrition programme in Afghanistan to be delivered through schools. Some schools in the country operate in two to three shifts per day to accommodate all students in their catchment area and each shift has its own management team; therefore, two focal point teachers from each shift were nominated and trained on WIFS who are responsible for programme coordination.

The WIFS programme delivery involves a 'fixed day', once-a-week approach for teacher-supervised IFA administration and a counselling and communication component. The distribution of supplements is accompanied by messages on the benefits of adequate iron intake, including increased mental and physical productivity and the long-term risks



Iron and folic acid supplements are provided once a week by trained teachers

Qadria Afzal/UNICEF

¹ National Nutrition Survey Afghanistan (2013).

² National Education Strategic Plan (2017-2021): Ministry of Education (2016).

of anaemia in adolescents, including maternal mortality and morbidity. Focal point teachers are trained to deliver relevant dietary advice, such as iron-rich food sources and iron-absorption inhibitors, including avoiding taking tea with a meal. The programme also provides an opportunity for counselling on reproductive health and the risks of teenage pregnancy. Moreover, WIFS of adolescent girls has been integrated with the National School Health Policy, along with other initiatives such as Menstrual Hygiene Management, which aims to improve school retention and quality of learning for adolescent girls and to provide the continuum of care between adolescent and maternal nutrition.

Measuring programme performance

Both government ministries have been supported in developing annual monitoring plans, including setting up a national WIFS database.

A study in 2018 measured programme performance from interviews with 1,600 students from 40 schools in four provinces to identify lessons learned for WIFS³. The study found increased awareness of anaemia and its definition (i.e. low levels of haemoglobin (Hb) in the blood) among school-going adolescent girls (92% of students). A knowledge of symptoms associated with anaemia, such as low energy and shortness of breath, was demonstrated by 69% of girls, but knowledge of how to prevent anaemia was not widely noted. The presence of a higher mean Hb level among respondents who had been exposed to the WIFS programme longer than respondents with recent exposure suggests WIFS may have contributed to improved health outcomes for adolescent female students.

Addressing challenges

The programme was first rolled out in 10 provinces and focused on the use of interpersonal communication (IPC) for community mobilisation. One of the main challenges is adherence to IFA supplementation, with problems of negative social media that had associated the supplements with female infertility (the IFA tablets were thought to be contraceptive pills).

In response, a national media campaign was conducted to support community acceptance at the second stage of the programme, when WIFS was scaled up to all provinces. Programme assessment confirmed that messages through TV and other media platforms had contributed to increased knowledge and information of students and teachers on anaemia. Monitoring reports also confirmed that the media campaign had played a critical role in increasing awareness and demystifying the programme. To further address the issue, a set of IPC materials was developed and disseminated targeting different audiences such as parents, teachers, students, religious leaders and other community stakeholders.

Supply-chain management also needs further improvement of data discrepancy between the central education management information system and provincial data. To address this issue, supply levels have been included in the revised WIFS database to capture provincial data, which will help to provide more accurate forecasting and distribution.

IFA supplementation to adolescent girls is also facing sustainability challenges, since all components of the programme (training, monitoring and reporting, supply



Students on their way home from school in Panjshir province

of IFA and deworming tablets) are currently financed by UNICEF through different funding sources as the government does not have sufficient resources to provide full support, including procurement of IFA tablets. In addition, reaching all adolescent girls, especially those who are out of school, is a significant challenge. Even for those in school, frequent closures due to insecurity, natural disasters and weather conditions cause gaps in supplementation.

Lessons learned

Sufficient time is needed to create an enabling environment; a longer period during the start-up phase may have helped to better coordinate organisations involved and provided an opportunity to conduct a baseline assessment to have data for comparison. By the time the assessment began, the programme was already underway in some provinces, so the study compares students in provinces with long-term implementation against provinces that had started the programme less than a month previously.

Experiences of the WIFS programme from the initial roll-out in Afghanistan highlights the need for raising awareness and increasing knowledge among all stakeholders, such as parents, teachers and community members (including religious leaders and other decision-makers), prior to the actual supplementation. Programme adherence significantly improved after the media campaign. However, implementing such national campaigns is expensive and resource-intensive.

Next steps

There are plans to expand WIFS to out-of-school adolescent girls, beginning with the Accelerated Learning Centres in 2019. These centres are attended by girls who have missed school for different reasons and are therefore older than their classmates. To increase WIFS awareness at community level, a perception study is planned towards end of 2019 to find creative ways for increased adherence.

³ Third-Party Monitoring and Assessment of the Weekly Iron and Folic Acid Supplementation (WIFS) Project Final Report, Sayara Research (2018).

Breaking the cycle of malnutrition: Designing an adolescent programme in Nepal



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Introduction

Adolescence is a period of rapid physical growth, second only to infancy in terms of growth velocity. Approximately 25% of adult height and up to 50% of adult ideal weight is attained during this period, and inadequate diet during adolescence can compromise growth². Adolescence includes current parents and younger adolescents who may be future mothers and fathers; hence their health and nutritional wellbeing influences not only their own lives but also the health and nutritional status of their children, who are the future human capital of the country. Reducing adolescent malnutrition can help to break the intergenerational cycle of malnutrition and, in the short term, improve the physical, mental, social, and emotional wellbeing of adolescents.

Adolescent nutrition and health in Nepal

In Nepal, adolescents make up almost a quarter of the total population³. Malnutrition is a major public health problem. Among adolescent girls aged 15-19 years, the prevalence of anaemia is 44%, being short (height below 145 cm) is 10%, and being thin (based on adolescent girls' body mass index (BMI)) is 30%⁴. Dietary diversity is an important determinant of nutritional wellbeing; meeting minimum adequate diversity requires that an individual eats food from at least five of 10 food groups. Dietary diversity is low in Nepal; the recent Demographic Health Survey (DHS) shows that older married adolescent girls (aged 15-19 years) eat foods from an average of four out of 10 of the recommended groups⁴.

Over 1,000 health facilities throughout the country have been designated adolescent-friendly service (AFS) centres by the Ministry of Health and Population (MoHP). Services adapted for the needs of adolescents include health facilities open at convenient hours and offering privacy and confidentiality for counselling by health-service providers with appropriate training for this age group. However, these services are limited and face a number of barriers, such as adolescents' low awareness of AFS centres, shyness

and negative socio-cultural norms and attitudes around adolescents' sexual and reproductive health⁵.

A school-based intervention package

Suaahara II, a multi-sector nutrition programme implemented in 42 of Nepal's 77 districts, primarily targets households in the 1,000-day period between the beginning of pregnancy and a child's second birthday. In 2018 *Suaahara II* initiated an integrated, school-based, adolescent intervention package in coordination with government actors in 84 secondary schools in disadvantaged areas in four programme intervention districts. Although limited evidence exists to guide adolescent nutrition programming, the WHO Guidelines on implementing effective actions for improving adolescent nutrition were used to design the *Suaahara II* package. The intervention focuses on younger adolescents (aged 10-15 years) and thus targets students in grades 6 to 8, in part because their beliefs are less ingrained, more of them can be reached in school, and the initiative aligns with the government's school nurse programme and the newly endorsed adolescent health and development strategy.

To improve adolescent knowledge and practices related to health, nutrition and water, sanitation and hygiene (WASH) and, in turn, decrease malnutrition and poor health, the following topics were selected for inclusion in the integrated nutrition curriculum for teachers and students: dietary practices; taking deworming and iron and folic acid tablets,

¹ Suaahara II ('good nutrition') is a USAID-funded, multi-sector programme that has invested USD63 million for a five-year period (2016-2021) to support rollout of nutrition-specific and nutrition-sensitive strategies in 42 of 77 districts (3,353 of 6,741 wards).

² WHO. Adolescent nutrition: a review of the situation in selected South-East Asian countries. Regional Office for South-East Asia: WHO 2006.

³ CBS. National population and housing census 2011. Kathmandu, Nepal: Central Bureau of Statistics, 2012.

⁴ MoH, New ERA, Inc. II. Nepal Demographic and Health Survey 2016. Kathmandu, Nepal: Ministry of Health, New ERA and ICF International, Calverton, Maryland, 2016.

⁵ UNFPA. Assessing Supply Side Constraints Affecting the Quality of Adolescent Friendly Services (AFS) and the Barriers for Service Utilization. Kathmandu, Nepal: UNFPA, UNICEF, Family Health Division, 2015.

as per government protocols; consulting health institutions for any health and nutrition problems/issues; drinking water treatment; handwashing with soap and water at critical times; maintaining menstrual hygiene; delaying marriage and continuing education. The overall approach is to engage extensively with adolescents to increase their awareness of the importance to their lives of key health and nutrition-related practices and equip them with knowledge, skills and agency to take responsibility and leadership for these issues in their communities.

Design of the pilot began with internal discussions, including consultation with local and global experts, in order to have consensus on the aims and focus areas. Key to this was to create effective programme materials, including a diary for the students and teachers with key performance guidance, which also acts as a job aid. Materials were revised after concept-testing in schools and shared with government authorities and other local and international experts. Next step was to train three selected teachers per school and the local government health and education coordinators, along with *Suaahara* technical officers and field supervisors, to use the curriculum package in order to facilitate peer discussions. Documentation and monitoring of the programme are part of ongoing activities.

Peer-to-peer learning

Once the trainings are complete, the trained students, known as resource students, will share their new knowledge with their peers at the ratio of 1 resource student: 5 peers, anytime informally and formally while visiting the *sathi* (friend) corner. These corners are being established in the selected

secondary schools; they will have adolescent health, nutrition and WASH materials available and will also be used for regular meetings, sharing and other interactions among the students/peers. *Suaahara II* has also created episodes based on this peer curriculum to be integrated into a pre-existing radio programme for teens called 'Chatting with my best friend'. Students will thus be able to listen to the programme and discuss its contents with each other in the *sathi* corners. A system of school health and nutrition scoreboards are being created and used to review progress and gaps semi-annually. The scoring, to assess performance of the students and resource students, as well as knowledge and practices of all participants, will be done in the presence of teachers, students, school management committees and parents' representatives.

Next steps

Suaahara II also has a learning agenda focusing on the health and nutritional wellbeing of adolescents girls aged 10-19 years old and will be following a cohort of more than 1,000 for at least four years to get a better understanding of this understudied population and help fill local and global knowledge gaps, particularly around adolescents' aspirations and their knowledge and practices in nutrition, health and WASH.

After successful completion of the initial phase, the programme plans to scale up in 2020 to the remaining 102 schools which cover grades 6 to 8 in the four focal districts, in collaboration with the Ministry of Health and Ministry of Education and local governments.

⁶ www.who.int/nutrition/publications/guidelines/effective-actions-improving-adolescent/en/



Schoolgirls answering a health and nutrition survey for the adolescent programme

Min Raj Goyal



WFP / Giulio d'Adamo

National Relief Programme in Bilan Dere village, Ethiopia



WFP/Rein Skullerud

A mother feeding her child with Super Cereal Plus in Nigeria

Online tools

Women Deliver – policy briefs

Deliver for Good is an evidence-based advocacy and communications campaign to promote the health, rights and wellbeing of girls and women. Policy briefs, drafted in consultation with issue experts, are a core element of the campaign and relate to 12 investment areas, including improving maternal and newborn health and nutrition, boosting women's economic empowerment, and improving data and accountability for girls and women. www.womendeliver.org



New data search tool on agricultural innovation

GARDIAN – the first search engine for agricultural data and publications across the 15 CGIAR centres and 11 gene banks – allows users to find agricultural information quickly and easily. See the [demonstration video](#) for more on its capabilities.

Data on acute malnutrition

New UNICEF Nutridash data is now available exclusively for public viewing on the [State of Acute Malnutrition website](#).

There are three ways to access and interact with data on over 30 indicators on the state of acute malnutrition, exploring the enabling environment, demand, supply and quality of programmes for acute malnutrition, from multiple sources including UNICEF Nutridash, Joint Estimates and sub-national, coverage-monitoring sources:

1. Global maps for both national and sub-national data allow interaction with UNICEF Nutridash and Joint Estimates data on a country level, and coverage data on a sub-national level.
2. Graphs comparing country and regional data over time enable comparison of indicators across years, countries and regions.
3. Data for individual countries is available on country pages presenting all information available for a specific country on a single page.

Free e-learning course on infant and young child feeding

Alive & Thrive, UNICEF and a global network of experts on infant and young child feeding (IYCF) have developed a free e-learning course, Investing in Child Nutrition, relevant to health and nutrition professionals working in primary healthcare and community settings. The course is divided into nine modules, including modules on counselling skills, breastfeeding, complementary feeding and growth assessment. English and French versions are now accessible through the following link: www.iycfhub.org

Leadership course in West Africa

Transform Nutrition West Africa is holding a leadership development course 'Leading Change in nutrition', which will be offered in French in Dakar, Senegal 21-25 October 2019. The course aims to build the leadership capabilities of participants from West African countries and guide them to use these to lead change in multi-sector environments to improve nutrition. Visit: <https://westafrica.transformnutrition.org/news/new-francophone-short-course-on-leading-change-in-nutrition-october-2019>





Dr Kiran Rupakhetee, SUN Government Focal Point from Nepal, and Christopher Mbeve, CAADP Focal Point from Zambia, practice delivering advocacy messages



Building nutrition leadership skills in SUN countries

The Scaling Up Nutrition (SUN) Movement's progress relies significantly on national government Focal Points for galvanising in-country stakeholders to come together, align contributions and implement multi-sector plans for improving nutrition. Focal Points are central to multi-stakeholder nutrition platforms: they are conveners, facilitators, coordinators, problem-solvers... In addition to understanding health-related aspects relevant to malnutrition and the complexity of food-system approaches, Focal Points need to resolve conflicts of interest and rally people with differing views behind a shared vision: there may be more chance of eradicating all forms of malnutrition when stakeholders join forces and collaborate effectively.

In 2015 the Global Nutrition Report identified leadership as a key factor limiting progress in multi-sector nutrition actions and highlighted the need to address leadership gaps for improved nutrition outcomes. This was a catalyst for the SUN Movement to devise a strategy for providing functional capacity support to SUN Focal Points, together with key partners such as MQSUN+, Nutrition International, International Food Policy Research Institute and the African Nutrition Leadership Programme. Agriculture was also identified as a field where nutrition leadership was urgently needed and the strategy targeted programmes such as the Comprehensive African Agriculture Development Programme (CAADP).

Fifteen participants from Nepal, Sri Lanka, Liberia, Zambia, Gambia, Lesotho and Kenya, including SUN and CAADP Focal Points, took part in a three-day retreat before engaging with other participants at the EAT Stockholm Food Forum in June 2019. The diversity of positions held across the nutrition continuum, from health to agriculture and from political to technical levels, allowed for rich discussions. "Leading from where you stand" was the thread that weaved all sessions together and participants were asked to leave their job titles

at the door and learn for the sake of their own personal growth. The training had, however, to strike a fine balance between working on themes such as self-awareness and providing more content-related support.

Participants learned and exchanged ideas on what it takes to be an effective leader on nutrition and the skills needed to plan, lead, communicate, manage and sustain action with multiple stakeholders and across different levels of government, from national to community levels. Role-plays were designed so each person could step into another's shoes and understand what it takes to appeal effectively to this person, in their particular position. Significant time was allocated on how best to incorporate gender considerations and embrace a food-system approach in multi-stakeholder action on nutrition, and why this plays such a critical role in sustaining national progress.

Overall, the training was successful in boosting participants' confidence in their leadership capabilities and feeling of legitimacy in the field, which was demonstrated when training participants enthusiastically and confidently took part in the Stockholm Food Forum. Some spoke on stage in front of hundreds of nutrition experts, bringing their own critical perspectives to the global conversation, while others participated in high-level roundtable discussions.

The EAT conference called for a paradigm shift towards food systems that deliver not only food for all, but healthy and sustainable diets for people and the planet alike. The SUN Movement experience is that empowering in-country nutrition leaders is a critical step towards this goal.

A second leadership training programme is planned for French-speaking and Spanish-speaking SUN government Focal Points after the 2019 SUN Global Gathering on 4-7 November 2019 in Kathmandu, Nepal.



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