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NUTRITION EXCHANGE



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NUTRITION

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Stories from the
SUN Movement
Global Gathering 2019

Editorial

In November 2019, over one hundred countries came together in Kathmandu, Nepal as part of the SUN Movement Global Gathering (GG) to share experiences and learnings in tackling malnutrition. We were actively involved in the build-up and during the Gathering, ENN had responsibility for Knowledge Management and capture of the key discussion and moments. In discussion with the SUN Movement Secretariat, we committed to dedicating this issue of *Nutrition Exchange* to SUN Movement country stories and related SUN developments. Some of you will have met with us during the SUN GG as we started to explore your stories and to work with you to shape the articles contained in this issue of NEX. The SUN Movement is very diverse and as such, we wanted to reflect this in the breadth of content and in the countries we have worked with. We also wanted to ensure that the government voice was at the forefront of these articles and so, we have worked with SUN Focal Points, other government representatives as well as their development partners in the process of producing this issue of NEX.

We start this issue of NEX with a very thoughtful piece by Gerda Verburg, Coordinator of the SUN Movement, on her reflections of the Gathering where she highlights the Movement's next steps as it plans for SUN Phase 3 and the associated Road Map, as well as the critical importance of major events in 2020 including the Nutrition for Growth (N4G) summit. An ENN synthesis of all 25 workshops from the conference and the headlines from these fascinating session follows this. From our perspective, the 2019 GG felt different; it was more challenging, more reflective and country-driven, and we were privileged to be a part of it.

We have organised the 11 country articles by region and fittingly, we start with Asia and with **Nepal**, the very generous host country for the GG. The Nepal article describes their continued and impressive efforts to reach the 2025 World Health Assembly global nutrition targets, along with the government's key takeaways from the SUN GG. Authors from **Afghanistan**, a country dealing with significant conflict and fragility as well as high levels of malnutrition, describe an initiative to better link humanitarian and development policies and programmes to help increase people's nutrition resilience. Many of you will be aware from discussions at the GG that linking very different programming approaches is both complex and vital to maximise impact in countries facing protracted crises. This is followed by a piece from the **Philippines** which explores sub-national multi-sector nutrition programming, an ENN focus area for the past few years - see the resources section (pages 30-31) for more country case studies on this critical subject area.

We then move to West Africa and two very different articles from **Burkina Faso** and **Benin**. In Burkina Faso, they describe their efforts in securing innovative financing for scaling up nutrition programmes and highlight advocacy to mobilise domestic resources, whilst the Benin article describes their work in harnessing sub-national and community platforms to create more awareness and engagement in nutrition activities. We have three articles from East Africa, the first is from **Zambia** and this describes in a Q&A format how the SUN Business and Civil Society Networks have found common ground through which to tackle malnutrition. In **Ethiopia**, the work underway to bring adolescent and youth concerns into the mainstream nutrition

policies and programmes is profiled. The SUN GG workshop at which many countries shared their experiences alongside SUN youth leaders was a memorable one. What is so startling in Ethiopia are the levels of malnutrition in these previously neglected age groups. We heard a lot at the GG about the need for more and better data and the article from **Kenya** describes their efforts to do just this in a decentralised context.

We're delighted to have our first article from **Papua New Guinea** in the Oceania region. Here they describe how they used the SUN Pooled Fund to drive advocacy to get malnutrition higher up the government agenda. This is a country in the early stages of scale up and the determination to change their nutrition landscape comes through in this article. Finally, we move to Latin America. An article from **El Salvador** shines a spotlight on department-level programming to tackle a double burden of malnutrition (undernutrition and overweight/obesity). In a first NEX article from **Honduras**, we learn about efforts to mitigate the effects of climate change on food and nutrition security in the communities most vulnerable to drought.

Our avid readers will know that ENN has been a Knowledge Management and Learning (KML) partner for the SUN Movement (under the DFID-funded TAN programme) these past four years, and that NEX has been a key conduit for this work - for a summary and links to all the SUN KM project outputs, do visit the resources section (pages 30-31).

As we share this issue of NEX, we are closing KML work under TAN and will be working towards the vision of *Nutrition Exchange* as more regionally-owned and driven, and offer a more dynamic, decentralised platform in support of scale-up. Indeed, we have already made strides in this direction with a second NEX South Asia to be published in June 2020, focussed on improving the diets of young children.

Finally, we wish to thank all the authors for sharing your nutrition experiences, for being patient as we go back and forth with more questions and points for clarification. We do this with the intention of shining the best light possible on your considerable efforts whilst also drawing out the complexities and challenges of reducing malnutrition. We truly hope this issue of NEX provides you with food for thought, with useful insights and a reminder of the rich four days we spent together in Nepal. It has been an honour to pull together this issue of *Nutrition Exchange* on your behalf. We wish everyone continued success and we look forward to hearing from you with your thoughts on this and future publications of NEX. Do be in touch with us and happy reading!

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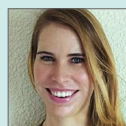
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We would also like to thank members of the ENN SUN Knowledge Management team for their contributions to this issue.

Front cover: Bangladesh, Ukhiya, Cox's Bazar, 1 October 2017; WFP/Saikat Mojumder

Back cover: © UNICEF; Pirozzi, Guinea-Bissau



WFP/Rein Skallerud

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.

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The 2019 SUN Movement Global Gathering

Reflections from the Coordinator of the SUN Movement

As a driver of change, a builder of resilience and security and a key to unlocking intellectual capacity and socio-economic development, nutrition is **the** cornerstone issue as we work to achieve the goals of the 2030 Agenda for Sustainable Development. Given its importance, I was humbled and inspired to join more than 1,200 participants from over 100 countries in Kathmandu, Nepal, for the flagship event of the Scaling Up Nutrition (SUN) Movement – the 2019 SUN Movement Global Gathering – held on 4-7 November, 2019.

Let me begin by giving thanks to everyone who supported this event – either in person or from afar – and congratulate all for bringing a sense of energy, commitment, action and leadership with them on this journey. Our co-hosts, the Government of Nepal and its National Planning Commission, showed us what it means to lead by example by creating a beautiful space for SUN countries to share their experiences and insights on how nutrition, and multi-stakeholder, multi-sector partnerships, can accelerate the achievement of the Sustainable Development Goals.

This special event was one of the largest gatherings on nutrition in 2019 and, more importantly, a conference led by our community of 61 member countries and the thousands of partners who work on nutrition around the world. I view each member of this SUN family (and beyond) as a powerful advocate for ending malnutrition in all its forms. I was encouraged and inspired by peers and colleagues, by the progress we have made as a movement, by the stories that were told and, most of all, by the people that we met. I hope that the many powerful stories of change, a number of which have been brought together in this special SUN Movement-focused Nutrition Exchange, may also inspire you to act on nutrition and lead from where you stand.

‘Nourishing People and Planet Together’, the theme of this Global Gathering, encouraged participants to focus on the 1,000-days window of opportunity (the core work of the SUN Movement), while also recognising the broader issues of globalisation, urbanisation, inequities, humanitarian crises and climate shocks which are driving unprecedented changes in people’s nutrition. Stemming this requires food systems to deliver nutritious, safe, affordable and sustainable diets for all, within [geographic] boundaries. And this can only be achieved by working together.

The four plenary sessions and 25 workshops organised, alongside almost 60 side events, meetings and informal discussions over four days, provided the opportunity to explore complex issues and to come together to ensure that

nutrition is at the heart of these important discussions, always with a country perspective. To understand the commitment of our member countries to turn the needle on malnutrition, all you had had to do was step into the SUN Global Village, to feel the energy and excitement, and experience, touch and see, first-hand, country solutions – in the form of posters, publications and by listening to the stories being shared from all corners of the world.

I hope the spirit of Kathmandu lives on in all the work that we do. This spirit is captured in the **Kathmandu Declaration**, a non-binding declaration presented during the closing ceremony, and which is a tool to encourage all member countries and stakeholders to take the energy and inspiration from Kathmandu forward to the Tokyo Nutrition for Growth (N4G) Summit 2020 and beyond into the third phase of the SUN Movement.

Now is the moment to embrace the power of ‘we’ and to work collectively to keep up the momentum and storm ahead in our daily work, using important learnings and strategies from the SUN Global Gathering. As Coordinator of the SUN Movement, I look forward to working with each of our member countries, four Indian states, networks and other members and partners, and with the support of the entire SUN support structure, to deliver impact as captured in the SUN Movement Strategy and Roadmap [https://scalingupnutrition.org/about-sun/the-sun-movement-strategy/\(2016-2020\)](https://scalingupnutrition.org/about-sun/the-sun-movement-strategy/(2016-2020)).

2020 is an auspicious year for SUN. We will celebrate our 10th anniversary, which gives rise to both reflection and introspection to chart the course ahead. After a ‘decade of SUN’, and as we look ahead to the Tokyo N4G Summit 2020 and the third phase of the SUN Movement, let’s make a promise to ourselves: to make bold commitments, across countries and regions, at all levels of society and across sectors and stakeholders, which will create real, lasting change and which we are firmly prepared to deliver. I am confident that we, as the SUN Movement, can, together, make sure we play our part to nourish people and planet, alike.

I count on you all and hope you enjoy the read.

Gerda Verburg,
SUN Movement Coordinator

Global Gathering Round-up: Workshop themes and discussions



The 2019 Global Gathering enabled rich discussions through 25 multiple and dynamic workshops on topics identified as important by countries. Two key cross-cutting messages emerged: first, the importance of sustaining and getting better at replicating the gains already made in addressing malnutrition; and second, a

more urgent and concerted focus on what countries still need to do in order to scale up nutrition interventions to reduce all forms of malnutrition. There was broad agreement that, while reducing malnutrition is a complex endeavour, country and global actors have never been in a better place in terms of commitments, evidence and know-how.

Prominent theme

1 Political will at all levels is critical to drive forward the scaling-up nutrition agenda

Participants reflected on the understanding that political will is essential to drive nutrition improvement and reduce malnutrition. High-level political leadership is also vital to ensure that all sectors understand the necessity of good nutrition. Such commitment now needs to be built upon, particularly moving to all levels of devolved government. It takes sub-national champions to build political will at the local level and this must be given greater focus in phase three of the SUN Movement.

2 Contextual approaches are required, with a focus on the sub-national level

The push for country ownership and tailored country solutions was a critical focus throughout the workshops. Countries need to adapt and contextualise global-level tools and solutions to best suit their unique situations and country-driven processes are essential. A broad understanding of the political, economic, environmental and social dynamics that underpin nutrition in each country is needed to tailor approaches and interventions. Furthermore, the push for contextualisation must take into account that there are considerable disparities in nutrition status within countries; therefore, sub-national-level analysis and focus are essential. Decentralised, multi-stakeholder platforms are developing in many countries and multi-sector programmes are emerging as a mechanism to drive national approaches and implement local solutions.

3 More and better data on nutrition are needed to inform decision-making

Generating more and better prevalence, burden, programmatic (such as coverage and quality) and financial data are critical to inform policy at all levels, as well as to demonstrate the effectiveness of interventions and provide a mechanism for accountability. Data on the inequities of the burden of malnutrition can help target resources more effectively and help to better understand how improvements in nutrition status come about at the sub-national level. The need to invest in more and better data was deemed a top priority.

4 Financing for nutrition is both a challenge and an opportunity

Some progress on nutrition financing has been made, with countries having increased their domestic budgets for nutrition and, in some cases, developing specific budget lines for nutrition. However, much more needs to be done to encourage increased domestic resourcing for nutrition and budgetary follow-up. Country finance ministries and treasuries need to recognise the critical importance of nutrition: malnutrition reduction should be seen as an investment, not an expense.

5 Significant strides have been made in planning coordinated, multi-sector responses

There is a broad recognition that a comprehensive, multi-sector and multi-stakeholder approach is central to scaling up efforts to reduce malnutrition and many countries have set up multi-sector, multi-stakeholder platforms. These vary at the sub-national level in terms of the extent of devolution, range of stakeholders, degree of collaboration and autonomy of decision-making. Sub-national structures are effective where they have the capacity, resources and evidence of impact of their implementation efforts. Furthermore, supporting nutrition integration into health-system structures remains an essential part of a multi-sector scale-up approach.

6 Building capacity at all levels is vital

The recognition that we need increased human resources to drive the nutrition agenda, particularly at the sub-national level, is seen as pivotal. Building functional capacities in nutrition requires a long-term perspective to ensure the sustainability of nutrition action. Critically, human resourcing needs to consider the coordination roles in a multi-sector approach, as convening multi-stakeholder platforms requires a strong convener to ensure platforms remain functional and effective.

7 Civil society and the media have been and should continue to be a catalyst for nutrition

Historically, civil society has played a vital role in scaling up nutrition efforts and has facilitated greater political will,

increased engagement with parliamentarians, heightened financial accountability and driven forward multi-sector, multi-stakeholder nutrition programming in many countries. Furthermore, the media is a potentially important ally in building a powerful narrative around nutrition. Media engagement is increasing in this era of social media, particularly as a mechanism for engaging youth.

8 Women and adolescents must be given a voice and a 'seat at the table'

We must ensure that women and adolescents are voices in discussions and decision-making for nutrition. The involvement of youth advocates in so many of the workshops highlighted the critical role they play in driving and supporting the nutrition agenda. Mechanisms for truly empowering women to increase gender equality in nutrition are seen as essential.

9 Engaging with the private sector is critical

There is a recognition that the private sector is a powerful actor in influencing nutrition, and there is a need to ensure that it has a positive rather than negative impact on nutrition outcomes and is held accountable for its actions. The debate is no longer whether the nutrition sector should talk to the private sector, but rather how it should engage with the vital actors in it. The reality is that the private sector plays a pivotal role in food systems – even rural households purchase a large portion of their food from markets and the importance of engagement with business is thus critical.

10 A focus on fragile contexts is essential

States that are fragile either because of conflict, climatic, political or economic shocks have unique needs when considering how to address malnutrition and scale up

nutrition-relevant actions. Nutrition data originating from fragile contexts reflects the challenges in those countries experiencing fragility in terms of financing, governance, coordination and range of interventions and approaches. The SUN Movement is well placed to make a political and public case for 'right-sizing' the humanitarian and development investments in these fragile states.

11 Focus more on accountability

Many nutrition commitments have been made in the past and while tremendous strides have been made in achieving these goals, there remains a lack of accountability structures and mechanisms to ensure sub-national and national progress towards commitments. As countries look to develop further commitments in the lead-up to the 2020 Nutrition for Growth Summit, it is critical that accountability mechanisms are developed. As noted by country delegates, the SUN Movement can better facilitate the generation of accountability structures. The Joint Annual Assessments could include such a focus.

12 The global SUN Movement support structures have proved a value-add to countries

The global SUN support structures have proved a value-add to countries, but there is a recognition that they should become more demand-driven in order to better serve countries' needs and priorities. This can be further enabled through the rapid exchange of effective learning between countries and sub-regionally.

At the midpoint of the UN Decade of Action on Nutrition, the 2019 SUN Global Gathering was a pivotal moment to reflect on country progress and share successes and challenges. Issues highlighted at the Global Gathering have clear relevance for the 2020 Nutrition for Growth Summit and the next iteration of the SUN Movement, Road Map 3.



Visit to Bo, Sierra Leone by Gerda Verburg, SUN Movement, Coordinator

Evelyn Fey/WFP

Meeting the global nutrition targets 2025: Nepal's unfinished agenda



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Introduction

Nepal, host country to the SUN Movement Global Gathering 2019, has seen marked progress in reducing hunger and improving nutrition through robust policies and programmes carried out by the government and key development partners. In the 1990s Nepal had the highest recorded rate of child stunting in the world, with around 60% of children under five years old (CU5) being stunted¹. From 2001 to 2011, child stunting declined from 56.6% to 40%, a reduction of 1.66 points per year and the fastest recorded global reduction in child stunting¹.

Meeting current global targets

The country is on track to meet the World Health Assembly (WHA) Global Nutrition Targets 2025 for CU5 overweight and exclusive breastfeeding, but is off course to meet the targets for all other indicators². Today, the national prevalence of CU5 stunting stands at 36%, which is greater than the developing country average of 25%². Moreover, the national prevalence of CU5 wasting of 9.6% is also high and greater than the developing country average of 8.9%¹. The country's current rate of reduction for prevalence of wasting is 1.82%, but an annual rate of decline of 7.41% is required to meet the global target of 5% by 2025 (see Figure 1). Nepal will have to accelerate its efforts in order to reach all the 2025 Global Nutrition Targets.

Key drivers of change

Nepal has implemented various strategies to improve the nutrition status of its population. Nutrition and food security are endorsed as a high-level political agenda for the country and is addressed in the government's 15th periodic plan (2019-2024), and the adoption of the right to food is stated in the constitution. The adoption of a multi-sector approach to nutrition, whereby each stakeholder has a globally recognised and defined set of interventions through which to meet the WHA targets, is viewed as a key driver of positive change. The development of multi-sector nutrition plans (MSNP-I (2013-2017) and MSNP-II (2018-2022)) has been led by the National Planning Commission (NPC), with a Nutrition and Food Security Secretariat established at the NPC for coordination and advocacy on nutrition.

With its recent move to federalism, Nepal now has three tiers of government (federal, provincial and local) and there has been

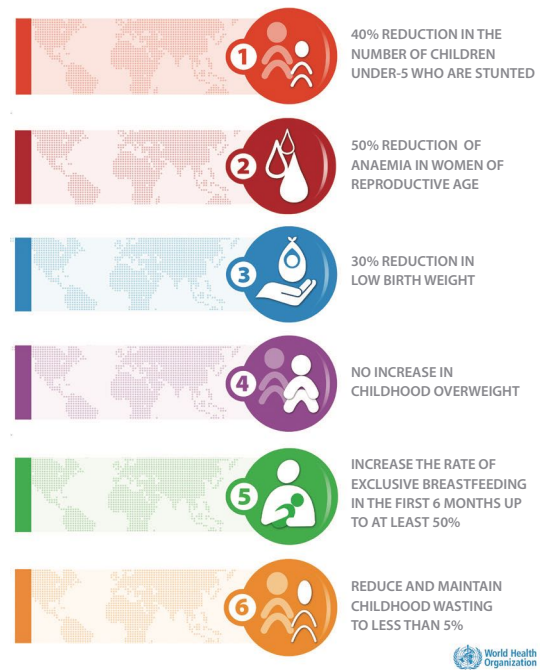
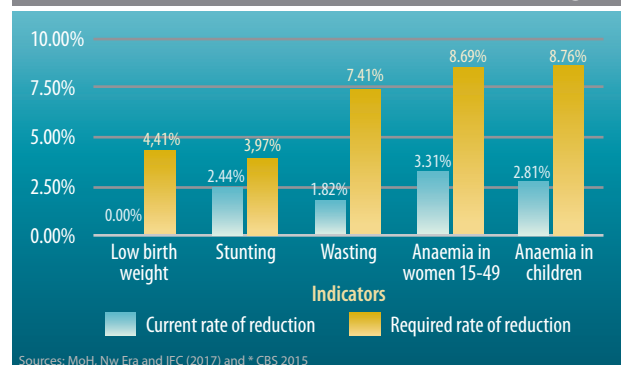


Figure 1 Comparison between Nepal's current rate and required rate of reduction to achieve the 2025 Global Nutrition Targets



¹ Headey DD, Hoddinott J (2015). Understanding the Rapid Reduction of Undernutrition in Nepal, 2001–2011. PLoS ONE 10(12): e0145738. doi:10.1371/journal.pone.0145738

² <https://globalnutritionreport.org/media/profiles/v1.9.7/pdfs/nepal.pdf>

Box 1 Key takeaways for the Government of Nepal from the SUN Global Gathering

1. Empowerment and engagement of adolescents and youth is very important for nutrition advocacy because they are the country's future.
2. We need meaningful and productive mobilisation of both the private sector and civil society as their roles and involvement in combatting malnutrition in Nepal are not yet clearly defined.
3. The formation of a learning forum/institute within the Scaling Up Nutrition (SUN) framework would be very beneficial to ensure learning and sharing of good practice.
4. Targetted interventions for reaching the hard-to-reach, marginalised and vulnerable populations are necessary if we are to meet World Health Assembly (WHA) targets as a country.



A mother with her newborn child at Dhading District Hospital in Nepal

UNICEF/Brian Sokol

advocacy to include nutrition in local plans and policies. As a result, most of the provinces have mainstreamed nutrition into their development agenda, along with a dedicated budget. Moreover, local-level government has contributed to more than 50% of the costs of MSNP-II implementation.

MSNP-II interventions are being implemented in 610 out of 753 local governments and in 62 out of 77 districts, with plans for nationwide scale-up by 2022. Provincial-level Nutrition and Food Security Steering Committees have been established in all seven provinces and the process of establishing similar committees at the ward level (the smallest administrative unit in Nepal) are underway. All nutrition activities are tracked through a web-based reporting system, although accurate and timely reporting by all sector ministries remains a challenge.

³ NPC (2018) Towards Zero Hunger in Nepal. A Strategic Review of Food Security & Nutrition 2018. Kathmandu: National Planning Commission

⁴ <http://pubdocs.worldbank.org/en/460861439997767818/Stunting-Costing-and-Financing-Overview-Brief.pdf>

⁵ MSNP II document <http://nnfsp.gov.np/PortalContent.aspx?Doctype=Resources&ID=330>

Challenges and ways forward to accelerate progress

Inadequate funding for nutrition to meet WHA global targets

Although the government's allocated budget for nutrition has increased over the years with MSNP implementation, Nepal still ranks low in terms of investment for nutrition and food security (152 out of 193 countries) and is low even for the region³.

According to the World Bank, an additional cost of USD8.50 per child per year is required to meet the global nutrition target for CU5 stunting alone⁴.

Nutrition financial tracking for the previous three years is underway and supported by UNICEF, although country-level nutrition financing data are needed to support domestic resource mobilisation for nutrition and to help coordinate donor resources. It is hoped that the findings from the financial tracking will also encourage sector and sub-national level decision-makers to align allocations to priority nutrition activities. With continuous advocacy, local government has realised the importance of investing in nutrition and is allocating more budget for nutrition. However, such budget allocations need to be continuous to sustain the efforts and achievements made so far on nutrition.

Emphasising a 'nutrition throughout the life-cycle' approach

Adolescent nutrition is a second window of opportunity for improving nutrition and there is growing interest to think beyond the 'Golden 1,000 days' period (as it is known in Nepal) from conception to a child's second birthday by addressing the social determinants of malnutrition through a life-cycle approach. Adolescent nutrition has received little priority to date but is crucial, since 17% of female teenagers (10-19 years old) in the country are pregnant or already have a baby⁵. The government has adopted adolescent nutrition as a priority activity in MSNP-II. Additionally, various intervention programmes have been implemented to improve the health and nutrition status of adolescents in some districts.

Need to strengthen governance at all levels

The country has developed legislation and policy for improving nutrition, with the appointment of designated personnel at different levels in relevant ministries to support implementation of MSNP-II. Nevertheless, challenges remain in the institutional arrangements with the transition to a federal structure. Concrete strategies for capacity building and system strengthening have to be developed and implemented to cope with the challenges of the newly-introduced federal system, with more ownership at local level and clear assignment of roles and responsibilities. Coordination among various stakeholders at all levels needs to be improved and strengthened with internalisation of nutrition as a priority issue and ownership of MSNP at federal, provincial and local levels.

Where to focus?

While CU5 stunting prevalence has declined over the years, the rate of decline is insufficient and needs to be accelerated to meet the global WHA targets for Nepal. To improve child nutrition, Nepal needs to scale up implementation of the MSNP-II in all 753 local government areas. Although municipalities have incorporated nutrition, it needs to be more widely discussed and more and continuous budget has to be allocated for nutrition. Targetted interventions for reaching the hard-to-reach, marginalised and vulnerable populations are also necessary.

Linking humanitarian, development and peace-building policies and programmes to improve nutrition in Afghanistan

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Introduction

Afghanistan is a landlocked, mountainous country in south-central Asia with a population of 32 million. Four decades of conflict have made Afghanistan a context of multiple and protracted crises. Around 11.3 million people (37% of the total population) are estimated to likely experience severe acute food insecurity, of which an estimated 8.6 million people will likely be in Crisis (IPC Phase 3) and nearly 2.7 million people will likely be in Emergency (IPC Phase 4)¹. Prevalence of stunting in children under five years old (CU5) is 41%, while the CU5 wasting prevalence is 9%².

The Triple Nexus Approach

The Government's development agenda calls for an increased focus on linking humanitarian, development and peace-building policies and programmes. This 'Triple Nexus Approach' has brought increased coherence and linkages to delivery of actions for improved nutrition and food security, particularly reflected in the Afghanistan Food Security and Nutrition Agenda (AFSeN-A) Strategic Plan (see below). The approach is also intended to encourage donors to invest

further as they see tangible outcomes of funding interventions from greater efficiency and impact. The Triple Nexus Approach links three key plans: the Humanitarian Response Plan, the One UN Plan and the United Nations Assistance Mission in Afghanistan (UNAMA) peace mandate (see Figure 1).

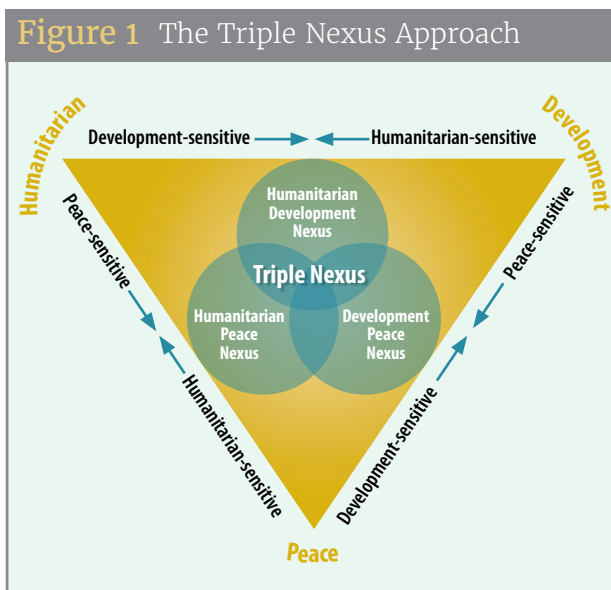
The uniqueness of this approach is that the triple nexus reflects the reality and needs of the current context in Afghanistan. The country is fragile and affected by conflict and violence, a context that requires short, medium and long-term humanitarian, development and peace-sensitive actions to address immediate needs and also build resilience and sustainable development.

The Afghanistan Food Security and Nutrition Agenda

Delivering a multi-sector response through the Triple Nexus Approach has also become possible following the launch of the Afghanistan Food Security and Nutrition Agenda (AFSeN-A) in 2017. The AFSeN-A Strategic Plan (2019-2023) reflects both humanitarian and development multi-sector responses and actions. Implementation via strong institutional leadership and community engagement aims to improve the situation of the population and facilitate peace building.

Under AFSeN-A, the Triple Nexus Approach aims to improve the nutrition situation at two levels, policy and programming. At policy level, the approach includes humanitarian, development and peace stakeholders in food security and nutrition policy-making discussions in support of policy coherence. The AFSeN-A Secretariat has also taken the initiative to bring in the humanitarian-focused cluster coordinators to participate in Executive Committee meetings, bringing more efficient exchange, awareness and space for improved linkages between platforms.

At programme level, the approach provides a coordination and tracking framework. This has strengthened joint analysis, planning and programming between humanitarian, development and peace actors to design interventions with



Source: P. Howe (2019) The triple nexus: A potential approach to supporting the achievement of the Sustainable Development Goals? World Development 124

¹ Afghanistan IPC projection (November 2019-March 2020)

² <https://globalnutritionreport.org/resources/nutrition-profiles/asia/southern-asia/afghanistan/#profile>

both short and long-term goals, which also feed into the Sustainable Development Goals (SDGs). The current AFSeN-A Strategic Plan identifies priority actions from various sectors that will contribute to the common goals of achieving food and nutrition security, and interventions that contribute to outcomes in two or more nexus areas (see Table 1).

Working together

AFSeN-A coordination meetings involve food security, nutrition, public awareness and advocacy working groups; SUN Movement networks (UN, development partners, civil society and business networks); and decision-making platforms (executive and high-level steering committees). These groups and forums bring together development, humanitarian, civil society organisations, the private sector, academia and government decision-makers to discuss short, medium and long-term interventions around food security and nutrition, including defining priorities and identifying fundraising mechanisms. Much of the ‘peace building’ is through dialogue-based development work that focuses on community-owned initiatives.

While several nutrition-specific and nutrition-sensitive interventions are being implemented at national scale, translation of the AFSeN-A strategic plan is an opportunity to strengthen linkages and coherence of the multi-sector response by mapping what is already being done and advocating to fill gaps on what is missing; for example, strengthening joint efforts in line with operationalising the Maternal and Infant and Young Child Nutrition (MIYCN) strategy so as to accelerate progress on the prevention of malnutrition (wasting, stunting and micronutrient deficiencies). Increased awareness and understanding of all three elements of the Triple Nexus through concrete examples is key to promoting the approach.

Addressing challenges

The AFSeN-A has introduced the triple-nexus concept via orientation trainings, but it will take more momentum to move forward. The integration of humanitarian, development and peace initiatives in a context of protracted civil strife requires a transition phase. This is needed for transferring responsibilities to governments and ensuring mainstream budgetary allocations and structural adjustments, as well as long-term planning and financing by both government and donors, with a critical component of capacity strengthening. For example, donors have plans to pilot a long-term financing project on ‘Early Financing, Early Action’, which explores shock-responsive, immediate safety-net actions linked to longer-term social-protection schemes.



A mother feeds her underweight baby at a hospital in Kishim district, northern Afghanistan

WFP/Jacob Maentz

Funding for nutrition through national budget remains insufficient to meet needs due to competing national priorities. However, through the AFSeN-A, provincial coordination committee advocacy is focused on increasing prioritisation of nutrition with an increase in national budget allocation and there are budgetary allocations for nutrition-sensitive actions at provincial level.

Afghanistan has been delivering services through the humanitarian-development nexus through several initiatives. There is a need to identify and document these, as well as to analyse how the peace component fits and can be further elaborated. These are beginning stages that reflect the progress achieved through the framework of the triple nexus, with many existing examples to build on (especially ones linked to humanitarian and development linkages).

Next steps

Next steps include wider dissemination and orientation on the triple nexus from the AFSeN-A perspective, so that stakeholders understand the rationale and importance of the approach. The concept should be internalised and examples discussed in various platforms of the AFSeN-A. Moreover, newly developed policies and strategies need to be reviewed in light of the approach. A small team composed of government, UN, development partners, private sector and civil society will be formed to facilitate this process and report regularly to the AFSeN-A Executive Committee.

A better understanding is still needed, however, on how country efforts are sequenced to operationalise the peace and development initiatives while simultaneously mainstreaming humanitarian actions. This link can be further strengthened in supporting responses and service delivery in order to prevent people from falling back into crisis as their resilience increases.

Table 1 Examples of Triple Nexus Approach interventions

Type of intervention	Humanitarian	Development	Peace
<i>Treatment of acute malnutrition</i>	• Delivery of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) treatment programmes through mobile teams in camps and hard-to-reach areas	• Decentralisation of treatment to lower health facility levels nearer to villages of origin	• Opportunities for less movement through improved availability of services
<i>Asset creation</i>	• Fortified wheat flour	• Economic stimulus • Community assets	• Opportunities for work, less migration, reduced tensions
<i>Shock-responsive safety net</i>	• Protective safety net	• Productive safety net	• Greater trust in and legitimacy of government
<i>School feeding, deworming and iron folic acid supplementation</i>		• Improved access to education • Reduced stunting and prevention of anaemia • Improved learning outcomes	• Normalisation and stability • Peaceful coexistence
<i>Community-based nutrition interventions</i>	• Engagement of community health workers for detection and referral, and awareness-raising	• Triggering and ownership by communities to improve the nutrition situation • Reduction in stunting	• Improved wellbeing of household via improved nutrition status • Increased cognitive and productivity potential

Multi-sectorality comes of age in the Philippines: Rollout at sub-national level



ENN's SUN Knowledge Management team

Introduction

The Philippines is an archipelago in Southeast Asia with a population of over 105 million. Although a lower middle-income country, the latest Expanded National Nutrition Survey (ENNS) (2018-2020) shows a prevalence of stunting in children under five (CU5) of 30% and a CU5 wasting of 5%, while 4% of CU5 are overweight¹. Over the past decade, stunting and wasting prevalence rates have remained relatively stagnant².

Between July and September 2019, Emergency Nutrition Network (ENN) conducted a detailed case study under the guidance and facilitation of the Philippines National Nutrition Council (NNC) to explore sub-national nutrition programming, with a specific focus on the implementation of the Philippine Plan of Action for Nutrition in two locations, Gingoog City in Misamis Oriental province and Quirino province³. This article summarises the main findings.

Evolution of a multi-sector approach to nutrition

The Philippines has a long history of nutrition programmes, with a multi-sector approach and, following a presidential decree, the National Nutrition Council (NNC) was formed in the 1970s. From its inception, the NNC worked with an interagency committee drawn from the Departments of Health, Education, Social Welfare and Development, and Science and Technology. Various nutrition interventions were implemented at scale, such as setting up nutrition centres and rural improvement clubs, and recruiting and training agricultural workers on developing kitchen gardens in homes, schools and communities, using biointensive agricultural technologies. Despite these efforts, however, there were limited improvements in the country's nutrition situation.

In 2014, the Philippines joined the SUN (Scaling Up Nutrition) Movement in order to enhance its existing multi-sector nutrition strategy. As expressed by the NNC officials interviewed, by joining a global movement, more clarity was expected on how to make multi-sector approaches work more effectively.

Philippine Plan of Action for Nutrition (PPAN) (2017–2022)

The current PPAN (there have been six since 1993) advocates a multi-sector approach, with a combination of nutrition-

Box 1 PPAN (2017–22) outcomes

The final outcomes are:

1. To reduce levels of child stunting (to 21.4%) and wasting (to under 5%)
2. To reduce micronutrient deficiencies to levels below public-health significance (vitamin A deficiency, anaemia and iodine-deficiency disorder)
3. To ensure no increase in prevalence of overweight among children, including limiting prevalence among children under 5 to 3.8%.
4. To reduce overweight prevalence in adolescents (to less than 5%) and adults (to less than 28%)

sensitive and nutrition-specific programmes implemented at scale. However, from its earliest stage of development, the PPAN (2017-2022) was developed differently from preceding plans. It was formulated over a two-year period, with extensive input and consultations across all levels, including sub-national representation (from regions, provinces, cities and municipalities)⁴.

PPAN (2017-2022) places particular emphasis on the first 1,000 days of life (from conception to two years old) and includes a focus on school-aged and adolescent nutrition. The plan is partially costed: the cost of commodities for delivery of nutrition-specific interventions is known, and individual agencies receive budgets for planned sector activities. However, there is no costing of nutrition-sensitive actions.

Devolved responsibility through Local Governing Units

A key development in the early 1990s was the devolution of national government services, including devolution of health services to locally elected provincial, city and municipal governments referred to as Local Governing Units (LGUs). The case study found a high level of buy-in from the LGUs in both locations. This included: active nutrition committees; dedicated allocations for staffing in critical positions, such as the Municipal/City Nutrition Action Officers (MNAO/CNAO); increased support to

¹ www.fnri.dost.gov.ph/images//sources/eNNS2018/ENNS_Overview.pdf

² <https://globalnutritionreport.org/resources/nutrition-profiles/asia/south-eastern-asia/philippines/#profile>

³ The Philippines case study is part of an ENN series to understand country experiences in rolling out multi-sector programmes for nutrition, with a focus on the sub-national level. The Philippines is one of two countries studied in 2019 and completes the series of eight case studies planned in the Technical Assistance for Nutrition (TAN) project, providing knowledge management support to the SUN Movement. The other country case studies are: Bangladesh, Ethiopia, Kenya, Nepal, Niger, Senegal and Zimbabwe.

⁴ The process was supported by Nutrition International (NI) as a part of the

TAN project to provide technical assistance to SUN countries in developing multi-sector plans and mechanisms for nutrition, under the guidance of the NNC. Support also came from UN agencies, including World Food Programme, the Food and Agriculture Organization of the United Nations, United Nations Children's Fund, and the World Health Organisation. International non-government organisations, civil society organisations and academic institutions were also part of this process.

⁵ A barangay is the smallest administrative division in the Philippines and is the Filipino term for a village, district or ward. In metropolitan areas, the term often refers to an inner-city neighbourhood, a suburb or a suburban neighbourhood.



Mothers and children at a health centre in Mindanao, Philippines waiting for health assessments as part of a supplementary feeding programme

WFP/Jacob Maentz

frontline nutrition workers, known as Barangay Nutrition Scholars (BNS)⁵; and numerous other activities funded from the LGU's resources.

However, it was clear that commitment to nutrition was very much dependent on the leadership of the local chief executive, be it the governor or the mayor. Leadership also needs to be stable to be effective, as highlighted in the province of Quirino, where critical posts, including Nutrition Action Officers, who are responsible for the coordination of nutrition committees at the LGU level and for development of the Municipal/City Nutrition Action plans, have been in place for several years.

Furthermore, as seen in Quirino, there has been a continuity of plans and programmes across terms of leaders. Ensuring such continuity, irrespective of change in leadership, and ensuring that the nutrition agenda is firmly entrenched in all local development plans, have clearly been significant steps towards enabling sustainability in the province.

Sensitising sectors to make small changes for nutrition improvement

The PPAN emphasises that sectors do not need to radically shift programming, but rather to 'tweak' existing approaches to be more nutritionally focused. For example, the Ministry of Agriculture has worked closely with the Ministry of Education to establish gardens in all schools, distributing seeds and

conducting agriculture training. The model of multi-sector collaboration also results in each sector identifying interventions for target households within the first 1,000 days (pregnant and lactating women and children under two) and households with children who are either wasted or stunted or both.

The stakeholders interviewed as part of this case study noted that, while nutrition is the prime responsibility of the health sector, there was widespread recognition of each sector's specific roles in contributing to the improvement of the population's nutrition status.

Creating a motivating environment

A unique feature of the current PPAN is its incentive and rewards mechanism. An annual awards system, based on performance of the LGUs, uses a specific monitoring tool (the Monitoring of Local Level Plan Implementation (MELLPI Pro)) to assess the performance of barangay health stations and local nutrition workers. LGUs are assessed annually by regional teams and receive cash awards based on their scores. This is viewed as significant motivation, with each LGU placing great emphasis on proper documentation to ensure compliance.

Need for further collaboration

Owing to geographical challenges, there is a separation between national government agencies and the LGUs in some instances, and slow bureaucratic processes and national procurement procedures impact on the ability of LGUs to effectively source materials to implement programmes.

Monitoring and evaluation mechanisms also need to be strengthened. For example, one piece missing from all sectors at the LGU level is a joint monitoring mechanism that tracks the coverage of multi-sector interventions that converge on the same households.

Conclusion

The Philippines is faced with a high prevalence of all forms of malnutrition, including rising rates of overweight in all population groups; yet, with a renewed commitment to a multi-sector nutrition approach, ownership at the local government level and adequate resources allocated for the implementation of the PPAN, the country is well placed to accelerate achievement of its nutrition targets.

The full ENN case study is available (<https://www.enonline.net/mspcasestudyphilippines2020>) and a video interview with the NNC Chief of Policy and Planning Division on PPAN (2017-22) <https://www.enonline.net/mediahub/video/implementingppanphilippines>.



ENN's Regional Knowledge Management Specialist, Charulatha Banerjee, interviews some Barangay Nutrition Scholars

Stewart Allen

Putting communities at the heart of improving nutrition: Experiences from Bénin



Professor Roch Mongbo is Chief Executive of the Food and Nutrition Council of the Republic of Bénin (CAN-Bénin) and the Scaling Up Nutrition (SUN) Movement country Focal Point.

Minakpon Stanislas Hounkanlin is Director of Advocacy for the Bénin National Association of Municipalities, where he has coordinated technical support on nutrition advocacy, including working with the Food and Nutrition Council.

Ophélie Hémonin is a policy advisor in the SUN Movement Secretariat, where she supports a portfolio of 10 francophone African countries in stepping up efforts to reach their nutrition targets.

This article draws on the findings from stakeholder interviews carried out in Bénin as part of an in-depth country review ('Deep Dive') to support the mid-term review of the SUN Movement. The final report will be available on the SUN Movement website shortly.

Introduction

When Bénin joined the Scaling up Nutrition (SUN) Movement as an 'early-riser' country in 2011, the time was ripe for strong political commitment to tackle malnutrition. In spite of encouraging economic growth rates and a stable political climate, more than half of the population live on less than USD1.25 a day, with 44.6% of children under five years old (CU5) estimated to be stunted and 12% wasted¹. As of 2018, the national prevalence of CU5 stunting has decreased to 32.2% (still greater than the developing country average of 25%), CU5 wasting prevalence is down to 5% (less than the developing country average of 8.9%) and exclusive breastfeeding rates are up from 32% to 41.6%¹. However, Bénin is not on course to meet the World Health Assembly 2025 global targets for all indicators analysed with adequate data, although it performs relatively well against other developing countries¹.

Developing community nutrition

Even before joining the SUN Movement, Bénin had put in place strategies and institutional arrangements to reduce malnutrition. A multi-sector and multi-stakeholder body, the Conseil de l'Alimentation et de la Nutrition (CAN), was created in 2009 and housed within the Office of the President. The CAN Permanent Secretary (SP-CAN) acts as the SUN Focal Point. In the same year, the 10-year Strategic Food and Nutrition Development Plan (PSDAN) was launched; this considers communities a cornerstone of its implementation. The *Community Nutrition Programme* (PNC), an innovative project driving the PSDAN's nutrition-specific section of interventions in 10 pilot communes, was a key component.

In 2014, learnings from the PNC were scaled up with the large *Multisector Health, Food and Nutrition Programme* (PMSAN). Funded with a USD28 million loan from the World Bank, PMSAN is focused on the prevention and treatment of malnutrition in 40 of Bénin's 77 communes², including the 10 PNC communes.

Communal Consultation Frameworks

In each commune the institutional framework to implement the programme is provided by the *Cadre Communal de Concertation* (CCC), or Communal Consultation Frameworks for nutrition, created by municipal decree and chaired by the commune's mayor. CCC meetings provide a platform where the municipal team, local representatives of the Ministries of Social Affairs, Agriculture, Health and Education, and citizen groups such as women's associations and non-government organisations (NGOs), meet on a quarterly basis and share information on their respective workplans and interventions, bottlenecks and progress. Together they coordinate and plan interventions to be carried out by an implementing NGO (selected through a call for tender), which leads on the monitoring of nutrition-related sector indicators and reports to the SP-CAN. By November 2016, all 40 communes of the PMSAN had set up their communal frameworks.

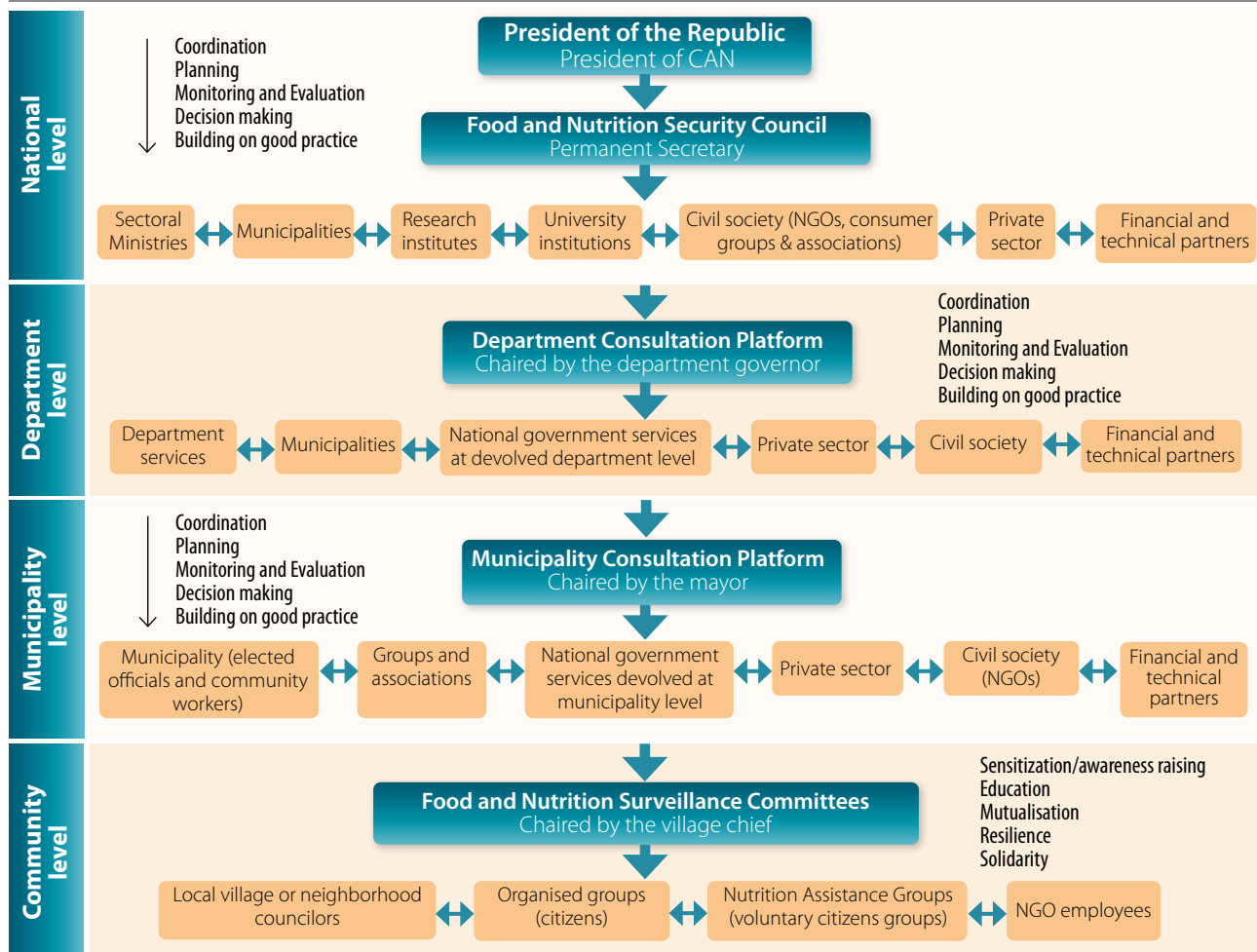
Involving nutrition-sensitive sectors and promoting a rights-based approach

Social protection is one of the most decentralised sectors in Bénin. Centres for Social Promotion (CPS), of which there is at least one per commune, were originally set up to oversee the implementation of the policies and strategies of the Ministry of Social Affairs and support community development at the grassroots level, including nutrition-promotion activities. Nowadays, and through the promotion of the Rights of Children and the Family Code, the centres organise social mobilisation sessions on various topics with a focus on women, children and vulnerable groups. For example, in the Adja-Ouère commune, which borders Nigeria in the southeast of Bénin, social protection centre staff, in conjunction with

¹ <https://globalnutritionreport.org/resources/nutrition-profiles/africa/western-africa/benin/#profile>

² The departments of Bénin are sub-divided into 77 communes, which are divided into arrondissements, themselves divided into villages or city districts. The number of villages per commune varies.

Figure 1 Organogram of Benin's nutrition architecture



the NGO, conduct weekly screening sessions for detecting children with severe acute malnutrition (SAM) and refer them to municipal and hospital treatment centres.

Accelerating impact through decentralised nutrition coordination

As part of the PMSAN, Food and Nutrition Surveillance Committees (CSAN) and Nutrition Assistance Groups (GAN) were set up, comprising volunteers chosen by communities for each village and for every 10 households respectively, to track children suffering from acute malnutrition (both severe and moderate), as well as provide support via social and behaviour-change education for prevention. Over a few years, community participants in Adja-Ouèrè progressed from meeting to share updates on interventions to working together on joint planning, implementation, monitoring and reporting.

Making nutrition everyone's business

Successful local nutrition coordination appears to be boosted in communes where the mayor ensures that nutrition is 'everyone's business'. In Adja-Ouèrè, the mayor set an example by reaching out to chefs d'arrondissement (heads of districts) and village and urban neighbourhood chiefs to discuss nutrition, involve them in efforts and turn them into nutrition champions. With such leadership, participants' ownership in the citizens group increased over time. Although the responsibility for delivering the PMASN theoretically relied

solely on the implementing NGO, members started reporting on interventions and organising joint delegations to visit vulnerable families. Adja-Ouèrè's progress, acknowledged by an award in 2014, created a positive 'domino effect' among communes of Plateau Department that led to more coordination, better coverage of malnutrition screening activities, and a higher number of children referred and treated for SAM (according to stakeholders interviewed for the 'Deep Dive' case study).

Mobilising the mayors

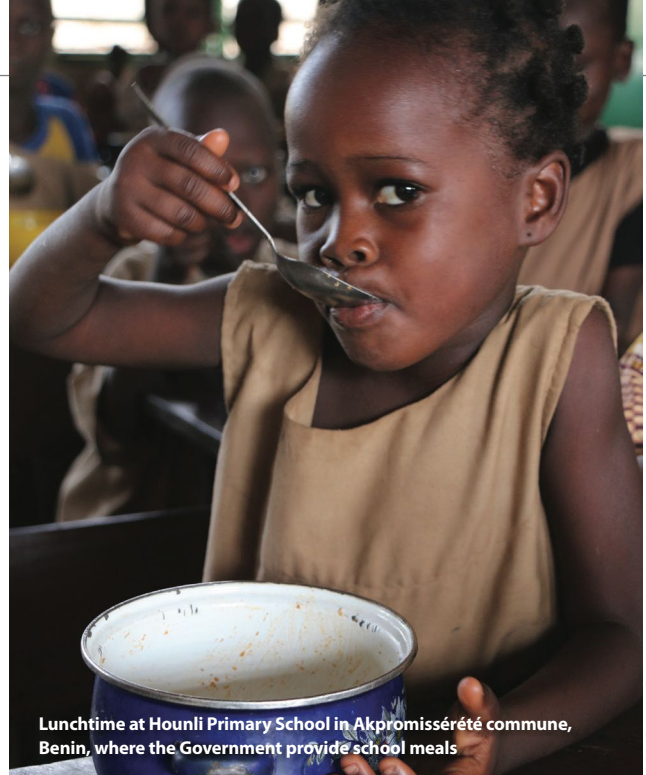
In Bénin, mayors are incentivised through two channels: the Bénin National Association of Communes, which is a fully-fledged member of the CAN multi-stakeholder platform for nutrition, and the SP-CAN. The latter organised a sensitisation campaign involving the department governors (préfets) and recruited six regional coordinators to support them in steering and coordinating communal and departmental levels, and reporting to the central level. This proved a winning strategy, with governors ensuring that all local development plans include a nutrition budget line and that local representatives of ministries include nutrition in their workplans. One former mayor and governor of Couffo Department was even nominated Bénin's nutrition champion for his outstanding promotion of nutrition, and the governor of Plateau Department presented the Department's progress in moving "from national vision to local implementation" at the 2019 SUN Global Gathering in Nepal.

Beginning in December 2018, each of the 77 communes has developed a common results framework listing targets, costed interventions, roles and responsibilities, and timelines. No local development plan can be validated in any commune if it does not include a dedicated nutrition budget line; a crucial milestone in community prioritisation of nutrition. This has enabled communes to self-fundraise; so far, 25 communes in nine departments have direct partnership agreements with German development agency GIZ. The CAN has finalised its National Nutrition Policy (2020-2030) and is now finalising the strategic multi-sector nutrition plan (the national-level common results framework), which has been based on all the municipality-level plans – a truly bottom-up approach!

Challenges for nutrition budgeting

Joint funding of the action plans, however, remains a challenge, as is maintaining continuity and political momentum in spite of political cycles. With the notable exception of the education sector (school feeding coverage has increased from 31% to 51% in 2019) and the social affairs sector, fewer ministries in the administration elected in 2016 appear to be prioritising and budgeting nutrition interventions in their current programmes. However, a minimum functioning budget remains crucial in a context where much of the implementation relies on the motivation of community workers, who are often working on a voluntary basis and within a weak infrastructure. A three-track approach, consisting of advocating for the government bodies supporting the decentralisation processes to include a nutrition line; fundraising with external partners to directly support local development plans involving nutrition actions; and more actively engaging the private sector locally could be the way forward.

Findings from the in-depth country review concluded that increasing political will and leadership – for instance, through



Lunchtime at Hounli Primary School in Akpromisséréte commune, Benin, where the Government provide school meals

WFP/George Fominyen

greater presidential ownership of CAN and substantial public-resource allocation – may be key to providing local platforms with the necessary means of implementation and enabling them to overcome local political obstacles. Galvanising mayoral commitment is also important in resolving barriers to progress, such as traditional distrust of ‘modern’ treatment centres and hospitals and food taboos, and in encouraging local partnerships with the private sector to build more nutrition-sensitive food systems. Given their important role, better coordination, inclusion and representation of local civil society organisations involved in the delivery of the communal nutrition action plans in the CAN may also offer opportunities for convergence and higher impact.



In Benin, schools are recycling used plastic bottles of cooking oil to use as containers for handwashing before meals

WFP/George Fominyen

Mobilising innovative financing and domestic resources for nutrition: Progress and challenges in Burkina Faso

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Moussa Ouédraogo is a nutritionist at the Technical Secretariat in the Ministry of Health, responsible for improving the diet and nutrition of mothers and children.

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Leonie Claudine Sorgho is the current Minister of Health, a specialist in Radiology and Medical Imaging.



Introduction

It is well recognised that Scaling Up Nutrition (SUN) Movement countries will need additional financial resources, including domestic resource mobilisation (DRM), in order to meet the 2025 Global Nutrition targets. The lead-up to the Nutrition for Growth (N4G) Tokyo 2020 event to be held in December 2020 is an opportunity to stay on track through new partnership models and innovative financing. Burkina Faso, a landlocked country in the centre of west Africa with a population of approximately 19 million, is one of the countries that has benefitted from a number of financing facilities and mechanisms to tackle malnutrition.

Box 1 Nutrition financing options

SUN countries will need additional resources as well as domestic resource mobilisation (DRM) in order to meet 2025 Global Nutrition targets. The lead-up to the Nutrition for Growth (N4G) Tokyo Summit in December 2020 is an opportunity to stay on track through partnership models and innovative financing. The World Bank's Global Investment Framework for Nutrition (2017) estimates that an additional USD7 billion per year (USD10 per child annually) is needed to reach four World Health Assembly Global Nutrition targets (USD70 billion over 10 years)⁴. This World Bank figure is only for nutrition-specific interventions.

Financing mechanisms such as the Global Financing Facility (GFF), the Global Agriculture and Food Security Programme (GAFSP) and the Power of Nutrition (PoN) catalyse domestic resources through match-funding and can act as a 'defragmenter', pulling resources together to invest in government plans and to enable working on a single platform.

For more information, visit <https://scalingupnutrition.org/share-learn/financing-mechanisms-for-nutrition/>

The national prevalence of stunting in children under five years old (CU5) is 21%, having nearly halved in the previous decade (from 43% prevalence in 2005) and CU5 wasting prevalence is at 8.5%². The country is on course to meet the global targets for CU5 stunting and infant exclusive breastfeeding, but is off course to meet other targets (although some progress has been made². Between 2012 and 2018, prevalence of early breastfeeding increased from 29% to 59%, while that of exclusive breastfeeding rose from 38% to 55% and food diversity from 5% to 25% in the same period³.

Creating an enabling environment

Burkina Faso has strengthened its commitment to further reducing malnutrition at policy level by including the right to food in its new constitution and prioritising nutrition in the country's national economic and social development plan. Moreover, the current President, Roch Marc Christian Kaboré, has been recognised as a nutrition champion for the African Leaders for Nutrition initiative, with four clear commitments in his roadmap: (i) to endorse the national nutrition policy and the multi-sector nutrition strategic plan (2020-2024), which has been costed at approximately USD463 million; (ii) to upgrade the institutional anchorage of nutrition to the presidency of Burkina Faso; (iii) to appoint a nutrition political point to his office in order to keep the president regularly informed of nutrition issues and progress; and (iv) to increase domestic financing for nutrition.

¹ The Technical Secretariat responsible for improving the diet and nutrition of mothers and children (in French, 'Secretariat technique chargé de l'amélioration de l'alimentation et de la nutrition des mères et des enfants', or STAN) was created by decree in 2017 within the Ministry of Health to coordinate the implementation of the multi-sector nutrition policy via the National Council for Consultation in Nutrition.

² <https://globalnutritionreport.org/resources/nutrition-profiles/africa/western-africa/burkina-faso/#profile>

³ Rapport de l'enquête nutritionnelle selon la méthodologie SMART (2018). Ministère de la Santé.

⁴ www.worldbank.org/en/topic/nutrition/publication/an-investment-framework-for-nutrition-reaching-the-global-targets-for-stunting-anemia-breastfeeding-wasting



Food assistance is provided for people struggling to feed themselves in the lean season in Burkina Faso

WFP/George Fominyen

Domestic resource mobilisation

It was the president's decision, following advocacy from civil society, to double government spending on nutrition from 0.5% to 1% of GDP between 2016 and 2018. In 2018, a tracking of the domestic budget for both nutrition-specific and nutrition-sensitive interventions showed that financial support for nutrition has increased to approximately USD101 million, the majority of which is allocated to the Ministry of Health (there are also plans to start tracking donor funding with the support of civil society). Key programmes currently being implemented with the increased resources include maternal and child nutrition, infant and young child feeding, immunisation programmes, and strengthening nutrition data collection. Even though a school feeding programme is already in place in Burkina Faso, a presidential initiative aims to provide better coverage with a multi-sector approach (including different ministries, such as agriculture, health and education).

When governments contribute financially to implementation of national nutrition plans with DRM, donors and other development partners are more likely to make financial commitments, as has been the case in Burkina Faso. The country has a number of innovative financing facilities and mechanisms in place. These include the GFF of USD20 million and PoN funding of USD10 million. Other funding comes from more traditional donors, such as the World Bank, the European Union and the Bill and Melinda Gates Foundation (BMGF), along with technical and financial support from UN agencies and non-governmental organisations (NGOs). Apart from BMGF support that is directed mainly towards NGOs, all financial support is provided to government through the Ministry of Health.

Challenges in domestic financing

To date, Burkina Faso has not made any N4G financial commitments. Despite progress, challenges remain in raising domestic financing; notably the creation of budget lines at national and sector level to support nutrition activities. In 2017 the government agreed to set up a budget line dedicated to purchasing ready-to-use therapeutic food (RUTF) for up to USD1.8 million. However, this line, which should see an increase of USD909,000 per year, has yet to be realised due to security issues and other factors.

Lessons learned and next steps

Engagement with parliamentarians has helped in advocacy for increased state budget allocations for nutrition in Burkina Faso, and for duty and tax exemption for imported fortificants used in local production of RUTFs and other products for treating acute malnutrition. However, there is a need for further advocacy with civil society, nutrition champions and the private sector for innovative strategies to fund nutrition in the country, including developing a rapid response to humanitarian needs caused by insecurity, which has increased financial demands.

In March 2020, the Technical Secretariat (STAN) is organising a national advocacy workshop with a range of stakeholders, including parliamentarians, to operationalise these commitments; in particular, the financing of specific interventions in the multi-sector nutrition strategic plan (2020-2024). In order to achieve the objectives of the nutrition agenda, the country, through the president, should commit to allocating resources to nutrition through the provision of budget lines for the purchase of nutritional inputs and to increase resources for both nutrition-specific and nutrition-sensitive interventions.



President of Burkina Faso, Rock Marc Christian Kabore, receiving his award for champion of the African Leaders for Nutrition Initiative

African Development Bank

Business and civil society working together for nutrition: SUN Movement networks in Zambia

Interview with **Mathews Mhuru**, Country Coordinator for Zambia's Civil Society Organisation (CSO) SUN Alliance, and **Mukela Mufalali**, Zambia SUN Business Network (SBN) coordinator on how their networks are working together. CSO SUN was set up in 2012 and currently has 42 members. The SBN was launched in 2014 and membership has grown to 91 companies, including over 30 local businesses involved in the production, processing and distribution of food.



1. What prompted your SUN Movement Networks to start working together?

Mathews Mhuru: It wasn't a specific issue; rather the result of SUN Networks wanting to speak with the same voice at country level. This can become very helpful when there are shared objectives; for example, working with the private sector on compliance with the [WHO International] Code on the Marketing of Breastmilk Substitutes and pushing for an enabling environment for them to produce more nutritious foods and stop producing unhealthy foods that are branded as nutritious. Working with SBN in the same space helps to create a relationship with the private sector – we don't want just to be seen as that organisation that is always 'talking bad' about business.

2. What are you trying to achieve in this new way of working together?

Mathews Mhuru: Working together means we have a more structured approach when contributing to the same strategy; for example, with the Healthy Diets Campaign developed by SBN in collaboration with government and civil society. From our side, we are working with consumers to create demand for diverse and nutritious foods. Our focus is on the behavioural-change messages embedded in the campaign itself, so it's not just looking at processed foods but talking about access to a more diverse diet to challenge the current maize-dominated food system in Zambia. The Healthy Diets Campaign is also supported by the new Food Based Dietary Guidelines – both networks have helped to develop these, including pushing for locally available fruits and vegetables to be included.

Mukela Mufalali: The private sector is a huge player in the food business: by operating at the business-to-business level, SBN aims to strengthen the private sector's contribution to improving nutrition for Zambian consumers. We're working to increase business awareness on nutrition and to provide a forum for dialogue with the Government, UN agencies, NGOs and, of course, civil society. Food companies can also play a part in addressing the double burden of malnutrition, hence the need to fully engage them in efforts to reduce sugar, salt, trans fats and promote healthy, affordable diets. That's why SBN is working on the Zambia Good Food logo (developed alongside the Healthy Diets campaign) – products will have to be tested to comply with the logo criteria.

3. Are there obvious synergies that you have identified in working together on nutrition?

Both: The two networks have worked hard to identify synergies and opportunities for collaboration, ultimately

promoting network convergence. Leveraging the advocacy strength of CSO-SUN, as well as the business linkages created by the SBN, can be used to navigate and expedite bureaucratic processes. When the Government was dragging its feet on implementing the Zambia Good Food logo, CSO-SUN was able to support the SBN and apply pressure to make it happen.

Another recent example was working together on the Food Safety Bill: CSO-SUN has built strong relationships with parliamentarians and was able to bring SBN to the table to share joint network recommendations on the Bill. Because most issues related to food safety affect the private sector, CSO-SUN extended the invite to SBN to ensure that their members' concerns were incorporated in the submission. Such networking makes it easier to push on the policy side.

4. What processes have you adopted to come together to make the shared opportunities a reality?

Both: It all starts with governance – we are part of the governance structures of each other's network to better support and strengthen collaboration. For example, CSO-SUN is part of the SBN advisory group and SBN is a member of CSO-SUN's Executive Board, which helps to ensure that the strategic direction of networks has the endorsement of the other organisations. We hold formal meetings twice a year, though we are working together on a number of campaigns more informally, and we each leverage strength from the other.

5. Besides the Zambia Good Food logo, could you give some examples of success in working together?

Both: Both networks have focused on consumer protection and conducted joint research to better understand urban consumer awareness and demand for nutrition, including factors linked to consumer decision-making on food. This research has informed programming, including messaging to promote the Zambia Good Food Logo associated with the Healthy Diets Campaign. SBN has been targeting different players in food value chains and more informal markets as key points for disseminating messages and promoting nutritious products, while CSO-SUN is working with local communities and local markets on social behaviour change messaging aimed at increasing nutrition awareness.

6. Should civil society and business networks do more to support each other? If so, how can they best do this?

Mathews Mhuru: The two networks share a common goal – to fight against malnutrition in all its forms – and a lot needs to be done to achieve that goal. For example, CSO-SUN has a role to

SUN Business Network (SBN) Manager (in red helmet) with Mount Meru Millers workforce during a SBN members visit in Lusaka, Zambia



Mukela Mufalali

play to ensure that the private sector complies with the code on the marketing of breastmilk substitutes and follow-up foods. The Ministry of Health does not currently take serious action against code violators, but this is something that CSO intends to push on. As yet, the networks have not worked together on this issue, which is disappointing, but this is in our workplan for 2020. We also want it to be a motivating factor for private sector companies to join SBN to improve nutrition in Zambia, but there is currently no push among members to limit unhealthy products or to reformulate products to contain less fat, sugar and salt. Members may have one or two healthy foods, but it should be a goal for them to start producing more nutritious foods.

Mukela Mufalali: One of SBN's main goals is to create an enabling environment for the private sector to improve nutrition. Part of our activities with CSO-SUN is on strengthening policies; for example, regulations on fortification. We also support any information or tools that can improve the transparency of such processes. Learning is a big part of working together – providing guidance and leveraging our knowledge on best practice in other countries.

7. Have you experienced any specific challenges in working together? What are these?

Mathews Mhuru: A major challenge is the decrease in nutrition funding since the SUN Pooled Fund came to an end, which limits our strategic work with SBN and business-to-consumer engagement. Another smaller challenge is that we can't always put out joint statements because of restrictions

due to the hosting of SBN within the UN system. This can be a wasted opportunity, since the Zambian Government is very sensitive to media coverage, and advocacy is a key tool for CSO-SUN. A recent example was a meeting between SBN and the Government, where the private sector made demands for reducing taxes on imported fortificants and buying from local companies, including supplementary foods. CSO-SUN put out a statement, but it would have been stronger to send a message from our joint networks.

Mukela Mufalali: Not that we don't face challenges but the important thing is to provide consistent nutrition information from both networks as we're targeting the same audience - consumers, food processors etc.

8. Have you developed a conflict-of-interest (COI) policy to guide this relationship?

Mathews Mhuru: The two networks are guided by the SUN Movement's Global Civil Society COI policy, but we have yet to sit down and adapt this for the Zambia context. We need to develop a joint COI, particularly in order to help SBN identify who they should be working with in the private sector and remind members of dos and don'ts.

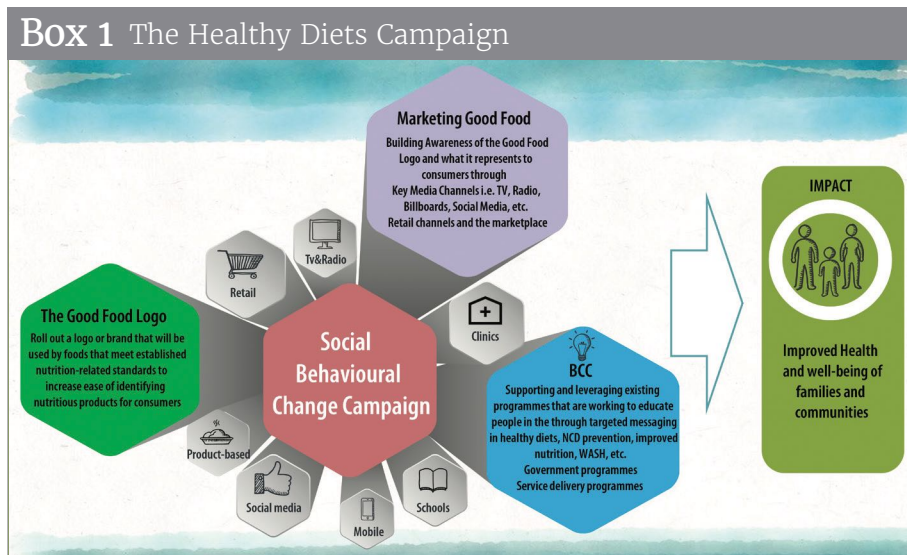
9. If you were advising another SUN Movement country, what lessons have you learned of working together?

Both: Teamwork principles apply in network collaboration because you usually achieve more when you are in collaborative mode. Such synergy may also manifest itself in reduced costs, more flexibility in adapting to changes and increased capabilities. Collaboration in networks and organisations can also offer various perspectives for problem-solving and innovation. We have been able to strengthen each other's networks, particularly through a transfer of knowledge. We also come up with different questions and solutions that supplement areas where the other parties may be lacking.

10. What are your ambitions for future joint working? What are you aiming to tackle, and how?

Both: Our aim is to see strengthened policies and regulations that impact on nutrition being implemented by all stakeholders. We are working together on the launch of the Zambia Good Food logo and running the Healthy Diets Campaign, and looking to get more stakeholders involved – from Government, UN partners and the donor community and, above all, the private sector and consumer engagement.

Box 1 The Healthy Diets Campaign



Meeting the health and nutrition needs of adolescents and youth in Ethiopia

Meseret Zelalem is a paediatrician and Director of the Maternal and Child Health Directorate of the Ministry of Health. She also has 10 years' experience in supervising and mentoring residents and community services engaged in school health and outreach programmes.

Sisay Sinamo is a medical doctor working with Ethiopia's Seqota Declaration (SD) Federal Programme Delivery Unit at the Ministry of Health, where he is leading the SD innovation phase. He has over 18 years' experience of international public health and nutrition.

Yetayesh Maru is a public health nutrition specialist currently working for UNICEF Ethiopia with more than 16 years' experience in development and emergency nutrition programmes, research and evaluation.



Introduction

Ethiopia has a large number of adolescents (15-19 years old) and youth (20-24 years old), which together account for nearly 22% of the population¹. This young population is an enormous intellectual and economic resource for the country and their needs have implications for Ethiopia's social, economic and political agenda as it places demands on the provision of health services, education, water and sanitation, housing and employment.

Box 1 AYHS priority actions and performance targets for nutrition

Priority Actions

- Promote consumption of balanced diet with emphasis on locally available nutritious and iron-rich foods
- Promote healthy dietary habits, personal hygiene and food sanitation
- Impart knowledge about intergenerational effects of undernutrition through health education
- Conduct counselling with emphasis on nutritional needs of pregnant and lactating adolescents and youth
- Provide screening for BMI and anaemia for adolescent girls in schools, communities and health facilities
- Provide weekly iron-folic acid supplementation to adolescent girls where anaemia prevalence is 20% and above
- Provide nutritional counselling and assessment for all adolescents and youth who access health services
- Provide supplementary feeding to prevent and treat undernutrition
- Strengthen referral and management of low BMI and severe anaemia, as per protocols
- Conduct deworming in schools and communities
- Mobilise resources and collaborate with partners to look for opportunities for school feeding for extremely poor adolescents and youth.

Performance targets

- Reduce the prevalence of iron-deficiency anaemia (IDA) to <5% among adolescent girls
- Deworm 100% of in-school and 60% of out-of-school adolescents
- Provide 90% of adolescent girls with weekly iron-folic acid tablets in areas where anaemia prevalence is 20% and above
- Provide 40% of adolescents and youth with access to health services and counselling for nutritional problems.

Source: National Adolescent and Youth Health Strategy (2016-2020) <http://corhaethiopia.org/wp-content/uploads/2016/08/NATIONAL-ADOLESCENT-AND-YOUTH-health-strategy-.pdf>

The Government of Ethiopia has a range of programmes and strategies to improve the health and nutrition of adolescents and youth. These include the *National Nutrition Programme (2016-2020)*, the *School Health and Nutrition Strategy (2014)*, the *School Health and Nutrition Programme (2017)*, the *Seqota Declaration (2015-2030)* and the *National Adolescent and Youth Health Strategy (2016-2020)*².

Adolescent health and nutrition issues

The period of adolescence and youth is characterised by intense physical growth and high nutrient needs, during which adolescents gain up to 50% of their adult weight and skeletal mass and up to 20% of their adult height, while female adolescents need to replace loss of iron through menstruation³. Adolescence is also seen as a 'second window of opportunity' to break the intergenerational cycle of malnutrition; for example, through improving adolescent girls' nutrition and delaying pregnancy.

A 2019 review of the current status of female adolescents and youth in Ethiopia presents a very worrying picture. It shows that 13% of the 15-19 female population began child bearing, 3% of these gave birth by the age of 15 and 21% by the age of 18⁴. The percentage of adolescents who died from pregnancy-related deaths during pregnancy, delivery and the two months following delivery was 17% in 2016², and the majority of young women who married in childhood gave birth before they completed their adolescence. These young women were less likely to receive skilled care during pregnancy and delivery and this is estimated to contribute to one in five adolescent girl deaths and a 50% increase in neonatal mortality. Adolescent pregnancies are also more likely to result in premature and low birth-weight babies, who are more vulnerable to neonatal death, malnutrition and infection.

Furthermore, 29% of adolescents are chronically undernourished, 3% are overweight or obese and about 20% of girls are anaemic⁵, while 28% of girls consumed less than

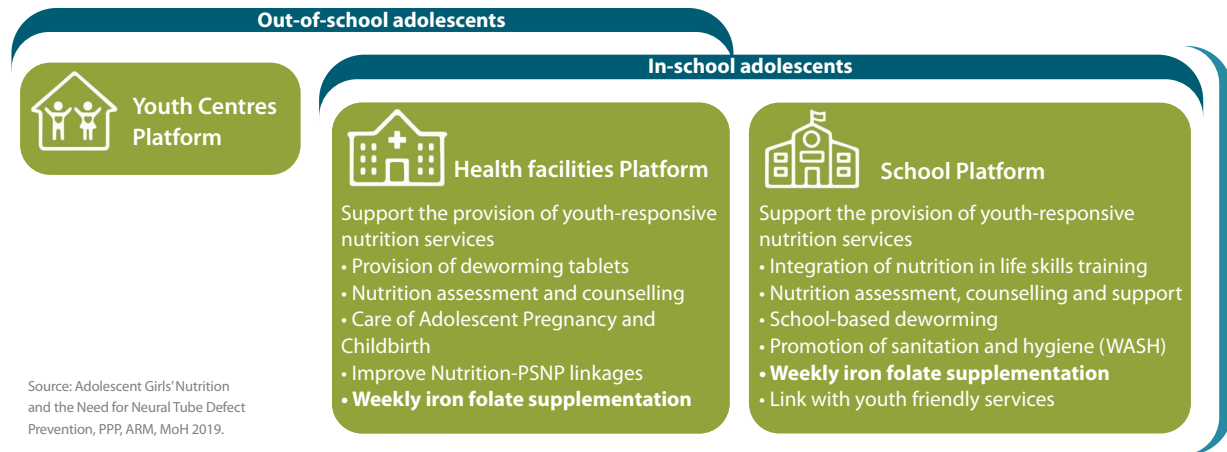
¹ www.worldometers.info/world-population/ethiopia-population/

² www.prb.org/wp-content/uploads/2018/05/National-Adolescent-and-Youth-Health-Strategy-2016-2020.Ethiopia.pdf

³ World Health Organization (2005). Nutrition in adolescence issues and challenges for the health.

⁴ Ethiopian Public Health Institute (EPHI) [Ethiopia] and ICF. 2019. *Ethiopia Mini Demographic and Health Survey 2019: Key Indicators*. Rockville, Maryland, USA: EPHI and ICF. dhsprogram.com/pubs/pdf/PR120/PR120.pdf

⁵ EDHS (2016) report <https://dhsprogram.com/pubs/pdf/FR328/FR328.pdf>

Figure 1 Delivery platforms for adolescent nutrition services

three meals per day⁶. Today, at least 51% of 14-19-year-olds are suffering from the effects of stunting during childhood. Moreover, neural-tube defects in newborns are becoming an increasing problem as a result of nutritional, maternal and environmental factors.

Adolescent boys are also malnourished with an estimated 59% having a low body mass index (BMI < 18.5) and 18% are anaemic⁵. Ethiopia has one of the highest burdens of neglected tropical diseases in the world, with over 10 million children at risk of schistosomiasis and 18 million children at risk of soil-transmitted helminths (parasitic worms). Of the country's 833 districts, intestinal worms are endemic in 741. These helminths affect youth and adolescents' health, causing malnourishment, anaemia and impairment of mental and physical development.

In Ethiopia, adolescents' reasons for leaving school differ by sex and rural/urban residence. The main reason cited by girls was early marriage (29% for urban and 40% rural)⁷. Ensuring good health and nutrition provision when children are of school age can boost attendance and educational achievement.

Factors affecting adolescent health and nutrition

The major factors that affect adolescent boys and girls nutrition status are related to the external environment, such as lack of access to basic adolescent health and nutrition services, lack of access to food in general, and a gradual increase in access to and utilisation of fast-food outlets (such as school tuck-shops, food stores and vendors). Individual factors, such as psychological and biological circumstances, drive certain behaviours; family factors such as parental food preferences and the social environment (including peer pressure and community perceptions) also have a strong role.

Ethiopian adolescent and youth health and nutrition strategy

The *National Adolescent and Youth Health Strategic Plan (AYHS)* (2016-2020) sets out the priority health and nutrition needs and challenges faced by adolescents and youth in Ethiopia. The strategy addresses physical activity as well as reproductive health, HIV, substance use, mental health, nutrition-related chronic diseases, injuries, gender-based violence and harmful traditional practices. Activities are focused on improving dietary diversity and offering nutrition counselling and

screening (via school health and nutrition clubs and youth-friendly health facilities), anaemia prevention and treatment (weekly iron-folic acid supplementation), menstrual hygiene management, deworming and increasing physical activity (youth-friendly school playgrounds with tennis, volleyball and football facilities).

Delivery platforms

About 90% of Ethiopia's adolescent population attend school and these are the primary platforms for providing adolescent-friendly health and nutrition services (see Figure 1). There are also ongoing efforts to make health facilities 'youth friendly' for out-of-school interventions and over 2,000 government-built youth centres. Specially trained health education workers are providing services in some regions; both in schools and at the youth centres.

- **Out-of-school adolescent platforms** comprise youth centres and health facilities. Youth centres are used for skills development, while health facilities provide youth-responsive nutrition services (see Figure 1)
- **In-school adolescent platforms** provide support for the provision of youth-responsive nutrition services (see Figure 1).

Challenges and lessons learned

Various challenges have been encountered in effective implementation of the AYHS. They include: lack of a dedicated coordination mechanism among implementing sectors and partners; high turnover of trained personnel; low stakeholder participation; inadequate financial, human and logistical resources allocation; lack of age- and sex-disaggregated data; socio-cultural barriers around adolescent and youth health and nutrition; lack of integration into the education curriculum; and inadequate youth involvement. In this regard, the government has also developed mitigation strategies to reduce the impact of these challenges, such as development of a technical working group and creating structures in implementing sector ministries to oversee the adolescent health strategy; increasing public awareness; mentorship for continuation of school and livelihood training for out-of-school youth; and mobilising youth to take an active role in their health and nutrition issues.

⁶ In-School Adolescent Girls' Nutrition Knowledge, Attitude and Practice (KAP) Survey in Somali, Gambella, SNNP and Oromia Regions, Ethiopia. UNICEF (2016)

⁷ Ethiopia Young Adult Survey (2009)

Decentralising data-driven decision-making in Kenya: Opportunities and challenges



Edgar Okoth is the SUN Civil Society Alliance Coordinator in Kenya, hosted at Nutrition International, and a nutrition and public health specialist with experience in supporting sub-national governments in health system strengthening and use of data for decision-making.

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Introduction

Since Kenya devolved authority to its 47 counties in 2013, it has been undergoing something of a nutrition data revolution in developing its information systems. In realisation of the relationship between improved information, data demand and use, there is a growing appetite for more and better-quality data for decision-making at the county level. National government is in charge of policy formulation, setting standards and providing technical assistance to the counties, as well as national referral and health information systems, but the counties are in charge of demand creation and service delivery. This responsibility requires quality data to inform decision-making for effective and sustainable health and nutrition systems.

Opportunities presented by a devolved health system

Devolution has provided the opportunity for counties to generate data to closely monitor key health and nutrition indicators and, to inform specific county-level integrated development plans, the blueprint for their development.

Devolved government also offers opportunities to further enhance governance not only at the sector level, but down to the grassroots community level. This is where citizen

participation mechanisms, such as organised chief's meetings, community dialogue and action days, are already in place to facilitate and strengthen joint accountability for health and nutrition. Systems such as supply end-user monitoring for nutrition programmes involve reporting on the availability of nutrition commodities and the quality of care provided. Data supplied by counties on their particular disease burden also enables the Kenya Medical Supplies Authority to use the information to prioritise drug procurement for an individual county, based on actual need and their ability to utilise these supplies¹.

Strengthening county-level data capacity

The main aim of using decentralised data is to improve technical and social accountability² of health and nutrition interventions by focusing on strengthening county capacity in information generation, validation, analysis, dissemination and use. This is achieved through five different approaches: improving facility reporting systems; scale-up of birth, death and cause of death reporting; scale-up of disease surveillance and response; carrying out routine surveys, such as Nutrition SMART surveys; and strengthening capacity for health research.

Support systems have been put in place to establish a common data architecture, known as Kenya Health Information Systems, components of which are the Community Health System and the Health Commodity Information System. Nutrition Information Technical Working Groups and data clinic forums have also been created and enhanced at national and county level, where data and statistics are validated and shared. To improve performance, monitoring and review processes are carried out on a quarterly basis at county level, and on a monthly basis at health facility and community level. These are usually done through supportive supervision, data-review processes, and quarterly data and quality audits. At the community level, routine community dialogue and action days give citizens the opportunity to interrogate the data. Community radio is also used to disseminate results and to increase community engagement as part of a community health strategy.

Data collection in Kenya to better understand how markets function in the Arid Lands and what capacity they may have to respond to increased demand



WFP / Diego Fernandez

¹ Previously, counties might be supplied with drugs for diseases and conditions that were not reported within their area (for example, drugs for treating malaria in non-endemic zones that might expire), at the expense of other areas with greater need.

² Social accountability is driven by the citizen/user/society perspective to ensure that the quality of service is maintained.

Increasing data demand and use

Decentralisation of decision-making at county level provides a unique opportunity to push for data demand and its use closer to service delivery points. With technical and financial support from various development partners, all 47 counties have gone through a three-stage process to help improve data quality and ownership. The data flows from the community (via health and nutrition information collected by community health volunteers at household level) and the health facility and is fed into the health information system, where it is aggregated and analysed. The data is then relayed back to the county, health facility and community level for action.

Community ownership

The use of data to make programme decisions and the involvement of the county leadership and the community should enable the community to be more informed and involved in implementation of various activities, which in turn should lead to greater sustainability. For example, surveillance data is used to map wasting 'hot spots' in the community, which in turn is informing implementation of integrated outreach including additional mass screening of vulnerable children, the up-scale of Kenya's integrated management of acute malnutrition (IMAM) programme and pre-positioning of nutrition commodities for the management of children with wasting. The analysis of IMAM coverage data is also used to try and trace 'defaulters' from the programme and it is used in the implementation of the IMAM surge model, which scales up services when levels of wasting increase above a particular threshold in particularly vulnerable counties, such as those in the arid and semi-arid areas of Kenya that are prone to drought.

Using data to develop costed plans

A number of implementing partners have helped to build the capacity of county officials through training programmes; setting up nutrition technical working groups at the county



Community Health Volunteer giving a health talk during a community dialogue day

and sub-county level and implementing monthly data reviews and quarterly data audits (in all 47 counties). As a result of support from the SUN Movement Civil Society Alliance through the United Nations Office for Project Services (UNOPS), Nutrition International and the Technical Assistance to Nutrition (TAN) project, ten counties have so far developed costed Nutrition Action Plans, drawing on a range of data sources (for example, routine data audits, monthly health facility meetings, community dialogue and action days). These plans prioritise services and activities and aim to ensure to-scale implementation of key interventions.

Addressing challenges

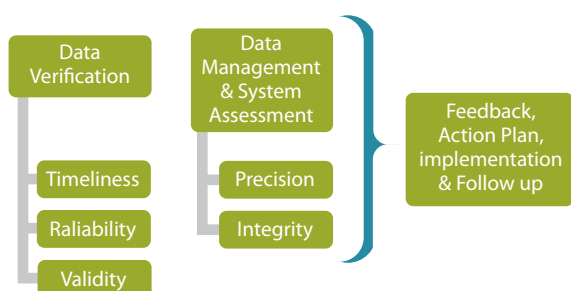
Counties are at different stages in terms of building their own data systems. Real-time reporting is still a challenge, especially at lower levels of care (community, dispensary and health centres), where intermittent electricity and internet connectivity make it difficult to build the necessary infrastructure. There is currently insufficient expertise and capacity for fully data-driven decision-making, with only one health records and information officer in post at county level. Collating nutrition data and information from various sectors is also a challenge, especially given the current proliferation of data collection systems and parallel systems (from users and donors, encompassing political as well as commercial interests). Other barriers include: poor data quality and prioritising of data use; low reporting levels and lack of data capture tools at health facilities in some counties; and inadequate capacity to handle data and use information.

Plans for next steps

The remaining 37 county governments are working to finalise costing of their Nutrition Action Plans by the end of 2020, with further support from development partners, to allow for full implementation of costed plans. The national government, through the Kenya National Bureau of Statistics, has also hired staff to implement the National Information Platform for Nutrition (NIPN)³ to support analysis and use of data to improve decision-making. Finally, the government's last-mile project aims to ensure that all health facilities have access to electricity to enable real-time data transmission by 2022.

³ NIPN is rooted within existing institutions and national multi-sector coordination systems for nutrition. From the analysis of available and shared data, it generates evidence that is used by sub-national stakeholders for developing policy, designing programmes and allocating investments. www.nipn-nutrition-platforms.org/Kenya-202

Figure 1 Initiatives to improve data quality



1. Data verification

At the data generation point, the county organises monthly data review meetings at the health facility to discuss reporting challenges (timeliness of data transmissions, data reliability and validity) and solutions. Quarterly data audits carried out to ensure data captured at health facility registers are complete and of high quality.

2. Data management and system assessment

Health Records Information Officers analyse health information systems to ensure quality of data at national and county level.

3. Feedback, action plan, implementation and follow-up

Once data is analysed and converted into a usable format, information-sharing forums are organised at national and county level to discuss technical issues. Feedback sessions are organised at community level by a community focal person with community health volunteers.

Strengthening nutrition coordination and advocacy in Papua New Guinea: Role of the SUN Pooled Fund



Otto Tean is National Coordinator of the Nutrition Programme Management Unit (NPMU) and the Papua New Guinea (PNG) SUN country Focal Point. He has worked for the Department of National Planning and Monitoring for almost 20 years in the Project Implementation Programme wing.

Sahr Nouwah is the Senior Advocacy Coordinator for Save the Children in PNG and coordinator of the SUN Movement Civil Society Alliance in the country.

Douglas Apeng is a public health practitioner and Director of SUSU Mamas, a national civil society organisation, with experience working for both provincial health authorities and international organisations in PNG.

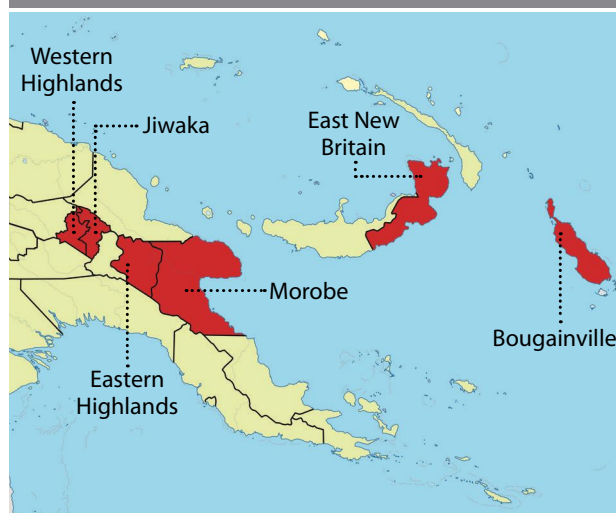
Tony Basse is the Deputy Director of Curative Health (Districts) in the Eastern Highlands Provincial Health Authority, where he manages clinical functions in rural health facilities.

Box 1 What is the SUN Movement Pooled Fund?

The SUN Movement Pooled Fund (2018-2020)² was set up as a last-resort, catalytic source of grant funding to support SUN Civil Society Alliance (CSA) activities at the national and sub-national level. The grants were administered by the United Nations Office for Project Services (UNOPS). Recommendations from the SUN Civil Society Network members, the SUN Movement Strategy and Roadmap (2016-2020), and the lessons learned from the SUN Movement Multi-Partner Trust Fund informed the design of the grant programme.

Window II of the Pooled Fund (2019) aims to strengthen linkages and joint collaboration in the multi-sector/stakeholder platform at both the national and sub-national level (funding for Window II has now closed).

Figure 1 Six target provinces in Papua New Guinea



Introduction

Papua New Guinea (PNG) is a country in Oceania that occupies the eastern half of the island of New Guinea and its offshore islands in Melanesia, a region of the southwestern Pacific Ocean. The population of eight million is one of the most culturally diverse in the world and one of the most rural. Only 18% of people live in urban centres and the majority still live in strong traditional social groups based on farming.

PNG is experiencing a serious problem of malnutrition. As of 2010, the prevalence of under-five stunting is nearly 50%, which is twice the developing-country average of 25%¹. The wasting prevalence of 14% is also greater than the developing-country average of 8.9%¹. Among the under-five population, the national prevalence of overweight is 13.7% (2010), which has increased significantly from 3.4% in 2005¹. Meanwhile, nearly 26% of women and 17% of men are obese¹.

Catalysing action in PNG

In 2016, PNG joined the Scaling Up Nutrition (SUN) Movement and embarked on a number of initiatives to tackle the country's malnutrition crisis. The Government, with support from development partners, developed the first *National Nutrition Policy* (NNP) (2016-2026), a policy process that brought together multiple stakeholders³. To build on these efforts, nutrition actors applied for the SUN Movement Pooled Fund (see Box 1) in order to strengthen nutrition coordination efforts and mount an advocacy campaign for increased investment⁴.

With initial funding of USD113,000 for 12 months, the Pooled Fund has enabled the formation of a SUN CSA and advocated for the appointment of the SUN Focal Point (SUN FP), based in the National Planning Department. The CSA aims to ensure

¹ GNR <https://globalnutritionreport.org/media/profiles/v1.9.5/pdfs/papua-new-guinea.pdf>

² <https://scalingupnutrition.org/sun-supporters/sun-movement-multi-partner-trust-fund/sun-movement-pooled-fund-2018-2020/>

³ https://www.health.gov.pg/pdf/PM-SNNP_2018.pdf

⁴ The SUN Pooled Fund project is a collaboration between Save the Children and the Government of PNG and managed UNOPS.



Nutrition session in Southern Highlands province with activities designed to help mothers prepare healthy meals using fresh produce from food gardens

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that local civil society organisations (CSOs) contribute to nutrition policy and action plans, while also advocating for funding to implement and monitor commitments already made in nutrition plans. The CSA was formed with 39 members from both national and provincial level. Until now, the Project Management Unit has held ad hoc meetings, but the Pooled Fund project is advocating for stakeholders to establish a SUN multi-stakeholder platform coordinated by the SUN FP.

Developing a costed action plan

Another milestone is the development of a costed National Nutrition Strategic Action Plan (NNSAP) (2018-2022), which prioritises nutrition interventions that focus on the first 1,000 days of life, the treatment of acute malnutrition, and improving infant and young child feeding practices: there are currently no national programmes treating severe acute malnutrition, only fragmented activities implemented in a few selected provinces. Other sectoral approaches in the NNSAP include programmes to incentivise water and sanitation practices and those that promote dietary diversity. The activities in the plan cover the first three objectives of the NNP (2016-2026): governance, coordination, communication, partnerships, M&E and research; building nutrition capacity; and prevention and treatment of undernutrition. The country's high prevalence of overweight and obesity are not currently being addressed through the plan, but will be integrated and mainstreamed in other programmes in the future.

Creating sub-national linkages to strengthen coordination

One of the most successful aspects of recent nutrition advocacy in PNG is the forging of much-needed links between national and sub-national government stakeholders. Leadership and accountability for malnutrition reduction in the country has been weak to date, but attention is now focused on six out of 22 provinces in which to strengthen multi-sector coordination, collaboration and joint nutrition actions through rollout of the NNSAP. The inclusion of sub-national stakeholders such as members of the SUN CSA at the planning stage has contributed to provincial government providing ownership and leadership for nutrition, as described below.

The six target provinces have been selected based on mixed criteria (high levels of malnutrition, local capacity, potential for improving dietary diversity, etc.) and include a range of highland and coastal provinces with active CSOs in order to inform the learning process. The CSA has collaborated with provincial authorities (especially the health authorities) in conducting nutrition-advocacy workshops for CSOs and

district-level decision-makers in Jiwaka and Eastern Highlands provinces. For example, in Jiwaka province, work with women's groups via this training led to the establishment of a provincial nutrition committee, a model that will be replicated in the other provinces. An important part of the work of these committees is to submit funding proposals to sub-national government to undertake nutrition activities. By the end of 2020, the sub-national and national budgets are expected to include fiscal budgetary lines that directly fund multi-sector platform activities specified in the NNSAP.

Budgetary challenges

While the sub-national developments are encouraging, a 2018 Government budget analysis in PNG found that little was being spent or currently allocated to nutrition. There are signs of serious challenges; for example, the current NNSAP, with its focus on Objectives 1-3 of the NNP (2016-2026) will cost more than USD120 million. Further advocacy is needed to increase investments for the remaining four objectives of the NNP (including tackling micronutrient deficiencies and overweight and obesity). To sustain current efforts through the SUN Pooled Fund, there is an urgent need for high-level political commitments, culminating in funding from government and donors.

Lessons learned

Key lessons to emerge from the SUN Pooled Fund project concern budgets and cost sharing, including the experience that most efforts are more locally driven than national. For instance, advocacy efforts have been more fruitful at convincing provinces to allocate a budget line to nutrition than at national-government level. In the future, the focus of budget advocacy will continue to be on provincial departments, while national budget advocacy will focus on highlighting the need to accept provincial nutrition budgets. In addition, coordinating with other organisations has been found to provide a big dividend, reducing duplication of activities and increasing joint actions.

Next steps

A number of key actions going forward into 2020 have been identified, although these will need additional funding, support and technical guidance if they are to be achieved. Efforts will focus on establishing a national nutrition multi-stakeholder platform and similar platforms at provincial level; developing a monitoring and evaluation framework; setting up SUN networks for academia and business; and securing urgent increased investment in nutrition from the Government and the donor community.

Adaptation and mitigation of climate-change effects on food and nutrition security in Honduras



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Susan Lopez is a Food and Nutrition Security Specialist in the Food and Nutrition Security Technical Unit and Secretary of General Coordination in the Government of Honduras.

Adriana Hernandez is an Associate Professor of Human Nutrition and Food Security in the Department of Food Sciences at Zamorano University, Honduras.

Lucía Escobar is an Associate of the Nutrition Programme for the UN World Food Programme, Honduras.

Introduction

Honduras is a Central American country with a population of over nine million, comprising nine different ethnic groups. Hunger is on the rise and is estimated to affect 1.4 million people (2017)¹. Almost one in four (23%) children under five years old (CU5) are stunted; in the more vulnerable areas, this increases to one in every two². At the same time, rapid urbanisation is leading to increased consumption of processed foods and lower levels of physical activity, which are contributing to rising levels of overweight and obesity and risk of nutrition-related non-communicable diseases (NCDs). Approximately 51% of women in Honduras are overweight or obese (2012)².

A high percentage of the population live in poverty (64%) and extreme poverty (40%), with most of the extremely poor living in rural areas (69%)³. Honduras also has a high vulnerability to climate change⁴ and lies in what is called the 'Dry Corridor', an area that is particularly susceptible to irregular and long-lasting droughts. The increase in climate effects has given rise to new challenges; as a result, the resilience of the population needs to be built up to address undernutrition, overweight/obesity and NCDs.



A small producer with new technology that is helping to improve the quality and productivity of crops

Scarleth Duron, Euroson Occidente

Policy and plans in Honduras to address climate change

The main policy in Honduras that seeks to help the population adapt to the effects of climate change is the Climate Change Policy Framework. This includes objectives for agriculture, soil and food security, as well as improving the resilience of crops and pastures to thermal and water stress and preventing or reducing the incidence of pests and diseases. Other objectives include combatting soil erosion, loss of productivity and desertification in order to preserve and improve the nutritional quality of foods.

Linked to this policy is the *National Climate Change Adaptation Plan (2018-2030)*, which prioritises agri-food production and food sovereignty, and strengthening early-warning and risk-management systems for extreme natural events. The plan also focuses on expanding partnerships with government departments, private sector, academia, UN agencies and international and national non-governmental organisations (NGOs) to maximise integrated approaches for increased smallholder productivity and income generation through more sustainable food systems.

Linking humanitarian and development responses

In a context of increasing complexity due to poverty, undernutrition, increasing overweight and obesity, climate-change effects and a history of drought emergencies, government and its partners are investing in more sustainable solutions to restore the natural resource base, protect communities against climate shocks and predict extreme weather events. Strengthening the resilience and adaptive capacity of smallholder farmers, whose yields are often lower than all other food producers, is seen as pivotal to preventing hunger and malnutrition in Honduras. The country's worst drought, in 2014-16, triggered the declaration of an emergency, with a focus on helping 280,000 families most affected by the drought via the National Risk Management

¹ The State of Food Security and Nutrition in the World (2017). FAO

² <https://globalnutritionreport.org/resources/nutrition-profiles/latin-america-and-caribbean/central-america/honduras/#profile>

³ Encuesta Permanente de Hogares de Propósitos Múltiples en Honduras (2017) Instituto Nacional de Estadísticas (INE)

⁴ Índice de Riesgo Climático Global según (GermanWatch)



Water reservoirs and a distribution network for drip irrigation are government strategies to tackle drought

Scarleth Duron, Euroson Occidente

System (SINAGER, from its initials in Spanish) formed by government agencies and the humanitarian aid network.

The Alliance for the Dry Corridor

In 2014, the Alliance for the Dry Corridor (Alianza para el Corredor Seco in Spanish, or ACS) was created as part of implementing the *National Food and Nutrition Security Strategy* (2014-2022) and other strategies related to climate change.

The programme focuses its efforts on poverty reduction and malnutrition through strategic investments in the Dry Corridor's vulnerable communities. This country-led initiative, supported by international donors, is coordinated by the Food and Nutrition Security Technical Unit, Secretary of General Coordination in the Government of Honduras in conjunction with area municipalities through their local emergency committees, in which different sectors, NGOs and local organised groups participate.

ACS activities include providing equipment, information and knowledge to smallholders, together with appropriate technologies and the capacity development of farmers' organisations in the communities and municipalities of the 10 Dry Corridor departments. As a result of the country's 2014-16 drought, the Ministry of Agriculture and Livestock also undertook the Presidential Water Harvest Programme, which constructs reservoirs, water pipes and a distribution network for drip irrigation.

Layering activities

The main goal of the ACS has been to lift 50,000 families out of poverty by 2020 and to reduce stunting by 20% in CU5 in the target communities (analysis on data towards achieving this goal is currently underway). Activities were expanded to include nutrition education and hygiene in the home, food production and income generation, construction of water reservoirs and drip irrigation, technical assistance and training of producers, access to agricultural credit to small and medium producers, and the prevention of pregnancy in adolescents through strengthening the capacities of the 10 focus departments.

The approach also relies on the understanding that no single activity is enough to facilitate the transformation of smallholders from subsistence farmers, who are highly vulnerable to shocks and climate stresses, to being surplus producers who are integrated into local and regional market systems and resilient to shocks.

The activities implemented are based on the following principles:

- Focus on the most food-insecure and vulnerable populations.
- Build effective partnerships.
- Understand, define and address the links between climate risks, non-climate risks, nutrition and food security.
- Integrate environmental restoration and natural-resources management into strategies and efforts to adapt to climate change.
- Include a gender, social protection and nutrition lens.

Nutrition activities include health, hygiene and nutrition education to deliver key messages promoting a healthy lifestyle. The diversification of crops with high nutritional value is also promoted in order to increase the production of and access to foods with a high micronutrient content (biofortified corn, beans and sweet potatoes) to prevent micronutrient malnutrition. Many of these activities, including training and actions to mitigate the effects of climate change, are implemented at the community level using existing platforms. These include local associations (such as groups of rural women, rural housing, child nutrition monitors, health volunteers) and community leaders (such as representatives of water boards, members of local emergency committees, school parent associations, etc.), which provide the opportunity to demonstrate results to other families to encourage changing crops and eating habits.

Challenges and next steps

Funds for river-basin management for the Dry Corridor are insufficient, so advocacy is needed to secure greater financing. Other issues include the need to raise awareness and disseminate issues relating to climate change and integrated management of water resources at national and local level, as well as strengthening dialogue mechanisms between climate-change actors in both the public and private sectors. An added challenge is that there is a lack of data by which to measure the impact of these various climate change-related activities and, indeed, their effectiveness in reducing malnutrition.

A second phase of the ACS programme is being planned, subject to funding from national and external partners. There are also plans to incorporate climate change adaptation and mitigation actions into regional and municipal development plans.

El Salvador: the road from national nutrition strategy to local implementation



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This article draws on the findings from stakeholder interviews carried out in El Salvador as part of an in-depth country review ('Deep Dive') to support the mid-term review of the SUN Movement. The final report will be available on the SUN Movement website shortly.

Box 1 El Salvador's policies, strategies and programmes that prioritise food security and nutrition

- 2011: National Policy for Food Security and Nutrition (2011–2015)
- 2012: Strategic Plan for National Policy for Food Security and Nutrition (2013–2016)
- 2013: Adoption of Breast-feeding Act; National Policy for the Promotion, Support and Protection of Breast-Feeding
- Plan for the Reduction of Micronutrient Deficiencies and a Strategy for the Treatment of Child Malnutrition in the country's 100 poorest municipalities
- Education and social communication strategy for behaviour change
- Plan for family farming and rural entrepreneurship for food and nutrition security
- 2017: Regulation of healthy food in school canteens
- 2017: Launch of Observatory for Surveillance, Early Warning, Monitoring & Evaluation of Food Security and Nutrition
- 2018: National Policy for Food Security and Nutrition (2018–2028)



Fabricio Gabriel enjoys a meal made by his mother, a beneficiary of a resilience programme, at their home in Calavera, El Salvador

WFP/Rein Skallerud

Introduction

Bordering Guatemala and Honduras, El Salvador is the smallest and most densely-populated country in central America, with a population of 6.4 million. The country has low economic growth (2.3%) and high and rising public debt (70% of gross domestic product or GDP): 29% of the population still live in poverty (based on a USD5.5 per person per day poverty line)¹.

In terms of development, the country has made progress towards consolidating democracy and peace since the end of the civil war in 1992 and in advancing human-development outcomes, mainly through the expansion of access to healthcare and education. However, poverty and inequality, coupled with extremely high levels of violence and ensuing insecurity (El Salvador has one of the highest murder rates in the world) still drive thousands of people to leave each year. Recurrent droughts, increasing over time, also limit development and have had disastrous consequences on the basic production of maize and beans among smallholder farmers.

Rise of overweight and obesity

Over the past decade, El Salvador has made steady progress in reducing food insecurity and malnutrition, with the prevalence of stunting in children under five years old (CU5) decreasing from 19% to 14% between 2008 and 2014². Although prevalence of wasting in CU5 remains low at 2%, there has been an increase in CU5 overweight (6%)². Moreover, the adult population also face a malnutrition burden: 23% of women of reproductive age have anaemia and 29% of women and 19% of men have obesity, with associated increase in nutrition-related non-communicable chronic diseases such as diabetes². In 2017, the cost of the double burden of malnutrition was estimated at USD2.5 billion, equivalent to 10% of GDP³.

El Salvador and the SUN Movement

The country joined the SUN Movement in September 2012 with a letter of commitment from the Ministry of Health and the Director of the National Council for Food Security and Nutrition (CONASAN). The Council has gradually gained convening powers with different government institutions and with non-government stakeholders (UN agencies, donors and

¹ www.worldbank.org/en/country/elsalvador/overview

² <https://globalnutritionreport.org/resources/nutrition-profiles/latin-america-and-caribbean/central-america/el-salvador/#profile>

³ <https://www.wfp.org/publications/2017-cost-double-burden-malnutrition-social-and-economic-impact> <https://es.wfp.org/publicaciones/el-costo-de-la-doble-carga-de-la-malnutricion-el-salvador>



A family shares a nutritious meal of chicken soup; however, rural poverty in El Salvador often results in lack of dietary diversity.

WFP/Rein Skallerud

civil society organisations). In 2014, the then newly-elected government ratified and approved the Food Security and Nutrition Policy and Strategic Plan, strengthening CONASAN and its technical arm, the Technical Committee for Food Security and Nutrition, to oversee implementation of the policy and operationalisation of the strategic plan during the 2014–2019 period.

Prioritising municipalities with a high double burden

The country has made significant progress in reducing stunting, as a result of the Food Security and Nutrition Policy. However, the 2016 *National Census of Weight and Size in First Year Scholars (aged 6–9 years old)* revealed that 31% were obese and overweight (obesity was 14% and overweight was 17%) and 9% were stunted in this age-group. The results of the census were crucial for defining programmes and interventions as municipalities with a high double burden were prioritised for implementation after 2017. The expansion of the strategy and implementation model has been reshaped since then, taking into consideration the new data on stunting and obesity and overweight for each municipality.

CONASAN began implementing the National Strategic Plan (2013–2016) at the departmental level. The objective was to develop multi-sector and multi-stakeholder platforms at government sub-

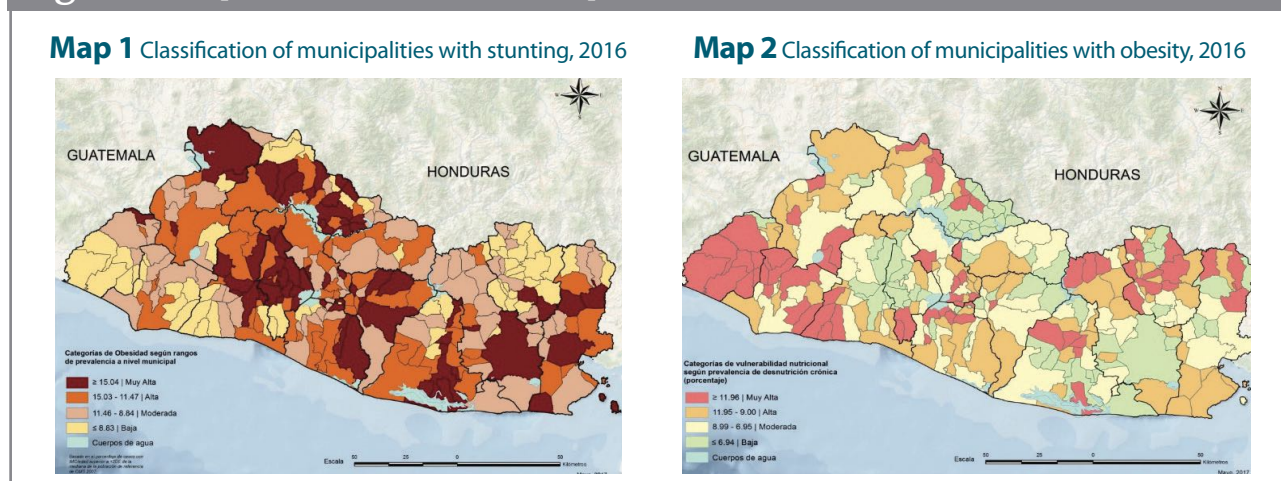
national levels (departmental and municipal) for the execution of sub-national plans by replicating the national model.

Sub-national implementation

In 2014 CONASAN launched the first departmental nutrition council (CODESAN) and five municipal nutrition councils (COMUSAN) in areas with a high prevalence of stunting in school-aged children.

The CODESAN, an example of multi-sector and multi-stakeholder collaboration, is formed by the local governor and stakeholders from Basic Health Service Units, agriculture and education departments, other governmental institutions, Women's Development Institute, local non-governmental organisations (NGOs), the church and farmers' associations. The main council functions are to design and implement a costed nutrition plan based on a situational analysis, raising awareness of the importance of nutrition, implementing the plan, monitoring and evaluation and finally, validating the list of beneficiary families for the programme activities. A pilot for the first municipal multi-sector nutrition action plan took place in Chalatenango Department, which was then tailored in terms of specific actions in other departments (see Figure 2). Since 2014, CODESANs have been rolled out in seven departments (representing half of all the country's departments). Depending on the Department/Municipality

Figure 1 Maps used to determine municipalities with double burden



Source: National Census of Weight and Size in first year scholars (2016)
www.conasan.gov.sv/11-05-2017/conasan-resumen-de-resultados-iv-censo-nacional-de-peso-en-escolares-de-primer-grado-de-el-salvador-mayo-2016/

and the results of the census, they decide whether to apply double burden interventions or not.

Similarly, COMUSAN is formed by municipal hall, central and departmental government representatives, community stakeholders, local NGOs, the church, women and farmers' associations and all implementing actors. NGO nutrition activities within the Departmental and Municipal Food and Nutrition Security Strategic Plan must be registered at municipal and departmental level. Monitoring and evaluation procedures are in place for registering nutrition interventions and beneficiaries, providing a single record across sectors of all household members. COMUSAN has utilised this data to develop a mapping system for monitoring families vulnerable to food or nutrition insecurity, establishing a registration monitoring tool for more efficient use of resources among service providers.

Key factors for success and lessons learned

A number of factors were identified by sub-national stakeholders as contributing to strengthening nutrition at the local level; in particular the development of the COMUSAN and design of an operational plan with interventions and a clear monitoring and evaluation plan; the implementation of a local registration and information system; and the costing of the investment required for its development and sustainability. A clear mandate for a participatory planning process at the sub-national level facilitated stakeholder alignment behind a

set of common results through ownership, with the national leadership of the SUN Focal Point. Furthermore, shared co-responsibility between government and NGO stakeholders, including local leaders, also created accountability mechanisms and helped maintain commitments during changes in government.

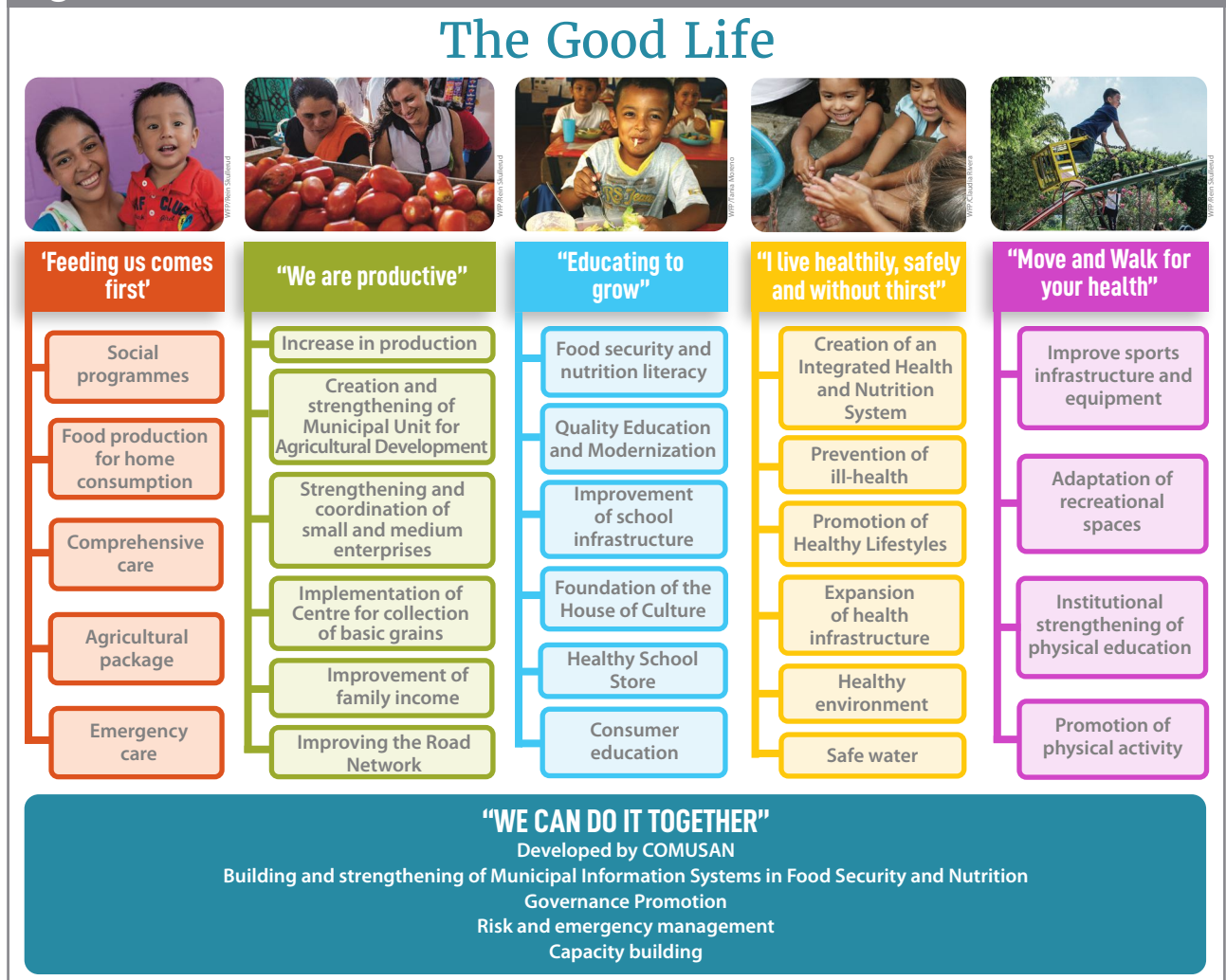
Among the lessons learned from this implementation strategy were the importance of the convening power of CONASAN throughout the process, as well as continued political support from the national executive level.

Remaining challenges

Challenges for the future lie in involving more relevant stakeholders, such as the private sector, due to the lack of legal frameworks that would enforce participation; development of mechanisms to coordinate sectors at different levels; and lack of financial resources from national to local levels that would strengthen the sub-national platforms, as well as technical units to support implementation of local nutrition plans.

The development of multi-sector and multi-stakeholder local platforms for food security and nutrition for efficient implementation, together with the generation of nutrition data, monitoring systems, as well as community empowerment and sensitisation, remain a long-term investment for the country and those communities in need that are facing multiple forms of malnutrition in El Salvador.

Figure 2 Municipal action plan for Las Vueltas, Chalatenango



Online resources

SUN toolkit on Multi Stakeholder Platforms (MSPs) for Nutrition

This new toolkit, developed by the UK-based Institute of Development Studies, guides users through the process of either creating or improving country level MSPs for Nutrition. It contains tools to help with each step of the process - from how to set up and organise MSPs, engaging stakeholders and making MSPs more effective, along with country case studies.

<https://msptoolkit.scalingupnutrition.org/>

Making commitments for Tokyo Nutrition for Growth (N4G) Summit 2020

This *Commitment-Making Guide* provides tools and resources for countries to convert global and national-level targets into clear and meaningful national commitments and actions - for which those making them can be held accountable. This resource is particularly useful in advance of the N4G Summit.

https://scalingupnutrition.org/wp-content/uploads/2019/11/N4G-Commitment-Guide_web.pdf

See also <https://nutritionforgrowth.org>

Free online courses

- Register at <https://agora.unicef.org> for online courses in nutrition topics, such as Programming for infant and young child feeding and Early Childhood programming in the field.
- Open-access courses from the London School of Tropical Hygiene and Medicine (LSHTM) explore the multi-sectoral links between agriculture, nutrition and health <https://www.lshtm.ac.uk/study/courses/short-courses/free-online-courses/agriculture-nutrition-health> and Programming for Nutrition Outcomes <https://www.lshtm.ac.uk/study/courses/short-courses/free-online-courses/programming-nutrition-outcomes>
- The Global Health eLearning Centre offers courses aimed at increasing knowledge in a variety of global health technical areas, including social and behaviour change for nutrition <https://www.globalhealthlearning.org/program/nutrition>

Leadership course

Transforming Nutrition in West Africa: Evidence for Policy and Programming for Francophones is the second of two leadership development courses specifically designed for strengthening leadership in multisectoral environments. The 5-day course, which will be mostly in French, will be hosted in November 2020 in Dakar, Senegal.

<https://westafrica.transformnutrition.org/learning/transforming-nutrition-in-west-africa-evidence-for-policy-and-programming-for-francophones/>

Latest Global Nutrition Report

Malnutrition affects different people in different ways, depending on factors such as income, location, gender and age. In recognition of this, the 2020 Global Nutrition Report will focus on equity and unpack the role of inequities in ending malnutrition in all its forms. **Sign up** to receive the launch pack, which will include key messages from the report, social media assets and a copy of the global press release.



Exploring multi-sector nutrition programmes at the sub-national level

To accompany six previously released country case studies, ENN recently published two more studies from Zimbabwe and the Philippines on the topic, with accompanying videos (Philippines & Zimbabwe). In order to position this body of evidence within the broader knowledge base, ENN developed a literature review on the topic and summed up key emerging trends from the eight case studies into a final synthesis. For a brief overview of the case studies, see the short video trailer (<https://www.ennonline.net/mediahub/video/trailermsp2020>).

Ahead of the SUN GG 2019, ENN developed a series of synthesis papers on key topics within *Nutrition Exchange* and *Field Exchange* from the last five years of the SUN Knowledge Management project. The five briefs cover:

1. Building an enabling environment for scale-up
2. Using SUN mechanisms to catalyse scale-up
3. Scaling up nutrition-specific activities
4. Scaling up nutrition-sensitive activities
5. Nutrition programming in fragile and conflict affected states

A recent **podcast** (<https://www.ennonline.net/mediahub/podcast/fexnexsynthesisbriefs>) was recorded which explores these emerging themes for SUN countries.

The 2019–2020 Global Nutrition Report is launching on 12 May 2020

Sign up to receive your copy globalnutritionreport.org

Image: Silvia Di Giovanni/Pixabay

The next Global Nutrition Report will unpack the role of inequities in ending malnutrition in all its forms.



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