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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 and electronically.

How to subscribe or submit an article

To subscribe to *Nutrition Exchange*, visit [http://www.ennonline.net/nex](http://www.ennonline.net/nex)

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

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

To get started, just email Carmel and Judith (carmel@ennonline.net and Judith.Hodge@ennonline.net) with your ideas. We are now looking for articles for NEX Issue 8 so please be in touch.

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

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Front cover: Girl with melon, community farming groups, Senegal; WFP/Jenny Matthews

Back cover: Market in the Zongo territory, DRC; WFP/Olivier Le Blanc

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This edition of NEX has been made possible by the work of ENN’s Regional Knowledge Management Services (RKMS) staff based in Asia and Africa; Charulatha, Ambarka and Titus. They have been closely supported by ENN’s Global KM Coordinator, Tui Swinnen. We are grateful for their insights and expertise.

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On-line resources

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SUN Movement update

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

This seventh issue of Nutrition Exchange introduces an exciting new phase in the publication’s development, as ENN will now be publishing NEX twice a year and will bring together experiences and learning from Scaling up Nutrition (SUN) Movement countries as well as other content. This has been made possible by DFID funding to ENN to provide knowledge management (KM) services to SUN countries – particularly those that are fragile and conflict-affected. The SUN Movement is diverse, bringing together governments, UN agencies, businesses, donors, civil society organisations and individuals, and this diversity is evident at country level, with each Movement country adapting nutrition scale-up approaches based on their needs and their challenges.

ENN supports the documentation of the rich and varied experiences of nutrition scale-up in these countries in order to share innovations, learning and good practice.

For this issue, ENN’s new team of regional KM specialists (RKMS) have worked with national actors to support the development of original articles focusing on current nutrition issues in East Africa, West Africa and Asia. This has produced a rich variety of experiences from these corners of the world. The RKMS have generated articles either through one-on-one interviews or by supporting authors to write their articles. This process takes time: every original article in this edition (as with all the previous ones) is the end product of a close collaboration between NEX editors, RKMS and authors. For a number of contributors to NEX, it may be the first time they have written for publication.

There are eight original articles in this first SUN-focused issue of NEX. The Movement’s influence and networks are growing in many SUN countries, and the process is captured in this publication, including in an article from Tanzania (on page 9) that describes the advocacy work by the local civil society network, PANITA (Partnership for Nutrition in Tanzania), with the country’s politicians to raise the profile of nutrition, and an interview with Senegal’s SUN focal point that describes success in increasing the national nutrition budget (page 13). Civil society efforts feature strongly in this issue, but efforts from other sectors are also covered, such as government initiatives at a national level, with the passage of Kenya’s Food and Nutrition Security Bill (page 11); Odisha state’s efforts to address anaemia through scaling up fortified rice in school meals (page 22); UN collaborations (the experience of REACH in strengthening the SUN Movement in Burkina Faso (page 17); and the launch of SUN business networks in Nigeria and Niger (page 15).

Another exciting development is the blossoming of south-to-south collaborations: we have two examples of such lesson sharing in this publication. Nepal’s success in reducing undernutrition is a global success story that a SUN delegation from Tajikistan were interested in finding out about first-hand; read about their visit to Nepal and lessons learnt on page 24. Nutrition advocates from the Philippines’ civil society sought guidance on developing and strengthening their SUN network, so we put their questions to two experienced nutrition champions, one from India and the other from Myanmar.

The result is a fascinating insight into building traction for scale-up in very different contexts, but with advice that could be applied across the board (see page 19).

NEX 7 also provides updates on global developments. The recent joint malnutrition estimates from UNICEF, WHO and the World Bank Group (page 4) confirm that Asia and Africa bear the greatest burden of child undernutrition. Perhaps more of a surprise is that, in 2015, almost half of all overweight children live in Asia, and more than one quarter live in Africa. As a recent report on food systems (page 4) shows, poor diet is the main risk factor driving the global burden of disease in undernutrition and overweight/obesity; the report also highlights the fact that diets are not improving with income. One promising global initiative is in school feeding (page 5); one in five children now receive a school meal every day, and policy-makers are increasingly viewing school meals as an entry point to address health and nutrition issues in this population, as evidenced by the experiences of countries in a sourcebook on the topic.

A question widely asked and discussed is: Why are some countries better able to achieve reductions in undernutrition than others, even though their economies and poverty levels are similar? The Nourishing Millions and Stories of Change projects (page 7) used in-depth quantitative and qualitative analysis to understand the likely factors behind the success of countries such as Nepal, Bangladesh and Brazil in reducing stunting in under-fives, as well as other nutrition-related determinants.

This issue of NEX includes a SUN Movement update on recent developments at a global level, such as the launch of the SUN Road Map (2016-2020), which outlines the ambitions and strategic direction of the Movement in its second phase.

Finally, the NEX team looks forward to continuing to work with SUN Movement countries to support the capture of experiences and learning of nutrition scale-up. We have a team of staff who can help you document your experiences and lessons learnt from which the wider SUN Movement community can benefit. Please contact us at any time if you would like to feature in a future issue of NEX.

Carmel Dolan, Co-editor, NEX (carmel@ennonline.net)
Judith Hodge, Co-editor, NEX (Judith.Hodge@ennonline.net)

About ENN

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

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

Tui Swinnen, Global KM co-ordinator
Charulatha Banerjee (RKMS Asia)
Ambarka Youssoufane (RKMS West Africa)
Titus Mun’gou (RKMS East Africa)
New global malnutrition estimates

The new joint estimates from the inter-agency team (UNICEF, WHO and the World Bank Group) on child stunting, overweight, underweight and wasting show that stunting is declining too slowly, while overweight is continuing to rise.

Africa and Asia bear the greatest burden of all forms of malnutrition. In 2015:

- More than half of all stunted children under five lived in Asia and more than one third lived in Africa.
- Almost half of all overweight children lived in Asia and more than one quarter lived in Africa.
- More than two thirds of wasted children lived in Asia and more than one quarter lived in Africa.

Some children suffer from more than one form of malnutrition – such as stunting and overweight or stunting and wasting – but there are currently no joint estimates of these combined conditions.

To find out more, visit www.who.int

Food systems and diets: Facing the challenges of the 21st century

Poor diet is the number one risk factor driving the world’s disease burden. Over 800 million people are undernourished, two billion consume diets that are lacking in one or more essential minerals or vitamins, and 1.9 billion people are overweight and obese; that means the diet of one in three people on the planet is inadequate. But there is a lack of information about the specific components of our diets; how their consumption varies by country, income, rural/urban residence, and age – and how diets are changing over time.

This Report, from the Global Panel on Agriculture and Food Systems for Nutrition (GLOPAN), takes a fresh look at the diverse challenges that decision-makers will face as they try to ensure healthy and nutritious diets, particularly in low and middle-income countries. It also sets out priorities for action to prepare for the future.

Key messages from the report:

1. Diet is by far the main risk factor for the global burden of disease

If current trends continue, by 2030 nearly half of the world’s adult population will be overweight or obese, up from one third today. And the poorest countries are not immune to these trends. For example, by 2030 Bangladesh will have more adults with diabetes than Mexico or Indonesia.

2. Diets are not getting better with income

Consumption of foods that are part of a high-quality diet (e.g. fruit) does increase with income, but the consumption of foods that are harmful to a high-quality diet (e.g. processed meat) also increases. Urbanisation is a driver of poor diets, because it encourages the demand for and supply of highly processed foods that require less preparation time and which tend to be energy-dense and high in salt, sugar and unhealthy fats.

3. The consequences of poor diet go well beyond poor health and undermine sustainable development

These trends have huge mortality and morbidity costs, but they also have enormous economic costs, estimated to be an annual loss of 10% of global gross domestic product – equivalent to a global financial crisis every year.

4. The food system is a big part of the problem – and a big part of the solution

The food system covers everything that governs the flow of food from farm to fork: production, storage, transport, trade,
About one in five children (nearly 368 million children) receive a meal at school every day, which amounts to a global investment of around US$75 billion per year. While there are many successful examples of school feeding programmes in high-income countries, governments in low and middle-income countries have called for guidance on how to strengthen and scale up their national programmes. This book shares examples of good practice in both design and service delivery, based on case studies in 14 countries (Botswana, Brazil, Cape Verde, Chile, Côte d’Ivoire, Ecuador, Ghana, India, Kenya, Mali, Mexico, Namibia, Nigeria and South Africa).

What works?
There is no ‘one-size-fits-all’ recipe for success in school feeding, but certain key themes are featured in the book:

1. Design and implementation
   - Although programmes are most frequently designed as social protection measures (to increase enrolment and gender equity), policy-makers are increasingly viewing school feeding as a means to tackle health and nutrition issues; in Ghana, nutritionally balanced school meals using local ingredients are digitally planned and in Chile, school meals are tied into obesity prevention and education through making healthy food choices.

2. Policy and legal frameworks
   - Effective programmes need a well-articulated policy and legal framework; every country reviewed had policy and legal frameworks in place.

The report provides new data, tools and ideas to help policymakers develop a set of food system policy responses that are right for their diet problems. According to the chair of the lead expert group, enhancing the ability of food systems to deliver high-quality diets is a choice that is well within the grasp of policymakers – and one that will help achieve the UN Sustainable Development Goal of ending malnutrition in all its forms by 2030.

Reference
incorporated school feeding into its regulatory framework. For example, Mexico and South Africa included legislation in their constitutions.

3. Institutional arrangements
   - Coordinating stakeholders across multiple sectors, ensuring enough government capacity at national and local levels, and creating mechanisms to ensure quality and accountability were all key mechanisms for success.

4. Funding and budgeting
   - Identifying sustainable and protected sources of funding remains the key challenge for many low-income countries; partnerships with the private sector are increasing.

5. Community participation
   - In Namibia, many communities are expected to provide fuel, cooking utensils and storerooms. This research shows that the most sustainable programmes respond to community needs, are locally owned, and incorporate some form of parental or community contribution, whether cash payments or in-kind donations of food or labour.

Despite the large number of school feeding programmes worldwide, the authors highlight a lack of information, such as impact evaluations and cost and financing arrangements. Future research should also generate evidence-based guidance on smallholder farmer engagement, local development, eating habits, and food quality and safety.

Reference

SUN en-net discussion areas

The SUN area of en-net includes questions and discussions that enable SUN country actors to share their experiences and learning openly.

A recent question asked was: What are good examples of where multi-sector platforms (MSPs) for SUN have been successfully established at province or county level? What actors have been involved in these platforms? Do these platforms replicate the MSP at the national level or are they quite different?

Experience was shared from Zambia and Nepal

Zambia
Zambia has a multi-sector national programme of High Impact Nutrition Interventions (HINI) and nutrition-sensitive actions (the MCD programme (MCDP)). Representation comes from the five key line ministries: health, agriculture, local government, community development and education, as well as civil society. The Zambian National Food and Nutrition Council (NFNC) has established co-ordination committees at provincial, district and ward level in target areas.

Committee meetings are typically chaired by the District Authorising Officer within the District Commissioner’s office and each district has an NFNC staff member to support the MCDP, as well as a District Nutrition Officer/focal point. Sometimes the district may be further supported by an NGO that acts as grant manager/coordinator.

The establishment of these committees is a very large undertaking requiring significant preparation, advocacy, awareness-raising and communication; however their potential is also very great.

Nepal
In Nepal, with the launch of the Multi-Sector Nutrition Plan (MSNP) in 2012, a multi-sector coordination architecture was established at the national, regional, district, municipal and village levels. This includes:
   - The High Level Nutrition and Food Security Steering Committee (HLNFSSC), hosted by the National Planning Commission (NPC), spearheads multi-sector coordination and policy guidance.
   - The Regional Nutrition and Food Security Coordination Committee coordinates the regional structures of the sectors and stakeholders/partners.
   - In addition, there is the National Nutrition and Food Security Coordination Committee, chaired by the head of the NPC.
   - Similar multi-sector coordination committees on nutrition exist at district, municipality and village levels.
   - A National Nutrition and Food Security Secretariat has been established at the NPC Secretariat to provide administrative and technical support to the HLNFSSC and the NPC and to facilitate multi-sector, multi-stakeholder coordination of MSNP activities.

At the sub-national level, steering committees have been formed at the level of District Development Committee (DDC), municipality and Village Development Committees (VDCs). These have specified Terms of References focusing on coordination, guidance and oversight functions at their respective levels. The district-level management structures are overseen by a Nutrition and Food Security Steering Committee, which is being combined with the existing food security committees present in all districts.

To read more on this discussion or to add your country’s experience, please visit www.en-net.org/question/2488.aspx
To view more SUN discussions on en-net or to post a question, please go to www.en-net.org/forum/26.aspx
Statistics are important in fighting global hunger and malnutrition, but it is also critical not to forget the names, faces and stories of those who experience them first-hand. This is the impetus behind two linked projects: Nourishing Millions, a book which brings together stories about improving nutrition in the past five decades, and Stories of Change in Nutrition, a series of in-depth case studies in six countries.

The stories in Nourishing Millions examine interventions that address nutrition directly – such as community nutrition and feeding programmes for infants and young children – as well as nutrition-sensitive policies related to agriculture, social protection and clean water and sanitation. The authors consider the range of efforts to combat malnutrition in all its forms, including severe acute malnutrition (SAM), stunting, micronutrient deficiency and overweight and obesity. They shed light on nutrition success stories on the ground in places ranging from Bangladesh, Brazil, Nepal, Peru, Thailand, Vietnam and Ethiopia to the state of Odisha in India. The book also examines how nutrition ‘champions’ emerge and drive change.

Nutrition narratives
It is well known that good nutrition depends not only on people’s access to a wide variety of foods, but also on the care they receive and the environment in which they live. A number of countries and programmes have used this broader understanding of nutrition to make progress at the country level. These narratives provide insights into what works in nutrition, what does not, and the factors that can contribute to success in implementing nutrition-relevant programmes to accelerate and scale up impact on the ground. Examples of the findings include:

• The move from centralised, inpatient care for SAM to the community-based management of acute malnutrition (CMAM) is the story of one of the most important paradigm shifts in public health nutrition in the last decade.
• Mexico’s successful PROGRESA programme (subsequently known as Oportunidades and then Prospera) illustrates how social protection interventions work most effectively to improve nutrition when combined with behaviour-change communications.
• Nepal’s success story in reducing stunting from 48% to 27% between 1996 and 2011 is described and the multi-sector approach that fostered improvement in health services, sanitation, wealth and parental education is explored.
• Since independence, Bangladesh has had one of the highest rates of child under-nutrition in the world, but community-based initiatives such as the SHOUHARDO programme (2005 to 2010) directly targeted the nutrition and health of mothers and children, with interventions focused on water, sanitation and homestead food production. Marked reductions in the prevalence of child stunting were reported, dropping from 62% to 49% over a four year period.

Stories of Change in Nutrition

Stories of Change in Nutrition is a series of in-depth, structured case studies in six countries: Bangladesh, Nepal, Odisha (India), Ethiopia, Senegal and Zambia. The stories, all evidence-based, aim to improve understanding of the key factors that seem to drive reductions in under-nutrition, and how enabling environments and pro-nutrition policy and implementation processes can be cultivated and sustained. For example, Odisha, a state in India, has performed better in reducing under-nutrition than richer states. To understand why, researchers developed a 25-year timeline from 1991 to 2015, using various data sources, including content analysis of documents (such as DHS data), stakeholder interviews at the state level (government staff, civil society members) and community members (mothers and frontline workers). The data suggest that many of the immediate determinants of nutrition improved, such as exclusive breastfeeding, supported by scaling-up of associated policies and programmes, but several underlying and basic determinants, especially sanitation and poverty, improved less over the years. Each case study concludes with recommendations for future action. The research is summarised in country briefs.

References
Stories of Change in Nutrition case studies and country briefs
www.transformnutrition.org/stories_of_change/
The Grand Bargain

A new deal for humanitarian aid

The ‘Grand Bargain’ is the name given to a package of reforms to make humanitarian aid financing more efficient and effective. It was launched at the World Humanitarian Summit in Istanbul in May 2016 by 30 donors and aid agencies who together command the majority of global humanitarian funding. A package of ten measures was agreed, as outlined below:

1. Greater transparency
   Publish timely, transparent, harmonised and open, high-quality data on humanitarian funding within two years.

2. More support and funding tools for local and national responders
   Just 0.4% of emergency funding currently goes directly to local and national agencies. The new target is 25% by 2020. This pledge will mean less direct funding to the UN agencies and international NGOs involved in humanitarian response.

3. Increase the use and coordination of cash-based programming (although there are no firm targets for the expanded use of cash).

4. Reduce duplication and management costs by reducing individual reporting requirements and oversight mechanisms for donors and aid organisations.

5. Improve joint and impartial needs assessments
   Significant efforts have been made to strengthen needs assessments, but critics claim that aid agencies too often get to define the scale of the problem and choose where they wish to intervene.

6. A participation revolution
   The end customers of aid often have little choice or influence in the services they get, and feedback mechanisms so far have had little impact in changing programme delivery.

7. Increase collaborative, humanitarian, multi-year planning and funding
   Most humanitarian funding is issued on a 12-month cycle. The target is for five countries to trial multi-year planning and funding by the end of 2017.

8. Reduce the earmarking of donor contributions
   Donors typically earmark funds for specific projects. Pooled funding mechanisms will expand.

9. Harmonise and simplify reporting requirements
   Identify core requirements and developing a common report structure.

10. Enhance engagement between humanitarian and development actors
    Combining emergency and development funds and agendas is a hot topic. The general intent is broad: to use existing resources and capabilities better to shrink humanitarian needs over the long term, with the view of contributing to the outcomes of the Sustainable Development Goals. The package also notes that, to achieve this, the focus will not only be on aid agencies and donors but also on national governments, civil society and the private sector.
Committing to nutrition
Raising nutrition up the political agenda in Tanzania

Tumaini Mikindo is the Executive Director of the Partnership for Nutrition in Tanzania (PANITA), a Scaling Up Nutrition (SUN) civil society association. He has a Masters of Public Health from Muhimbili University of Health and Allied Sciences, and a Masters of Science in Pharmaceutical Management from the University of Bradford, UK.

Background
Tanzania joined the SUN Movement in 2010 and was among the so-called early riser countries. Lack of progress in reducing malnutrition, particular stunting, between 1990 to 2010, and President Dr Jakaya Mrisho Kikwete’s involvement in global maternal and child health issues played a big part in the motivation to join the SUN Movement.

Prior to joining, Tanzania had two key nutrition networks: the Development Partners’ Group for Nutrition and the Civil Societies’ Platform (CSP). The CSP was supported by UNICEF and originally hosted by Save the Children International (SCI). The two networks were formalised to become SUN networks in 2010 and the CSP was registered in 2013 and officially named the Partnership for Nutrition in Tanzania (PANITA), with support from Irish Aid. Today, PANITA has over 300 country members, both local and international, drawn from key sectors aligned with nutrition such as agriculture, water, health and community development. The organisation has a secretariat with nine full-time staff members. PANITA’s vision is to see a well-nourished Tanzanian population and its mission is to realise the right to food and nutrition for all, with a particular focus on vulnerable groups, such as children, pregnant mothers and those living in abject poverty.

Tanzania has since established SUN government, donor and business networks. The coordination of SUN resides within the Prime Minister’s Office.

Working with Members of Parliament
Tanzania’s Parliamentary Group on Nutrition Food Security and Children’s Rights (PG-NFSCCR) was established in 2011. The group’s formation was spearheaded by a Parliamentarian, a nutritionist by profession who wanted nutrition champions within Parliament to advance the debate around nutrition. PANITA (amongst others) has worked closely with the PG-NFSCCR since its formation to achieve its objectives, including promoting investment in nutrition within the Councils’ plan and in lead Ministries and advocating for mainstreaming and coordination of nutrition, food security and children’s rights into policies and strategies across sectors. The group has a chair, vice chair and about 45 MPs across political parties.

Over the five years that PANITA has worked with the PG-NFSCCR, it has primarily focused on raising awareness about nutrition among Parliamentarians in order to influence budgets and policies. Awareness raising also enables MPs to advocate for nutrition issues in their councils (district authorities in rural areas, including district councils, village councils and township authorities all have powers to make by-laws, pass annual budgets and tax according to regulations within their area of jurisdiction). As a result, there has been an increase in the number of questions and quality of debates around nutrition issues in Parliament, which has been tracked by PANITA.

There has also been a recent positive trend in increasing budgets for nutrition as presented by councils during annual joint nutrition multi-sector meetings, in contrast to previous reports from the Hunger and Nutrition Commitment Index (HANCI). The next review in 2017 should provide evidence of the impact of the PG-NFSCR’s role (among others) on increased nutrition budgeting.

Developing recommendations: A nutrition lens for politicians
A presentation in 2013 of the HANCI annual data to Parliamentarians stimulated discussion among MPs on how to increase political commitment on nutrition. Tanzania had a HANCI 2013 ranking of 7th out of 45 – one up from 8th place in 2012 – but the report’s country analysis found that public spending had declined since 2011 and absolute budgets were weak for nutrition, with chronic malnutrition difficult to translate into political currency. One idea was to advocate for inclusion of nutrition issues in political parties’ manifestos, as the country was approaching a general election and would have a new president, and possibly a new political party, in power. The reasons behind the initiative were twofold: firstly, to institutionalise the political will to support nutrition; and secondly, to create accountability for political parties as well as the government of the day.

The PG-NFSCCR, with support from SCI and PANITA, engaged a consultant to develop a strategic plan and map out technical areas on which the group should focus. Recommendations detailed the type of actions for nutrition that should be included in all political manifestos. These included:

- Invest in infant and young child nutrition;
- Improve multi-nutrient mineral intake;
- Improve maternal and child nutrition;
• Address the needs of children, women and households in difficult circumstances;
• Promote household food and nutrition security;
• Prevent and control diet-related non-communicable diseases (NCDs);
• Invest in nutrition surveillance, surveys and information management;
• Increase investment on treatment of severe acute malnutrition (SAM);
• Promote and support research and development to improve nutrition; and
• Address nutrition in emergencies.

A booklet (in English and Swahili) was launched in February 2015 by the Deputy Minister for Community Development, Gender and Children at an event widely covered by the media. The Parliamentary group’s Chair was tasked to meet Parliamentary standing committees to promote the recommendations, including to parties that do not have an MP. Having a committed Parliamentary champion was critical in disseminating the nutrition recommendations across Parliament.

Many political parties adopted the recommendations approved by PG-NFSCR, including Chama Cha Mapinduzi (CCM, the current ruling party) and Chama cha Demokrasi na Maendeleo (CHADEMA). For CHADEMA, the manifesto was shared among the four other political parties under an umbrella organisation. As a result, there has been an increased understanding among MPs of how nutrition affects the country’s development. In principle, MPs wanted to ensure that between 2015-2020, all political parties explicitly include a nutrition ‘lens’ in their manifestos, in line with Tanzania’s National Nutrition Strategy and other national food and nutrition priority areas.

Conclusion
PANITA has learnt many lessons from engaging with Parliamentarians in Tanzania, including:
1. MPs should be engaged to understand the nature of the problem and what can be done;
2. They need to be supported with expertise or technical tools, such as data in simple language, and fed with current, evidence-based information;
3. Engagement with MPs must be long-term and strategic, not short-term; and
4. Nutrition advocates from civil society organisations should be proactive in their engagement with MPs, keeping them in the loop on nutrition matters and pushing for nutrition to remain top of their priorities. This involves inviting them to meetings, one-on-one discussions and continuous sharing of information.

In Tanzania, the SUN Movement has galvanised commitment to nutrition, especially from the President who called on ministries and other key actors to take actions, including increasing budgets for nutrition. The formation of the SUN Multi-Stakeholder Platform at national and council level has enhanced open dialogue and participation on nutrition issues. For example, diverse stakeholders such as civil society, donors, UN agencies, business networks and academia participated in drafting Tanzania’s National Nutrition Action Plan in 2016.

The PG-NFSCR began out of the passion that one MP had for nutrition and grew into a more formalised structure: today it is a healthy and vibrant organisation. Its existence highlights the fact that a higher level of political will is critical and should go beyond the executive branch (President, Vice President, Prime Minister and Ministers), as other pillars of the state (such as Parliament) are crucial in this endeavor.

Finally, the relationship between PANITA and the PG-NFSCR is grounded in the fact that poor and vulnerable citizens who are malnourished are the voters, and it is their MPs who represent them in Parliament. PANITA will continue to build on the achievements from the positive engagement with MPs to make sure political parties fulfil the promises made through their election manifestos.

See PANITA newsletter at http://www.panita.or.tz/images/panita/events/docs/PANITA%20_Newsletter1.pdf
Co-ordinating sectors
Kenya’s Food and Nutrition Security Bill

Gladys Mugambi (left) is the Scaling-Up Nutrition (SUN) Movement Focal Point.
Marjorie Volege (right) is the SUN Support Officer UNICEF/Ministry of Health.
Grace Gichohi is Nutrition Officer at the Ministry of Health.

Introduction
The nutrition sector in Kenya has gained momentum in enhancing its commitment to scaling up nutrition. The goal of the country’s Vision 2030 is to “transform Kenya into a globally competitive and prosperous nation with a high quality of life by 2030”. However, malnutrition is currently one of the biggest threats to realising both this vision and the aims of the Constitution (2010), which refers to the right to basic nutrition for all children and the right to food for all Kenyans.

Kenya faces a double burden of malnutrition; it is striving to reduce levels of undernutrition while at the same time faces increases in overweight, obesity and non-communicable diseases. The percentage of children under five affected by stunting has decreased from 35% in 2009 to 26% in 2014, but one in four children are still malnourished¹. Moreover, a further 4% of under fives are wasted; the same percentage of children that are overweight. Nationally, over one quarter (26%) of women and men aged 15-49 are overweight, with 7% classified as obese.

Nutrition stakeholders are contributing to the development of policies and legislations to ensure that malnutrition is tackled through a multi-sector approach, that coordination of nutrition is at the highest level in government, and that nutrition is prioritised in development plans. This will enable Kenya to achieve its targets in economic growth and long-term development.

Policy environment
In recognition that more action is needed to address the double burden of malnutrition, Kenya developed the Food and Nutrition Security Policy (FNSP) in 2012 with the following aims:
• To achieve good nutrition for the optimum health of all Kenyans;
• To increase the quantity and quality of food available, accessible and affordable to all Kenyans at all times; and
• To protect vulnerable populations using innovative and cost-effective safety nets linked to long-term development.

The FNSP was the first attempt to integrate nutrition into the national food security policy. It set out what needs to be done to ensure a sustainable increase in food production that is diversified, affordable and helps meet nutritional requirements. This involves promoting storage and processing of agricultural produce, including livestock and fisheries’ products, and the ability to respond to critical food emergencies, among other issues. It is therefore necessary for various sectors to be coordinated, monitored and supported by a higher office. High-level coordination will enhance synergy among various institutions and break the ‘silos’ that exist among ministries. In 2012 the nutrition sector, with support from partners, developed the Kenya National Nutrition Action Plan², which guides the implementation of nutrition and

food security interventions. However, the country requires scaled-up engagement from other sectors such as health, education, agriculture, social protection, water and planning to support and sustain the health and well-being of citizens.

Considerable progress has also been made by the national Government to create an enabling environment for implementation of the policy through legislation, including the Breast Milk Substitute Act 2012 and food fortification legislation.

Proposed Food and Nutrition Security Bill
The impetus among SUN stakeholders has been to advocate for high-level coordination for nutrition, including the Office of the President and Cabinet Secretaries from key ministries and county-level governments.

The Food and Nutrition Security Bill (FNSB) 2014 was tabled in Parliament as a Private Member’s Bill by the African Women’s Studies Centre (AWSC) and the Kenya School of Law at Nairobi University. The FNSB is a major outcome from a study on food security in Kenya and provides an opportunity to institutionalise some of the structures proposed within the Food and Nutrition Security Policy, which take into consideration evidence from other sector engagement. The Bill proposes that coordination of food and nutrition is sited in the Office of the President.

The enactment of the Bill has the potential to enhance political prioritisation of nutrition at national and county level, to increase investment for nutrition at all levels with an aim of contributing to the achievement of Vision 2030, and ultimately to achieve good nutrition as a people's right. With support from all stakeholders, the nutrition sector will increase advocacy efforts in line with the Advocacy and Communication Strategy 2016-2026 to ensure operationalisation of coordination mechanisms to achieve better nutrition outcomes. Three pillars of the Strategy identify priority issues, among them high-level coordination, positioning, and policies and legislation.

The FNSB 2014 proposes engagement of major line ministries and stakeholders at both national and county level through a new Food and Nutrition Security Council (operating at the ministerial level) and a Food and Nutrition Security Secretariat (operating at sub-national and county level, carrying out day-to-day technical work). These structures will give Kenya the appropriate visibility for nutrition as well as high-level engagement, since coordination currently sits solely within the Ministry of Health.

Council structure and functions
The Council will be chaired by the President and located within the President’s Office, with membership drawn from state and non-state actors working on diverse issues in food and nutrition security. This includes cabinet secretaries from a wide range of ministries (including Agriculture, Livestock and Fisheries, Health, Treasury, Water and Irrigation, Education, Industrialisation and Enterprise Development, Labour, Social Security and Services), and representatives from women’s organisations, key groups for consumers, farmers, pastoralists and the private sector, donors/development partners, civil society organisations, and research and academia.

The functions of the Council include:
- Reviewing and making recommendations on policy matters relating to food and nutrition security (FNS);
- Prioritisation of programmes and activities that address FNS;
- Giving a biannual status report on national FNS to Parliament;
- Devolving some functions to the county FNS committees; and
- Providing oversight on FNS matters, including strategic policy direction and approval of strategies to enable the Secretariat to respond to existing and emerging food and nutrition security risks.

National Secretariat on Food and Nutrition Security
The Secretariat will comprise five units to co-ordinate thematic issues of Availability and Access, Emergencies, Nutrition, Food Safety and Quality, and Social Protection in relation to food and nutrition security. Each unit shall be headed by a coordinator drawn from the line ministry for the time being responsible for the thematic issue.

The mandate of the Nutrition Improvement/Nutrition Security Unit will be to focus on promoting and enhancing the life-cycle approach to nutrition improvement, micronutrient deficiency and diet-related non-communicable disease control, nutrition and infectious disease, nutrition and nutrition education in schools, and linking nutrition education with capacity and awareness.

Lessons learned
The process of developing the Bill was multi-sectoral and brought together technical officers from relevant ministries and law makers (Members of Parliament). The entire activity was mainly coordinated by the Parliamentary Agriculture Committee, working closely with officials from Agriculture and Food Authority, Ministry of Health, Ministry of Agriculture and SUN networks from academia, UN and civil society.

The proposed Bill addresses a number of recommendations made by stakeholders in the food and nutrition security field, as well as the aims of the SUN Movement networks to elevate nutrition to the highest level in government. The SUN country focal point spearheaded the engagement of nutrition stakeholders with other actors during the Bill’s development. The core team comprised SUN networks’ chairpersons and officials from the Ministry of Agriculture.

The process of developing the Bill and working with Parliamentarians has strengthened knowledge of the country’s legislation process among technical staff in the ministries involved. This is expected to influence similar legislation and implementation of the proposed Bill in a devolved government system, which is in charge of the health sector, including nutrition programmes. Although many stakeholders welcome the new government structure (devolution to county level), the devolution process may have played a part in holding up the passage of the FNSB. The Bill was amended in 2015 in consultation with other relevant ministries and submitted to the Senate Agriculture Committee for review.
Increasing funding for nutrition
The role of advocacy and communication in Senegal

Ambarka Youssoufane, ENN’s Regional Knowledge Management Specialist, interviewed Abdoulaye Ka, National Coordinator of Cellule de Lutte Contre la Malnutrition (CLM), the Malnutrition Management Cell in Senegal since 2011, and its Head of Operations from 2002. He is a public health and social development specialist.

Background
Financing for nutrition is a current ‘hot topic’ receiving much attention among country actors involved in scaling up nutrition. Senegal has made significant progress not only in government nutrition budget commitments, but in ensuring that the promised funding is delivered.

The Government’s budget increased from CFA 1 172 million (US$295,000) in 2002 to about 2.5 billion CFA (US$4.27 million) in 2016, a fourteen-fold increase over a decade and a half. This was achieved through a long process of advocacy and communication by a number of nutrition partners, notably the Cellule de Lutte Contre la Malnutrition (CLM), the Malnutrition Management Cell in Senegal.

Ambarka Youssoufane, ENN’s Regional Knowledge Management Specialist, interviewed Abdoulaye Ka, CLM’s National Coordinator since 2011, about the organisation’s role in supporting the process, with the view that actors currently working on nutrition budgeting in other countries would be interested in hearing about Senegal’s experience.

1. Can you tell me about the evolution of nutrition policy and programming in Senegal?

The Senegal nutrition policy approach has evolved through three main phases:
1. The first phase covering the period 1950-1970 can be referred to as the technological era, with a focus on surveys and research on food composition, etc.
2. The second phase, from 1995 to 2000, was called the ‘project approach’ and focused on urban nutrition interventions following devaluation of the national currency. Most of the projects were funded by the World Bank and overseen by the Presidency.
3. From 2000, a new nutrition approach emerged with the nutrition enhancement programme (NEP), which involved more actors and more sectors. The CLM was created and attached to the Prime Minister’s Office in 2001, with a multi-sector approach and aiming to be a multi-actor coordination committee. A new funding mechanism was also put in place and consisted of co-funding from the World Bank and the Government.

In Senegal, the nutrition budget increase was a long process. Initially it was a requirement from the World Bank (the main donor for nutrition) to secure government funding for nutrition, and it was further highlighted by a 2006 evaluation of the NEP, which concluded that more funding was needed (the evaluation was prompted by the results of the Demographic and Health Survey (DHS) conducted by the Government in 2005).

In response, CLM wrote a communication strategy highlighting positive results from phase one in consultation with nutrition stakeholders, which was used to mobilise resources. Improved advocacy (see question 4 for more details) brought about an increase in the Government’s allocation for nutrition from CFA 172 million (US$295,000) to CFA 1.7 billion (US$2.9 million) by 2007. From 2011, the nutrition budget increase has been institutionalised, with the Government’s nutrition budget line increasing by CFA 500 million (US$854,000) each year. It should reach CFA 3 billion (US$5.12 million) by 2017. We will have an exact idea of what proportion of the national nutrition plan this covers by the end of the year once we finish costing the next strategic plan.

2. Can you tell me about the background of the CLM and where it is positioned within government?

The high-level coordination for nutrition was established in the Presidency in 1995 with a National Commission overseeing the implementation of the Projet de Nutrition Communautaire (PNC) in 1995-2000. The PNC aimed at preventing high-level urban malnutrition following the FCFA currency devaluation. When the CLM was created and attached to the Prime Minister’s Office in 2001, it also marked the move from the project to the programme approach. The CLM has 40 staff and is funded by government and development partners.

3. Do you think the structure and position of the CLM has been an important factor in Senegal’s achievements in nutrition?

Yes, the position and organisation of the CLM have been very important in mobilising resources through the national budget. Indeed, the CLM sitting in the Prime Minister’s Office can easily convene the other Ministries

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1 Senegal’s national currency is the franc CFA (FCFA) (Communauté Financière d’Afrique or Financial Community of Africa).
(Agriculture, Health etc.), which are members of the CLM. The CLM is made up of a planning committee where all relevant ministries have a representative, including the Ministry of Finance. Each year, the committee members meet for costing, planning and budgeting all nutrition activities to be implemented during the year. All members take an active part in this exercise, which is transparent and participative. Because the Ministry of Finance is fully involved in nutrition budgeting, it is more accepting of the budget.

4. How have you succeeded in ensuring the release of funds committed for nutrition in Senegal?

It is true that funding commitment by the Government is not enough and one has to struggle to get funds released. Sometimes, the more funding is committed, the more difficult it is to release the funding. In Senegal, multi-sector planning and coordination with the Ministry of Finance was the first step that created an enabling environment for adequate budgeting and release of funding for nutrition.

Another step was working with the Treasury to ensure good understanding of needs and a better coordination mechanism. First, the CLM carried out an orientation session with the Treasury, where it presented all the planned activities for nutrition and the process of implementation. This allowed the Treasury to understand what the money is to be used for and why it is important to avoid bottlenecks in the release of the funding for good quality implementation. Secondly, a field visit was organised to show the Treasury how activities are carried out and how important it is to continue these activities.

Another important measure taken by the CLM was the annual audit of its management procedures. This brought about transparency and confidence in the way money is being used in the CLM. So far, this strategy has allowed it to release 100% of the money committed by the Government.

5. How do you make sure you are spending all the funding provided?

In Senegal, we have innovated by working directly with civil society organisations (CSOs) as implementing partners. The CSOs are selected and a three-party contract is set up with the Government, the local Government (commune) and the community executive council to implement the nutrition activities based on government funding and priorities set out in the national nutrition action plan. So far, 18 executive councils are contracted by government and implementation reaches up to 400 communes. This system has ensured maximum delivery and each year up to 99% of funding provided is spent. The CLM management system has been recognised as the best management system by the World Bank and Ministry of Finance.

6. What are the main areas of spending for this nutrition budget?

A wide range of activities is implemented through the mechanism described above. This includes: community-based management of acute malnutrition (CMAM), vitamin A and iron and folic acid supplementation for pregnant women; deworming; food fortification and a wide range of nutrition-sensitive activities, such as a food security support project for households and WASH interventions.

7. Is the funding sufficient to cover all strategic priority programmes for Senegal?

The funding provided is not sufficient to cover the needs. Actually, nutrition interventions are implemented in 400 communes out of the 570 communes that exist in the country. There are therefore about 170 communes yet to be covered. Also, in the 400 covered communes, not all interventions are scaled up to all potential beneficiaries. Growth promotion, for example, reaches only 40% of potential beneficiaries and CMAM reaches about 80%. There is a need for more funding to take nutrition interventions more deeply and widely, and we are actively looking for this.

8. What advice would you give to nutrition leaders who are trying to secure a budget line for nutrition or release the money committed by the Government?

Every country has a unique history. It’s important to learn from your own country’s history about opportunities and factors for change. In Senegal, the most important opportunity was our experience in malnutrition management and prevention. Since the early 80s, there has been a critical mass of national experts working in malnutrition management and prevention. The work has been continuous, allowing the country to benefit from the experiences and use the knowledge to move forward. We also capitalised on our work with CSOs and high-level management and coordination expertise at government level, which give us a huge implementation capacity. We also built on partnerships with various agencies, including UNICEF, the World Bank, etc. This makes it easier to mobilise resources and to ensure quality in implementation. This is a process on which we keep building and learning from.
SUN and the private sector
Business networks in Nigeria and Niger

Ambarka Youssoufane is ENN’s West and Central Africa Knowledge Management Specialist. He observed and summarised the Business Network meetings in Nigeria and Niger.

The Scaling Up Nutrition (SUN) Business Networks (SBN) were launched in Nigeria and Niger in April and August 2016, respectively; ENN’s knowledge management specialist for West and Central Africa attended the events in order to document and understand the relationship between the SUN Movement and the private sector at the country level. The launch of the SUN Business Networks in both countries aimed to develop terms and an action plan for working with companies. Several private industries and businesses had already committed to supporting nutrition in these countries; the launches aimed to enrol new members.

Private sector engagement and involvement is viewed in the SUN Movement as an essential element of efforts to scale up successful nutrition interventions. The view is that partnerships with business are crucial, since no single entity has sufficient funding, resources, expertise or reach to tackle the complex nutrition challenges that exist today. The Sustainable Development Goals (SDGs) have also placed greater emphasis on the role played by the private sector – “The question now is not whether business should engage in sustainable development, but how”. Yet there is concern about how the private sector, with its incentives aligned around profits, can make a meaningful contribution to development, and specifically nutrition. Areas of the nutrition sector in which conflicts of interest (CoI) have been identified include: the marketing of infant formula; the fortification of staple food; the reformulation of foods; and the delivery of school food and nutrition programmes (see WHO report Addressing and Managing Conflicts of Interest in the planning and delivery of nutrition programmes at country level) (WHO 2016). The SUN Movement has a toolkit for preventing and managing conflicts of interest (SUN 2014), which suggests processes for developing a CoI policy and a risk-based approach to identifying CoI.

Outside SUN, the private sector is heavily involved with humanitarian and development programming in non-food sectors, e.g. logistics, telecommunications, electronic money transfer, digital communication platforms, etc. These areas of involvement are less at risk of the CoIs identified for food and nutrition.

Nigeria
The Global Alliance for Improved Nutrition (GAIN) and the SBN co-organised the event in Nigeria. The launch featured extensive discussions about malnutrition in the country, and how business, government and civil society organisations (CSOs) can work together to address the problems.

The event focused on themes such as:
1. How can business join the fight against malnutrition, and what is the business case for investing in nutrition?
2. How do we improve on existing action so as to reach the most vulnerable?
3. What can the SBN do to reduce the financial risk involved in investing in nutrition?
4. How can business shape the way forward with regards to malnutrition?

Opening comments addressed the question: Why do we need business to be part of the solution to malnutrition in Nigeria? Malnutrition has significant negative effects on economic development, particularly in healthcare costs. Over a third of Nigerian children under five are malnourished, while vitamin and mineral deficiencies result in losses of over US$1.5 billion in GDP annually. Adults who are sick are less economically productive, which impacts negatively on the national income. A panel discussion on business leadership in the fight against malnutrition described Africa as the next frontier, with agribusiness as a major driver of growth. Business can play many roles in supporting nutrition, including: agricultural production, food fortification and biofortification, production and marketing of complementary food and micronutrients, and production of ready-to-use therapeutic food. However, business needs to come together in one platform such as the SBN to discuss issues. Feedback from the global SBN coordinator indicated that businesses need to share the risks of new investments in nutrition, particularly when looking at low-income consumers. How do we convince them to reach down to lower-income consumers? One of the SBN’s roles is to ensure the dissemination of research resources to support businesses.

A second panel, comprising representatives from Dansa Foods, Olam Cocoa Nigeria and Unilever Nigeria, highlighted World Bank data that points to the dire nutrition situation in the country, and the youthfulness of
the Nigerian population – the potential of the Nigerian market is huge. Engaging in the SBN is an opportunity for business to create a platform for discussion with government and other stakeholders on issues related to business engagement in nutrition, such as creating demand for nutritious food and providing information on nutrition and consumer behaviours.

Other ideas on SBN strategy shared by participants included:

- Consumer awareness campaigns must engage with new alternative platforms for awareness creation, such as video, social media, etc.;
- There are serious infrastructural and distribution issues to be addressed for food commercialisation;
- Sharing best practices on engagement with farmer families around nutrition are critical; and
- The SBN should consider how to promote youth entrepreneurship in agriculture.

Niger

Niger’s SBN launch aimed to elaborate on the role and engagement of the private sector in the development of a business network in the country.

The launch was opened by the president of the Association Afrique Agro Export (AAFEX), a group of agricultural and agri-food exporters from 16 African countries, including Niger. According to AAFEX, the private sector has a role to play in supporting national nutrition priorities through leveraging its business operations, value chain and social investment resources, innovation and investment. Business can provide technical knowledge and use its marketing ability, skills and technology to support advocacy to resolve nutritional problems in Niger.

The SUN-CSA coordinator urged the SBN to make greater commitments to the well-being of children and women in Niger, and reaffirmed the willingness of Niger’s SUN civil society to assist the private sector in its activities in support of nutrition in the country. Ways in which the private sector can contribute to strengthening nutrition in Niger were identified as:

- Investing in food and agriculture, innovation, increase marketing capacity;
- Food fortification;
- Local market-based approach to develop an adapted response to food need; and
- Work place sensitisation on the importance of nutrition.

Group discussions focused on the role of business in strengthening nutrition and private sector commitments, as well as criteria for membership of the SBN.

The SBN launch continued with a rally in Dosso (Province of Niger) with the objective to promote products of AAFEX member companies and other agri-food companies, and to raise awareness on pregnant and lactating women’s nutrition. Finally, a debate was organised on national television to explain the rationale behind the establishment of the SBN in Niger, the contribution that the private sector can make in the fight against malnutrition, and its commitments to strengthen nutrition in Niger.

Conclusion

The SBNs for Niger and Nigeria were launched to initiate the conversation with the private sector on why and how the business community can join the fight against malnutrition locally and globally. Stakeholders in both countries recognised potential benefits for businesses in economic returns, but also for the energy and innovation that business can contribute to combatting malnutrition. However, both governments still have to develop clear strategies to ensure that the private sector abides by food production marketing rules and regulations, and to raise awareness of the need to manage and avoid CoIs at all stages of private sector engagement in food and nutrition scale-up.

References

WHO 2016 – Addressing and Managing Conflicts of Interest in the planning and delivery of nutrition programmes at country level www.who.int/nutrition/publications/COI-report/en/

REACHing for the SUN
UN support for scaling up nutrition in Burkina Faso

Dr Doudou Halidou Maimouna (left) and Ousmane Ouedraogo (right) are the REACH co-ordinators in Burkina Faso. Bertine Ouaro is Head of the Nutrition Department at the Ministry of Health. Chloé Denavit, Tania Goossen-Allen and Nicolas Bidault are all with the REACH Secretariat, based in Rome.

SUN Movement in Burkina Faso: Opportunities and challenges
Burkina Faso signed up to the SUN Movement in 2011 in order to tackle persistently high rates of undernutrition (30.2% stunting and 10.4% wasting prevalence among children under five)1 and to scale up activities that have a significant impact on nutrition. The Nutrition Director in the Ministry of Health is the Government’s SUN Focal Point and coordinates the National Council for Nutrition Coordination (Conseil National de Concertation en Nutrition) (CNCN), set up in 2008. Attached to the Ministry of Health, the CNCN brings together various ministries that contribute to nutrition (agriculture, education, water, hygiene and sanitation and social protection).

In Burkina Faso, nutrition interventions are covered by policies and programmes that are developed separately in different ministerial departments that do not share a common objective. Existing nutrition strategies and policy documents focus on the health/nutrition sector. This approach neglects factors that are essential when tackling malnutrition in, for example, the water and sanitation, agriculture, and social protection sectors. Linking nutrition to the health sector alone does not make it easy to coordinate a multi-sector approach, hence the need to create the CNCN, a body that overarches the key ministries.

The Government of Burkina Faso signed up to the REACH initiative in 2014 to take advantage of opportunities offered by improved coordination of the multi-sector approach to nutrition.

REACH contribution to the SUN Movement
REACH is founded on political commitments made through SUN and provides the Government with support to facilitate and coordinate nutrition governance at national level. The REACH facilitators work directly with the Government’s SUN Focal Point and the UN agencies’ nutrition technical committee to implement priority nutrition activities that have been identified and agreed by all the stakeholders.

More specifically, REACH support in Burkina Faso focuses on the following:

1. In-depth analysis of the nutritional situation and identification of needs using key REACH analysis tools:
   - Existing nutrition surveys in relevant sectors were compiled in order to analyse the nutrition situation and to identify trends in different types of malnutrition and determining factors. Scoreboards covering the main indicators were developed to give an overview of the situation at national and regional level.
   - Nutrition interventions and key nutrition actors were mapped in order to provide an overview of the geographical distribution of activities and actors (i.e. who does what and where). This mapping exercise, combined with the analysis of the nutritional situation, makes it possible to identify the best approaches and the most suitable strategies for scaling up priority interventions by comparing the extent to which target groups are covered.
   - Finally, a review of the extent to which nutrition is included in policies and strategic plans in the sectors contributing to nutrition allows the case to be made for it to be better taken into account in sectoral planning.

2. Review of the National Nutrition Policy (NNP) and development of the Common Results Framework (CRF) for nutrition:
   - Support from the REACH Secretariat in sharing experiences and good practices from other countries had a strategic impact on the drafting of these guidance documents.
   - The REACH facilitators provided conceptual support

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1 Results from the 2015 SMART nutrition study/Ministry of Health, Nutrition Department
to the SUN Focal Point for coordination, follow-up of commitments made by the various stakeholders, monitoring of activities, the creation of a multi-sector nutrition committee, efforts to find agreement amongst the stakeholders on the joint vision, and objectives.

- The NNP has a multi-sector focus and aims to reduce the various forms of malnutrition, primarily targeting stunting, as reflected in the CRF’s 29 key interventions in seven sectors (see diagram). An agreement on one set of results, to which all of the stakeholders contributed, led to the validation of the NNP.

3. The creation of SUN Movement networks:
- Burkina Faso has been slow to create UN networks for various reasons, including political instability, which has led to institutional changes and the appropriation of the SUN movement concept by the actors involved.
- REACH has played a key role in the gradual creation of SUN networks by mobilising resources to organise meetings between various actors and by helping to coordinate activities in the various sectors and the actors involved in the multi-sector nutrition platform.
- REACH facilitators have worked with the UN Network to support development of an annual action plan.

This includes an advocacy plan, developed with the civil society networks (CSNs), with a common message of raising the profile of nutrition among Parliamentarians to facilitate meetings at that level and provide technical support.

Lessons learnt and next steps
Coordination work is complex and challenging. The SUN Movement Focal Point acts as the nutrition manager and requires technical assistance to fulfil this role. Cooperation between REACH, the SUN Focal Point, the UN networks and CSNs was therefore key to boosting the nutrition agenda. The REACH initiative came at a time when Burkina Faso was setting up its own multi-sector platform and starting the multi-sector planning process for nutrition. REACH provided critical technical and operational support to help the country make progress with its SUN commitments. Effort to develop synergies and achieve complementarity between the actions implemented through REACH and the UN agencies by mobilising stakeholders was a key step that helped to strengthen the outcomes.

Whilst technical solutions are required if the SUN Movement is to be successful in a country, its success also depends on a favourable environment, commitment from all the actors involved and clear leadership by the SUN Focal Point.

During the next phase, significant REACH support in Burkina Faso will be provided to:
- Successfully complete the strategic multi-sector nutrition plan in good time in order to provide decision makers with better guidance to improve nutrition. This plan will be accompanied by a monitoring and evaluation plan and an advocacy communication strategy.
- Ensure effective and efficient implementation of the plan by carrying out a national assessment of nutrition capacity-building needs.
- Analyse regional and municipal plans with a view to better integrating key interventions included in the strategic multi-sector nutrition plan.
- Develop a common nutrition agenda for UN agencies in order to guarantee complementarity with – and synergy between – national nutrition-related efforts.

Conclusion
The implementation of SUN and REACH in Burkina Faso required close coordination between the two initiatives. As a strong technical partner, REACH drew on the political commitments and the framework of the global SUN Movement to boost coordination of nutrition governance at the national level by: providing an assessment of the nutritional situation and identifying needs; reviewing the National Nutrition Policy; developing a Common Results Framework; and, above all, by creating SUN Movement networks. The importance of the development of networks becomes clear in light of the fact that REACH has a limited implementation period. Giving the SUN networks a formal status and creating a multi-actor coordination framework is a genuinely sustainable and durable strategy which can be drawn on after its implementation period has ended.
A new SUN civil society network
Advice from nutrition champions on set-up

Charulatha Banerjee, ENN’s Asia Regional Knowledge Management Specialist, put questions from the Philippine Coalition of Advocates in Nutrition champions with knowledge of advocacy networks. They are SanSan Myint, who was Myanmar’s SUN CSA programme manager before taking up her current role as nutrition advocacy consultant at UN REACH, and Basanta Kumar Kar, chief executive officer (CEO) for the Coalition for Food and Nutrition Security in India.

Background
The Philippine Coalition of Advocates in Nutrition (PHILCAN) was formed by non-government organisations in the Philippines nearly two decades ago and has 12 member organisations at present. The coalition is represented in the formal government structure for nutrition policy formulation and coordination. In 2014, the Philippines joined the Scaling Up Nutrition (SUN) Movement. PHILCAN plans to restructure itself as a Civil Society Alliance and is seeking advice from other Alliances in the region on setting up and running successful networks.

1. What are the key points to keep in mind when a network is starting out? What were the teething problems when you set up your network?

SanSan Myint (SSM): Strong leadership is key. A leader who is strong but not authoritarian, but supportive. The person should lead by example and ensure that each and every activity – meeting, training, field observation trip, etc. – has outputs that ultimately lead towards another milestone along the road map. Work planned by the network should be supportive of what the government is doing and also ensure that the passed legislation is trickling down and benefiting the communities and for that to happen, the government needs partners.

Basanta Kumar Kar (BKK): Running a coalition needs a catalytic approach, managing power equations, some negotiation and bargaining. It is a balancing act to keep the people and public interest agenda high. How do we ensure that in the process of keeping consensus, strong individual organisations are not weakened? We are an advocacy-based organisation, we have to champion the cause of the people, align with the government and take positions based on evidence. Funding is also a teething issue. You need to identify organisations who can provide core funding for the initial years.

2. How did you determine on which areas to focus?

BKK: This has been a long, drawn-out process led by the network’s members. We also engaged a professional organisation to design the CFNS’s strategy through a consultative process. We have focused on sustainable food and nutrition security as a key focus area. Within that, we prioritised actions on: a) membership engagement; b) knowledge management; and c) evidence-based advocacy. The CFNS has undertaken numerous interventions, including:

BOX 1 Civil Society Alliances in Asia

Myanmar joined the SUN Movement in April 2013. The Myanmar Civil Society Alliance (CSA) for Nutrition was launched in 2014 with eight international members and expanded to include many national organisations and currently has 52 members, of which 40 are local groups. The network has received funds from the SUN’s funding mechanism, the Multi Party Trust Fund (MPTF), and from other donors.

See scalingupnutrition.org/sun-countries/myanmar/

Formed in 2007 and institutionalised in 2014, the Coalition for Food and Nutrition Security (CFNS), India is a group of policy and programme leaders committed to knowledge management, fostering collaboration and evidence-based advocacy for improved programmes to achieve sustainable food and nutrition security. More than 500 organisations and influential leaders are associated with the group. The Coalition has received some donor funding, but it also harnesses the experience of its members through working groups for various activities and uses an annual subscription model.

See www.transformnutrition. org/country-focus/india/ coalition-for-nutrition-in-india/
- Promoting the right to food and nutrition, accessing nutritious food, mobilising the commitment of the highest political leadership, and micro-level planning;
- Developing awareness on World Health Assembly targets and Sustainable Development Goals;
- Setting up appropriate institutional arrangements to improve food and nutrition governance from village level to national level, such as more empowered gram sabhas (village parliaments), National Nutrition Mission and revamping the Prime Minister’s Nutrition Council.

SSM: Monitoring the International Code of Marketing of Breastmilk Substitutes was picked up as a key activity. The Government was going through the process of legislation in Parliament and was asking the milk companies to follow the Code. We felt that the Ministry of Health would need partners for monitoring and reporting and this is how we continue to contribute, to ensure that violations of the Code are reported and action taken. At the same time, we have also conducted trainings for local organisations on infant and young child feeding practices.

3. How do you ensure that all members are equally engaged, considering that each organisation has its own focus areas?

BKK: In my experience there are four key points to ensure everyone’s involvement:
1. We employ a very strong membership engagement agenda. Often smaller national/sub-national actors might feel marginalised, so we try to make it as inclusive as possible by bringing in national actors at all levels – state and district – to ensure better horizontal integration.
2. At regular intervals we renewed calls for membership. This gave the signal that the organisation is dynamic and open to an inclusive membership agenda.

3. Transparency and knowledge management are key principles – we communicate openly, proactively engaging people in discussions. Through our working groups, we engaged on developing evidence-based knowledge products on various themes and functions involving more than 150 knowledge leaders.

4. Credibility of the Coalition is critical. When members see that the leaders in the network are involved in policy discussion, legislation development at the Prime Minister’s Office, this gives a lot of legitimacy.

SSM: In Myanmar, it was the first time that a network was being formed to include national organisations also working on nutrition. Organisations were looking for support, and a formal institution as an anchor for their activities. The National Nutrition Committee under the Ministry of Health and Sports also needed partners to scale up nutrition initiatives at the grassroots level as they were the SUN focal institution. We did a lot of preparation work, securing interest was not difficult but the messages needed to be correctly drafted and SUN training materials simplified, made user-friendly and, in several instances, translated.

4. What has been the initiative of the network in engaging with your country’s Government? Can you give us a few examples of successful lobbying?

SSM: One of the first points we lobbied with the Government was the need for more comprehensive, reliable and valid nutrition data. Recent nutrition data that is representative of the general population is not available. Some of the nutrition data that is being used as reference is as old as 2005-06. All members were crying out for data, we write reports to donors, we need data that is reliable, at least output data. Without this, monitoring progress was so difficult so consensus among the network on this goal was very easy. This situation of lack of reliable and timely data will soon change with the...
availability of the Demographic & Health Survey (DHS) Report. Unlike other countries, this is the first DHS survey in Myanmar. In the early days, prior to political changes, press briefings were rare and it was considered sensitive to share information and data with the media. Now government staff are able to share information more freely with development partners and the press. We have also supported the generation of qualitative and quantitative information as well as disseminating that information. The political changes actually facilitated our work and we took advantage of the enabling environment that emerged to introduce creative communication methods with local authorities and local community groups.

To work with the Government, one has to build trust, and the relationship needs to develop over time. Once that relationship is built, it becomes less difficult to make a convincing case based on hard-core evidence to policy makers.

**BKK:** In the Coalition there is provision for four government representatives and we have tried to facilitate representation of senior government people in our programmes and governance structures. We have also worked with quasi-judicial bodies like the State Food Commission – in Odisha, this was mandated under National Food Security Act to improve access to food and nutrition entitlements. Most importantly, the Coalition has worked closely with policy makers to influence their thinking and actions on food and nutrition security.

5. **What are the collaboration points with other networks, especially the business sector?**

**BKK:** The main point of collaboration with any other networks is to drive the public interest agenda. There is no real problem on engagement with socially responsible businesses, as long as the agenda is public interest in nature. We need to bring the Government on board so that there is a stakeholder and message alignment and malnutrition and food insecurity are fought together. The Corporate Social Responsibility Bill in India is a big resource, it is mandated by law that 2% of the profits have to be used for social development and so there is a lot of financial resources available through this. Civil society can make use of these capacities towards improving food and nutrition value chains, introducing climate-smart and nutrition-sensitive agriculture, or information technology and professional management skills available within socially responsible businesses.

6. **How can the media be engaged effectively? Can you give us some successful examples of media engagement in your countries?**

**BKK:** “If you cannot manage media, media will manage you.” One of the operating models in the CFNS we have formed is the Media and Information Communication Technology working group. We are trying to engage media at many levels – ‘barefoot’ reporters, stringers, even women from grassroots organisations can bring information – the real stories. The media needs to be shown evidence from the field to be convinced and engaged from the beginning.

**Key points for PHILCAN**

1. Ensure strong and supportive leadership which is reinforced by a transparent and effective governing mechanism that mentors the network.

2. Develop a clear and definite agenda which is responsive to the country’s needs, based on evidence, and supportive of national policies.

3. Be far-reaching and inclusive – “with everyone for everyone”.

4. Invest in cultivating relationships with members, governments and all nutrition actors.

5. Engage with media and others outside the nutrition sector in simple language.

Another barrier is the media’s frustration with the jargon used by civil society. We have to communicate in simple language. Interestingly, today, everyone has become a reporter with the growth of social media. We need to take advantage of this arena.

7. India and Myanmar are big countries with linguistic and cultural differences across the regions. How do you keep your focus on the national goals while motivating members to be active locally?

**BKK:** There has to be goal alignment in a large country like India, which has national, state and local governments. Our effort has been to go to the states and districts so as to position ourselves as an inclusive and powerful platform in a public space. To do this we are now convening consultations at the state level. We are trying to ensure higher representation of people from the states in the governance structures like board and general body. After a successful membership drive, we now have members from 14 Indian states. So there is a conscious strategy to reach out, engage the members, the leaders and then the platform becomes more credible and legitimate. Through deliberate efforts, the local representation has increased in our working groups and various committees and we have a plan to establish global and national advisory bodies.

**SSM:** We can start working with large, local parastatals that have networks at the national level and right down to the village levels. It is not possible for us to move all over the country. However, we have partners in the Alliance such as Myanmar Maternal and Child Welfare Association and the Women’s Cooperative Society. There are others in the private sector that we have not tapped into yet. These large organisations have their networks in all the 15 states and divisions and will be able to carry the messages, programmes, trainings and other activities right down to the grassroots village level.

The Global SUN Civil Society Network (SUN CSN) has a membership of over 2,100 civil society organisations engaged through national civil society alliances (CSAs) established in 34 SUN Countries. Visit scalingupnutrition.org/sun-supporters/sun-civil-society-network/ for more information, including resources such as a guidance note on establishing a SUN CSA and a post-2015 tool kit.
Fortifying school meals
Rice fortification to address anaemia in Odisha

**Shariqua Yunus Khan** is a medical doctor and a public health practitioner currently managing the nutrition portfolio at the India office of the World Food Programme.

**Background**
Odisha, a state in eastern India with a population of 42 million, is one of the country’s most nutritionally vulnerable states, with high levels of malnutrition. Despite success in reducing childhood stunting (Odisha’s rate of stunting decline is at least three times that of other poor states such as Bihar), more than three in every ten children under the age of five are stunted (low height for age), while 18.3% children in the same age group are wasted (low weight for height). Moreover, anaemia in Odisha among children and pregnant women increased or remained static between the early 1990s and the mid-2000s, at between 60-70%. According to a recent survey conducted in a few states, more than 80% of children aged between five and nine years old and 74.5% aged between ten and seventeen years in Odisha are anaemic.

Anaemia is a condition associated with maternal mortality, increased illness and mortality among children, and poor cognitive and physical development. These consequences negatively affect household and state/national level socio-economic potential and development. Anaemia is caused by many factors, including disease and dietary intake; iron deficiency anaemia accounts for about 50% of all anaemia. According to the National Nutrition Monitoring Bureau (2011-2012), there is a gap of 50-70% between the recommended dietary allowances and actual intake across the school-age population for most micronutrients, including iron.

India’s midday meal scheme (MDMS) provides a free cooked meal for all children attending state primary and upper primary schools. Due to its wide coverage, the MDMS provides a good opportunity to address nutritional issues in this age group (the scheme is the largest school feeding programme in the world, delivering lunches to 120 million children in over 1,265,000 schools). The meal is designed to provide approximately 450 kilocalories and 12 grams of protein for primary schoolchildren, and 700 kilocalories and 20 grams of protein for children in upper primary school. The protein sources are pulses, soya bean granules and one egg per week (animal protein is not included as part of the meal). Other government programmes to address high levels of anaemia and malnutrition include: targeted public distribution system; integrated child development services; and the iron plus initiative, which involves the distribution of weekly iron-folic acid tablets to adolescents and women of reproductive age who are not pregnant or lactating.

However, the World Food Programme (WFP), along with the Department of School and Mass Education (DS&ME) and the Government of Odisha (GoO), agreed to operationalise fortification of rice in the midday meal in Odisha in light of the scheme’s potential outreach.

**Project approach, strategy and impact**
WFP in India focuses on enhancing the systemic efficiency and nutritional effectiveness of the various food-based safety nets in support of the Government’s efforts. This is achieved by working on a pilot strategy to scale up through a four-phased approach:

1. Designing pilot projects in order to address known gaps in food and nutritional provisions, design or knowledge;
2. Implementation of these pilot projects and demonstration of results;
3. Assessment, evaluation, documentation and preparation of replicable, cost-effective models and advocacy for scale-up/policy formulation as appropriate; and
4. Providing support for scale-up.

This approach guided the setting-up of a pilot project for...
Rice fortification through the platform of the midday meals in Gajapati district, Odisha. Gajapati has a population of 577,217, of whom 54% belong to the scheduled tribe communities, a group associated with extreme poverty. Rice was chosen as the vehicle of fortification since it is the preferred staple in Odisha and used in the midday meal in schools.

**Piloting fortified rice**
The pilot scheme was implemented between 2012-2015 and catered for 99,231 schoolchildren in the 6-14 year-old age group across 1,473 schools, with iron-fortified rice provided as part of the MDMS. The project focused attention on a number of factors to ensure adequate consumption of fortified rice in the schools, including: supply chain management; training of schoolteachers on causes, consequences and strategies to address anaemia and their role in the project; information, education and communication; quality assurance and control.

The project had an in-built system of monitoring, but an independent research organisation was also engaged to undertake evaluation of the project at end-line against established benchmarks. The project was also reviewed and assessed on a biannual basis by a technical advisory group consisting of policy makers from relevant departments at the national and state level, experts and WFP.

**Results**
Over 5,000 metric tons of rice were fortified, distributed and consumed by the schoolchildren without any perceived change in taste, odour or colour of the product. Furthermore, the project demonstrated a 20% reduction in the prevalence of anaemia in the given age group in Gajapati, bringing anaemia prevalence down from 65% to 45%. Of this 20% decrease in prevalence during the project time period (2012-2015), 6% of the reduction was found to be attributable to the consumption of fortified rice in the midday meals. The evaluation could not determine the other interventions to which the remaining reduction could be attributed.

Deworming and iron folic acid tablet consumption, other critical interventions in anaemia reduction, were investigated; however, as coverage was not universal for Gajapati, the extent to which these interventions contributed to the reduction in anaemia could not be estimated.

The allocation from the GoO under the MDM scheme per child at the end of the pilot project in 2015 was 4.04 rupees (US$0.06) for primary schoolchildren and 6.03 (US$0.09) for upper primary schoolchildren. The incremental cost on account of fortification was 24 paisa per beneficiary per day for primary schoolchildren and 36 paisa per beneficiary per day for upper primary schoolchildren in the pilot. The allocation per child has increased in the years following the project uniformly across the state, which is also expected to allow fortification to be continued and scaled up.

**Way forward: What are the next steps for fortified rice in school meals?**
The pilot project demonstrated its operational feasibility and technical effectiveness while facilitating necessary ‘know-how’ in the Government for the management of such a project. The DSME and the GoO are currently continuing the fortification programme in the district, with funds from the DSME budget. WFP is working with both partners to scale up fortification of the midday meals to other districts in the state in a phased manner. The project has also generated interest among other rice-consuming states, while at the national level the Government is considering including rice as a vehicle for fortification along with other commodities, such as wheat, oil and milk. Standards on rice fortification are soon to be released at a national level.

**Fortified rice kernels (FRK)**
Fortified rice kernels are manufactured by combining rice powder with iron and converting this powder into kernels using extrusion technology. These FRKs are then blended with regular rice in a ratio of 1:100 to give fortified rice.

Every 100 grams of fortified rice provided 10 mg of iron in the Gajapati pilot. The form of iron used was ferric pyrophosphate. The daily ration for rice is 100gm and 150gm for children aged between 6-10 years and 11-14 years respectively, which means that the fortified rice in the pilot scheme provided more than 50% of the recommended dietary allowance of iron.
South-to-south SUN collaboration
A Tajikistan learning group visit to Nepal

Pradiumna Dahal (left) is a nutrition professional experienced in designing, planning, implementing, monitoring and evaluating nutrition programmes in Nepal.
Stanley Chitekwe (centre) is the Chief of Nutrition for UNICEF Nepal.
Savita Malla (right) is the Advocacy and Communication Advisor at the National Nutrition and Food Security Secretariat at the National Planning Commission in Nepal.

In the first venture of its kind between SUN countries in Asia, Nepal welcomed a Government group from Tajikistan on a nutrition study tour in May 2016. The six-day visit, initiated by the Tajik delegation, aimed to give the group practical insights into the initiatives taking place in Nepal aimed at tackling malnutrition.

Background
Nepal was the fifth country to join SUN in May 2011, and its Prime Minister has played an active role as one of the SUN’s lead group members. Despite considerable improvements in child undernutrition in Nepal over the last few decades, stunting prevalence remains high at 37% among young children (Nepal Multi Indicator Cluster Survey, 2014), and progress has slowed in recent years. To accelerate improvement in maternal and child undernutrition, the Government of Nepal launched its Multi-Sectoral Nutrition Plan (MSNP) for the period 2013-2017. The MSNP prioritises nutrition in policies, plans and budgets and resides under the National Planning Commission, the highest planning level authority in the country. To facilitate implementation and coordination among stakeholders, a multi-sector architecture has been established at national, regional, district, municipal and village level. MSNP rollout began in Achham district in 2013 and by June 2016 the programme was being implemented in 16 districts. There is a plan for further scale-up in an additional 12 districts during 2016/2017.

Tajikistan had developed a number of laws and adopted strategic documents to improve on health, nutrition and food security since independence. The country joined the SUN Movement in 2013. In the same year, it established a Food Security Council to coordinate decision-making concerning food security, and the Nutrition and Food Safety Strategy 2013-2020, which focuses on the double burden of malnutrition and prevention of food-borne diseases and nutrition-related non-communicable diseases (the strategy has yet to be approved by the Government). The country is the poorest of the five central Asian republics, with almost half the population living below the poverty line. The stunting rate in children under five has slightly decreased in the past few years (from 29% in 2009 to 27% in 2012), but acute malnutrition and underweight have increased (to 10% and 7% in 2012, respectively).

Study tour of Nepal
The visiting Tajik delegation, which included Government representatives from the Ministry of Health, Economic Development and Trade, Agriculture, Finance, Education and Science and United Nations’ agency representatives, wanted to learn from Nepal’s scaling up nutrition efforts. Particular areas of interest were the MSNP, the country’s nutrition architecture, and the budget-flow mechanism.

The study tour was planned in two phases: a central-level interactive session with the nutrition-related ministries and stakeholders, followed by field visits to understand the practical application of the multi-sector efforts at the district and community level.

A traditional Nepalese welcome for the Tajik delegates
An initial briefing meeting was organised at the National Planning Commission to share the expectations of the delegates and to have an update on SUN progress in Nepal from the SUN Country Focal person. This was followed by presentations on an overview of the country’s nutrition status, the SUN Framework in Nepal, MSNP process, structure, coordination mechanism and budget-flow modality, as well as the lessons learned from implementation of multi-sector nutrition projects.

The team then visited three districts: Nuwakot, one of the earthquake-affected districts, and Nawaparashi and Kapilvastu, two of the six MSNP districts. In Nuwakot the team met district-level stakeholders representing the institutional structures and members of the Village Development Committees (VDC) on the implementation of activities during both normal and emergency situations. The Tajik delegates also interacted with community members, including mothers’ groups, female community health volunteers and civil society organisations.

Progress and results
The study tour concluded with a sharing of outcomes from the field visit by delegates, primarily focusing on the ‘best practices’ of the Nepal multi-sector interventions that would help provide a roadmap for the future course of action for Tajikistan.

These included:
• Development and implementation of the MSNP, such as the creation of different multi-sector architectures for nutrition and their effective functioning at different levels;
• Coordination between the ministries and development partners facilitated by the Nutrition and Food Security Secretariat;
• Costing of the MSNP and the financial management mechanism, including the VDC level mechanism of budget allocation for nutrition;
• Identification of sector interventions in line with the MSNP;
• Capacity assessment and capacity-building efforts for multi-sector nutrition planning at district and VDC level; and
• Development of bottom-up plans at the district level and provisioning of additional budget from the Government.

Lessons learned
The Tajik delegation was highly impressed by the political commitment and priority afforded by the Government of Nepal to nutrition, the well-established planning processes and institutional structure for nutrition at all levels, and participation from multi-sector line ministries/agencies and civil societies. The plan of action and interventions for each sector, efficient budgeting system (with supplementary budget support from donor agencies in addition to the Government budget, and leveraging resources in addition to the block grant from the central level through local government at VDC) were also of interest to the delegation. The existence of a separate monitoring and evaluation framework for MSNP, strong communication and advocacy elements backed by the behaviour-change components, social protection programme for women to promote institutional delivery, and social safety net programme for children to improve nutrition, were also valued.

Some good practices that Nepal reported they had learnt from Tajikistan were the effective operation of the public health system and integrating nutritionists into the social sector programmes. The primary health centres and the systematic implementation of Tajikistan’s WASH plan and activities were of great interest to the Nepal delegation.

Next steps
Key technical people engaged in the development of the MNSP will continue to help Tajikistan in finalising the road map for scaling up nutrition and development of the common results framework for nutrition. Nepal is committed to supporting other countries and to learning from the successes of other SUN countries through similar visits. In a future issue of Nutrition Exchange, ENN hopes to include a follow-up to this article which will explore how the Tajik delegation was able to utilise the experiences and learning from the Nepal visit.
On-line resources

Cost of diet software
The Cost of Diet (CotD) software, developed by Save the Children, allows practitioners to determine the lowest possible purchasing cost of a combination of locally available foods that meet energy, macronutrient, and micronutrient needs and provide families with a nutritious diet. With this new release, CotD has been completely re-written into a more stable programme, and is available for use free of charge. Save the Children has used the software in Bangladesh and Myanmar, for example to help with measuring impacts of the 2009 food price crisis and with determining cash transfer amounts in a cash-for-work programme. There are also several guidance documents available, and an online forum for support.

To download the free software, go to: www.heacod.net/countries/reports/cotd-software-version-2-2016

Getting to know your budget
Having budgeting support is key to planned activities meeting their goals. This nutrition budget analysis tool is a useful resource for all those involved in the budget cycle (see figure), including policymakers, implementers and decisionmakers to prioritise areas they view as important. Findings from the analysis can also inform stakeholders involved in nutrition advocacy as to which point in the budget cycle to push for additional funding. A section on ‘Digging into budgets’ has more ideas about how to advocate for nutrition throughout the budget process.

To find out more, go to: www.spring-nutrition.org/publications/series/users-guide-nutrition-budget-analysis-tool/technical-background

Improving nutrition through agriculture and food systems
FAO has launched an interactive e-learning module designed to help professionals from any fields related to agriculture and food systems that are involved in designing and implementing nutrition-sensitive policies and investments. The module uses scenario-based learning to illustrated the linkages between agriculture, food systems and nutrition, and examples of global and regional nutrition-sensitive initiatives.


Other online nutrition courses
• Nutrition, Food Security and Livelihoods: Basic concepts

• Agreeing on causes of malnutrition for joint action
  www.fao.org/elearning/#/elc/en/course/ACMJA - a key resource to improve the understanding of the multi-sectoral causes of malnutrition and support integrated nutrition planning.

• Programming for nutrition outcomes
  www.lshtm.ac.uk/study/freeonlinecourses/nutrition/index.html - a course designed to explore the complexities of undernutrition, highlight its multi-sectoral causes and identify potential programmatic solutions.

Nutrition Summer Course 2017
Transforming Nutrition: Ideas, Policy and Outcomes 2017
(Monday, 17 July 2017 – Friday, 21 July 2017)
This 5-day course at the Institute of Development Studies in Brighton, UK is designed for both policy makers and practitioners. The course will take participants through new ways of thinking about undernutrition and what to do about it and provide a base from which they can develop their own future leadership for transformational change.

To find out more visit www.ids.ac.uk/study/short-professional-courses
SUN Movement update

September 21 2016 at the UNICEF Headquarters in New York was a significant day for the SUN Movement with the inauguration of its new Lead Group – comprising 29 nutrition champions from around the world, including current and former heads of state, public and private sector leaders and social change-makers – and the launch of its new Strategy and Roadmap for 2016-2020, a practical vision of how working together can put an end to malnutrition.

The Lead Group members have pledged to place nutrition at the top of the global agenda, and the event provided a platform for them to voice their commitments to eliminate malnutrition in all its forms, everywhere.

“After joining the SUN Movement, I took nutrition very seriously and made it a legacy of my presidency. Moving forward, I will champion good nutrition and its importance for children’s education and futures.”

– Jakaya Kikwete, Former President of the United Republic of Tanzania and Lead Group Member

SUN Roadmap

The new Strategy and Roadmap retains its primary focus on the critical 1,000-day window of opportunity from pregnancy to second birthday. However, it acknowledges and responds to the fact that every country has a malnutrition problem. It capitalises on nutrition’s now global prominence as a socio-economic priority and locates the SUN Movement as an essential platform for sharing progress and challenges, and guiding a country-led, multi-sector and multi-stakeholder approach to tackling malnutrition. It recognises the SUN Movement as a model of multi-stakeholder collaboration – one that breaks down siloed ways of working – and a frontrunner for informing implementation of the Sustainable Development Goals. Most importantly, the Roadmap is based on what SUN countries have indicated they need to transform the momentum gained in the first phase of the Movement into tangible results. It outlines a practical roadmap, with ambitions to be achieved by 2020, in which every stakeholder has a role to play. Each will be accountable for results.

New SUN countries

2016 has seen Sudan, Papua New Guinea and the Indian States of Uttar Pradesh and Jharkhand join the SUN Movement. SUN countries, including Bangladesh, El Salvador, the Gambia, Lesotho, Nepal, Nigeria, Somalia and Swaziland, are demonstrating significant reductions in malnutrition, proving that it can be eradicated within our lifetime.

Forty-nine of the 57 SUN countries now have an active Multi-Stakeholder Platform (MSP) at the national level. Thirty-nine countries have a Civil Society Alliance; 29 are actively collaborating with private sector partners; 33 have established a United Nations Network for SUN; and 28 have appointed a donor convener to help align resources for nutrition behind national nutrition plans.

1 Reported progress from SUN countries named above have been validated by UNICEF, WHO and the World Bank Joint Malnutrition Estimates Group.