The UN Network for SUN is taking root

Insights on the state of the UN Network at country level

November 2017
“In order to achieve the goal of the United Nations Decade of Action for Nutrition 2016-2025 "optimal nutrition for all", we will need to work together in a harmonized and coherent way, drawing on the strengths of each agency and the complementarity of different interventions. It is in this way, that we can effectively support the Burkinabe government in its fight against child malnutrition...”

Dr. Alimata J. Diarra-Nama,
Chair of UN Network for SUN,
WHO Representative, Burkina Faso

“Eliminating stunting, and hunger more broadly, is a goal that will be achieved thanks to multi-sectoral, sustainable and coordinated efforts.”

Mary-Ellen McGroarty,
Chair of UN Network for SUN,
WFP Representative, Chad
UN Network provides a platform for increasing UN coherence, coordination and convergence on nutrition to help countries reach nutrition targets

The UN Network for SUN is a key contributor to the SUN Movement

UN Network strategy outlines how the UN agencies can work better together on nutrition

As part of REACH’s greater role in nutrition governance, it can also help to align & intensify UN Network action at the country level

Source: UN Network for SUN Secretariat / Photo credit: © IFAD/Tiana Andriamanana
Over one-third of SUN countries have 5 of the 6 minimum elements in place for setting-up a UN Network

As at 31 December 2016

Min. elements in place
- Most (5-6)
- Some (3-4)
- None/Very few (0-2)

Source: UN Network for SUN 2016 Reporting Exercise; UN Network for SUN Contact List; & bilateral exchanges.
UN Networks are established in all SUN countries, with considerable progress reported in 2016.

6 minimum elements for setting-up a country UN Network:
- UN Network Chair(s) nominated
- Focal points appointed from 3 or more member agencies
- UN Network Work plan developed
- UN Nutrition Inventory completed
- UN Nutrition Strategy / Agenda developed
- UN Network Reporting Exercise completed

Unpacking the progress on setting-up a UN Network at the country level*:
- 65% 37 out of 57 countries
- 95% 54 out of 57 countries
- 49% 22 out of 45 countries
- 41% 19 out of 46 countries
- 24% 11 out of 46 countries
- 82% 47 out of 57 countries

Supported by REACH facilitators in most countries

In all, there were over 700 UN staff dedicated to nutrition*, of which about half are national

*Note: 47 countries took part in the UN Network Reporting Exercise, which covered the period from 1 January to 31 December 2016.
Source: UN Network for SUN 2016 Reporting Exercise; UN Network for SUN Contact List; & bilateral exchanges.
The UN Network Reporting Exercise invoked strategic self-reflection, helping to leverage the UNN’s strengths and identify areas for improvement.

UNN membership is increasingly expanding beyond the principal agencies & fostering exchanges with partners.

UN Joint Programming is in place or being implemented.

UN Joint Programming is a key aspect of the UNN’s work in countries.

It also helped to foster increased accountability, both within and outside the UN Network.

UNN = UN Network for SUN

*Note: These agencies include: UNAIDS; UNHCR; UNIDO; UOHRCHR; UNOPS; & UNRC.
Source: UN Network for SUN 2016 Reporting Exercise; UN Network for SUN Contact List; & bilateral exchanges.
The UN Nutrition Inventory exercise confers a number of benefits for UN work on nutrition, including:

1. Provides a **common, comprehensive framework/language** for describing UN nutrition actions.

2. Allows UN agencies in the same country to **compare the focus/concentration/magnitude/location** of UN nutrition contributions in a meaningful way.

3. Facilitates **mapping UN nutrition work against gov’t priorities**, showing where there is alignment/divergence, and provides opportunity to discuss why.

4. Provides a **strong evidence base from which key strategic questions may arise**. These questions can then be addressed at a high level by the UN Nutrition Strategy/UN Common Nutrition Agenda.

5. Provides a **strong evidence base upon which to develop the UN vision/priorities** for nutrition moving forward (i.e. elements of a UN Nutrition Strategy/Agenda).

6. Provides a **common framework/language** that can be useful to gov’ts, donors & partners; to enable **collective dialogue** on nutrition, overall UN Nutrition Strategy, current & future UN agency responses, etc.

Based on the CAN list of nutrition actions.
The UN Nutrition Inventory compares stunting levels to existing UN nutrition-related support to foster convergence in high-burden areas.

Excerpt from the DRC UN Nutrition Inventory (2016-17)

Stunting prevalence

Number of stunted children

Are UN efforts concentrated in the ‘right’ geographic areas?

*Note: The actions depicted here refer to those reported by the agencies surveyed and do not include those which are exclusively carried out at the nat’l level.

Source: EDS (2013-2014); Cartes UNICEF; UN Nutrition Inventory tool.
Achieving increased efficiency is crucial for a coherent, well-functioning UN Network, particularly in resource-constrained contexts.

Multiple agencies are supporting nutrition actions in 7 thematic areas (47%)

### Actions concerning:

<table>
<thead>
<tr>
<th>Thematic Areas</th>
<th># of actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumption</td>
<td>1</td>
</tr>
<tr>
<td>Horticulture/Crops</td>
<td>2</td>
</tr>
<tr>
<td>Livestock &amp; Fisheries</td>
<td>1</td>
</tr>
<tr>
<td>Food processing, Fortification &amp; Storage</td>
<td>1</td>
</tr>
<tr>
<td>Infant &amp; Young Child Feeding</td>
<td>2</td>
</tr>
<tr>
<td>Hygiene</td>
<td>2</td>
</tr>
<tr>
<td>Care for Children/ Pregnant &amp; Lactating Women</td>
<td>1</td>
</tr>
<tr>
<td>Health Behaviours</td>
<td>2</td>
</tr>
<tr>
<td>Maternal, Neonatal &amp; Child Health Care</td>
<td>2</td>
</tr>
<tr>
<td>Micronutrient Supplementation</td>
<td>1</td>
</tr>
<tr>
<td>Mgt. of Acute Malnutrition</td>
<td>1</td>
</tr>
<tr>
<td>Disease Prevention &amp; Mgt.</td>
<td>1</td>
</tr>
<tr>
<td>Water &amp; Sanitation</td>
<td>2</td>
</tr>
<tr>
<td>Social Safety Nets</td>
<td>2</td>
</tr>
</tbody>
</table>

Supported by 3 or more UN agencies:

- Infant & Young Child Feeding
- Hygiene
- Maternal, Neonatal & Child Health Care
- Micronutrient Supplementation
- Mgt. of Acute Malnutrition
- Disease Prevention & Mgt.
- Social Safety Nets
- Market Regulation & Insurance

Excerpt from the Chad UN Nutrition Inventory (2016-17)
The Inventory also provides a breakdown of UN nutrition action intensity by the respective strategic objectives of the national nutrition plan and magnitude of investment.

**UN actions supporting the Nat’l Nutrition Plan’s Strategic Objectives/Results**

<table>
<thead>
<tr>
<th>Strategic Objective</th>
<th>No. of actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Promotion of optimum infant &amp; young child feeding practices</td>
<td>35</td>
</tr>
<tr>
<td>2. Adoption &amp; implementation of appropriate guidelines for the community-based management of acute malnutrition</td>
<td>32</td>
</tr>
<tr>
<td>3. Integration &amp; strengthening of nutrition services in ante-natal care services</td>
<td>27</td>
</tr>
<tr>
<td>4. Delivery of an integrated package of nutrition services in the school &amp; alternative school system</td>
<td>7</td>
</tr>
<tr>
<td>5. Increasing the supply &amp; consumption of micronutrients to reduce or maintain the prevalence of vitamin A deficiency, iodine deficiency disorders and anemia</td>
<td>26</td>
</tr>
<tr>
<td>6. Increasing food supply at the community level &amp; economic access to the available food supply</td>
<td>19</td>
</tr>
<tr>
<td>7. Promote a healthy lifestyle to prevent a further increase in the levels of overweight &amp; obesity among children and adults</td>
<td>n/a *</td>
</tr>
</tbody>
</table>

**No. of actions by magnitude of investment**

<table>
<thead>
<tr>
<th>Magnitude of Investment</th>
<th>Small (&lt;50)*</th>
<th>Medium (50-200)*</th>
<th>Large (200-500)*</th>
<th>Very Large (&gt;500)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20</td>
<td>11</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>23</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>12</td>
<td>11</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>26</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>9</td>
<td>6</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

*This UN Nutrition Inventory was based on a list of actions focused on stunting, in line with SUN Movement’s priorities at the time. Consequently, actions related to overweight, obesity & NCDs were not captured even though the agencies may be supporting Strategic Objective 7.*

**Reported in thousands of USD**
The findings of the UN Nutrition Inventory can serve as a valuable input for a range of UN Network activities

**Haiti**

**Key findings:**
- 5 of 7 UN agencies work on hygiene, with scope to harmonize
- Many UN actions are ‘small’ or ‘medium’ investments, providing opportunities to ↑ synergies
- Actions concentrated in 3 depart’s yet not necessarily coordinated

**Mozambique**

**Key findings:**
- Implementation support is clustered around 3 thematic areas
- UN nutrition support is primarily focused on sectoral governance actions...
- ... that are mostly concentrated in 3 thematic areas

**Rwanda**

**Key findings:**
- UN nutrition support is primarily devoted to capacity development...
- ...although 4 of 5 UN agencies surveyed supported implementation actions
- ≥3 UN agencies supporting actions in 6 thematic areas, illustrating need to align & coordinate

### Applications of the UN Nutrition Inventory:

<table>
<thead>
<tr>
<th>Haiti</th>
<th>Mozambique</th>
<th>Rwanda</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Framed UN Network retreat to identify priority/focus areas</td>
<td><strong>1.</strong> Framed discussions for a UN Network retreat on strategic planning</td>
<td><strong>1.</strong> Framed discussions for a UN Network retreat on strategic planning</td>
</tr>
<tr>
<td><strong>2.</strong> Informed development of Common UN Agenda on Food &amp; Nutrition Security (2017-2021) in Haiti</td>
<td><strong>2.</strong> Informed development of UN Agenda for the Reduction of Chronic Undernutrition in Mozambique</td>
<td><strong>2.</strong> Informed development of UN Network Strategy on Nutrition</td>
</tr>
<tr>
<td><strong>3.</strong> Identified advocacy needs to improve multi-sectoral response (e.g. links with Family Planning)</td>
<td><strong>3.</strong> Fortification identified as focus area to implement UN Nutrition Agenda &amp; common work initiated</td>
<td><strong>3.</strong> Fed into joint programming, specifically Phase II of the OneUN Joint Nutrition Project</td>
</tr>
<tr>
<td><strong>4.</strong> Triggering dialogue on how to increase UN programming convergence (geographic &amp; thematic)</td>
<td><strong>4.</strong> Supported drafting &amp; implementation of next UNDAF</td>
<td><strong>4.</strong> Incited work to help some UN agencies make their actions more “nutrition explicit”</td>
</tr>
</tbody>
</table>

+ others...
REACH provides neutral experts in facilitation, networking and capacity strengthening, who are directly embedded in government institutions that coordinate multi-sectoral nutrition processes.

REACH facilitators work hand-in-hand with a range of SUN actors* to enhance functional capacities related to nutrition governance...

**Nutrition Capacity Assessments**

**How REACH adds value**

- Advocates to streamline capacity assessment (CA) to promote coherence & minimize overlap
- Serves as an intermediary btwn. assessment team & institutions to ensure an inclusive, multi-sectoral approach
- CA guides successive REACH work so that it is context-specific, aligned to & complementary with other efforts
- Helps to dovetail CA of functional capacities with assessment of technical nutrition capacities

**Learning by Doing**

**How REACH adds value**

- Regular coaching of SUN Gov’t Focal Points & other gov’t officials working on nutrition coordination
- Facilitates articulation of nutrition coordination architecture
- Supports set-up of MSPs & nutrition coordination secretariats
- Catalyses the establishment of other SUN Networks
- Helps to create a ‘safe’ space for participatory multi-sectoral nutrition dialogue & governance processes

*Note: These actors include: SUN Government Focal Points; government officials working in nutrition collaboration platforms/secretariats; other UN Network colleagues; and colleagues from other SUN Networks. Photo credit: © WFP/Diego Fernandez

REACH analytics are accompanied by a facilitated process, building country capacity to undertake & apply them, as part of its greater work.
Findings from the REACH multi-sectoral stock-taking exercises serve as valuable inputs to a number of SUN processes and MSPs.

**Nutrition Stock-taking Exercises**

- **Multi-sectoral Nutrition Overview**
- **Policy & Plan Overview**
- **Stakeholder & Nutrition Action Mapping**

**Top applications of stock-taking exercises:**

**Findings leveraged to:**

1. Monitor nutrition situation
2. Launch discussion on scale-up
3. Mobilize sectors/stakeholders for nutrition
4. Inform development of the Multi-sectoral Nutrition Strategic Plan

**Findings leveraged to:**

1. Provide entry point for sensitizing sectors on their role in nutrition & rallying their engagement
2. Empower nutrition-sensitive actions & enable multi-sectoral approach
3. Inform prioritization efforts
4. Feed into the new nat’l nutrition plan & work on info systems

**Findings leveraged to:**

1. Inform Joint Multi-Sectoral Nutrition Review, attended by 200+ participants from different stakeholder groups at central & decentralized levels
2. Monitor country progress on the prioritized actions
3. Further integrate nutrition into governance frameworks

**Countries:** Burkina Faso, Myanmar, Tanzania
### Mapping can be undertaken at sub-nat’l levels to deepen the understanding of the nutrition situation and address low coverage

<table>
<thead>
<tr>
<th>Core Nutrition Action</th>
<th>Districts covered</th>
<th>Target Group</th>
<th>% of target covered</th>
<th>Delivery Mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>IYCF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide counselling on exclusive breastfeeding</td>
<td>8/8</td>
<td>Pregnant women</td>
<td>N/A</td>
<td>Health Workers, Community Health Workers/ volunteers</td>
</tr>
<tr>
<td>Provide counselling on complementary feeding</td>
<td>8/8</td>
<td>Lactating women</td>
<td>N/A</td>
<td>Health facilities</td>
</tr>
<tr>
<td>Micronutrient Supplementation</td>
<td>Provide Iron/Folic Acid</td>
<td>0/8</td>
<td>Pregnant women</td>
<td>N/A</td>
</tr>
<tr>
<td>Provide VAS</td>
<td>8/8</td>
<td>Mothers of children 6-23 months</td>
<td>N/A</td>
<td>Health facilities</td>
</tr>
<tr>
<td>Disease Prevention &amp; Management</td>
<td>Provide deworming to children</td>
<td>7/8</td>
<td>Children 12-59 months</td>
<td>N/A</td>
</tr>
<tr>
<td>Provide IPT</td>
<td>0/8</td>
<td>Pregnant women</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Provide ITNs</td>
<td>0/8</td>
<td>Pregnant women</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Provide deworming to pregnant women</td>
<td>1/8</td>
<td>Pregnant women</td>
<td>N/A</td>
<td>Health facilities</td>
</tr>
<tr>
<td>Acute Malnutrition</td>
<td>Treatment of SAM</td>
<td>5%</td>
<td>Children 0-59 month with SAM</td>
<td>N/A</td>
</tr>
<tr>
<td>WASH</td>
<td>Provide health education/messages on hygiene &amp; hand washing</td>
<td>8/8</td>
<td>Mothers of children 0-23 months</td>
<td>Community Health Workers/ volunteers</td>
</tr>
<tr>
<td>NCDs</td>
<td>Promote nutrition and healthy lifestyles</td>
<td>0/8</td>
<td>Primary Schools</td>
<td>N/A</td>
</tr>
<tr>
<td>Food &amp; Nutrition Security</td>
<td>Provide nutrition messaging to vulnerable groups</td>
<td>8/8</td>
<td>Vulnerable groups</td>
<td>N/A</td>
</tr>
<tr>
<td>Provide material and technology for small scale horticulture</td>
<td>8/8</td>
<td>TASAF beneficiaries</td>
<td>Agricultural extension workers / village promoters</td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td>Provide anthropometric assessment</td>
<td>8/8</td>
<td>Children 0-59 months</td>
<td>Health facilities</td>
</tr>
<tr>
<td>Social Protection</td>
<td>Provide cash transfers</td>
<td>7/8</td>
<td>Vulnerable households</td>
<td>District Councils</td>
</tr>
</tbody>
</table>

% of target group reached:  
- ≤25%  
- >25% - ≤50%  
- >50% - ≤75%  
- >75%  
N/A No beneficiary data available

1The indicator for acute malnutrition was collected through the 2016 Tanzania Bottleneck Analysis. The geographic coverage is presented as % of health facilities providing IMAM activities.
The REACH mapping stands out from other mapping exercises in that it generates aggregate coverage data, both population and geographic.

Excerpt from the Myanmar Mapping (2017)

On average, about 3 interventions\(^1\) are implemented at scale.

<table>
<thead>
<tr>
<th>% of target group covered</th>
<th>IYCF practices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child health checks</td>
</tr>
<tr>
<td></td>
<td>Nutrition and healthy lifestyles for adol.</td>
</tr>
<tr>
<td></td>
<td>Vitamin A Supplementation</td>
</tr>
<tr>
<td></td>
<td>Iron / folate supplementation</td>
</tr>
<tr>
<td></td>
<td>Salt Iodization</td>
</tr>
<tr>
<td></td>
<td>Rice Fortification</td>
</tr>
<tr>
<td></td>
<td>IMAM</td>
</tr>
<tr>
<td></td>
<td>Deworming</td>
</tr>
<tr>
<td></td>
<td>ORS / zinc</td>
</tr>
<tr>
<td></td>
<td>ANC</td>
</tr>
<tr>
<td></td>
<td>PNC</td>
</tr>
<tr>
<td></td>
<td>Alternative income generation</td>
</tr>
<tr>
<td></td>
<td>School feeding</td>
</tr>
<tr>
<td></td>
<td>Social safety nets</td>
</tr>
</tbody>
</table>

However, interventions reaching 75% of beneficiaries varies across states/regions.

\(^1\)The nutrition actions depicted on this page refer to a subset of the core nutrition actions in Myanmar.

\(^2\)This number is a country-defined level based on the results of the stakeholder mapping to highlight disparities in action coverage.

# of actions with at least 75%\(^2\) of target population covered

- <2
- 3-4
- 5-6
- 7-8
**Geographic and population coverage of the action by region**

All partner roles included

<table>
<thead>
<tr>
<th>Region</th>
<th>Coverage of cercles</th>
<th>Coverage of pregnant and lactating women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bamako</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>Gao</td>
<td></td>
<td>71%</td>
</tr>
<tr>
<td>Kayes</td>
<td></td>
<td>30%</td>
</tr>
<tr>
<td>Kidal</td>
<td></td>
<td>97%</td>
</tr>
<tr>
<td>Koulikoro</td>
<td></td>
<td>34%</td>
</tr>
<tr>
<td>Segou</td>
<td></td>
<td>47%</td>
</tr>
<tr>
<td>Sikasso</td>
<td></td>
<td>25%</td>
</tr>
<tr>
<td>Tombouctou</td>
<td></td>
<td>11%</td>
</tr>
</tbody>
</table>

**National**

8/9 Regions covered 37%

**% of cercles covered**

- ≤25%
- >25 - ≤50%
- >50 - ≤75%
- >75%
- n.a. Not available

Note: The stakeholders listed in purple did not fill out questionnaires directly but were reported as implementing partners for this action.

**Which stakeholders are supporting the promotion of exclusive breastfeeding?**

Implementing partners displayed only

- MSHP
- MISOLA
- AVSF
- ADESAH
- WHH
- HI
- MSF
- CRM
- IMC
- SCI
- ACF
- Apromors
- MPDL
- PLAN
- GIZ
- MISOLA
- CRM
- CSPEEDA
- CRB
- CEPAP
- MSHP
- IEDA
- PUI
- GIZ
- MISOLA
- MA
- ACF
- MPDL
- Medicus M.
- CRB
- OMAES

**Number of implementing partners:**

- 1-4
- 5-10
- 11-15
- 16-20
- No implementing partners reported

Excerpt from the Mali Mapping (2017)

REACH mapping can help to mobilize actors from different SUN Networks and to inform nutrition planning and prioritization exercises.
Decentralized development plans cover nutrition to varying degrees, with scope to further integrate nutrition into many of them

**Opportunities to better reflect nutrition in the community development plans for Tibga, Gayeri, Thion & Bani**

*Note: For simplicity’s sake, only UN partners working with REACH, which were indicated in the document, were listed as partners on this page.

**Formulated before Burkina Faso joined the SUN Movement in 2011.**

<table>
<thead>
<tr>
<th>Commune Development Plans</th>
<th>Period covered</th>
<th>Next revision</th>
<th>Responsible Ministry</th>
<th>Partners*</th>
<th>Nutrition</th>
<th>Remarks</th>
</tr>
</thead>
</table>
| Kantchari (PCDK)          | 2015-19        | 2017         | Territorial & Decentralization Administration | WFP       | ![Nutrition Level 6/27 Core Nutrition Actions, 6/27 Relevant Core Nutrition Actions](Image) | • 4/27 core nutrition actions, 4/27 relevant core nutrition actions  
• Acknowledges existing gender inequalities, that make women more physiologically vulnerable  
• While it recognises & includes nutrition-sensitive interventions, it does not mention nutrition-specific interventions |
| Manni (PCDM)              | 2015-19        | 2017         | Territorial & Decentralization Administration | FAO & WFP | ![Nutrition Level 6/27 Core Nutrition Actions, 6/27 Relevant Core Nutrition Actions](Image) | • 6/27 core nutrition actions, 6/27 relevant core nutrition actions  
• Acknowledges that children 0-5 yrs. old and pregnant women are susceptible to chronic malnutrition  
• Doesn’t further elaborate on the importance of good nutrition, including links between poor maternal nutrition & chronic malnutrition |
| Tibga (PCDT)              | 2015-19        | 2017         | Territorial & Decentralization Administration | WFP       | ![Nutrition Level 5/27 Core Nutrition Actions, 5/27 Relevant Core Nutrition Actions](Image) | • 5/27 core nutrition actions, 5/27 relevant core nutrition actions  
• Recognises links btwm. animal husbandry & food security, but doesn’t acknowledge malnutrition as a problem  
• Doesn’t mention the importance of school feeding to nutrition & community development beyond noting their presence as an entry point |
| Gayeri (PCDG)**           | 2010-14        | 2017         | Territorial & Decentralization Administration | WFP       | ![Nutrition Level 4/27 Core Nutrition Actions, 4/27 Relevant Core Nutrition Actions](Image) | • 4/27 core nutrition actions, 4/27 relevant core nutrition actions  
• Acknowledges the importance of the agriculture sector to food security, but not nutrition |
| Thion (PCDTH)             | 2015-19        | 2017         | Territorial & Decentralization Administration | WFP       | ![Nutrition Level 4/27 Core Nutrition Actions, 4/27 Relevant Core Nutrition Actions](Image) | • 4/27 core nutrition actions, 4/27 relevant core nutrition actions  
• Doesn’t include nutrition-specific interventions (e.g. optimal breastfeeding) in spite of mentioning that children < 5 yrs. & pregnant & lactating women are more susceptible to malnutrition  
• Underscores the importance of multi-sectorality & includes a plan for mobilising & training actors in order to achieve its objectives |
| Bani (PCDB)               | 2014-18        | 2017         | Territorial & Decentralization Administration | WFP       | ![Nutrition Level 4/27 Core Nutrition Actions, 4/27 Relevant Core Nutrition Actions](Image) | • 4/27 core nutrition actions, 4/27 relevant core nutrition actions  
• Focuses on the most vulnerable people in society & the food insecurity they are experiencing.  
• Only includes nutrition-sensitive interventions without necessarily labelling them as such |

Excerpt from the Burkina Faso Policy & Plan Overview (2016)
The REACH Policy & Plan Overview highlights how nutrition is reflected in related governance frameworks, and can inform nutrition planning at national and sub-national levels to support scale-up.

<table>
<thead>
<tr>
<th>Document</th>
<th>Period covered</th>
<th>Next revision</th>
<th>Responsible institution</th>
<th>Partners</th>
<th>Nutrition</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Agricultural Policy</td>
<td>2013</td>
<td>TBD</td>
<td>Ministry of Agriculture, Livestock, and Fisheries</td>
<td>Tanzania Food and Drug Authority (TFDA)</td>
<td>0/19</td>
<td>5/10 core nutrition actions, 5/10 relevant core nutrition actions</td>
</tr>
<tr>
<td>National Fisheries Policy</td>
<td>2015</td>
<td>TBD</td>
<td>Ministry of Agriculture, Livestock, and Fisheries</td>
<td>Tanzania Fisheries Research Institute (TAFIRI)</td>
<td>0/19</td>
<td>0/19 core nutrition actions, 0/19 relevant core nutrition actions</td>
</tr>
<tr>
<td>National Livestock Policy</td>
<td>2006</td>
<td>TBD</td>
<td>Ministry of Agriculture, Livestock, and Fisheries</td>
<td>Tanzania Food and Drug Authority (TFDA)</td>
<td>3/19</td>
<td>3/19 core nutrition actions, 3/19 relevant core nutrition actions</td>
</tr>
<tr>
<td>Agricultural Marketing Policy</td>
<td>2008</td>
<td>TBD</td>
<td>Ministry of Industry, Trade, and Investment</td>
<td>Ministry of Agriculture, Livestock, and Fisheries</td>
<td>0/19</td>
<td>0/19 core nutrition actions, 0/19 relevant core nutrition actions</td>
</tr>
<tr>
<td>Agricultural Sector Development Strategy</td>
<td>2001-2007</td>
<td>2007</td>
<td>Ministry of Agriculture, Livestock, and Fisheries</td>
<td>Tanzania Food and Drug Authority (TFDA)</td>
<td>1/19</td>
<td>1/19 core nutrition actions, 1/10 relevant core nutrition actions</td>
</tr>
<tr>
<td>Livestock Sector Development Strategy</td>
<td>2010</td>
<td>TBD</td>
<td>Ministry of Agriculture, Livestock, and Fisheries</td>
<td>Tanzania Food and Drug Authority (TFDA)</td>
<td>2/19</td>
<td>2/19 core nutrition actions, 2/9 relevant core nutrition actions</td>
</tr>
</tbody>
</table>

Nutrition tends to be better reflected in the newer agriculture policies and strategies.

- Maternal & child nutrition receives significant attention
- Maternal & child nutrition is not addressed at all
Consideration is also made to changes in the prevalence of child malnutrition to ensure appropriate action is planned and executed.

- 3 of 10 districts showed a notable decrease (>10 % pts.) in overall prevalence.
- 3 districts recorded a smaller decrease (5-10 % pts.) in the overall prevalence.
- 1 district (Butha-Buthe) recorded a significant increase of 7.8 % pts. in the overall prevalence.

Source: DHS (2009 & 2014)
The REACH Multi-Sectoral Nutrition Overview compares absolute numbers of stunted children and prevalence to ID discrepancies and catalyse action.

Chronic malnutrition: Absolute numbers Vs. prevalence

- Districts with the highest number of stunted children do not always correspond to those with greatest prevalence due to disparities in population density.
- Highest absolute numbers of stunted children are found in the Kenema, Port Loko & Tonkolili districts.
- Of the 3 districts with the highest prevalence of stunting, Tonkolili and Kenema also have the highest absolute numbers.

1 The SLNNS national averages exclude Kailahun and Bonthe districts due to the Ebola Virus Disease outbreak.
2 Estimated absolute number of stunted children is not available for W. Area Urban and W. Area Slums due to lack of disaggregated population data.

Sources:
Dashboard provides a snapshot of the nutrition situation, fostering a common understanding among actors

Excerpt from the Ghana Multi-sectoral Nutrition Overview (2016)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>National Trend Severity</th>
<th>Upper West</th>
<th>Northern</th>
<th>Upper East</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stunting</strong></td>
<td>Prevalence of stunting among children &lt;5 years old¹</td>
<td>18.8% ↑</td>
<td>22.2%</td>
<td>33.1%</td>
</tr>
<tr>
<td><strong>Wasting</strong></td>
<td>Prevalence of wasting among children &lt;5 years old¹</td>
<td>4.7% ↑</td>
<td>4.4%</td>
<td>6.3%</td>
</tr>
<tr>
<td><strong>Overweight</strong></td>
<td>Prevalence of overweight among children &lt;5 years old¹</td>
<td>2.6% →</td>
<td>2.8%</td>
<td>1.3%</td>
</tr>
<tr>
<td><strong>Iron deficiency</strong></td>
<td>Prevalence of anaemia among children 6-59 months old¹</td>
<td>65.7% ↓</td>
<td>73.8%</td>
<td>82.1%</td>
</tr>
<tr>
<td></td>
<td>Prevalence of anaemia among women 15-49 years old¹</td>
<td>42.4% ↑</td>
<td>35.6%</td>
<td>47.5%</td>
</tr>
<tr>
<td><strong>Vitamin A deficiency</strong></td>
<td>Prevalence of Vitamin A deficiency among children 6-59 mo. old</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td><strong>Food Security</strong></td>
<td>Percentage of HHs with poor or borderline food consumption²</td>
<td>5.4%</td>
<td>23.7%</td>
<td>20.0%</td>
</tr>
<tr>
<td></td>
<td>Percentage of food insecure HHs (severe, moderate &amp; mild)²</td>
<td>n.a.%</td>
<td>23.7%</td>
<td>20.3%</td>
</tr>
<tr>
<td></td>
<td>Global Hunger Index score</td>
<td>15.5 ↓</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>Percentage of newborns weighing &lt;2.5 kg at birth¹</td>
<td>9.5% ↑</td>
<td>12.7%</td>
<td>12.9%</td>
</tr>
<tr>
<td></td>
<td>Women 15-49 years with problem(s) accessing health care¹</td>
<td>50.7% ↑</td>
<td>70.2%</td>
<td>70.8%</td>
</tr>
<tr>
<td></td>
<td>Percentage of HHs with access to improved water source¹</td>
<td>89.8% ↑</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td></td>
<td>Percentage of HH practicing open defecation¹</td>
<td>16.9% ↑</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td><strong>Care</strong></td>
<td>Percentage of infants receiving timely initiation of breastfeeding¹</td>
<td>55.6% ↑</td>
<td>40.6%</td>
<td>64.7%</td>
</tr>
<tr>
<td></td>
<td>Percentage of infants exclusively breastfed to age 6 months¹</td>
<td>52.3% ↑</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td></td>
<td>Percentage of children 6-23 months old with appropriate CF¹</td>
<td>13.3% ↓</td>
<td>13.7%</td>
<td>14.1%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Females that completed primary school or higher¹</td>
<td>68.3% ↑</td>
<td>35.9%</td>
<td>25.7%</td>
</tr>
<tr>
<td><strong>Population</strong></td>
<td>Total fertility rate¹</td>
<td>4.2 ↓</td>
<td>5.2</td>
<td>6.6</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>Percentage of women age 20-49 who gave birth by 18 years old¹</td>
<td>20.6% ↑</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td></td>
<td>Percentage of married women who mainly control how to use their earnings¹</td>
<td>62.8% ↑</td>
<td>75.9%</td>
<td>92.4%</td>
</tr>
<tr>
<td><strong>Poverty</strong></td>
<td>Percentage of population living under national poverty line³</td>
<td>24.2% ↑</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
</tbody>
</table>

n.a. = not available / CF = complementary feeding / N/A = not applicable
Nutrition stock-taking exercises supported by the UN Network, through REACH, provide an entry point to rally diverse SUN Networks for action.

**Nutrition Stock-taking Exercises**

**Excerpts**

1. **Multi-Sectoral Nutrition Overview**
   - Identification of:
     - Vulnerable groups
     - Nutrition problems at nat’l & sub-nat’l levels
     - Nutrition trends over time
     - Factors contributing to malnutrition

2. **Policy & Plan Overview**
   - Overview or identification of:
     - Political priorities
     - Extent that nutr. is reflected in policies, strategies & plans
     - Opportunities for increased coherence & multi-sector coordination

3. **Stakeholder & Nutrition Action Mapping**
   - Overview or identification of:
     - Presence & roles of nutrition stakeholders
     - Implementation status/gaps in coverage
     - Delivery mechanisms
     - Opportunities for synergies

**Nutrition governance processes**

Excerpts from Myanmar (2017)

Source: UN Network for SUN Secretariat
PREFACE

REACH boasts nearly 10 years of experience in supporting complex, multi-sectoral nutrition governance processes at the country level in Africa and Asia. Based on experience accrued in 20-plus countries, it has refined its approach to maintain relevance and best respond to the growing country demand for its neutral expertise in facilitation, networking and capacity strengthening, backed by analytical excellence.

It works in close collaboration with nutrition coordination structures, supporting individuals who are leading change at the country level. REACH continues to be a revered resource for effective knowledge brokering and for stimulating participatory dialogue across sectors and SUN networks, including the UN Network for SUN.

The highlights included in this booklet give a taste of the type of work that REACH supports, and how it can be applied to enrich and energize nutrition governance processes. Some of the materials featured here are emerging outputs, yet to be validated in-country. Nevertheless, they are profiled here in an effort to foster knowledge-sharing among SUN countries.

REACH considers the process of establishing consensus among partners to be equally important as the outputs of the REACH nutrition stock-taking exercises.
REACH stock-taking exercises continue to galvanize actors and bring momentum to nutrition governance processes in various SUN countries

Nurturing a neutral space for meaningful, multi-sectoral nutrition dialogue and functioning MSPs

November 2017