



**ACF-INTERNATIONAL
REPORT**

UNDER THE SUN

Tracking Progress of the Scaling Up Nutrition movement in Bangladesh and Niger





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About this research

ACF has been involved in the SUN movement since its inception in 2010, and is among the organizations that have endorsed the SUN Framework for Action for the Scale Up of Nutrition. ACF is also a member of the SUN Global Civil Society Network.

ACF has undertaken the present research in the spirit of contributing to global efforts that are underway for the scale up of nutrition. Whereas several previous global initiatives have failed to bring durable solutions to hunger and undernutrition, ACF decided to assess the progress of the SUN at country level in order to determine how this fresh initiative can best achieve its goal and to draw lessons from two countries that can be used by all stakeholders for the scaling up in others.

The findings of this research were communicated to the SUN Secretariat prior to the official release of the report and ACF welcomes the consideration that has been given to these findings in the preparation of the new SUN strategy and accompanying documents.



ACRONYMES

AAHM	The Alliance Against Hunger and Malnutrition
ACF	Action contre la Faim
BADC	Bangladesh Agricultural Development Corporation
BDHS	Bangladesh Demographic and Health Survey
BINP	Bangladesh Integrated Nutrition Programme
CAP	Consolidated Appeal Process
CFA	Communauté Financière Africaine
CIP	Country Investment Plan
CSO	Civil Society Organization
DGFP	Directorate General of Family Planning
DGHS	Director General of Health Services
DNPGCA	Dispositif National de Prévention et de Gestion des Crises Alimentaires
DMB	Disaster Management Bureau
DP	Development Partners
EC	European Commission
ECHO	European Commission Humanitarian Office
EU	European Union
FAO	Food and Agriculture Organization
NFPAP	National Food Policy Action Plan
FPMC	Food Planning Monitoring Committee
FPMU	Food Planning and Monitoring Unit
GAfsp	Global Agriculture and Food Security Program
GAM	Global Acute Malnutrition
GoB	Government of Bangladesh
HKI	Helen Keller International
HPNSDP	Health, Population and Nutrition Sector Development Programme
IFPRI	International Food Policy Research Institute
Kcal	Kilocalorie
IPHN	Institute of Public Health and Nutrition
LCG-AFSRD	Local Consultative Group on Agriculture, Food Security and Rural Development
MDG	Millennium Development Goal
MoA	Ministry of Agriculture
MoFDM	Ministry of Food and Disaster Management
MoHFW	Ministry of Health and Family Welfare
MoLGRD	Ministry of Local Government, Rural Development and Cooperatives
MDTF	Multi donor trust fund
M&E	Monitoring & Evaluation
NFP	National Food Policy
NFPPA	National Food Policy Plan of Action
NPAN	National Plan of Action for Nutrition
NGOs	Non Governmental Organizations
NNP	National Nutrition Project
NNS	National Nutrition Services
NWG	Nutrition Working Group
ODA	Official Development Assistance
REACH	Renewed Efforts Against Child Hunger
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally
SUN	Scaling Up Nutrition
UNDP	United Nations Development Programme
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

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EXECUTIVE SUMMARY

Scaling-Up Nutrition (SUN) was launched in 2010 as a fresh international initiative to address the continuing problem of child undernutrition in the world. SUN is meant as a response to the continuing high levels of undernutrition in our world and the uneven progress towards the Millennium Development Goal (MDG) – set in 2000 – to halve poverty and hunger by the year 2015.

Defined as a movement, it brings together the authorities of countries burdened by under-nutrition and a global coalition of partners, including NGOs, international organizations, academic and research organizations as well as some private businesses. 28 countries have joined the SUN movement so far, whereas the SUN framework for action has been endorsed by over 100 organizations worldwide.

Launched against the background of many previous global initiatives that have failed to bring durable solutions to the problem, SUN was conceived with the hope of quick and concrete results at country level. The SUN Roadmap produced in 2011 anticipated an intensification of efforts in nutrition over three to four years, along a twin-track approach that would combine Nutrition-Focused (or sensitive) Development interventions and policies in different sectors and Nutrition-Specific Interventions which seek nutritional improvement through direct interventions, with a focus on the 1,000 days, i.e. from pregnancy to the first two years of life¹.

The SUN Roadmap reiterates the path envisaged by the L'Aquila Food Security Initiative, through which donor countries requested governments to design national plans and made a commitment to provide financial and technical assistance in support to these plans once done.

In Bangladesh and Niger, though the responses to the massive challenge of undernutrition remain far below requirements, the scaling up of nutrition has started before SUN: Both countries have taken steps in recent years, which demonstrate an increased interest in nutrition for governments, donors, UN institutions and NGOs. This includes the design of comprehensive and costed strategies and action plans for food, agriculture and nutrition as well as institutional developments signalling the commitment of governments to move forward. Half way through the timeline set by the SUN, the task remains however tremendous to effectively scale-up and have an impact. Institutional processes and capacity building take time, whereas funding and technical assistance still don't come as swiftly as required.

What has been the added value of SUN over the past two years in Bangladesh and Niger is difficult to appraise with certainty given the lack of palpable evidence of its role and impact. It seems however that little has happened so far as a result of the launch of the movement and the adherence of the two countries to the SUN movement.

The most perceptible added value of SUN has been to keep or to put nutrition high in the political agenda and to help make the two ends meet when contemplating policy options to fight undernutrition. Comparing the evolution of Bangladesh and Niger reveals how undernutrition is now considered in a much more comprehensive way than it has ever been. The world is starting to recognize the imperative to tackle together the different but interconnected forms of undernutrition, as reflected in the 2008 Lancet's list of 13 interventions. Putting or keeping stunting, underweight and wasting at the same level of political priorities for government, NGOs and international institutions represents certainly the first major achievement of the SUN movement.

SUN's role has been equally important in promoting the concept of 'nutrition focused' development, which would involve 'nutrition sensitive' interventions and a multisectoral approach to undernutrition. However determining what such an approach should look like is proving to be difficult at country level, which has led to calls for more efforts on evidence building to help determining what effective 'nutrition sensitive' interventions, policies and investments should be.

SUN's influence on the policy level may have been determinant in strengthening the voice of nutrition advocates at country level and in giving more nutrition focus to food and agriculture policies that were being designed as well as, to some extent, to resource allocations by donors and governments.

However, after statements and declarations have been made and policy documents have been designed, comes the time of the concrete implementation of policies and strategies. This research found that from this perspective, SUN has not been as helpful as could have been expected.

It appears in particular that not enough attention has been given on how SUN would materialize at country level, especially given that a number of national, regional and global initiatives (e.g. REACH, AAHM, CAPs, MDG acceleration,) were already on-going before SUN or were being promoted at the time SUN was launched. The research shows a substantial level of confusion prevailing at country level and the risks for duplication and overlaps between the different global initiatives related to nutrition.

Overall, while it is calling for countries to put in place coherent and comprehensive action plans, the SUN does not yet ensure that convergence and alignment are priorities for the United Nations' and other international efforts, whether they are initiatives or activities of individual organizations. As seen in Niger, despite initial confusion over the articulation of the two initiatives, Renewed Efforts Against Child Hunger (REACH) seems well placed to support the Governments and other stakeholders to undertake or coordinate a number of activities recommended by the Roadmap.

Despite claims by the Movement to be a country-led initiative, it appeared through this research that SUN Movement could not avoid a top down approach in its implementation so far.

For instance, the establishment of inclusive SUN multi-stakeholder platforms recommended by the SUN Roadmap and the expectations over increased alignment of international funding for nutrition had to face the reality on the ground. Thus, in each country different mechanisms and processes relevant to nutrition have been in place prior to SUN and must be relied upon or dealt with for the scale up, even if they don't necessarily correspond to the model proposed by SUN.

A good illustration relates to pre-existing processes of donor alignment around health, through coordination and funding mechanisms (pool funds) or around food security in the case of Niger.

Another example is that multi-stakeholders nutrition groups have been active in both countries prior to SUN and members have often been confused about the future relationship of these groups with the multi-stakeholder platforms recommended by SUN or with the Civil Society (CS) Platform created under the impulsion of SUN global stakeholders.

Another question identified by this research is that a number of members of the SUN at the global level, including NGOs, UN organizations and donors have kept sometimes a passive posture towards the SUN and taken little ownership of the movement at country level. Several key actors at country level have received little guidance in reference to their involvement as part of the SUN movement. This seems particularly problematic given that several UN organizations key stakeholders of the SUN are also backing other initiatives while they would be expected to ensure convergence and coordination with SUN.

Though the Roadmap states that participants are expected to ensure that the roles of different supporting partners are clearly identified and agreed ², this is not happening in any of the two countries, with no clarity on the who is doing what at country level in relation to the SUN Roadmap. It has been repeated that the SUN is a movement and that action should be country-driven, nevertheless this seems to be a major flaw of the initiative at country level.

Concerning Civil Society Organizations (CSO), one of the most visible outcomes of the SUN at country level



has been the establishment of SUN CSO platforms. Though this development has encountered significant challenges, particularly in Bangladesh, these platforms have a key role to play to push the nutrition agenda forward as well as to hold Governments and donor countries accountable for the realization of their commitment to SUN.

In order to play this role, CSOs will need access to relevant fora and policy discussions, as well as to all relevant information on activities, spending and progress. This would require substantial efforts from governments towards more accountability and transparency. It is expected that the upcoming strategy for the SUN movement will propose an accountability framework with performance indicators to monitor progress. As initiated in Bangladesh, donors and international organizations must also ensure that adequate technical and financial assistance is provided at country level to perform effective monitoring and allow true accountability.

If the ultimate goal of the CSO platforms is to reduce undernutrition, the scope of their advocacy should logically include the underlying factors of undernutrition and not just direct and 'nutrition sensitive' interventions. It is therefore critical that membership of this platform reflects this objective, which is currently not the case as most members in both countries are 'service providers', i.e. NGOs involved in the delivery of nutritional programmes in the country.

Regarding donors, strong expectations have been created that SUN will help mobilize resources at country level once Governments have designed costed strategies and action plans. Yet, so far, there is little evidence that additional funding has actually come for the scale up of nutrition, and it is felt that the SUN needs to be translated into concrete steps to support the mobilization of resources for scaling up nutrition at country level.

It is hoped that the newly created lead group³, the Secretariat as well as the different platforms will undertake a number of activities for this purpose including the active lobbying of donor countries, the organization of donor roundtables, monitoring and tracking of donor and government funding as well as the identification and the promotion of alternative financing for nutrition. Moves in coherence with the Paris Declaration on Aid Effectiveness, including for instance the participation to pool funds in support to national plans are also expected by national governments. Also, in Niger, international aid for nutrition is still largely focused on the management of short term needs and emergencies, which will only change with more funding and technical assistance to help the country address hunger in a more durable way.

A lot of emphasis is being put in the SUN communications and documents over the fact that the scale up has to be country-led, with a key role to play for the governments which have joined the movement. Yet, many countries, in particular the poorest, with heavy dependency on international assistance such as Niger, will rely on international support to effectively scale up nutrition.

By labelling SUN as a movement, or even a 'way of working' and highlighting this leadership role of national governments, donors and international organizations should not escape their own responsibility in ensuring the success of the initiative. Assuming this responsibility should encompass a range of very concrete actions that include increasing funding and technical assistance as well as true convergence of the activities of international organizations.

Drawing lessons from the experience of countries like Bangladesh and Niger over the past two years, this report produces a number of analysis and recommendations, which are expected to feed into the September 2012 SUN Movement meeting and beyond. This meeting should be the time to initiate the necessary adjustments in the movement in order to ensure it can demonstrate actual results.

3 - See SUN movement lead group strategy development: Thematic task teams, SUN Secretariat, May 14 2012, <http://www.scalingupnutrition.org/wp-content/uploads/2012/05/12-05-14-Movement-Lead-Group-Strategy-Development-and-Thematic-Areas-Final-FR.pdf>

INTRODUCTION

The United Nations first World Food Conference was held in 1974 following a devastating food crisis in Sahel and a famine in Bangladesh. At the conference, U.S. Secretary of State Henry Kissinger said that within ten years no child would go to bed hungry. The official goals of the conference were “eradication of hunger, food insecurity, and malnutrition within a decade”⁴. Nearly four decades and many other international food conferences and global initiatives later, hunger and undernutrition are still there, including in Sahel and Bangladesh, which have been studied for the purpose of this research.

Scaling-Up Nutrition (SUN) was launched in 2010 as a fresh international initiative to address the problem. SUN is meant as a response to the continuing high levels of undernutrition in our world and the uneven progress towards the Millennium Development Goal (MDG) – set in 2000 – to halve poverty and hunger by the year 2015.

“The Scaling-Up Nutrition (SUN) Movement brings together the authorities of countries burdened by under-nutrition, a broad range of stakeholders from multiple sectors in-country, and a global coalition of partners. They have committed to working together to create conditions in which household members – especially women – are enabled to improve their own and their children’s nutrition. By implementing a set of specific nutrition interventions, expanding the pool of resources for this effort, and integrating nutrition into health, agriculture, education, employment, social welfare and development programmes, participants in the Movement can together contribute to significant and sustained reductions in under-nutrition and significantly improve the health and prosperity of future generations.”⁵

A SUN framework has been developed by specialists from governments, academia, research institutions, civil society, private companies and international development organizations. It has been endorsed by more than 100 organizations and was unveiled in Washington in April 2010 at a meeting co-hosted by Canada, Japan, USAID and the World Bank.

4 - Dickey, M. et al., World Food Crisis, <https://ushistory20thc.wikispaces.com/World+Food+Crisis> accessed July 8 2012

5 - Scaling-Up Nutrition, Compendium of Country Fiches, High Level Meeting on Nutrition and Extended SUN Workshop, September 2011



The framework recommends two priority policy responses for Scaling up Nutrition, along a twin-track approach that would combine:

1. **Nutrition-Focused Development** which sets adequate nutrition as a goal of interventions and policies in different sectors such as agriculture, food supply, social protection, health and education programmes
2. **Nutrition-Specific Interventions** which seek nutritional improvement through direct interventions, with a focus on the 1,000 days, i.e. from pregnancy to the first two years of life, and at times of illness or distress⁶.

A Roadmap for SUN has been established in 2011. It features recommendations for all SUN stakeholders at local, national and regional levels on how to scale up nutritional outcomes relevant to the realization of the MDGs. The SUN Roadmap ⁷ answers the question “how to bring the SUN Framework to life and ensure that it leads to real – and sustained – improvements in nutrition in the highest burden countries?” It indicates ways in which developing countries, development partners, businesses and civil society can become more deeply involved in making the SUN Framework operational. It indicates the political, technical and financial means through which development agencies can support the development and implementation of action plans for Scaling up Nutrition. It sets out pathways, processes and milestones for this collective work.

More specifically, the SUN Roadmap identifies three stages of country participation⁸:

1. The first stage – national authorities take stock of the national nutrition situation and of existing strategies, institutions, actors and programmes.
2. The second stage – national authorities develop their plans for scaling up nutrition that reflect the severity of their under-nutrition situation, their capacities, the policies and strategies they have developed, and the resources available both for modifying existing programmes and for initiating new ones.
3. The third stage plans the scale up of programmes thanks to an increase in domestic and external financing. The target is that financial resources will increase in at least 25 countries by the end of 2015⁹.

Since September 2010, a total of 28 countries have committed to scale up the fight against undernutrition within their population. 2012 is expected to be a year that will see political commitment converted into effective actions that would allow an acceleration of the progress towards the realization of the MDGs.

While a new strategy for the SUN movement is expected to be released at the September 2012 annual meeting in New York, this research aims to feed SUN stakeholders with in-country's elements.

At this prospect, it provides an evaluation on progress made for the SUN implementation at country level and assess whether or not countries are on track to succeed in scaling up nutrition interventions. Through a review of the progress made in Bangladesh and Niger, two countries, which have been struggling with high levels of undernutrition over the past four decades, it aims at identifying achievements as well as challenges faced by SUN in order to determine key priorities and suggest recommendations to make the scale-up effective at country level and ultimately achieve hunger reduction in the concerned countries. The two countries were selected because they are both SUN ‘early-risers’ and they are both recognized as countries where significant progress has been achieved in recent years in scaling-up nutrition interventions.

6 - A Roadmap for Scaling-Up Nutrition (SUN). September 2010, First Edition, p 6

7 - A Roadmap for Scaling-Up Nutrition (SUN). September 2010, First Edition

8 - A Roadmap for Scaling-Up Nutrition (SUN). September 2010, First Edition, p 9

9 - A Roadmap for Scaling-Up Nutrition (SUN). September 2010, First Edition, p 9

The evaluation on progress considers the following key elements:

1. In-country mechanisms in place and roles and responsibilities of stakeholders
2. Situation of stock-taking
3. Adequacy of national plans for SUN

The research has identified 8 critical factors for success in scaling up nutrition at country level from the September 2011 Scaling Up Nutrition Progress Report ¹⁰. Each country case study scores these 8 factors according to the findings of the research.

The report is structured in three sections. The first and second sections present the two country case studies in Bangladesh and Niger. The third section presents the general findings of the research, highlighting key issues and challenges and making a number of recommendations to address them.

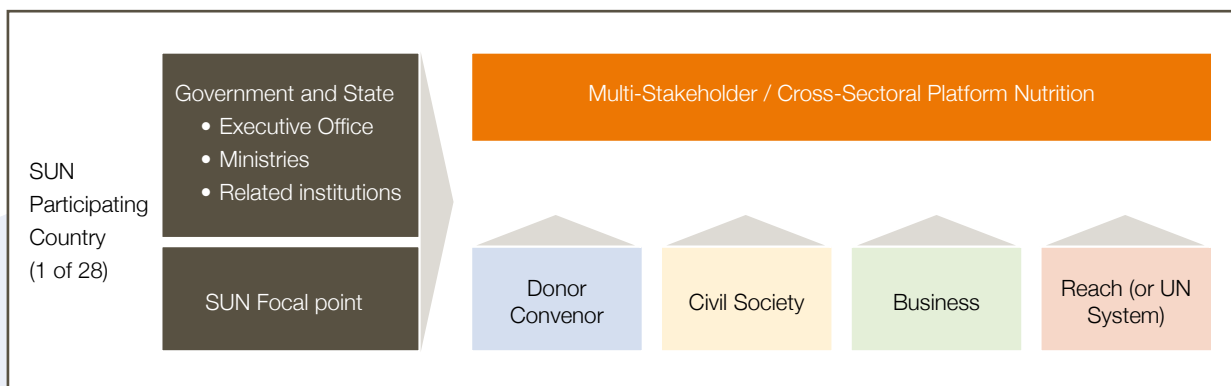


Figure 1: SUN Movement Visualization¹¹

10 - Adapted from Scaling Up Nutrition Progress Report from countries and their partners in the Movement to Scale Up Nutrition (SUN), September 2011, p 16-17

11 - From the first draft of the 2012 Scale Up Nutrition (SUN) Movement strategy, July 30 2012



BANGLADESH CASE STUDY

CONTEXT

UNDERNUTRITION

With 170 million people, widespread poverty, a growing vulnerability to frequent natural disasters and high levels of undernutrition, Bangladesh is one country where scaling up the fight against undernutrition is both a vital necessity and a tremendous challenge.

As seen in Figure 2 below, the prevalence of undernutrition among children under 5 in Bangladesh has declined over the last decade. This follows a longer trend in which underweight rates for children had decreased significantly from about 66 percent in 1990 to 51 percent in 2000. However child undernutrition remains very high in the country: the prevalence of underweight among under five children is 41 percent, stunting is still over 40 percent whereas wasting is stagnating at about 16 percent. Nearly one-third of women are undernourished. The prevalence of anaemia among young infants, adolescent girls and pregnant women is still high¹². Significant successes have been recorded in recent years. The most notable is the impressive increase in the level of exclusive breastfeeding among children under six months, from 43 percent in 2007 to 64 percent in 2011¹³. Other specific programmes have recorded positive results, including the expanded programme on immunization and vitamin A supplementation¹⁴.

Such programmes combined with improved health care, sanitation and drinking water and some dietary diversification are credited for the decline of underweight in the country.

Beyond but related to nutrition, Bangladesh has made considerable progress in development, sustaining high rates of economic growth and reducing poverty rates by 8 percent between 2005 and 2010. The country received the Millennium Development Goal (MDG) award in 2010 for its remarkable achievement in reducing child mortality (MDG 4). Bangladesh is also currently on track to meet MDG 5, for which it is out-performing

12 - Bangladesh Demographic and Health Survey (BDHS), preliminary report, National Institute of Population Research and Training Dhaka, Bangladesh 2011.

13 - Bangladesh Demographic and Health Survey (BDHS), preliminary report, National Institute of Population Research and Training Dhaka, Bangladesh 2011

14 - Bangladesh Demographic and Health Survey (BDHS), preliminary report, National Institute of Population Research and Training Dhaka, Bangladesh 2011.

other countries in the region¹⁵. Bangladesh has experienced steady advances in food availability and food security during the past several decades, including the tripling of its annual rice production. However some 40 percent of the population, or over 60 million people still fail to meet the minimum caloric needs (defined as 2122 Kcal per person per day)¹⁶.

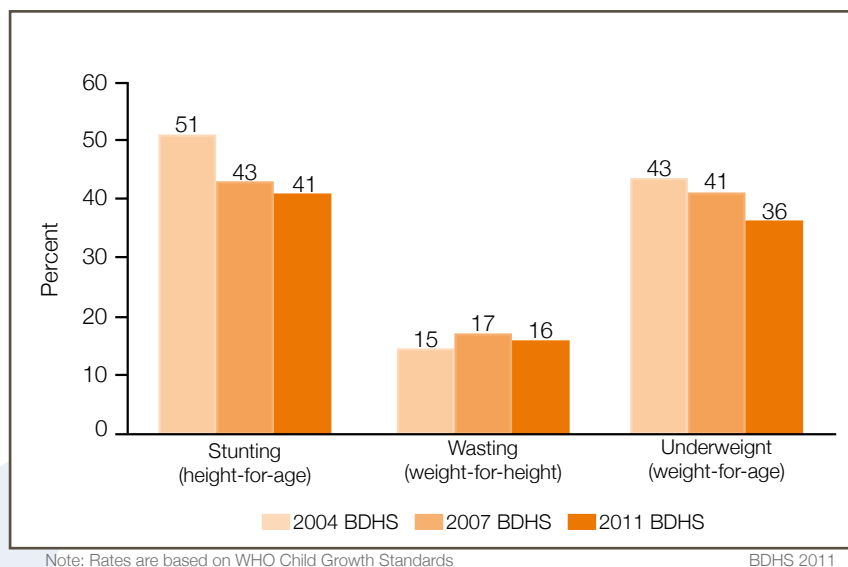


Figure 2: Trends in Nutritional Status of Children Under 5, 2004-2011¹⁷

Ensuring national food security remains a permanent challenge because of population growth, worsening soil fertility, deteriorating access to increasingly scarce natural resources (such as water and land), increasing vulnerability of improved crop varieties to pests and diseases, and persistent poverty leading to poor access to food. Large disparities in nutritional status exist across the socio-economic groups: nearly 51 percent of under-fives in the lowest quintile are undernourished, compared to 26 percent in the highest quintile¹⁸. Increased incidence of natural disasters, sea intrusion, and salinity are expected exacerbate food and nutrition insecurity in the future.

INSTITUTIONAL LANDSCAPE FOR NUTRITION

Health and nutrition programmes under the Ministry of Health and Family Welfare (MoHFW)

Bangladesh has a long history of nutrition programming, with an involvement of donors, government and NGOs. The first major nutrition programme in the country was the Bangladesh Integrated Nutrition Programme (BINP), which was implemented from 1996 to 2002. The core component of BINP was the community based nutrition activities implemented through NGOs. The project covered 61 upazilas¹⁹ and approximately 16 percent of the rural population. BINP ended in 2002 and the same activities were continued under the National Nutrition Project (NNP). The NNP was to cover about one fourth of the population and was implemented by NGOs in 110 upazilas including BINP upazilas. It was integrated in 2006 into the Health, Nutrition and Population Sector Programme (HNPS)²⁰.

15 - Ahmed, A. et al., Policy Perspectives of the Country Investment Plan for Food and Nutrition Security in Bangladesh, International Food Policy Research Institute, March 2011, p 34.


16 - Kcal/person.

17 - Bangladesh Demographic and Health Survey (BDHS), preliminary report, National Institute of Population Research and Training Dhaka, Bangladesh 2011.

18 - Bangladesh Demographic and Health Survey (BDHS), report, National Institute of Population Research and Training Dhaka, Bangladesh 2007.

19 - The districts of Bangladesh are divided into 500 subdistricts called Upazila Parishad (UZP), or Thana (Bengali উপজেলা upojela). Upazilas are similar to the county subdivisions found in some Western countries.

20 - Operational Plan For "National Nutrition Services", Directorate General of Health Services, July 2011 - June 2016, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, July 2011.



The Government of Bangladesh (GoB) abandoned its National Nutritional Project (NNP) in 2011. It was decided to replace the project by the National Nutritional Services (NNS), a new Operational Plan, integrated into the 2011-2016 'Strategic Plan for Health, Population & Nutrition Sector Development Programme (HPNSDP), a comprehensive national programme led by the Ministry of Health and Family Welfare (MoHFW).

Nutrition has been made a priority for the health sector, and is expected to be mainstreamed along all relevant activities of the sector. The GoB has thus announced that all facilities under the Directorate General of Health Services (DGHS) and the Directorate General of Family Planning (DGFP) providing Maternal, Neonatal and Child Health (MNCH) services will be used for integrated nutrition service delivery. According to the plan, health services will be strengthened by manpower trained in nutrition, integrating the activities with the Community Clinics (CCs), scaling up of nutrition activities throughout the country²¹. The NNS will collaborate with the Ministry of Local Government Rural Development and Cooperatives (MOLGRDC) to provide nutrition services in urban areas, which are under responsibility of this ministry²².

■ The Ministry of Food and Disaster Management²³

Enjoying a wide mandate and strong financial and human capacity, the Ministry of Food and Disaster Management (MoFDM) is the other key player in food and nutrition.

In 2006, the Ministry released a National Food Policy with the objective of ensuring a *“dependable and sustained food security for all people of Bangladesh at all times”*²⁴. The food policy and the Food Policy Action Plan (NFPAP) for the period 2008-2015 aim at addressing the three dimensions of food security: food availability, access to food and nutrition/utilization of food²⁵.

The NFPAP represents a very comprehensive plan to address the wide range of factors of food insecurity and undernutrition through a set of 26 areas of intervention including agricultural production and diversification, trade, regulation of food prices, income generation, safety nets, nutrition, Safe drinking water and improved sanitation, health care and health education²⁶.

Existing national plans for nutrition

- National Plan of Action on Nutrition (1997)
- National Food and Nutrition Policy (1997)
- National Food Policy (2006)
- National Food Policy Plan of Action (2008 -2015)
- Country Investment Plan (2011 – 2016)
- National Health Policy (Draft 2009)
- Health, Population, Nutrition Sector Development Programme (HPNSDP) 2011 -2016
- Operational Plan for National Nutritional Services, July 2011-june 2016

21 - Strategic Plan for Health, Population and Nutrition Sector Development Programme (HPNSDP), 2011 – 16, Planning Wing Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, February 2011 p viii

22 - The MOLGRDC has been traditionally in charge of health services in urban centers; see Strategic Plan for Health, Population and Nutrition Sector Development Programme (HPNSDP), 2011 – 16, Planning Wing Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, February 2011 p viii

23 - <http://www.nfpcsp.org/agridrupa/institutional-setup>

24 - Bangladesh National Food Policy (NFP), Food Planning and Monitoring Committee (FPMC), Ministry of Food and Disaster Management, Dhaka, Bangladesh. Government of the People's Republic of Bangladesh, 2006

25 - National Food Policy Plan of Action (2008-2015), Food Planning and Monitoring Unit (FPMU), Ministry of Food and Disaster Management, Dhaka, Bangladesh. August, 2008 p 11

26 - National Food Policy Plan of Action (2008-2015), Food Planning and Monitoring Unit (FPMU), Ministry of Food and Disaster Management, Dhaka, Bangladesh. August, 2008 p 12

■ Governmental coordination and leadership on nutrition

Several ministries play or have a role to play in relation to nutrition in Bangladesh²⁷. Two ministries, the Ministry of Health and Family Welfare and the Ministry of Food and Disaster Management have both a leadership and a coordinating role in relation to nutrition.

The Ministry of Health and Family Welfare is planning to establish and coordinate an inter-ministerial committee to serve as a forum for coordinating the activities of all ministries for the implementation of the NNS (starting in 2012)²⁸.

The Ministry of Food and Disaster Management is leading the implementation of the National Food Policy and its associated Plan of Action. It has formed four main bodies for this purpose:

- **Food Planning and Monitoring Committee**, a cabinet-level committee comprising five ministries, that provides overall leadership and oversight in the formulation of food security policies²⁹.
- **Food Policy Working Group (FPWG)**, an inter-ministerial coordination mechanism that facilitates cross-sectoral participation in the implementation of the National Food Policy and its associated Plan of Action. The FPWG is an inter-ministerial coordination mechanism to support the Food Planning and Monitoring Committee. It focuses on strategic issues related to food security, and coordinates the work of the Thematic Teams and cross-cutting issues of food security.
- **Food Planning and Monitoring Unit**, a Government unit under the Ministry of Food and Disaster Management that acts as a secretariat of the Food Policy Monitoring Committee.
- **Thematic Teams**, specialized inter-ministerial bodies led by the Food Planning and Monitoring Unit (FPMU) of the Ministry that focus on each dimension of food security and are supposed to facilitate cross-sectoral collaboration. Thematic Teams are organized according to the three dimensions of food security (availability, access and utilization), plus one team that facilitates information exchange between FPMU and data providers. The Thematic Teams are as follows: Food Availability, Food Access, Food Utilization, Data Exchange³⁰.

■ Donor relationship

There are several important forums where key donors interact with the GoB and other actors on nutrition: the main one is Local Consultative Group (LCG), which provides a forum for coordination and policy dialogue between the government and development partners in the spirit of the Paris Declaration on Aid Effectiveness. The LCG comprises of 21 sub-groups covering all sectors of development aid and even disposes of a dedicated website <http://www.lcgbangladesh.org/>. The LCG Sub-Group on Health, Population and Nutrition (the HNP Consortium) aims at coordinating support to the Bangladesh health sector. The LCG Sub-Group on Agriculture and Rural Development, consolidates 3 previously existing subgroups on agriculture, fisheries and nutrition / food Security. The sub-group has been focusing on agricultural policies and strategies with an emphasis placed on crop diversification, involvement of the private sector, and promoting linkages with other policies such as water, livestock, fisheries and rural development, as well as sustainable management of resources and access by the poor³¹.


27 - These include the following: Ministry of Local Government, Rural Development & Cooperatives (MOLGRDC), Ministry of Education (MOE), Ministry of Primary and Mass Education (MOPME), Ministry of Food & Disaster Management (MOF&DM), Ministry of Women & Children Affairs (MOWCA), Ministry of Social Welfare (MOSW), Ministry of Agriculture (MOA), Ministry of Fisheries & Livestock (MOFL), Ministry of Information (MOI), Ministry of Commerce (MOC), Ministry of Finance (MOF), Ministry of Law, Justice and Parliamentary Affairs (MOLJPA), etc.

28 - Adapted from Strategic Plan for Health, Population and Nutrition Sector Development Program (HPNSDP), 2011 – 16 , Planning Wing Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, February 2011 p51

29 - Minister of Food and Disaster Management, Minister of Finance, Minister of Agriculture, Minister of Local Government, Rural Development and Cooperatives, Minister of Commerce, Secretary Cabinet Division, Secretary Finance, Secretary Agriculture, Secretary Food Division, Secretary Disaster Management and Relief Division, Secretary Planning, Secretary Internal Resources Division, DG FPMU as Member Secretary

30 - National Food Policy Capacity Strengthening Programme (NFPCSP) website, <http://www.nfpcsp.org/agridrupal/thematic-teams>, accessed July 8 2012.

31 - National Food Policy Plan of Action (2008-2015), Food Planning and Monitoring Unit (FPMU), Ministry of Food and Disaster Management, Dhaka, Bangladesh. August, 2008 p 51.



Under the Health, Nutrition and Population Sector Program (HNPS), the previous national health programme that ended up in 2011, seven donors pooled their funds into a multi donor trust fund (MDTF) administered by the World Bank. About 10 donors used parallel funding mechanisms, which channel nearly half of the total donor financing to the sector³².

The establishment of a large donor “pool fund” has contributed to improved working relationships between the government and its development partners. This relationship and the pool fund itself represent now a clear asset at the time the GoB is starting a new health programme with the HNPS 2011-2016. Based on its experience, MOHFW is however proposing to donors a number of changes to make the aid system less fragmented, more efficient and increase harmonization in line with the Paris Declaration³³.

■ **NGOs and Academia**

The Bangladesh enjoys a high presence and an important role of local and international NGOs, who have historically played a very important role in the field of nutrition. The National Nutritional Project (NNP) was implemented by NGOs under contract with the government and through funding by the World Bank. BRAC the largest NGO in Bangladesh, has a presence in most parts of the country and some 80,000 community workers working at community level. BRAC played an umbrella role for other NGOs for the implementation of the NNP.

The research could not identify any NGO consortium or forum specialised on food security or nutrition, though many NGOs or Community Based Organizations (CBOs) interested in nutrition are part of other thematic alliances. For instance, the Association for Land Reform and Development (ALRD) has over 200 members; the NGO Forum for public health³⁴ -specialized in water and sanitation programmes- coordinates more than 650 NGOs active in Bangladesh.

There are many important research institutions in Bangladesh. Two of the most prominent ones, which have been involved in recent policy developments concerning food and nutrition policies in Bangladesh are the International Center for Diarrheal Diseases and Research, Bangladesh (ICDDR,B)³⁵ and the Bangladesh Institute of Development Studies (BIDS)³⁶.

■ **The Nutrition Working Group (NWG)**

The NWG brings together on a monthly basis the main international and national nutrition actors, including donor agencies, UN agencies and programmes, academia and NGOs. It was until recently co-chaired by a FAO nutritionist and a representative of the civil society (Dr. Khurshid Talukder).

The co-chairs of the NWG are members of the LCG sub working group on health and nutrition (HPN), which is important given the LCG brings together donors and government for coordination on health and nutrition.

Thematic groups have been established on an ad-hoc basis, such as the one on CMAM, which brought together experts of NGOs such as ACF and have produced guidelines for CMAM, presented and adopted by the GoB in 2011.

32 - In 2007, approximately 47 per cent of external funding was “off budget” see Strategic Plan for Health, Population and Nutrition Sector Development Program (HPNSDP), 2011 – 16 , Planning Wing Ministry of Health and Family Welfare, Government of the People’s Republic of Bangladesh, February 2011 p51

33 - Adapted from Strategic Plan for Health, Population and Nutrition Sector Development Program (HPNSDP), 2011 – 16 , Planning Wing Ministry of Health and Family Welfare, Government of the People’s Republic of Bangladesh, February 2011 p51

34 - NGO Forum website <http://www.ngof.org/> accessed June 14 2012

35 - ICDDR,B website, <http://www.icddr.org/> accessed June 14 2012

36 - <http://www.bids.org.bd/AboutInstitute.php?FM=2&SM=61&Page=About%20Us>

■ **Membership of the NWG** (GoB -IPHN, DHGS, FPMU- participates upon invitation)

DPs /UN		International and National NGOs/Academia	
1.	World Bank	12.	SCF
2.	DFID	13.	Plan Bangladesh
3.	UNICEF	14.	HKI
4.	FAO	15.	ICDDR,B
5.	WHO	16.	MSF
6.	WFP	17.	CARE
7.	USAID	18.	NIPSOM
8.	FANTA	19.	AED
9.	MI	20.	ACF
10.	GAIN	21.	BRAC
11.	EKN	22.	DSK
		23.	VOSD
		24.	CLP
		25.	TdH
		26.	BBF
		27.	Alive and Thrive
		28.	JiVita
		29.	INFS, DU

SUN IN BANGLADESH

POLITICAL WILL AND COMMITMENT TO SUN

Bangladesh's Prime Minister, Sheikh Hasina and Sir Faizle Hasan Abed, the founder and chair of BRAC, are both part of the 26-member global lead group established for SUN in April 2012. Despite this high level engagement, the commitment of the Government of Bangladesh (GOB) to SUN is questioned by various stakeholders in Bangladesh because the Government has not sent an official letter of adherence to the movement (also because of successive changes and lack of clarity about the official government focal point for SUN). No official explanation has been provided to explain why no letter has been sent; some observers explain the situation by turf issues between different ministries.

Bangladesh political commitment to scaling up nutrition seems however confirmed by a number of strong political signals, such as the launch of the NNS, the appointment of an official focal point for the SUN in May 2012³⁷ and the current discussions over the on-going revitalization of a high level council on nutrition. The role of this recently appointed focal point is still to be clarified.

Other positive signals include the plan to mainstream nutrition throughout the various health services, and also recent efforts to mainstream nutrition in other ministries. An example is found for instance through recent significant investment in the agricultural sector: around \$36 million were thus allocated by the GoB to the Bangladesh Institute of Research and Training on Applied Nutrition³⁸ in May 2012 for a 5 years plan to develop and conduct training of extension workers, developing stations for agricultural research dedicated to improved nutrition and conduct popular education through mass media on nutrition³⁹.

37 - Md. Shafiqul Islam Laskar, Additional Secretary (PH&WHO), was appointed focal point with official communication from Dr. Baizid and appointment letter from Ministry of Health and Family Welfare.

38 - To replace the current Bangladesh Applied Nutrition and Human Resource Development Board (BAN-HRDB).

39 - Direct communication with Md. Mosharraf Hossain, Joint Secretary Ministry of Food and Agriculture, Government of Bangladesh, June 2 2012



DONOR COORDINATION AND ALIGNMENT ON NUTRITION

This research could not track donor spending on nutrition but indications given in interviews suggests that no significant additional funding has come as a result of SUN. It is also clear that funding modalities such as the pool fund for health were in place prior to the SUN and have not changed in the recent past.

Though USAID and the World Bank have been named as donor conveners as early as April 2011, as of June 2012, there is no formal donor-led coordination mechanism at country level that would work on to align on and increase funding for nutrition. A few donor meetings have taken place in the course of 2011 under the auspices of the REACH facilitator to discuss the new initiative, but with no noticeable outcome. The last of such meetings took place to prepare a contribution to the SUN progress report of September 2011. Some donor representatives met in June 2012 said they heard for the first time of the SUN acronym at the occasion of this research. However, this doesn't mean that donor coordination does not take place, rather that it may be happening elsewhere, i.e. in the relevant LCGs subgroups on Health, Population and Nutrition (the HNP Consortium) and on Agriculture and Rural Development. Several key donors are also members of the Nutrition Working Group, a multistakeholder rather technical body for nutrition (please see below), which also contributes to coordination, mainly through information sharing.

A major constraint to see the alignment of donor funding on nutrition called for by the SUN is that there is already significant alignment on the health sector. Donors and the Government have worked for years to ensure and improve the alignment of external funding on this sector: a pool fund on health has thus been in place for a number of years, involving seven donors as of 2012. While the GoB enjoys clear advantages of having a pool fund for health, more has to be done to improve aid effectiveness in the sector, in particular the administrative burden of vertical financing taking place in parallel to the pool fund with no alignment on the HNPS. This concerns major players such as the Global Fund for Vaccination Initiative (GAVI) and the Global Fund for AIDS Tuberculosis and Malaria (GFATM). "Beyond the pool, donors continue to negotiate support separately, outside the common arrangements of the pool, using parallel procedures, and with gaps in reporting to GoB. As a consequence, donors and government have expended an awful amount of energy on discussing the details of HNPS financing arrangements, as opposed to regular policy dialogue and monitoring."⁴⁰ It thus appears that a key concern for Bangladesh is to ensure alignment on funding for health –which includes nutrition- and improved use of existing mechanisms rather than to start promoting alignment on nutrition.

Interestingly the World Bank, one of the two donor conveners for SUN, is the agency managing the pool fund and also a major donor to the fund through IDA funding. As a major nutrition donor, the World Bank does also engage individually with the government on nutrition, both on operational and institutional issues.

Though there are little indications that the other convener, USAID, has been active in promoting alignment and convergence among donors on nutrition, individually, it has been investing in nutrition in ways that appear aligned on the SUN framework. USAID thus :

- brought together the Feed the Future and the Global Health Initiative under the Spring programme (\$10 mn over 5 years with three NGOs), which started with a mapping of nutrition in two divisions.
- Runs the Food and Nutrition Technical Assistance II Project (FANTA-2) working for mapping and costing of nutrition interventions.
- Finances the work of FPMU at the Ministry of Food and Disaster Management, including the technical support of several FAO experts within the Ministry for the management and monitoring of the Country Investment Plan for food and nutrition.
- Finances a technical assistant on Behavior Change Communication (BCC) within the MOH.

40 - Adapted from Strategic Plan for Health, Population and Nutrition Sector Development Program (HPNSDP), 2011 – 16 , Planning Wing Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, February 2011 p51

CIVIL SOCIETY

As of June 2012, the SUN Civil Society (CS) Platform (or Network) in place in Bangladesh is the most palpable outcome of the SUN initiative at country level. The CS platform started emerging mid-2011 in Bangladesh under the impulsion of the SUN Global CS Network, which has been led by several international NGOs active in the nutrition sector. About 50 CSOs are today part of the Bangladesh CS platform. It includes different kinds of organizations, national and international NGOs, many of them involved in the delivery of programmes to communities in Bangladesh, but also some media, academia and right based organizations.

After the SUN Global CS Network informed organizations in Bangladesh of the opportunity for funding the activities of the newly established SUN CS Platform, it was urgently requested that the platform put in place a governance structure including a Secretariat that will be tasked to manage the funds received. After organizations in Bangladesh worked together to put in place such a governance structure, involving the election of a Secretariat and Executive Committee, significant problems and conflicts appeared between different organizations and individuals. This culminated with a contested election of the Executive Committee for the Secretariat in May 2012, and two parallel SUN CS Platform meetings, called on the same day on June 7 2012, by two different organizations in two different locations.

As of July 2012, following these contested elections, two groups (or two leaderships given that members may actually be mostly the same) have taken shape and worked in parallel to develop their membership criteria, draft management structure, action plan, and one of them even obtained a Trade Mark License from the GoB for the name of the SUN civil society Platform.

Whereas the election modalities and criteria have been put in question, the conflict appears to be primarily due to the tensions over the fact that the new Executive Committee will be responsible for the management of funds for the platform. The vision for the management of these funds, recommended by the Global SUN CSO Network, is that the Executive Committee will manage the funds whereas members will bid – make proposals- in order to receive parts of these funds.

Overall objective of the CSO Platform in Bangladesh⁴¹

To create a strong, coordinated and vibrant civil society constituency in support of the further development and wider implementation of the nutrition agenda that will result in the sustainable reduction of undernutrition in Bangladesh

Objectives and key expected outcomes

1. To establish an inclusive and influential civil society led platform that fosters the implementation of common, coherent and strategic advocacy
2. To influence policy and ensure the meaningful engagement of civil society in nutrition policy development and implementation
3. To create a popular mobilisation campaign to increase accountability on government's and donors' commitments on nutrition



Key activities

- National mapping of stakeholders to identify key partners and target
- Capacity building (e.g. nutrition, advocacy, policy and budget analysis and monitoring) workshops
- CS Platform Development planning meetings
- Development of advocacy strategy
- Organisation of policy events (seminars)
- Development and dissemination of position papers
- Thematic seminars for journalists
- Popular mobilisation activities (e.g. petitions, public)
- Identification and training of key individual champions and spokespeople
- Policy research and analysis

The CSO Platform in Bangladesh has just been formed and members are now waiting for funding to start the implementation of the above mentioned activities. The process of establishing the platform has highlighted several key challenges for the future:

- Tensions between national CSOs, which may partly result from the coexistence of relatively small or medium size groups and very large organizations such as BRAC, with fears that the weight of such organizations may be prominent in the platform and past records where BRAC was an umbrella organization for other CSOs under the previous national nutritional programme. It must be noted that the CSO Global Network spared no effort to avoid such tensions. Recently, it has completed a guidance note for SUN CSO country networks which defines governance principles and roles and responsibilities.
- Spirit of the platform: because of these tensions, the vision that has been conveyed for the management of the upcoming funding, suggested by the Global SUN CSO Network, is that the Executive Committee will manage the funds whereas members will bid, i.e. make proposals in order to receive parts of these funds. This approach may not be the most consistent with the collaborative spirit that should drive such a platform.
- Purpose and scope: several NGO representatives, including members of the platform, feel that it is rather intended to bring ‘service providers’ together for advocacy around a health and nutrition agenda rather than addressing the underlying issues of rights, social and gender marginalization and power inequalities that are the root causes of hunger in Bangladesh. Some consider that such issues may be better addressed outside of the SUN, through other networks such as the Alliance Against Hunger and Malnutrition, which has been interestingly reactivated globally around the same time as the SUN movement was launched and is present in Bangladesh⁴².

In terms of scope of work, it is strongly felt in Bangladesh that the CS has a strong role to play to sustain political commitment and to push for the actual and effective implementation of policies.

“We don’t need new policies, we need implementation”

NGO official Dhaka June 2012.

It is also felt that many government programmes and institutions suffer from mismanagement, corruption, or poor effectiveness, and that NGOs have a watch dog role to play to ensure programmes and institutions are fulfilling their missions and also to help people claim their rights (e.g. right to benefit from a safety net programme).

One question raised by several stakeholders is that if the SUN's objective is to reduce or eradicate undernutrition, the goal should be to look at ALL factors of undernutrition. In Bangladesh, it is felt that SUN is rather handled by nutritionists and health experts, who - as one NGO official put it- follow a 'clinical approach' to nutrition and are mainly involved in 'service providers' NGOs. Several CSOs are not engaging with the SUN's CSO Platform because of their perception that SUN does not look at a number of factors of hunger in Bangladesh, such as the issues of inequalities (e.g. in access to land), gender and power imbalances.

Finally, the creation of the SUN Civil Society (SC) Platform in Bangladesh brought together most if not all the CS members of the NWG, which is in essence a multistakeholder platform for nutrition. This raised concerns over possible duplication between the NWG and SUN's CS platform, especially since the NWG is already formally involved in other platforms such as the LCG. While it has been recognized that both entities have a distinct role to play, questions remain over possible duplication and overlaps. Opening up the CSP platform beyond nutrition practitioners and experts to other sectors and types of NGOs would obviously address this concern of duplication.

RENEWED EFFORT AGAINST CHILD HUNGER (REACH)

There has been –and there is still- a significant level of confusion around the SUN and notably around its articulation with the REACH initiative which was started early 2011 in Bangladesh, with the appointment of a national facilitator.

In Bangladesh, REACH is recognized as having a strong relevance and potential in terms of facilitation. The facilitating role of REACH Bangladesh has been highly appreciated by several stakeholders but seems to have been uneven –actually reduced at some point- because of some UN internal matters. Yet, it was effectively REACH which initiated a number of processes relevant to the SUN in 2011 in Bangladesh, including facilitation of multistakeholder meetings and the launch of costing exercises for nutrition at district level (in collaboration with the World Bank).

For many interviewees, the launch of the SUN has created high expectations that have not been met yet as well as a lot of confusion among local actors. The expectation that 'something was coming' has for instance impacted the work plan and set of priorities for REACH in order to avoid duplication. The announcement of the SUN early 2011 has triggered interest among stakeholders: meetings were organized in the course of 2011. However the lack of leadership to bring the movement to life in Bangladesh, as well as the lack of clarity on what the SUN would actually meant and when had some detrimental impact at country level. The SUN had an impact on REACH, which work plan was reviewed with the assumption that 'SUN was on its way' and that duplication was to be avoided.

Several important stakeholders in Bangladesh have called for the SUN Global Team to urgently clarify the relationship between SUN and REACH and the role that REACH should be playing within the SUN movement.

PRIVATE SECTOR

There has been controversy globally over the role that the private sector should be playing within the SUN and over the nature of its involvement. Bangladesh is one of the countries where the mistrust of some NGOs and nutrition experts towards the private sector has been known and documented in the past⁴³. There is in Bangladesh a strong responsibility of multinationals such as Nestle in the promotion of infant formula, which have undermined adequate breastfeeding practices. Reports from Bangladesh in recent years have warned that Nestle and other corporations were still violating the International Code of Marketing of Breast milk Substitutes, the international code on the marketing of formula milk, nearly thirty years after its adoption in the early 1980s⁴⁴. Such practices have been fought by many health professionals and NGOs in recent years, and have seriously eroded the trust in an adequate involvement of international corporations in the fight against undernutrition. This has clearly contributed to the local opposition to imported nutritional products such as RUTF⁴⁵ as well as the opposition by some members of the CSO platform in Bangladesh to the presence of GAIN in the platform, on the argument that “GAIN is not a PINGO (public interest NGO) but a BINGO (business interest NGO).”⁴⁶

No private sector platform has been setup in Bangladesh. The relevance of such platform at country level was questioned by several stakeholders who believe that ad hoc alliances or working groups involving the private sector would be more effective to work on specific issues such as fortification or production of local therapeutic food.

STOCKTAKING AND COSTING

STOCKTAKING AND COSTING BY INTERNATIONAL PLAYERS

A number of stocktaking and costing exercises have been taking place in recent years, in the spirit of scaling up nutrition interventions in the country. Some of these exercises are listed below:

In 2009, Dfid financed a nutrition mapping which was conducted “to identify and list current nutrition interventions that are in operation in Bangladesh, and to identify if any duplication of efforts, or areas without any coverage⁴⁷.” Conducted at a time the NNP was still in place, with a number of NGOs implementing the programme, the mapping is largely outdated. Given the NNS is now being initiated and phased up, the added value of conducting a stock-taking exercise at this point is unclear.

In 2010, Helen Keller International and James P Grant School of Public Health (JPGSPH) produced a State of food security and nutrition in Bangladesh⁴⁸ as part of an EC funded Food Security and Nutrition Surveillance Project (FSNSP). The study provides a comprehensive assessment of undernutrition in Bangladesh and can be a useful tool to drive programming by areas of interventions.

In 2011, the International Food Policy Research Institute (IFPRI) has also conducted a comprehensive policy research analyzing the Country Investment Plan for Food and Nutrition Security in Bangladesh⁴⁹.

43 - Moorhead, J., Milking it, The Guardian May 15 2007, <http://www.guardian.co.uk/business/2007/may/15/medicineandhealth.lifeandhealth>, accessed June 14 2012, See www.bdnews24.com/details.php?id=223623&cid=13, accessed June 14 2012

44 - Moorhead, J., Milking it, The Guardian May 15 2007, <http://www.guardian.co.uk/business/2007/may/15/medicineandhealth.lifeandhealth>, accessed June 14 2012

45 - See www.bdnews24.com/details.php?id=223623&cid=13, accessed June 14 2012

46 - Email communication by Dr. Khurshid Talukder, Centre for Woman and Child Health (CWCH) June 14 2012

47 - Khanum, S., Hussain, D., Nutrition Mapping in Bangladesh, The assignment report, June 30, 2009

48 - State of food security and nutrition in Bangladesh, Helen Keller International and James P Grant School of Public Health (JPGSPH), Dhaka, BD: HKI and JPGSPH, 2010.

49 - Ahmed, A. et al., Policy Perspectives of the Country Investment Plan for Food and Nutrition Security in Bangladesh, International Food Policy Research Institute, March 2011

In 2011-2012, two different costing exercises for nutrition were conducted in Bangladesh:

1. **FANTA-II**, with USAID support, undertook a costing exercise for nutrition interventions all over Bangladesh, showing both the economic and human costs of undernutrition and the cost of interventions at the national level.

Abstract FANTA-II Costing report⁵⁰

Over the next decade, it is estimated that increasing investment in and implementation of effective nutrition interventions at scale would result in averting the deaths of more than 250,000 children under-5. Economic productivity gains as a result of the reduced prevalence of malnutrition, particularly stunting, would exceed \$10 billion. The cost of implementing a comprehensive nutrition programme at the national level within the existing and expanding health infrastructure is in the range of \$1.3 billion–\$1.7 billion over the next decade, with an annual average cost of \$130–\$170 million per year. This level of investment can be achieved by either reallocating the existing health sector budget or by increasing expenditure on health from the current 5.5 percent to 6.8 percent. The benefit-cost ratio of investing in nutrition exceeds five and the net benefit (benefit minus cost) is more than \$8 billion.

The FANTA II draft report provides important fact and figures, as well as recommendations for the development of the NNS and nutrition interventions to prioritize.

2. **REACH** and the World Bank have been conducting a costing exercise for 19 nutrition interventions in one district of Bangladesh (Satkhira), with the objective to provide the GoB with the ability to prioritize interventions. The preliminary report is expected in July 2012.

None of these exercises seems to have been initiated as a result of the SUN given the FANTA II project was designed as a contribution to the new Health, Population, and Nutrition Sector Development Program (HPNSDP) whereas the costing conducted by REACH and World Bank was produced as part of the REACH scope of activities.

GOVERNMENT PLANNING AND COSTING

■ The 2011-2016 ‘Strategic Plan for Health, Population & Nutrition Sector Development Programme’ (HPNSDP)

The 2011-2016 ‘Strategic Plan for Health, Population & Nutrition Sector Development Programme (HPNSDP) (which integrates the National Nutrition Service (NNS) Operational Plan) and the Country Investment Plan (CIP) produced for the implementation 2008-2015 Food Policy Action Plan (NFPAP) both constitute costed national plans for nutrition in Bangladesh, using two different lenses, health and nutrition for the former and food and nutrition for the latter.

The implementation of the Strategic Plan for Health, Population and Nutrition for the period 2011-2016⁵¹ is planned in a comprehensive Programme Implementation Plan (PIP) that was released in July 2011⁵² and includes the following NNS budget:

50 - FANTA-II, forthcoming untitled draft report

51 - Adapted from Strategic Plan for Health, Population and Nutrition Sector Development Program (HPNSDP), 2011 – 16 , Planning Wing Ministry of Health and Family Welfare, Government of the People’s Republic of Bangladesh, February 2011.

52 - Health, Population and Nutrition Sector Development Program (HPNSDP) [2011-2016] Program Implementation Plan Volume-I, Planning Wing Ministry of Health and Family Welfare Government of the People’s Republic of Bangladesh, July 2011.

Sl. No.	Name of the components	GOB	Project Aid			Grand Total	USD (mn)	% of the total cost
			Reimbursable Project Aid (RPA)		Direct Project Aid (DPA)			
			Through GOB	Others				
1	Behaviour Change Communication (BCC)	1600	16600		2000	20200	27.30	13.56
2	Human resource development (HRD)	3130	12600		1800	17530	23.69	11.76
3	Control of Vitamin-A deficiency disorder	5200	16500		2000	23700	32.03	15.91
4	Control & prevention of Anaemia	1800	4000		2000	7800	10.54	5.23
5	Control of Iodine deficiency Disorder	720	1200		1000	2920	3.95	1.96
6	Other Micronutrient problems of Public Health importance (zinc, vitamin 'D,' calcium etc.)	180	1204		616	2000	2.70	1.34
7	Community & facility based management of severe acute malnutrition (SAM)	1500	3300		1000	5800	7.84	3.89
8	Institutional Capacity Development	6446	1200		1012	8658	11.70	5.81
8	a) Orientation / Advocacy of Division, District, Upozila managers.							
9	Protection, Promotion & Support of Breastfeeding/ Infant and Young Child Feeding (IYCF) including BFHI & BMS Code	570	2000		1341	3911	5.29	2.62
10	Food fortification (Salt Iodization, fortification of oil/other food with Vitamin 'A', iron etc.)	100	1125		1175	2400	3.24	1.61
11	School Nutritional education Programme	480	2036		5000	7516	10.16	5.04
12	Food Quality and Food Safety	240	250		1710	2200	2.97	1.48
13	Monitoring, Evaluation, Operations Research, Survey	200	1800		1000	3000	4.05	2.01
14	Nutrition Surveillance Programme	1300	1800		1000	4100	5.54	2.75
15	Establishment of nutrition unit (NU) and strengthening of existing NU	2628	3920		1000	7548	10.20	5.07
16	Community based Nutrition (CBN) in selected area	1440	3648		6115	11203	15.14	7.52
17	Consultancy Service	154	0.38		1000	1154.38	1.56	0.77
18	Multi sectoral collaboration	140	872		1000	2012	2.72	1.35
19	Nutrition in emergency / NCD	200	1000		1536	2736	3.70	1.84
20	Establishment of nutrition Service in CC & GMP	500	10000		2121	12621	17.06	8.47
Total		28528	85055.38		35426	149009.38	201.36	100

Table 1: National Nutrition Service Budget (Taka in Lakh) 2011-2016

According to a World Bank analysis⁵³, the National Nutrition Project (NNP), which covered about one fifth of the country, spent 2.3% (\$ 106.4 million) of the total health expenditures in the country. It was estimated that if scaled up nationwide, the NNP would require \$ 431 million i.e. nearly \$ 1.9 per capita per year. The NNP Operations Research conducted in 2010 indicated that such a costly programme could only substantially increase mother's knowledge level on child care and health care seeking behavior, but didn't have much impact on nutritional outcomes. Hence, the Government decided to mainstream nutrition services by using its existing healthcare provider cadres (i.e. medical doctors, nurses, paramedics, community clinic healthcare providers and field workers from both the health services and family planning directorates) with additional training during the HPNSDP.

53 - Direct communication Karar Zunaid Ahsan, Research Analyst, Health, Nutrition & Population, World Bank Bangladesh, June 2012

■ The Country Investment Plan (CIP) prepared by the Ministry of Food and Disaster Management

The Food Planning and Monitoring Unit (FPMU) of the Ministry of Food and Disaster Management has coordinated in 2010 the preparation of the Country Investment Plan (CIP), and its revision in 2011 with the technical and methodological assistance of FAO and funding from USAID. The CIP is a “country led planning, fund mobilization and alignment tool” that is intended to ensure the implementation of the Food Policy Action Plan⁵⁴.

The 2011 version of the CIP was developed through a wide consultation with over 900 stakeholders in Dhaka and the regions, which involved Government agencies, private companies, farmers, academics, civil society, NGOs and donor representatives. This process led to “refined, more accurately costed and prioritised CIP investment areas, the establishment of a results framework, guiding principles to be applied during implementation and the identification of policy implications to enable optimal effectiveness of interventions⁵⁵.”

The CIP provides a set of 12 priority investment programmes for food security and nutrition. The total cost of the CIP is estimated at \$9.1 billion. As of June 2012, \$5.2 billion were already financed through allocated GOB budget resources and contributions by donors. (Table 2)

CIP programme			Total CIP	Project Aid			Grand Total USD (mn)	
				GOB	DPs	Total	Total	Priority
			A =	B	C	D	E	F
1	Food Availability	Sustainable and diversified agriculture through integrated research and extension	1,170	189	110	299	871	720
2		Improved water management and infrastructure for irrigation purposes	2,068	1,369	354	1,723	345	235
3		Improved quality of input and soil fertility	1,114	145	124	270	844	599
4		Fisheries and aquaculture development	466	100	31	131	335	231
5		Livestock development, with a focus on poultry and dairy production	297	26	44	70	227	139
subtotal Availability			5,115	1,829	664	2,493	2,622	1,924
6	Food Access	Improved access to market, value addition in agriculture and non farm incomes	1,759	781	271	1,052	706	369
7		Strengthened capacities for implementation and monitoring of NFP and CIP actions	108	0	5	6	103	72
8		Enhanced public food management system	538	157	202	359	179	126
9		Institutional Development and Capacity Development for more effective safety nets	1,150	454	534	988	162	129
subtotal Access					3,555	1,392	1,012	2,405
10	Food Utilization	Community based nutrition programmes and services	384	57	243	300	84	76
11		Orient food and nutrition actions through data	30	5	19	24	6	3
12		Food safety and quality improvement	56	4	10	14	42	21
subtotal Utilization			471	66	272	338	133	100
Total			9,141	3,287	1,948	5,235	3,906	2,719

Table 2: CIP budget 2012 (in million USD)⁵⁶

54 - Bangladesh Country Investment Plan, A road map towards investment in agriculture, food security and nutrition, Updated Government of the People's Republic of Bangladesh, June 2011, p1.

55 - Bangladesh Country Investment Plan, A road map towards investment in agriculture, food security and nutrition, Updated Government of the People's Republic of Bangladesh, June 2011, p1.

56 - National Food Policy Plan of Action and Country Investment Plan Monitoring Report 2012, FPMU/Food Division Ministry of Food and Disaster Management, Final Draft, 25 June 2012

With over \$3,2 billion of government financing of the plan compared to \$1.9 billion expected from donors, the government appears to be fairly committed to support the implementation of the plan through national resources (60% of the funding).

ADEQUACY OF NATIONAL PLANS FOR SUN

The two above plans have the same nutritional objectives and quantified targets, as presented in Table 3 below:

	Objective	Baseline	Target 2016
1.	Reduction in the prevalence of Low Birth Weight (<2,500 g)	22% (State of world children 2009)	15%
2.	Reduction in the prevalence of underweight (WAZ <-2 Z-scores) in children <5 years	41% (BDHS 2007)	34%
3.	Reduction in prevalence of stunting (HAZ <-2 Z-scores) in children <5 years	43 % (BDHS 2007)	38%
4.	Reduction in prevalence of wasting (WHZ < -2Z) in <5 years	17% (BDHS 2007)	10%
5.	Reduction in night blindness among pregnant women, lactating women and children aged 6-59 months	2.4% ,2.7% & 0.04% (IPHN-UNICEF-HKI 2005)	Maintain <1%
6.	Reduction in the prevalence of anaemia in < 5 years children, adolescents and in pregnant women	Children <5-48%, Adolescent girl-30% Pregnant women-46% (National Anemia survey 2001-3)	Children<5-32% Adolescent girl-23% Pregnant women-35%
7.	Reduction in the prevalence of iodine deficiency (UIE <100 µg/L) of school aged (6-12years) children	34.6% (IDD survey 2005)	23%
8.	Increase in the Rate of EBF in infants under <6 m	43% (BDHS 2007)	50%
9.	Increase in the % of 6-24 m children fed with all infant & young child feeding (IYCF) practices	42% (BDHS 2007)	52 %

Table 3: Targets of the Core Indicators in the Operational Plan For "National Nutrition Services" July 2011 - June 2016⁵⁷

THE NATIONAL NUTRITION SERVICE⁵⁸

The GoB seems committed to make its fight against undernutrition more effective by mainstreaming the implementation of high-impact evidence-based nutrition interventions into health and family planning services and scaling-up the provision of community based nutrition services⁵⁹. The GoB has thus shifted away from stand-alone projects targeted at a limited number of districts. Nutrition has been made a priority

57 - Operational Plan For "National Nutrition Services", Directorate General of Health Services, July 2011 - June 2016, Ministry of Health and Family Welfare , Government of the People's Republic of Bangladesh, July 2011.

58 - Strategic Plan for Health, Population and Nutrition Sector Development Program (HPNSDP), 2011 - 16 , Planning Wing Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, February 2011, p15.

59 - Progress Report from countries and their partners in the Movement to Scale Up Nutrition'. Geneva: United Nations, 2011 p15

of the new Health Programme 2011-2016 and the change from the project approach of the previous NNP programme to a mainstreaming approach to nutrition has a number of advantages, including more effective use of resources and more chances of sustainability, an important element in the Bangladesh context where changes of government have often meant change of projects in the past.

A National Nutrition Service Operational Plan has been prepared with a budget, management structure and a line director has been assigned.

“The Government has started what the SUN is all about.”

NGO official Dhaka June 2012.

Priority interventions for the nutrition services in Bangladesh include⁶⁰:

1. Providing high potency Vitamin A supplementation and de-worming to children during measles vaccination and to children 1-5 years during national events.
2. Reducing malnutrition through fortification of food with vitamin A, iron and iodine for children, iron and folic acid for pregnant women including other nutritional services.
3. Providing micronutrient supplementation to pregnant women (Iron folate, post partum Vit- A).
4. Providing nutritional counseling to the adolescent girls, pregnant and lactating mothers together with Vitamin- A supplementation of mothers and neonates at their postnatal period.
5. Ensuring community based IMCI programs along with programs through Community Clinics to deliver nutrition services in rural areas.
6. Managing malnourished cases at community and facility level, IYCF, etc.
7. Growth monitoring in all health facilities including Community Clinics.
8. Providing nutrition education on appropriate caring and feeding practices, breast-feeding promotion, supplementary feeding, micronutrients, etc.
9. Strengthening inter-sectoral collaboration and efficient programme implementation.

While there has been in recent times some controversy around the use of Ready to Use Therapeutic Food (RUTF) for the treatment of Severe Acute Malnutrition, the treatment is adopted as part of the national programme: “at the health facility level, children having severe acute malnutrition with medical complications will be treated according to national guidelines & internationally recommended protocols. At the community level, the GoB will address community-based management of acute malnutrition through the community based IMCI programme & community clinic services.”⁶¹

FANTA-II: Four Critical Nutrition Interventions for Bangladesh⁶²

FANTA-II research identifies four critical points in life which call for four critical nutrition interventions for Bangladesh: improving adolescent nutrition, maternal nutrition during pregnancy and the post-partum period, nutrition of children under age 2, and treatment and prevention of severe and moderate acute malnutrition among children under age 5. According to FANTA-II, “focusing nutrition interventions on these four critical points will address the majority of malnutrition in Bangladesh.”

Though there is some overlap between these four interventions and the 13 interventions from the Lancet 2008 Series cited in the SUN Framework for Action, some of the FANTA-II recommendations are both different and more country-specific. They include for instance interventions outside the nutrition sector such as delaying marriage, promoting secondary education completion for girls and boys and

60 - Strategic Plan for Health, Population and Nutrition Sector Development Program (HPNSDP), 2011 – 16 , Planning Wing Ministry of Health and Family Welfare, Government of the People’s Republic of Bangladesh, February 2011, p15.

61 - Strategic Plan for Health, Population and Nutrition Sector Development Program (HPNSDP), 2011 – 16 , Planning Wing Ministry of Health and Family Welfare, Government of the People’s Republic of Bangladesh, February 2011, p15.

62 - FANTA-II, forthcoming untitled draft report



delaying first pregnancy, which are often cited in Bangladesh as priorities to reduce undernutrition.

Though arguments over high costs and poor effectiveness of the previous nutritional programme, the NNP, have been invoked as the reason for its interruption, another factor put forward by several observers is the change of government in the very polarized political context of Bangladesh. Integrating the NNS in the Primary Health Care system, mainstreaming nutrition in different health activities as well as in different sectors and ensuring a strong civil society adhesion to the nutrition policy appear to be positive steps towards the sustainability of current efforts and thus appear consistent with the SUN agenda.

THE NATIONAL FOOD POLICY ACTION PLAN (NFPAP)

The NFPAP provides details on the way to address the key challenges facing Bangladesh in achieving food security in all its dimensions, including food supply and availability, physical, social and economic access to food, as well as nutrition/utilization of food, as embedded in its three core objectives, namely:

Objective 1: Adequate and stable supply of safe and nutritious food

Objective 2: Increased purchasing power and access to food of the people

Objective 3: Adequate nutrition for all individuals, especially women and children

TWO PLANS, ONE GOAL

The NFPAP uses similar quantified targets as the NNS plans, adding two additional: the per capita calorie intake – target: Increased from 2238 (BBS, 2006) to 2400 (kcal/person/day)(provisional) by 2015 – and the share of the dietary energy supply (DES) from cereals – target: decreased from the current 70 percent to 60 percent by 2015⁶³. The ultimate goal of both plans is the achievement of the MDGs.

It seems that both the National Nutrition Service (NNS) and the Food Policy Action Plan (NFPAP) are consistent with each other and both relevant to scale up nutrition. The two programmes offer two different but relevant angles, food and health, to work on nutrition. Both plans are ambitious, seem to be well thought and comprehensive, involving different ministries, etc... The investment made in parallel to these plans in Monitoring and Evaluation, in particular through the Food Planning and Monitoring Unit (FPMU) of the Ministry of Food and Disaster Management, is seen as a way to adjust plans in the course of implementation⁶⁴.

The leadership between the two leading ministries on nutrition appears to be an issue. The Ministry for Health and Family Welfare is for instance in favour of an inter-ministerial committee chaired by its Minister to serve as a forum for coordinating the activities of all ministries for nutrition⁶⁵.

It is safe to say that SUN has not played a role in the design of these two different plans. A challenge for SUN is today to ensure that it does not play a detrimental role in the management of complex political and institutional issues in country. There is a risk that some of the SUN requirements such as the nomination of a government focal point or the establishment of a multi-stakeholder platform thus add to the turf issues already at play. Future developments around the scaling up, including mechanisms for funding, coordination or monitoring, will have to be designed in a way that avert tensions and rather make the best use of existing mechanisms and institutions.

63 - National Food Policy Plan of Action (2008-2015), Food Planning and Monitoring Unit (FPMU), Ministry of Food and Disaster Management, Dhaka, Bangladesh. August, 2008, <http://www.gafspfund.org/gafsp/sites/gafspfund.org/files/Documents/NationalFoodPolicyPlanofActionFINAL.pdf>, p90

64 - See National Food Policy Plan of Action and Country Investment Plan Monitoring Report 2012, FPMU/Food Division Ministry of Food and Disaster Management, Final Draft, 25 June 2012.

65 - Strategic Plan for Health, Population and Nutrition Sector Development Program (HPNSDP), 2011 – 16, Planning Wing Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, February 2011, p274

MULTISECTORALITY

Significant progress has been made on policy development and process for improving nutrition over the past years. The refined country investment plan for agriculture, food security and nutrition is a comprehensive set of investment programmes for integrated food security and nutrition improvement. Underweight and stunting are two indicators used in the overall impact assessment of the plan.

In the National Food Policy, the emphasis has shifted from self-sufficiency in rice to diversification (the reduction in the share of rice in household food consumption is one of the indicators used to monitor the NFPAP). The direct subsidized distribution of fertilizers is increasingly questioned as having some negative impacts which should be addressed, such as diversion of budget resources away from potential investments towards subsidies and distraction of extension agents who spend large amounts of time monitoring the distribution process at the expense of technical work.

The NNS plans that health personnel at local and community levels will play a key role in promoting and ensuring convergence and coordination during the implementation of nutrition sensitive interventions by other sectors in the communities that they will be working in. Examples of nutrition sensitive activities considered under the NNS include food security projects (including nutrition gardens and livestock/fisheries projects), livelihoods projects, water, sanitation/hygiene activities, etc.⁶⁶

ADDRESSING THE ROOT CAUSES OF UNDERNUTRITION

“The main food security problem in Bangladesh is that farmers have no land.”

Food security expert ACF Bangladesh, June 2012.

The access to land tenure of land and water resources is seen as a major problem in Bangladesh where many of the food insecure households do not own the land that they work⁶⁷. They have an insecure and often prohibitive access to land through crop sharing arrangements (where up to 50 percent of the production is paid to landowners). According to an IFPRI consultation, “this is a widespread concern amongst the farming community, Government senior officials, NGOs and civil society.”⁶⁸

In 2003, Jean Ziegler UN Special Rapporteur on the Right to Food⁶⁹ called for measures against gender discrimination in Bangladesh as well as for actions to protect the land rights of the poor and to challenge the patterns of misappropriation of government land by powerful people. The issues of governance, mismanagement, misappropriation and deviation of funds, food and other resources remain important stakes today, especially in relation to the problems identified with the management of the massive \$2.3 billion safety net programmes in the country⁷⁰.

The above issues involve important power asymmetries and systems that perpetuate the domination of local elites over the poorest population of Bangladesh. They can't be ignored when seeking durable solutions to hunger in this country.

66 - Operational Plan For “National Nutrition Services”, Directorate General of Health Services, July 2011 - June 2016, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, July 2011.p12

67 - This was highlighted by a recent report by the International Food Policy Research Institute (IFPRI), see Ahmed, A. et al., Policy Perspectives of the Country Investment Plan for Food and Nutrition Security in Bangladesh, International Food Policy Research Institute, March 2011

68 - See Ahmed, A. et al., Policy Perspectives of the Country Investment Plan for Food and Nutrition Security in Bangladesh, International Food Policy Research Institute, March 2011

69 - Report of the Special Rapporteur, Jean Ziegler Addendum Mission to Bangladesh, Commission on Human Rights, sixtieth session Item 10 of the provisional agenda, Economic Social and Cultural Rights, The right to food, 2003.

70 - 2011 figure, Health, Population and Nutrition Sector Development Program (HPNSDP) [2011-2016] Program Implementation Plan Volume-I, Planning Wing Ministry of Health and Family Welfare Government of the People's Republic of Bangladesh, July 2011, p3

CONCLUSION ON SUN IN BANGLADESH

As seen above, the refined country investment plan for agriculture, food security and nutrition is a comprehensive set of investment programmes for integrated food security and nutrition improvement. This plan demonstrates how Bangladesh is effectively building its policy along the twin-track approach recommended by the SUN, with plans for both direct and indirect interventions to scale up nutrition.

Regarding the three stages of country participation identified in the SUN Roadmap⁷¹, the country has completed the two first stages of stock taking and designing of plans. It is in 2012 at the third stage which seeks an increase in domestic and external financing to scale up action.

The table below intends to synthesize the findings of the research by scoring the 8 critical factors of success identified for scaling up nutrition at country level.

Scoring of eight critical factors for success in scaling up nutrition at country level⁷²

SUN in Bangladesh - 8 critical factors scored from --- to +++		Score
1.	High level political commitment	++
2.	Good coordination between actors and the presence of high level multi-sectoral coordination mechanisms	+
3.	Agreed policy and strategy documents	++
4.	Integration between sectors	+
5.	Public support through the sharing of information and success stories and people's participation in policy formulation, programme design, implementation and evaluation	--
6.	Effective surveillance monitoring and evaluation systems at different levels	--
7.	Adequate human resources and capacity	--
8.	Adequate financing	+

The contrast between the good score of the factors # 1 and # 3, with the score of factors # 5, # 6 and # 7 illustrates the current situation of the country where comprehensive policies and plans have been designed but still have to be implemented. This supposes a massive capacity building of the health system to be able to undertake adequate nutrition interventions as well as structural reforms or improvements of existing mechanisms such as safety nets and food and agricultural services. Whereas there has been substantial investment in the capacity to monitor and evaluate the Country Investment Plan, an adequate system of monitoring and evaluation for nutrition is lacking and has to be built as part of the National Nutrition Service plan.

Concerning financing - factor # 8 - with over \$3.2 billion of government financing compared to \$1.9 billion expected from donors, the government appears to be fairly committed to support the implementation of the plan through national resources (60% of the funding). Overall, as of June 2012, out of \$9.1 billion, \$5.2 billion were already financed through allocated GOB budget resources and contributions by donors. The existence of a pool fund for health is an asset to enhance aid effectiveness for health and nutrition. However, more contributions from donors and the government must now be secured to close the current funding gap of nearly \$4 billion of the Country Investment Plan.

In Bangladesh, the scaling up of nutrition had already started before SUN, and SUN appears to have played a little role in the recent developments in terms of scaling up nutrition in the country. However, by holding undernutrition, in all its dimensions as a political and programme priority, SUN may have an important role to play in the future so that a comprehensive approach to nutrition is effectively implemented in the country, including adequate investment in both treatment and prevention as well as further focus on nutrition as the central objective of health, food and agriculture policies.

71 - A Roadmap for Scaling-Up Nutrition (SUN). September 2010, First Edition, p 9

72 - Adapted from Scaling Up Nutrition Progress Report from countries and their partners in the Movement to Scale Up Nutrition (SUN), September 2011, p 16-17.

NIGER CASE STUDY

CONTEXT

UNDERNUTRITION

Niger is among the poorest countries on earth and ranks 182nd out of 182 countries in the Human Development Index⁷³. With 15 million people in 2012, widespread poverty, a growing vulnerability to droughts, locust and land degradation, the country is known for recurring food crises and endemic high levels of undernutrition. The prevalence of acute malnutrition varies over the years, ranging between 10 and 12 percent and often exceeds the emergency thresholds of 15 percent⁷⁴.

The prevalence of stunting was 51 percent in 2011, very far from the 15 percent value fixed for the MDG for 2015⁷⁵. Like for stunting, the prevalence of underweight has been stable in recent years. It was 47 percent for children 6-35 months in June 2010, equivalent to the level of 2006.

Niger is known for having successfully scaled up the treatment of acute malnutrition in recent years, with very impressive results, involving an increase in coverage from a few thousands cases of acute malnutrition per year before 2004-2005 to 300,000 to 400,000 cases now. Though several observers consider this a world record in absolute value, the treatment of Severe Acute Malnutrition (SAM) remains an area of scaling up given indications of insufficient coverage despite the already large scale⁷⁶.

As suggested by the stable prevalence in recent years, some key actors feel that addressing stunting has been neglected overall and that after the focus on the sole treatment of these recent years (and what is seen

73 - UN Human Development Reports, 2011 Ranking, <http://hdr.undp.org/en/statistics/>. accessed June 14 2012

74 - Source: DHS 1998, MICS 2000, UNICEF-CDC 2005, MICS III 2006, Enquête Nutrition et survie 2006, Enquête Nutrition et survie 2007, Rapport d'enquête nationale Nutrition et Survie de l'Enfant 2008, Enquête nationale Nutrition et Survie de l'Enfant 2009, Rapport d'enquête nationale Nutrition 2010.

75 - Politique Nationale de Nutrition 2012-2021, [Draft 1], République du Niger, Aout 2011.

76 - See for instance Mounier, B., Évaluation Semi Quantitative de l'Accessibilité et de la Couverture (SQUEAC), Département de Keita (Région de Tahoua), Niger, ACF-H, .Mai 2012.



by some as a 'supply response' due to the massive amounts of RUTF delivered in Niger), it is time to change gear and to start investing in other interventions in addition to treatment while consolidating the national capacity to deliver treatment of acute malnutrition in an effective and sustainable manner. A key challenge remains on how to scale up all relevant nutritional interventions, whereas the treatment side is already very demanding in terms of specialized – including medical- staff and financial resources. It is actually feared that Niger cannot continue to treat every year such large numbers of children for acute malnutrition without negative impact on the health system⁷⁷.

INSTITUTIONAL LANDSCAPE FOR NUTRITION

■ National institutions

Whereas prior to the 2005 food crisis there was little political recognition of the problem of undernutrition in Niger, things have drastically changed over the past 8 years, with the creation of a Nutrition Directorate within the Ministry of Health, the integration of nutrition in the Dispositif National de Prévention et de Gestion des Crises Alimentaires (DNP-GCA) and the reduction of undernutrition that has become a key objective of the recent 3N initiative (Nigeriens Nourish Nigeriens), a presidential initiative for food, nutrition and agriculture.

Niger has a Nutrition Directorate within the Ministry of Public Health since 2008. The Directorate has replaced what was only a division of the direction of Reproductive Health before 2008. This is considered as a positive move for nutrition, though this evolution was accompanied by only limited investment in the institutional capacity of the Directorate, which does not dispose of an operational budget to implement the national nutrition policy.

The main on-going nutrition interventions, i.e. deworming, vitamin A supplementation and treatment of acute malnutrition are largely implemented through an emergency set-up and still heavily rely on humanitarian donors and international actors.

The DNP-GCA is the main operational mechanism to deal with food insecurity. It involves different ministries and includes different structures, such as the Early Warning System (Système d'Alerte Précoce – SAP) in charge of surveillance, a Comité Restreint de Coordination (CRC), a coordination committee that brings together the government, donor representatives and NGOs⁷⁸. A contingency plan has been put in place in 2007 in order to plan the different types and volumes of intervention to address food insecurity according to the severity, to the nature and to the geographical localization of needs (e.g. food or cash, seed banks, subsidized sales, animal feed, etc..). Interventions are financed through a Fonds Commun des Donateurs (Joint Donor Fund). Lastly, the Dispositif disposes of a Centre d'Information et de Communication (CIC) in charge of centralizing and communicating information related to food and nutrition⁷⁹.

The 3N Initiative (Nigeriens Nourish Nigeriens) was launched in 2011 by the President of Niger. The 3N is structured as a High Commission, with no operational power but a strong political leadership. It has recently (April 2012) developed a framework for action which includes a costed plan of action, with activities and a substantial requirement for nutrition. It has thus become the flagship body in Niger for the fight against hunger and undernutrition. The Initiative is discussed in more details in the next section of the report.

■ International funding to nutrition

Obtaining a precise picture of funding to nutrition related activities is difficult in Niger because on the one hand, these activities are spread between different sectors (mainly food, agriculture, health) and on the other hand because a large part of these activities are taking place as part of the emergency or humanitarian

77 - Renforcement de la nutrition au Niger – Scaling Up Nutrition (SUN), Note Conceptuelle, Groupe Thématique Nutrition, June 2012

78 - Signatories of the agreement are France, USA, Germany, Belgium, Italia, Switzerland, Canada, European Union, UN system (FAO, WFP, UNICEF, UNDP). As contributors to the fund, Spain and Luxembourg were expected to sign the agreement in 2011.

79 - See CIC website <http://www.cic.ne/>, accessed June 26 2012.

operations. The following elements are nevertheless important to mention as relevant features of international funding for nutrition in Niger.

First of all, like in Bangladesh, a Pool Fund for the Health Development Plan (Fonds Commun d'Aide au Plan de Développement Sanitaire - PDS) is managed by the World Bank. Initiated with funding by the World Bank and the Agence Française de Développement (AFD), several additional donors have joined the fund since 2010, including Spain (AECID), UNICEF and the Global Fund for Vaccination Initiative (GAVI)⁸⁰. As detailed later in the report, the PDS covers all health activities conducted by the Government in Niger, including direct nutrition interventions.

Concerning food security, the Fonds Commun des Donateurs (Joint Donor Fund) is the funding mechanism of the Dispositif National de Prévention et de Gestion des Crises Alimentaires (DNPGCA). In recent years, donors have made pluriannual commitments to the Dispositif rather than one-off funding decisions for emergencies as it was the case before 2005, which has improved the capacity of the Dispositif to deploy different types of activities in a relatively swift way. The Joint Fund does not finance direct nutrition interventions but many critical activities related to the prevention of acute malnutrition such as food and cash programmes as well as subsidized sales of food, which are supposed to be put in place in times of crisis. The Dispositif also manages safety nets programmes, expected to alleviate malnutrition for some of the most vulnerable populations in Niger.

In parallel to the funding provided to the Government, a large share of funding to food and nutrition in Niger goes through international organizations, NGOs and UN organizations, through emergency programming. Nutrition thus represents a large share of humanitarian appeals launched every year by the Office for the Coordination of Humanitarian Affairs (OCHA). The financial requirement for nutrition was \$116 million (CFA 65 billion) in the Consolidated Appeal 2012⁸¹, exceeding by over \$20 million the total budget for nutrition planned in the Government's 3N Initiative for 5 years (2011-2015)⁸². Food security, primarily food aid, is also a significant component of emergency appeals, with a funding requirement of \$276 million in 2012.

■ The Nutrition Technical Group

The Nutrition Technical Group, which constitutes actually the Nutrition Cluster in Niger, has been put in place prior to the SUN. It is chaired by the Director of Nutrition of the Ministry of Health, and co-chaired by UNICEF and brings together NGOs, UN agencies and programmes as well as a few donors and research institutions. This group meets on a bimonthly basis and has produced some concrete outcomes such as a revision of national protocols for the treatment of acute malnutrition or the quality control of the nutritional surveys.

The Niger Nutrition Technical Group

Chair: Nutrition Directorate / UNICEF; Participants 2012: MSF-B, MSF-E, MSF-F, MSF-Suisse, CRF, GRET, HAI, HELP, ACTED, HKI, FORSANI, BEFEN, FEED, Valid International, AFRICARE, Samaritan's Purse, MDM, ONG Kayidia, MERCY CORPS, CONCERN, CARE, CPP, CADEV-Niger, ACF, IRD-US, HKI, FFP-USAID, ISLAM RELIEF, OCHA, FAO, OMS, PAM, UNICEF, PLAN Niger, UE/ECHO, REACH, WorldVision, Première Urgence, COUNTERPART, CRN, HUMEDICA international, ALIMA, ISLAMIC RELIEF, Save The Children.

"The fact that this group in Niger is also the Nutrition cluster show well the difficulty of stakeholder in the country to have a vision beyond the emergency".

ACF Regional Representative Dakar July 2012.

80 - Plan de Développement Sanitaire (PDS) 2011-2015. Ministère de la Santé Publique. Secrétariat Général, Janvier 2011, p63. AFD website, <http://www.afd.fr/home/pays/afrique/geo-afr/portail-niger/nos-projets/projet-sante-niger>, accessed July 2012. Other sources mention that Belgium would be joining the fund in the future too.

81 - Niger Appel Global 2012, United Nations.

82 - Initiative 3N Pour la Sécurité Alimentaire et nutritionnelle et le développement agricole durables. Cadre stratégique et cout estimatif des programmes de l'initiative pour la periode 2012-2015.



The activities of the NTG reflect the approach to undernutrition in Niger which is typically geared towards the management of short term interventions and issues, such as supplies of inputs for the treatment of acute malnutrition, protocols for Community Management of Acute Malnutrition (CMAM), assessments and nutritional surveys, coordination of different instruments such as Blanket Feeding and supplementary feeding, contribution to UN Consolidated Appeals, etc..

■ **Regional institutions and processes**

Important developments for the fight against hunger and undernutrition have been taking place in recent years at the regional level in West Africa. The most prominent and promising was the design of a Regional Programme for Food and Agriculture by the Economic Community of West African States (ECOWAS) in 2010. The programme, created alongside institutions and a financial mechanism to implement it, translated West African countries' commitment to implement a common regional agricultural policy (ECOWAP) into a twin-track approach that would tackle both the causes and the immediate consequences of hunger in the region.

Other important efforts have been made in recent years by different regional institutions and bodies involved in the fight against undernutrition. These include the West Africa Health Organization (WAHO), the ECOWAS Assembly of Health Ministers, the Permanent Interstate Committee for Drought Control in the Sahel (Comité Permanent Inter Etats de lutte contre la Sécheresse au Sahel – CILSS), and the West Africa Economic and Monetary Union (WAEMU, or Union Economique et Monétaire Ouest Africaine – UEMOA). Success has been encountered by some of them, including, for instance, with the progress on food fortification in the region.

The added value of the regional level are numerous for landlocked and resource-poor countries like Niger. They include the benefits of synergies and mutualisation of capacities and resources across the region in the different sectors relevant to nutrition, including, for example, the improvement of nutritional protocols, food security surveillance, food stocks, research and learning. Intervening at the regional level is also critical to address a number of problems that are regional by essence and cannot be tackled by individual countries – for example, food price volatility, which has had a dramatic impact on hunger in recent years, or constraints to cross-border trade of food and cattle⁸³.

SUN IN NIGER

POLITICAL WILL AND COMMITMENT TO SUN

Niger was one of the first countries to join the SUN movement. The President has personally committed to the eradication of undernutrition and has launched the 3N initiative in 2011 (Nigeriens Nourish Nigeriens), which has created a lot of expectation in the country over the success of renewed efforts to tackle the problems of food, nutrition and agriculture in Niger. The 3N is structured as a High Commission, with no operational power but a strong political leadership, with the backing of the President himself. It has recently (April 2012) developed a costed plan of action, which includes activities and a substantial requirement for nutrition.

The SUN focal point within the government is the Director of Nutrition within the Ministry of Health⁸⁴. The creation of a Nutrition Directorate in 2008 is generally seen as a positive move towards increased focus on nutrition but the lack of substantial investment in the capacity of the Directorate to implement a nutrition policy cast doubts over the reality of increased political commitment towards nutrition.

83 - To learn more about the regional level, see Mousseau, F. *Achieving regional integration: The key to success for the fight against hunger in West Africa*, ACF International Network and the Oakland Institute, 2011, <http://www.oaklandinstitute.org/new-report-achieving-regional-integration-key-success-fight-against-hunger-west-africa>

84 - Dr Doudou-Guero Maimouna.

Recent developments seem relatively positive as regards the place of nutrition in Niger. These include the renewed commitment of the current President *Mahamadou Issoufou*⁸⁵, the existence of an active Nutrition Directorate, the recent production of a National Nutrition Policy for 2012-2021 and the revision of the national protocol for the management of acute malnutrition.

However, it must be remembered when looking at recent developments, that a previous national policy for food and nutrition had been prepared in 2006 but was never implemented at the scale needed; similarly that the 3N initiative is replacing the National Investment Plan for Agriculture (PNIA), produced in 2010. Making these new policies and initiatives effective and successful is the challenge on which SUN will have to make a difference compared to the past.

THE DIFFICULTIES OF DONORS' ALIGNMENT ON NUTRITION

The European Commission (EC) is the donor convener for the SUN but no formal donor-led coordination mechanism is in place at country level to align funding for nutrition. The research could find no evidence of any increase in funding to nutrition resulting from the SUN. However, the leading role of the EC as a donor in Niger, has allowed the Delegation to engage individually with the government on nutrition, both on operational and institutional issues. The EC has for instance recently financed an audit of the Direction of Nutrition in order to help strengthen the nutrition body. The EC is also financing the establishment of REACH in Niger, along a strategy that is largely based on the SUN guiding principles (see below). The EC, like other donors, also participates to the meetings of the Nutrition Technical Group, a multistakeholder but rather technical body for nutrition (see below).

A major constraint for aligning aid on nutrition in Niger as recommended by SUN is that the donorship to the country is geared towards the short term management of food crises. This translates into two key challenges:

First, as seen in Figure 3, financing for nutrition in Niger follows the trend of food insecurity, with peaks of assistance in years of food crisis. Such short term and inconsistent financing appears as a major constraint to invest into lasting solutions to undernutrition in the country.

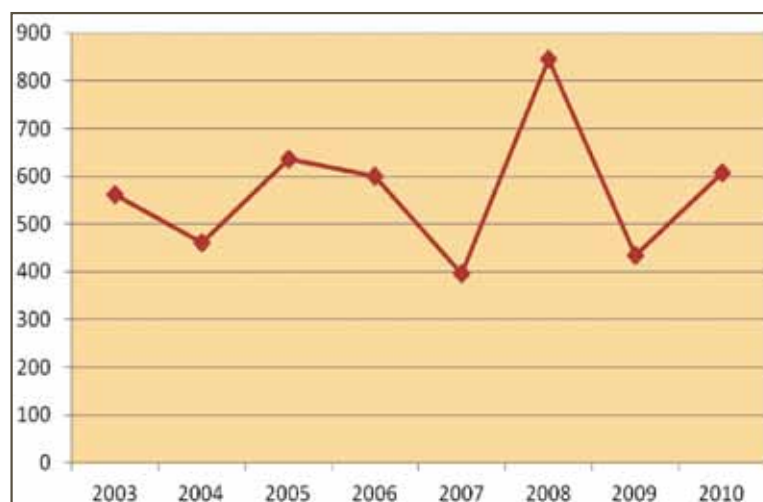



Figure 3: ODA to Niger 2003-2010 (in million dollars)⁸⁶

85 - See for instance his recent article at http://www.lemonde.fr/idees/article/2012/07/17/agissons-maintenant-contre-la-famine-et-la-crise-alimentaire-au-sahel_1734719_3232.html, accessed August 16 2012.

86 - OECD website, <http://stats.oecd.org/>, accessed June 26 2012.



The second challenge relating to this short term approach is that the only active mechanisms for coordination and alignment in terms of financing are those of the national Dispositif for the Prevention and the Management of Food Crises (DNP-GCA), with the Comité Restreint de Coordination (CRC) -the multistakeholder coordination committee- and the management of a Fonds Commun des Donateurs (Joint Donor Fund).

“The Government knows how to coordinate emergencies but not the long term plans.”

INGO representative Niamey June 2012.

Continuous efforts have been made since 2005 to increase the number of donors to the joint fund and to make these mechanisms more effective, with increased funding, better planning, improved coordination and decision making. Nutrition interventions –mostly treatment of acute malnutrition- were also integrated into the activities of the Dispositif in recent years (though funding for nutrition activities is not going through the dispositive and coordination for nutrition is rather taking place in the Nutrition Technical Group).

The past and present investment of donors and of the government in the Dispositif should be praised as an effort to improve the response to food crises in the country. It illustrates however the lack of adequate and long term investment in the fight against undernutrition in Niger, with most efforts focused on the short term.

It is important to take advantage of existing coordination and alignment mechanisms such as those of the Dispositif. However, they must be significantly broadened or integrated into more comprehensive systems so that alignment and coordination not only take place within the framework of the management of food crises but within the broader nutrition agenda. Encouraging donors and other stakeholders to allow and effectively support such a shift could be a key area of action for the SUN in Niger.

The environment to put in place interventions is still characterized by a fragmentation of the institutional framework, difficulties to coordinate and the multiplicity of approaches, which require reforms and actions to increase coherence and improve efficiency and effectiveness.

Strategic Framework for the 3N initiative, p 57

CSO PLATFORM

As of June 2012, like in Bangladesh, the SUN Civil Society (CS) Platform in place in Niger is the most palpable outcome of the SUN initiative at country level. The CS platform started emerging in August 2011 under the impulsion of the SUN Global CS Network, which has been led by several international NGOs active in the nutrition sector. About 18 CSOs are today part of the platform. It includes different kinds of organizations, national and international NGOs, most of them involved in the delivery of nutrition programmes to communities, but also a few media, academia and right based organizations.

After the SUN Global CS Network informed organizations in Niger of the opportunity for funding the activities of the newly established SUN CS Platform, it was urgently requested that the platform produce a concept note describing its planned activities for the three years to come and put in place a governance structure including a Secretariat that will be tasked to manage the funds received. Members of the Global CSO network were instrumental in assisting the Platform in the formalization of the concept note over the past year.

Members of the CSO Platform as of June 2012

1. ONG ALIMAA	2. PLAN NIGER
3. IRD-US	4. SAVE THE CHILDREN
5. CAPAM	6. GED Gao
7. ONG HADINKAÏ	8. ONG FORSANI
9. ONG BEFEN	10. MDM
11. ALTERNATIVE CITOYEN	12. MSF BELGE
13. MSF Intersection	14. CARE
15. CROIX ROUGE NIGER	16. CONSORTIUM
17. CONCERN	18. COUNTERPART

Overall objective of the CSO platform in Niger (CSO Concept note for the SUN)

To scale up civil society engagement and influence in the implementation of the SUN agenda in Niger.

OBJECTIVES AND KEY EXPECTED OUTCOMES

1. To set up a Platform for increased coordination, mobilization and cross-sectoral civil society led actions, in collaboration with the government, donors and local communities with a view to ensuring a more effective response at the national level

- TOR for Platform developed and approved
- Platform set up

2. To secure specific commitments towards tackling undernutrition from the government and donors through effective and strategic advocacy and public mobilisation

- Advocacy and public mobilisation strategies developed
- Civil society organisations' capacity to advocate and undertake policy and budget analysis and monitoring is strengthened
- Advocacy resources developed and successfully disseminated to CSOs, media and other influential civil society actors (e.g. academics)
- Media partnership leads to increased visibility of undernutrition in the media

3. To monitor and report on government's and donors' commitments towards increasing nutrition funding

- Monitoring mechanism set up
- Progress reports published
- Policy roundtables increase dialogue with donors and governments around commitments

4. To contribute to filling the gap in nutrition research and provide high quality evidence based recommendations to decision makers

- Research priority areas identified
- Thematic studies conducted and findings and recommendations are widely disseminated
- Document database is set up and increases information sharing and lesson learning amongst CSOs



While the first meetings of the CSO platform brought together some 18 NGOs interested in SUN, and after most of the activities of the group over the past year have focused on putting together a concept note for SUN funding to the platform, the energy that was triggered by the launch of the SUN initiative seems to be fading, with only 4 NGOs participating to the last meeting of the platform early 2012. CSO members are now hoping that the arrival of the funding for the platform will help reactivate the platform and start moving forward with the implementation of the plan described in the concept note.

***“3N, REACH, SUN + all the sectoral programmes:
we are lost with all the initiatives and programmes!”***

INGO representative Niamey June 2012.

■ **Coherence of the different platforms**

Like in the case of the Nutrition Working Group in Bangladesh, members of the Nutrition Technical Group in Niger have been unclear in the recent past about the relation of this group with the multistakeholder platform and the CSO platform, both called for by the SUN.

The Nutrition Technical Group is chaired by the Director of Nutrition (also the SUN focal point) and does not involve other government services, which limits the scope of the group to nutrition interventions, primarily around surveillance and treatment for acute malnutrition.

Though it is labelled ‘technical’, the Group does play a coordination role, especially given it also constitutes the nutrition cluster and aims to coordinate surveillance and treatment interventions. What would be the relationship between a multistakeholder platform for SUN in Niger and the Nutrition Technical Group is therefore far from clear.

By raising such questions, SUN may however have the potential to encourage more coherence in national mechanisms and a rethinking of the role and activities of the different entities in place or to be established, including the Nutrition Technical Group.

A CONFUSING MULTIPLICATION OF INITIATIVES

Similarly to Bangladesh, there has been –and there is still- a significant level of confusion around the SUN and other initiatives on nutrition, especially REACH and the 3N. Particularly unclear for many interviewees is SUN’s articulation with REACH, which was started early 2012 in Niger, with the appointment of a national facilitator in April 2012 within the 3N High Commission.

Confusion with REACH culminated early 2012 after an aborted attempt to launch SUN at the same time as REACH in Niger, a proposition which was rejected by both donors and UN agencies on the argument that “it would have created confusion”. This decision is debatable given launching at the same time could have helped people to understand that the two initiatives are consistent with each other. On the other hand, some interviewees observed that REACH was launched with staff, office and work plan, whereas there was still little concrete that people could see in relation to what the launch of the SUN in Niger would mean.

Furthermore, it must be said that launching international initiatives at country level while the Government has just launched its own initiative 3N (the Nigeriens Nourish the Nigeriens- see below for more details) may be problematic, especially when REACH and SUN are supposed to support country-led processes.

Some interviewees consider that the confusion is over since recently, after having identified REACH as the initiative that will organize facilitation and support multisectoral processes at national level whereas the SUN would be in charge of global advocacy on nutrition, that will ensure adequate funding for nutrition interventions and national investment plans. Such a division of labour may make sense but is not necessarily in line with some of the SUN key documents and current activities (which for instance support the creation of national platforms or plan support in M&E, with no obvious link made with REACH).

The choice of locating REACH Niger within the 3N Commission rather than within a UN agency or programme appears to be wise to prevent UN turf tensions and to provide support to the Government of Niger for the implementation of the 3N initiative. This leaves however another element of confusion as the government focal point for SUN in Niger is the Direction of Nutrition within the Ministry of Health, while REACH sits within the 3N initiative, with supposedly a more multisectoral approach. Yet, SUN, like REACH, is supposed to encourage a multisectoral response to undernutrition.

■ Positive moves towards alignment of the initiatives

The April 2012 Action Plan for REACH and the Concept Note for the project⁸⁷ in Niger make it however very clear that REACH will “put in place solid bases for the implementation of SUN” in Niger and describe REACH’s scope of work in a way that is very consistent with and has been aligned on the SUN roadmap. REACH key activities would thus be as follows:

1. Capacity building at all levels of the government
2. Support to multisectorial co-ordination
3. Monitoring, evaluation and accountability
4. Support the definition of an advocacy strategy to promote nutrition
5. Support to nutritional policies and integration of nutrition into national strategies
6. Support to the definition of nutrition sensitive programmes

This agenda is also consistent with the Government’s 3N initiative, which is planning to establish a multistakeholder platform, the Conseil National de Dialogue et de Concertation des Acteurs (CNDA). The CNDA will be led by the 3N Commission and bring together all stakeholders for coordination in the implementation of the strategy (line ministries, local administration, government experts, donors, research, organizations, CSOs, unions, private sector,...). Similar platforms are expected to be established or enhanced at the regional and local level (Region, Département and Commune – Region, District and County). With a national facilitator already present within the 3N commission and a plan to appoint 7 regional facilitators –one for each region of the country - REACH’s plan has clearly been shaped to support this 3N planned coordination structure.


Funding for REACH is expected to come from the EC before the end of 2012 and in order to kick-start this work, ‘seed money’ has been provided early 2012 by WFP and UNICEF to allow the appointment of a national facilitator.

PRIVATE SECTOR

No private sector platform has been setup in Niger. The relevance of such platform at country level was questioned by several stakeholders who believe that ad hoc alliances or working groups involving the private sector are more appropriate. An example mentioned as effective⁸⁸, is the Fortification Alliance in Niger, led

87 - Description du programme REACH Renewed Efforts Against Child Hunger, Plan d’action mis à jour, Version d’avril 2012 ; Fiche projet, DCI/FOOD 2011/275 751, Reach –NIGER: “Renewed Effort Against Child Hunger”, EC May 30 2012.

88 - Direct communication UNICEF Niamey, June 2012.



by the Ministry of Industries, and which involves the Direction of Nutrition of the Ministry of Health, UNICEF, Helen Keller International –a NGO- as well as businesses⁸⁹. Similarly in Niger collaboration and dialogue between government, NGOs and the UN has been taking place in recent years around the production of local food products for nutrition, including RUTF.

In Niger, farmers and their organizations are considered as key private sector actors and are active in a number of initiatives such as on-going efforts to produce and improve the availability of high quality seeds. Reflection is underway at the World Food Programme to determine how to better integrate local procurement and food and nutrition programmes, along the lines of the Purchase for Progress programme⁹⁰ and the Brazilian model of procurement of food from small farmers for schools and other public services.

Given the particularities of the West African region, which include limited industrial development in countries like Niger, significant intraregional commercial flows and several active regional organizations⁹¹, the involvement of the private sector for nutrition in Niger shall be approached at the regional level, as it has been done on recent efforts on fortification.

In West Africa, the fortification with micronutrients of vegetable oil and wheat flour has been realized through public-private partnerships that involve both local and multinational industries, the design of strong policies driven by mandatory decrees by national governments as well as regional ministerial resolutions under the West African Economic and Monetary Union (WAEMU) and the Economic Community Of West African States (ECOWAS)⁹² and an active role of NGOs, in particular Helen Keller International⁹³.

STOCKTAKING AND COSTING

The recurrence of food crises (2005, 2008, 2010, 2012) and the endemic high levels of child undernutrition in the country have made undernutrition in Niger the focus of numerous studies in recent years. Like the overall approach to undernutrition in the country, stocktaking for nutrition has been largely taking place under an ‘emergency’ lens, organized by OCHA / humanitarian clusters and the national mechanisms of coordination and information functioning under the Dispositif. Information gathering has thus typically using Early Warning Systems to map and measure food insecurity, nutritional surveys to measure the level of undernutrition, as well as mapping of facilities providing treatment of acute malnutrition.

Other stocktaking exercises in Niger have included a Nutritional Profile of the country produced by FAO in 2009⁹⁴, the preparation work for the Health Development Plan (PDS) as well as the comprehensive work undertaken for the design of the national Rural Development Strategy (Stratégie de Développement Rural) and of the Agricultural Development Plan prepared in 2010⁹⁵.

In the course of this latter exercise, an estimate of the funding required for the achievement of the MDG 1 was produced in 2008⁹⁶. Figure 4 shows that for Niger to achieve MDG 1 in 2015 public spending for food and agriculture had to increase from CFA 17,6 billion (\$33 million) to CFA 131,5 billion (\$246 million) and that

89 - See, Nutrition and Business, How to engage?, SCN news No 39 late-2011 ISSN 1564 - 3743 http://www.hki.org/research/SCN%20News_Fority%20West%20Africa_Dec%202011.pdf

90 - See WFP website, <http://www.wfp.org/purchase-progress/> accessed June 26 2012.

91 - Mousseau, F. Achieving regional integration: The key to success for the fight against hunger in West Africa, ACF International Network and the Oakland Institute, 2011, <http://www.oaklandinstitute.org/new-report-achieving-regional-integration-key-success-fight-against-hunger-west-africa>

92 - See 7th General Assembly Resolution on Mandatory Fortification of Cooking Oil and Wheat Flour, 2006.

93 - 9th General Assembly Resolution to Implement Mandatory Fortification of Cooking Oil and Wheat Flour. ECOWAS Assembly of Health Ministers, 2008.

94 - See, Nutrition and Business, How to engage?, SCN news No 39 late-2011 ISSN 1564 - 3743 http://www.hki.org/research/SCN%20News_Fority%20West%20Africa_Dec%202011.pdf

95 - Profil Nutritionnel du Pays, République du Niger, Systèmes d'Information et de Cartographie sur l'Insécurité Alimentaire et la Vulnérabilité FAO, 2009.

96 - Plan d'Investissement Agricole du PNIA/SDR Niger, Comité Interministériel de Pilotage de la Stratégie de Développement Rural, Secrétariat Exécutif, Juin 2010

96 - Niger, Financement à long-terme pour la croissance agricole et la réduction de la pauvreté, Comité Interministériel de Pilotage de la SDR Secrétariat Exécutif, République du Niger, undated brochure.

external funding had to increase massively from CFA 108,2 billion (\$203 million) to CFA 470,8 billion (\$ 884 million).

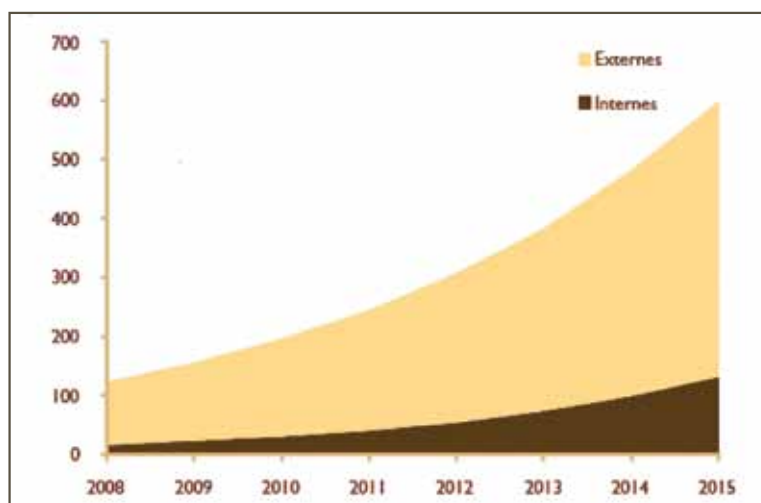


Figure 4: Estimate of the funding required to achieve the MDG 1 in 2015 (billion FCFA)⁹⁷

Current reporting practices for both government and donor funding do not allow a proper monitoring of spending on food and nutrition. However, as seen in Figure 3, the statistics on Overseas Development Assistance (ODA) produced by the organization of Economic Cooperation and Development (OECD) give a useful indication of funding trends to Niger, which suggest that the massive increase in donor funding required for the achievement of the MDGs has not taken place. The OCDE thus report that from \$846 million in 2008, the total ODA actually decreased in 2009 to \$ 434 million in 2009 and only reached \$ 608 million in 2010⁹⁸.

The above highlights how Niger is dramatically dependent on external funding to be in position to scale up nutrition and shows without ambiguity that the external funding has been far below the requirement in recent years.

Financing remains the central question for rural development in Niger. Despite the diversity of sources, the volume and quality of the funding remain insufficient to achieve the development objectives of the sector.

Initiative 3N Pour la Sécurité Alimentaire et nutritionnelle et le développement agricole durables, Cadre stratégique et cout estimatif des programmes de l'initiative pour la periode 2012-2015, p 57

One activity labelled as a SUN exercise was an audit of the Direction of Nutrition that has taken place in 2011, with financing by the EC, the donor convener in Niger, with the aim of helping to strengthen the governmental nutrition body, and has led to staffing and institutional adjustments within the Direction.

In 2011 ACF has conducted advocacy in favour of a national study for assessing the need and costing adequate preventive and treatment services for acute malnutrition⁹⁹. Following ACF's efforts, a Ministerial Decree (Arrete ministeriel) was passed in June 2011 to confirm the Government's decision to conduct this study. In his June 2011 letter to ACF confirming this decision, the Minister of Health explicitly put it in the context of Niger's commitment to SUN and REACH. However, one year after this decision, the study is still to be initiated.

A key priority of the REACH national facilitator for 2012 is to conduct a mapping of nutrition activities and actors in the country, an essential step to implement REACH's action plan in the country.

97 - Niger, Financement à long-terme pour la croissance agricole et la réduction de la pauvreté, Comité Interministériel de Pilotage de la SDR Secrétariat Exécutif, République du Niger, undated brochure.

98 - OECD website, <http://stats.oecd.org/> accessed August 17 2012.

99 - Internal document ACH : Rapport de Plaidoyer en faveur de l'étude nationale d'évaluation des besoins et des couts afin de fournir des services de qualite de prevention et de prise en charge de la malnutrition aigue au Niger, Avril 2011

ADEQUACY OF NATIONAL PLANS FOR SUN

HEALTH DEVELOPMENT PLAN (PDS) 2011-2015

The current Plan de Développement Sanitaire (PDS-the Health Sector Development Plan) 2011-2016 plans a steady investment to strengthen the capacity of the health system to deliver services to the population¹⁰⁰. With a budget of \$2.1 billion over five years (to be financed by both government resources and international aid), this plan represents an unprecedented effort to improve access to quality health services involving an increase in health expenditures of over 50% in five years¹⁰¹.

The PDS is operationalized through annual action plans. Nutrition is not a strategic programme of the PDS, but it is mainstreamed through the Reproductive Health activities (Family Planning, Health of Adolescents and Young, Child health coverage, Mother and newborn health coverage).

A key priority for the PDS as well as for the National Nutrition Policy produced in 2011 (which was still under a draft form at the time of the research) is to strengthen and increase the capacity of the health system in order to increase coverage and the quality of health services, including nutrition. The National Nutrition Policy thus recognizes that « the capacity in terms of nutritional rehabilitation are largely insufficient; intensive nutritional rehabilitation and education centers (CRENI at the hospital level) and the nutritional rehabilitation and education centers for home based care (CRENA at the health center level) are insufficient according to the coverage needed ; protocols for treatment of acute malnutrition are poorly known and hospitals are not adapted to treat severely malnourished children because they don't dispose of adequate facilities and skilled staff for that.»¹⁰²

Strategic objective	2010	2011	2012	2013	2014	2015	Total	%
Health Coverage	8 963	15 932	16 463	16 995	17 526	18 057	84 973	7,7
Reproductive Health	50 936	57 076	62 803	68 529	74 256	79 984	342 649	31,1
Human Resources	17 985	20 763	23 278	25 793	28 308	30 824	128 966	11,7
Drugs and other inputs	43 445	46 359	47 815	49 272	50 729	52 186	246 361	22,4
Fight against diseases	36 887	42 866	45 163	47 459	49 755	52 052	237 294	21,5
Governance and Leadership	5 218	9 333	10 545	11 767	12 944	14 121	58 710	5,3
Financial mechanisms	90	180	145	100	100	100	625	0,1
Health research	407	411	414	416	419	421	2 081	0,2
Total	163 932	192 920	206 625	220 331	234 038	247 745	1 101 659	100

Table 4: Budget breakdown of PDS 2011-2015 per strategic objective (in million CFA)¹⁰³

100 - Plan de Développement Sanitaire (PDS) 2011-2015. Ministère de la Santé Publique. Secrétariat Général, Janvier 2011.

101 - Plan de Développement Sanitaire (PDS) 2011-2015. Ministère de la Santé Publique. Secrétariat Général, Janvier 2011, p82.

102 - Politique Nationale de Nutrition 2012-2021, [Draft 1], République du Niger, Aout 2011, p 11.

103 - Plan de Développement Sanitaire (PDS) 2011-2015. Ministère de la Santé Publique. Secrétariat Général, Janvier 2011. p20

As indicated in Table 4, the budget allocated to the Reproductive Health sector is the most important with 31.1 percent of the total budget. While there is no budget line for nutrition in the PDS, it appears that a budget has been allocated specifically to nutrition for CFA 500 million (\$ 963,000) to cover the cost of nutrition inputs. This first time ever allocation is a positive move but is very limited compared to the requirements - the Nutrition Technical Group (alias the Nutrition Cluster in Niger) estimates a financial requirement of \$116 million (CFA 65 billion) for nutrition in the Consolidated Appeal 2012¹⁰⁴. It seems also particularly low in a national budget of \$2.7 Billion (CFA 1,444 billion) for 2012¹⁰⁵. The Strategic Framework for the 3N initiative¹⁰⁶ approved in April 2012 includes a \$96 million budget for nutrition for 2012-2015, which would significantly increase the national budget for the sector, but remains far below the requirement for an actual scale-up (see below).

The priority nutrition interventions planned by the PDS and the National Nutrition Policy include most of the 13 'Lancet 2008' interventions recommended by the SUN Framework for Action (except micronutrient powders and iron fortification of staple foods).

The New National Nutrition Policy developed for the period 2012-2021 has fixed the following targets for the reduction of undernutrition by 2021¹⁰⁷.

1. Stunting in under-fives reduced by 30 percent
2. Wasting in under-fives reduced by 30 percent
3. Low birth weight reduced by 30 percent
4. Anaemia in under-fives, and pregnant and lactating women reduced by 30 percent
5. Vitamin A deficiency, including night blindness in under-fives and women post partum eliminated
6. Iodine deficiency including goitre in school-age children and women of childbearing age eliminated
7. Use of zinc in the prevention and treatment of diarrhoea in under-fives expanded to all health facilities
8. Exclusive breastfeeding rates in babies under six months increased to 50 percent
9. Introduction of complementary foods from six months increased to 95 percent
10. Adequate nutritional care of people living with HIV and tuberculosis increased to 100 percent

In Niger, the main on-going nutrition interventions, i.e. deworming, vitamin A supplementation and treatment of acute malnutrition are largely implemented through an emergency set-up and still heavily rely on humanitarian donors and international actors. Given the lack of specific budget within the PDS for nutrition, and because most of the funding for nutrition comes from emergency donors and goes through relief organizations, it is unclear how the new nutrition policy will be actually resourced, implemented and monitored. SUN could potentially play a role to help overcome these important challenges and weaknesses, through a combination of policy guidance and resource mobilization.

104 - Niger Appel Global 2012, United Nations.

105 - Or 1425 billion CFA - http://www.niger24.org/index.php?option=com_content&view=article&id=572:budget-general-2012-du-niger--les-secteurs-sociaux-leses&catid=56:economie-finances&Itemid=474, accessed 26 June 2012.

106 - Initiative 3N Pour la Sécurité Alimentaire et nutritionnelle et le développement agricole durables, Cadre stratégique et cout estimatif des programmes de l'initiative pour la periode 2012-2015

107 - Progress Report from countries and their partners in the Movement to Scale Up Nutrition. United Nations, 2011, p12.

THE 3N INITIATIVE

The government-led 3N initiative – Nigeriens Nourish Nigeriens – aims at improving production and securing livelihoods¹⁰⁸. It was announced as part of the electoral promises of the current President and therefore not an outcome of the SUN. The initiative intends to pursue the following 5 strategic objectives within the following costed plan for 2011-2015.

Strategic objectives	CFA (mn)	\$ (mn)	%
1. increase and diversification of food production	735,250.00	1,409.61	73.5
2. improve the functioning of markets for food products	50,000.00	95.86	5.0
3. Increase the resilience of populations to shocks and crises	115,000.00	220.48	11.5
4. Improve the nutritional status of Nigeriens	50,000.00	95.86	5.0
5. Ensure coordination	50,565.00	96.94	5.1
Total	1,000,815.00	1,918.74	100.0

Table 5: Indicative financial requirement for the 3N Initiative

As shown in Table 5., the Strategic Framework for the 3N initiative¹⁰⁹ approved in April 2012 includes a \$96 million budget (CFA 50 billion) for nutrition for 2011-2015, which would significantly increase the national budget for the sector. It would put direct nutrition interventions at 5% of the overall spending, while the increase and diversification of the food production would concentrate over 73 % of the resources.

There are five specific objectives under the Strategic Objective #4 of the 3N Initiative, which focuses on nutrition:

- i. Promotion of balanced food consumption and healthy lifestyles
- ii. Promotion of Essential Family Practices
- iii. Increase capacity to treat acute malnutrition
- iv. Increase food safety
- v. Reinforcement of nutritional surveillance and of the monitoring and evaluation of nutrition interventions.

The package of interventions related to the above objectives are less comprehensive than those planned under the National Nutrition Policy, and include only a few of the 13 'Lancet 2008' interventions recommended by the SUN Framework for Action, with a prominence of treatment of acute malnutrition and promotion of adequate nutritional practices.

Planned for the period 2011-2015, the 3N framework for action has only been finalized in April 2012 and a major question for the 3N High Commission related to the funding of the initiative. The Government of Niger is hoping to be able to finance between 20 and 50 percent of this plan on its own resources and expectations are high that SUN will help mobilize donors around the plan¹¹⁰. The Government is planning a donor round table in October 2012 to mobilize resources for the plan and is expecting assistance from the SUN Global Network to help this fundraising effort¹¹¹.

How 3N will be articulated with the National Nutrition Policy is not clear, but reflection is currently taking place in country to ensure institutional and operational linkages between the Direction of Nutrition and the 3N Commission.

108 - Initiative 3N Pour la Sécurité Alimentaire et nutritionnelle et le développement agricole durables, Cadre stratégique et cout estimatif des programmes de l'initiative pour la periode 2012-2015.

109 - Initiative 3N Pour la Sécurité Alimentaire et nutritionnelle et le développement agricole durables, Cadre stratégique et cout estimatif des programmes de l'initiative pour la periode 2012-2015.

110 - Direct communication 3N Secretary General, June 2012 - Initiative 3N Pour la Sécurité Alimentaire et nutritionnelle et le développement agricole durables, Cadre stratégique et cout estimatif des programmes de l'initiative pour la periode 2012-2015.

111 - Direct communication 3N Secretary General, June 2012.

MULTISECTORALITY

The prominent short term approach to nutrition in Niger limits the scope of multisectorality for scaling up nutrition in the country. The integration of WASH and nutrition is a good illustration of the issue: the WASH cluster has started in 2012 a national inventory of water and sanitation facilities in nutritional centres in order to plan their future improvement. Whereas such interventions are necessary, they cannot really be considered as part of a multisectoral approach to nutrition that would look at interventions or investments in WASH that could have a lasting impact on the reduction of undernutrition (e.g. directing investment in water supply towards areas with high burden of undernutrition).

The fact that the focal point for SUN is the Director of Nutrition in the Ministry of Health, raises questions over how well this person can guarantee that SUN effectively promote a multisectoral approach to nutrition. Similarly, there are nutrition focal points at regional and district level, who depend on the Reproductive Health direction and often are in charge of other health activities in addition to nutrition. This is seen as an obstacle for adequate coordination of nutrition at the local level¹¹². As observed by an ACF regional expert, “Nutrition focal points are only linked to health direction and thus cannot ensure a multisectoral approach – though such an approach could be really effective and concrete at this level.”¹¹³

The 3N Initiative Commission seems more able to lead a multisectoral approach to nutrition. Prior to the 3N initiative, a National Investment Plan for Agriculture (PNIA) had been prepared in 2010 for the design and implementation of the national Rural Development Strategy for the period 2010-2015¹¹⁴. This plan was largely focused on agriculture and rural development though it had a modest health and nutrition component. This component included 3 elements: i) diversification and improvement of the diets; ii) food safety; iii) improvement of nutritional value of food¹¹⁵.

The plan did not include any nutritional objectives and direct nutritional intervention, which is something that has changed with the 3N Initiative. The inclusion of nutrition in the Initiative - as both an activity and an objective - appears therefore as an important step forward, achieved through the successful advocacy conducted in-country by a range of actors. Though it is difficult to give formal credit to SUN for such an evolution, it is very likely that the promotion of nutrition throughout the SUN movement added to the fact that Niger is a SUN country have encouraged the advocates of this inclusion.

With the inclusion of nutrition, the Strategic Framework for the 3N initiative¹¹⁶ becomes therefore more of a multisectoral approach to the reduction of undernutrition, which is supposed to involve both direct and indirect interventions.

The 3N Initiative is planning to establish the Conseil National de Dialogue et de Concertation des Acteurs (CNDA) as a multistakeholder platform for the coordination of the initiative. The CNDA will be led by the 3N Commission and bring together all stakeholders for coordination in the implementation of the strategy (line ministries, local administration, government experts, donors, research organizations, CSOs, unions, private sector,...).

Similar platforms are expected to be established or reinforced at the regional and local level (Region, Departement and Commune – Region, District and County). With a national facilitator already present within the 3N commission and a plan to appoint 7 regional facilitators –one for each region of the country - REACH’s plan has clearly been shaped to support this 3N planned coordination structure that should promote a multi-sectoral approach to nutrition at local level.

112 - Sanchez-Montero M., Salse Ubach, N., Zero Hunger Strategies- Phase 2, Niger Case Study, ACF-UK, December 2010.

113 - Direct communication Patricia Hoorelbeke, July 7 2012.

114 - Plan d'Investissement Agricole du PNIA/SDR Niger, Comité Interministériel de Pilotage de la Stratégie de Développement Rural, , Secrétariat Exécutif, Juin 2010

115 - Plan d'Investissement Agricole du PNIA/SDR Niger, Comité Interministériel de Pilotage de la Stratégie de Développement Rural, , Secrétariat Exécutif, Juin 2010, p 23.

116 - Initiative 3N Pour la Sécurité Alimentaire et nutritionnelle et le développement agricole durables, Cadre stratégique et cout estimatif des programmes de l'initiative pour la periode 2012-2015.

CONCLUSION ON SUN IN NIGER

Through the different plans mentioned above, like in Bangladesh, the Government of Niger intends to implement the twin-track approach recommended by the SUN, with plans for both direct and indirect interventions to scale up nutrition.

Regarding the three stages of country participation identified in the SUN Roadmap¹¹⁷, the country has fairly completed the first stage of stock taking. The second stage that involves the design of adequate plans has been partly completed as the PDS and the 3N Initiative strategy are on the paper.

The table below intends to synthesize the findings of the research by scoring the 8 critical factors of success identified for scaling up nutrition at country level.

Scoring of eight critical factors for success in scaling up nutrition at country level¹¹⁸

SUN in Niger - 8 critical factors scored from --- to +++		Score
1.	High level political commitment	++
2.	Good coordination between actors and the presence of high level multi-sectoral coordination mechanisms	+
3.	Agreed policy and strategy documents	+
4.	Integration between sectors	+
5.	Public support through the sharing of information and success stories and people's participation in policy formulation, programme design, implementation and evaluation	-
6.	Effective surveillance monitoring and evaluation systems at different levels	-
7.	Adequate human resources and capacity	--
8.	Adequate financing	--

The good score of the factors # 1 reflects the high level of commitment by the President of Niger as well as by other officials in the government and the administration, including the Director of Nutrition who appears very active and committed to the SUN agenda. The political support given to the 3N Commission, which directly depends on the President is another positive sign of high level political commitment in Niger.

The moderately positive score given to the factors # 2 and # 3 reflects that though there are plans in place with the PDS and the 3N, effectively scaling-up nutrition in the country will require significant rethinking around the use of the different instruments and institutions involved given the weight of the management of food crises over national capacities, coordination and funding. Similarly, it is critical to ensure adequate costing of financial requirements for nutrition, which would go beyond the short term management of emergency nutrition activities. Such an exercise will have to be conducted in parallel to a major rethinking of the operational and technical strategies to address all forms of undernutrition in the country. As observed earlier, the high numbers of children under treatment for acute malnutrition in Niger is an issue of concern for the capacity of the health system to maintain its other activities. Technical and systemic innovations, along with adequate financing and technical assistance, will be necessary to meet the challenges of undernutrition in Niger.

The low score of factors # 7 and # 8 illustrates the current situation of the country where there is political commitment and comprehensive policies and plans have been designed but the implementation is heavily constrained by the lack of adequate capacity and the limitation of financial resources.

117 - A Roadmap for Scaling-Up Nutrition (SUN). September 2010, First Edition, p 9

118 - Adapted from Scaling Up Nutrition Progress Report from countries and their partners in the Movement to Scale Up Nutrition (SUN), September 2011, p 16-17.

SUN COUNTRY IMPLEMENTATION: KEY FINDINGS

This section discusses some of the key issues identified in the course of the research and reflects on different ways to address them.

SUN & NUTRITION SCALE UP IN BANGLADESH AND NIGER

In Bangladesh and Niger, the scaling up of nutrition has already started before SUN: both countries have taken important steps in recent years, which demonstrate an increased interest in nutrition for governments, donors, UN institutions and NGOs. **Though the responses to the massive challenge of undernutrition remain far below requirements, significant progress is to be recognized in both countries. For instance:**

- Bangladesh has designed a 5-year national nutritional programme (2011-2016), which replaces previous programmes in place since 1997.
- Niger has also a 5-year (2007-2015) national nutritional programme.
- Both countries have quantified targets for the reduction of undernutrition over the next 5 to 9 years.
- Nutrition is mainstreamed in various programmes, including safety nets with soft conditionality on Essential Family Practices or water and sanitation programmes involving education on the same.
- Donors are generally more focused on nutrition, e.g. 'development' funding now going into nutrition in Niger in support to the government.
- A nutrition directorate has been created in Niger, and a first budget has been allocated.
- The Food Policy Action Plan (NFPAP) in Bangladesh has nutrition objectives and quantified targets on key nutrition indicators
- The 3N strategic plan in Niger includes a significant nutrition component.
- Both plans are costed and include a multisectoral approach to achieve nutrition outcomes.
- Multi-stakeholders nutrition groups are active in both countries, and participate to the design of nutritional policies and protocols.
- REACH is active in both countries.

- A nutrition task force led by the government is in place in Bangladesh.
- Effective advocacy on nutrition is apparent at country level as evidenced by the design process of national food and agriculture policies (e.g. 3N and NFPAP). While these plans were initiated with a strong focus on food production, food access and availability, nutrition has been included through the design, thanks to the lobby and support of the nutrition groups as well as individual stakeholders.

It is difficult to give credit to the SUN movement as such for this evolution, which was initiated before SUN was launched in 2010. This increased focus on nutrition is the result of events and processes (e.g. Lancet publications, food price crisis, World Food Summit, L'Aquila Initiative, High Level Task Force on food security (HLTF), Comprehensive Framework for Action (CFA), NGO and UN advocacy,...) that have been taking place in recent years. The establishment of the SUN is also an outcome of these processes.

The research has identified a number of common features of progress for Bangladesh and Niger on the SUN roadmap:

- Both countries have appointed government focal points for SUN.
- Both countries have seen the establishment of SUN CSO platforms over the past year.
- Both countries have donor conveners in place.

Beyond these institutional developments, the research has identified little added value so far of the SUN movement to the process of scaling up nutrition in the two countries. As seen in the case studies, the main concrete outcome seems to have been to encourage a number of activities such as audits, mappings, stocktaking and costing, though such activities were already taking place in both countries prior 2010.

A KEY VALUE FOR SUN: MAKE THE TWO ENDS MEET FOR THE FUTURE SCOPE OF NUTRITIONAL INTERVENTIONS

Whereas they are recognized for their achievements in the fight against undernutrition, Bangladesh and Niger come from two opposite ends when it comes to scaling-up nutrition interventions. Niger's rise has been mainly focused on scaling up the treatment of acute malnutrition, with very impressive results, involving an increase in coverage from a few thousands cases of acute malnutrition per year before 2004-2005 to 300,000 to 400,000 cases now. It is time to change gear and to start investing in other interventions while consolidating the national capacity to deliver treatment of acute malnutrition in an effective and sustainable manner. A key challenge remains on how to scale up all relevant nutritional interventions, whereas the treatment side is already very demanding and burdening the health system¹¹⁹.

Bangladesh has been running large scale nutritional programmes since 1996, involving a range of different activities¹²⁰. The most notable progress in the country has been related to behaviour changes, with an impressive increase in the level of exclusive breastfeeding among children under six months, from 43 percent in 2007 to 64 percent in 2011¹²¹. Other specific programmes have recorded positive results, including the expanded programme on immunization and vitamin A supplementation¹²². Whereas wasting has remained nearly constant in recent years at around 16 percent, the major achievements of Bangladesh have been a reduction in stunting from 51 percent in 2004 to 41 percent of children under five in 2011. The level of underweight has declined from 43 to 36 percent during the same period¹²³. New plans for nutrition - involving some recent lively debates¹²⁴ - include the treatment of acute malnutrition, which appear as a major

119 - Renforcement de la nutrition au Niger – Scaling Up Nutrition (SUN), Note Conceptuelle, Groupe Thématique Nutrition, June 2012

120 - Hossain S.M.M., Duffield A., Taylor A, An evaluation of the impact of a US\$60 million nutrition programme in Bangladesh, Health Policy and Planning, Health Policy and Planning; 20(1): 35-40 Q Oxford University Press.

121 - Bangladesh Demographic and Health Survey (BDHS), preliminary report, National Institute of Population Research and Training Dhaka, Bangladesh 2011

122 - Bangladesh Demographic and Health Survey (BDHS), preliminary report, National Institute of Population Research and Training Dhaka, Bangladesh 2011

123 - Demographic and Health Survey (BDHS), preliminary report, National Institute of Population Research and Training Dhaka, Bangladesh 2011, p 32.

124 - See Hasib, N.I., No to 'ready-to-use therapeutic food', bdnews24.com, May 1 2012.

challenge in a country where current wasting levels remain above emergency thresholds and would require treating every year millions of children under five suffering from acute malnutrition.

There is a clear need for investing in both treatment services and preventive interventions and for linking treatment and prevention as well as emergency responses and long term goals. To be successful, SUN will need to help build such bridges through the support to the development of adequate policies and strategies along with adequate human and financial resources.

Comparing the evolution of Bangladesh and Niger reveals how undernutrition is now considered in a much more comprehensive way than it has ever been. Looking at these two countries, it appears that the world is starting to recognize the imperative to tackle together the different but interconnected forms of undernutrition, as reflected in the 2008 Lancet's list of 13 interventions.

Putting or keeping stunting, underweight and wasting at the same level of political priorities for government, NGOs and international institutions represents certainly a first major achievement for the SUN movement.

PRIORITIZING NUTRITION REMAINS A MAJOR CHALLENGE DESPITE PROGRESS

Despite progress, both countries face a number of challenges to expand their nutritional interventions.

In Niger, the main on-going nutrition interventions are largely focused on treatment. They are largely implemented through an emergency set-up and still heavily rely on humanitarian donors and international actors. Despite a first time ever allocation of \$1 million budget line to nutrition in the national budget, and nutrition featuring as one of the 5 pillars of the 3N initiative, financing to nutrition remains far below the requirements.

In Bangladesh, previous large scale nutrition programmes established since 1996, never covered more than 25 percent of the population, with very little coverage in terms of treatment of acute malnutrition and many questions over their effectiveness¹²⁵. This large 170 million people country is now starting the implementation of an ambitious national nutritional programme, which will take time to phase up and will require a major reinforcement of the effectiveness and capacity of the health system.

Niger and Bangladesh have designed comprehensive plans for food and nutrition but for both countries, there is now a massive challenge on institutional capacity and financial resources to implement these plans. *"The SUN Roadmap envisages 3 to 5 years of intensive effort for Scaling Up Nutrition..."*¹²⁶ but putting these plans in place is not just about designing programmes, it is also about ensuring all the necessary investments in health and food systems, including institutions, mechanisms, staffing, human resource development and training, etc... To follow the tight timeline set by the SUN roadmap, massive national mobilization and international support is required and is still to come.

MORE CONFUSION THAN CONVICTION WITH SUN

In both countries, despite recent efforts of clarification by the SUN secretariat, there has been –and there is still– a significant level of confusion around what is to be expected from the SUN, the role of the initiative and around its articulation with REACH as well as with other national, regional and international initiatives¹²⁷. One and a half year after the launch of the SUN, a majority of stakeholders interviewed in June 2012 in both countries expressed this confusion as illustrated in the following selected lines:

125 - Hossain S.M.M., Duffield A., Taylor A, An evaluation of the impact of a US\$60 million nutrition programme in Bangladesh, *Health Policy and Planning, Health Policy and Planning*; 20(1): 35–40 Q Oxford University Press.

126 - A Roadmap for Scaling-Up Nutrition (SUN). September 2010, First Edition.

127 - REACH is backed by four UN organizations: UNICEF, FAO, WFP and WHO.

- *Initially, we wondered whether SUN was going to absorb the other initiatives* - NGO official.
- *We just don't know what we should expect from SUN* - Head of UN agency.
- *3N, REACH, SUN, we are lost with all these initiatives* - NGO official.
- *There is nothing concrete with SUN* - NGO official.
- *There is so much going on that adding new things may not be the best* - Donor representative.
- *We don't need to be told what to do, what we need is concrete action or support* - Head of UN agency.

In Niger, it is increasingly understood that REACH should facilitate and support multisectoral processes at national level whereas the SUN would be in charge of global advocacy on nutrition, that will ensure adequate funding for nutrition interventions and national investment plans. This is a vision generally shared by government officials in both countries who appear less concerned by the lack of clarity between the different initiatives and whose main expectation for the SUN relates to the mobilization of funding (this aspect will be discussed in more details in the following section).

The role of REACH in Niger, as outlined in the action plan published in April 2012¹²⁸ which includes a range of 6 activities follows closely the SUN roadmap. This role for REACH and the above division of labour seem to make sense but are not necessarily in line with some of the SUN key documents (no formal recognition of REACH) and activities (e.g. supporting the creation of national platforms or supporting M&E).

Questions are also raised over the articulation of SUN with several other global initiatives. For instance, the Acceleration Framework for Millennium Development Goal (MDGs) supported by UNDP, has produced analytical and programmatic work for the achievement of the MDGs¹²⁹. The Alliance Against Hunger and Malnutrition (AAHM), backed by WFP, FAO, IFAD and Biodiversity International, has been interestingly reactivated globally around the same time as the SUN movement was launched and is present in both countries¹³⁰. The similarity between the SUN framework for action and AAHM's policy framework is quite striking and raises questions over articulation and overlaps between these two UN-led initiatives¹³¹.

In West Africa, it is also unclear how the promotion of SUN at country level is articulated with the ongoing efforts to scale up investments and interventions that are taking place at regional level, where several regional institutions are supposed to play an important role in nutrition. This appears to be a critical point as 9 West African countries have adhered to the SUN, i.e. the majority of the countries in the region, also countries which are members of regional institutions¹³².

Some interviewees in West Africa also expressed mixed feelings about how the September 2011 SUN Progress Report has credited the SUN for some of the actions undertaken by different actors in the region, whereas SUN as a movement did not actually play a role in such actions. Questions were thus asked about the function of the SUN as an initiative that would monitor rather than stimulate or lead the scale up of nutrition interventions.

As regards the articulation between SUN and REACH, what appears to be badly needed in both countries is a local capacity to do facilitation on the different processes called for by the SUN. Even if government leadership is required, one may not expect governments or their focal points to deal with all the different stakeholders or manage all the different processes called for by the SUN.

Given its past experience in West Africa as well as in Bangladesh, REACH is recognized as having a strong relevance and potential in terms of facilitation. The facilitating role of REACH Bangladesh has been highly appreciated by several stakeholders, especially key donors, but seems to have been uneven –actually

128 - Description du programme REACH (Renewed Efforts Against Child Hunger) Plan d'action mis à jour , version d'avril 2012

129 - See for instance the Cadre d'accélération des OMD Sécurité alimentaire et nutritionnelle au Niger , Ministère du Plan, de l'Aménagement du Territoire et du Développement , Communautaire; Ministère de l'Agriculture ; et Système des Nations Unies au Niger. Décembre 2011.

130 - See Action Against Hunger and Malnutrition website, <http://www.theaahm.org/>.

131 - See Action Against Hunger and Malnutrition website, <http://www.theaahm.org/about-aahm/what-we-do/en/> and <http://www.fao.org/monitoringprogress/docs/IAAHstrategyfinal.pdf>

132 - Mousseau, F. Achieving regional integration: The key to success for the fight against hunger in West Africa, ACF International Network and the Oakland Institute, 2011, <http://www.oaklandinstitute.org/new-report-achieving-regional-integration-key-success-fight-against-hunger-west-africa>

reduced at some point- because of some UN internal matters. The choice of locating REACH Niger within the 3N Commission rather than within a UN agency or programme thus appears to be wise to prevent such UN turf tensions.

Lastly, it is noteworthy that at the global level, a significant amount of discussions has been taking place over the last two years about the respective role of and the articulation of the Standing Committee on Nutrition (SCN), SUN and REACH while questions at country level have focused more on the articulation between SUN and REACH. This contrast should encourage the relevant UN organizations involved to seek more coherence and formalize the links between the global level and what is happening in countries with these different mechanisms and initiatives.

LITTLE IMPACT IN TERMS OF DONOR ALIGNMENT AND INCREASE IN FINANCING FOR NUTRITION

■ The Challenges of alignment

Both Niger and Bangladesh face important challenges for the alignment of funding on nutrition that SUN is calling for. A first difficult question that both countries are faced with is how to ensure donor alignment on nutrition while donors have already aligned their efforts on health in both countries, as well as on the management and prevention of food crises in the case of Niger.

In Bangladesh, the pool fund for health has been in place for a number of years now, involving seven donors and a significant amount of funding to the national health and nutrition plan. The establishment of a large donor “pool fund” has contributed to improved working relationships between the government and its development partners. This relationship and the pool fund itself represent an asset at the time the GoB is starting a new health programme with the HNPS 2011-2016.

In Niger, a pool fund for the financing of the health system has also been established in recent years and is attracting an increasing number of donors. In addition, significant efforts have focused since 2005 on donor coordination and convergence in support to the Dispositif for the Prevention and the Management of Food Crises (DNP-GCA), with the management of a Fonds Commun des Donateurs (Joint Donor Fund).

In both countries, the designated ‘donor conveners’ are playing an important role but seem to emphasize the integration of the SUN roadmap in their respective activities rather than actually convene other donors to the SUN agenda.

■ Strong Expectations on resource mobilization

Once stock-taking has been conducted and national plans have been prepared, the third stage of country participation described in the SUN Roadmap concerns the increase in financing for the Scale-up. “The SUN Roadmap has the ambitious target of ensuring harmonized increases in the resources available to at least 25 countries so that they can undertake stocktaking, build capacity and scale up action for nutrition - by the end of 2015.”¹³³


The Roadmap thus reiterates the path envisaged by the L’Aquila Food Security Initiative (see below), through which donor countries requested governments to design national plans and made the commitment to provide financial and technical assistance in support to these plans once done.

“L’Aquila” Joint Statement on Global Food Security - L’Aquila Food Security Initiative¹³⁴.

“... we will partner with vulnerable countries and regions to help them develop and implement their own

133 - A Roadmap for Scaling-Up Nutrition (SUN). September 2010, First Edition, p 9

134 - G8 L’Aquila 10 July 2009.



food security strategies, and together substantially increase sustained commitments of financial and technical assistance to invest in those strategies. Our action will be characterized by a comprehensive approach to food security, effective coordination, support for country-owned processes...”

At country level, the SUN has thus reinforced the expectations created by the *L’Aquila Food Security Initiative*. While visiting Niger early 2012, David Nabarro, the Special Representative of the UN Secretary General for Food Security and Nutrition - who leads the SUN initiative at the Global Level – confirmed in public statements that the SUN will help raise badly needed financial resources.

Both Niger and Bangladesh governments have worked in recent years to put in place the national plans, which include nutritional targets, objectives and activities, through sometimes very thorough and participative processes involving hundreds of stakeholders and administration personnel. The expectations that resources from international assistance should follow are therefore logically to be expected, especially given that in both countries, governments have already started spending on their national budget for the implementation of these plans.

In both Bangladesh and Niger, the actual implementation of the national plans designed for the periods 2011-2016 & 2012-2016 respectively had however barely started mid-2012, which represents a source of worry for some government officials met during the research. In Niger, the Government states that it can only finance about 20% of the financial requirement for the 3N initiative and has expectations that SUN can help the organization of and the mobilization of donors around a round table for the initiative that could secure the additional resources needed.

READING THE SUN ROADMAP PROVES TO BE DIFFICULT AT COUNTRY LEVEL

■ What platform do we need?

“This Roadmap anticipates that there will be (a), multi-stakeholder platforms within countries participating in the effort to Scale Up Nutrition, and that they will become increasingly important as a means to ensure joint efforts and a shared responsibility for results...”¹³⁵

The SUN Global Network encourages the creation of inclusive fora to ensure joint efforts at country level but is not as directive in terms of numbers and nature of the national platforms to be created or strengthened. It has supported the establishment of a SUN CSO platform at country level but there is no plan to reproduce at the national level the model that has been developed globally, where 5 taskforces / networks are expected to be in place: civil society, donor, UN, business and knowledge.

This is not happening and if a SUN CSO platform has clearly a relevance to strengthen advocacy for nutrition, there is no clear evidence that others are needed, especially since many mechanisms are already in place, such as the donor consortiums or coordination bodies, as seen in Bangladesh and Niger.

Whereas the Roadmap calls for the establishment of a multistakeholder platform to scale-up nutrition at country level¹³⁶, questions may be asked on the purpose and the relevance of such a recommendation when a number of platforms and mechanisms are already in place in Bangladesh and Niger, with often heavy challenges to meet (around mandates, role, leadership, relationship between these platforms and local institutions, etc...).

Before setting up a multistakeholder platform, some complex issues may have to be sorted out such as for instance the role and responsibility of the different stakeholders in the implementation of the SUN roadmap; the articulation of nutrition between the health and the food/agriculture sectors; the need to move beyond the relief / short term orientation of existing mechanisms in Niger; the role of the nutrition groups,...

135 - A Roadmap for Scaling-Up Nutrition (SUN). September 2010, First Edition, p 4.

136 - SUN Movement Processes – May to September 2012, Note from the SUN Movement Secretariat – May 14 2012, p 3

The approach at country level requires pragmatism and should be based on an assessment of the existing institutions, groups and processes in order to identify what collective actions and interactions are needed and what the capacity of the different stakeholders is to participate to which processes.

■ Who does what?

A factor of confusion with the SUN comes from the fact that the SUN Roadmap spells out a number of actions and activities to be conducted at both global and national level with no clarity on who will undertake such activities. For instance, it states that it encourages *“monitoring and reporting on progress and for evaluating outcomes”*, *“promotes the sharing of experiences and results as a contribution to effective capacity building”* and *“stimulates applied research so as to increase access to knowledge, standards and harmonized policies for Scaling Up Nutrition”*.

However, though the Roadmap states that participants are expected to ensure that the roles of different supporting partners are clearly identified and agreed¹³⁷, this is not happening in any of the two countries, with no clarity on the who is doing what at country level in relation to the SUN Roadmap. It has been repeated that the SUN is a movement and that action should be country-driven, nevertheless this seems to be a major flaw of the initiative at country level.

This situation is surprising given the wide membership of the movement, and the significant amount of capacity and expertise that have come together under the SUN banner, with over 100 organizations that have endorsed the SUN Framework for Action. Clarifying the roles and responsibilities of different actors, especially specialized UN organizations, should not be too difficult in theory given many are already involved in different ways in activities that relate to SUN. In practice, such coordination may be challenging because of the individual agendas of the different agencies involved and common turf issues between international organizations. Guidance from the SUN Secretariat on the leadership arrangements and role of different stakeholders in undertaking such activities seems therefore to be needed.

THE ESTABLISHMENT OF THE SUN CSO PLATFORM

One of the few palpable outcomes of the SUN at country level is the establishment over the past year of SUN-dedicated CSO platforms for advocacy on nutrition with over 50 members in Bangladesh and 18 in Niger. Both SUN CS platforms started emerging mid-2011 under the impulsion of the SUN Global CS Network, which has been led by several international NGOs active in nutrition. The availability of financial resources for national CS platforms led NGOs in both countries to develop a concept note for their future advocacy activities and to establish a governance structure for the Platform. Once fully established, both platforms should be governed by a Secretariat or Board and are expected to recruit staff.

■ Membership

In both countries, the majority of members and all the leadership of the newly created CS platforms are ‘service provider’ organizations, i.e. local or international organizations involved in the delivery of nutrition or nutrition related programmes for communities. Professional organizations, right based organizations and community based groups representing the local population through their mandate or membership are poorly represented in the platforms. This research found an overall consensus among interviewees that it would be important to broaden the scope of the CSO platform, with a broader membership and a larger capacity to reach out to members of professional organizations and grassroots groups.



■ Governance

Some serious conflicts have appeared in Bangladesh around the governance system and the election of a secretariat for the platform in a context where funding is expected to come from the SUN Global CS Network. Having two distinct SUN CSO platforms in Bangladesh is not sustainable and can jeopardize the credibility of CSOs as key stakeholders in the country. It is therefore hoped that solutions can be found to overcome current difficulties there, which may require to address some of the underlying causes of recent conflicts.

A key difference between the CSO platform in Bangladesh and the one in Niger relates to the vision that members have of its spirit, with in Bangladesh a tendency to see the platform as a funding mechanism, and the understanding that NGOs will have to ‘bid’ –i.e. present project proposals- to get funding and run elements of the advocacy project. In Niger, members see generally more the platform as a body that will work on their behalf and the understanding that the platform will seek organizations, members or not, to deliver certain activities. This latter vision for the CSO platform seems far more in line with the collaborative spirit of the SUN, and less likely to result in competition and conflict. It must be however kept in mind that the risks of such competition and conflict will remain regardless of the set-up and modus operandi, and governance arrangements must acknowledge such risks from the beginning by setting up adequate conflict resolution mechanisms.

■ Scope of advocacy

“SUN has a key role to play to keep national commitments up whatever happens with the government”.

NGO representative, Dhaka June 2012

CSOs in both countries believe they have a key role to play to ensure that commitments made by the government and donors are translated into adequate spending and interventions. A set of activities has been agreed upon by the members and formalized in a logical framework. Activities include research, popular education and mobilization, monitoring of government expenditures, coordination and advocacy / lobbying activities. Such an advocacy role seems highly relevant to ensure that nutrition remains on the political agenda, regardless of the change of government or national and international context.

Even if they can produce their own research, CSOs will need to have access to relevant information as well as to high level meetings and coordination mechanisms so that they can fully play this watchdog role. The constitution of the platform should help in this field as it will make it possible for them to be formally represented in different meetings and for a rather than being picked-up individually, which resulted in some problems in the past.

It has been argued by some NGOs that broadening the scope and the membership of the CSO platforms could allow the expansion of advocacy from nutrition interventions and financing to integrate policy, rights and power issues, which are seen by many as important factors of undernutrition, often overlooked in both countries.

Right based organizations, including members of the platform, feel that given its membership and leadership, the CSO platform is intended to bring nutrition ‘service providers’ together for advocacy around a health and nutrition agenda rather than addressing the underlying issues of rights, social and gender marginalization and power inequalities. Some consider that such issues may be better addressed outside of the SUN, through other networks such as the Alliance Against Hunger and Malnutrition¹³⁸.

If the ultimate goal of the platform is to reduce undernutrition, further reflection over the scope of the

138 - Action Against Hunger and Malnutrition website, <http://www.theaahm.org/>, accessed June 26 2012.

advocacy may be required in order to determine whether the CSO platform should conduct advocacy on such important underlying factors of undernutrition. Issues such as access to land and credit for farmers, sharecroppers and landless, corruption and mismanagement of public resources and also gender inequalities are for instance seen as critical if one wants to address hunger in Bangladesh¹³⁹.

Furthermore, the SUN roadmap calls for “community-based and national movements for nutrition that bring together different stakeholders and align their efforts” in order to sustain the involvement of multiple actors. It also hopes that “wherever possible, movements will be anchored in communities”¹⁴⁰. Some organizations believe, in line with the roadmap, that the CSO platform should seek to inform and empower communities so that they know more about nutrition and can claim good nutrition as a right. However, triggering the mobilization of people at community level will be challenging if the group mainly involve such ‘service providers’ rather than grassroots and professional organizations.

The fact that the social mobilization is called for by a global movement and rather international actors casts doubts about the potential for such mobilization to take place. Some observers thus ask how realistic it is that a top-down initiative effectively triggers community based mobilization.

DETERMINING WHAT A MULTISECTORAL APPROACH LOOKS LIKE

SUN's goal is to reduce the prevalence of the different forms of undernutrition. The approach taken is to scale-up a set of direct interventions – as recommended by the Lancet Series of 2008 – as well as indirect, so-called ‘nutrition sensitive’ interventions.

The SUN Framework for Action suggests that these ‘nutrition sensitive’ interventions could take place in agriculture/food security, health and social protection¹⁴¹ but leaves actors at country level with the task of defining what such an approach should look like, which is proving to be difficult in Bangladesh and Niger.

■ Nutrition sensitive interventions

Growing importance of nutrition sensitive approaches was observed in both countries, including in safety net programmes and drinking water projects which involved communication and education on Essential Family Practices and behaviour changes. While mainstreaming nutrition this way may be positive, it is unclear how effective such activities can be to achieve concrete nutritional outcomes. In Niger, the short term approach to nutrition limits significantly the potential for a multisectoral approach to take place.

The promotion of homegardens was often cited in literature as well as in interviews as a good example of integration of nutrition in agriculture. Yet, if such programmes have certainly a potential for positive outcomes, they can't constitute the main entry point for nutrition in agriculture as they don't address some of the major problems affecting agriculture in Niger and Bangladesh, including the lack of access to market, to land, to credit, the volatility of agricultural markets, the lack of access to improved and diversified seeds, etc.. Supporting home-gardens should be part of a broader strategy that ensures adequate policy measures and investment to protect and support the livelihoods of producers. Several actors in both countries, particularly in Bangladesh, believe that the impact of such interventions will be limited as long as the root causes of hunger and poverty in the country are not addressed, such as issues of power and gender inequalities, marginalization and exploitation of certain populations, etc..

A positive example of shift towards more nutrition sensitive policy thinking is found in the National Food Policy

139 - Ahmed, A. et al., Policy Perspectives of the Country Investment Plan for Food and Nutrition Security in Bangladesh, International Food Policy Research Institute, March 2011

140 - A Roadmap for Scaling-Up Nutrition (SUN), September 2010, First Edition, p 13

141 - Scaling Up Nutrition: A Framework for Action (SUN), April 2011.



in Bangladesh, in which the emphasis has shifted from self-sufficiency in rice to diversification (the reduction in the share of rice in household food consumption is one of the indicators used to monitor the National Food Policy Action Plan). The direct subsidized distribution of fertilizers is thus increasingly questioned as having some negative impacts which should be addressed, such as diversion of budget resources away from potential investments towards subsidies and distraction of extension agents who spend large amounts of time monitoring the distribution process at the expense of technical work.

■ **Coordinating multisectoral approach**

There are attempts in both countries to put in place interministerial committees that can ensure a multisectoral approach. Having a single place to lead nutrition and nutrition sensitive interventions may prove difficult to achieve. It is feared for instance that if the Food and Disaster Management Ministry in Bangladesh leads on nutrition, nutrition may be marginalized by other issues with higher political stakes such as food prices, management of national food stocks, subsidies, ... On the other hand, if the lead is in the Ministry of Health, the efforts might concentrate on the health and nutrition sector and overlook major factors of undernutrition, related to the availability and access to food and income.

Policy documents and interviewees mention coordination meetings and committees bringing together all the relevant ministries. However, it is unclear what exactly coordination can do when looking at a multisectoral approach to nutrition. What may be more needed than coordination is an overarching policy orientation that put nutrition as a priority for all relevant sectors and ministries. The need is thus for a high level, presidential or Prime Minister authority, which can set the orientations and priorities for the country, so that each ministry and sector can develop nutrition sensitive interventions and policies.

WHAT ROLE FOR THE PRIVATE SECTOR?

There is controversy globally over the role that the private sector should be playing within the SUN and over the nature of its involvement. Some actors¹⁴² see the private sector as rather multinational companies which can support nutrition through either their social responsibility spending or through the development and marketing of nutrition products (e.g. sprinkles). A number of NGOs are concerned that the involvement of corporations may negatively influence policy making around nutrition, prioritizing business opportunities and profits for them over the choice of the most effective responses at country level.

These fears are further exacerbated by the historical strong responsibility of multinationals in the promotion of infant formula, which have undermined adequate breastfeeding practices. As seen in Bangladesh, they are now fuelling the concerns towards imported nutritional products such as RUTF¹⁴³.

No private sector platform has been setup in any of the two countries studied. The relevance of such platform at country level was questioned by several stakeholders who believe that ad hoc alliances or working groups involving the private sector are more appropriate. According to UNICEF¹⁴⁴, an effective model is the Fortification Alliances set-up in a number of countries, including Niger, where it is led by the Ministry of Industries, and involves the Direction of Nutrition of the Ministry of Health, UNICEF, Hellen Keller International –a NGO- as well as businesses. There is a potential for formal or informal alliances that could be created for other nutrition interventions, for instance on the local production of therapeutic or supplementary food, which could also involve agricultural players such as farmer organizations and cooperatives, the Ministry of Agriculture, the FAO and specialized NGOs.

Some interviewees observe that the private sector involvement should not be considered with the

142 - Direct communications by NGO representatives in Niger; see also *Tracking Progress on Child and Maternal Nutrition*, UNICEF 2009.

143 - See www.bdnews24.com/details.php?id=223623&cid=13, accessed June 14 2012.

144 - Direct communication UNICEF Niamey, June 2012.

assumption that private sector equals multinationals. Private sector involvement can be sought to meet identified needs and gaps while governments' leadership is required to guide and frame the involvement of private companies in order to ensure such involvement is of public interest. It is also observed that farmers and their organizations should be considered as key private sector actors. They can produce food for nutrition interventions but also be relied on for more integrated programming on the model of the WFP's Purchase for Progress programme and the Brazilian model of procurement of food from small farmers for schools and other public services.

Given the particularities of the West African region, which include limited industrial development in countries like Niger, significant intraregional commercial flows and several active regional organizations¹⁴⁵, the involvement of the private sector for nutrition in Niger shall be approached at the regional level, as it has been done on recent efforts on fortification.

MONITORING NATIONAL PLANS AND TRACKING NUTRITION SPENDING

In both countries, national plans for food and nutrition have set nutritional objectives and quantified targets, which can be monitored in the coming years.

Both SUN CSO platforms are planning some forms of budget tracking in order to monitor spending by governments and donors on nutrition. Such tracking is essential to ensure adequate spending and that plans are actually implemented. However, ACF's own experience¹⁴⁶ has showed that such tracking is highly complex and difficult to undertake, especially for CSOs which don't necessarily have the skills and a timely access to the information required to perform adequate tracking. Moreover, in order to be effective, such monitoring has to inform decision makers in real time, and must be conducted on an on-going basis rather than through ex-post one-off assessments.

While the identification of specific allocations for nutrition within broader budgets for agriculture, health and social protection remains a challenge¹⁴⁷, monitoring the implementation of national plans is essential, even when such plans are broader than nutrition. This research has showed that technical support provided to governments such as FAO's assistance to FPMU in Bangladesh through the National Food Policy Capacity Strengthening Programme (NFPCSP), funded by USAID and involving experts 'embedded' into a national ministry, may be a good option for both financial tracking and monitoring of progress in the implementation of national plans and achievement of their objectives.

The technical assistance of UN specialized agencies or the World Bank could be thus sought by the SUN movement to formally undertake this tracking and monitoring activity on a permanent basis for SUN countries. In addition to tracking governments' spending, such an endeavour should also seek to monitor international assistance, identify gaps and priorities on the model used by OCHA for its financial tracking of humanitarian funding.

Such tracking would greatly increase transparency and visibility on nutrition spending. It would help to identify gaps and bottlenecks, help adjust programme and investment priorities, help fundraising and allow sustaining political will by monitoring realizations against commitments. This could be a very concrete function of the SUN in the future.

The SUN Country network has started recently to provide a forum for SUN country focal points to share their experiences from a national perspective and indicate specific support needs. Co-facilitated by the

145 - Mousseau, F. Achieving regional integration: The key to success for the fight against hunger in West Africa, ACF International Network and the Oakland Institute, 2011, <http://www.oaklandinstitute.org/new-report-achieving-regional-integration-key-success-fight-against-hunger-west-africa>

146 - Aid for Nutrition, Can investments to scale up nutrition actions be accurately tracked? ACF International 2012

147 - SUN movement lead group strategy development: Thematic task teams, SUN Secretariat, May 14 2012, p 7



Executive Secretary of the UNSCN Secretariat, the Coordinator of REACH and SUN Movement Coordinator, the network meets through regular (six-weekly) teleconferences, organized along regional and linguistic lines. The main goal of the calls is to share experience with scaling up nutrition and to report on progress in setting up different elements of the Roadmap. However, it is unclear how realistic it is for the objective of inter-country learning to be achieved through these calls given the modalities of the exchange and the main use of the network so far seems to be rather to ensure a sort of reporting line between country focal points and the SUN Secretariat.

WHO IS ACCOUNTABLE FOR SUN?

The SUN roadmap states that “accountability for actions to improve nutrition rests with Governments, and *is held jointly by three intergovernmental bodies* – the Committee on World Food Security (CFS), the World Health Assembly (WHA) and the Economic and Social Council (ECOSOC) of the United Nations General Assembly.”¹⁴⁸

It is unclear how three global and intergovernmental bodies can effectively ensure accountability for actions to scale-up nutrition at country level. If the accountability for scaling up nutrition rests therefore mainly with governments, international partners, i.e. donors and international organizations, must bear also some level of responsibility in the delivery of adequate action. After all, the SUN constitutes a form of contract between national governments and these international players, in which the former are asked to deliver on a number of actions (stocktaking, preparation and implementation of a plan,...) whereas the latter are expected to provide financial and technical support to help this delivery. Having committed to the SUN should therefore tie donor governments to deliver on their past aid commitments, to make new ones, and to ensure a full transparency on their delivery.

The multistakeholder composition of the SUN, and its label as a ‘movement’, is a source of concern when it comes to the questions of accountability and responsibility of all those who are part of the movement in ensuring their share in the delivery of the objectives of the SUN. Joining the SUN movement should come with responsibilities or one bears the risk that organizations and governments appear as members while not contributing significantly or adequately to the required efforts. It is hoped that the upcoming strategy for the movement will propose an accountability framework with performance indicators to monitor the progress of the movement.


CONCLUSION

28 countries have now joined the SUN movement, which is a first major achievement for the initiative. This success of the initiative makes its goal even more challenging given the major efforts required by all stakeholders committed to participate to and support the scale up.

Launched against the background of many previous global initiatives that have failed to bring durable solutions to the problem, SUN was conceived with the ambitious objective of quick and concrete results. The SUN roadmap thus anticipated “that donors will intensify and better align support for rapid scaling up of nutrition-focused activities in at least 8 countries by the end of 2011.”¹⁴⁹ The plan for the SUN Movement was initially an intensification of efforts in nutrition over three to four years. Half way through this timeline the task remains tremendous to effectively scale-up and have an impact. The hope for quick results may be fading away given institutional processes and capacity building take time, whereas funding and technical assistance still don’t come as swiftly as required.

A major opportunity remains however today to make the best use of the momentum created by the SUN movement. SUN can play a key role to keep or push nutrition at the top of the political agenda. It can be critical to ensure that the different dimensions of undernutrition are addressed all together, putting stunting, underweight and wasting at the same level of priorities for all stakeholders. Furthermore, bringing together dozens of organizations, governments and donors, including all the major international institutions involved in the fight against hunger and undernutrition, the movement has the potential to make change happen in the way international organizations and donors conceive their role in this fight.

Because it constitutes a commitment, SUN can be used by all stakeholders to guide policies, investments and interventions and hold each other accountable on the way they keep nutrition, in all its dimensions, as a priority in their activities and resource allocations. Recognizing that country leadership and ownership is paramount for an effective scale-up of nutrition, SUN is nevertheless a movement that involves a collection of different countries and stakeholders, who all have an individual responsibility to contribute to the achievement



of this goal. Furthermore, many countries, in particular the poorest, with heavy dependency on international assistance such as Niger, will rely on international support to effectively scale up nutrition.

SUN is essentially a way of working that brings together multiple partners from across sectors and governments with a view to collectively delivering outcomes that could not be achieved individually. [...]

SUN is country led and that SUN countries themselves are ultimately responsible for ensuring the SUN approach is implemented. I would also use the term Movement rather than Initiative when referring to SUN

Direct communication SUN Secretariat August 01, 2012.

By labelling SUN as a movement, or even a ‘way of working’¹⁵⁰ and highlighting this leadership role of national governments, donors and international organizations should not escape their own responsibility in ensuring the success of the initiative. Assuming this responsibility should encompass a range of very concrete actions that include increasing funding and technical assistance as well as true convergence of the activities of international organizations.

By learning from the experience of countries like Bangladesh and Niger over the past two years, the September 2012 SUN Movement meeting should be the time to make the necessary adjustments in the movement in order to make sure that it can demonstrate actual results and to keep the faith in and credibility of both the movement and the cause. The decision taken in May 2012 to prepare a SUN Movement Strategy (which will also serve as a revised SUN Roadmap) in advance of the September meeting is timely to provide all stakeholders with guidance and enhance their coordination¹⁵¹.

150 - Direct communication SUN Secretariat August 01, 2012.

151 - SUN movement lead group strategy development: Thematic task teams, SUN Secretariat, May 14 2012.

RECOMMENDATIONS

The following points present seven recommendations that can be drawn in advance of the meeting and may be used in the preparation of the new SUN strategy.

1. The SUN must deliver at country level

The SUN roadmap recommends the implementation of a number of activities such as planning, learning, research, monitoring or financial tracking. It suggests that governments and/or multi-stakeholder platforms would ensure the coordination for these activities but research shows the need for more voluntarism and method to support, organize, coordinate and finance such activities.

- Given the confusion observed at country level, the Secretariat should learn from recent experiences to determine or clarify in the forthcoming strategy what the movement and its different components do or will do in the future.
- The Secretariat should also give more targeted guidance to governments and other stakeholders on coordination arrangements related to nutrition, including on the role of various international agencies in the implementation of the different components of the roadmap.
- As seen in Bangladesh and Niger, international support is required to allow focal points and government bodies leading the scale up to effectively perform tasks such as coordination, monitoring and reporting. This can for instance involve the set up of monitoring units, with technical assistants provided to governments, as seen in Bangladesh, the set-up of facilitators as seen with REACH in both countries, or a more active role of donor conveners to effectively convene and help on alignment.
- The Secretariat should play a facilitation role to ensure that all stakeholders play their role in the implementation of these tasks (funding, technical assistance, direct implementation,...), while avoiding gaps, overlaps and duplication of efforts.
- Members of the SUN, including NGOs, UN organizations and donors need to move from a sometimes passive posture towards the SUN at country level to a more active one, taking ownership and responsibility of the elements of the SUN roadmap on which they can contribute.
- As of June 2012, many key actors at country level have received little communication or guidance in reference to their involvement as part of the SUN movement. If they are truly committed to this collective effort, headquarters of the various stakeholders involved, including UN bodies, must provide this guidance and resources to this end.

2. Clarifying and formalizing the articulation between SUN and other international initiatives

The research shows the level of confusion prevailing at country level and the risks for duplication and overlaps between the different global initiatives related to nutrition. Overall, while it is calling for countries to put in place coherent and comprehensive action plans, the SUN should also ensure that convergence and alignment are priorities for the UN and other international efforts, whether they are initiatives (e.g. SUN, REACH, AAHM, CAPs, MDG acceleration, ...) or activities of individual organizations.

- The members of SUN, especially UN organizations, who are also backing other initiatives should ensure convergence and coordination with SUN. The current addition of initiatives is a source of confusion and duplication, which undermines their potential to catalyse energies and resources around their common goal.

- Whereas the UN Secretary General, Mr Ban Ki-moon appears highly committed to the SUN¹⁵², he should be responsible for ensuring the convergence and the effectiveness of international efforts in the fight against undernutrition. The head of the UN should use his influence on the different UN organizations to prevent the proliferation of global, UN-led initiatives and to ensure existing ones are well articulated and not redundant.
- Country research shows that facilitation of country processes is a critical task to ensure a coordinated and adequate participation of all stakeholders as well as a truly multisectoral approach to nutrition. Such facilitation is also key to ensure that the SUN government focal point is not overburdened with coordination and facilitation activities. REACH seems to be recognized as an adequate mechanism for coordination and facilitation. It is critical for REACH and SUN Secretariats to formalize the relationship between the two initiatives.
- The promotion of SUN at country level should not undermine ongoing efforts to scale up investments and interventions that are taking place at regional level, particularly in West Africa, where several regional institutions have an active role to play in the scale up of nutrition. Donors, governments and international organisations must thus ensure their investments are taking place adequately at both levels and in a consistent way.

3. Making CSO platforms effective and operational

SUN CSO platforms are now in place and can play a key role in pushing the nutrition agenda forward as well as in holding Governments in SUN countries and donor countries accountable for the realization of their commitment to SUN.

Such CSO advocacy seems highly relevant to ensure that nutrition remains on the political agenda, regardless of the change of government or national and international context.

- Continuous donor support and active participation of all concerned NGOs, including international organizations such as ACF, are essential for such platforms to play their role. The rapid disbursement of the expected donor funding is critical to start the recruitment of staff and kick-start the activities of the platforms.
- If the ultimate goal of the platforms is to reduce undernutrition, the scope of the advocacy should logically include the underlying factors of undernutrition and not just direct and 'nutrition sensitive' interventions. It is critical that current members of the SUN CS platforms thus ensure that membership and participation are broadened to all relevant CSOs and not just 'service providers'.
- In the light of the problems seen in Bangladesh, CSO members must consider the platform primarily as a catalyst for joint advocacy efforts rather than a source of funding for individual advocacy projects. Beyond the expected donor funding, members should consider the mutualisation of resources through regular contributions by individual organizations. This would build the sustainability of the platform and help to create a spirit of collective action.
- Making CSO effective and operational means also to allow them a voice and give them enough space to play their role. This requires to open access to CSOs to high level policy dialogue and coordination mechanisms.

¹⁵² - See Message from Ban Ki-moon- September 2011 at <http://www.scalingupnutrition.org/message-from-ban-ki-moon-september-2011/>, accessed July 12 2012

4. Clarifying plans on platforms

Findings of the research question the relevance and added value of multistakeholder platforms, which creation is encouraged by the SUN Secretariat¹⁵³. The priority at country level should be rather to assess existing institutions, groups and processes in order to identify what collective actions and interactions are needed and what the capacity of the different stakeholders is to participate to which processes.

National facilitators (e.g. REACH facilitator in Niger) and Government focal points for SUN should take leadership in conducting such an assessment and defining what new coordination mechanisms are needed, if any, and what adjustments are required in existing mechanisms.

5. Defining what 'nutrition-sensitive' interventions should look like

Determining what a multisectoral approach and effective 'nutrition sensitive' interventions should be is proving to be difficult at country level, which has led to calls for more efforts on evidence building to help determining what effective 'nutrition sensitive' interventions should be.


- All relevant stakeholders including NGOs and UN organizations should take part of this evidence building in a more systematic manner and identify through research and programme monitoring ways to help move towards concrete guidance for investments, policies and activities in the different sectors. Individual NGO programmes in various sectors (agriculture, health, wash, etc...) should thus be monitored against their nutritional outcomes and such monitoring be used to guide policies and interventions by others.
- Nutrition surveillance conducted by NGOs and Governments should include indicators and data allowing to target and guide effectively 'nutrition sensitive' interventions and policies. For instance, if undernutrition primarily affect landless populations in certain districts of Bangladesh, improving access to land or the conditions of sharecropping may be more effective interventions than promoting home gardens.

6. Meeting the expectations created around the mobilization of resources

- Strong expectations have been created that SUN will help mobilize resources at country level. The SUN needs to be translated into concrete steps to support the mobilization of resources for scaling up nutrition at country level.
- The newly created lead group¹⁵⁴, the Secretariat as well as the different platforms could undertake a number of activities for this purpose including the active lobbying of donor countries for additional funding, the organization of donor roundtables, monitoring and tracking of donor and government funding as well as the identification and the promotion of alternative financing for nutrition (e.g. air travel tax, tax on financial transactions,...).
- Pool or joint funds have proven their advantages at country level, including reducing transaction costs and administrative burdens for governments. Donors and governments should consider expanding such mechanisms in support of national plans. Multiyear joint donor funds for nutrition at country level would improve the convergence and effectiveness of international funding and be critical to the effective implementation of national plans.
- In Niger, scaling up nutrition requires a shift from the short term management of food crises to

153 - See SUN Movement Processes – May to September 2012 – May 14 2012, p3

154 - See SUN movement lead group strategy development: Thematic task teams, SUN Secretariat, May 14 2012, <http://www.scalingupnutrition.org/wp-content/uploads/2012/05/12-05-14-Movement-Lead-Group-Strategy-Development-and-Thematic-Areas-Final-FR.pdf>



the broader nutrition agenda. More and more predictable / long term funding is required from external donors for such a shift to take place.

7. Monitoring, evaluation and Accountability

- The SUN Movement must ensure that adequate monitoring and budget tracking for nutrition are taking place to increase transparency on nutrition spending.
- It is expected that the upcoming strategy for the movement will propose an accountability framework with performance indicators to monitor the progress of the movement. As currently happening in Bangladesh, donors and international organizations must ensure that adequate technical and financial assistance is provided at country level to perform effective monitoring.
- National focal points, with the help of the SUN Secretariat when required, should seek and organize the technical assistance of UN specialized agencies or the World Bank to formally undertake tracking and monitoring activity on a permanent basis.
- CSOs must hold governments in SUN countries as well as in donor countries accountable for the realization of their commitment to SUN. Governments' commitment must involve not only increase in financing towards nutrition but also substantial efforts to be more accountable and transparent as regards their spending on nutrition financing.
- In order to be truly accountable, national governments should make necessary information available over activities, spending and progress in scaling up nutrition. They should also create space and mechanisms to enhance the monitoring and watchdog role of Civil Society Organizations and national parliaments. As an independent body dedicated to SUN, a key task for the SUN SCO platform should be to play this watchdog role.

Persons interviewed (May-July 2012)

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