



STOP stunting

Improving Young Children's
Diets in South Asia

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CONFERENCE REPORT



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Foreword

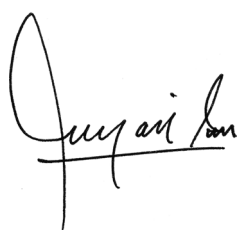
In September 2019, the Regional Conference on **Stop Stunting | Improving Young Children's Diets in South Asia** brought together the Member States of South Asian Association for Regional Cooperation (SAARC) to discuss and agree on actions to accelerate improvements in the diets and feeding practices of young children in South Asia.

What, when and how children eat is more important during the first two years than any other time in life. Children who are fed the right foods in the right way and at the right time in their development are more likely to survive, grow and develop to their full potential. They are better equipped to thrive – even when faced with disease, crisis or disaster.

Yet, throughout South Asia, most young children have diets that are insufficient to meet their needs for healthy growth and development. We know this because four out of five children consume diets that contain too few food groups and three out of five are given too few meals per day. We see the impact of these poor diets in the shocking nutritional statistics from the region: half the world's wasted children and 40 percent of the world's stunted children live in South Asia. At the same time, unhealthy processed foods and beverages are entering the diets of young children with alarming frequency. The lifelong consequences of these poor diets on young children for brain development, learning and productivity are considerable.

The most vulnerable families in the region face many challenges to feed their children. Too few families have access to information and counselling from trained professionals on how best to feed their young children. Even when these services exist, young first-time mothers often have little influence within their families and are powerless to act on the advice they receive from health professionals unless elder family members agree. Poor parents lack income to purchase the foods they are told will best nourish their infants. And unsafe water, poor sanitation and hygiene expose infants to diseases that cause the loss of vital nutrients.

No single sector can shoulder the full responsibility to resolve these challenges. The Conference emphasized the need to involve a wide range of actors working across multiple systems – health, food, social protection and water, sanitation and hygiene (WASH) – to improve young children's diets in the region. The conference also highlighted examples of extraordinary success, innovations and lessons learned, as well as ongoing challenges in scaling up actions to improve diets. The Conference culminated in a “Call for Action”, which identifies key actions needed to pursue this important agenda with renewed vigour and focus. With concerted efforts from countries and their partners, these actions can help to improve the nutritional status of children across South Asia.



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Acronyms

FAO	Food and Agriculture Organization of the United Nations
FBDG	Food-based dietary guideline
GAIN	Global Alliance for Improved Nutrition
HKI	Helen Keller International
IYCF	Infant and young child feeding
LANSA	Leveraging Agriculture for Nutrition in South Asia
M&E	Monitoring and evaluation
MNP	Micronutrient powder
NCD	Non-communicable disease
NGO	Non-governmental organization
NI	Nutrition International
ROSA	Regional Office for South Asia
SAARC	South Asian Association for Regional Cooperation
SBCC	Social and behaviour change communication
SDG	Sustainable development goal
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
WHA	World Health Assembly
WFP	World Food Programme
WHO	World Health Organization

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Executive Summary

The SAARC Regional Action Framework on Nutrition recognizes the necessity of all countries in South Asia to invest in sustainable nutrition actions to prevent and treat all forms of malnutrition in children and women. Ending malnutrition is a key outcome in the 2030 Agenda for Sustainable Development. South Asian countries have endorsed the global targets of Sustainable Development Goal 2 (SDG 2) to end all forms of malnutrition by 2030, including achieving the internationally agreed targets on stunting, wasting and overweight in children under five years of age. Concerted efforts are underway across South Asia to accelerate actions against malnutrition. Despite these efforts, the region remains home to 40 per cent of the world's stunted children and more than half of the world's wasted children, while overweight is on the rise.

Analysis from South Asia demonstrates strong links between poor complementary feeding (CF) practices and both stunting and wasting in young children. The feeding practices of young children are characterized by the delayed introduction of complementary foods, insufficient feeding frequency and poor dietary diversity, with large disparities between and within countries. Only one in five South Asian children are fed a minimally diverse diet, and there is evidence that the consumption of unhealthy processed foods and beverages is an increasing threat to good nutrition in early life. Evidence and programme experience call for a multi-systems approach to enable infants and young children to access and consume nutritious, safe, affordable and sustainable diets.

The Regional Conference on **STOP STUNTING | Improving Young Children's Diets in South Asia** was organized by the South Asia Association for Regional Cooperation (SAARC) and UNICEF Regional Office for South Asia (ROSA) to identify actions needed to accelerate improvements in diets and feeding practices of young children in South Asia. It brought together over 100 participants, including government representatives from the eight SAARC countries together with researchers, UN partners, civil society organizations and other development partners from across South Asia to exchange regional analyses, expertise and experiences on improving diets and feeding practices of young children during the complementary feeding period.

The specific objectives of the Conference were to:

- Position a multi-systems approach to improving the diets and feeding practices of young children as critical for the growth and development of young children in South Asia.
- Share and discuss new evidence and guidance on improving the diets and feeding practices of young children, including lessons and better practices in the South Asia region.
- Identify critical actions to accelerate improvements in the diets and feeding practices of young children across the region across four key systems (health, food, social protection and water, sanitation and hygiene (WASH)).

During the three-day conference participants reviewed data on the status of complementary feeding practices, existing evidence on predictors and the drivers of young children's diets and examined the status of policies and programmes in the region. The participants shared global, regional, country experiences and perspectives on approaches, better practices, lessons learned, challenges and opportunities for improving young children's diets and feeding practices through strategic actions delivered through the health system, food system, WASH system and social protection system. In addition, participants provided input into the draft SAARC regional multi-system action frameworks for improving young children's diets which are currently under development, as well as identifying key priority country actions that would help accelerate progress in the short-term at country level. The Regional Conference highlighted the need for countries across South Asia to strengthen the policy environment and deliver programmes at scale to improve the diets of young children. The conference participants reviewed, discussed and agreed on a consolidated set of key messages and action points that need to be taken to accelerate progress in the region.

Key Messages

1. South Asia is home to the largest share of the world's stunted and wasted children. Malnutrition has immense consequences for children's ability to survive, grow and develop, for human capital, and for member states to achieve the SDGs.
2. The diets of young children should be positioned as a priority in the national development agenda, including national/subnational efforts to prevent stunting, wasting, overweight and micronutrient deficiencies.
3. A multi-system/multi-sectoral response is needed to improve young children's diets and should involve the health, food, social protection and WASH systems. These systems can act collectively to provide the necessary conditions for adequate diets – good food, good services and good practices.

4. Purposeful engagement with multiple stakeholders at national and sub-national levels can expand the potential to generate demand and reach young children and their families with services, interventions and actions to improve diets in early life.
 5. The regional action frameworks on complementary feeding provide guidance on strategic actions for the health, food, WASH and social protection systems, and allow for national and sub-national adaptations.
 6. A situation analysis (on status, trends and drivers) is essential for member states to design evidence-based policies and programmes to improve young children's diets. The situation should be regularly reviewed.
 7. Social and behaviour change communication (SBCC) is necessary to improve feeding practices and is most effective when combined with actions to improve access to affordable, safe and nutritious foods for young children.
 8. Maximize the opportunities to reach children and their families by utilizing delivery platforms across multiple systems, including at community level. Programmes should be designed to achieve adequate coverage and quality with equity.
 9. The growing influence of the food and beverages industry is driving consumer preferences which calls for the need for effective government regulations and policies to protect and enrich young children's diets.
 10. National routine information systems and surveys should include appropriate indicators to inform actions, to build accountability for service delivery and to track progress towards improving children's diets.
 11. Implementation research is needed to understand the barriers, enablers and pathways to improving children's diets, and what drives improvements in the coverage, quality and equity of services.
 12. Regional platforms on nutrition are needed to support country level actions and facilitate country exchange of knowledge and experience.
4. To prioritize, coordinate and strengthen multi-systems/multi-sectoral and multi-level approaches and actions to improve diets, especially complementary feeding of young children in the region.
 5. To share with all stakeholders at the national and subnational levels in-country, knowledge and lessons learnt about the regional action framework to improve the diets of young children.
 6. To strengthen all relevant systems to implement evidence-based actions achieving effective coverage.
 7. To ensure national monitoring, evaluation, accountability and learning framework/system is inclusive of complementary feeding programmes.
 8. To engage public and private sector actors to ensure marketing and product standards are complied with, in line with recommended rules, policies and legislation to enrich and protect young children's diets.
 9. Are suggested to document and share country experiences, innovations, best-practices, achievements and challenges in improving the diets of young children across multiple systems/sectors.

SAARC to support countries by:

1. Advocating with policy-makers, administrators, parliamentarians and other decision makers to ensure nutrition is a key development agenda in the region.
2. Advocating for member states to allocate optimal resources for nutrition programmes to sustainably address all forms of malnutrition in young children in the region.
3. Issuing regional guidance and suggesting a regional framework to assist South Asian countries in operationalizing multi-system/multi-sectoral and multi-level approaches to improve the diets of young children.
4. Developing and providing integrated training packages and resources on the multi-systems/multi-sectoral approaches to improving the diets and feeding practices of young children in the region.
5. Creating a common pool of technical expertise to assist countries in improving the diets of young children.
6. Providing support to conduct formative research on CF.
7. Providing financial support through the SAARC Development Fund for implementing key actions to improve the diet of young children in member states, including the scale up of best practices.
8. Monitoring the nutrition situation in South Asia to ensure sustained implementation of policies to reduce undernutrition, including the diets of young children, in line with the SAARC South Asia Regional Action Framework for Nutrition.
9. Continuing to provide regional forums and networks for exchange of regional and global expertise, knowledge and experience on improving nutrition across the life-cycle.

A Call to Action

Member States:

1. To provide technical feedback on a refined version of the SAARC regional guidance/framework on multi-system/multi-sectoral and multi-level approaches to improve the diets of young children.
2. To consider conducting a situation analysis of and/or national/subnational consultation and/or strengthen existing review mechanism to identify the key barriers and drivers to improving the diets of young children.
3. To identify and utilise opportunities to improve children's diets in new or existing policies, regulatory measures, strategies, plans and budgets.

Introduction

Ending malnutrition is a key outcome in the 2030 Agenda for Sustainable Development. South Asian countries have endorsed the global targets of Sustainable Development Goal (SDG) 2 to end all forms of malnutrition by 2030, including achieving the internationally agreed targets on stunting, wasting and overweight in children under five years of age. Concerted efforts are underway across South Asia to accelerate actions against malnutrition. Despite these efforts, the region remains home to 40 per cent of the world's stunted children and more than half of the world's wasted children, while overweight is on the rise (UNICEF et al., 2019).

Analysis from South Asia demonstrates strong links between poor complementary feeding practices and both stunting and wasting in young children (Torlesse & Aguayo, 2018). The feeding practices of young children are characterized by the delayed introduction of complementary foods, insufficient feeding frequency and poor dietary diversity, with large disparities between and within countries. Only one in five South Asian children are fed a minimally diverse diet (UNICEF, 2019), and there is evidence that the consumption of unhealthy processed foods and beverages is an increasing threat to good nutrition in early life (Pries et al., 2019).

Evidence and programme experience call for a multi-systems approach to improving the diets and feeding practices of young children in the region. Coherency in policies and programme actions is needed across various key systems – including health, food, social protection, and water, sanitation and hygiene – to enable infants and young children to access and consume nutritious, safe, affordable and sustainable diets.

The South Asian Association of Regional Cooperation (SAARC) is committed to the reduction of maternal and child malnutrition in the region. SAARC's South Asia Regional Action Framework for Nutrition proposes member states to improve nutrition through the scale up of cost-effective and evidence-based nutrition interventions and includes a focus on appropriate and nutritious complementary feeding for young children (6-23 months).

The Regional Conference on **STOP STUNTING | Improving Young Children's Diets in South Asia** was organized by the SAARC and UNICEF Regional Office for South Asia (ROSA) to identify actions needed to accelerate improvements in diets and feeding practices of young children in South Asia. It brought together over 100 participants, including

government representatives from all eight member states, researchers, UN partners, civil society organizations and other development partners from across South Asia to exchange regional analyses, expertise and experiences on improving diets and feeding practices of young children during the complementary feeding period.

The specific objectives of the Conference were to:

- Position a multi-systems approach to improving the diets and feeding practices of young children as critical for the growth and development of young children in South Asia.
- Share and discuss new evidence and guidance on improving the diets and feeding practices of young children, including lessons and better practices in the South Asia region.
- Identify critical actions to accelerate improvements in the diets and feeding practices of young children across the region across four key systems (health, food, social protection and WASH).

During the three-day conference, participants reviewed the status of complementary feeding practices, existing evidence on predictors and the drivers of young children's diets and examined the status of policies and programmes in the region. The participants shared global, regional, country experiences and perspectives on approaches, better practices, lessons learned, challenges and opportunities for improving young children's diets and feeding practices through strategic actions delivered through the health system, food system, WASH system and social protection system. The participants also provided input into the draft SAARC regional multi-system action frameworks for improving young children's diets, which are currently under development, and identified priority country actions to accelerate progress at country level. In addition, the participants reviewed, discussed and agreed on a consolidated set of key messages and developed a Call to Action for member states and the SAARC to accelerate progress on improving young children's diets in South Asia. This report is intended to provide a summary of the key highlights and proceedings of the conference.

The agenda and participant list can be found in Annex 1 and 2 respectively. The conference presentations are available online at <https://www.unicef.org/rosa/what-we-do/nutrition>.

Inaugural Session

The session drew a spotlight on why young children's diets and feeding practices are a public policy priority in South Asia, the centrality of optimal diets in addressing the triple burden of malnutrition in the region, and why a multi-system response is needed to accelerate improvements in the region. The session provided an overview of the status of young children's diets and feeding practices in the region and how countries are responding in terms of policy and programme action. The various speakers in this discussed the complex challenges associated with young children's diets, opportunities for influencing change and the required policy, programming shifts and investments to accelerate progress in the region. A central theme that resonated throughout this session the need for greater policy coherence across sectors and multiple systems, including food, health, WASH and Social Protection systems to transform young children's diets.

Opening Ceremony

Opening remarks were given by **Ms Sun-Ah Kim, Deputy Regional Director of UNICEF ROSA**; **Mr Amjad Hussain Sial, Secretary General of SAARC**; and **Dr Surendra Kumar Yadav, State Minister for Health and Population**.

Ms Sun-Ah Kim emphasized the need to work together to understand and transform the diets of young children in South Asia so that every child can survive, grow and thrive. What, when and how children eat is important during the first two years. Children who are fed the right foods in the right manner and at the right time during their development are more likely to survive, grow, develop to their full potential – even when faced with disease, crisis or disaster. Yet, throughout South Asia most families are struggling to feed their children. The impact of poor diets is reflected in the shocking nutritional statistics from region and underly why half the world's wasted children and 40 percent of the world's stunted children live in South Asia. The diets of young children provide too few vitamins, minerals and other essential nutrients, with considerable consequences for brain development, and lost opportunities for learning and productivity. No single sector can shoulder the responsibility to resolve these challenges. The solutions lie with a wide range of actors working across multiple systems – health, food, social protection and WASH. Finally, she urged countries in the region to take a critical look at what is constraining progress, to learn from each other's experience on what has worked, and to identify the actions that are needed to improve the diets of young children in South Asia.

Mr Amjad Hussain Sial underscored that poor complementary foods, coupled with inadequate dietary practices, have an adverse impact on the nutritional status of children. SAARC has accorded high priority to the promotion of the welfare of children and developed the South Asia Regional Action Framework on Nutrition to advance the nutrition agenda in the region. The Framework emphasises the importance of improving the nutrition of the most vulnerable in the region, including women and children. He highlighted that this regional conference was the third in the series co-organized by SAARC and UNICEF in the implementation of the Regional Action Framework on Nutrition. He concluded by underscoring that SAARC actively collaborates with UNICEF in the promotion of the welfare of children in pursuance of the Cooperation Agreement first signed between the two organizations in 1993.

Dr Surendra Kumar Yadav highlighted that throughout South Asia, ending malnutrition is paramount to achieving social, economic and human development objectives. Investment in addressing malnutrition in all its forms is needed, as it hampers the physical and cognitive development of children. He reiterated the significance of the regional conference in bringing together government colleagues and partners from all eight countries across South Asia to share and learn from one another. Dr Yadav described the Government of Nepal's efforts to improve the nutrition situation in the country and how the country has embraced a multi-sector approach to improve nutrition through its first and second Multi-Sector Nutrition Plans (MSNP). He underlined the leadership and coordination efforts of the National Planning Commission in bringing together the ministries of health and population, federal affairs and general administration, agriculture, livestock, education and water supply and others in implementing collaborative actions through a multisectoral approach to address malnutrition. He concluded his remarks by wishing all gathered a successful conference.

Keynote Address

Young children's diets in South Asia and the imperative for transformation in approaches

Dr Harriet Torlesse, UNICEF Regional Nutrition Advisor for South Asia delivered the keynote address. In her presentation, she reviewed the prevalence of malnutrition among young children in South Asia, underscored the significance of poor diets in early life as a key driver, discussed the predictors

of poor diets and highlighted the need for a multi-systems response, involving the health, food, WASH and social protection systems

She explained that South Asia is home to half the world's wasted children and 40% of the world's stunted children, resulting in a loss of human capital. There is evidence from countries in South Asia that children are more likely to be stunted if they are not consuming complementary foods at age 6-8 months if their diets are low in diverse, and if they are given too few meals. In addition, children in India are more likely to be wasted or both wasting and stunted if their diets are low in diversity.

She summarized the data on the poor quality of children's diets in South Asia. Half of the infants in South Asia do not receive timely introduction of complementary feeding at 6-8 months. Continued breastfeeding is a norm in most of the countries in the region. However, only one in five children in the region have sufficiently diverse diets. In most countries in the region, meal frequency is less of a challenge than dietary diversity, but there are very low values in a couple of countries suggesting that the quantity of food intake may be inadequate. Children 6-11 months of age have the least diverse diets, and the vast majority of children in the region are eating only one type of animal source food or none at all. Only one in eight children of 6-23 months consumes a diet that meets the minimum acceptable criteria.

Dr Torlesse further explained that predictors of poor diets are: children whose mothers are less educated and are young (adolescents); firstborn children; children who were small at birth; low household wealth; low access to health services (proxy for access to information and counselling); and specific ethnic groups with cultural barriers to optimal feeding. To complicate matters, 21st century food transitions are posing a threat to even the youngest children in South Asia with evidence from South Asia that unhealthy commercial snack foods are entering the diets of young children with alarming frequency for reasons of taste, preference, and convenience.

To provide the evidence base for transforming children's diets in South Asia, UNICEF has been working with FHI360's Alive and Thrive project and the Global Alliance for Improved Nutrition, to conduct a review of young children's diets in South Asia. This has included a landscape review of the status of policies and programme action in the region, which has been summarized in eight country briefs (see Annex 7). This review has highlighted that we are unlikely to improve children's diets unless we work with a minimum of four systems – health, food, WASH and social protection. Together these systems have the power to transform children's diets by ensuring caregivers have all the inputs they need for adequate food, adequate services and adequate practices to assure the access to and consumption of nutritious, safe, affordable and

sustainable diets. It is imperative that services, approaches and interventions reach children and their caregivers with sufficient coverage, continuity, intensity and quality to impact on young children's diets.

In her concluding remarks, Dr Torlesse reiterated that South Asia is home to the largest share of world's stunted and wasted children and this has immense consequences for children's ability to survive, grow and develop. The timeliness, meal frequency, and diversity of children's diets in South Asia are extremely poor and this scenario is driving undernutrition in the region. Diets of young children should be positioned as a priority in national development agenda, including efforts to prevent all forms of malnutrition. A multi-system and multi-stakeholder response are indispensable to improve young children's diets – involving health, food, social protection and WASH systems. The response should be evidence-based, and investment in monitoring, evaluation and learning to ensure strategic actions achieve coverage with continuity, intensity and quality.

Panel Discussion

The keynote address was followed by a panel discussion moderated by Ms Jane Badham. The panel of experts from across the region reflected on issues discussed in the keynote address and added their perspectives.

Dr Hiranya Senani Jayawickrama, National Programme Manager (Child Nutrition), Ministry of Health, Sri Lanka, reflected on Sri Lanka's efforts in improving complementary feeding practices indicators and explained the key factors responsible for its success. Highlighting the importance of a multi-sectoral approach in enabling its achievements, Dr Jayawickrama discussed how the long-term commitment of the government and partners in health, agriculture and poverty alleviation has enabled the provision of optimal services throughout their lifecycle to the Sri Lankan population. This strategy has ensured the provision and coverage of integrated services across pre-pregnancy, antenatal care (ANC), neonatal health and child health covering breastfeeding and complementary feeding. The country also enjoys high political will, as evidenced by the policies and strategies that are in place. This includes free access to health care has ensured that families do not face financial barriers to utilizing health services. Providing a conducive environment that can inspire caregivers to move from knowledge to practice on behavioural change is vital.

Professor Dr Ramesh Kant Adhikari, Advisor, Nepal Medical Council, shared his reflections on the triple burden of malnutrition (the coexistence of undernutrition, micronutrient deficiencies and overweight in the same population, community or even individual) in the context of rapidly

changing diets, particularly in urban areas but increasingly so in rural areas. He pointed out that evidence from Nepal shows rising obesity among women compared to chronic energy deficiency, including in poorer women, which reflects the ongoing nutrition transition. Increasing consumption of sugar-sweetened beverages and unhealthy snack foods with high fat content and 'empty' calories has become a major concern. The rise in Nepal in television advertisements featuring unhealthy foods and drinks which purport to health benefits is troubling. Dr Adhikari noted that shifting household dynamics, including overseas migration by male members for employment, is putting pressure on women's time allocation, constraining their ability to prepare nutritious meals. As families increasing turn to processed foods for convenient, it is becoming increasingly important to regulate the marketing of these foods. Dr Adhikari concluded his remarks by emphasising the importance of learning from the experiences of mothers and communities as well as collaborating with them to address the challenges of the changing food environment.

Mr Alok Ranjan, Country Lead, Nutrition, Bill & Melinda Gates Foundation, provided his insights on the shifts needed in the design and implementation of programmes to improve complementary feeding in the region. He began by noting that nutrition, and especially complementary feeding, has been largely neglected in the past. Programmes designed for complementary feeding should focus on rigorous efforts to improve feeding practices from the time of introduction at six months. He also explained that an understanding of what each system (health, food, WASH and social protection) can do to improve complementary feeding is vital. Mr Ranjan went on to explain the importance of incentivising change, adding that incentives for households who feed their children properly can be considered, as exemplified by India's Poshan Abhiyan.

In his concluding remarks, Mr Ranjan underscored that for a complementary feeding programme to be successful it needs to be properly planned, monitored and reviewed for better decision making.

Dr Imran Ahmed Chowdhury, Programme Manager, South Asia Policy Leadership for Nutrition and Growth (SAPLING), opened his remarks by providing a background on SAPLING, which is a coalition of senior decision makers from national and regional organizations in South Asia, with the common goal of developing an integrated local and national multi-sectoral action on food systems to combat malnutrition. He provided perspectives on how the food system could deliver better for young children's diets in the region. He noted that South Asia has made great strides in economic development in the last few decades. However, this had not translated to reducing the malnutrition burden in the region, with South Asia remaining home to 40% of the global burden of stunting. Dr

Chowdhury pointed out that there is now a global understanding that food security is less about adequate production but increasingly more about adequate supply of nutritious food for everyone, with a healthy diet for all. Therefore, an effective food system provides an excellent opportunity to improve the diets of infant and young children. Furthermore, policies on diverse food production enhance diversity of foods available at the community and household levels are needed. Dr Chowdhury observed that a shift from the perspective of feeding people to nourishing people is of paramount importance in improving young children's diets. This shift can help us achieve the SDG2 Zero Hunger targets by 2030. Engaging the private sector to focus on nutritional outcome is also key to this strategy.

Framing the Problem and Solutions

The session highlighted the drivers of young children's diets including the broader social, cultural, political and economic factors that affect the diets of young children. Increasing population growth, rapid urbanisation, widening inequities and climate change are having an impact on availability and affordability of food and the quality of young children's diets. The adequacy of health and social protection services and WASH facilities affects the diets and feeding practices of young children. Gaps in the policy and regulatory environments governing food systems are also influencing young children's diets in countries in the region. The speakers emphasized the need to adopt more local and decentralized approaches to better address drivers of young children's diets in the region. They reflected on the main challenges hindering the availability, affordability and accessibility of nutritious complementary foods in the South Asia region. They also discussed the importance of social and behaviour change communication (SBCC) and learning from the marketing world to accelerate improvements in the region.

Technical Presentation

The drivers of young children's diets in South Asia.

Ms Annemarie Hoogendoorn, Consultant with UNICEF ROSA, presented on the drivers of young children's diets in South Asia across the domains of 'adequate food', 'adequate services' and 'practices'. She also examined their implications for policy, programmatic approaches, initiatives and research prioritization in improving young children's diets in South Asia. In her presentation she highlighted the multi-dimensional nature of the drivers and the broader contextual factors influencing access to and consumption of nutritious, safe, affordable and sustainable diets in the region.

Adequate food: While food security is generally stable across most South Asia countries, there are pockets of localised severe food insecurity in some countries owing to civil conflict and natural disasters which can negatively impact on the availability and affordability of food needed to prepare meals for young children. The overall quality of diets in the region remains poor and most countries score poorly on the Micronutrient Density Index (MDI).

Adequate services: Gaps in policy and regulatory environments governing food systems impact on children's diets in countries in the region, including the adequacy of services such as health, WASH, social protection. The coverage

of complementary feeding programmes within primary health services was not consistent across all countries, and data on service coverage are often lacking. Data are also lacking on the coverage of complementary feeding actions within the WASH and social protection system.

Adequate practices: Suboptimal complementary feeding practices in the region are influenced by a range of socioeconomic, services utilization and social and cultural factors. The socio-economic characteristics include household composition and child spacing, household food production and/or income levels, decision-making power, especially for mothers and other caregivers, amongst other factors. Social and cultural factors include knowledge and beliefs on appropriateness of foods for young children, desirability and acceptability of processed foods for young children, social norms on child care including what to feed them and what not, amongst other factors.

The presentation highlighted the broader social, cultural, political and economic factors that affect the diets of young children. Factors such as urbanization, population growth, poverty, education, gender equality and climate change influence the adequacy of young children's diets.

Panel Discussion

An expert panel moderated by Ms Jane Badham reflected upon the issues discussed in the presentation and added perspectives on key thematic issues.

Dr R. V. Bhavani, Director, Agriculture Nutrition Health Programme, M S Swaminathan Research Foundation, Chennai, shared reflections on the drivers of diets within the agriculture and agri-food systems, drawing on learning from the Leveraging Agriculture for Nutrition in South Asia (LANSA) research partnership which sought to better understand how agriculture and agri-food systems can be better designed to advance nutrition in South Asia. The four-country study largely looked at secondary data and identified different drivers of diets and their policy implications in the various countries. She explained that in Afghanistan, the major drivers of diets were seasonality; livestock species diversity especially in lean periods, market access, availability and infrastructure; and food diversity in local markets and geography. In Bangladesh, fragile environments and food insecurity were influencing factors on household's ability to grow food and afford nutritious diets. In Pakistan,

LANSA research identified women's agricultural work as a critical mediating factor between household poverty and undernutrition. The research also highlighted that breastfed children had less diverse diets, and that paternal and maternal education, and presence of women in the household if mother is absent, affected the diets of young children. For India, the LANSAs research revealed that diets have improved over time but still lack vital micronutrients. Regional variation, social identity, seasonality (reduced time for child care in the harvesting and planting seasons) and context affected the diets of young children. Dr Bhavani concluded by emphasising that adoption of more local, decentralized approaches is needed to better address drivers of young children's diets in the region.

Dr Ty Beal, Technical Specialist, Knowledge Leadership, GAIN, gave his perspectives on the main challenges hindering availability, accessibility and affordability of nutritious complementary foods in the South Asia region. He pointed out the inefficiencies of food supply chains in the region in delivering nutritious foods and that supply chains are more geared towards ensuring availability of cereals. Geography affects availability of diverse foods. In addition, policy interventions to address diversity gaps in the food system such as fortification are not only inefficient but also not implemented at the required scale, leaving gaps in availability of key nutrients such as vitamin A, iron, and zinc. In terms of food access, geographical variations in food access, poor infrastructure and gender are key barriers. He also expressed that various factors affect the affordability of nutritious foods in the region. Animal source foods, which are rich in nutrients in a more bioavailable form, are considerably more expensive than plant-based foods. Dr Beal concluded by pointing out the shifts required to better address drivers of availability, affordability, and accessibility of nutritious complementary foods in the region, underscoring the need to work more effectively with private sector supply chains. Incentivising the production and affordability of nutritious animal source foods is central to changing the status quo in the region. Intensified social behavioural change communication (SBCC) to promote consumption of other healthy foods that are not expensive is also essential.

Ms Kristen Kappos, Associate Director for South Asia Programs, Alive & Thrive, provided reflections on key social and behavioural determinants influencing young children's diets and feeding practices in the region, drawing on the findings of a literature review. While knowledge on appropriate feeding practices is generally good in the region, practice lags behind knowledge. She pointed out that socio-economic predictors such as child's age, antenatal care visits, and vulnerability were significant factors in influencing young children's diets and feeding practices. Intrahousehold dynamics are also important: while mothers are primary caregivers of children, other family members such as mothers-

in-law and husbands are key influencers in deciding what food is purchased and given to young children. Food taboos, such as the misconception that animal source flesh foods are difficult for children to digest, play a role in determining what young children are fed. Ms Kappos, further discussed how desirability and acceptability influences complementary food choices, highlighting that processed snack foods are common in children's diets. Lastly, she highlighted that young children are not always being fed meals and healthy snacks at times and at the frequency they need but are instead given family meals at family meal times. Ms Kappos concluded by emphasising the importance of understanding the behavioural determinants influencing young children's diets and feeding practices and tailoring SBCC efforts to address these determinants. Learning from the marketing world and applying their change strategies to complementary feeding approaches is fundamental to accelerate improvements in the region.

Plenary Discussions

The key discussion themes emerging from the plenary discussions were as follows:

Emerging challenges of commercial snack food consumption by young children: Participants raised concerns over the consumption of commercial snack foods by children and deliberated on solutions to increase healthy food consumption. Approaches to understand and address what drives of the behaviours of caretakers to feed these unhealthy foods to children could facilitate a change in the situation. One approach is to test solutions, including appropriate SBCC approaches with small doable actions, that can combat these unhealthy consumption patterns. Emulating good feeding behaviours is a great way to bring about changes. Small scale and commercial fortification and a focus on whole grains were also recommended.

Home-made complementary feedings are not meeting energy and nutrient needs of children: Foods being prepared by caregivers at home are not meeting the energy and nutrient needs of the children in some countries in the region. Home food processing techniques such as fermentation and/or germination of grains and legumes, as well as home-based fortification, can help enhance their nutritional value. Other important measures include (1) challenging or encouraging the industry/private sector to produce more nutritious foods, (2) investment in homestead food production, and (3) fortification of staples.

Poverty is an underlying driver of minimum acceptable diet: Poverty constrains the ability of some households to ensure dietary diversity. Furthermore, time allocation constraints of caregivers impact on minimum meal frequency (i.e. caregivers find it difficult to prepare and/or feed frequent meals to their

young children). Together these factors influence the minimum acceptable diet. Focus on enhancing the affordability of foods, especially for poorer households, is a key element to improving food diversity.

Examples of effective local decentralized approaches:

Linking farmers to local complementary feeding programmes is an effective, local decentralized approach to improving the diets of young children. One such example is found in India's social protection schemes that links local farmers to local school feeding programmes with an incentive to produce and increase availability and access to nutrient dense foods at the local level.

Technical Presentation

Overview of the regional action framework on complementary feeding

Ms Aashima Garg, Nutrition Specialist, UNICEF headquarters, presented an introduction to the regional action framework on complementary feeding. Globally, only one in six children age 6-23 months are receiving adequate meals from diverse range of food groups. Comprehensive multi-sectoral interventions which are based on context-specific determinants and are delivered at scale can improve the diets of young children. Efforts to improve the diets of young children need to address 'what,' 'when,' and 'how' young children are fed. The complementary feeding action frameworks can facilitate the design of action-oriented programming to improve the diets of young children.

She reiterated that the drivers of good diets for young children are adequate food, adequate practices and adequate services. The action framework proposes that countries should

conduct a situation analysis to understand these drivers and propose strategic actions delivered through the four systems (health, food, WASH and social protection) at the policy, institutional and community/household/individual levels. The action framework highlights the importance of understanding the programming context and that monitoring, evaluation and learning is an integral part of programming.

A multi-systems approach to improve young children's diets require harnessing the potential of the food, health, WASH and social protection systems to deliver results for young children; makes relevant systems more accountable for nutrition results; reinforces the need for shared vision, joint plans and monitoring systems; and leverages the power of multiple systems to expand the number of opportunities to reach children and improve their diets in a more comprehensive and systematic manner. The multi-system approach can improve access to and consumption of nutritious, safe, affordable and sustainable diets for young children.

The action frameworks can support countries in designing, implementing and monitoring evidence-based actions to improve the diets of young children using a systems approach. Ms Garg concluded her presentation by providing an overview of some of the steps that have been undertaken by SAARC Secretariat towards development of a SAARC Regional Guidance for Improving Young Children's Diets in South Asia. A technical scoping of the regional guidance/frameworks was undertaken during the SAARC Technical Consultation on

Early Childhood and Women's Nutrition which was held from 17-18 June 2019 in Kathmandu, Nepal. Draft regional frameworks have been developed and will be reviewed and discussed during the conference for feedback and further inputs.

The session reviewed the regional framework on the health system and presented the status of policies and programme actions within the health system in South Asia. It provided perspectives on strengthening the health system to support mothers on complementary feeding at scale in the region. It discussed enhancing the quality of health service delivery to improve complementary feeding and offered insights into key considerations that need to be considered in strengthening the quality of delivery of complementary feeding services through the health system. In addition, it presented the role of micronutrient interventions in complementary feeding. The discussions by speakers emphasized improving young children's diets and feeding practices by working with community-based support groups, management committees, and leveraging all contact points through in the health system, as well as involving the media. Discussion took place on the significance of nutrient deficiencies and dietary gaps in the South Asian context; strengthening measurement and monitoring of children's consumption of sugary drinks and unhealthy foods; the quality of counselling; community involvement and ownership; and the role of advocacy in SBCC.

Technical Presentation

Walk through the regional framework on health system and status of policies and programme action within the health system in South Asia.

Ms Aashima Garg, Nutrition Specialist, UNICEF headquarters, opened the session with an introductory presentation on the action framework for improving young children's diets through the health system (Annex 3). The health system can facilitate access to and use of health and nutrition services for young children to improve their diets. A strong health system includes preventive and curative services, supports optimal health, nutrition and hygiene practices, and contributes to equitable outcomes for all children. It provides a vital platform to deliver skilled counselling, nutrition education, outreach and SBCC through various contact points at the facility and community. Areas requiring special attention in the health system include building sustainable technical and functional capacity of health cadres and community volunteers to influence behaviours and strengthening the health system's enabling environment for delivering quality services for children aged 6-23 months. Strategic actions through the health system are required at the policy, institution, community, household and individual levels to address gaps in the provision of health and nutrition services and behaviours of caregiver's driver that impact on

the access to and consumption of nutritious, safe, affordable and sustainable diets for young children. Ms Garg concluded the presentation by highlighting some illustrative examples of strategic actions delivered through the health system at each of the intervention levels and emphasised the need for coherence and convergence of action across systems.

Status of policies and programme action within the health system in South Asia

Mr Zivai Murira, Nutrition Specialist, UNICEF ROSA, shared findings from the landscape review on the status of policy and programme action within the health system to improve young children's diets in South Asia. The review of the health system's enabling environment revealed that health policies, strategies and action plans generally include an intent to improve complementary feeding and that some minimum level of complementary feeding support was included in the basic health services packages across most countries in the region. However, there are gaps in the capacity of routine information systems to monitor the provision of counselling on complementary feeding. Sustainable technical and functional capacity of health cadres and community volunteers to influence behaviours and complementary feeding practices is critical. An examination of the extent to which institutional support for complementary feeding service delivery is established within the health system highlighted that the intent existed but to varying degrees for both the facility and the community service delivery levels, with generally weaker intent in Bangladesh and Maldives including for supportive supervision. Most countries reported that they provide complementary feeding counselling services nationwide, while mass media was used to promote complementary feeding across all countries with varying degrees of coverage. However, the promotion of responsive feeding and stimulation is implemented at a pilot scale or only in selected districts in most countries. Health system interventions that seek to address nutrient gaps (e.g. home fortification) were lacking in most countries in the region or delivered in only selected districts.

Guest Presentations

Strengthening health systems to support mothers on IYCF at scale

Dr Angela de Silva, Regional Advisor, Nutrition and Health for Development, WHO Regional Office for South-East Asia (SEARO), joined the conference remotely to provide

perspectives on strengthening the health system to support caregivers on complementary feeding in the region. She underscored the need for a systems approach to strengthening the delivery of actions to improve complementary feeding through the health system focusing on the health system building blocks to improve coverage, quality and access. Key actions for implementation of WHO recommendation to enable feeding of appropriate complementary foods (6-23 months) include: provision of quality counselling to mothers and caregivers at the facility and community levels; maximizing the consumption of locally produced foods; in contexts where locally produced foods cannot satisfy nutritional requirements, consider alternative foods/products, e.g. centrally produced fortified foods, micronutrient powders (MNPs) or lipid based supplements. Drawing from the findings the 2017 Global Nutrition Policy Review, Dr de Silva discussed the status of health system components of governance, financing, workforce, service delivery and quality, health information in support of complementary feeding in the region. She also identified examples of strengths and bottlenecks which support or impede the health system's role in improving complementary feeding in the region.

Dr de Silva explained that programmes to support complementary feeding need to have appropriate coverage, quality, access and safety. Financing to support complementary feeding needs to consider the sustainability of financial sources. Measures to improve the performance and retention of health workers also need to be strengthened, especially for community health workers. Packaging services in programmes improve service delivery, access, cost effectiveness, and ensures better continuity of care. Interventions delivered by primary health care workers using multiple contacts improve the timeliness, frequency, diversity and/or adequacy of complementary feeding. Health information systems needs to include the coverage, capacity development and performance of health workers and quality, including client satisfaction data. Service quality is a likely weak area of complementary feeding service delivery that needs greater attention.

Dr de Silva concluded by reiterating that improving health service delivery for complementary feeding requires a comprehensive review of all components of the health system at country level and identification of opportunities to strengthen health system actions to improve complementary feeding services. Several countries in the region are striving to achieve Universal Health Coverage (UHC), and complementary feeding services should be part of the essential package of UHC services.

Enhancing the quality of health service delivery to improve complementary feeding

Dr Deborah Ash, Senior Maternal, Infant and Young Child Nutrition Advisor, South Asia, Alive & Thrive, presented on enhancing the quality of health service delivery to improve

complementary feeding and offered insights into key considerations that need to be considered to strengthen the quality of services through the health system. Improving the quality health services for complementary feeding requires strengthening standards of care, performance support, and use of data across the continuum of care, for example from community to health facility.

Key considerations to enhance quality of health services across the continuum of care through multiple contacts and platforms include: defining reasonable work allocation for health workers and volunteers across facility and community; and community mobilization and use of multiple channels including mass media for more effective messaging and exposure. Guidelines and standards of care need to be clear and consistent across the platforms, focus on small doable actions and communicate benefits, ensure adequate duration and intensity of counselling, and ensure consistent counselling messages based on formative research and pre-testing. It is imperative to ensure that any capacity development initiatives (e.g. training and refresher training) go together with performance support, coaching and mentoring improves counselling skills. In addition, is important to support staff to become effective supervisors and to use quality improvement approaches to bring best practices to scale. Currently, there are considerable gaps in the capacity of both routine information systems and survey instruments to monitor the coverage and quality of services to improve complementary feeding, and to assess feeding outcomes. This data is needed to support efforts to improve track progress and improve the performance of programmes that are designed to improve complementary feeding.

The role of micronutrient interventions in complementary feeding

Ms Archana Chowdhury, Program Manager, Newborn Care and Infant and Young Child Nutrition, NI, presented on the role of micronutrient interventions in complementary feeding. The presentation started off with an overview of the benefits of micronutrients in child survival, growth and development and the global burden of micronutrient deficiencies in early life. Young children need diverse diets to meet their micronutrient needs for healthy growth and development in early life. However, in South Asia, the high staple content and low diversity of diets (including low intake of animal source foods) means that young children's diets are often deficient in micronutrients.

MNPs can assist in filling the micronutrient gap in young children's diets from six months of age. However, operational challenges exist in relation to the supply chain for MNPs, and in generating and maintaining caregiver demand for MNPs. Fortified complementary foods are helpful in populations that can afford to purchase commercial products or where

social protection programmes are able to provide these food products to vulnerable households. For best impact on micronutrient deficiencies, anaemia and stunting, it is important that these micronutrient interventions are delivered together with other efforts to improve complementary feeding practices, particularly dietary diversity.

Panel Discussion

The technical presentations were followed by a panel session moderated by Ms Jane Badham. Panellists from the Governments of Bangladesh and Bhutan provided perspectives on health system response actions to improve young children's diets and feeding practices in their countries. They were joined by the three guest speakers in the open discussion session during plenary.

Dr SM Mustafizur Rahman, Line Director, National Nutrition Services (NNS), Institute of Public Health Nutrition (IPHN), Directorate General of Health Services (DGHS), Health Services Division (HSD), Ministry of Health and Family Welfare (MOHFW), Bangladesh, shared some of the lessons from Bangladesh's experiences in strengthening the capacity of the health system to improve young children's diets and feeding practices through the 4th Health, Population and Nutrition Sector Programme. The government has taken steps to mainstream nutrition services through various departments of Ministry of Health and the design of a minimum package for urban health and nutrition services under the local government. The capacity of frontline health workers to provide counselling has been enhanced through Comprehensive Competency Training on Nutrition, and the District Health Management Information System 2 includes indicators to track the coverage of counselling services. However, challenges remain, including effective coordination among partners at the district; this challenge could be overcome by mobilising partners to work closely with the government-appointed nutrition focal person and to engage in joint planning, reviews and reporting. Further opportunities to improve young children's diets and feeding practices in Bangladesh lie in working with community-based support groups and management committees.

Mr Laigden Dzed, Sr. Program Officer, Nutrition Program, Department of Public Health, Ministry of Health, Bhutan, articulated some of the lessons learnt from Bhutan's health system experiences in addressing nutrient gaps in young children's diets, drawing from the ongoing government's infant and young child feeding (IYCF) and MNP initiative. About 44% of children under five are anaemia and there is unresolved stunting. The health system is delivering IYCF counselling, and MNPs are being introduced, however dietary diversity remains low. Efforts to enhanced health worker capacities to deliver the IYCF counselling and MNP in three

provinces in Bhutan have been linked to increased knowledge among caregivers and improved IYCF practices. Plans are in place to scale up the intervention to the rest of the country. While health care services are free in Bhutan, challenges lie in the management of resources and availability of trained human resources. To further improve young children's diets and feeding practices, it is important to leverage all contact points with health workers and use media as an additional communication channel.

Plenary Discussions

The key discussion themes emerging from the plenary discussions were as follows:

Significance of nutrient deficiencies and dietary gaps in South Asian context: Although deficiency of essential micronutrients such as iron, vitamin A, calcium, zinc and folic acid, may be a major global concern, in the context of South Asia, deficiencies in vitamin B12, vitamin D and selenium are also widespread and should receive equal attention. It should be noted consumption of flesh foods is not common in large parts of South Asian diets owing to vegetarianism. The importance of pulses as a source of protein in South Asian diet should be acknowledged. In addition, food processing techniques such as fermenting and germinating cereals and pulses can also help improve the bioavailability of nutrients.

Importance of optimising various contacts to reach young children 6-23 months old through the health system to improve complementary feeding: Various platforms and contact points are being used across the region to deliver complementary feeding interventions through the health system. Countries reach the children in the 6-23 months age group through the health system via community clinics, community-based outreach workers and mother support groups, sometimes supplemented with mass media messaging. Contact points in the health system include routine check-ups, antenatal care visits, postnatal care visits, EPI and growth monitoring program. The importance of strengthening these platforms for the delivery of complementary feeding interventions was underscored.

The role of advocacy in SBCC needs to be reaffirmed and strengthened: Advocacy has a critical role in policy influencing efforts as well as in changing social norms. Focusing on the "social" in SBCC is crucial in improving complementary feeding practices and uptake of services. In addition to interpersonal counselling, influencing the key influencers and changing the larger social norms are crucial in moving the needle on young children's diets and feeding practices.

Implication of the quality of counselling and community involvement and ownership on effective coverage of

complementary feeding services: Investing in continuous quality improvement and ensuring adequate engagement of communities is important to ensure the desired impact of complementary feeding interventions. Reviewing the quality of counselling and its components are important even in contexts where complementary feeding counselling support services are well established. In addition to the community health workers, involvement and ownership of the community is essential for effective coverage of nutrition interventions.

Strengthening measurement and monitoring of children's consumption of sugary drinks and unhealthy food.

Recommendations have been made to include three new indicators of unhealthy dietary practices in children in the Demographic Health Survey standard questionnaire: consumption of (i) sugar-sweetened beverages; (ii) "junk" food; and (iii) zero fruits or vegetables. To strengthen the evidence-base on the consumption of unhealthy snack foods and beverages, countries can request to include additional indicators in the standard Demographic Health Survey or other population-based surveys. Also, countries can also assess consumption patterns on nutrients of interest, e.g., the consumption of foods rich in zinc and calcium in addition to vitamin A and iron, without the need for additional data.

Suggested tweets from the panel members from the session on how to improve complementary feeding:

- Comprehensive indicators and monitoring matters to improve complementary feeding!
- Nutrition services for all needs both the health facility and the community to be engaged to improve complementary feeding!
- Every child matters so every contact counts, #nomissedopportunity!
- Celebrating the introduction of complementary foods at six months gives support to mothers as she begins feeding first foods!
- Look for opportunities that we can leverage, consistency of messaging is critical, complementary feeding is an emerging area and a wonderful opportunity for every country to act now and act we must because every child matters!

Group Work Discussions: Review of Health System Action Framework for Improving Young Children's Diets

The health system can play a role in increasing access to and use of health and nutrition services to improve complementary feeding practices for children aged 6-23 months. Actions in the health system should be leveraged across the following action domains: (a) health and nutrition services, and (b) caregivers' behaviour.

Participants worked in groups to review the priority strategic actions in the draft SAARC Health System Action Framework for Improving Young Children's Diets currently under development (Annex 3). Suggested modifications to the strategic actions for the health system action framework are summarised in Annex 4.

Participants also reflected on their country contexts and identified key bottlenecks and barriers in the health system response that need to be addressed to accelerate improvements in young children's diets and feeding practices in their countries.

Summary Takeaway Messages from Session 3: Health System

- **LOCAL** - understanding the local context and identifying and innovating local solutions.
- **LEVERAGE** - need to leverage entry and contact points across health and other systems.
- **LOOK** - if you don't look at what you are doing, you will never know how you are doing. M&E is a critical component



Food Supply and Food Environment

This session examined the regional framework on food supply and food environment and presented on the status of policy and programme actions in this area to improve young children's diets in South Asia. It discussed food systems that enable sustainable healthy diets; availability, accessibility and affordability of nutritious complementary foods in South Asia; and the changing food environments in South Asia which were characterized by rapid growth in production and availability of ultra-processed foods and increased consumption of processed, packaged foods and sugar-sweetened beverages among both adults and children, contributing to the nutrition transition in the region. The speakers highlighted why the involvement of multiple sectors and stakeholders is needed to improve diets; the need for a strong evidence-based policy support for nutrition; and the necessity to leverage agriculture for nutrition and to consciously bring the nutrition dimension to the forefront of agriculture policy. Discussions also focused on the role of desirability and taste preferences in driving food decisions; homestead production of nutrient dense foods to improve access; translation of policy intent to large scale implementation; regulation of commercial snack foods and its enforcement; learnings from other regions on decreasing unhealthy snack foods; and healthy diets as the game-changers.

Technical Presentation

Walk through the regional framework on food supply and food environment and update on policy and programme status in South Asia

Ms Aashima Garg walked the participants through the draft action framework for improving young children's diets through the food system (Annex 3). Food systems encompass all components and activities related to the production, storage, processing, distribution, marketing, preparation and consumption of food. Working together with multiple stakeholders to shape food systems is at the core of efforts to deliver nutritious, safe, affordable and sustainable complementary feeding diets. She explained that the Innocenti framework on food systems for children and adolescents (UNICEF & GAIN, 2019) puts children at the heart of a systematic dialogue on food systems and identifies levers to encourage the food system to deliver better diets. Ms Garg concluded by highlighting some illustrative examples of strategic actions at the policy, institution, community, household and individual levels to address bottlenecks and

barriers in the food supply chain and food environment as the caregiver behaviours.

Status of policies and programme action within the food system in South Asia

Mr Zivai Murira shared findings from the landscape review on the status of policy and programme action within the food system (food supply and food environments) to improve young children's diets in South Asia. The intent of policies within the food system to improve complementary feeding revealed is partially expressed or absent in national agriculture and food security policies, strategies and action plans in the region. National Food Based Dietary Guidelines (FBDGs) in the region are not comprehensively addressing the needs of young children. Policy intent to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt is weak, and national standards for complementary feeding are absent in most countries. Comprehensive mandatory legislation for salt iodisation exists in most countries, however mandatory legislation on iron fortification was partial or absent in most countries. Opportunities to leverage the agri-food extension workforce to promote and support complementary feeding is not optimized by countries in the region. For example, the support for promotion of complementary feeding is missing in the job description of agriculture extension workers and their pre-service training does not include complementary feeding. Food system market-based interventions such as social marketing of MNP and fortified complementary feeding is lacking across most countries in the region or delivered in selected districts only. In addition, the geographic coverage of initiatives to increase access to and use of diverse, local nutritious foods at the household level is limited to pilots or selected districts in most countries.

Guest Presentations

Making food systems work for young children's diets

Ms Patrizia Fracassi, Senior Nutrition Office, FAO Rome, and Ms Charlotte Dufour, Food Systems Advisor, SUN Secretariat, made a remote presentation on the role of the food system in enabling sustainable healthy diets. Food systems are defined as the entire range of actors and their interlinked value-adding activities involved in the production, aggregation, processing, distribution, consumption and

disposal of food products. Sustainable healthy diets are those in which all dimensions of an individual's health and well-being are supported. In addition, they have low environmental pressure and impact; are safe, accessible, affordable and equitable; and are culturally acceptable.

Ms Fracassi pointed out that climate change, demographic growth, gender inequality, socio-economic inequities, and complex political economy undermine children's diets. The Innocenti framework on food systems for children and adolescents was reiterated. She also highlighted that while exploring diets one should observe consumption data, consider represented food groups and implications on nutritional needs and assess multi-dimensional factors that underlie current diet imbalances. Two examples of a food systems approach for sustainable healthy diets were provided and these include those that intensify the value chains of foods and those that reduce food losses and wastage. Further reflections were provided for each example on potential intervention areas within food supply chains, food environments, consumer behaviours.

Ms Dufour concluded the presentation emphasising the importance of multi-sector and multi-level actions for improving young children's diets. Multi-sector and multi-level actions are required to harmonize data and analyses for policy making; promote policy coherence and address political economy drivers; engage with food systems actors; overcome implementation challenges through a territorial approach; and promote financial coherence. Opportunities for collaboration across multi-sectors include creating joint messages, developing and implementing FBDGs, creating an enabling environment for engagement with food systems actors, and designing and implementing programmes to deliver foods that address nutrient gaps in local diets.

Availability, affordability, and accessibility of nutritious complementary foods in South Asia

Dr Ty Beal, Technical Specialist, Knowledge Leadership, GAIN, presented on the availability, accessibility and affordability of nutritious complementary foods in South Asia. Diets in South Asia are low in bioavailable iron, vitamin A, zinc, and calcium, and a food systems approach is needed to address these gaps. However, inefficient supply chains limit availability of nutritious foods in the region. Evidence on access barriers in the region is still limited. Nutritious diets are far more expensive than diets meeting energy needs only, and the cost of nutrient-rich foods is rising faster and is more vulnerable to seasonal fluctuations than nutrient-poor diets. Drawing on findings from a three-country study involving Bangladesh, India and Pakistan, zinc was found to be the least affordable nutrient; vitamin A was affordable to nearly all households; and problem nutrients such as animal protein, calcium, iron and zinc, were more affordable in Pakistan than in Bangladesh and India.

The most affordable sources of key problem nutrients are dark green leafy vegetables (iron, vitamin A, calcium), chickpeas/lentils (iron, zinc), and fish (animal-source protein). However, 10–25% of the population cannot afford even the cheapest food sources of key problem nutrients (iron, zinc, calcium). Existing social protection programmes in India and Nepal need to be improved and lessons applied in other countries in South Asia. Multisectoral collaboration is essential to make priority foods more available, accessible, and affordable.

Dr Beal reiterating that the food systems need to make nutritious foods more available, limit loss, increase efficiency, and utilize fortification and biofortification. Homestead production of nutrient dense foods indicates promise for improving access and empowering women. Women need better access to time-saving agricultural technologies. To achieve this improved infrastructure is required across the food supply chain. Excessive availability of unhealthy foods and poor marketing regulations remains a challenge in the region. Research is urgently needed to better understand and limit access barriers.

Protecting the diets of young children in South Asia

Dr Alissa Pries, Senior Research Advisor, ARCH, HKI, gave a presentation on protecting the diets of young children in South Asia. The food environment is changing in South Asia and is characterized by rapid growth in the production and availability of ultra-processed foods and increased consumption of processed, packaged foods and sugar-sweetened beverages among both adults and children, contributing to a nutrition transition in the region.

Global trends in the consumption of unhealthy packaged foods point to a declining trend in the Americas, stabilized trends in Europe but increasing consumption levels in Africa, Asia and Oceania. More than half of children aged 6–23 months in Nepal and Maldives are consuming sugary snack foods. Overconsumption of unhealthy foods during the complementary feeding period can displace more nutritious foods in the diet, including micronutrient-rich foods, and is particularly a concern in low- and mid-income countries. It may also influence unhealthy food preference from an early age, which can be difficult to correct in later life.

Dr Pries shared findings of HKI's ARCH study in Nepal which found that unhealthy snack foods and beverages account for 25% of energy in take among young children in Kathmandu Valley. These children were at risk of inadequate intake of 8 micronutrients (calcium, zinc, vitamin A, thiamine, riboflavin, vitamin B6, vitamin B12 and folate). Mean length-for-age z-scores were lower among children who consumed high levels of snack food as compared to those who had lower levels of snack foods low. A study comparing labels of the

commonly consumed snack foods to their contents revealed that there were alarming discrepancies between what was written on the labels and the nutrient contents of the product. Caregivers often know these foods are unhealthy but feed them to young children because they are convenient and tasty. The fortification of junk foods is a concerning trend that needs to be addressed. necessary. The way forward to protecting young children's diets in the changing food environment requires effective marketing regulations and food product standards.

Panel Discussion

The technical presentations were followed by a panel session moderated by Ms Jane Badham. Panellists from the Governments of Afghanistan and Sri Lanka were joined by Dr R. V. Bhavani of the M S Swaminathan Research Foundation and provided perspectives on food system response actions to improve young children's diets and feeding practices.

Dr Said Shamsul Islam Shams, Afghanistan Food Security and Nutrition (AFSeN) Coordinator, Chief Executive Office of the Government of Islamic Republic of Afghanistan, described some of the successes and lessons learnt from the AFSeN experiences in harnessing the power of the food systems to address poor diets and feeding practices of young children in the country. Poverty, food insecurity and stunting are substantial issues in Afghanistan. The Government of Afghanistan has adopted the Afghanistan AFSeN-Agenda as the overarching strategic approach to address the interrelated causes of food and nutrition insecurity in the country. The Government has put in place a High-Level Food Security and Nutrition Steering Committee and National Technical Secretariat housed in the Office of the Chief Executive to coordinate the AFSeN Agenda.

Dr Shams explained that the involvement of multiple sectors and stakeholders is needed to improve diets in Afghanistan. A number of enabling factors has been put in place in the country and they include multisectoral strategic plan; ratification of food fortification legislation which is now awaiting cabinet approval. Furthermore, efforts to enhance public awareness and the promotion of healthy diets are in progress, with attention given to ensuring that no one is left behind in this agenda. In addition, the involvement of provinces in taking the nutrition agenda forward, including in improving young children's diets, is a focus of the national-level efforts.

While some progress has been made, the food system response to improve young children's diets and feeding practices is still faced with a number of challenges. There are still gaps in the extent to which the food policy addresses young children's diets. Some of these challenges can be

overcome by putting in place effective regulations and standards; strengthening the public and private systems and structures; operationalising existing policies; engaging the private sector and to engage on public policy issues through corporate social responsibility; supporting the growing women business entities in the country; and advocating for increased allocation of resources to enable families to access to healthy diets for their young children.

Dr Lakmini Magodaratne, Acting Director, Nutrition Division, Ministry of Health, Sri Lanka, reflected on some of the successes from Sri Lanka's experiences in improving the regulatory environment to address poor diets and feeding practices of young children in the country. Sri Lanka has made some impressive progress in maternal and child health outcomes over the past decades; however, child malnutrition remains a persistent challenge and one in four children aged 6-23 months do not consume a minimally diverse diet.

Dr Magodaratne explained that the country has a strong evidence-based policy support for IYCF and the country's policies are aligned with global recommendations and guidance in nutrition and health. In addition, the "policy to practice" continuum exists and enables delivery of services. The country also has IYCF guidelines, FBDGs and multisectoral nutrition plans in place, and is in the process of adapting the breastmilk substitute code so that its scope covers children up to 3 years. The country has also put in place a number of fiscal policies and regulatory measures to curb the rising consumption of sugar sweetened beverages. These include labelling regulations which prohibit mention of children under two years; sugar, fat and salt labelling on packaging since 2019; and taxes on sugar-sweetened beverages.

Dr Magodaratne concluded his remarks by highlighting the need for more advocacy on coherence of policies in the country and separate budget for nutrition sensitive health and non-health interventions. He pointed out that inadequate understanding among the public of the nutrient value of food and a preference for unhealthy packaged foods was still a major challenge that needs to be addressed. There is also need to empower the public to make informed food choices. Furthermore, there is a need for strengthening public private partnership and address concerns over food safety.

Dr R. V. Bhavani, Director, Agriculture Nutrition Health Programme, M S Swaminathan Research Foundation, Chennai, highlighted some of the learnings from LANSAs on what has worked in South Asia to strengthen food systems to have a positive impact on diets. The LANSAs research had also identified the need for the government to play a stronger role in agri-food value chain to achieve public health objectives. There is need to consciously bring the nutrition dimension to the forefront of agriculture policy as opposed to only focusing

on productivity and prices. Production diversity leads to consumption diversity, and so agriculture diversification as well as an increased focus on livestock rearing is needed to improve dietary diversity. Moreover, strengthening women's role in agriculture whilst ensuring agriculture is gender-sensitive is important, considering the role women play in agriculture. Bio-fortification and fortification of staples offers an opportunity to increase the micronutrient content of staples and address nutrient gaps in the region. Engagement with the private sector should also be considered to create pro-nutrition value chain, while ensuring the government's role in regulation (e.g. regulation of mandatory fortification), and in addressing food safety concerns. To achieve this, there is need for political commitment to affect the needed changes in the food systems to ensure they deliver more nutritious diets.

Plenary Discussions

The key discussion themes emerging from the plenary discussions were as follows:

The role of desirability, taste preferences in driving food decisions: The role of taste preferences in driving food decisions was acknowledged. Adults, as well as children, are drawn to unhealthy snack foods because of taste preferences. Children have a biological predisposition to sweet foods. Children often do not choose their foods and it often depends on the caregiver's decision. Educating the caregivers so that they understand healthy limits is imperative. Our palates are adaptable to sugar, salt and fat reductions, so it is imperative to work with manufacturers on reformulation to ensure that food products limit the sugar, salt and fat content, wherever possible.

Homestead production of nutrient dense foods can help improve access. There are examples of scalable approaches to homestead food production in the region, including in Nepal and Bangladesh. In Nepal, the programme is scaled up to 60% of municipalities in the country and has reached 100,000 households. India also has beneficial experiences of large-scale programmes.

Translation of policy intent to large scale implementation: Platforms that bring together multiple partners and stakeholders can play a crucial role in enabling translation of policy to programmes and overcoming implementation challenges. There is also need to strengthen coordination and collaboration across sectors and systems to have a positive impact in improving young children's diets in the region.

Enforcement of food labelling regulation: Sri Lanka has initiated colour coding labelling for fat, sugar and salt content in packaged foods. The larger manufacturers

are implementing this provision. However, the smaller manufacturers need more time to adopt the new regulation as there are limited laboratory facilities in the country to ensure that relevant products are analysed to comply with the new labelling regulation.

Regulating commercial snack foods: The World Health Assembly (WHA) Resolution 69.9 calls on countries to ending the inappropriate promotion and marketing of foods and beverages for infants and young children. One suggestion is to include the nutrient profile of these complementary foods on packaging. Nutrient profiling, also nutritional profiling, is the science of classifying or ranking foods by their nutritional composition to help consumers identify healthy and nutritious food. Nutrient profiling can encourage food producers to reformulate their products. Regulations on general packaged foods that are not specifically targeted to children but instead the general population is more challenging. Fortification of junk foods is a matter of concern, as is inappropriate health claims of products. Codex standards and guidelines also exist to guide countries of make foods safe.

Learnings from other regions on decreasing consumption of unhealthy snack foods: The increasing trend in the consumption of unhealthy packaged foods in the region is concerning. The Asia region can learn from other regions with a decreasing trend in the consumption of unhealthy packaged food. In Latin America, regulations and specifically restrictions on labelling and taxes on junk foods have proven successful. In North America, food lobby groups have made regulating more difficult. However, the demand side, i.e. consumer choice, is moving towards whole foods. South Asia can learn from these examples and act now. The private sector is likely to resist changes, and the government needs to be strong and united to introduce and enforce regulations to support healthy diets.

Healthy diets are the game-changers: Investment in agriculture to produce more nutritious foods combined with more informed consumers helps to link the supply and demand sides of the equation to ensure healthy diets, which is a game changer that can positively impact the nutritional status of children.

Group Work Discussions: Review of Food System Action Framework for Improving Young Children's Diets

Food systems play a critical role in improving young children's diets through improved access to and consumption of nutritious, safe, affordable and sustainable complementary feeding diets. Actions in the food system should be leveraged across the following action domains: (a) food supply chain and (b) food environments (personal and external).

Participants worked in groups to review the priority strategic actions in the draft SAARC Food System Action Framework for Improving Young Children's Diets currently under development (Annex 3). Suggested modifications to the strategic actions for the health system action framework are summarised in Annex 4.

Participants also reflected on their country contexts and identified key bottlenecks and barriers in the food system response that need to be addressed to accelerate improvements in young children's diets and feeding practices in their countries.

Summary Takeaway Messages from Session 4: Food Supply and Food Environment

- **ENTWINED** - all the systems are interlinked
- **ENGAGED** - all sectors and stakeholders must be involved
- **ENTIRETY** - all elements of the food systems must be considered (farm to plate)
- **EMPOWERED** - legislations help limit exposure to unhealthy foods, while knowledge helps to expand the supply & demand for healthy food
- **ENFORCED** - without implementation our efforts are of little value
- **EXCEL** - without shaping the food systems, we will not excel in improving children's diets



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Social protection and water and sanitation

The session reviewed the regional frameworks on (a) social protection and (b) water and sanitation and presented on the status of policy and programme actions in these areas to improve young children's diets in South Asia. The session also discussed how to leverage social protection programmes to enhance children's diets and nutrition in South Asia and the role of WASH in improving nutrition outcomes. The discussions by speakers centred on approaches to determine adequacy of social protection cash grants in contributing to nutrition outcomes; ensuring sustainability of social protection programs; elements of designing a good programme to optimise impacts of WASH and social protection interventions on young children's diets; evaluation challenges in attributing success to a single intervention in programmes involving multi-systems; and approaches to converge nutrition and WASH actions.

Technical Presentation

Walk through the regional framework on social protection, water and sanitation, and update on policy and programme status in South Asia

Ms Aashima Garg presented the action frameworks for the social protection and WASH systems (see Annex 3).

Social protection system refers to the institutions, laws, regulations and interventions that protect the needs of vulnerable households and individuals. Social protection systems may include social transfers (e.g., food, cash, vouchers); programmes to ensure economic and social access to services; social support and care services; and legislation and policies that prevent discrimination in access to services and livelihoods. These measures coupled with nutrition counselling for young children can be leveraged to improve the availability and affordability of foods, particularly for the most vulnerable. Delivering strategic actions through the social protection system includes actions at the policy, institution, community, household and individual levels through social protection programmes and services to affect behaviours of caregivers. Ms Garg highlighted some illustrative examples of strategic actions delivered through the social protection system at each of the intervention levels.

The WASH system improves access to and use of safe food, water and clean household environment for young children. It comprised a set of policies, services, and programmes designed for improving water and sanitation services, as well as basic

hygiene practices. Delivering strategic actions through the WASH system includes actions at the policy, institution, community, household and individual levels through WASH services to affect behaviours of caregivers. Ms Garg concluded by sharing some illustrative examples of strategic actions delivered through the WASH system at each of the intervention levels.

Status of policies and programme action within the social protection and WASH systems in South Asia

Mr Zivai Murira shared findings from the landscape review on the status of policy and programme action to improve young children's diets in South Asia with reference to the social protection and WASH systems.

The review of the social protection system's enabling environment revealed that the intent to improve complementary feeding was partially expressed or absent in social protection policies, strategies and action plans in most countries. Social protection as an intervention was not explicitly adopted as a strategic objective of multi-sector policies/strategies to improve the diversity and quality of diets of young children. Gaps were also observed in maternity protection laws across most countries in the region and where available they lack comprehensiveness. In most countries, social protection support for improved early childhood nutrition only covered selected districts; the exceptions were India, Bhutan and Sri Lanka, where nation-wide support is provided. These three countries are also the only countries that provide subsidies that promote affordability of nutritious foods amongst low-income parents.

Nutrition policies, strategies and action plans in most countries in the region include an intent for actions to water supply, sanitation and hygiene. Nonetheless, the policies, strategies and plans have gaps in expression of intent to improve safe food hygiene and storage of complementary feeding and to ensure the safe preparation and storage of complementary feeding. There is also the need for national behaviour change communication strategies that promote safe hygiene practices including during preparation and feeding of complementary feeding to young children 6-23 months old. The WASH enabling environment to improve complementary feeding is generally lacking in Sri Lanka. Mr Murira concluded by underscoring that the geographic coverage of Nutrition-WASH integration initiatives with specific objectives to improve quality of complementary feeding was at small scale, i.e. in selected districts or as a pilot initiative, in most countries in the region.

Guest Presentations

Using social protection platforms to improve young children's diets

Mr James Kingori, Regional Nutrition Officer, WFP Regional Bureau for Asia and Pacific, gave a presentation on how to leverage social protection programmes to enhance children's diets and nutrition in South Asia. He began his presentation by providing a broad overview on why social protection is an important aspect of nutrition-sensitive programming, the role it can play in improving the diets of young children, and the various social protection programmes and instruments that can be used. Key programme design considerations that can augment the impact of social protection programmes on young children's diets include ensuring the programmes target nutritionally vulnerable groups; ensuring adequate quantity and nutritional quality of the food, commodity voucher or cash transfer; and strengthening linkages to nutritionally-relevant activities, such behaviour change initiatives.

Drawing on examples from Bangladesh, India, Nepal and Pakistan, he highlighted some of the key lessons learned on nutrition-sensitive programming within the social protection system: (1) evidence generation and analysis on nutrient gaps can inform a focus on diets and nutrition in social protection programmes; (2) transfer modalities matter for impact on stunting and cash transfers combined with SBCC have the greatest impact; (3) unconditional cash transfers embedded in government cash transfer programmes can lead to sustainable improvements in nutrition; (4) evidence generation on take home rations can contribute to enhancing its quality and delivery.

Mr Kingori concluded by reiterating that social protection has the potential to address underlying determinants of malnutrition at scale. He emphasised that social protection interventions only impact on nutrition if designed with a nutrition lens. The relevance, adequacy and consistency of social protection package determines the magnitude of the impact. To be most impactful, it is necessary to link social protection programmes with nutrition interventions delivered through other systems; here, coordination across sectors and ministries is essential for success. It is crucial to document the scale-up and lessons learned in nutrition-sensitive social protection for children's diets.

The role of WASH in improving nutrition outcomes, including young children's diets

Ms Therese Dooley, Regional WASH Advisor for South Asia, UNICEF, made a remote presentation on the role of WASH in improving nutrition outcomes, including young children's diets. Ms Dooley began her talk by explaining the current knowledge and understandings of the evidence

base linking improved WASH and child nutrition outcomes. She pointed out that there are a series of critical pathways through which WASH can influence undernutrition in direct and indirect ways.

Ms Dooley then provided a big picture view of the drinking water, sanitation and hygiene situation in South Asia. The WASH situation has improved remarkably in South Asia. Since 2000, 540 million people in South Asia have gained access to a basic drinking water source, and the size of the population without access has halved to 137 million. South Asia's achievements in sanitation have been even more visible than that in the areas of drinking water: 775 million people in South Asia gained access to a basic sanitation facility since 2000, and open defecation has decreased by 500 million people. She underscored the fact that disparities in access to WASH services are most pronounced between the poorest and the wealthiest 20 percent and that washing hands with water and soap is practiced much less in rural areas and much less by the people in the poorest segment of society. Ms Dooley concluded her presentation by providing some broad reflections on opportunities for convergent and integrated action between WASH and Nutrition across multiple platforms

Panel Discussion

The technical presentations were followed by a panel session moderated by Ms Jane Badham. Panellists from the Governments of Nepal and Pakistan provided perspectives on social protection and WASH system response actions to improve young children's diets and feeding practices in their countries.

Ms Purnima Upadhyaya, Ministry of Women, Children and Senior Citizen, Nepal, articulated her views on successes from the Government of Nepal's experiences in implementing targeted child grant transfers to improve nutritional status of children under five in the food insecure areas and marginalised population groups. She explained that under the leadership of the National Planning Commission, the Government of Nepal is implementing a multi-sectoral approach to address the problems of malnutrition in the country, including nutrition-sensitive social protection: the "Child Grant" is targeted to all children under-five in the food insecure areas and those belonging to marginalised population groups across the country.

The Cash Grant programme is among several social protection programmes in the country. Although the cash grant is an unconditional grant, local governance structures and civil society groups are mobilised to encourage the families to use the cash grant transfers for the purchase of nutritious foods for the children in the household. Findings of research in

the region where the child grant was implemented indicated a positive impact of the transfers in improving childhood stunting and wasting. Enabling factors for this success include the coordination across multi-sectors, not just at the national level but also at the local level. There is also strong institutional arrangement for monitoring and evaluation and local level structures are involved in these activities.

Ms Upadhyaya also shared some reflections on some of the challenges faced in rolling out this social protection initiative. The child grant transfer is designed to benefit two children under five per targeted household, however, many disadvantaged families have more than two children and the cash is therefore diluted across many children, potentially limiting the impact. While robust monitoring mechanisms are in place, mistargeting and/or under-coverage of targeted beneficiaries cannot be completely ruled out and this may reduce the effectiveness of the programme in supporting improvements in young children's diets.

Dr Waqar Memon, Director Nutrition, Nutrition Support Program, Sindh, Karachi, reflected on lessons learnt from the Government of Pakistan's experiences in implementing nutrition-WASH integration initiatives which have an explicit intention to improve the quality of diets of young children of 6-23 months. Pakistan has a high burden of malnutrition with 40% stunting among children, and so nutrition is a top priority of the government. The Government of Pakistan and its development partners have been working to expand access to a multi-sectoral package of services to reduce stunting in high burden provinces, including interventions to improve hygiene, sanitation and dietary practices. Some of the lessons learnt from the integrated WASH and nutrition programming are the importance of having common contact points across sectors to enable joint delivery of actions. Furthermore, development of integrated action plans and integrated training packages, joint monitoring and engagement and joint capacity building of decision makers enables joint delivery of action. In addition, Pakistan has a good joint monitoring and evaluation system which helped ensure robust monitoring and provided important signals about areas that could be changed or adapted to increase impact of the joint actions for children's survival and development outcomes.

Dr Memon concluded his remarks by sharing some of the constraints and challenges in ensuring an adequate WASH response to improve access to safe complementary foods in Pakistan. One of the most significant constraints or challenges is that the WASH programming component does not have a full geographical coverage thereby constraining convergence of action with other efforts to improve young children's diets. Translating policy to implementation at the grass roots is also challenge. While multi-sectoral coordination at the national level is good, it is much weaker

at the local level where nutrition is often thought of as a health issue and not looked at in terms of its other underlying determinants, thus constraining the prioritisation of needed actions from other systems.

Plenary Discussions

The key discussion themes emerging from the plenary discussions were as follows:

Approaches to determine adequacy of social protection cash grants in contributing to nutrition outcomes: The adequacy of cash grants should be informed by an analysis of how much it costs to provide a nutritious diet that meets needs for energy and recommended intakes of protein, fat and micronutrients. This evidence can be used to influence the size of the transfers to meet the nutrition objectives of access to an adequate, safe and nutritious diet.

Ensuring sustainability of social protection programs: Government leadership and institutionalisation of social protection programmes into national budgets, as opposed to donor funded projects, allows for sustainability of social protection programmes. This has been exemplified in India and Sri Lanka, with government driven and led social protection programmes have been operating for several decades.

Evaluating the impact of WASH and Social Protection interventions on young children's diets: It is important to identify appropriate targets and indicators to evaluate the impact of programmes. For example, if a programme is designed to increase dietary diversity then it is best to measure dietary practices and not stunting at the impact level. In reference to the reported positive nutrition impacts of the Nepal child grant transfer programme, there is need for caution in attributing the impacts only to the child cash grant transfers in view of the complexity of the impact pathways and other positive developments that took place at the same time (e.g. socio economic changes, increases in road network, WASH efforts, and presence of other nutrition focused multi-sectoral projects may also contribute to the observed outcomes).

Approaches to convergent and integrated nutrition and WASH action: In the field of sanitation, triggering change in the beneficiary is an approach that is often adopted. Adding other elements, not just to integrate but also to converge nutrition to WASH programmes, to trigger behaviour change is an important consideration. Building in system sustainability is a central element in sanitation programming and the same can be embraced for access to services such as clean water.

Group Work Discussions: Review of Social Protection System and WASH System Action Framework for Improving Young Children's Diets

The WASH system promotes access to and use of safe complementary food, water, and a clean household environment, thus contributing to improving young children's diets and growth. Actions in the WASH system should be leveraged across the following action domains: a) WASH supply and services, and (b) caregivers' behaviours. The social protection system provides a platform to improve the access and consumption of nutritious and affordable complementary feeding diets through the use of social protection programmes and services. Actions in the Social Protection system should be leveraged across the following action domains: a) social protection programmes and services, and, (b) caregivers' behaviours.

Participants worked in groups to review the priority strategic actions in the draft SAARC Social Protection System and WASH System Action Frameworks for Improving Young Children's Diets currently under development (Annex 3). Suggested modifications to the strategic actions for the WASH and social protection system frameworks are in Annex 4.

Participants also reflected on their country contexts and identified key bottlenecks and barriers in the social protection system and WASH system response that need to be addressed to accelerate improvements in young children's diets and feeding practices in their countries.

Summary Takeaway Messages from Session 5: Social Protection and Water and Sanitation

Social Protection

- **ADJUNCT** – to other systems and not a stand alone
- **APPLICABLE** – Social protection in an applicable entry point for delivering nutrition interventions
- **AMPLIFY** – Social protection systems can be introduced or adjusted to enable caregivers to better meet the needs of their children
- **ATTRIBUTION** – We cannot attribute everything to social protection but it does contribute
- **ACCELERATE** – Social protection can accelerate the improvement of young children's diets

WASH

- **RED FLAG** – insufficient WASH policies and programmes include complementary feeding
- **RECOGNISE** – that Nutrition and WASH can both integrate or converge
- **REPEATED** – continuity of WASH supply and services is critical, cannot be once off
- **REACH** – has to be beyond the individual and cover the whole community
- **REALITY** – is that most of the contamination happens at household level
- **ROUSE** – must nudge positive behaviours
- **RETHINKING** – based on the evidence, WASH is more than just diarrhea

Deep dive on enhancing demand for services and changing caregiver behaviour

The session highlighted the strategic actions that need to be prioritised across systems to change caregiver behaviours in support of young children's diets; provided some reflections on what works to improve demand for services and caregiver behaviours through the health system; and presented on multi-sectoral platforms for nutrition behaviour change with a focus on agriculture, WASH, and education platforms. The speakers also shared their views on the roll out of SBCC initiatives in the context of POSHAN Abhiyaan, the Government of India's flagship programme to improve nutritional outcomes for children, pregnant women and lactating mothers; lessons learnt from the Government of Maldives' SBCC efforts to promote consumption of nutritious complementary foods by young children; and how to change behaviours and trigger demand to improve nutrition outcomes for children in the region. The discussions also examined SBCC messaging in various food availability situations; sustainability of social change in SBCC; best practices on SBCC from the region; and approaches to effectively anchor a multi-sectoral approach.

Walk through the 'changing caregiver behaviours' component of each system framework

Ms Aashima Garg gave a presentation on the strategic actions that need to be prioritised across systems to change caregiver behaviours. She explained that these strategic actions should include strengthening policies, strategies and plans to influence demand for nutritious and safe complementary foods as well as support for women's decision-making capacity. These actions should be informed by formative research to align national policies and plans with feeding behaviours, practices and social norms that enable or limit young children's diets. Reviewing and strengthening national SBCC strategies, plans and budgets across the systems to include tested context-specific messages, delivery platforms and channels for improving young children's diets is needed. In addition, it is important to strengthen linkages between national SBCC strategies and programmes and service delivery through all relevant platforms.

Strategic actions to change caregivers' behaviours across systems should include the integration of SBCC to improve young children's diets in capacity building and counselling tools and other resources for frontline workers and caregivers across sectors, and aligning SBCC across all relevant sectors, including agriculture, health, WASH and social protection. Furthermore, it is important to strengthen national and decentralized capacity and contact points across systems to facilitate delivery of skilled counselling and assessing and

prioritizing service delivery platforms (contact points) for delivering key communication messages on complementary feeding across the relevant sectors.

Ms Garg concluded the presentation by highlighting some illustrative examples of strategic actions related to leveraging partnerships, evidence generation, capacity building of parents and caregivers that can be delivered across the health, food, social protection and WASH systems to address system-specific determinants and influencers of young children's diets.

Guest Presentations

What works to improve demand for services and caregiver behaviours through the health system?

Mr Thomas Forissier, Director of Programs, South Asia, Alive & Thrive, provided some reflections on what works to improve demand for services and caregiver behaviours through the health system and shared some of the design features of effective complementary feeding programmes. Mr Forissier started off the presentation by discussing evidence on what works to improve complementary feeding through SBCC approaches. He explained that studies show that SBCC alone or with food intervention can, in a relatively short time period of 1-2 years, improve minimum dietary diversity by 30 percent at scale. The impact of SBCC interventions vary based on a population's access to food. SBCC and food access interventions are both needed and similar in importance; each is responsible for roughly half the impact on dietary diversity.

Changing behaviours requires a minimum number of contacts with beneficiaries, which for IYCF is five to seven contacts. It works best to use multiple platforms to communicate consistent messages. The quality of delivery is as important as coverage for impact. It is also critical to change the behaviours of stakeholders at all levels in the system so that intervention gets delivered effectively to the beneficiaries, including but not limited to both frontline workers and frontline managers. Incentives, training and supervision are also important.

Mr Forissier concluded with a few takeaway messages emphasising that (1) CF programmes should balance SBCC and food access interventions; (2) complementary feeding SBCC should deliver consistent messages through multiple child contacts and across multiple channels; (3) SBCC starts with beneficiaries, but doesn't end with them, and that frontline

workers and managers are also SBCC targets before they can be providers; (4) knowledge of beneficiary behavioural determinants is key to intervention design; and (5) accelerating complementary feeding requires improvements at the beneficiary, frontline worker, supervisory and system level.

Multi-sectoral platforms for nutrition behaviour change – focus on agriculture, WASH, and education platforms

Mr Fred Grant, HKI, Regional Director for Programs, Asia Pacific Region, presented on multi-sectoral platforms for nutrition behaviour change with a focus on agriculture, WASH, and education platforms. He explained that a multi-sectoral approach includes agriculture, health, WASH, social protection, livelihoods, education, gender and social inclusion approaches to affect nutrition. Drawing on large-scale implementation experience in multi-sectoral nutrition programmes from Bangladesh and Nepal, Mr Grant discussed lessons on some key social behaviour change principles that need to be considered in the delivery of SBCC across the systems in order to better impact on improvements in young children's diets and feeding practices.

Key principles in a multi-sectoral approach include understanding the target group and knowing how one can reach them, where, and by whom. Coordinated strategies need coordinated delivery, while messages need to be adapted to the sector, platform, actor and target characteristics. Intensity and focus needed, prioritizing a small number of behaviours. Moreover, user-friendly mobile data collection and feedback can promote data utilization to improve SBCC strategies and targeting. Mr Grant concluded by underlining the fact that improvements in young children's diets and feeding practices requires multiple SBCC approaches and channels appropriate to context and that making all platforms nutrition-sensitive requires time.

Panel Discussion

The technical presentations were followed by a panel session moderated by Ms Jane Badham. Panellists from the Governments of India and Maldives provided perspectives on strategic response actions that are being prioritised across systems in changing caregiver behaviours to improve young children's diets and feeding practices in their countries.

Sri Patibandla Ashok Babu, Director, Ministry of Women & Child Development, Government of India shared his views on the roll out of SBCC initiatives in the context of POSHAN Abhiyaan, the Government of India's flagship programme to improve nutrition outcomes for children, pregnant women and lactating mothers, which was launched by the Prime Minister of India in March 2018. The POSHAN Abhiyaan has an ambitious plan to reach every child in India. He explained that twice a year, a month in September and half a month

in March, the Abhiyaan focuses on demand generation for nutrition.

Sri Babu further highlighted that there are four features integral to the POSHAN Abhiyaan's SBCC efforts. First, it optimises the use of cultural events as entry points for influencing positive behaviour change. One such example is that *godg bharai* or the baby shower, which typically happens around the 7th month of pregnancy in India, is taken as an entry point to influence positive behaviours for better nutrition outcomes for the mother and child. Second, the monitoring system design is robust with a plan to provide each of the frontline workers with a smart phone to enter nutrition monitoring data, including indicators on SBCC. This data can be reviewed in real time to understand how the programme is progressing. Third, the Abhiyaan is government led and enjoys the highest level of political commitment with the Prime Minister, Chief Ministers and Governors serving as champions.

Enhancing demand for services and changing caregiver behaviours with respect to young children's diets and feeding practices is an enormous undertaking in a country the size of India. As POSHAN Abhiyaan is a highly ambitious plan that started only a year ago, there are some milestones yet to be achieved. For example, there are still some gaps and delays in real time monitoring and tracking of SBCC efforts as only a third of the frontline workers have received smart phones for data monitoring. SBCC alone is not sufficient in making significant improvements in complementary feeding and other sectors such as WASH, local government and food security will need to effectively prioritize nutrition in their decisions.

Ms Mainoona Abuobakur, Director General of Public Health, Maldives, shared lessons learnt from the Government of Maldives' SBCC efforts to promote consumption of nutritious complementary foods by young children, while decreasing consumption of sugary drinks and processed foods. Maldives enjoys good socio-economic development and a high coverage of services. Despite the health system's interventions, the nutritional status of the people in Maldives has not kept pace with other developments, and obesity is on the rise. The government has designed a SBCC package to target the first 1000-day period and has rolled it out in the country. It focuses on pregnant and lactating women, mothers and caregivers of 6-23 months children and children under six years, and antenatal and postnatal care health workers. They have launched a mobile app for this programme and it had 1000 downloads on its second day.

One of the main challenges in Maldives is that the island country does not have adequate agricultural land and it heavily relies on food imports, even for staples. An insignificant amount of vegetables and fruits is produced in the country. This has resulted in families preferring packaged foods over healthy options. While both supply side and food

environment have their problems, the demand side also needs to be addressed. Maldives needs to work on improving its population's knowledge on importance of dietary diversity and consumption of nutritious diets. This can help Maldives address the challenges of rising non-communicable diseases.

Ms Layla Saad, Regional Advisor, Communication for Development, UNICEF, shared her reflections on how to change behaviours and trigger demand to improve nutrition outcomes for children in the region. She acknowledged that social and behavioural changes are complex phenomena. Systematic interventions through five levels-- individual, household, community, institution and policy - are required. Intensity and frequency are necessary in any SBCC messaging. The social aspect of SBCC is also equally significant and changing social norms requires community and citizen engagement. All the work done on the demand side needs to be complemented with supply side such as quality services. In addition, participatory governance and social accountability are crucial.

Plenary Discussions

The key discussion themes emerging from the plenary discussions were as follows:

Addressing SBCC messaging in various food availability situations: Understanding how best to target SBCC messaging in various food availability situation is complex.

Therein comes the usefulness of a multi-sectoral approach in which social protection can tackle food availability, access and affordability. While technology can allow for differential SBCC messaging by context, it may not be feasible in every system.

Sustainability of social change in SBCC and best practices on SBCC from the region: Evidence from the region from some of the work supported by Alive and Thrive shows that behavioural change can be sustained even beyond project implementation. SBCC can be sustainable if the social elements are also adequately addressed. Best practices on SBCC can be located from websites for SBCC projects in the region including, including Alive & Thrive's experiences.

Approaches to effectively anchor multi-sectoral approach:

Approaches to effectively anchor a multi-sectoral approach requires a national body at the centre that has a mandate to coordinate among multiple ministries; a district/state/province level body that can coordinate at the sub-national level; and a local level body that can coordinate and implement a multi-sectoral approach at the community level. In addition, multi-sectoral data collection and review can support evidence-based feedback mechanism into the multi-sectoral implementation. Rooting the multi-sectoral approach to the socio-cultural aspect of the beneficiary is crucial and sound coordination between multi-sectoral actors is essential.

Bringing it together

7

The member states together reviewed and provided inputs to a synthesis of key messages that emerged during the conference on the required advocacy, policy, programme and research priorities to accelerate improvements in the region. They also recommended contents for a Call to Action to accelerate improvements in young children's diets and feeding practices in the region. The agreed key messages and Call to Action are provided in Annex 5.



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Taking it forward

The member states engaged in country-led group discussions. They reflected on the knowledge and experiences that were discussed during the conference, and identified the country's priorities, actions and future steps to accelerate progress in improving young children's diets and feeding practices. The country action plans are provided in Annex 6.



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Closing ceremony

Representatives of member states, from Bhutan and Sri Lanka, presented the key messages and the Call to Action from the conference on Stop Stunting| Improving Young Children's Diets in South Asia agreed upon by representatives of member states (Annex 5).

Closing remarks were provided by **Ms Sun-Ah Kim, Deputy Regional Director, UNICEF ROSA, and Ms Rishfa Rasheed, Director Social Affairs, SAARC.**

Ms Sun-Ah Kim congratulated the member states in identifying strategic actions to transform the diets of young children in South Asia. There is an urgency to improve nutrition's diets across the region. A multi-system approach is necessary and requires the support of multiple stakeholders. Large-scale programmes that reach every child in desired. Our obligation also lies in protecting the children and families against harmful influence of the food and beverage industry. An essential role of data in tracking progress and learning in ensuring programmes are designed well. In selecting her favourite takeaway messages, she highlighted L for local context and solutions; E for excelling in shaping foods systems; A for amplifying social protection; R for repeating WASH efforts; and N for acting now to leave

NO child behind. She hoped that the conference ended with a greater resolve to act to improve children's diets, with a clearer understanding of the way ahead, with allies from across the region with whom to collaborate, and an ambition to LEARN together. UNICEF ROSA, together with all country offices, are strongly committed to working with member state governments to support the implementation of the key actions identified jointly and by individual countries at the Conference. She thanked the guest speakers, panellists and participants who devoted their time to share their knowledge, experiences and reflections to enrich the discussions. She also thanked SAARC for their continued commitment to the nutrition agenda in South Asia and appreciated their partnership with UNICEF ROSA.

Ms Rishfa Rasheed, Director Social Affairs, SAARC, closed the Conference. She thanked the participants for a fruitful event and requested Member States to support the implementation of the agreed Call for Action. She expressed appreciation for the support provided by UNICEF in hosting the meeting, which has been very useful for SAARC Member States. She also called for increased support towards improving the nutritional status of children and women in all countries in the region.



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Annex 1. Conference Agenda

Monday May 7th

TIME	SESSION TITLE	PRESENTATION	PRESENTER
08:00	REGISTRATION OF CONFERENCE PARTICIPANTS		
Session 1: INAUGURAL SESSION			
09:00	OPENING CEREMONY	Welcome and introduction	Master of Ceremony, Ms Shivanee Thapa Basnyat
		Traditional Nepali candle lighting session	
		Remarks by UNICEF ROSA	Ms Sun-Ah Kim, Deputy Regional Director, UNICEF ROSA
		Remarks by SAARC	H.E. Mr Amjad Hussain Sial, Secretary General of SAARC
		Remarks by Guest of Honour, Ministry of Health & Population, Government of Nepal	Dr Surendra Kumar Yadav, Honourable State Minister for Health & Population
09:30	KEYNOTE ADDRESS	Complementary foods and feeding practices in South Asia - the imperative for transformation in approaches.	Dr Harriet Torlesse, Regional Nutrition Advisor for South Asia, UNICEF
10:00	PANEL DISCUSSION	Panel discussion	Moderator: Ms Jane Badham Panellists: Dr Hiranya Senani Jayawickrama, National Programme Manager (Child Nutrition), Ministry of Health, Sri Lanka Prof. Dr Ramesh Kant Adhikari, Advisor, Nepal Medical Council Mr Alok Ranjan, Country Lead, Nutrition, Belinda & Melinda Gates Foundation Dr Imran Ahmed Chowdhury. Programme Manager, South Asia Policy Leadership for Nutrition and Growth (SAPLING).
10:30	MORNING BREAK (PHOTO)		

Session 2: FRAMING THE PROBLEM AND SOLUTIONS			
11.00	DRIVERS OF YOUNG CHILDREN'S DIETS	The drivers of young children's diets in South Asia Panel discussion	Ms Annemarie Hoogendoorn, UNICEF ROSA Panellists: Dr R. V. Bhavani , Director, Agriculture Nutrition Health Programme, M S Swaminathan Research Foundation, Chennai Dr Ty Beal, Technical Specialist, Knowledge Leadership, GAIN Ms Kristen Kappos, Associate Director for South Asia Programs, Alive & Thrive
		Open discussion	All participants
12.30	INTRODUCTION TO THE REGIONAL COMPLEMENTARY FEEDING FRAMEWORK	Overview of the regional action framework on CF Structure of the regional conference	Ms Aashima Garg, Nutrition Specialist, UNICEF headquarters Ms Jane Badham
13.00	LUNCH BREAK		
Session 3: HEALTH SYSTEM			
14.00	ACTION FRAMEWORK FOR THE HEALTH SYSTEM	Walk through the regional framework on health system and status of policies and programme action within the health system in South Asia	Ms Aashima Garg and Mr Zivai Murira
14.30	GUEST SPEAKERS	Strengthening health systems to support mothers on IYCF at scale	Dr Angela de Silva, Regional Advisor, Nutrition and Health for Development, WHO SEARO
		Enhancing the quality of health service delivery to improve complementary feeding	Dr Deborah Ash, Senior Maternal, Infant and Young Child Nutrition Advisor, South Asia, Alive & Thrive
		The role of micronutrient interventions in complementary feeding	Ms Archana Chowdhury, Programme Manager, Newborn Care and Infant and Young Child Nutrition, NI
15.15	PANEL SESSION AND OPEN DISCUSSION	Panel session	Representatives from member states: Bangladesh and Bhutan
		Open discussion	All participants
16:00	AFTERNOON BREAK		

16.30	GROUP WORK	Table-top group work	All participants
17.30	CLOSE OF DAY 1		

Wednesday 18th September 2019

TIME	SESSION TITLE	PRESENTATION	PRESENTER
08.30	RECAP FROM DAY 1	Summary of Day 1 proceedings	
Session 4: FOOD SUPPLY AND FOOD ENVIRONMENT			
09.00	ACTION FRAMEWORK FOR THE FOOD SUPPLY AND FOOD ENVIRONMENT	Walk through the regional framework on food supply and food environment and update on policy and programme status in South Asia	Ms Aashima Garg and Mr Zivai Murira
09.30	GUEST SPEAKERS	Making food systems work for young children's diets	Ms Patrizia Fracassi, Senior Nutrition Office, FAO Rome, and Ms Charlotte Dufour, Food Systems Advisor to the Scaling Up Nutrition Movement Secretariat.
		Availability, affordability, and accessibility of nutritious complementary foods in South Asia	Dr Ty Beal, Technical Specialist, Knowledge Leadership, GAIN
		Protecting the diets of young children in South Asia	Dr Alissa Pries, Senior Research Advisor, ARCH, HKI
10.15	PANEL SESSION AND OPEN DISCUSSION	Panel session	Representatives from member states: Afghanistan and Sri Lanka Dr R. V. Bhavani, Director, Agriculture Nutrition Health Programme, M S Swaminathan Research Foundation, Chennai
		Open discussion	All participants
11:00	MORNING BREAK		
11.30	GROUP WORK	Table-top group work	All participants
12.30	BRINGING IT TOGETHER FOR THE FOOD SYSTEM	Summary of key issues discussed	Ms Jane Badham
13.00	LUNCH BREAK		

Session 5: SOCIAL PROTECTION AND WATER & SANITATION			
14.00	ACTION FRAMEWORK FOR THE SOCIAL PROTECTION AND WATER AND SANITATION SYSTEMS	Walk through the regional framework on social protection, water and sanitation, and update on policy and programme status in South Asia	Ms Aashima Garg and Mr Zivai Murira
14.40	GUEST SPEAKERS	Using social protection platforms to improve young children's diets	Mr James Kingori, Regional Nutrition Officer, WFP Regional Bureau for Asia and Pacific
		The role of WASH in improving nutrition outcomes, including young children's diets	Ms Therese Dooley, Regional WASH Advisor for South Asia, UNICEF
15.20	PANEL SESSION AND OPEN DISCUSSION	Panel session	Representatives from member states: Nepal and Pakistan
		Open discussion	All participants
16:00	AFTERNOON BREAK		
16.30	GROUP WORK	Table-top group work	All participants
17.30	Close of Day 2		

Thursday 19th September 2019

TIME	SESSION TITLE	PRESENTATION	PRESENTER
Session 6: DEEP DIVE ON ENHANCING DEMAND FOR SERVICES AND CHANGING CAREGIVER BEHAVIOURS			
08.30	OVERVIEW OF ACTION FRAMEWORKS ON CHANGING CAREGIVER BEHAVIOURS ACROSS SYSTEMS	Walk through the 'changing caregiver behaviours' component of each system framework	Ms Aashima Garg and Mr Zivai Murira
08.45	GUEST SPEAKERS	What works to improve demand for services and caregiver behaviours through the health system?	Mr Thomas Forissier, Director of Programs, South Asia, Alive & Thrive
		Multi-sectoral platforms for nutrition behaviour change – focus on agriculture, WASH, and education platforms	Mr Fred Grant, HKI, Regional Director for Programs, Asia Pacific Region.

09:15	PANEL SESSION AND OPEN DISCUSSION	Panel session	Representatives from member states: India and the Maldives Ms Layla Saad, Regional Adviser, Communication for Development, UNICEF ROSA
		Open discussion	All participants
10:00	MORNING BREAK		
Session 7: BRINGING IT TOGETHER			
10:30	BRINGING IT TOGETHER	Bringing it together to achieve results at scale to improve the diets of young children in South Asia	All participants
Session 8: TAKING IT FORWARD AT COUNTRY - COUNTRY GROUP DISCUSSIONS			
11:30	COUNTRY GROUP DISCUSSIONS	Country group discussions on visioning for the future	All participants
13:00	LUNCH BREAK		
14:00	SHARING COUNTRY PRIORITIES	World Cafe	All participants
15:15	CONFERENCE EVALUATION		All participants
15:30	AFTERNOON BREAK		
16:00	CLOSING CEREMONY	Call to Action	Government representative from the member states
		Closing remarks by UNICEF ROSA	Ms Sun-Ah Kim, Deputy Regional Director, UNICEF ROSA
		Closing remarks by SAARC	Ms Rishfa Rasheed, Director Social Affairs, SAARC
17:00	END OF CONFERENCE		

Annex 2. Conference Participants

Name	Designation	Organization
Afghanistan		
Dr Said Shamsul Islam Shams	AFSeN Coordinator	Chief Executive Office of the Government of Islamic Republic of Afghanistan
Dr Shamsir Khan	Officer	Nutrition Department, Logar Province, MoPH
Ms Maureen Louise Gallagher	Chief of Nutrition	UNICEF
Ms Palwasha Anwari	Nutrition officer, Kabul	UNICEF
Dr Mohammad Qasem Shams	Nutrition Professional Officer	WHO
Bangladesh		
Mr Tanmoy Majumder	Senior Assistant Secretary	Ministry of Foreign Affairs
Dr S M Mustafizur Rahman	Line Director, National Nutrition Services, Institute of Public Health and Nutrition, DG Health Services	Ministry of Health and Family Welfare
Dr Murad Md. Shamsher Tabris Khan	Deputy Programme Manager, National Nutrition Services, Institute of Public Health and Nutrition	Ministry of Health and Family Welfare
Mr Mohammad Eamin Khan	Deputy Secretary	Ministry of Women and Children's Affairs
Mr Mohammed Rehan Uddin	Deputy Secretary	Ministry of Social Welfare
Ms Mayang Sari	Nutrition Specialist	UNICEF
Ms Monira Parveen	Nutrition officer	UNICEF
Ms Nimmi Hossain	Nutrition officer	UNICEF
Dr Zeba Mahmud	Country Director	Alive & Thrive, FHI 360
Md. Shahajahan Matubbar	Programme Associate-Maternal, Infant and Young Child Nutrition	GAIN

Name	Designation	Organization
Bhutan		
Mr Sangay Thinley	Desk Officer	Ministry of Foreign Affairs
Mr Laigden Dzed	Dy Chief Program Officer	Nutrition Programme, Ministry of Health
Mr Namgay Thinley	Chief Agriculture Officer	Agriculture Production Division, Department of Agriculture, Ministry of Agriculture and Forests
Mr Ugyen Wangchuk	Program Officer	National Commission for Women and Children
Mr Tobgye Tobgye	C4D Specialist	UNICEF
India		
Mr Ashok Babu Patibandla	Adviser (Health and Nutrition)	NITI Aayog
Director	Ministry of Women & Child Development	Ministry of Rural Development
Ms Gayatri Singh	Child Development Specialist	UNICEF
Ms Sebanti Ghosh	Country Director	Alive & Thrive, FHI 360
Dr Arijit Chakrabarty	Senior Project Manager	GAIN
Dr Arun Kumar Panda	Principal Scientist	ICAR-Central Institute for Women in Agriculture, Bhubaneswar, Odisha
Dr R V Bhavani	Director, Agriculture Nutrition Health Programme	M S Swaminathan Research Foundation
Dr Archana Chowdhury	National Program Manager	NI
Dr Shariqua Yunus Khan	Nutritionist and head of Nutrition unit	WFP
Maldives		
Ms Maimoona Aboobakuru	Director General	Health Protection Agency
Ms Lubna Nizam	Clinical Nurse	Dhamanaveshi
Ms Aminath Iasha	Dietitian	Indira Gandhi Memorial Hospital
Ms Nazhath Haleem	Programme Manager	Advocating the Rights of Children

Name	Designation	Organization
Nepal		
Dr Surendra Kumar Yadav	State Minister for Health and Population	Ministry of Health and Population (MoHP)
Dr Samir Kumar Adhikari	Health Administrator	MoHP
Mr Harihar Sharma	Senior Public Health Officer	MoHP
Mr Babu Ram Shrestha	Joint Secretary	Ministry of Federal Affairs and General Administration
Mr Dilli Ram Panthi	Under Secretary	Ministry of Federal Affairs and General Administration
Ms Laxmi Ghimire	Under Secretary	National Planning Commission
Mr Kedar Raj Parajuli	Under Secretary	Family Welfare Division, MoHP
Mr Bishnu Devkota	Under Secretary	Ministry of Agriculture and Livestock
Ms Purnima Upadhyaya	Section Officer	Ministry of women, Children and Senior Citizen
Dr Ramesh Kant Adhikari	Advisor	Nepal Medical Council
Ms Elke Wisch	Representative	UNICEF
Mr Anirudra Sharma	Nutrition Specialist	UNICEF
Mr Gyan Bahadur Bhujel	MSNP Officer	UNICEF
Mr Sanjay Rijal	M&E Officer	UNICEF
Ms Anju Adhikari	MIYCF consultant	UNICEF
Mr Avash Nirola	Director – programmes & Partnerships	Baliyo Nepal Nutrition Initiative
Ms Dale Davis	Country Director	HKI
Ms Pooja Pandey Rana	Deputy Chief of Party	HKI, Suahaara Programme
Ms Babita Adhikari	Senior Project Officer	HKI
Ms Nisha Sharma	Research Manager	HKI
Ms Neena Upreti	Intern	HKI
Dr Anteneh Girma Minas	Nutrition Advisor	WFP Nepal

Name	Designation	Organization
Pakistan		
Mr Nazeer Ahmed	Deputy Chief, Nutrition Section	Ministry of Planning, Development & Reform/Planning Commission, Islamabad
Dr Ghulam Mustafa Khan	Dy. Director Nutrition	Balochistan Nutrition Program, Quetta.
Dr Fazal Majeed	Dy. Director Nutrition, KP Integrated Program	KP Integrated Program, Department of Health, KP
Dr Muhammad Nasir	Program Manager Nutrition	Integrated Reproductive, Maternal, Newborn & Child Health and Nutrition Program, Punjab, Lahore
Ms Saba Shuja	Nutrition Officer	UNICEF
Dr Shafiq-ur-Rehman	Nutrition Specialist	UNICEF
Dr Ijaz Habib	Programme Officer (Nutrition)	WFP
Mr Muhammad Tahir Nawaz Khan	Programme Policy Officer	WFP
Dr Asma Badar	Project manager	GAIN
Sri Lanka		
Mrs Lakmini Magodaratna	Acting Director	Nutrition Division, Ministry of Health
Dr Hiranya Senani Jayawickrama	Consultant Community Physician	Family Health Bureau, Ministry of Health
Mrs K.G.D. Priyanka	Director (Development)	Ministry of City Plannig Water Supply and Higher Education
Mr G.D.D. Kumara	Director	Ministry of Primary Industries and Social Empowerment
Dr Safina Abdulloeva	Programme Manager CSD	UNICEF
Dr Dhammica Rowel	Health and Nutrition Officer	UNICEF
Ms Kate Sinclair	International Consultant Nutrition	WFP
SAARC		
H.E. Mr Amjad Hussain Sial	Secretary General	SAARC
Ms Rishfa Rasheed	Director	SAARC
Ms Ishrat Jahan	Director	SAARC
Mr Zulfiqar Ahmed	Desk Officer, Social Affairs Division	SAARC

Name	Designation	Organization
UNICEF ROSA and HQ		
Ms Sun-Ah Kim	Deputy Regional Director	UNICEF ROSA
Ms Harriet Torlesse	Regional Nutrition Adviser	UNICEF ROSA
Mr Zivai Murira	Regional Nutrition Specialist	UNICEF ROSA
Ms Aashima Garg	Nutrition Specialist	UNICEF Headquarters
Ms Layla Saad	Regional Adviser C4D	UNICEF ROSA
Ms Puja Jha	Programme Associate	UNICEF ROSA
Ms Jane Badham	Conference Facilitator	UNICEF ROSA
Ms Annemarie Hoogendoorn	Consultant, Complementary Feeding	UNICEF ROSA
Ms Indu Adhikary	Consultant	UNICEF ROSA
Ms Danya Sarkar	Consultant, Maternal Nutrition	UNICEF ROSA
Ms Samjhana Bhattarai	Consultant, ITC	UNICEF ROSA
Ms Shivane Thapa	Master of Ceremony	UNICEF ROSA
Global & regional partners		
Mr Sujay Nepali Bhattacharya	Head of Nutrition and Health Department	Action Against Hunger Action Contre la Faim (ACF)
Mrs Kristen Kappos	Associate Director, South Asia Programs	Alive & Thrive, FHI 360
Mr Thomas Forissier	Director of Programs	Alive & Thrive, FHI 360
Dr Deborah Ash	Senior MIYCN advisor	Alive & Thrive, FHI 360
Mr Alok Ranjan	Country Lead, Nutrition	BMGF
Ms Annabel Judith Walker Hodge	CO Editor Nutrition Exchange	ENN
Dr Ty Beal	Technical Specialist, Knowledge Leadership	GAIN
Mr Fred Grant	Regional Director of programmes	HKI
Dr Alissa Pries	Senior Research Advisor, ARCH Project	HKI
Dr Kenda Cunningham	Senior Technical Advisor	HKI
Mr Macha Raja Maharjan	Advisor-South Asia	Iodine Global Network
Dr Anjali Bhardwaj	Regional Manager	Nutrition International
Dr Adhish Dhungana	Senior Program Manager- Health, Nutrition and HIV/AIDS	Save the Children Nepal
Dr Imran Ahmed Chowdhury	Programme Manager	South Asia Policy Leadership in Nutrition and Growth (SAPLING), BRAC

Name	Designation	Organization
Dr Naomi Saville	Senior Research Associate	University College London, UK
Mr James Kingori	Regional Nutrition Officer	WFP
Mrs Britta Schumacher	Senior Regional Nutrition Advisor	WFP
Remote participants		
Ms Patrizia Fracassi	Senior Nutrition Officer	FAO Rome
Ms Charlotte Dufour	Food Systems Advisor	Scaling Up Nutrition Movement Secretariat
Ms Therese Dooley	Regional WASH Advisor for South Asia	UNICEF ROSA
Dr Angela de Silva	Regional Advisor	WHO SEARO

Strategic actions through the food system to improve young children's diets

Action area	Policy environment	Institutional (public and private)	Community/household/individual
Food supply chain	<ul style="list-style-type: none"> Strengthen national policies, strategies, plans and standards on: <ul style="list-style-type: none"> Diversification of food production with nutrient rich crops and ASF Production, storage, fortification, bio-fortification and reformulation of indigenous, local and commercial CF Influence private sector to produce, package and distribute convenient, affordable and fortified CF. 	<ul style="list-style-type: none"> Develop implementation guidelines and monitoring systems to support production and access to nutritious, diverse and safe CF. Identify feasible approaches to strengthen supply chain efficiency and fortification through research and development. 	<ul style="list-style-type: none"> Leverage partnerships to support nutrition sensitive agriculture, livelihoods and post-harvest processing to improve access to nutritious, diverse and affordable CF at family level. Generate evidence to inform scale-up of integrated agriculture, nutrition and livelihoods interventions targeted at improved access to diverse and affordable CF and women's empowerment.
Food environment	<ul style="list-style-type: none"> Strengthen legislation on marketing restrictions, labelling requirements, taxes, and subsidies for nutritious and safe CF. Foster policy coordination across sectors to promote access to diverse and nutrient rich CF. Forge partnerships to address gaps in policy environment to promote access to nutritious CF (aligned to Code and WHA 699). 	<ul style="list-style-type: none"> Assess markets and marketing practices to understand barriers to availability and sustained access of affordable, nutritious and safe CF. Ensure national food-based dietary guidelines are developed and include the nutrient requirements of young children. Support the application, regulation, control and enforcement of food safety, nutrition composition and marketing standards for CF. 	<ul style="list-style-type: none"> Expand capacity of community platforms to raise consumer demand for nutritious, healthy and safe CF. Generate evidence to inform scale-up of innovations to improve access to nutritious, safe and affordable CF, with local small and medium scale enterprises.
Behaviour of caregivers	<ul style="list-style-type: none"> Strengthen policies, strategies and plans to <ul style="list-style-type: none"> Influence demand for nutritious and safe CF Support women's decision making Align SBCC strategies and communication to address drivers of caregiver behaviours. Strengthen linkages with health and social protection service delivery, including SBCC. 	<ul style="list-style-type: none"> Conduct formative research of gaps in knowledge, skills and practices, acceptability, desirability and affordability of CF. Strengthen national and decentralized capacity and contact points of agriculture systems to facilitate delivery of skilled counselling. Strengthen linkages to other delivery platforms for delivery of skilled counselling. 	<ul style="list-style-type: none"> Leverage partnerships and generate evidence to inform scale-up of innovative and community-based approaches including SBCC to address gaps in food purchasing, utilization, women's workload, decision making and intrahousehold distribution. Promote information for parents and caregivers to navigate food labels and nutrition information for CF.

ASF = animal source food; CF = complementary foods/feeding; SBCC = social and behaviour change communication; WHA = World Health Assembly

Strategic actions through the health system to improve young children's diets

Action area	Policy environment	Institutional (public and private)	Community/household/individual
Health and nutrition services	<ul style="list-style-type: none"> Strengthen national policies, legislation, strategies, plans and budgets for inclusion and coherency of essential actions to improve young children's diets. Strengthen integration of actions to improve young children's diets in primary health care, universal health care and NCD plans. Strengthen accountability mechanisms at national level and sub-national for delivering quality services to improve young children's diets. 	<ul style="list-style-type: none"> Strengthen health and nutrition service delivery at national and sub-national level including quality of care, supply chain management and health information systems Strengthen the capacity through pre- and in-service training and supportive supervision of health workers at facility and community level. Strengthen monitoring of action plans to improve young children's diets within health systems and ensure alignment with other systems. Strengthen emergency preparedness and response to protect, promote and support young children's diets. 	<ul style="list-style-type: none"> Strengthen community-based nutrition services including referrals and linkages delivered through health system to improve young children's diets. Strengthen community-based mechanisms to generate demand, access and build accountability for health and nutrition services that target young children. Strengthen linkages and referrals with social protection and welfare programmes to reduce financial barriers at community and household level. Generate evidence to inform scale-up of community-based nutrition services delivered through health system to improve access to nutritious and safe CF.
Behaviour of caregivers	<ul style="list-style-type: none"> Conduct formative research and align national policies and plans to feeding behaviours, practices and social norms that enable or limit young children's diets. Review and strengthen national SBCC strategies, plans and budgets for inclusion of tested context-specific messages, delivery platforms and channels for improving young children's diets. 	<ul style="list-style-type: none"> Map and prioritize counselling service contact points and communication delivery platforms Facilitate integration of SBCC to improve young children's diets in capacity building and counselling tools and other resources for frontline workers and caregivers. Facilitate alignment of SBCC used in health sector with other sectors, including agriculture, social protection and WASH. 	<ul style="list-style-type: none"> Leverage partnerships and generate evidence for scaling up SBCC using multiple channels and platforms - traditional, local, digital and others - to address barriers to access of nutritious, safe and affordable CF.

CF = complementary foods/feeding; NCD= Non-communicable disease; SBCC = social and behaviour change communication

Strategic actions through the WASH system to improve young children's diets

Action area	Policy environment	Institutional (public and private)	Community/household/individual
WASH supply and services	<ul style="list-style-type: none"> Strengthen coherency of WASH, health, nutrition and SP policies, strategies and plans to ensure linkages of nutrition-sensitive WASH actions in improving young children's diets and nutrition outcomes. Integrate environmental hygiene into WASH policies, strategies and plans. 	<ul style="list-style-type: none"> Prioritize WASH and nutrition services in geographic areas with highest prevalence of stunting and WASH-related disease. Facilitate integration of actions to improve coverage of safe water services, sanitary facilities and use of other WASH technologies in health, nutrition and WASH plans. Strengthen decentralized management capacity for evidence-based analysis, prioritization, planning and monitoring of integrated WASH-Nutrition actions to improve child diets. 	<ul style="list-style-type: none"> Facilitate sustained access and availability of essential WASH supplies and services at the community and household level.
Behaviour of caregivers	<ul style="list-style-type: none"> Strengthen national SBCC strategies and plans of WASH and nutrition to integrate key behaviours. Collaborate with Ministry of Health and Food and Drug Authority on review and strengthening of national food safety standards. 	<ul style="list-style-type: none"> Facilitate integration and alignment of SBCC (across health, WASH, social protection etc.) in national and sub-national capacity building, counselling tools and resources. Strengthen national and sub-national capacity to deliver WASH-Nutrition counselling. Support integration of handwashing and food hygiene into WASH-related institutional plans. 	<ul style="list-style-type: none"> Leverage partnerships to scale-up integrated nutrition-WASH SBCC approaches at community level to promote recommended behaviours on safe CF. Generate evidence to inform scale-up of comprehensive approaches linking recommended WASH practices (e.g. removing faecal contaminants from environment) to actions for improved access to safe and nutritious CF at household level (e.g. safe use of faecal waste in agriculture).

CF = complementary foods/feeding; SBCC = social and behaviour change communication

Strategic actions through the social protection system to improve young children's diets

Action area	Policy environment	Institutional (public and private)	Community/household/individual
Social protection programme and services	<ul style="list-style-type: none"> Strengthen SP policies, strategies, plans and budgets to ensure targeting and supportive actions to increase access to affordable and nutritious CF for young children. Foster policy, planning and budget coherence between SP and other sectors (e.g. health, agriculture, WASH, women's empowerment). Influence the design and targeting of SP programmes and services to be responsive to the dietary needs of young children. 	<ul style="list-style-type: none"> Strengthen delivery of SP programmes to promote health care seeking and child feeding behaviours. Strengthen capacity to implement integrated SP and health, nutrition, agriculture and WASH interventions, including SBCC. Strengthen capacity of identified delivery platforms (SP, health/nutrition, agriculture, WASH) to facilitate integrated service delivery of SP and nutrition actions. Strengthen national and decentralized monitoring systems for integrated SP -nutrition services. 	<ul style="list-style-type: none"> Strengthen capacity of community platforms and families to demand, access and utilize integrated SP and nutrition services. Leverage partnerships and generate evidence to scale-up innovative approaches for comprehensive SP programmes with integrated SBCC, improved access to diverse CF and interventions to strengthen women's decision making.
Behaviour of caregivers	<ul style="list-style-type: none"> Support formative research to align national SP policies and programmes to knowledge gaps and feeding behaviours that enable or limit young children's diets. Strengthen linkages between national SBCC strategies and programmes on improving young children's diets with SP programme services and delivery platforms. 	<ul style="list-style-type: none"> Assess and prioritize service delivery platforms (contact points) of SP programme for delivering key communication messages on CF. Design and integrate SBCC in SP capacity building and counselling tools and resources. Facilitate alignment of SBCC on improving young child diets in SP with other sectors (health, agriculture, WASH, etc.). 	<ul style="list-style-type: none"> Strengthen capacity of women through improved decision making in purchasing and feeding nutritious CF. Generate evidence to inform scale-up of integrated SP and SBCC interventions to address knowledge gaps around food purchasing, feeding practices and use of resources for feeding young children.

CF – complementary foods/feeding; SBCC = social and behaviour change communication; SP = social protection

Annex 4. Suggested Changes to the System Frameworks

Strategic actions through the food system to improve young children's diets – suggested changes

Action area	Policy environment	Institutional (public and private)	Community/household/individual
Food supply chain	<ul style="list-style-type: none"> Edit bullet 1: Formulate/ strengthen national ... on imported food products. Edit bullet 1: Establish, strengthen and formulate national...biofortification, food safety and... Edit bullet 1: Develop and review. Edit bullet 1: add distribution between production and storage. Edit bullet 1: production, processing, transportation, Edit bullet 1: ...storage, if and when required fortification ... Edit bullet 1: commercial CF, prevention of food loss. Edit bullet 2: Influence, capacitate and hold accountable the private sector... Edit bullet 2: Incentivize and regulate private sector ...nutritious, safe and convenient. Edit bullet 2: Engage and promote private sector to... 	<ul style="list-style-type: none"> Edit bullet 1: Review, design and develop... Edit bullet 1: Develop strategy, implementation guideline... Edit bullet 1: Instead of monitoring say MEAL. Edit bullet 2: delete fortification and include in a separate bullet. Edit bullet 2: ...R&D and linkage to social protection. Add to bullet 2: Prioritize funding for research on nutritious complementary food. 	<ul style="list-style-type: none"> Edit bullet 1: Add gender equitable to this bullet. Edit bullet 1: ...partnership with various stakeholders (farmers, government organizations, NGOs, input suppliers, farmer groups, cooperatives, trade and commerce) to support... Edit bullet 1: ...safe, nutritious, diverse and affordable.... Edit bullet 2: ...integrated farming system approach. Add: Consolidated multi-sectoral lobbying efforts led by community/civil society organizations to improve marketing/ advertising on pre-packaged foods. Add: Leverage partnership to support social protection and relevant government sector to improve access to safe and nutritious CF. Add: Community and households to be involved in planning, and MEAL of the CF interventions.

	<ul style="list-style-type: none"> • Edit bullet 2: Influence public and private sector... nutritious, convenient, affordable and fortified CF (fresh, processed, and packaged). • Edit bullet 2: ...distribute safe, appropriate, nutritionally adequate, convenient... • Add: Develop standards for fortified complementary packaged food to align to global standard. • Add: Promote consumption of fresh locally available nutritious food as CF. • Add: Develop gender equitable policies and strategies. • Add: add term law to policy environment. 		
Food environment	<ul style="list-style-type: none"> • Edit bullet 1: Develop and strengthen... • Edit bullet 1: ...legislation and regulatory environment on... • Edit bullet 1: ...marketing including advertising restrictions. • Edit bullet 2: Foster policy convergence across sectors. • Edit bullet 3: ...assess and address. nutritious and affordable CF (and delete mention of the Code and WHA 69.9). • Add: Enable gender mainstreaming in agricultural policies and plans. • Add: Address safety margins of food for young children separately and incorporate in national food safety laws and regulations. 	<ul style="list-style-type: none"> • Edit bullet 3: replace support by impose. • Add: Strengthen small producer's access to markets, credit information and technology. 	<ul style="list-style-type: none"> • Edit bullet 1: Establish/ expand... • Edit bullet 1: Identify relevant community... • Edit bullet 2: delete "Generate evidence to inform". • Add: Community know-hows on how to use food-based dietary guidelines.

Behaviour of caregivers	<ul style="list-style-type: none"> Edit bullet 1: please add tools next to plans. Edit bullet 1: Instead of influence use increase. Edit bullet 1: support gender mainstreaming in decision making. Edit bullet 1: instead of women, say parents and caregivers. Edit bullet 2: Align SBCC strategies to address drivers of caregiver behaviour. Edit bullet 3: ...linkages of nutrition with health... Edit bullet 3: health/WASH and social protection (2 recommendations). Add: introduce social marketing to ensure availability, accessibility, and affordability of low cost fortified blended food. Add: Raise consumer awareness on safe and healthy foods. 	<ul style="list-style-type: none"> Edit bullet 1: Use findings of formative.... Edit bullet 1: Conducts and utilize outcomes of formative... Edit bullet 1: Conduct formative and operational research to improve knowledge... Edit bullet 2: establish/ strengthen (2 recommendations) ... capacity of health, agriculture system platform linkage to facilitate.... (delete contact points) Edit bullet 2: ...delivery of consistent commination. Add: engage media to increase public awareness on nutritious and safe complementary food. Clarification needed for bullet 2 and 3. Clarify terms "skilled counselling" in bullet 2 and 3 (is it agricultural counselling?) 	<ul style="list-style-type: none"> Edit bullet 2: ... to address gaps - in food purchasing - utilization - women's workload & decision making - intrahousehold distribution. Add: Identify and use community champions to mediate relationships between food safety actors and community. Add: Develop innovative strategies to overcome barriers of feeding nutritious CF.
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ASF = animal source food; CF = complementary foods/feeding; SBCC = social and behaviour change communication; WHA= World Health Assembly

Strategic actions through the health system to improve young children's diets – suggested changes

Action area	Policy environment	Institutional (public and private)	Community/household/ individual
Health and nutrition services	<ul style="list-style-type: none"> Edit bullet 1: strengthen/ formulate. Edit bullet 1: Strengthen and cost. Edit bullet 1: use resources instead of budget to include both budget and HR. Edit bullet 1: national and sub-national (two recommendations). 	<ul style="list-style-type: none"> Edit bullet 1: at national and sub-national level including quality and coverage of care ...health and nutrition information system. Edit bullet 1: Map prioritize and maximize...platforms Edit bullet 1: Review and strengthen 	<ul style="list-style-type: none"> Edit bullet 1: ...nutrition and health... Edit bullet 1: Review and strengthen. Bullet 2: demand creation is still a challenge. Edit bullet 2: Community based mechanism to strengthen community-based approaches.

	<ul style="list-style-type: none"> • Edit bullet 1: budgets and HR capacity for... • Edit bullet 1: ... to improve complementary feeding in... • Edit bullet 2: establish/strengthen. • Edit bullet 2: instead of primary health care include all levels of health care (community, primary, secondary, and tertiary) through a life cycle approach. • Edit bullet 2: ...integration of proven interventions to improve. • Edit bullet 2: and plans of all relevant sectors such as agriculture, trade, livestock. • Edit bullet 3: ...mechanisms across sectors at national.... • Edit bullet 3: sub-national and institutional level... • Add: Include nutrition service in labour law for working mother and their children to improve CF. • Add: ECD policy/strategy formulation. • Add: Create provisions of sufficient service and counselling contact points to improve young children's diets though health and nutrition systems • Add: Junk food advertisement regulation to provide information on hazards/complications on the health of young children. • Add: Advocacy and coordination. • Add: Structural arrangement. 	<ul style="list-style-type: none"> • Edit bullet 2: delete in-service training. • Edit bullet 2: ...health workers, supervisors, and managers ... • Edit bullet 2: ... health workers, doctors, nurses, frontline workers etc.in facility, community and resource poor settings. • Edit bullet 3: ...monitoring and evaluation...alignment and integration. • Edit bullet 3: Define and monitor action plans. • Add: Strengthen private sector to increase their effort/activities/investment to improve CF through providing CF to children of working mothers. • Add: Strengthen data information management system including Vcet. Surveillance with appropriate indicators for informed decision making. • Add: Establish and/or strengthen the accreditation system for health service providers. • Add: Institute mechanism for review of implementation at national and sub-national level through strategic use of data and evidence. • Add: Integrate nutrition indicators into the social welfare eligibility criteria. 	<ul style="list-style-type: none"> • Suggestion on bullet 2: Too broad and general. Make more specific to improve accountability. • Edit bullet 2: Establish/strengthen ... nutrition services including education/promotion referrals. • Edit bullet 3: and reduce financial and social barriers. • Add: empower/engage community for improving CF practice through mother support group/best practice/positive deviant mother, and capacity building of community influence group. • Add: Create incentivized community volunteer cadre to increase frequency of contacts and linkage between facility and community to improve CF practices.
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	<ul style="list-style-type: none"> • Add: Strengthen/sustain political commitment for improving young children's diets through health systems. • Add: Ensure human resources are available to adequately implement services. • Add: Monitoring and evaluation of health service providers and the delivery process. 		
Behaviour of caregivers	<ul style="list-style-type: none"> • Edit bullet 1: Recommend conducting formative research... • Edit bullet 1: Conduct/use formative research findings to inform national/provincial policies/plans, strategies, and legislations (4 recommendations). • Edit bullet 2: ...national and subnational. • Add: Ensure realistic budget allocations for SBCC interventions. 	<ul style="list-style-type: none"> • Edit bullet 1: Strengthen counselling service contact points... • Edit 2: Facilitate integration of SBCC interventions used... • Edit bullet 3: other sectors, including communication, agriculture... • Edit bullet 3: other sectors, including livestock, agriculture... • Edit: Integrate strengthening IPC capacity of frontline workers and caregivers as SBCC plans and strategies. 	<ul style="list-style-type: none"> • Add: Public private partnership (CSR) • Add: Capacity development of community groups, social volunteers, co-operatives etc.
Cross-cutting	<ul style="list-style-type: none"> • Knowledge management: exchange among countries in the region. • Establishment of inter country network. • M&E framework and platform. • Integrated Nutrition Programme: WASH-nutrition/health-nutrition/social protection-nutrition is recommended as these are no joint integrated programme. 		

CF = complementary foods/feeding; NCD= Non-communicable disease; SBCC = social and behaviour change communication

Strategic actions through the WASH system to improve young children's diets – suggested changes

Action area	Policy environment	Institutional (public and private)	Community/household/ individual
WASH supply and services	<ul style="list-style-type: none"> • Modify: Clarify bullet 2 • Add: Develop strengthen national WASH quality standards • Add: Formulate national SBCC strategies and plans of WASH & nutrition to integrate key behaviours • Add: WASH supply and services bullet of safe preparation and storage of CF • Edit: Food and nutrition and first bullet • Edit: National/sub-national to be added in first bullet • Edit: Integrate environmental hygiene and faecal sludge management into WASH policies, strategies and plan. • Add: Situational assessment of WASH scenario at national level and bringing in stakeholders for developing nutrition sensitive WASH actions. • Add: Dedicated budget to facilitate integration of Nutrition and WASH. • Add: Collaborate with MoH and Food and Drug Authority on R V2 (?) strengthening of National Food Safety Standard. 	<ul style="list-style-type: none"> • Prioritize WASH and nutrition services in geographic areas with highest prevalence of (delete stunting and add) undernutrition and WASH related diseases. • Add: Ensure minimum package of WASH interventions across nutrition programs. • Add: Preservice and in-service curricula. • Add: Monitoring, Evaluation and Learning (MEL). • Add: Ensure availability of functional management of adequate infrastructure at all levels. • Add: A bullet on sustainable infrastructure. • Edit: in Second bullet – for universal coverage. • Modify: Improve safety of children's diets. • Add: Establish WASH surveillance system. • Add: Establish mechanism to regularly monitor food/water safety. • Add/Edit: Generate evidence on comprehensive WASH inputs and services integrated with other relevant sector (health, social protection) for improved CF practices. • Delete: Bullet 1 	<ul style="list-style-type: none"> • Shift bullet under first box in this section to first box in institutional. • Add: Monitoring, Evaluation and Learning. • Edit: Facilitate sustainable access and availability of quality essential WASH services and supplies at community and household level.

		<ul style="list-style-type: none"> • Add: Infrastructure for WASH. • Edit bullet 1: Prioritize WASH, health, nutrition and agriculture services in geographic areas.... 	
Behaviour of caregivers	<ul style="list-style-type: none"> • Edit: Collaborate with relevant federal Ministry and provincial department to review and strengthen national and provincial food safety standards. • Move: Second bullet to WASH supply and services (3 separate notes). • Add: Standard authority to next to Drug Authority under behaviours of caregivers. • Delete bullet 2 from WASH and add it to food system or specify if the focus is on food hygiene or food safety. • Add: Develop/strengthen national... • Collaborate with Ministry of Health and Family Welfare and Ministry of Food on review and enhance implementation of national food safety standard. • Edit: Ministry of Agriculture Environment/relevant ministries. • National food safety regulation, including standards and compliance. • Edit: Strengthen national and sub-national SBCC strategies (2 separate notes). • How is bullet 2 related to behaviours of CFs? 	<ul style="list-style-type: none"> • Edit: Facilitate integration/ convergence of SBCC in national and sub-national capacity building, counselling tools and resources. • Add: Engage and advocate private sector to improve coverage of safe water services and sanitation facilities. • Modify: Define WASH-nutrition counselling. • Add: Establish hygiene station at all health facilities. • Edit: Collaborate with MOFHW and relevant government agencies to review and strengthen national food safety standards. • Facilitate integration of action to improve coverage and use of water services, sanitation facilities in WASH plan. • Add: Engage media. • Edit bullet 2: Strengthen and monitor national and ... 	<ul style="list-style-type: none"> • Add to bullet 1: ...to promote recommended hygiene behaviours along with safe and standard CF. • Add: Develop strengthen delivery of community-based WASH nutrition interventions. • Edit bullet 1: ...community, institutions and household level.

	<ul style="list-style-type: none"> • Modify: bullet 2. Does it mean Key CF behaviour? • Edit: strengthen national SBCC strategies and plans of WASH by integrating nutrition behaviours to improve CF. 		
Cross-cutting	<ul style="list-style-type: none"> • Food safety is influenced both by food systems and WASH and involves ministries such as health, agriculture and environment. • Safe preparation and storage of CF. 		

CF = complementary foods/feeding; SBCC = social and behaviour change communication

Strategic actions through the social protection system to improve young children's diets – suggested changes

Action area	Policy environment	Institutional (public and private)	Community/household/individual
Social protection programme and services	<ul style="list-style-type: none"> • Add to bullet 1: Develop/strengthen ... • Add: Develop/strengthen policies and legislations for maternity protection schemes. • Add: Advocate for SP policies, programmes in countries that do not have them. • Edit: Strengthen SP policies, strategies, plans and budgets to provide appropriate nutritious and safe CF to the vulnerable children. • Add under bullet 1 and 3: Categorical coverage of SP schemes to ensure adequate CF. 	<ul style="list-style-type: none"> • Add: Strengthen SP programme to enhance access to CFs. • Delete bullet 3. • Edit bullet 2: Strengthen capacity to target, design and implement integrated ... • Add Develop to 1st bullet. • Add develop to 2nd bullet. • Edit: Strengthen delivery of SP programmes to promote child care services and child feeding behaviours. • Edit: Strengthen delivery of SP programmes to promote nutrition counselling to mother and provide appropriate nutritious and safe CF to the vulnerable children. • Add: Financial resources to be generated and allocated to SP (domestic resource mobilization) 	<ul style="list-style-type: none"> • Add: strengthen monitoring as well as community feedback mechanism to ensure effective implementation of SP programmes. • Generate evidence for scale-up of integrated SP system with two nutrition specific intervention. • Edit bullet 2: Replace women's decision making to parents/caregiver's decision making. • Edit: Leverage partnerships and generate evidence to scale-up innovative approaches for comprehensive SP programmes: <ol style="list-style-type: none"> 1. Integrated SBCC, 2. Improved access to diverse CF and 3. Interventions to strengthen women's decision making.

	<ul style="list-style-type: none"> • Add: Policy advocacy to make the SP programmes nutrition sensitive, targeting the nutritionally vulnerable groups (e.g. HH with pregnant and children < 12 months (?24 months?) to influence and improve CF. Edit: Strengthen National and subnational policies... to affordable and safe and nutritious... • Add: Design SP policy and plan to make it gender sensitive. • Edit bullet 2: Add foster nutrition policy.... • Edit bullet 2: Instead of foster, say engage multisectoral platform to develop... • Add: Develop/strengthen SP policy as some countries may not have them at all. 		<ul style="list-style-type: none"> • Edit: Strengthen capacity of community platforms and improve the awareness of families ... • Add: Community involvement and participation throughout the process (design – implementation-MEAL).
Behaviour of caregivers	<ul style="list-style-type: none"> • Modify: Commission formative research and/or analysis to inform national SP policies ... 	<ul style="list-style-type: none"> • Edit: Formulation and capacity development of SP programmes for delivering key communication messages on CF. • Add: Capacity of other influences such as religious leaders, mothers-in-law, husband, father-in-law to be improved as key. • Promote nutritious foods available in local markets and link it with universal child cash grants. 	<ul style="list-style-type: none"> • Add: strengthen capacity of men and behavioural influencers on improved decision making in purchasing and feeding nutritious CF. • Edit bullet 2: Integrate SP and SBCC interventions to address knowledge and practice gaps ... • Edit bullet 1: Replace capacity of women with capacity of parents and caregivers. • Edit: Strengthen capacity ... in accessing and utilizing SP scheme and provision. • Engagement of community influencers to enhance adoption of SP schemes.
Cross-cutting	<ul style="list-style-type: none"> • Include gender equitable policies, programmes and actions. 		

CF – complementary foods/feeding; SBCC = social and behaviour change communication; SP = social protection

Annex 5. Call to Action

Introduction

The Regional Conference on Stop Stunting | Young Children's Diets was convened by SAARC and the UNICEF Regional Office for South Asia from 17th to 19th September 2019 in Kathmandu to discuss young children's diets in South Asia.

The Conference brought government representatives from eight SAARC countries together with researchers, civil society organizations, UN agencies and other development partners from across South Asia and the global level to exchange regional analyses, expertise and experience on multi-system/multi-sector approaches to improve the diets of young children (6-23 months).

The objectives of the Conference were to:

- Position a multi-systems/multi-sector approach to improving the diets and feeding practices of young children as critical for the growth and development of young children in South Asia.
- Share and discuss new evidence and guidance on improving the diets and feeding practices of young children, including lessons and better practices in the South Asia region.
- Identify critical actions to accelerate improvements in the diets and feeding practices of young children across the region across four key systems (health, food, social protection and WASH).

Young children's diets – an urgent agenda for all countries in the region

The SAARC Regional Action Framework on Nutrition recognizes the necessity of all countries in South Asia to invest in sustainable nutrition actions to prevent and treat all forms of malnutrition in children and women. Ending malnutrition is also a key outcome in the 2030 Agenda for Sustainable Development. South Asian countries have endorsed the global targets of SDG 2 to end all forms of malnutrition by 2030, including achieving the internationally agreed targets on stunting, wasting and overweight in children under five years of age. Concerted efforts are underway across South Asia to accelerate actions against malnutrition. Despite these efforts, the region remains home to 40 per cent of the world's stunted children and more than half of the world's wasted children, while overweight is on the rise.

Analysis from South Asia demonstrates strong links between poor complementary feeding practices and both stunting and wasting in young children. The feeding practices of young children are characterized by the delayed introduction of complementary foods, insufficient feeding frequency and poor dietary diversity, with large disparities between and within countries. Only one in five South Asian children are fed a minimally diverse diet, and there is evidence that the consumption of unhealthy processed foods and beverages is an increasing threat to good nutrition in early life.

Evidence and programme experience call for a multi-systems/multi-sector approach to improving the diets and feeding practices of young children in the region. Coherency in policies and programme actions is needed across various key systems – including health, food, social protection, and WASH – to enable infants and young children to access and consume nutritious, safe, affordable and sustainable diets.

Key messages

The Regional Conference highlighted the need for countries across South Asia to strengthen the policy environment and deliver programmes at scale to improve the diets of young children. The conference participants reviewed, discussed and agreed on a consolidated set of key messages to accelerate progress.

1. South Asia is home to the largest share of the world's stunted and wasted children. Malnutrition has immense consequences for children's ability to survive, grow and develop, for human capital, and for member states to achieve the SDGs.
2. The diets of young children should be positioned as a priority in the national development agenda, including national/subnational efforts to prevent stunting, wasting, overweight and micronutrient deficiencies.
3. A multi-system/multi-sectoral response is needed to improve young children's diets and should involve the health, food, social protection and WASH systems. These systems can act collectively to provide the necessary conditions for adequate diets – good food, good services and good practices.
4. Purposeful engagement with multiple stakeholders at national and sub-national levels can expand the potential to generate demand and reach young children and their families with services, interventions and actions to

improve diets in early life.

5. The regional action frameworks on complementary feeding provide guidance on strategic actions for the health, food, WASH and social protection systems, and allow for national and sub-national adaptations.
6. A situation analysis (on status, trends and drivers) is essential for member states to design evidence-based policies and programmes to improve young children's diets. The situation should be regularly reviewed.
7. Social and behaviour change communication is necessary to improve feeding practices and is most effective when combined with actions to improve access to affordable, safe and nutritious foods for young children.
8. Maximize the opportunities to reach children and their families by utilizing delivery platforms across multiple systems, including at community level. Programmes should be designed to achieve adequate coverage and quality with equity.
9. The growing influence of the food and beverages industry is driving consumer preferences which calls for the need for effective government regulations and policies to protect and enrich young children's diets.
10. National routine information systems and surveys should include appropriate indicators to inform actions, to build accountability for service delivery and to track progress towards improving children's diets.
11. Implementation research is needed to understand the barriers, enablers and pathways to improving children's diets, and what drives improvements in the coverage, quality and equity of services.
12. Regional platforms on nutrition are needed to support country level actions and facilitate country exchange of knowledge and experience.

The Call to Action

Member states:

1. To provide technical feedback on a refined version of the SAARC regional guidance/framework on multi-system/multi-sectoral and multi-level approaches to improve the diets of young children.
2. To consider conducting a situation analysis of and/or national/subnational consultation and/or strengthen existing review mechanism to identify the key barriers and drivers to improving the diets of young children.
3. To identify and utilise opportunities to improve children's diets in new or existing policies, regulatory measures, strategies, plans and budgets.
4. To prioritize, coordinate and strengthen multi-systems/multi-sectoral and multi-level approaches and actions to improve diets, especially complementary feeding of young children in the region.
5. To share with all stakeholders at the national and

subnational levels in-country, knowledge and lessons learnt about the regional action framework to improve the diets of young children.

6. To strengthen all relevant systems to implement evidence-based actions achieving effective coverage.
7. To ensure national monitoring, evaluation, accountability and learning framework/system is inclusive of complementary feeding programmes.
8. To engage public and private sector actors to ensure marketing and product standards are complied with, in line with recommended rules, policies and legislation to enrich and protect young children's diets.
9. Are suggested to document and share country experiences, innovations, best-practices, achievements and challenges in improving the diets of young children across multiple systems/sectors.

SAARC to support countries by:

1. Advocating with policy-makers, administrators, parliamentarians and other decision makers to ensure nutrition is a key development agenda in the region.
2. Advocating for member states to allocate optimal resources for nutrition programmes to sustainably address all forms of malnutrition in young children in the region.
3. Issuing regional guidance and suggesting a regional framework to assist South Asian countries in operationalizing multi-system/multi-sectoral and multi-level approaches to improve the diets of young children.
4. Developing and providing integrated training packages and resources on the multi-systems/multi-sectoral approaches to improving the diets and feeding practices of young children in the region.
5. Creating a common pool of technical expertise to assist countries in improving the diets of young children.
6. Providing support to conduct formative research on complementary feeding.
7. Providing financial support through the SAARC Development Fund for implementing key actions to improve the diet of young children in member states, including the scale up of best practices.
8. Monitoring the nutrition situation in South Asia to ensure sustained implementation of policies to reduce undernutrition, including the diets of young children, in line with the SAARC South Asia Regional Action Framework for Nutrition.
9. Continuing to provide regional forums and networks for exchange of regional and global expertise, knowledge and experience on improving nutrition across the life-cycle

Annex 6. Country Action Plans

Afghanistan

Activity Actions	Responsibility	Timeline
Cross cutting		
Establish a Complementary Feeding Taskforce	Nutrition working group/Afghanistan Food Security and Nutrition Agenda (AFSeN-A)	Dec 2019
Develop Complementary Feeding Action Framework for Afghanistan	Complementary Feeding Taskforce	Mar 2020
Health		
Develop and implement multi-sectoral (food system, wash system, health system and social protection system) discourse on supportive supervision plan for IYCF at provincial level	Guidance by Taskforce Implementation by Provincial Team	Feb 2020
Food		
Food policy drafted	Ministry of Agriculture, Irrigation and Livestock (MAIL), Public Nutrition Directorate (PND)/ Ministry of Public Health (MoHP) MAIL/MoHP	Nov 2010
Formative research on KAP for complementary feeding		Oct 2020
Food mapping/cost of diet		Jun 2020
Sugar taxation - Health Economics and Financing Directorate (HEFD) / MoHP		
Social protection		
Advocacy for including social protection for complementary feeding in social protection policies and strategies.	Nutrition working group, Complementary Feeding Taskforce, PND	Nov 2020
WASH		
Strengthen coordination between WASH and nutrition forums	Nutrition and WASH clusters, AFSeN-A	Continual

Bangladesh

Activity Actions	Responsibility	Timeline
Revisit SBCC tools to address challenges of successful introduction of complementary feeding (i.e. FAQ tool for mothers)	National Nutrition Service (NNS), Institute of Public Health Nutrition (IPHN) Ministry of Health and Family Welfare (MoHFW)	Q3 2020
Identify opportunities to incorporate strategic action in the existing policies, regulatory measures, strategies, plans and budget (i.e. IYCF Strategy and Plan of Action under revision) (refer to #3 call to action)	NNS, IPHN (MoHFW)	Q1 2020
Initiate/strengthen evidence generation for multi-system approach	MoHFW, Ministry of Women and Children Affairs (MoWCA), Ministry of Social Welfare (MoSW), Ministry of Local Government, Rural Development and Cooperation (MoLDRDC)	Q4 2020
Adopt regional multi-system approach framework to Bangladesh context	MoHFW, MoWCA, MoSW, MoLDRDC)	Q4 2020
Initiate development of national standards for complementary feeding	NNS, IPHN (MoHFW)	Q4 2020

Bhutan

Activity Actions	Responsibility	Timeline
Finalize the national Nutrition Strategy and Action Plan through a multi-sectoral stakeholder's consultation, adopting the SAARC Regional Framework	MoH (Lead), Ministry of Agriculture and Forests (MoAF), Ministry of Education (MoE), Ministry of Works and Human Settlement (MoWHS), National Commission for Women and Children (NCWC), Local Government (LG), Ministry of Economic Affairs (MoEA), DPs	Dec 2019-Jun 2020
Formalize the National Nutrition Task Force to steer and coordinate the implementation of the action plans	MoH (Lead)	Aug 2020
Conduct formative research to understand major influencers on feeding practices in communities.	MoH (Lead), UNICEF	Oct 2020
Launch and roll out SBCC on child feeding practices	MoH (Lead), UNICEF, MoAF, NCWC, MoE	Dec 2019
Promote production of nutrient rich crops in the communities by Agriculture Extension Offices	MoAF (Lead), FAO,	Dec 2019

India

Activity Actions	Responsibility	Timeline
Scaling food fortification	Government of India with support from WFP	Ongoing – acceleration within next 12 months Aug 2020
Decentralization and diversification	Government of India	
Promoting nutria-gardens	Government of India	
Building on learning from Swachh Bharat Mission (Mission for Clean India) work towards making blocks malnutrition free	Government of India, UNICEF to support in developing programme strategies	
Fostering actionable convergence with other line Ministries	Government of India, UNICEF to support in developing convergent action plans	

Maldives

Policy priorities
<ul style="list-style-type: none"> Stakeholder consultations to identify barriers, missed opportunities to improve maternal and child nutrition. Stakeholders to include are: MoH and relevant departments, other Ministries (Economic development, Agriculture, Finance) and public/private entities (food industry and organizations). Review of import regulations and policies to address issues in the food system. Capacity development/skill development and accountability mechanism of health care workers. Separate policy and strategy on complementary feeding/IYCF. Food Act.
Institutional/system strengthening
<ul style="list-style-type: none"> Capacity of health care workers. Better monitoring and supervision. Information systems strengthening and development. Integration within the health care delivery system. Supportive supervision strengthened. Implementation of SBCC strategy. Research and evidence generation. Regular programme review.

Community/Individual

- Empowerment of care givers/grandparents with the right knowledge and capacity.
- Pre-marital services to include nutrition education.
- School based programmes focusing on nutrition/school canteen protocols.
- Support self-help groups to advocate/influence right information and knowledge.
- Key focused messages on complementary feeding through GMP services, immunization and services etc.

Nepal

Activity Actions	Responsibility	Timeline
Food		
Develop standards of complementary food jointly by Family Welfare Division of Ministry of Health and Population (MoHP) and Department of Food Technology and Quality Control (DFTQC) of Ministry of Agriculture and Livestock Development (MoALD)	MoHP and MoALD	Dec 2020
Develop and launch social marketing for promotion of low-cost fortified complementary food and engage in private and corporate sector Corporate for Social Responsibility engagement led by MoHP in collaboration with MoAD/DFTQC, and funded by MoHP/MOALD and SAARC.	MoHP/MOALD and SAARC	Dec 2020
By June 2021, feasibility of linking social marketing of low cost fortified complementary food with cash grant (also Social Protection).	MoHP	Dec 2020
Health		
Assessment of counselling through formative research and modification of counselling capacity and practice	MoHP and MoALD	Dec 2020
Strengthen nutrition surveillance system through regular nutrition programmes focusing on complementary feeding across the continuum of care.	MoHP	Dec 2020
Strengthen capacity of community health workers to improve complementary feeding at community/household levels through multiple contacts (or is it multi-sectoral approach?).	MoHP	Jun 2021

WASH*		
Include minimum WASH package in all nutrition services/programs at institution and community level.	NPC and Ministry of Water Supply and Sanitation	Dec 2020
Promote nutrition-sensitive WASH within the interventions of water supply and sanitation .	NPC and Ministry of Water Supply and Sanitation	Dec 2020
Social protection		
Promote Maternity Protection Scheme for women working in the private sector.	MoHP	Dec 2020
Child Cash Grants (CCG) integrated with nutritious food utilization.	MoFAGA and MOHA	Dec 2020
Feasibility of linking social marketing of low cost fortified complementary food with cash grant (also Social Protection).	MoHP/ MoFAGA and MOHA	Jun 2020

* Note: The minimum WASH package and promotion of nutrition sensitive WAS already included in MSNP II and ongoing implementation

Pakistan

Activity Actions	Responsibility	Timeline
Health		
Review current counselling services offered in PHC and opportunities available to improve promotion of complementary feeding through PHC.	Ministry of National Health Services, Regulation and Coordination (MoNHSRC) - Lead, UNICEF, WHO for support	Dec 2020
Develop Pakistan Dietary Diversity Strategy and Provincial Implementation Plans (based on revised food composition tables)	MoNHSRC - Lead, UNICEF- Technical support	Dec 2020
Enforce Breastmilk Substitutes legislation (revision made based on WHA 69.9)	MoNHSRC - Lead, UNICEF- Technical support	Dec 2020

Food		
National and provincial level dialogue on food systems to define how food systems work for children in order to improve young children's diet	Government of Pakistan, MPDR – Lead FAO, GAIN, WFP & UNICEF – Technical support	Q1-3, 2020
Finalize/launch of revised Pakistan Dietary Guidelines for better nutrition (age specific information focused on young children 6 to 23 months will also be reflected in population level guidelines)	MPDR- Lead, FAO – Technical Support	Dec 2019
Finalize/launch revised food composition tables	MPDR- Lead, FAO – Technical Support	July 2020
Social protection		
Technical support to social protection program (Benazir Income Support Program – CCT); addressing stunting prevention (1000 days approach). BISP is linked with Health Insurance Card (Sehat Insaaf Card) for improvement in Antenatal, natal and postnatal visits to improve birth outcome and early care of young child.	Ministry of poverty alleviation /council & UNICEF	Dec 2020
Technical support to Prime Minister's EHSAAS Program to implement interventions for young children, as mentioned below; <ul style="list-style-type: none"> • A new community and health and nutrition initiative to address stunting in children • Provision of de-worming drugs, iron, folic acid, micro nutrient supplements through government hospitals to young children • Awareness regarding breast feeding and complementary feeding 	Ministry of poverty alleviation /council & UNICEF	Dec 2020
WASH		
Accelerate implementation of hygiene practices (hand washing) in nutrition priority districts	Relevant Ministry- Lead, UNICEF- Technical Support	Dec 2020
Integrated WASH and nutrition messaging in SBCC campaign	MoNHSRC, UNICEF (WASH, Nutrition)	Q2 2020
Continue ongoing engaging efforts to strengthen the partnership between nutrition and WASH sectors for safe and clean food provision to young children	Relevant department from Government (Provinces)- Lead, UNICEF (Nutrition & WASH) – Technical Support	Dec 2020

SBCC (cross-cutting)		
National and provincial multi-sectoral nutrition communication strategy development with provincial implementation plans	Relevant department from Government (National & Provinces)- Lead UNICEF C4D team – Technical Support	Dec 2020

Sri Lanka

Activity Actions	Responsibility	Timeline
Health system		
Advocate for a decided budget for nutrition (adequate budget)	Department/Nutrition - MoH, National budget – Ministry of Finance (MoF), UNICEF	Q1, 2020
Mainstream nutrition into other sector policies here appropriate through National Nutrition Secretariat of Sri Lanka and strengthen nutrition surveillance system	National Nutrition Secretariat of Sri Lanka (NNSL), D/Nutrition – MoH, UNICEF	Oct 2019 onwards
Conduct formative research on drivers and barriers for IYCF	Family Health Bureau (FHB) – MoH, UNICEF	Dec 2019 – Dec 2020
Strengthen national SBCC strategies (activity already initiated)	FHB – MoH, UNICEF, WFP	1st draft by Oct 2020
Review RHMS systems to add relevant indicators and link to HMIS	FHB – MoH, UNICEF	Oct 2019 – Dec 2020
Initiate discussions on accreditation of health care workers periodically on H&N at Maternal and Child Nutrition Sub Committee	FHB – MoH, Quality Secretariat	Q1, 2020
Strengthen legislative framework to address inappropriate marketing of food to children <ul style="list-style-type: none"> • BF Act • Legislation to control marketing of sugar/salt laden junk food 	MoH (Environmental and occupational health and food safety)	Oct 2019

Food		
Strengthen/promote climate sensitive agriculture practice	Ministry of Agriculture (MoAg)	Oct 2019 onwards
Create legislation to implement and enforce nutrition profile model	D/Nutrition – MoH, Ministry of Trade (Mo Trade), MoAg	Oct 2019
Develop guidelines for reducing post-harvest wastage	MoAg	Q1, 2020
Assessment of commercial CF in the market – explore funding opportunities	Department/ Environment and Occupational Health (EoH) & Food Safety (FS) - MoH	Oct 2019
WASH		
Advocate for a dedicated budget line for sanitation	Mo local government & provincial councils, Mo water supply (or), Mo Finance (budget)	Q1, 2020
Establish a mechanism for regularly monitoring water safety mechanisms (ongoing)	Ministry of Water Supply, UNICEF	Oct 2019
Establish a hygiene surveillance system	MoH (& Occupational Health (OH))	Q2, 2020
Social protection		
Strengthen SP policy/strategy/plan and budget to ensure targeting and supporting	Ministry of Social Empowerment	Q1, 2020
Monitor SP program (Develop a Mechanism)	Ministry of Social Empowerment, WB, WFP	Q1, 2020

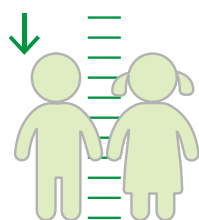


Afghanistan

COMPLEMENTARY FEEDING 2019

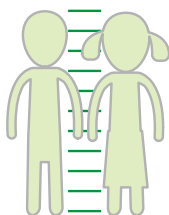


NUTRITIONAL STATUS OF CHILDREN (0-59 MONTHS)



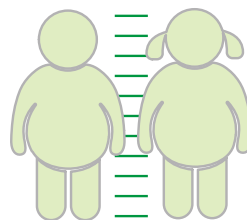
Stunting

40.9%



Wasting

9.5%



Overweight

5.4%

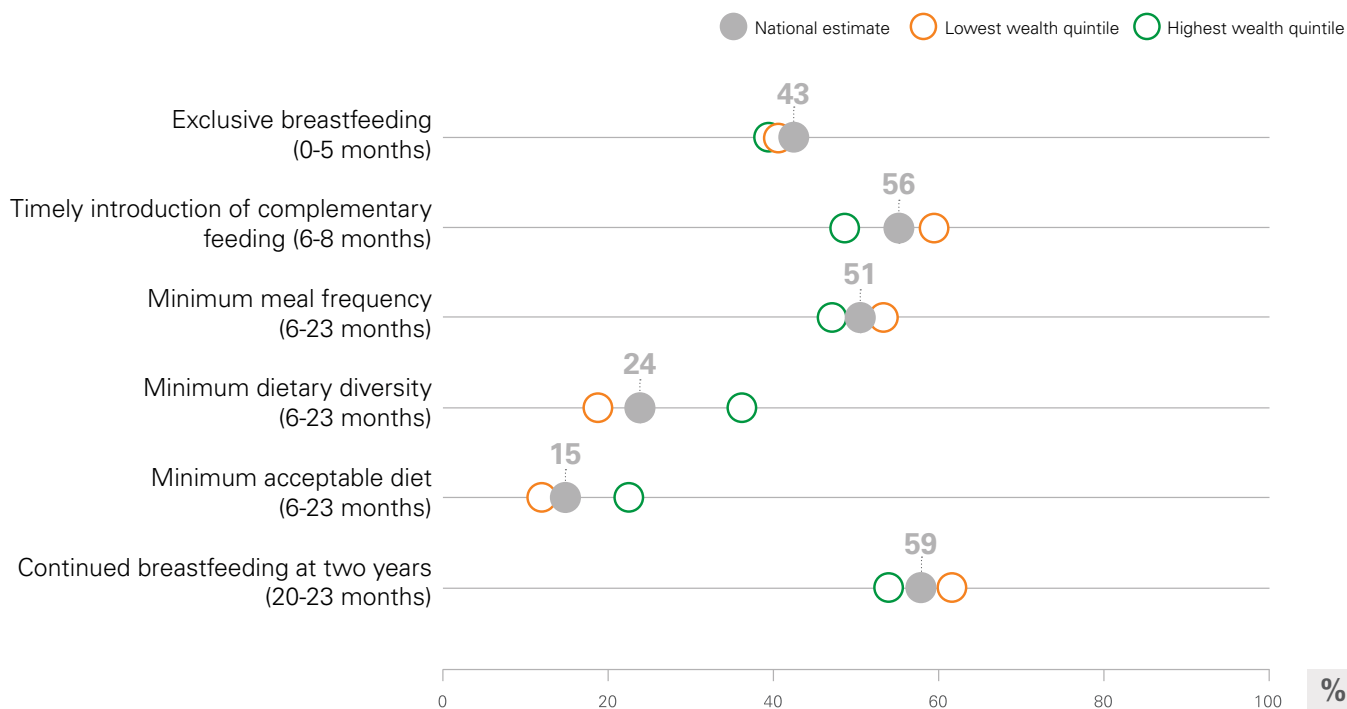


Anaemia

44.9%



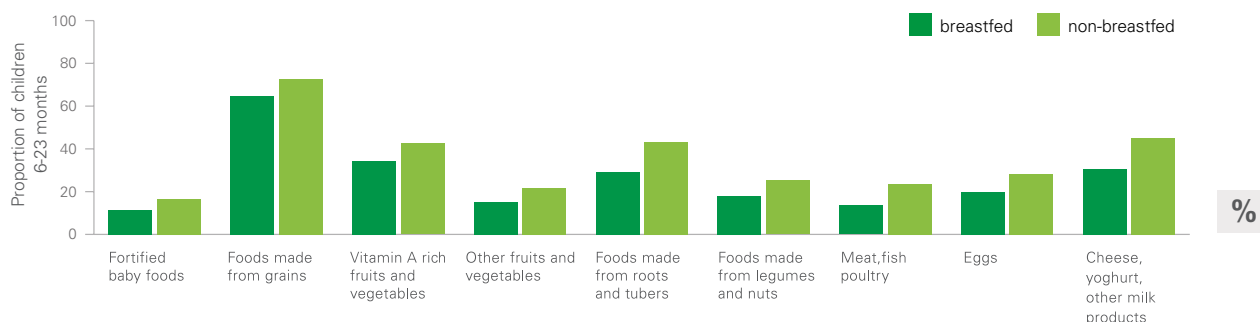
BREASTFEEDING AND COMPLEMENTARY FEEDING





FOOD CONSUMPTION OF CHILDREN (6-23 MONTHS)

Proportion of children who have consumed food group in the last 24 hours.



SOCIOECONOMIC AND DEMOGRAPHIC CONTEXT



Poverty rate \$1.90/day

No Data



Poverty rate \$3.20/day

No Data



Female secondary enrollment

36%



Early childbearing

26%

(<18 yrs of age)



MULTI-SECTORAL GOVERNANCE TO IMPROVE COMPLEMENTARY FEEDING (CF)



Partial

Multi-sector policy or strategy to improve CF



Partial

Multi-sector plan to improve CF



Comprehensive

Multi-sector policy, strategy or plan to improve CF includes at least one quantitative target on one or more CF practices



Comprehensive

National-level multi-sector coordination structure for the national response to improve CF



Missing

Sub-national-level multi-sector coordination structures for the sub-national response to improve CF



Partial

National social and behaviour change communication strategy to improve CF



FOOD SYSTEM



Undernourishment

30%



Severe food insecurity

16%



Micronutrient density index

0.81



Iodised salt

57%

Food policies and regulations



Comprehensive

Agriculture and food security policies/strategies/plans include the intent to improve CF



Partial

National regulations on the inappropriate marketing and promotion of foods for infants and young children < 3 years



Partial

National policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt



Partial

National food-based dietary guidelines that include age-specific recommendations for children aged 6-23 months

Food standards and legislation



Missing

National standards for complementary foods



Missing

Relevant Codex Alimentarius standards for CF (or equivalent national standards) are implemented nationally



Missing

Mandatory legislation for vitamin A fortification of a food vehicle



Missing

Mandatory legislation for iron fortification of a food vehicle



WATER, SANITATION AND HYGIENE



Safely managed drinking water

6%



Safely managed sanitation

0%



Hand washing facility

35.8%



Child sanitation

No Data

WASH system enabling environment



Comprehensive

Nutrition policies/strategies/plans include the intent for WASH actions to improve water supply, sanitation and hygiene



Partial

Nutrition policies/strategies/plans include the intent for WASH actions to ensure the safe food hygiene/ preparation and storage



Partial

Nutrition policies/strategies/plans include the intent for WASH actions to ensure the safe preparation and storage of complementary foods



Partial

National behaviour change communication strategy/plan that promotes safe hygiene practices, including during preparation and feeding of complementary foods to children aged 6-23 months



SOCIAL PROTECTION

Social protection enabling environment



Partial

Intent to improve early childhood nutrition explicitly mentioned in social protection policies and strategies



Partial

Intent to improve CF of children aged 6-23 months explicitly mentioned in social protection policies and strategies



Partial

Maternity protection laws (covering duration of maternity leave; % of previous earning for maternity leave; source of maternity benefits; entitlement to breastfeeding breaks at work)



Partial

Social protection included as an intervention under any strategic objective of multi-sector policies/strategies to improve the diversity and quality of diets of young children 6-23 months



HEALTH SYSTEM

Enabling environment support for complementary feeding (CF)



Comprehensive

Health policies/strategies/plans include the intent to improve CF



Comprehensive

CF included in the minimum package of services for health facilities in national health policy



Comprehensive

Indicator on IYCF counselling of caregivers of children aged 6-23 months is included in the HMIS (or other routine information system)



Partial

CF data from HMIS (or other routine information system) is monitored on a regular basis with standard procedures

Human resources support



Comprehensive

Job descriptions of PHC health workers includes promoting/supporting/counselling on CF



Comprehensive

Pre-service curricula of PHC health workers includes CF



Comprehensive

PHC health workers are given supportive supervision on CF



Comprehensive

Job descriptions of CHW includes promoting/supporting/counselling on CF



Comprehensive

CHW are given supportive supervision on CF

Coverage of education, counseling and support on complementary feeding



Nationwide scale up

Individual CF counselling/support is provided at relevant MCH contacts at **facility level**



Nationwide scale up

Individual CF counselling/support is provided at relevant MCH contacts at **community level**



Nationwide scale up

Group education/support on CF is provided at relevant MCH contacts at **facility level**



Nationwide scale up

Group education/support on CF is provided at relevant MCH contacts at **community level**



Nationwide scale up

Counselling and/or nutrition education activities that promote responsive feeding, and stimulation during early childhood

Coverage of other social behavior change communication initiatives



No programme

Use of community mobilisation approaches to promote CF (e.g. mothers' groups, peer support groups)



Nationwide scale up

Use of mass media and/or social media to promote CF

Data sources and methods:

Data on nutrition, complementary feeding, socio-economic and demographic context was sourced from the most recent nationally representative surveys. Wealth quintile data for exclusive breastfeeding, timely introduction and continued breastfeeding was sourced from <https://data.unicef.org/resources/dataset/infant-young-child-feeding/>. The micronutrient density index is a measure of the average micronutrient density of national food supplies using 14 micronutrients. Status of policy environment, programme action and coverage was assessed by UNICEF ROSA through a qualitative review using a structured questionnaire. The information on the qualitative review of national policy and programme action is provisional. Feedback can be provided to unicefroa@unicef.org

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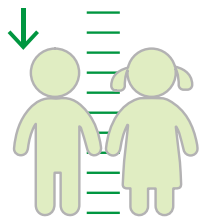


Bangladesh

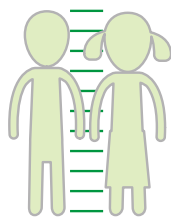
COMPLEMENTARY FEEDING 2019



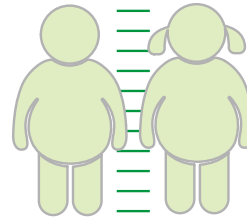
NUTRITIONAL STATUS OF CHILDREN (0-59 MONTHS)



Stunting
36.1%



Wasting
14.3%



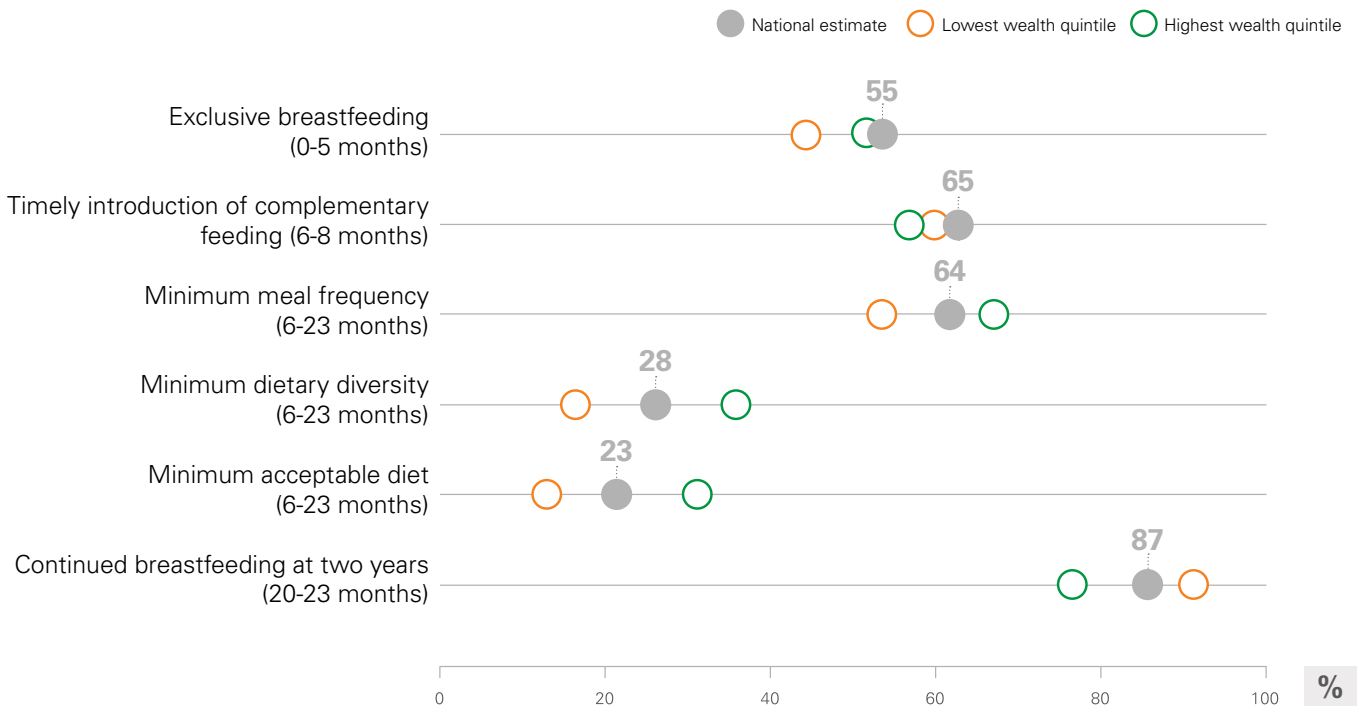
Overweight
1.4%



Anaemia
33.1%



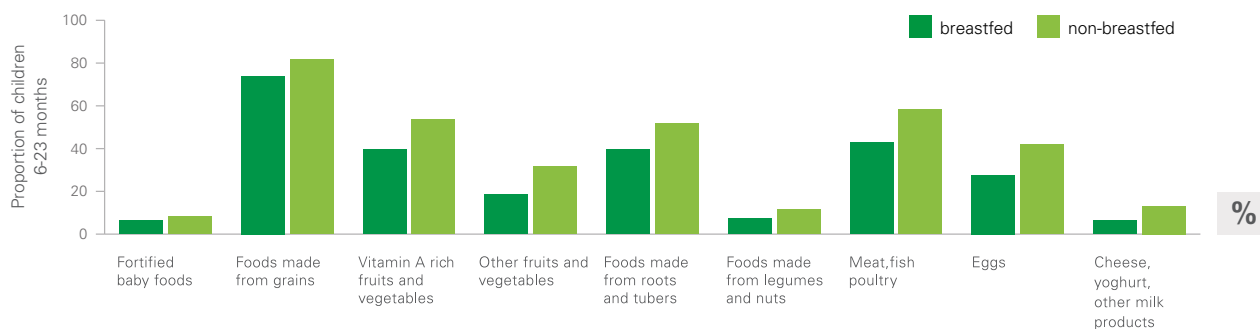
BREASTFEEDING AND COMPLEMENTARY FEEDING



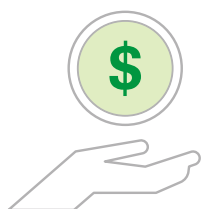


FOOD CONSUMPTION OF CHILDREN (6-23 MONTHS)

Proportion of children who have consumed food group in the last 24 hours.



SOCIOECONOMIC AND DEMOGRAPHIC CONTEXT



Poverty rate \$1.90/day

15%



Poverty rate \$3.20/day

54%



Female secondary enrollment

67%



Early childbearing

36%

(<18 yrs of age)



MULTI-SECTORAL GOVERNANCE TO IMPROVE COMPLEMENTARY FEEDING (CF)



Partial

Multi-sector policy or strategy to improve CF



Partial

Multi-sector plan to improve CF



Partial

Multi-sector policy, strategy or plan to improve CF includes at least one quantitative target on one or more CF practices



Comprehensive

National-level multi-sector coordination structure for the national response to improve CF



Partial

Sub-national-level multi-sector coordination structures for the sub-national response to improve CF



Partial

National social and behaviour change communication strategy to improve CF



FOOD SYSTEM



Undernourishment

15%



Severe food insecurity

21.6%



Micronutrient density index

0.68



Iodised salt

69%

Food policies and regulations



Partial

Agriculture and food security policies/strategies/plans include the intent to improve CF



Comprehensive

National regulations on the inappropriate marketing and promotion of foods for infants and young children < 3 years



Partial

National policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt



Partial

National food-based dietary guidelines that include age-specific recommendations for children aged 6-23 months

Food standards and legislation



Missing

National standards for complementary foods



Partial

Relevant Codex Alimentarius standards for CF (or equivalent national standards) are implemented nationally



Comprehensive

Mandatory legislation for vitamin A fortification of a food vehicle



Comprehensive

Mandatory legislation for iron fortification of a food vehicle



WATER, SANITATION AND HYGIENE



Safely managed drinking water

56%



Safely managed sanitation

0%



Hand washing facility

71.4%



Child sanitation

34.2%

WASH system enabling environment



Partial

Nutrition policies/strategies/plans include the intent for WASH actions to improve water supply, sanitation and hygiene



Partial

Nutrition policies/strategies/plans include the intent for WASH actions to ensure the safe food hygiene/ preparation and storage



Missing

Nutrition policies/strategies/plans include the intent for WASH actions to ensure the safe preparation and storage of complementary foods



Partial

National behaviour change communication strategy/plan that promotes safe hygiene practices, including during preparation and feeding of complementary foods to children aged 6-23 months



SOCIAL PROTECTION

Social protection enabling environment



Partial

Intent to improve early childhood nutrition explicitly mentioned in social protection policies and strategies



Missing

Intent to improve CF of children aged 6-23 months explicitly mentioned in social protection policies and strategies



Partial

Maternity protection laws (covering duration of maternity leave; % of previous earning for maternity leave; source of maternity benefits; entitlement to breastfeeding breaks at work)



Missing

Social protection included as an intervention under any strategic objective of multi-sector policies/strategies to improve the diversity and quality of diets of young children 6-23 months



HEALTH SYSTEM

Enabling environment support for complementary feeding (CF)



Comprehensive

Health policies/strategies/plans include the intent to improve CF



Comprehensive

CF included in the minimum package of services for health facilities in national health policy



Comprehensive

Indicator on IYCF counselling of caregivers of children aged 6-23 months is included in the HMIS (or other routine information system)



Partial

CF data from HMIS (or other routine information system) is monitored on a regular basis with standard procedures

Human resources support



Partial

Job descriptions of PHC health workers includes promoting/supporting/counselling on CF



Partial

Pre-service curricula of PHC health workers includes CF



Partial

PHC health workers are given supportive supervision on CF



Partial

Job descriptions of CHW includes promoting/supporting/counselling on CF



Partial

CHW are given supportive supervision on CF

Coverage of education, counseling and support on complementary feeding



Scale up in select regions/districts

Individual CF counselling/support is provided at relevant MCH contacts at **facility level**



Scale up in select regions/districts

Individual CF counselling/support is provided at relevant MCH contacts at **community level**



Scale up in select regions/districts

Group education/support on CF is provided at relevant MCH contacts at **facility level**



Scale up in select regions/districts

Group education/support on CF is provided at relevant MCH contacts at **community level**



Pilot initiatives

Counselling and/or nutrition education activities that promote responsive feeding, and stimulation during early childhood

Coverage of other social behavior change communication initiatives



Scale up in select regions/districts

Use of community mobilisation approaches to promote CF (e.g. mothers' groups, peer support groups)



Scale up in select regions/districts

Use of mass media and/or social media to promote CF

Data sources and methods:

Data on nutrition, complementary feeding, socio-economic and demographic context was sourced from the most recent nationally representative surveys. Wealth quintile data for exclusive breastfeeding, timely introduction and continued breastfeeding was sourced from <https://data.unicef.org/resources/dataset/infant-young-child-feeding/>. The micronutrient density index is a measure of the average micronutrient density of national food supplies using 14 micronutrients. Status of policy environment, programme action and coverage was assessed by UNICEF ROSA through a qualitative review using a structured questionnaire. The information on the qualitative review of national policy and programme action is provisional. Feedback can be provided to unicefrosa@unicef.org

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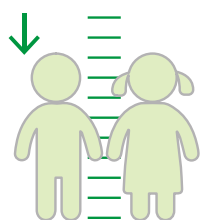


Bhutan

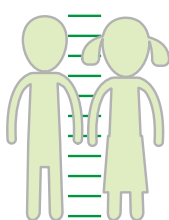
COMPLEMENTARY FEEDING 2019



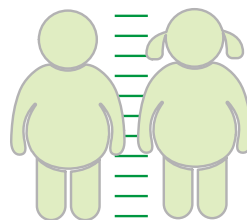
NUTRITIONAL STATUS OF CHILDREN (0-59 MONTHS)



Stunting
21.2%



Wasting
4.3%



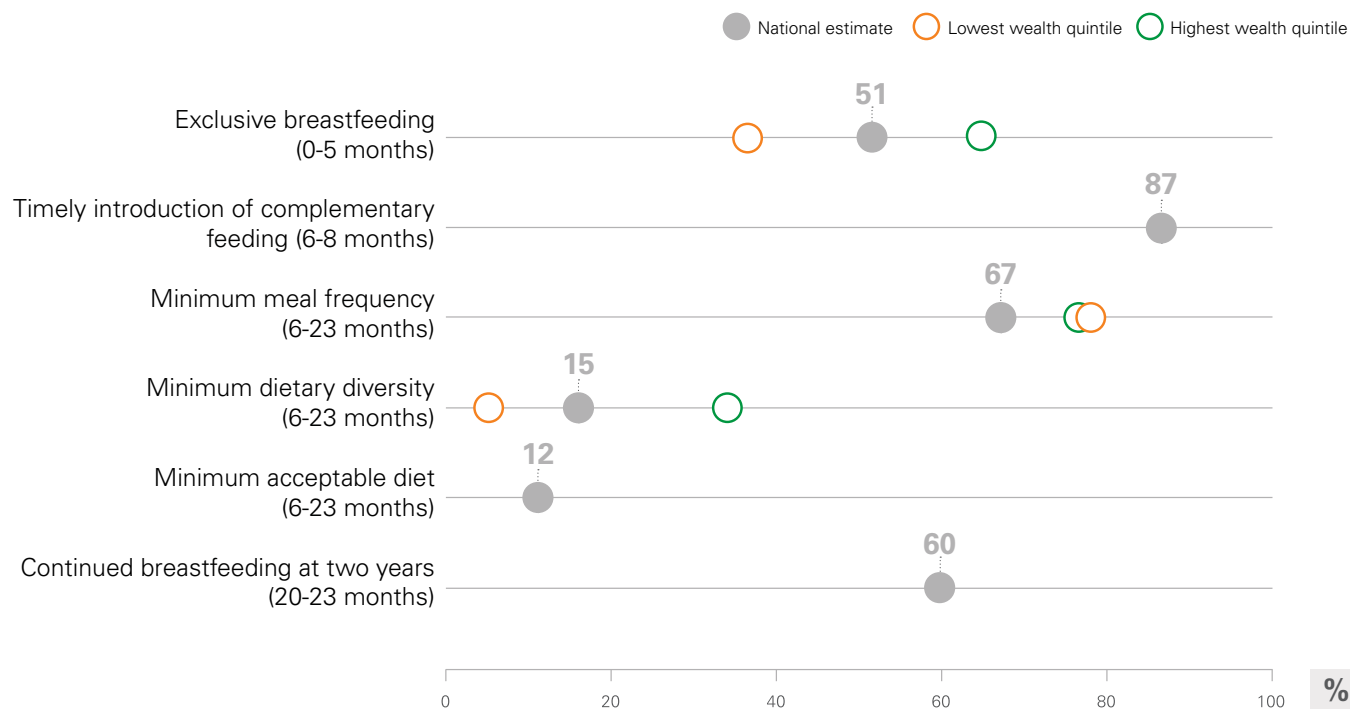
Overweight
3.9%



Anaemia
43.8%



BREASTFEEDING AND COMPLEMENTARY FEEDING





FOOD CONSUMPTION OF CHILDREN (6-23 MONTHS)

Proportion of children who have consumed food group in the last 24 hours.



SOCIOECONOMIC AND DEMOGRAPHIC CONTEXT



Poverty rate \$1.90/day

8%



Poverty rate \$3.20/day

No Data



Female secondary enrollment

62%



Early childbearing

32%

(<18 yrs of age)



MULTI-SECTORAL GOVERNANCE TO IMPROVE COMPLEMENTARY FEEDING (CF)



Partial

Multi-sector policy or strategy to improve CF



Partial

Multi-sector plan to improve CF



Comprehensive

Multi-sector policy, strategy or plan to improve CF includes at least one quantitative target on one or more CF practices



Comprehensive

National-level multi-sector coordination structure for the national response to improve CF



Missing

Sub-national-level multi-sector coordination structures for the sub-national response to improve CF



Partial

National social and behaviour change communication strategy to improve CF



FOOD SYSTEM



Undernourishment

No Data



Severe food insecurity

2.7%



Micronutrient density index

No Data



Iodised salt

No Data

Food policies and regulations



Comprehensive

Agriculture and food security policies/strategies/plans include the intent to improve CF



Partial

National regulations on the inappropriate marketing and promotion of foods for infants and young children < 3 years



Partial

National policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt



Partial

National food-based dietary guidelines that include age-specific recommendations for children aged 6-23 months

Food standards and legislation



Missing

National standards for complementary foods



Missing

Relevant Codex Alimentarius standards for CF (or equivalent national standards) are implemented nationally



Missing

Mandatory legislation for vitamin A fortification of a food vehicle



Missing

Mandatory legislation for iron fortification of a food vehicle



WATER, SANITATION AND HYGIENE



Safely managed drinking water

34%



Safely managed sanitation

No Data



Hand washing facility

87.4%



Child sanitation

72.5%

WASH system enabling environment



Comprehensive

Nutrition policies/strategies/plans include the intent for WASH actions to improve water supply, sanitation and hygiene



Partial

Nutrition policies/strategies/plans include the intent for WASH actions to ensure the safe food hygiene/ preparation and storage



Partial

Nutrition policies/strategies/plans include the intent for WASH actions to ensure the safe preparation and storage of complementary foods



Partial

National behaviour change communication strategy/plan that promotes safe hygiene practices, including during preparation and feeding of complementary foods to children aged 6-23 months



SOCIAL PROTECTION

Social protection enabling environment



Partial

Intent to improve early childhood nutrition explicitly mentioned in social protection policies and strategies



Partial

Intent to improve CF of children aged 6-23 months explicitly mentioned in social protection policies and strategies



Partial

Maternity protection laws (covering duration of maternity leave; % of previous earning for maternity leave; source of maternity benefits; entitlement to breastfeeding breaks at work)



Partial

Social protection included as an intervention under any strategic objective of multi-sector policies/strategies to improve the diversity and quality of diets of young children 6-23 months



HEALTH SYSTEM

Enabling environment support for complementary feeding (CF)



Comprehensive

Health policies/strategies/plans include the intent to improve CF



Comprehensive

CF included in the minimum package of services for health facilities in national health policy



Comprehensive

Indicator on IYCF counselling of caregivers of children aged 6-23 months is included in the HMIS (or other routine information system)



Partial

CF data from HMIS (or other routine information system) is monitored on a regular basis with standard procedures

Human resources support



Comprehensive

Job descriptions of PHC health workers includes promoting/supporting/counselling on CF



Comprehensive

Pre-service curricula of PHC health workers includes CF



Comprehensive

PHC health workers are given supportive supervision on CF



Comprehensive

Job descriptions of CHW includes promoting/supporting/counselling on CF



Comprehensive

CHW are given supportive supervision on CF

Coverage of education, counseling and support on complementary feeding



Nationwide scale up

Individual CF counselling/support is provided at relevant MCH contacts at **facility level**



Nationwide scale up

Individual CF counselling/support is provided at relevant MCH contacts at **community level**



Nationwide scale up

Group education/support on CF is provided at relevant MCH contacts at **facility level**



Nationwide scale up

Group education/support on CF is provided at relevant MCH contacts at **community level**



Nationwide scale up

Counselling and/or nutrition education activities that promote responsive feeding, and stimulation during early childhood

Coverage of other social behavior change communication initiatives



No programme

Use of community mobilisation approaches to promote CF (e.g. mothers' groups, peer support groups)



Nationwide scale up

Use of mass media and/or social media to promote CF

Data sources and methods:

Data on nutrition, complementary feeding, socio-economic and demographic context was sourced from the most recent nationally representative surveys. Wealth quintile data for exclusive breastfeeding, timely introduction and continued breastfeeding was sourced from <https://data.unicef.org/resources/dataset/infant-young-child-feeding/>. The micronutrient density index is a measure of the average micronutrient density of national food supplies using 14 micronutrients. Status of policy environment, programme action and coverage was assessed by UNICEF ROSA through a qualitative review using a structured questionnaire. The information on the qualitative review of national policy and programme action is provisional. Feedback can be provided to unicefroza@unicef.org

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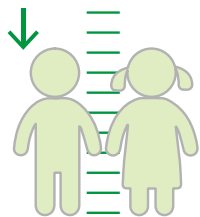


India

COMPLEMENTARY FEEDING 2019



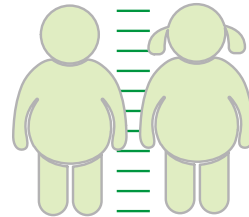
NUTRITIONAL STATUS OF CHILDREN (0-59 MONTHS)



Stunting
38.4%



Wasting
21.0%



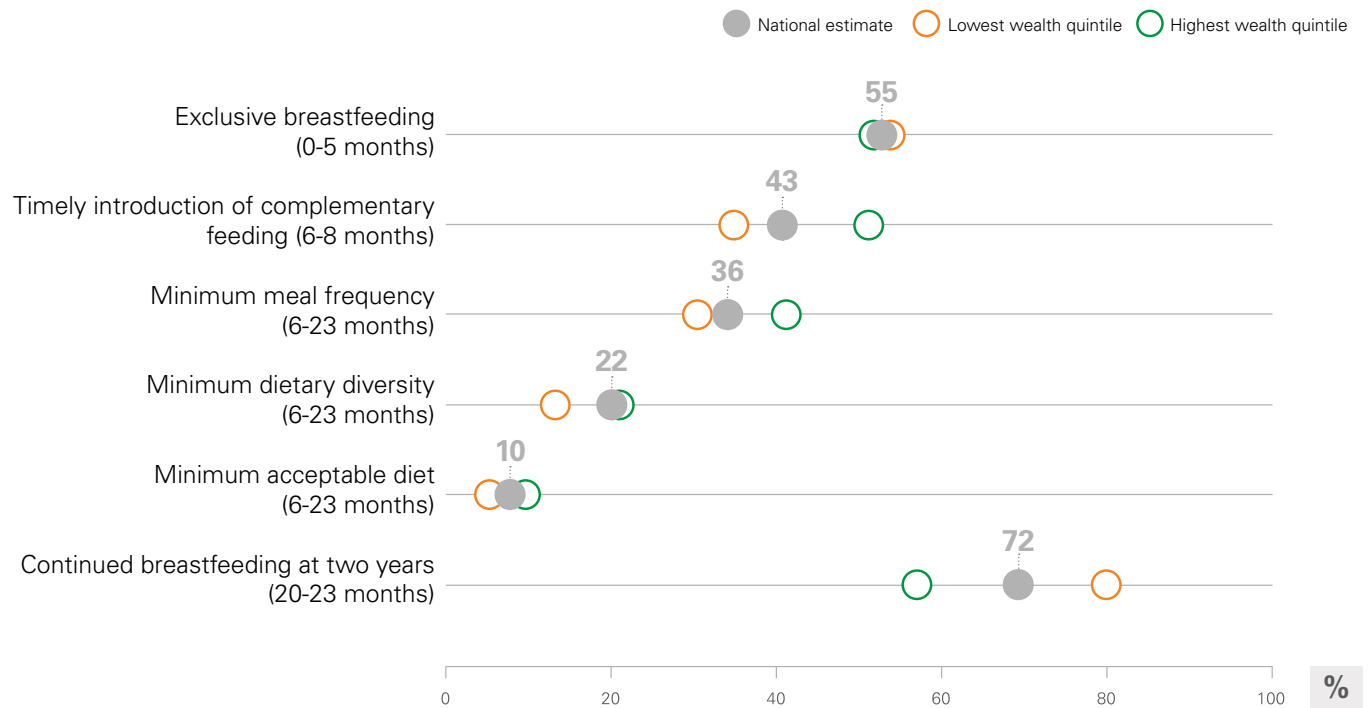
Overweight
2.1%



Anaemia
58.6%



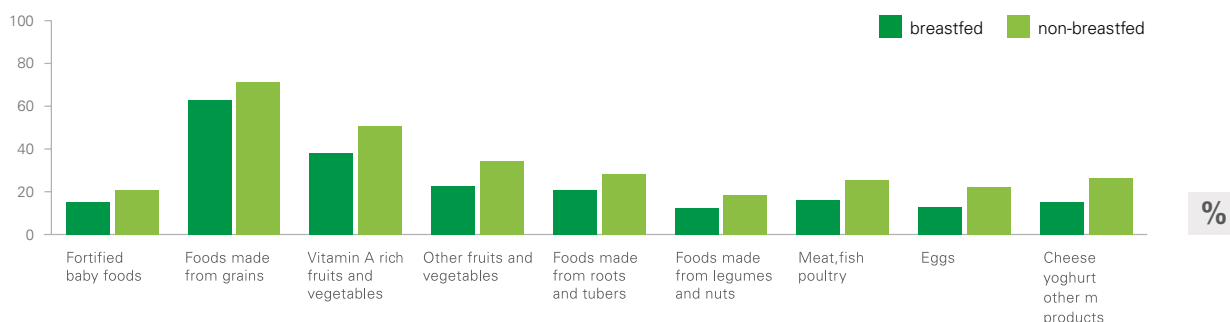
BREASTFEEDING AND COMPLEMENTARY FEEDING





FOOD CONSUMPTION OF CHILDREN (6-23 MONTHS)

Proportion of children who have consumed food group in the last 24 hours.



SOCIOECONOMIC AND DEMOGRAPHIC CONTEXT



Poverty rate \$1.90/day

13%



Poverty rate \$3.20/day

50%



Female secondary enrollment

62%



Early childbearing

22%

(<18 yrs of age)



MULTI-SECTORAL GOVERNANCE TO IMPROVE COMPLEMENTARY FEEDING (CF)



Comprehensive

Multi-sector policy or strategy to improve CF



Comprehensive

Multi-sector plan to improve CF



Partial

Multi-sector policy, strategy or plan to improve CF includes at least one quantitative target on one or more CF practices



Comprehensive

National-level multi-sector coordination structure for the national response to improve CF



Partial

Sub-national-level multi-sector coordination structures for the sub-national response to improve CF



Comprehensive

National social and behaviour change communication strategy to improve CF



FOOD SYSTEM



Undernourishment

15%



Severe food insecurity

14.8%



Micronutrient density index

0.84



Iodised salt

93%

Food policies and regulations



Partial

Agriculture and food security policies/strategies/plans include the intent to improve CF



Comprehensive

National regulations on the inappropriate marketing and promotion of foods for infants and young children < 3 years



Partial

National policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt



Comprehensive

National food-based dietary guidelines that include age-specific recommendations for children aged 6-23 months

Food standards and legislation



Comprehensive

National standards for complementary foods



Comprehensive

Relevant Codex Alimentarius standards for CF (or equivalent national standards) are implemented nationally



Partial

Mandatory legislation for vitamin A fortification of a food vehicle



Partial

Mandatory legislation for iron fortification of a food vehicle



WATER, SANITATION AND HYGIENE



Safely managed drinking water

No Data



Safely managed sanitation

0%



Hand washing facility

No Data



Child sanitation

No Data

WASH system enabling environment



Comprehensive

Nutrition policies/strategies/plans include the intent for WASH actions to improve water supply, sanitation and hygiene



Comprehensive

Nutrition policies/strategies/plans include the intent for WASH actions to ensure the safe food hygiene/ preparation and storage



Comprehensive

Nutrition policies/strategies/plans include the intent for WASH actions to ensure the safe preparation and storage of complementary foods



Comprehensive

National behaviour change communication strategy/plan that promotes safe hygiene practices, including during preparation and feeding of complementary foods to children aged 6-23 months



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Social protection enabling environment



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Intent to improve early childhood nutrition explicitly mentioned in social protection policies and strategies



Comprehensive

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Partial

Maternity protection laws (covering duration of maternity leave; % of previous earning for maternity leave; source of maternity benefits; entitlement to breastfeeding breaks at work)



Comprehensive

Social protection included as an intervention under any strategic objective of multi-sector policies/strategies to improve the diversity and quality of diets of young children 6-23 months



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Indicator on IYCF counselling of caregivers of children aged 6-23 months is included in the HMIS (or other routine information system)



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Human resources support



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Pre-service curricula of PHC health workers includes CF



Partial

PHC health workers are given supportive supervision on CF



Comprehensive

Job descriptions of CHW includes promoting/supporting/counselling on CF



Partial

CHW are given supportive supervision on CF

Coverage of education, counseling and support on complementary feeding



Nationwide scale up

Individual CF counselling/support is provided at relevant MCH contacts at **facility level**



Nationwide scale up

Individual CF counselling/support is provided at relevant MCH contacts at **community level**



Nationwide scale up

Group education/support on CF is provided at relevant MCH contacts at **facility level**



Nationwide scale up

Group education/support on CF is provided at relevant MCH contacts at **community level**



Nationwide scale up

Counselling and/or nutrition education activities that promote responsive feeding, and stimulation during early childhood

Coverage of other social behavior change communication initiatives



Nationwide scale up

Use of community mobilisation approaches to promote CF (e.g. mothers' groups, peer support groups)



Nationwide scale up

Use of mass media and/or social media to promote CF

Data sources and methods:

Data on nutrition, complementary feeding, socio-economic and demographic context was sourced from the most recent nationally representative surveys. Wealth quintile data for exclusive breastfeeding, timely introduction and continued breastfeeding was sourced from <https://data.unicef.org/resources/dataset/infant-young-child-feeding/>. The micronutrient density index is a measure of the average micronutrient density of national food supplies using 14 micronutrients. Status of policy environment, programme action and coverage was assessed by UNICEF ROSA through a qualitative review using a structured questionnaire. The information on the qualitative review of national policy and programme action is provisional. Feedback can be provided to unicefrosa@unicef.org

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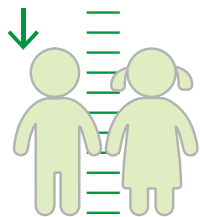


Maldives

COMPLEMENTARY FEEDING 2019



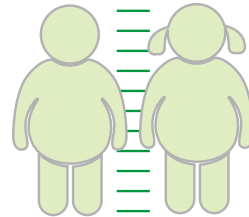
NUTRITIONAL STATUS OF CHILDREN (0-59 MONTHS)



Stunting
15.3%



Wasting
9.1%



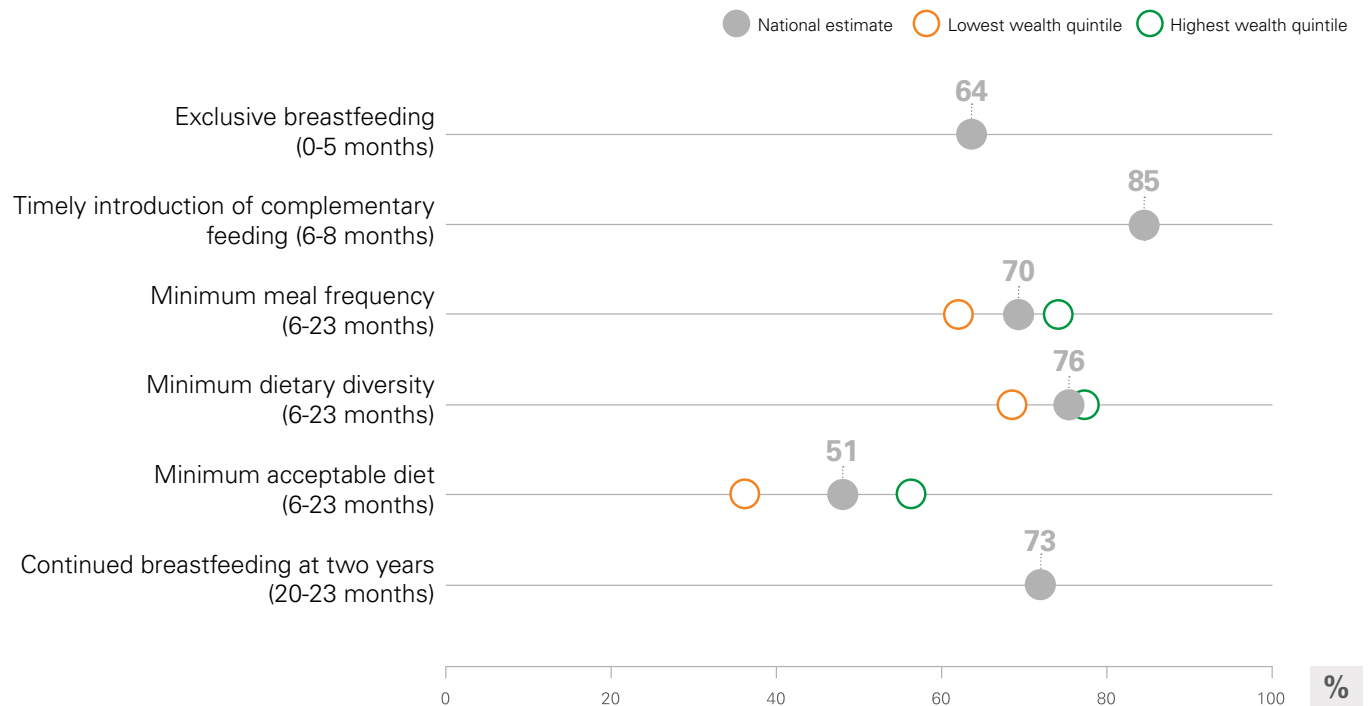
Overweight
4.9%



Anaemia
49.7%



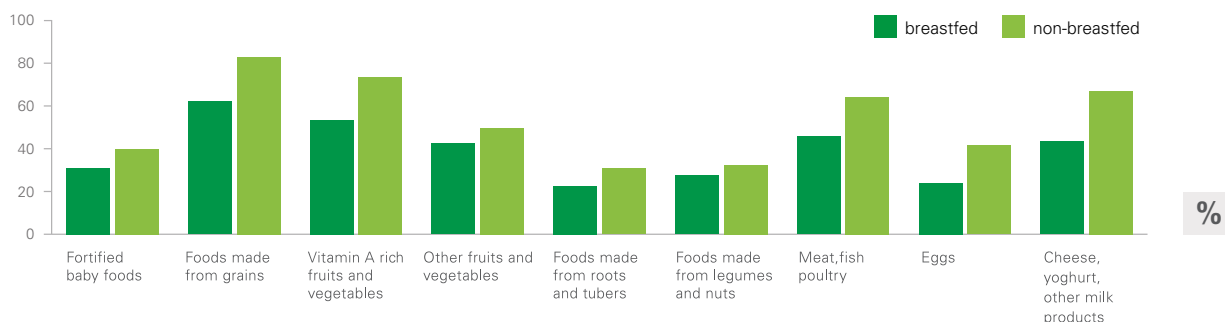
BREASTFEEDING AND COMPLEMENTARY FEEDING





FOOD CONSUMPTION OF CHILDREN (6-23 MONTHS)

Proportion of children who have consumed food group in the last 24 hours.



SOCIOECONOMIC AND DEMOGRAPHIC CONTEXT



Poverty rate \$1.90/day

4%



Poverty rate \$3.20/day

18%



Female secondary enrollment

87%



Early childbearing

0%

(<18 yrs of age)



MULTI-SECTORAL GOVERNANCE TO IMPROVE COMPLEMENTARY FEEDING (CF)



Partial

Multi-sector policy or strategy to improve CF



Partial

Multi-sector plan to improve CF



Comprehensive

Multi-sector policy, strategy or plan to improve CF includes at least one quantitative target on one or more CF practices



Partial

National-level multi-sector coordination structure for the national response to improve CF



Missing

Sub-national-level multi-sector coordination structures for the sub-national response to improve CF



Comprehensive

National social and behaviour change communication strategy to improve CF



FOOD SYSTEM



Undernourishment

11%



Severe food insecurity

No Data



Micronutrient density index

0.95



Iodised salt

No Data

Food policies and regulations



Missing

Agriculture and food security policies/strategies/plans include the intent to improve CF



Comprehensive

National regulations on the inappropriate marketing and promotion of foods for infants and young children < 3 years



Partial

National policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt



Partial

National food-based dietary guidelines that include age-specific recommendations for children aged 6-23 months

Food standards and legislation



Comprehensive

National standards for complementary foods



Missing

Relevant Codex Alimentarius standards for CF (or equivalent national standards) are implemented nationally



Missing

Mandatory legislation for vitamin A fortification of a food vehicle



Missing

Mandatory legislation for iron fortification of a food vehicle



WATER, SANITATION AND HYGIENE



Safely managed drinking water

0%



Safely managed sanitation

0%



Hand washing facility

No Data



Child sanitation

No Data

WASH system enabling environment



Partial

Nutrition policies/strategies/plans include the intent for WASH actions to improve water supply, sanitation and hygiene



Partial

Nutrition policies/strategies/plans include the intent for WASH actions to ensure the safe food hygiene/ preparation and storage



Partial

Nutrition policies/strategies/plans include the intent for WASH actions to ensure the safe preparation and storage of complementary foods



Partial

National behaviour change communication strategy/plan that promotes safe hygiene practices, including during preparation and feeding of complementary foods to children aged 6-23 months



SOCIAL PROTECTION

Social protection enabling environment



Missing

Intent to improve early childhood nutrition explicitly mentioned in social protection policies and strategies



Missing

Intent to improve CF of children aged 6-23 months explicitly mentioned in social protection policies and strategies



Partial

Maternity protection laws (covering duration of maternity leave; % of previous earning for maternity leave; source of maternity benefits; entitlement to breastfeeding breaks at work)



Missing

Social protection included as an intervention under any strategic objective of multi-sector policies/strategies to improve the diversity and quality of diets of young children 6-23 months



HEALTH SYSTEM

Enabling environment support for complementary feeding (CF)



Partial

Health policies/strategies/plans include the intent to improve CF



Partial

CF included in the minimum package of services for health facilities in national health policy



Missing

Indicator on IYCF counselling of caregivers of children aged 6-23 months is included in the HMIS (or other routine information system)



Missing

CF data from HMIS (or other routine information system) is monitored on a regular basis with standard procedures

Human resources support



Partial

Job descriptions of PHC health workers includes promoting/supporting/counselling on CF



Partial

Pre-service curricula of PHC health workers includes CF



Missing

PHC health workers are given supportive supervision on CF



Partial

Job descriptions of CHW includes promoting/supporting/counselling on CF



Missing

CHW are given supportive supervision on CF

Coverage of education, counseling and support on complementary feeding



Scale up in select regions/districts

Individual CF counselling/support is provided at relevant MCH contacts at **facility level**



Pilot initiatives

Individual CF counselling/support is provided at relevant MCH contacts at **community level**



Pilot initiatives

Group education/support on CF is provided at relevant MCH contacts at **facility level**



No programme

Group education/support on CF is provided at relevant MCH contacts at **community level**



Pilot initiatives

Counselling and/or nutrition education activities that promote responsive feeding, and stimulation during early childhood

Coverage of other social behavior change communication initiatives



Pilot initiatives

Use of community mobilisation approaches to promote CF (e.g. mothers' groups, peer support groups)



Nationwide scale up

Use of mass media and/or social media to promote CF

Data sources and methods:

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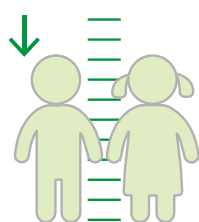


Nepal

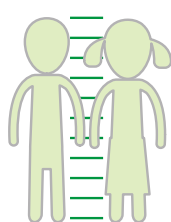
COMPLEMENTARY FEEDING 2019



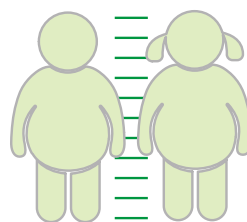
NUTRITIONAL STATUS OF CHILDREN (0-59 MONTHS)



Stunting
35.8%



Wasting
9.7%



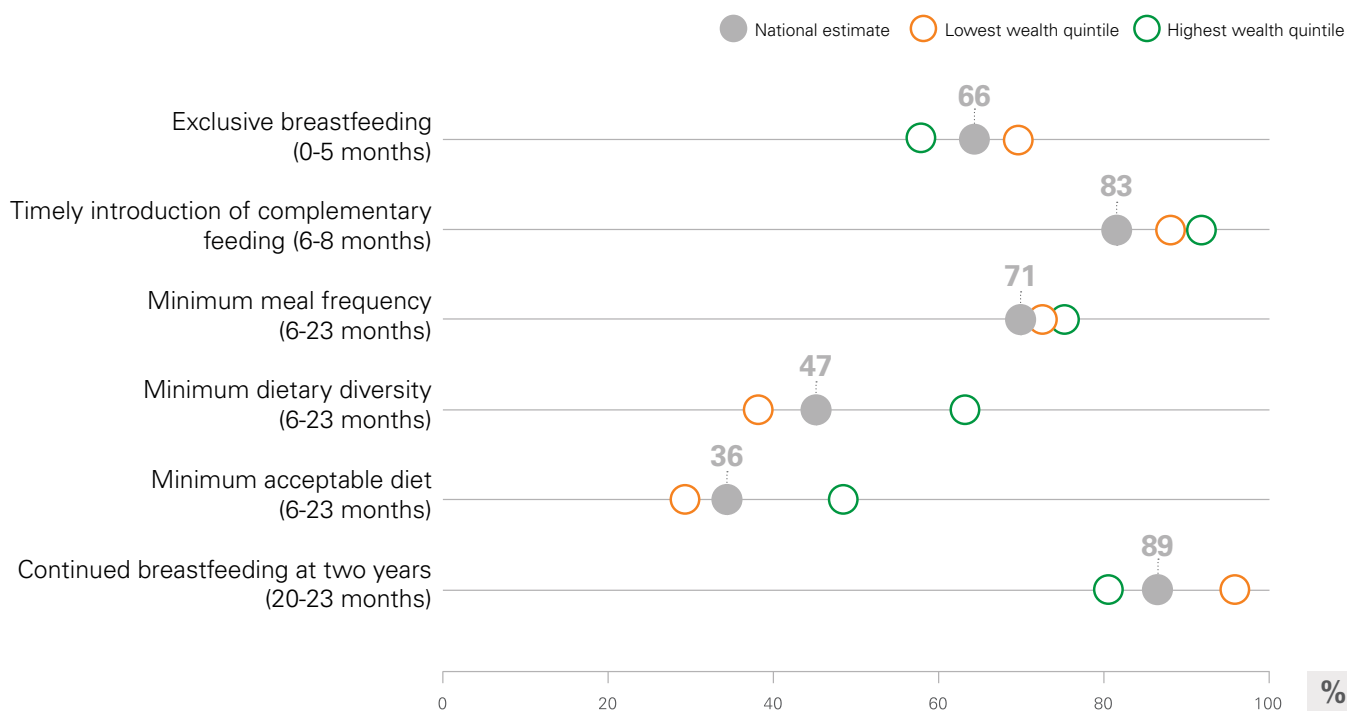
Overweight
1.2%



Anaemia
52.7%



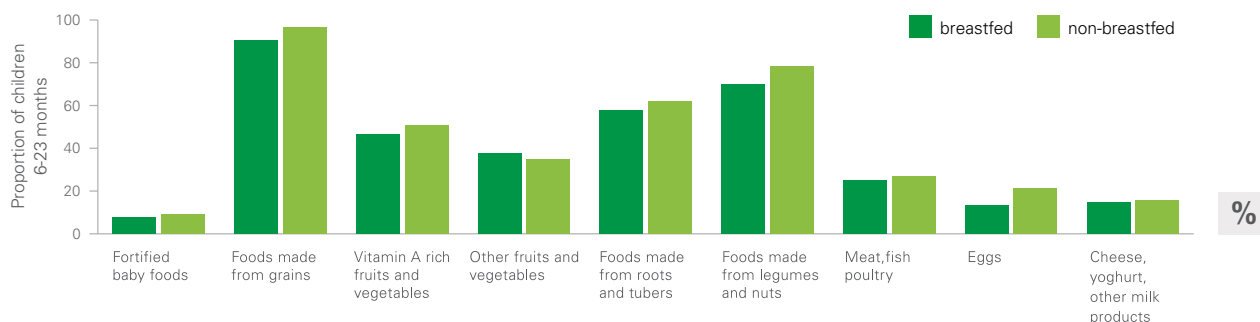
BREASTFEEDING AND COMPLEMENTARY FEEDING





FOOD CONSUMPTION OF CHILDREN (6-23 MONTHS)

Proportion of children who have consumed food group in the last 24 hours.



SOCIOECONOMIC AND DEMOGRAPHIC CONTEXT



Poverty rate \$1.90/day

7%



Poverty rate \$3.20/day

37%



Female secondary enrollment

57%



Early childbearing

16%

(<18 yrs of age)



MULTI-SECTORAL GOVERNANCE TO IMPROVE COMPLEMENTARY FEEDING (CF)



Comprehensive

Multi-sector policy or strategy to improve CF



Comprehensive

Multi-sector plan to improve CF



Comprehensive

Multi-sector policy, strategy or plan to improve CF includes at least one quantitative target on one or more CF practices



Comprehensive

National-level multi-sector coordination structure for the national response to improve CF



Comprehensive

Sub-national-level multi-sector coordination structures for the sub-national response to improve CF



Comprehensive

National social and behaviour change communication strategy to improve CF



FOOD SYSTEM



Undernourishment

10%



Severe food insecurity

7.8%



Micronutrient density index

0.84



Iodised salt

94%

Food policies and regulations



Comprehensive

Agriculture and food security policies/strategies/plans include the intent to improve CF



Missing

National regulations on the inappropriate marketing and promotion of foods for infants and young children < 3 years



Partial

National policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt



Comprehensive

National food-based dietary guidelines that include age-specific recommendations for children aged 6-23 months

Food standards and legislation



Missing

National standards for complementary foods



Missing

Relevant Codex Alimentarius standards for CF (or equivalent national standards) are implemented nationally



Comprehensive

Mandatory legislation for vitamin A fortification of a food vehicle



Comprehensive

Mandatory legislation for iron fortification of a food vehicle



WATER, SANITATION AND HYGIENE



Safely managed drinking water

27%



Safely managed sanitation

0%



Hand washing facility

No Data



Child sanitation

No Data

WASH system enabling environment



Comprehensive

Nutrition policies/strategies/plans include the intent for WASH actions to improve water supply, sanitation and hygiene



Comprehensive

Nutrition policies/strategies/plans include the intent for WASH actions to ensure the safe food hygiene/ preparation and storage



Comprehensive

Nutrition policies/strategies/plans include the intent for WASH actions to ensure the safe preparation and storage of complementary foods



Comprehensive

National behaviour change communication strategy/plan that promotes safe hygiene practices, including during preparation and feeding of complementary foods to children aged 6-23 months



SOCIAL PROTECTION

Social protection enabling environment



Comprehensive

Intent to improve early childhood nutrition explicitly mentioned in social protection policies and strategies



Comprehensive

Intent to improve CF of children aged 6-23 months explicitly mentioned in social protection policies and strategies



Comprehensive

Maternity protection laws (covering duration of maternity leave; % of previous earning for maternity leave; source of maternity benefits; entitlement to breastfeeding breaks at work)



Comprehensive

Social protection included as an intervention under any strategic objective of multi-sector policies/strategies to improve the diversity and quality of diets of young children 6-23 months



HEALTH SYSTEM

Enabling environment support for complementary feeding (CF)



Partial

Health policies/strategies/plans include the intent to improve CF



Missing

CF included in the minimum package of services for health facilities in national health policy



Comprehensive

Indicator on IYCF counselling of caregivers of children aged 6-23 months is included in the HMIS (or other routine information system)



Comprehensive

CF data from HMIS (or other routine information system) is monitored on a regular basis with standard procedures

Human resources support



Partial

Job descriptions of PHC health workers includes promoting/supporting/counselling on CF



Comprehensive

Pre-service curricula of PHC health workers includes CF



Comprehensive

PHC health workers are given supportive supervision on CF



Partial

Job descriptions of CHW includes promoting/supporting/counselling on CF



Comprehensive

CHW are given supportive supervision on CF

Coverage of education, counseling and support on complementary feeding



Nationwide scale up

Individual CF counselling/support is provided at relevant MCH contacts at **facility level**



Nationwide scale up

Individual CF counselling/support is provided at relevant MCH contacts at **community level**



Nationwide scale up

Group education/support on CF is provided at relevant MCH contacts at **facility level**



Nationwide scale up

Group education/support on CF is provided at relevant MCH contacts at **community level**



Scale up in select regions/districts

Counselling and/or nutrition education activities that promote responsive feeding, and stimulation during early childhood

Coverage of other social behavior change communication initiatives



Nationwide scale up

Use of community mobilisation approaches to promote CF (e.g. mothers' groups, peer support groups)



Nationwide scale up

Use of mass media and/or social media to promote CF

Data sources and methods:

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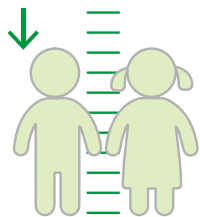


Pakistan

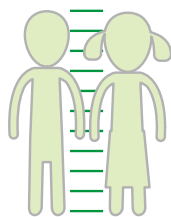
COMPLEMENTARY FEEDING 2019



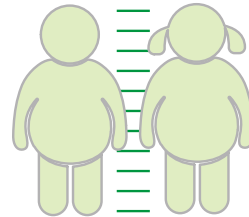
NUTRITIONAL STATUS OF CHILDREN (0-59 MONTHS)



Stunting
40.2%



Wasting
17.7%



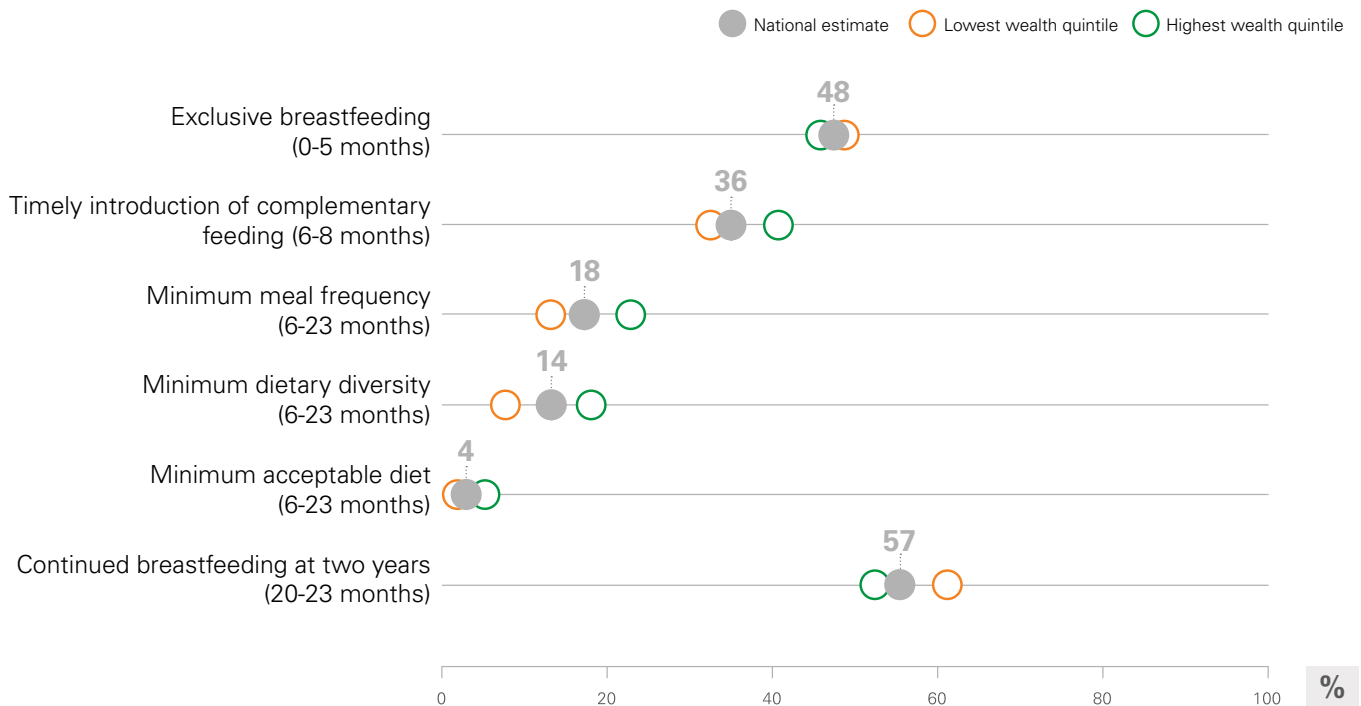
Overweight
9.4%



Anaemia
53.7%



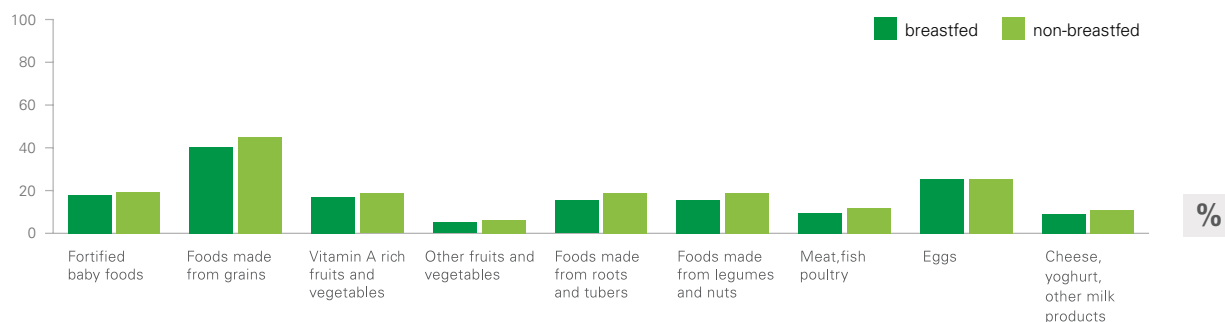
BREASTFEEDING AND COMPLEMENTARY FEEDING





FOOD CONSUMPTION OF CHILDREN (6-23 MONTHS)

Proportion of children who have consumed food group in the last 24 hours.



SOCIOECONOMIC AND DEMOGRAPHIC CONTEXT



Poverty rate \$1.90/day

5%



Poverty rate \$3.20/day

38%



Female secondary enrollment

41%



Early childbearing

8

(<18 yrs of age)



MULTI-SECTORAL GOVERNANCE TO IMPROVE COMPLEMENTARY FEEDING (CF)



Comprehensive

Multi-sector policy or strategy to improve CF



Partial

Multi-sector plan to improve CF



Comprehensive

Multi-sector policy, strategy or plan to improve CF includes at least one quantitative target on one or more CF practices



Comprehensive

National-level multi-sector coordination structure for the national response to improve CF



Partial

Sub-national-level multi-sector coordination structures for the sub-national response to improve CF



Comprehensive

National social and behaviour change communication strategy to improve CF



FOOD SYSTEM



Undernourishment

21%



Severe food insecurity

18.3%



Micronutrient density index

0.87



Iodised salt

79.6%

Food policies and regulations



Partial

Agriculture and food security policies/strategies/plans include the intent to improve CF



Comprehensive

National regulations on the inappropriate marketing and promotion of foods for infants and young children < 3 years



Partial

National policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt



Partial

National food-based dietary guidelines that include age-specific recommendations for children aged 6-23 months

Food standards and legislation



Missing

National standards for complementary foods



Partial

Relevant Codex Alimentarius standards for CF (or equivalent national standards) are implemented nationally



Comprehensive

Mandatory legislation for vitamin A fortification of a food vehicle



Partial

Mandatory legislation for iron fortification of a food vehicle



WATER, SANITATION AND HYGIENE



Safely managed drinking water

36%



Safely managed sanitation

0%



Hand washing facility

85.5%



Child sanitation

No Data

WASH system enabling environment



Partial

Nutrition policies/strategies/plans include the intent for WASH actions to improve water supply, sanitation and hygiene



Comprehensive

Nutrition policies/strategies/plans include the intent for WASH actions to ensure the safe food hygiene/ preparation and storage



Comprehensive

Nutrition policies/strategies/plans include the intent for WASH actions to ensure the safe preparation and storage of complementary foods



Comprehensive

National behaviour change communication strategy/plan that promotes safe hygiene practices, including during preparation and feeding of complementary foods to children aged 6-23 months



SOCIAL PROTECTION

Social protection enabling environment



Partial

Intent to improve early childhood nutrition explicitly mentioned in social protection policies and strategies



Partial

Intent to improve CF of children aged 6-23 months explicitly mentioned in social protection policies and strategies



Partial

Maternity protection laws (covering duration of maternity leave; % of previous earning for maternity leave; source of maternity benefits; entitlement to breastfeeding breaks at work)



Missing

Social protection included as an intervention under any strategic objective of multi-sector policies/strategies to improve the diversity and quality of diets of young children 6-23 months



HEALTH SYSTEM

Enabling environment support for complementary feeding (CF)



Comprehensive

Health policies/strategies/plans include the intent to improve CF



Partial

CF included in the minimum package of services for health facilities in national health policy



Comprehensive

Indicator on IYCF counselling of caregivers of children aged 6-23 months is included in the HMIS (or other routine information system)



Partial

CF data from HMIS (or other routine information system) is monitored on a regular basis with standard procedures

Human resources support



Comprehensive

Job descriptions of PHC health workers includes promoting/supporting/counselling on CF



Partial

Pre-service curricula of PHC health workers includes CF



Partial

PHC health workers are given supportive supervision on CF



Comprehensive

Job descriptions of CHW includes promoting/supporting/counselling on CF



Partial

CHW are given supportive supervision on CF

Coverage of education, counseling and support on complementary feeding



Scale up in select regions/districts

Individual CF counselling/support is provided at relevant MCH contacts at **facility level**



Nationwide scale up

Individual CF counselling/support is provided at relevant MCH contacts at **community level**



Scale up in select regions/districts

Group education/support on CF is provided at relevant MCH contacts at **facility level**



Nationwide scale up

Group education/support on CF is provided at relevant MCH contacts at **community level**



Scale up in select regions/districts

Counselling and/or nutrition education activities that promote responsive feeding, and stimulation during early childhood

Coverage of other social behavior change communication initiatives



Scale up in select regions/districts

Use of community mobilisation approaches to promote CF (e.g. mothers' groups, peer support groups)



Nationwide scale up

Use of mass media and/or social media to promote CF

Data sources and methods:

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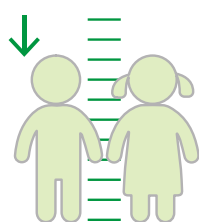


Sri Lanka

COMPLEMENTARY FEEDING 2019

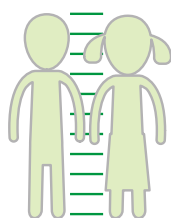


NUTRITIONAL STATUS OF CHILDREN (0-59 MONTHS)



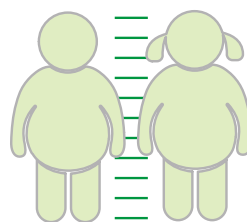
Stunting

17.3%



Wasting

15.1%



Overweight

2.0%



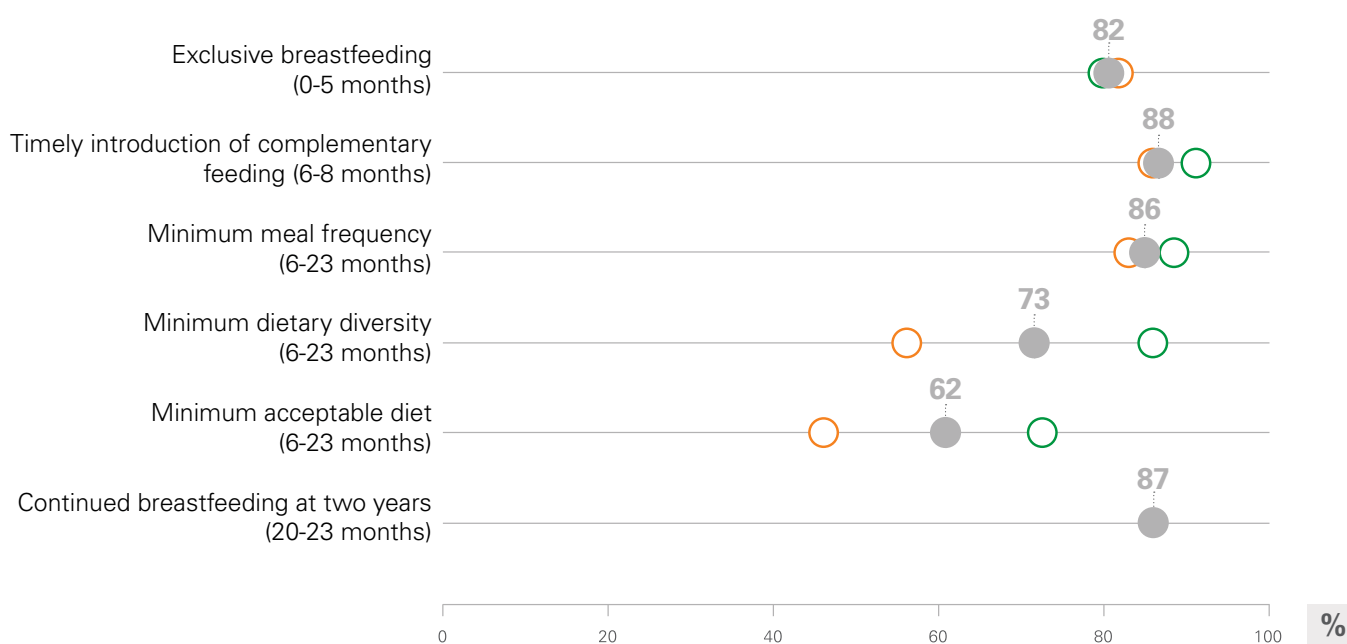
Anaemia

15.1%



BREASTFEEDING AND COMPLEMENTARY FEEDING

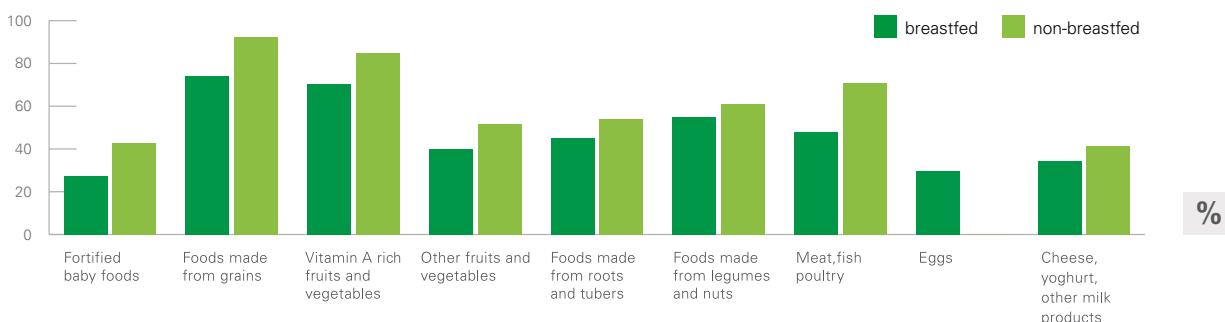
● National estimate ○ Lowest wealth quintile ● Highest wealth quintile





FOOD CONSUMPTION OF CHILDREN (6-23 MONTHS)

Proportion of children who have consumed food group in the last 24 hours.



SOCIOECONOMIC AND DEMOGRAPHIC CONTEXT



Poverty rate \$1.90/day

1%



Poverty rate \$3.20/day

10%



Female secondary enrollment

87%



Early childbearing

4%

(<18 yrs of age)



MULTI-SECTORAL GOVERNANCE TO IMPROVE COMPLEMENTARY FEEDING (CF)



Comprehensive

Multi-sector policy or strategy to improve CF



Comprehensive

Multi-sector plan to improve CF



Comprehensive

Multi-sector policy, strategy or plan to improve CF includes at least one quantitative target on one or more CF practices



Comprehensive

National-level multi-sector coordination structure for the national response to improve CF



Partial

Sub-national-level multi-sector coordination structures for the sub-national response to improve CF



Missing

National social and behaviour change communication strategy to improve CF



FOOD SYSTEM



Undernourishment

11%



Severe food insecurity

No Data



Micronutrient density index

0.81



Iodised salt

95.3%

Food policies and regulations



Missing

Agriculture and food security policies/strategies/plans include the intent to improve CF



Missing

National regulations on the inappropriate marketing and promotion of foods for infants and young children < 3 years



Comprehensive

National policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt



Comprehensive

National food-based dietary guidelines that include age-specific recommendations for children aged 6-23 months

Food standards and legislation



Comprehensive

National standards for complementary foods



Comprehensive

Relevant Codex Alimentarius standards for CF (or equivalent national standards) are implemented nationally



Missing

Mandatory legislation for vitamin A fortification of a food vehicle



Missing

Mandatory legislation for iron fortification of a food vehicle



WATER, SANITATION AND HYGIENE



Safely managed drinking water

0%



Safely managed sanitation

0%



Hand washing facility

No Data



Child sanitation

No Data

WASH system enabling environment



Missing

Nutrition policies/strategies/plans include the intent for WASH actions to improve water supply, sanitation and hygiene



Missing

Nutrition policies/strategies/plans include the intent for WASH actions to ensure the safe food hygiene/ preparation and storage



Missing

Nutrition policies/strategies/plans include the intent for WASH actions to ensure the safe preparation and storage of complementary foods



Missing

National behaviour change communication strategy/plan that promotes safe hygiene practices, including during preparation and feeding of complementary foods to children aged 6-23 months



SOCIAL PROTECTION

Social protection enabling environment



Missing

Intent to improve early childhood nutrition explicitly mentioned in social protection policies and strategies



Missing

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Comprehensive

Maternity protection laws (covering duration of maternity leave; % of previous earning for maternity leave; source of maternity benefits; entitlement to breastfeeding breaks at work)



Comprehensive

Social protection included as an intervention under any strategic objective of multi-sector policies/strategies to improve the diversity and quality of diets of young children 6-23 months



HEALTH SYSTEM

Enabling environment support for complementary feeding (CF)



Comprehensive

Health policies/strategies/plans include the intent to improve CF



Comprehensive

CF included in the minimum package of services for health facilities in national health policy



Missing

Indicator on IYCF counselling of caregivers of children aged 6-23 months is included in the HMIS (or other routine information system)



Comprehensive

CF data from HMIS (or other routine information system) is monitored on a regular basis with standard procedures

Human resources support



Partial

Job descriptions of PHC health workers includes promoting/supporting/counselling on CF



Comprehensive

Pre-service curricula of PHC health workers includes CF



Comprehensive

PHC health workers are given supportive supervision on CF



Partial

Job descriptions of CHW includes promoting/supporting/counselling on CF



Comprehensive

CHW are given supportive supervision on CF

Coverage of education, counseling and support on complementary feeding



Nationwide scale up

Individual CF counselling/support is provided at relevant MCH contacts at **facility level**



Nationwide scale up

Individual CF counselling/support is provided at relevant MCH contacts at **community level**



Nationwide scale up

Group education/support on CF is provided at relevant MCH contacts at **facility level**



Nationwide scale up

Group education/support on CF is provided at relevant MCH contacts at **community level**



Nationwide scale up

Counselling and/or nutrition education activities that promote responsive feeding, and stimulation during early childhood

Coverage of other social behavior change communication initiatives



Nationwide scale up

Use of community mobilisation approaches to promote CF (e.g. mothers' groups, peer support groups)



Nationwide scale up

Use of mass media and/or social media to promote CF

Data sources and methods:

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unicef 
for every child

UNICEF Regional Office South Asia
Lekhnath Marg, Kathmandu 44600, Nepal