Achievements of the Maternal and Young Child Nutrition Security Initiative in Asia

MYCNSIA (2011-2015)
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The **EU-UNICEF** Maternal and Young Child Nutrition Security Initiative in Asia (MYCNSIA) 2011-2015

In 2011, the European Union and UNICEF joined hands to address the chronic crisis of malnutrition in Asia, with the Maternal and Young Child Nutrition Security Initiative in Asia (MYCNSIA), a five-year, €26.42M joint-action partnership spanning five countries in Asia: Bangladesh, Indonesia, Lao PDR, Nepal, and the Philippines. Key partners at national level included governments, other UN agencies and development partners, academic and research institutions and civil society organizations.

In addition to the work at country level, MYCNSIA also worked at the regional level to strengthen policies and partnerships with regional institutions such as ASEAN and SAARC, UN agencies working on nutrition, and other stakeholders. Regional MYCNSIA work was undertaken by two UNICEF regional offices, East Asia and the Pacific Regional Office (EAPRO, in Bangkok, Thailand) and the Regional Office for South Asia (ROSA, in Kathmandu, Nepal).
The aim of the MYCNSIA was to reduce chronic malnutrition (stunting) in young children by 5 percentage points, and to reduce anemia in women and young children by 15 percent in the targeted areas. To do this, MYCNSIA took a strategic approach which involved not only the scale-up of direct interventions in the countries, but also strengthening of the enabling environment, which included policy and advocacy work, capacity strengthening, and strengthening of information systems and use of data/evidence to drive decision making at the country and regional levels.

**The four pillars of MYCNSIA**

**Pillar 1:** Support the establishment of pro-nutrition policies, strategies and tools across a range of sectors

**Pillar 2:** Strengthen capacities at all levels to address undernutrition

**Pillar 3:** Strengthen systems to collect, analyse, and use data

**Pillar 4:** Scale-up high impact interventions for women and children.

This document has been produced to highlight some of the key achievements, challenges, and lessons learned during the MYCNSIA partnership in each of the five countries and at the regional level. It also contains reflections on what is proposed going forwards to build on the achievements of the initiative and contribute to the realization of the new Sustainable Development Goal (SDG) targets for nutrition.

- Bangkok, October 2015
Regional MYCNSIA

Joint Action Funding (in Euros): €4.64M

Partners: Regional UN partners (FAO, WFP, and WHO), REACH, World Bank, South Asian Food and Nutrition Security Initiative (SAFANSI), the Association of Southeast Asian Nations (ASEAN), the South Asian Association for Regional Cooperation (SAARC), Alive and Thrive, Harvard and Tufts University, International Food Policy Research Institute (IFPRI), and other partners.

MYCNSIA Countries:

MYCNSIA was implemented in Bangladesh, Indonesia, Lao PDR, Nepal, and the Philippines. UNICEF regional offices in Bangkok, Thailand (EAPRO) and Kathmandu, Nepal (ROSA) coordinated the implementation of the regional programme and provided technical support to the five countries.
Achievements of MYCNSIA at the regional level

Pillar 1: Upstream policy and awareness

- In collaboration with SAARC, produced the South Asia Regional Action Framework for Nutrition to address the high prevalence of stunting and undernutrition in South Asia.

- In collaboration with ASEAN, produced the first Joint Regional Report on Nutrition Security in ASEAN.

- Strengthened coordination of regional partners working on nutrition, by creating the “Regional Nutrition Security Coordination Committee” and convening meetings annually or bi-annually since 2011. The Coordination Committee has been a venue for information exchange and identification of key issues and joint initiatives. The original group of six core UN and World Bank partners has grown to include nearly 20 organizations including NGOs and academia.

- Organized the Regional Conference: “Stop Stunting: Improving Child Feeding, Women’s Nutrition, and Household Sanitation in South Asia” (November 2014) to provide a knowledge-for-action platform where state-of-the-art evidence, better practices and innovations were shared to accelerate sectoral and cross-sectoral policies, programmes and research in nutrition and sanitation. The regional conference, attended by more than 200 participants around the world, helped to facilitate cross-country learning and further advance the issue of stunting reduction in South Asia.

- Established regional partnerships with NGOs to provide policy support on IYCF in EAPR: with Alive and Thrive to advance legislation on marketing of breastmilk substitutes and maternity protection and strengthen health systems for IYCF services in eight countries, and with the International Code Documentation Center to provide legal advice and capacity strengthening for Code development and monitoring.

- Provided ongoing technical support to countries to join the global SUN movement, and develop multisectoral national nutrition policies, strategies and plans.

- Strengthened cross-country learning on multi-sector planning and action for nutrition, and on cross-sectoral programming (e.g. Nutrition and WASH, Nutrition and Early Childhood Development (ECD)).


- Developed the “Strategic Approach to Nutrition Programming in the East Asia and Pacific Region”, including an evidence review, situation analysis, and detailed implementation guidance for UNICEF offices and government counterparts.

- Developed evidence-based publications and tools for multi-sector engagement on nutrition, including a series of briefs, sectoral and evidence-reviews, and tool-kits with practical resources for joint programming of nutrition with other sectors (see Table 2.)
Pillar 2: Capacity strengthening

- Organized the initial training of trainers on IYCF Community Counselling for six countries in the region in 2011, and provided ongoing technical support for its roll-out and supervision in MYCNSIA countries. As a result, over 31,000 people (primarily community level workers) have been trained on how to engage in effective counselling/support to mothers, caregivers and family members for breastfeeding and improved young child feeding practices.

- Commissioned a “Nutrition Capacity Needs Assessment” in four countries (Bangladesh, Indonesia, Nepal, and Lao PDR), which looked broadly at nutrition capacities and gaps across sectors, and at different levels (community, workforce, organizational, and systems). The assessment made short-, medium- and long-term recommendations for countries and the region. The needs assessment was disseminated broadly to regional and national partners and helped to frame country-level action on nutrition capacity strengthening.

- Convened technical workshops to strengthen nutrition capacity of Government and partners on a range of topics including stunting and sanitation, tracking of nutrition expenditures, severe acute malnutrition, nutrition cluster/sector coordination, universal salt iodization, IYCF policy, complementary feeding, and rice fortification

- Together with the Inter-Parliamentary Union (IPU) and Alive and Thrive, convened advocacy meetings on nutrition for parliamentarians from ten Asian countries.

Pillar 3: Data analysis, information systems and knowledge sharing

- Provided technical support to country offices for (1) implementing baseline and endline surveys, to ensure consistency in survey design, implementation and final analysis, (2) improving nutrition information and programme monitoring systems, and (3) evaluating the MYCNSIA programme in all the five countries and the regional office.

- Generated “Food and Nutrition Security Country Profiles” for 29 countries in the East Asia and Pacific region, as a joint activity with FAO. Each profile is a six-page consolidation of validated food security, nutrition, health, and socio-economic indicators, and includes an inventory of current national policies and strategies related to nutrition security.

- Conducted an Organizational Network Analysis (ONA) in four countries to document the impact of MYCNSIA’s upstream advocacy work on strengthening the enabling environment and implementation of nutrition programmes. The analysis showed that partnership dynamics vary in different political and economic contexts. The density of partnerships is highest for advocacy and policy influencing, and progressively declines for programme design and implementation. Partnerships for programme scale-up are the weakest. UNICEF has emerged as a lead agency in nutrition upstream work for all the countries, but should give more attention to “delivery science” and supporting programme scale-up.

- Supported MYCNSIA countries and other Asian countries on information exchange and cross-country learning, particularly with regard to emerging global evidence, strategic implementation guidance, and multi-sectoral governance and monitoring. For example, the “Stop Stunting Matters” research brief produced by ROSA is circulated twice-monthly to over 600 partners in Asia to share the state of the art policy, programme, advocacy and research evidence and facilitate cross-country learning.
UNICEF ROSA has knowledge partnerships with IFPRI, the World Bank, Harvard University, and Tufts University and is producing a series of knowledge products that address child stunting and anemia, their prevalence, trends, drivers and impact on child development, school readiness, learning performance, adult productivity, economic growth and national development. These products bring together all the evidence and are being used to inform policies, programme design and research priorities in South Asia in the context of the post 2015 development agenda for children and women.

Context:

One in four children under 5 years of age in Asia is chronically malnourished (stunted, or too short for their age). Half of the world’s 159 million stunted children live in Asia (81 million). While Asia as a whole has halved the prevalence of stunting since 1990, progress in South Asia has occurred at half the rate of East Asia. In South Asia in 2014, an average of 38% of children under five were stunted, while in East Asia-Pacific only 12% were stunted. However, this figure is influenced by the low prevalence in China and rises to over 30% if the China data is excluded. In addition, one in ten children are acutely malnourished (wasted, or too thin) in Asia, with levels in South Asia approaching a critical public health problem at close to 15%. Almost 70% of the wasted children globally live in Asia. Asia is also home to the majority of the world’s anaemic women (over two thirds of the estimated 528 million in 2011) and over half (or 152 million) of the children under five are suffering from anaemia.

These average figures do not reflect the wide disparities between countries and within countries. Children from the poorest 20 per cent of the population are more than twice as likely to be stunted as those from the richest quintile. In South Asia, the absolute disparities between the richest and poorest children in regard to stunting are greater than in any other region. Greater progress has occurred for rural than urban children in three regions of the world, including East Asia and the Pacific. However, rural children everywhere are still more likely to be stunted than their urban counterparts.

The EU and UNICEF have partnered together on the Maternal and Young Child Nutrition Security Initiative in Asia (MYCNSIA), a five-year Joint Action to improve the nutritional status of pregnant women and young children in five countries (Bangladesh, Indonesia, Lao PDR, Nepal, and Philippines). The MYCNSIA is structured around 4 “Pillars”, or Result Areas, including: (1) Upstream policy and nutrition security awareness, (2) Capacity strengthening, (3) Data analysis, information systems, and knowledge sharing, and (4) Scaling-up direct interventions. The regional component of MYCNSIA operates from UNICEF regional offices in Bangkok, Thailand (EAPRO) and Kathmandu, Nepal (ROSA).

Highlighted achievements:

From 2011 to 2015, the regional component of MYCNSIA contributed to several positive developments for nutrition security in the Asia region, including through (1) regional advocacy and technical support to countries, and (2) strengthened capacities for improving infant and young child feeding

3 EAPRO analysis, 2014
4 The Global prevalence of Anaemia in 2011. WHO.
1- Regional advocacy and technical support to countries

From the start of MYCNSIA, UNICEF engaged with regional institutions: EAPRO with ASEAN (Association of Southeast Asian Nations) and ROSA with SAARC (South Asia Association for Regional Cooperation) to elevate the profile of nutrition on the agenda of the regional bodies and of member states.

The UNICEF ROSA and SAARC collaboration helped to develop the “South Asia Regional Action Framework for Nutrition” that was endorsed and formally adopted by the SAARC countries in late 2014. The Framework encourages the eight SAARC member states to prioritize the reduction of child undernutrition, and provides guidance on coherent approaches to develop multisectoral policies and programmes to address maternal and child undernutrition. The framework details SAARC’s role in providing a platform for countries to (1) work collaboratively, advocate, share experiences and learn from each other and to (2) discuss certain cross border issues pertaining to nutrition including harmonization of food standards and quality control of food commodities (e.g. food fortification with micronutrients, iodized salt, or regulating complementary foods under the Code of Marketing of Breast Milk Substitutes).

UNICEF EAPRO’s collaboration with ASEAN on nutrition has been strengthened since the start of MYCNSIA. UNICEF has been welcomed as a technical partner to at least seven different meetings of the Health and Non-Communicable Diseases Division (Maternal and Child Health Task Force Meetings, Senior Officials Meetings, Health Ministers Meeting) and has advocated for the importance of good nutrition in the first 1,000 days. Whereas nutrition was only negligibly reflected (as part of non-communicable disease prevention) in the ASEAN Strategic Framework on Health Development 2010-15, the ASEAN Post-2015 Health Development Agenda includes one priority (for stunting reduction) and two strategic recommendations directly related to nutrition: 1) for an ASEAN nutrition surveillance system, and 2) for “Advocating and Elevating Nutrition” towards the development of an ASEAN regional nutrition framework for action.

Furthermore, in 2014 UNICEF and ASEAN produced the Joint Regional Report on Nutrition Security in ASEAN, Volume 1, a compilation of the Food and Nutrition Security Country Profiles from the 10 ASEAN member states. Each profile is a six-page consolidation of validated food security, nutrition, health,
and socio-economic indicators, and includes an inventory of current national policies and strategies related to nutrition security. In 2015, ASEAN, UNICEF and WHO are collaborating to produce Volume 2 of the Joint Report, which will be a synthesis of the data in Volume 1, and will highlight key nutrition issues for the region including case studies of successful nutrition initiatives undertaken by ASEAN member states.

All five MYCNSIA countries joined the SUN movement during the project period and all have updated various national policy and strategic frameworks and action plans for nutrition. UNICEF regional offices provided technical support for the advocacy to join SUN, and for the strengthening of policy, implementation, and governance for multisectoral nutrition action.

UNICEF regional offices also provided technical support to countries by convening conferences, meetings, and technical consultations on wide range of topics (Table 1). In addition to those convened by UNICEF, regional offices also participated and presented in as many high-level meetings of partner organizations (e.g. ASEAN, SAARC, WHO, WFP, FAO, ILO, World Bank, etc).

Table 1. UNICEF regional offices convened a number of regional meetings which supported country level efforts to improve nutrition security. Some examples include:

- Regional Public Finance Conference with Ministries of Finance in EAPR (Viet Nam, 2012)
- Nutrition Capacity Needs Assessment Dissemination (Thailand, 2013)
- Infant and Young Child Feeding Policy Workshops (with Alive and Thrive, Viet Nam 2013 and Thailand 2014)
- Regional Conference: “Stop Stunting: improving Child Feeding, Women’s Nutrition and Household Sanitation in South Asia” (India, 2014)
- Scaling Up Rice Fortification in Asia (with WFP and other partners, Thailand, 2014)
- Financial Tracking of Multisectoral Nutrition Budgets in Asian SUN Countries (Thailand, 2015)
- Technical consultation on Severe Acute Malnutrition in East Asia and the Pacific (Thailand, 2015)
- Regional Meeting on Achievement of Universal Salt Iodization for Optimal Iodine Nutrition in EAPR (Thailand, 2015)
- Regional Meeting on Maternal and Child Nutrition: Innovations and Scale up (Sri Lanka, 2015)
Another form of technical support was the production and dissemination of evidence-based publications and tools to advance nutrition security (Table 2). In addition to those produced by UNICEF, regional offices also contributed to many similar publications of partners and peer-review articles.

**Table 2.** UNICEF regional offices produced a number of publications which supported country level efforts to improve nutrition security. Some examples include:

- “Improving children’s lives, transforming the future” (ROSA, 2014).
- A review of evidence on infant feeding during and after common childhood illness (ROSA, 2014)
- Stop Stunting: A common narrative to reduce stunting in South Asia (ROSA, 2015).
- Special Issue of the Maternal and Child Nutrition Journal entitled “Stop Stunting: Improving Child Feeding, Women’s Nutrition and Household Sanitation in South Asia”. 15 peer reviewed articles and eight opinion papers, open-access, web-based. (ROSA, 2015)
- In partnership with WFP and others: Scaling Up Rice Fortification in Asia, Sight and Life Supplement (EAPRO, 2015)
- A number of toolkits with practical resources for programming are under development, including nutrition-WASH, nutrition-ECD, adolescent nutrition, and emergency preparedness and resilience building (EAPRO, 2015)
- In partnership with Harvard University: Stunting and Human Capital in South Asia, four papers on 1) Stunting in South Asia: prevalence, trends, drivers, and disparities; 2) Stunting and the child: brain development, school readiness, learning performance; 3) Stunting and the nation: productivity, wages, economic growth and national development; 4) Stunting and South Asia: implications for policies, programmes, and resource allocation. (ROSA 2015)
- In partnership with Tufts University: Hidden Hunger and Human Capital in South Asia, four papers on: 1) Hidden hunger in South Asia: prevalence, trends, drivers, and disparities; 2) Hidden hunger and the child: brain development, school readiness, learning performance; 3) Hidden hunger and the nation: productivity, wages, economic growth and national development; 4) Hidden hunger and South Asia: implications for policies, programmes, and resource allocation. (ROSA 2015)
- In partnership with World Bank: Cost-effectiveness analyses of scaling up nutrition in Afghanistan, Bangladesh, Pakistan and Sri Lanka. (ROSA 2015)
2- Strengthened capacities for improving infant and young child feeding.

In September 2011, the MYCNSIA regional team organized a “Training of Trainers” (TOT) on Community Counselling for Infant and Young Child Feeding (IYCF), for 85 participants from six countries (Bangladesh, Indonesia, Lao PDR, Nepal, the Philippines, and Timor Leste). An expert team of trainers from UNICEF headquarters used a participatory, adult-learning approach intended to introduce a “listening and problem solving” style of counselling, rather than the more common “teaching” style of counselling. The former is intended to uncover and address the real factors underlying child feeding decisions and practices, and proposes solutions to overcome specific barriers and challenges. The training package also included guidance on how to form peer support groups and how to conduct interactive group communication sessions. The community IYCF counselling package also refreshed participants’ knowledge on current global recommendations for breastfeeding and complementary feeding.

To date, the training has been rolled out in all six countries, with over 31,000 people (mostly community level health and nutrition workers) trained on improved counselling skills to engage with mothers, caretakers, and family members on appropriate breastfeeding and complementary feeding. The package is also being adapted and used in an additional seven countries in Asia.

The IYCF counselling cards were adapted to the Nepal context. This example shows the integration of messages on care during pregnancy, giving birth with a skilled attendant, exclusive breastfeeding for six months, and the importance of handwashing before feeding a child over 6 months of age with a nutritious porridge and MNPs.
The IYCF counselling package used in the TOT included detailed guidance and tools for adapting the global IYCF counselling cards to the local context: language, images of local people in typical clothing, locally available foods, and messages and images aligned with the existing national programmes. For example, many countries merged the IYCF counselling cards with images and messages of their local versions of micronutrient powders (MNP).

Although behavior change is multi-faceted and a long term process, improvements in actual child feeding practices are starting to be seen in MYCNSIA areas. For example, in Indonesia, significant improvements in complementary feeding indicators (e.g. dietary diversity and consumption of animal products) and behaviors (use of soap and water for handwashing) were documented among the poorest families in programme areas, indicating not only that the poorest were being reached, but that the way the programme was delivered was effective in helping them to improve these critical practices.
Challenges and Lessons Learned:

- MYCNSIA has certainly contributed to a stronger political will and enabling environment in the countries, but a challenge remains on how to support translating this, at scale, to increased financial commitments, accelerated implementation and improved multi-sectoral coordination at the decentralized level.

- Applying a uniform monitoring framework for MYCNSIA has proved to be a challenge as there are wide variations in the type of information available through the existing monitoring and information systems in each of the country. Strengthening of existing information systems, including supporting overall improvements in the functioning of the systems and introducing a wider range of nutrition indicators that can be used for programme decision making, with full participation of government and other partners, is a worthwhile investment. This will be more sustainable than creating parallel reporting systems.

- Contextualizing regional approaches to nutrition capacity strengthening requires careful consideration for adapting the content to different country contexts. Language and cultural differences, and wide variations in governance, financing, systems and service delivery all influence how a “regional approach” can ultimately effect change.

Next steps:

- Continue collaborations with regional economic institutions ASEAN and SAARC to raise the profile of nutrition as a development priority in the Asia region. Support the development of an ASEAN regional nutrition framework for action.

- Continue to build on the strengthened network of regional partners, including joint initiatives and ensuring that regular meetings of the Regional Nutrition Security Coordination Committee continue, and with a stronger focus on actions.

- Continue regional technical support to countries in Asia on advancing nutrition-sensitive actions in other sectors (e.g. early childhood development, education, WASH, social protection/social policy, as well as fully institutionalizing nutrition-specific interventions within health systems), through advocacy, evidence generation, knowledge sharing, development of resources and tools and enabling cross-country learning on practical approaches for integrated programming and coordination at the decentralized level.

- In collaboration with other partners, support the further analysis of capacity gaps for nutrition, and contribute to develop capacities for multi-sectoral nutrition programming, to address the multiple challenges at various levels faced in actual implementation. Approaches may include developing and applying a common conceptual framework and assessment tool, identifying and strengthening a regional resource network and “teams” of experts on specific issues, and developing resources and tools which may be adapted at country level (including completing those already initiated under MYCNSIA).

- Plan and execute joint advocacy with regional partners in Asia on the Sustainable Development Goals (SDGs) for Nutrition.
A woman plays with her young child in the village of Bhageswori, Achham District, Nepal, which is a focus district of MYCNSIA in Nepal. The EU/UNICEF MYCNSIA joint action aims to directly benefit 30 million children and 5 million pregnant and lactating women in five Asian countries. It advocates for, and utilizes a cross-sector approach, combining nutrition, health, water and sanitation, agriculture and social protection interventions to maximize the positive effects on child and maternal nutrition. The goal is generational change in both institutional and individual beliefs and actions on nutrition – contributing, as well, to the achievement of the United Nations Millennium Development Goals (MDGs).

Photo: ©UNICEF Nepal/2014/Prakash Mathema
Shahiton Begum, 35, waters her garden at her home in Patharshi village in Islampur Upazila of Jamalpur District. Shahiton was selected to receive support and assistance from the MYCNSIA programme by members of the community.

Photo: ©UNICEF Bangladesh/2012/Noorani
MYCNSIA in Bangladesh

**Joint Action Funding (in Euros): €4.90M**

**Partners**: Government of Bangladesh: Ministry of Health and Family Welfare (MOHFW); Directorate General Family Planning (DGFP), Directorate General Health Services (DGHS), and National Nutrition Service (NNS), Community Clinics Project; Ministry of Food and Disaster Management.

Other partners: Food and Agriculture Organization (FAO), World Food Programme (WFP), ICDDR,B, CARE, Shushilan, SPRING Bangladesh.

**Areas of the country where direct implementation was supported:**

Sixteen sub-districts (upazilas) in seven districts.
Achievements of MYCNSIA in Bangladesh

Pillar 1: Upstream policy and awareness

Several policy documents were developed under the umbrella of MYCNSIA funding. Under Objective 1 of UNICEF’s Annual Work Plan with the Government, which is closely aligned with Pillar 1, UNICEF provided technical and financial assistance for the development, dissemination and operationalization of several national strategies, policies and legislation. These include:

- The National Nutrition Policy (NNP), a multi-sectoral umbrella nutrition policy developed by the Ministry of Health and Family Welfare, was approved by the Cabinet in 2015. UNICEF provided technical support through the national Expert Working Group and the Technical Sub-committee responsible for drafting the policy, and MYCNSIA resources supported the writing, editing, translation and dissemination of the nutrition policy.

- The National Micronutrient Deficiency Control Strategy (2015-2024) was developed by the National Nutrition Service (NNS) and has been approved by the Government.

- The law on the sale and promotion of breast milk substitutes (BMS code) was passed in Parliament in 2013, and now provides the legal framework that guides the sale and marketing of breastmilk substitutes and protects breastfeeding.

- By-laws that provide the guidelines and framework for the implementation of the National Edible Oil Fortification law 2013.

- The background paper on nutrition for the Government’s 7th Five Year Plan, and support for developing the strategic investment plan for the 4th Health Sector Programme.

Pillar 2: Capacity strengthening

- More than 2,300 frontline workers and first line supervisors from government institutions were trained in the 16 MYCNSIA upazilas (sub-districts). Training focused on improving skills for counselling mothers and caregivers on Infant and Young Child Feeding (IYCF) and maternal nutrition.

- More than 80 government and NGO staff in the 16 MYCNSIA upazilas were trained and more than 5,000 NGO volunteers were given an orientation on the management of severe acute malnutrition (SAM), leading to improved skills to implement Community-Based Management of Acute Malnutrition (CMAM).

- Sub-national support for multi-sectoral nutrition action through District Nutrition Support Officers (DNSOs) was established as an innovative human resources capacity building model.

Pillar 3: Data analysis, information systems and knowledge sharing

- Results from the MYCNSIA baseline and end line surveys have been disseminated, indicating reductions in stunting and anemia of women and children, and improvements in breastfeeding and complementary feeding practices in programme areas.

- A monitoring system, including a web-based information system, was established under MYCNSIA within the existing management information system (MIS) at the Directorate General Family Planning (DGFP). This system included 15 indicators of direct nutrition interventions (DNIs), equivalent to nutrition-specific interventions. Reporting from sub-districts is now done on a monthly basis.
Trainings were organized by DGFP for staff involved with MIS to ensure the quality of reporting with nutrition indicators.

At the same time, UNICEF also worked to strengthen the nutrition information collected by DGHS HMIS community clinics. Currently, 72% of the DGHS community clinics in MYCNSIA areas now report on 10 nutrition indicators.

Pillar 4: Scaling up direct nutrition security interventions

The model of mainstreaming nutrition through a complete package of DNIs that was started in MYCNSIA upazilas is being scaled up by the DGFP and the DGHS to the rest of the districts in the country, as a result of the dramatic improvement of nutritional indicators in the MYCNSIA target areas. In the first phase of the expansion, 91 upazilas were targeted.

Currently, MYCNSIA Monitoring Information System (MIS) tools are being scaled up by DGFP nationally.

Multiple Micronutrient Powder (MNP) supplementation reached 73% in 2012, 89% in 2013, and 92% of targeted children in MYCNSIA areas in 2014.

A total of 2,125 children aged 6-59 months suffering from Severe Acute Malnutrition (SAM) received treatment between 2012 and the end of 2014 in 7 MYCNSIA districts. There was a 91% cure rate.
Context:

Despite the impressive progress in maternal and child health indicators during the last years, the prevalence of child undernutrition in Bangladesh remains one of the highest in the world, with 36% of under-fives suffering from stunting in 2014. The poorest populations are more affected by malnutrition, which is common in most places, however children from the highest wealth quintile in Bangladesh are also affected (21% are stunted and 13% are acutely malnourished) – making it truly a nationwide crisis. Moreover, 14% of all under-fives are wasted while 33% are underweight. The high levels of undernutrition among young Bangladeshi children can be attributed to both intrauterine growth retardation (IUGR) and growth faltering after birth. Poor maternal nutritional status and too little weight gain in pregnancy are the main determinants of IUGR. On the other hand, growth faltering after birth is due to inappropriate feeding practices (lack of exclusive breastfeeding for 6 months, poor complementary feeding practices), hygiene practice and a high prevalence of infectious illnesses such as diarrhoea, pneumonia and Acute Respiratory Infection (ARI). Hand washing with soap before feeding child the child is only practiced by 2% of caregivers. The prevalence of anemia among pre-school children and non-pregnant non-lactating (NPNL) women are 33% and 26% respectively.

The EU/UNICEF supported Maternal and Young Child Nutrition Security Initiative (MYCNSIA) in Bangladesh (2011-15) was designed to improve the nutrition security of women and young children in Bangladesh. It aimed to strengthen the enabling environment for nutrition by identifying and addressing key constraints in existing systems and capacities, such as in policy development, coordination or information management for nutrition improvement. Critical supply and quality-related constraints were addressed through direct procurement and distribution of essential supplements and treatment products as well as equipment for anthropometric assessments. At the same time, procurement, supply chains and resource allocation systems from the government were strengthened. Human resource capacity constraints were addressed through training and provision of job-aids. Quality and coverage of Direct Nutrition Interventions (DNIs) were strengthened through new reporting and information systems. Intensified communication and advocacy strategies were used to create awareness and demand for high-quality nutrition services and optimal practices.

MYCNSIA partnered with the Directorate General Family Planning (DGFP), Director General of Health (DGHS) and the National Nutrition Service (NNS) for the implementation of the programme. The Ministry of Health of Bangladesh was especially interested in accommodating nutrition as an integral part of the health system.

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1 Bangladesh Demographic and Health Survey (BDHS) 2014
2 State of Food Security and Nutrition in Bangladesh, 2013
3 National Micronutrient status Survey 2011-12
Highlighted achievements:

From 2011 to 2015, MYCNSIA in Bangladesh contributed to significant developments for improving nutrition security, including (1) mainstreaming nutrition interventions within the DGFP service delivery system and (2) inclusion of nutrition indicators and establishment of the reporting system within MIS at the DGFP and HMIS at the DGHS.

1- Mainstreaming nutrition within the Directorate General Family Planning (DGFP) service delivery system

One of the goals of MYCNSIA was to build and strengthen governmental capacities with a systems-wide approach so that nutrition could be better mainstreamed in national and subnational governmental services, through a package of high-quality and high-coverage direct nutrition interventions (DNIs) (see Table 1).

MYCNSIA funds were used to establish standards, and develop guidance and advocacy materials for technical staff, managers, and other decision makers, thereby raising the profile of nutrition in the country. The various tool-kits and sectoral guidance notes allowed all partners and stakeholders to move from having a general idea of what needed to be done to being able to articulate consistent messages and guidance related to nutrition-specific and nutrition-sensitive interventions – together with indicators, targets and monitoring systems.
For example, a DNI tool kit was developed which included a complete package of nutrition interventions, technical guidance, sample job-aids, charts, CDs and research documents with Information, Education and Communication (IEC) materials for service providers, such as the Family Welfare Assistants, Health Assistants and Community Health Care Providers. A major achievement of MYCNSIA was the formulation, agreement, introduction and support given to the Government of Bangladesh at national and subnational levels to expand the package of DNIs from a limited set of ‘piecemeal’ interventions to a full set of nutrition-specific integrated interventions which includes IYCF, handwashing, micronutrients, maternal nutrition and management of acute malnutrition. This package of tools aimed to increase the coverage of DNIs for women and children in the MYCNSIA districts.

Table 1. Direct Nutrition Interventions (DNIs)

1. Support for early initiation of breastfeeding within first hour after birth
2. Counselling and promotion of exclusive breastfeeding from birth up to 6 months
3. Promotion of age appropriate complementary feeding of children from 6-23 months
4. Promotion of hand washing with soap at critical times – before eating/preparing food; before feeding child and after defecation
5. Vitamin A supplementation for children 6-59 months once every 6 months
6. Iron Folic Acid (IFA) supplementation for Pregnant and Lactating Women (PLWs) and adolescent girls
7. Multiple Micronutrient Powder (MNP) supplementation for children 6-23 months
8. ORS with zinc in management of acute diarrhoea
9. Deworming for children 24-59 months once every 6 months
10. Promotion of consumption of foods rich in Iron and Vitamin A by pregnant and lactating women and adolescent girls
11. Household consumption of iodised salt, fortified oil with Vitamin A
12. Screening and referral of acute malnutrition in children 0-59 months
13. In-patient and out-patient management of children 0-59 months with acute malnutrition according to national protocols
14. Promotion of adequate food intake and rest during pregnancy and lactation
15. Micronutrient supplementation including iron, folic acid, calcium
16. Promotion of consumption of nutrient-rich foods
Substantial progress on nutrition mainstreaming in the MYCNSIA target areas through the package of DNIs led to a decision from the Government of Bangladesh to replicate the model in areas outside the MYCNSIA target areas. At the time of preparation of this document, the Government plans to mainstream nutrition in all *upazilas* of the country and it has committed to procure key commodities through governmental budget. This will ensure continuity after completion of MYCNSIA. The expansion plan will first include 91 *upazilas* in 11 districts. Specifically, 16 *upazilas* are located in MYCNSIA target areas while 75 of them are located in new areas.

It is also important to note that the Government of Bangladesh, in conjunction with the Children’s Investment Fund Foundation (CIFF) and MYCNSIA, established an innovative capacity building model at the subnational level through District Nutrition Support Officers (DNSOs). To date, the DNSOs have been established in 43 districts, including seven MYCNSIA districts. The aim is to support and build the capacity of authorities and partners from key sectors to address bottlenecks to scale-up nutrition-specific and nutrition-sensitive actions. The DNSOs provide specific support in multi-sectoral coordination, monitoring and evaluation, and planning for improved nutrition at the decentralized and community levels. Initial results from districts with DNSOs show significant decreases in bottlenecks regarding supply and information management.

During 2014, results from the MYCNSIA area-based programmes indicated that the modelling of mainstreaming nutrition in the Heath and Population sector had been a success, with measurable improvements in coverage of proven interventions, uptake of essential behaviours, and commitment of government. For example, two of the 16 DNIs were age appropriate complementary feeding, and multiple micronutrient powder (MNP) supplementation for children 6-23 months. MNP supplementation started in 2012 in 16 MYCNSIA *upazilas*, with MNPs purchased through MYCNSIA and delivered through the DGFP. In 2014, the National Nutrition Service (NNS) purchased 5 million MNP sachets with governmental budget. Moreover, the DGFP allocated funds for the purchase of MNPs for 2015-16, in order to cover 91 *upazilas* in 11 Districts.

Coverage of MNPs increased in MYCNSIA areas from around 73% in 2012, to 89% in 2013, to 92% of targeted children receiving the recommended dosage in 2014. Although not all children completed the full MNP course (due to challenges like perceived side effects), it is important to note that complementary feeding practices also improved in MYCNSIA areas: e.g. consumption of iron-rich foods improved from 41 to 74% of children.

A total of 91,505 pregnant and lactating women (90% of target population) received nutrition counselling. This contributed to an increase in exclusive breastfeeding from 49% to 66% by 2014. In addition, early initiation of breastfeeding improved from 49% to 77%. Moreover, coverage of Iron and Folic Acid (IFA) supplementation among pregnant women increased by 23 percentage points (from 32% to 55%). These results were achieved through intensive interventions in the targeted areas.

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4 Monitoring data 2012-14
5 MYCNSIA Baseline Survey (2011) and MYCNSIA Endline Survey (2014)
In 2012, UNICEF supported the development, implementation and expansion of a national IYCF communication strategy. Advocacy meetings were organized by district health authorities to develop capacities in IYCF counseling on partners at the district and sub-district levels. Further, 10,000 counseling tools on IYCF were distributed among community level government health and family planning workers in MYCNSIA upazilas. As a result of these activities, pregnant women and mothers with children less than two years of age are being reached with IYCF messages through a mass communication campaign.

With regard to wasting, the proportion of children with severe acute malnutrition (SAM) who were treated and recovered (cured as per discharge criteria) in MYCNSIA areas increased from 71% in 2012 to 91% by 2014. The community clinics, the Union Health and Family Welfare Centres (UHFWC) and the Maternal and Child Health Centres (MCWC) now have better capacity to screen children, report nutritional status in their registries (DGFP-MIS) and refer to hospitals where SAM corners exist. Between 2012 and 2014, a total of 2,125 cases of children aged 6-59 months with SAM received treatment in 7 MYCNSIA districts. The mortality rate of SAM treated children decreased to less than one%. Moreover, the proportion of children who did not recover or respond to treatment decreased from 15% to 3%. Development of a local Ready to Use Therapeutic Food (RUTF) is ongoing in partnership with ICDDR,B. Furthermore, DNSOs are involved in strengthening the management of SAM through proper screening at the community level and the establishment of strong referral linkages. Currently, SAM cases have been managed by 145 SAM units across the country.

Nutritional indicators dramatically improved in the MYCNSIA target areas. Stunting was reduced by five percentage points (41% to 36%), and anaemia was reduced by 21 percentage points (78% to 57%) in children aged 6-35 months, and 12 percentage points among pregnant women (53% to 41%).
2- Inclusion of nutrition indicators and establishment of the reporting system within MIS of DGFP and HMIS of DGHS

In terms of program monitoring, the MYCNSIA Monitoring and Evaluation Framework was adapted to the country context. Within the already existing Management Information System (MIS) from the DGFP (DGFP-MIS), an innovative web-based MIS on nutrition indicators was developed and established by ICDDR,B, with consensus achieved through a consultative process with major collaborating partners namely the DGFP, ICDDR,B, CARE and Shushilan. The new system allowed *upazilas* to report on 15 indicators of the DNIs, thereby speeding up the data collection process and availability of data, and enabling timely adjustments in implementation modalities if necessary. One of the strengths of the MIS is that it also measures its own effectiveness.

Furthermore, a total of 10 indicators have been included in the HMIS of DGHS. To date, over 70% of DGHS community clinics in MYCNSIA areas are reporting on the 10 nutrition indicators.

Within MYCNSIA, all *upzaiyas* have submitted monthly reports containing nutrition data on a regular basis since April 2014 through the new web-based DGFP-MIS. Moreover, to ensure the quality of reporting for nutrition indicators, trainings and refresher trainings were organized for staff involved in the new MIS by the DGFP. The Family Welfare Assistants (FWA), who are front-line workers of the DGFP, have now been instructed to carry out certain functions at the household level and report them. For example, MUAC screening will facilitate referral of children 6-59 months who are wasted to the next level of care, which is usually the Community Clinic or a facility with an IMCI (Integrated Management of Acute Malnutrition)-Nutrition corner. This systematized, integrated process for monitoring and reporting on nutrition has enhanced the sustainability of results regarding nutrition improvement in the MYCNSIA districts. The MIS has the potential to be utilized in other districts for eventual national scale-up.

A separate Non-Governmental Organization (NGO)-specific framework was also established. It was developed through intense discussions with government and NGO counterparts.

**Key Challenges and Lessons learned:**

Some critical challenges had to be overcome in order to mainstream direct nutrition interventions into the health system and improve nutrition practices and services. The challenges also presented opportunities for new solutions and lessons learned can inform future programming.

1. **Bifurcation of service delivery within the Bangladesh health system:**

   The bifurcation of services in Bangladesh between DGHS and DGFP meant that dedicated, parallel efforts had to be made in order to mainstream nutrition interventions into the regular jobs of the government community workers within DGFP. Despite good access to pregnant women and new born children, DGFP workers didn’t consider nutrition as part of their core mandate, previously. In order to include DNIs into the DGFP activities, a high level of coordination and collaboration was established between DGFP and NNS (which is part of the DGHS) to monitor the scale-up of activities during the first phase (11 districts). Likewise, collaboration was essential for the introduction and timeliness of reporting for nutrition indicators in both MIS-DGFP and HMIS-DGHS.
2. The challenge of outreach:

While DGFP staff have the responsibility for home visits and community level care, their numbers and capacity are limited. Specialized training and job aids were used to help enhance the capacity of workers. The involvement of DGHS community clinics to operate and provide many of the key DNIs, was another way of extending services and outreach. However, for the provision of preventive care, numbers of skilled community level service-providers in the health system were inadequate. Therefore, under MYCNSIA a separate NGO-specific framework was also established. Developed through intense discussions with government and NGO counterparts, the framework helped build links between communities and facilities, and extend the reach of DNIs.

3. Timeliness and quality of monitoring data:

The significant effort to include nutrition indicators into the DGFP MIS system came with challenges of rapidly improving quality and use of new monitoring data. To address this challenge, a ‘performance-based’ model to enhance supportive supervision and mentoring of frontline workers by upazila level authorities was piloted in 16 MYCNSIA upazilas. District workshops and meetings were held including a joint evaluation on progress and achievements. Based on the experiences from MYCNSIA MIS, DGFP is revising current MIS tools to incorporate nutrition indicators in their national MIS system. UNICEF will continue to provide support to DGFP to train DGFP MIS staff on standard nutrition reporting.

Next steps:

Results from the endline survey as well as lessons learned in implementation, point towards some priority actions to solidify and build on the successes under MYCNSIA.

1. Continue support to the Government of Bangladesh and DGFP in particular, for the scale up and mainstreaming of nutrition interventions. This will complement efforts from UNICEF that are ongoing to strengthen DGHS, with a special focus on delivery of maternal nutrition and breastfeeding services.

2. Strengthen community based delivery of programs to address complementary feeding, including the use and acceptance of MNPs. Develop targeted behaviour change communication strategies that can address barriers to MNP use.

3. Strengthen district level multisectoral coordination, planning, monitoring, information management and analysis with the use of DNSOs. The ongoing support provided by DNSOs, who are placed in 43 districts, is leading to an increased focus on nutrition with the use of data for better planning and implementation of DNIs. This should be supported and continued to health and non-health sectors, who have a responsibility for reducing undernutrition. A multisectoral approach at the district level that takes into account nutrition-sensitive interventions is an essential next step that can be supported by the presence of DNSOs.

4. Multisectoral National Nutrition Information System: The work of the DNSOs at the district level can be amplified by the effective functioning of the revitalized Bangladesh National Nutrition Council, a multisectoral body that is headed by the Prime Minister’s Office. A strong multisectoral platform for Nutrition information systems that builds on the MIS investments made in DGFP and DGHS will be an essential tool in tracking investments and progress towards reducing stunting in Bangladesh.
A woman holds her young child, in the village of Char Dhanata, Sharisha Bari Upazila, Jamalpur District, Dhaka Division. She has received a door-to-door visit from (not pictured) Chaya Rani, a family welfare assistant, who teaches best nutrition practices to women.

Photo: ©UNICEF Bangladesh/2014/Noorani
Baby Veronica Bernadesti is breastfed by her mother on the steps of their home, in coastal Vatumilo Village near the north-eastern port town of Maumere in Sikka district, Indonesia. Sikka was selected to be one of the MYCNSIA programme districts in Indonesia because it has one of the highest stunting rates in the country. Photo: ©UNICEF Indonesia/2006/Estey
MYCNSIA in Indonesia

Joint Action Funding (in Euros): €5.09M

Partners: Central-level ministries (Planning, Health, Social Affairs, Home), local government at province and district levels (multiple sectors including Planning, Health, Food Security, Agriculture, Social Affairs, Education, and Community Empowerment), universities and research institutions, NGOs, WFP and WHO.

Areas of the country where direct implementation was supported: Klaten, Sikka, and Jayawijaya districts (since 2011), Pemalang District (since 2013), Brebes District (since 2014) and Kupang District (since 2015).

Achievements of MYCNSIA in Indonesia

Pillar 1: Upstream policy and awareness

- Nutrition is firmly anchored in the national 2015-19 Medium-term Development Plan, with stunting as a main development indicator, and three provinces and three districts have Food and Nutrition Action Plans to guide nutrition actions across multiple sectors.

- Indonesia joined the Global SUN Movement; the Policy Framework and Implementation Guidelines for SUN in Indonesia were developed and rolled-out.

- Government Regulations to protect breastfeeding were adopted. The regulations specify the role of health facilities and health workers in promoting, protecting and supporting exclusive breastfeeding. Health facilities and health workers are not permitted to sell or give breastmilk substitutes (BMS) to infants aged less than six months, and milk companies are prohibited from marketing BMS in health facilities. The Regulations also oblige public facilities and buildings to provide appropriate facilities for mothers to breastfeed their infants.
• Community IYCF counselling was integrated into the annual plans of the central MoH and three district plans under MYCNSIA and is being scaled up with Government funds, through NGOs and with US Government funding through the MCC in a total of 95 districts.

• Iron-supplementation guidelines for women of reproductive age reflect WHO recommendations; guidelines on routine anthelmintic treatment of preschool children are available; guidelines on management of acute malnutrition introduced the general concepts of CMAM (including different treatment options for children with and without complications, and use of RUTF).

• Recommendations for revision of the national standards for wheat flour fortification are identified and promoted.

**Pillar 2: Capacity strengthening**

• Standardized government training courses on IYCF developed and/or updated, including the Maternal Nutrition and IYCF Counselling Package for community based workers and the 40 hours Breastfeeding Counselling Course and 40 hours Complementary Feeding Counselling Course for health workers

• Skills of approximately 5,250 health workers, volunteers, and other community agents were strengthened through roll-out of the various IYCF training courses in five districts.

• Participatory Learning and Action on Nutrition was applied in three districts to increase community awareness on nutrition and to leverage village funds to support actions to prevent undernutrition.

**Pillar 3: Data analysis, information systems and knowledge sharing**

• Measurement of exclusive breastfeeding (EBF) is now included in growth monitoring and promotion (GMP) in all districts nationwide, and height/length measurements included in GMP in one model district.

• Development of a computerized monitoring information system to facilitate real-time data collection on key nutrition indicators, which has been replicated by six districts in two provinces.

• Documentation of a model on IYCF promotion is underway and being used for advocacy and policy change.

**Pillar 4: Scaling up direct nutrition security interventions**

• Increased coverage of IYCF counselling and MNPs for children and IFA/MMN and maternal nutrition counselling for women in MYCNSIA focus districts, and scale-up by government and other partners elsewhere in the country.

• Enhanced linkages between the national cash transfer program (PKH) and nutrition services in a pilot programme (PKH Prestasi) in one district.

• Implementation model for Community-based Management of Acute Malnutrition (CMAM) is underway.
Context:

Indonesia has the fifth-highest burden of stunting (number of children stunted) in the world. The country made good progress in reducing underweight between 1990 and 2010 and had been on track to meet the Millennium Development Goal 1 target to halve the prevalence of underweight children by 2015\(^1\). However, the 2013 Basic Health Research Survey (RISKESDAS) in Indonesia revealed that the prevalence of underweight increased between 2010 (18\%) and 2013 (20\%), and there has been no change in stunting since 2007 (37\%). Significant disparities in stunting prevalence persist between provinces and by wealth quintiles. Nationally, 5.3\% of children were severely wasted and 6.8\% were moderately wasted in 2013 (total 12.1\%). Anaemia affected 28.1\% of children aged 12-59 months in 2013\(^2\), but with a much higher prevalence among the younger children (53.7\% of children aged 6-23 months\(^3\)).

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2. RISKESDAS, 2013
A significant proportion of undernutrition originates during foetal development, particularly if the mother is an adolescent or was undernourished herself during pregnancy. In 2012, 10% of adolescent girls were already mothers or pregnant with their first child. Almost one in four pregnant women (24.2%) were thin in 2013, as determined by a low mid-upper arm circumference (<23.5 cm) and this proportion exceeded one in three for adolescent girls. More than one in three (37.1%) pregnant women were anaemic, compared with 40% of pregnant women over a decade ago in 2001.

Although the overall food security situation is on a positive trend, transient and chronic food insecurity remain a problem, especially in remote and isolated areas due to limited economic access, poor infrastructure, inadequate post-harvest practices, market disintegration and/or food production shocks.

It is estimated that over 200 million Indonesians live in an environment fraught with natural disasters that disrupt lives, resources, and services with alarming frequency. It is imperative that public services are prepared to respond to sudden surges in demand. Good strategies and systems to support infant and young child feeding (IYCF) and nutrition practices must be in place before disasters occur. These capacities are vital for protecting children under normal circumstances, and even more so in times of emergency.

To help improve the nutrition situation, the Government of Indonesia, UNICEF and the European Union (EU) initiated the Maternal and Young Child Nutrition Security Initiative in Asia (MYCNSIA) programme in selected districts in three high-risk provinces to represent three different typologies in Indonesia: Sikka is a coastal district in East Nusa Tenggara Province that has one of the highest stunting prevalence figures in the country; Jayawijaya is a remote highland district in Papua Province where many social and health indicators are well below the national average; and Klaten is a densely populated district in Central Java Province where the burden of stunting is high. In subsequent years, two further districts were added in Central Java Province: Pemalang, where the district authorities expressed interest to apply the lessons learned from Klaten District; and Brebes, where a pilot programme to increase the nutrition sensitive of a conditional cash transfer programme was underway. In addition, Kupang District was selected to develop an implementation model for CMAM because of its commitment, proximity the provincial city, and presence of the NGO partner Action Against Hunger (ACF).

Highlighted achievements:

From 2011 to 2015, MYCNSIA in Indonesia contributed to significant developments for improving nutrition security in the country, including (1) the inclusion of stunting as a key indicator in the 2015-19 National Medium Term Development Plan, (2) the cascade roll-out of IYCF community counselling to approximately 5,250 health workers and community volunteers, and (3) Enhanced linkages between the national cash transfer program (PKH) and nutrition services.

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4 Indonesia Demographic and Health Survey, 2013
5 RISKESDAS, 2013
6 RISKESDAS, 2013
7 RISKESDAS, 2001
1- Stunting is an indicator in the 2015-19 National Medium Term Development Plan

In 2014, UNICEF/MYCNNSIA supported the development of a Background Paper on Nutrition to inform the integration of nutrition into the next RPJMN (National Medium Term Development Plan 2015-19). The paper examined the progress made in reducing malnutrition in Indonesia, and the opportunities and gaps in government policies, strategies and programmes. It drew data and information from recent national surveys, special studies, the scientific literature and consultations with experts at the national and subnational level. It made recommendations for future policy directions, strategies, programmes, activities and indicators for nutrition in all key sectors, including health, water, sanitation and hygiene, agriculture and food security, education and social protection. It also drew from the evidence presented in the multi-sector briefs developed by UNICEF EAPRO, as well as the new EAPRO Nutrition Approach. The Background Paper advocated for all six global nutrition targets of the World Health Assembly to be included in the RPJMN; five were included as the government opted to include an indicator on adult overweight instead of child overweight.

Stunting is included for the first time as one of the national main development targets and will therefore be used as an outcome measure of the sum impact of actions across all sectors to improve nutritional status and development in Indonesia. Most of the strategies recommended in the background paper are reflected in the forthcoming RPJMN, reaffirming the government’s commitment to address malnutrition comprehensively in the next five years through a more multi-sector endeavour. The RPJMN provides the framework for all sectoral and cross-sectoral plans and strategies, including the Food and Nutrition Action Plans at national, provincial level.

2- Community IYCF Counseling.

Indonesia has an impressive network of community-based workers (kaders) attached to community-based integrated health posts known as Posyandu. The Posyandu can provide an effective mechanism to reach mothers of young children with information and counselling on maternal nutrition and IYCF, particularly in underserved communities that live far from health centres. However, as of 2010 there was no systematic system in place to provide these community-based workers (CHW) with the necessary skills, knowledge and supportive supervision to counsel mothers. One of the major capacity-building focuses of the MYCNNSIA project in Indonesia was therefore to address this gap.

UNICEF’s global Community IYCF Counselling package uses an interactive adult learning approach to build the knowledge and skills of community-based workers on counselling, problem solving, negotiation and communication, as well as recommended breastfeeding and complementary feeding practices.

Beginning in 2011, UNICEF/MYCNNSIA supported the MoH to adapt the global UNICEF Community IYCF Counselling package to the Indonesia context, and to establish mechanisms for large-scale roll-out in Indonesia. In addition to the standard content of the package, the Indonesia version emphasizes maternal nutrition and the father’s role in supporting good feeding practices. The package has now been adopted as the national materials.
Figure 1. Over the course of the MYCNSIA, stunting decreased and exclusive breastfeeding increased in programme areas.

Figure 2: IYCF practices among the poorest wealth quintile. Practices among the poorest families improved in programme areas, providing evidence that the delivery platforms utilized by MYCNSIA reached the poorest and most marginalized families.
A cascade training model was developed to facilitate large scale roll-out of the counselling package. A national level pool of eight Master Trainers was created in September 2011, who trained 40 Facilitators at the district and health centre levels. The Facilitators were responsible to train village midwives and community health workers.

Supportive supervision tools were designed to assist village midwives in assessing the performance of CHWs in providing information and counselling to mothers and other family members; and to identify areas where CHWs require additional support and mentoring is required. *Puskesmas* (health center) staff were also oriented on the tools so that they could support the village midwives in supervising CHW. The supportive supervision tools have now been adapted by the MoH for nationwide use.

UNICEF/MYCNSIA has also integrated IYCF into training packages for non-health services providers. In Klaten District, the Maternal Nutrition and IYCF package has been adapted for use by agricultural extension workers; the package has a greater emphasis on complementary feeding, including the use of locally produced foods. As agricultural extension workers tend to be male, they provide a good channel through which to reach men. In addition, UNICEF/MYCNSIA is supporting the development of an integrated package for early childhood development (ECD) workers in Pemalang District, comprising IYCF, early stimulation, health, WASH and child protection.

As of mid-2015, approximately 5,250 people, mostly at the community level, have been trained in IYCF counselling, as per the table below.

<table>
<thead>
<tr>
<th>Target description</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master trainers</td>
<td>National pool of 30</td>
<td>30</td>
</tr>
<tr>
<td>Facilitators</td>
<td>2 per <em>Puskesmas</em></td>
<td>164</td>
</tr>
<tr>
<td>Village midwives and other HW</td>
<td>1 per village</td>
<td>712</td>
</tr>
<tr>
<td>Cadres/other CW</td>
<td>1 per <em>Posyandu</em></td>
<td>3767</td>
</tr>
<tr>
<td>Family planning</td>
<td>1 per <em>Puskesmas</em></td>
<td>32</td>
</tr>
<tr>
<td>Agric extension</td>
<td>40 per 5 sub-districts</td>
<td>200</td>
</tr>
<tr>
<td><strong>TOTAL TRAINED:</strong></td>
<td></td>
<td><strong>5,248</strong></td>
</tr>
</tbody>
</table>
Good Practice: Leveraging partners for maximum reach.

UNICEF/MYCNSIA has actively supported local governments and other partners to scale-up the IYCF Community Counseling package with their own resources. Districts in at least five provinces have allocated their own resources to scale up the package. Most of these districts call upon the Master Trainers and Facilitators created with UNICEF/MYCNSIA support. Five NGOs (WVI, Save the Children, Plan International, Child Fund, and ACF) and WFP are also supporting the roll-out of the package with their own funds in a total of 26 districts in 10 provinces.

In addition, UNICEF/MYCNSIA successfully advocated for the package to be included in the set of interventions of the “Community-based Health and Nutrition Programme to Reduce Stunting” supported by the Millennium Corporation Challenge, which aims to cover 6,000 villages in 64 districts of 11 provinces. This programme is linking with the PNPM Generasi (Program Nasional Pemberdayaan Masyarakat), a poverty reduction programme of the government that provides block grants to poor communities.
3- Strengthened linkages with the national social safety net programme (PKH and PKH Prestasi)

The Family Hope Programme (Program Keluarga Harapan or PKH) is a nationwide government-funded conditional cash transfer (CCT) programme that aims to reduce poverty and improve social welfare by providing cash to vulnerable households that comply with a set of health and education conditionalities.

PKH provides a strong potential platform to improve nutritional status, because it targets the same population groups that is most vulnerable to undernutrition. Therefore, UNICEF Indonesia and the Government designed a pilot called the Progressive Reduction of Stunting through PKH (PKH Progresif Pengentasan Masalah Gizi or PKH Prestasi) to demonstrate whether additional actions to increase the coverage and quality of nutrition services results in improved knowledge, behaviours and practices of PKH beneficiary families.

PKH Prestasi focuses on three strategies: improved coordination between stakeholders at all levels to increase the coherency of policies and planning; capacity building to increase coverage and quality of an expanded package of nutrition services; and communication to increase demand and support for behavior change. The pilot is being conducted in Brebes District in Central Java Province.

Within the health sector, comprehensive interventions to improve maternal nutrition and IYCF practices are being delivered through the strategies described elsewhere in this brief.

Meanwhile, within the social protection sector, work is being done to build the knowledge of community-based PKH facilitators on health and nutrition issues affecting PKH beneficiaries. In the routine PKH program, monthly Family Development Sessions (FDS), facilitated by PKH facilitators, are primarily used for administrative purposes and to remind beneficiaries to fulfil health and education conditions.

In PKH Prestasi, the PKH facilitators have been trained to provide health and nutrition information to the mothers during the FDS sessions. One of the aims of this new interventions is to influence beneficiary families to utilize the cash transfer they receive through PKH to purchase more diverse foods and thereby improve the quality of the diet, especially for pregnant women and young children. The FDS session is also intended to reinforce the messages and counselling that the mother receives during Posyandu sessions and ANC visits.

Lessons Learned:

• The route to the development of policies and plans is a dynamic process. UNICEF/MYCNIA was able to support catalytic action that linked the government to the global SUN Movement and effectively used the momentum this created to mainstream nutrition in the medium-term development plans at national and subnational levels, and advocate for increased funding.
• Support to community based delivery platforms (the Posyandu at sub-village level) and social protection programmes, such as PKH and PNPM, has enabled UNICEF/MYCNSIA to more effectively reach the poorest children and women with nutrition services in Indonesia.

• The decentralized governance system in Indonesia allows each district to have the autonomy to plan and budget for nutrition services. The pace of scaling up nutrition services has been slow because of the relatively weak authority and capacity of provincial governments to develop capacity across all 500 districts. A new law released in 2014 is expected to empower provinces with greater authority. In addition, better systems are needed to allow rapid expansion of capacity development opportunities for provincial and district governments, and sharing and use of knowledge, information and data.

Next Steps:

• **Develop the next series of the Food and Nutrition Action Plans at national, province and district level.** The next series of Action Plans are expected to be multisectoral, encompass the double burden of malnutrition (both undernutrition and overnutrition), and reflect the ambitions of the SUN Movement, the sustainable development goals, and World Health Assembly nutrition targets. They will include a package of nutrition-specific interventions, including IYCF counselling and micronutrient supplementation, and nutrition-sensitive interventions in agriculture, WASH, social protection, education and other sectors.

• **Develop the capacity of provincial and district governments to scale-up essential nutrition interventions targeting pregnant women and children during the first 1,000 days of life.** The District Food and Action Plans will provide the road-map for actions to address undernutrition. However, the capacity development of provincial and district governments is needed to translate these five-year plans to annual plans and budgets that are effectively implemented and monitored.

• **Evaluate PKH Prestasi to inform future scale-up.** The lessons learned from the evaluation of the PKH Prestasi pilot will be used inform government plans for further scale-up of PKH in Indonesia, reaching even more poor women and children.

• **Complete the evidence generation on an implementation model of CMAM and leverage scale-up.** Evidence generation of the CMAM model is expected to be completed in 2016/7, and simultaneously there is need to adopt updated national guidelines, build capacity and leverage resources for scale-up of CMAM as an integral component of health service provision for children.

• **Generate evidence on appropriate delivery platforms and a package of interventions to address malnutrition in adolescents.** To break the intergenerational cycle of both undernutrition and overnutrition, there is need to better understand the determinants of adolescent nutrition and to build the evidence base on how to reach adolescent will effective interventions.

• **Establishes and operate a knowledge platform to connect nutrition stakeholders and increase access to information.** One of the great challenges in Indonesia is reaching over 500 districts with data, information and knowledge to guide local policies, plans and programming. With access to the internet expanding rapidly, an electronic knowledge platform could address this gap.
Volunteer community health workers prepare food for a nutrition demonstration at a community health post (posyandu) in Banggang village, Klaten district, Central Java. Mothers attend monthly posyandu sessions with their young children for weight and height measurements, counselling on breastfeeding and nutritious foods, cooking demonstrations, and health services (such as vitamin A supplementation and deworming). Photo: ©UNICEF Indonesia/2013/Adam Ferguson
Holding her infant, a woman sprinkles multiple micronutrient powder (MNP) on a porridge of rice, egg, and vegetables, during an outreach session in the village of Adone, Ta Oi District, Saravane Province. The village is home to the Pacoh ethnic group.

Photo: ©UNICEF Lao PDR/2015/Noorani
MYCNSIA in Lao PDR

Joint Action Funding (in Euros): €3.12M

**Partners:** Government of Lao PDR (Ministries of Health, Agriculture and Forestry, Education and Sports, Planning and Investment, Industry, Information and Culture), the National Commission for Women and Children, Lao mass organizations, such as the Lao Women Union (LWU) and the Lao Front for National Construction (LFNC), UN agencies, donors and the Lao SUN Civil Society Alliance.

**Areas of the country where direct implementation was supported:** Attapeu, Saravane, Sekong, Luang Namtha and Oudomxay provinces
Achievements of MYCNSIA in Lao PDR

Pillar 1: Upstream policy and awareness

- National Guidelines on Infant and Young Child Feeding (IYCF) were developed and disseminated.
- Advocacy package and actions for the strengthening of the legal framework on Code of Marketing of Breastmilk Substitutes (BMS) and Maternity Protection were developed and used to inform the process of extension of maternity leave, in order to meet the minimum international requirements and to establish a road map for the development of the legal framework on Code of Marketing.
- Intensive advocacy and technical support on multi-stakeholder nutrition coordination helped to establish the National Nutrition Committee, chaired by the Deputy Prime Minister, and three Provincial Nutrition Coordination Committees in the first-phase areas for convergent approach: Luang Namtha, Oudomxay and Saravane provinces.
- Effective functioning of the National Nutrition Committee and its secretariat was secured through a combination of technical support, operating budgets and provision of essential material inputs, such as a vehicle, ICT equipment and office furniture.
- MYCNSIA helped to establish the development partners’ coordination mechanism on Food and Nutrition Security. This coordination mechanism is co-convened by EU and UNICEF and in line with the global SUN movement principles. It brings together three networks of development partners: donors, the UN system, and the Lao Scaling Up Nutrition (SUN) Civil Society Association (CSA).
- MYCNSIA provided analytical inputs and evidence-based recommendations for SUN in Lao PDR with focus on nutrition-specific and nutrition-sensitive interventions (e.g. Water, Sanitation and Hygiene (WASH), and Maternal and Child Health (MCH)), which fed into the development of: the UN Recommendations for Multi-sectoral Food and Nutrition Security Action, the updated National Nutrition Strategy and Plan of Action, the annual nutrition-related advocacy and reporting to the High Level Round Table, the Lao PDR international reporting on the Millennium Development Goals (MDGs), and SUN.

Pillar 2: Capacity strengthening

- The secretariat to the National Nutrition Committee acquired skills and developed tools to facilitate multi-sectoral nutrition planning, monitoring and review at both national and sub-national levels, which will be used to roll out multi-sectoral approaches to other provinces and districts.
- The systemic and organizational capacity of the Ministry of Health and Provincial Health Departments was strengthened in MYCNSIA provinces, through clarification of functions, development of tools and competencies, as well as increased national budget allocation to nutrition specific interventions as follows:
- The Department of Hygiene and Health Promotion and the Nutrition Center improved their capacity to forecast, plan, budget, and monitor the distribution of essential nutrition commodities, such as vitamin A capsules, deworming and iron folic acid (IFA) tablets, and ready-to-use therapeutic foods (RUTF). For the first time in 2015, the MoH allocated a national budget for the procurement of nutrition commodities.

- Community-based IYCF/Maternal Nutrition/WASH package was developed, tested and rolled out in MYCNSIA provinces. The package includes training materials, job aids, counselling cards, supervision and monitoring tools for health providers and Lao Women’s Union (LWU) volunteers. Detailed implementation plans for five focus provinces, 25 districts and 3,052 villages have been developed with MYCNSIA support. The roll-out of training, social mobilisation, and communication activities was funded by both MYCNSIA and other donor funds.

- Two staff of the Ministry of Health were supported to take Nutrition Masters programme at Koen Kan University in Thailand.

- In the area of clinical capacity, health providers in the focus provinces and districts acquired knowledge and skills in the area of IYCF, diarrhea management with Oral Rehydration solution (ORS) and Zinc, as well as Community-based Management of Acute Malnutrition (CMAM). For example, 114 health staff from four districts of Sekong province acquired knowledge and skills on CMAM.

**Pillar 3: Data analysis, information systems and knowledge sharing**

- Availability, quality and use of nutrition data for policy and decision making improved through MYCNSIA. The findings and recommendations of MYCNSIA supported studies and strategic analyses (including the 2013 Nutrition Capacity Assessment in Health, Education and Agriculture sectors; the 2013 Economic Impact Assessment of Undernutrition in Lao PDR; and the 2011/12 Nutrition tag-on survey to the Lao Social Indicator Survey (LSIS)) helped position nutrition as a priority development issue on the agenda of the government and development partners.

- The 2015 Nutrition tag-on survey to the National Immunization Coverage Survey (NICS) and the 2015 subnational Food and Nutrition Security Surveys were supported by MYCNSIA in collaboration with the Swiss Agency for Development Cooperation (SDC) and the World Food Programme (WFP). These surveys will help assess the impact and effectiveness of nutrition programmes implemented between 2012 and 2015 and will establish a baseline for the updated National Nutrition Strategy to 2025 and Plan of Action 2016-2020, promoting the convergence approach to nutrition programming.

- MYCNSIA contributed to strengthening the accountability for, and monitoring of nutrition action through the development of a Common Results Framework, a Multi-sectoral Monitoring and Evaluation Framework and Action Plan, and a Nutrition Mapping exercise.

- MYCNSIA successfully advocated for nutrition specific indicators (daily IFA supplementation for pregnant women; vitamin A supplementation, deworming, early initiation of breastfeeding within 1 hour of delivery in health facilities) to be included the district health information system (DHIS2).
Pillar 4: Scaling up direct nutrition security interventions

- A nation-wide media communication campaign on early initiation and exclusive breastfeeding was sustained in focus provinces, and complemented with an interpersonal communication component through health providers and LWU volunteers.

- IYCF and WASH promotion and counselling services were implemented at the community level by health providers, LWU volunteers, and International Non-Governmental Organizations’ (INGO) health and nutrition network in 13 districts of Attapeu and Saravane provinces. These promotion and counselling services will be expanded to an additional 12 districts of Sekong, Luang Namtha and Oudomxay from 2016.

- Technical and financial support from MYCNSIA enabled coverage rates of Vitamin A supplementation and deworming for children under five to be sustained above 90% in programme areas throughout the project period. The MoH initiated and gradually increased national budget allocation for nutrition commodities and operating costs for health outreach based on the costing and financial transition plan developed for nutrition specific interventions.

Context:

Lao PDR has experienced sustained economic growth over the past decade. However, despite major reductions in poverty rates, high prevalence of stunting, underweight and wasting indicates that undernutrition remains a serious public health issue. In 2011, 44% of all children under five were stunted, equivalent to as many as 363,000 children. Furthermore, approximately one in four children (27%) in Lao PDR was underweight and 6% of children were wasted. In terms of anemia, 42% of children under-five years of age, including 63% of children under two years of age, are affected, while 37% of women of reproductive age and 56% of pregnant women suffer from the condition. The prevalence of child undernutrition was even higher in the EU-UNICEF MYCNSIA focus provinces: 41% of underweight children, 54% stunted children and 9% wasted children.

These high levels of child undernutrition are mainly caused by the interaction of inadequate dietary intake and high prevalence of childhood diseases. Poor dietary intake is the result of inadequate knowledge about nutrition, erroneous traditional beliefs, or food insecurity. The high prevalence of childhood diseases is mainly explained by inadequate hygiene, unhealthy household environment, poor access to water and sanitation facilities, high levels of open defecation and limited access to health services.

Breastfeeding and complementary feeding (CF) are key elements for child survival, growth and development. However, the rate of exclusive breastfeeding, while it increased significantly from 26% in 2006 to 40% in 2011, still remains far from optimal, and CF practices are inadequate; it was estimated that only 10% of children 6-23 months of age in MYCNSIA programme areas met the ‘minimum dietary diversity’ criteria, and only 5% of children have the ‘minimum acceptable diet’, which indicates that neither the quality nor the frequency of the diet is appropriate.

1 Lao Social Indicator Survey (LSIS) 2011
2 Multiple Indicator Cluster Survey (MICS) Lao PDR 2006
3 Lao Social Indicator Survey 2011-2012 tag-on Nutrition Survey covering 4 provinces (Saravane, Sekong, Attapeu, Luangnamtha)
The Government identified the main challenges for scaling up nutrition interventions as limited multisectoral coordination and multisectoral response, lack of resources, weak regulatory environment for nutrition, significant geographic barriers, and traditional care practices and norms that negatively affect the nutritional status of women and children.

The EU/UNICEF Maternal and Young Child Nutrition Security Initiative (MYCNSIA, 2011-15) aimed to improve the nutrition security of women and young children in Lao PDR and contribute to the achievement of the nutrition-related targets of MDGs 1, 4 and 5. MYCNSIA in Lao PDR aimed to strengthen the enabling environment for nutrition by addressing capacity constraints in nutrition governance and improving multisectoral coordination, planning, monitoring and evaluation functions.

The operational arm of the MYCNSIA focused on three southern provinces (Attapeu, Saravane and Sekong) and two northern provinces (Luang Namtha and Oudoxay) where some of the highest rates of undernutrition, poverty and food insecurity exist. Key services supported by the EU-UNICEF partnership on the ground included promotion of adequate maternal and IYCF (MIYCF), micronutrient supplementation, and management of acute malnutrition.

Highlighted achievements:

From 2011 to 2015, MYCNSIA contributed to significant improvements for nutrition security, two of which are highlighted below: (1) the improved nutrition governance for a multi-sectoral response to under-nutrition, and (2) the development of integrated community-based IYCF promotion and counselling programme.

1- Multisectoral nutrition governance and policy.

Until 2008, the various causes of malnutrition were predominantly tackled through vertical sectoral approaches, mainly by the MoH. In 2008, the Government endorsed the National Nutrition Policy, a comprehensive policy framework for nutrition, covering nutrition-specific and nutrition-sensitive interventions in most of the key sectors, including agriculture and food security, poverty reduction, public health, education, water and sanitation. Subsequently, the National Nutrition Strategy and Plan of Action 2010-2015 provided the strategic direction for all stakeholders and served as a basis for the costing of nutrition actions. However, despite having the plan in place, implementation continued to be sectoral with little actual coordination to address undernutrition.

In the framework of MYCNSIA, extensive advocacy strategies were carried out, aimed at supporting improved coordination and implementation of the National Nutrition Strategy and Plan of Action 2010-2015. The MYCNSIA programme is based on the conviction that sustained improvements in nutrition require coordination with multiple sectors, including health, education, agriculture and water and sanitation. The initiative promotes and supports a set of internationally agreed-upon and evidence-based nutrition interventions through policy and programme action.
Through continued advocacy and negotiations with the Government of Lao PDR, and following the country’s commitment to be one of the early risers of the SUN Movement, the Prime Minister signed a decision on the establishment of the Multisectoral National Nutrition Committee in 2013⁴. The Committee is chaired by the Deputy Prime Minister and includes representatives of seven Ministries (Agriculture, Health, Education, Finance, Industry, Planning, Culture and Information), the National Commission for Women and Children and mass organizations. Analytical and advocacy work supported by MYCNSIA played a significant role in facilitating the decision. The Government also decided to bolster the implementation of the National Nutrition Strategy and Plan of Action 2010-2015 by rapidly scaling-up selected nutrition specific interventions (micronutrients, deworming and breastfeeding promotion) within the health sector, and by adopting a convergence approach to implement a package of 22 interventions that engage the health, agriculture and education sectors in the most vulnerable districts and provinces of Lao PDR with high undernutrition, poverty and food insecurity.

Moreover, a National Nutrition Center (NNC) has been established and UN recommendations on the Multi-sectoral Food and Nutrition Security Action for 2013-2020 has been developed with extensive inputs from UNICEF. In October 2013, the EU delegation to Lao PDR, in its role as SUN donor lead, together with UNICEF, co-convened a group of development partners working on nutrition to discuss ways of strengthening coordination and alignment of external support to the national priorities. The Development Partners Group on Food and Nutrition Security, comprising three development partner networks – donors, UN and civil society – has since been meeting on a quarterly basis to share information on main nutrition updates, discuss key policy issue and develop a common approach in supporting the government to scale up nutrition action.

⁴ Prime Minister’s Decision no.73 as of 31 July 2013 on the establishment of the National Nutrition Committee and its secretariat
Multisectoral nutrition coordination platforms established by the Government of Lao PDR and the development partners were used, among others, to support the update of the National Nutrition Strategy to 2025 and the Plan of Action 2016-2020, and develop a common advocacy and communication agenda for nutrition.

An integral component of nutrition governance strengthening efforts focused on improving the availability and quality of data and analyses to inform nutrition policy and programming dialogue. In addition, the development of the Common Results Framework and the Monitoring and Evaluation Plan for Nutrition helped clarify key results’ areas and established an accountability framework for key sectors involved in multi-sectoral response to nutrition.

While the enabling environment for multi-sectoral nutrition has been strengthened at the national level, efforts to enhance the comprehension and application of multi-sectoral nutrition governance and planning at the sub-national levels has just been initiated. Since 2014, Lao PDR has been testing the development and implementation of a convergent approach at the local level (provincial, district and village level) to operationalize multisectoral approaches. However, the convergence approach in Lao PDR is still relatively new, so its impact and effectiveness in reducing undernutrition will be monitored in the coming years.

In conclusion, activities supported by MYCNSIA served as critical inputs and catalysed the decision making in the area of multisectoral coordination and convergent nutrition planning, implementation and monitoring.

2. Implementation of a community-based Infant and Young Child Feeding (IYCF) promotion and counselling program

Community-based IYCF and sanitation interventions are consistently highlighted by international experts as key to accelerating progress towards eradication of undernutrition.

In 2009, UNICEF developed a comprehensive nationwide media campaign and community-based promotion and counselling on early initiation and exclusive breastfeeding until 6 months through health staff and LWU volunteers in communities. The 2011-2012 LSIS indicated that, from 2006 to 2012, there was a nearly 3 percentage point annual increase in exclusive breastfeeding rates, and a 2 percentage point annual increase in the early initiation of breastfeeding. Earlier survey data (between 2000 and 2006) had showed almost no improvements in the exclusive breastfeeding rates. This suggests that the comprehensive multiple approaches implemented by the Government of Lao since 2009-2010 were effective in improving breastfeeding practices.

From 2011 to 2015, under MYCNSIA, the EU and UNICEF supported efforts to sustain the breastfeeding media campaign and to implement localised community-based IYCF promotion and counselling efforts in 3 provinces, 17 districts and 1,669 villages. The communication strategy involves a combination of approaches that build on and reinforce each other, as per evidence which shows enhanced impact through use of multiple communication and counselling channels.

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6 Kounnavong S, Pak-Gorstein S et al. Key determinants of optimal breastfeeding practices in Laos. Food and Nutrition Sciences Vol. 4 No. 10A, 2013, pp. 61-70
Mrs. Sai Samone with her son Phet observing the demonstration conducted by the trained village LWU volunteer on how to prepare delicious, healthy enriched porridge from locally available ingredients. The second picture shows Phet enjoying the porridge of rice, egg and vegetables.
Photo: UNICEF Lao PDR/2014/Aine Lynch
In 2013, building on this successful experience, the community-based IYCF promotion and counselling program moved beyond the breastfeeding promotion initiative towards a range of different IYCF strategies, such as provision of information on appropriate CF, home fortification of young children’s diets with multiple micronutrient powder (MNP), maternal nutrition, and hygiene and sanitation. Following a year of extensive formative research and the development of training and communication materials, in 2014 the Government of Lao PDR launched the MNP and complementary feeding promotion and counselling initiative.

In addition, UNICEF Lao PDR has developed a comprehensive IYCF strategic communication plan, IYCF delivery strategy and implementation tools on complementary feeding and related hygiene and sanitation practices at the community level. The IYCF developments are essential for initiating the operationalization of a comprehensive IYCF approach at the community level.

The initial implementation phase was received with a high level of enthusiasm by national and local authorities, service providers, families and communities at large. The main features that have successfully contributed to scalability include:

- Identification of lead national institutions that have the mandate and the national reach to implement the planned activity at scale (Ministry of Health and its structures at subnational level and LWU at the central, provincial, district and village levels).

- Clear understanding on the institutional roles and mandate of key stakeholders involved and getting all the levels of the Government mobilised in support of this intervention.

- Preparation of focused and intense activities to develop the capacity of community actors at scale.

- Involvement of the Ministry of Information, Culture and Tourism in the development and implementation of the nationwide media campaign, which allowed sustained broadcasting of radio and video materials at a very low cost.

**Challenges:**

- There is limited staff and capacity in the newly established office of the NNC secretariat to effectively support the new multi-sectoral coordination functions and multiple priorities for scaling up nutrition interventions within the health sector. However, the Ministry of Health has increased the number of human resources allocated to the multi-sectoral coordination and health sector-specific work. It has also improved the delineation of multi-sectoral coordination activities and roles from those involved in the planning and implementation of nutrition-specific interventions.

- Despite increases in the Government expenditures for health (from 4 to 9% of total government spending) and specific allocation of health sector budgets for nutrition commodities and food supplementation, the total amount of resources for either nutrition-specific or nutrition-sensitive interventions remains limited and not enough for achieving widespread impact. Therefore, advocacy efforts will be continued to progressively leverage resources with the government and donors to fill critical gaps during 2016-2020.
• At the subnational level, there is a lack of a clear accountability framework for line ministries and governors for implementing priority nutrition actions. There is also limited awareness and capacities of officials at the provincial, district, and village level regarding priority actions to address undernutrition. To address these issues, MYCNSIA supported the development of a Common Results Framework, a Multi-sectoral Monitoring and Evaluation Framework and Action Plan, and the Nutrition Mapping exercise, which are intended to strengthen the accountability framework and monitoring system for nutrition. Efforts should continue to ensure full integration of nutrition objectives, indicators and targets into the National, Sectoral and Sub-national Development Plans for 2016-2020. Moreover, the government should continue to strengthen the multi-sectoral nutrition coordination mechanisms at the provincial, district and community levels.

• Insufficient and fragmented resources are allocated for the implementation of large-scale community-based programmes. Additionally, there are challenges with the utilization of different delivery platforms, implementation tools, communication messages, programme management/operational modalities, and financial disbursement channels for community-based programmes promoting nutrition by the government, donors and other international development agencies working in Lao PDR. In order to address this, two activities are currently underway:

• UNICEF and EU have partnered with the World Bank to support the government with the development of an integrated and comprehensive national communication’s plan for nutrition to promote maternal nutrition, IYCF and hygiene practices.

• Development partners and government sectors are mapping which nutrition interventions are being implemented (including type of interventions, coverage, location, targeted beneficiaries, duration of programmes, stakeholders involved, and available financial resources), so that there can be better coordination for the convergence approach.

• Weak IYCF monitoring system resulting in limited and low frequency information on outcome and impact indicators linked to IYCF programme implementation. Efforts have been made to integrate IYCF programme performance indicators into the national Health Monitoring Information System (HMIS), and these should continue.

Lessons learned:

• The presence of a national strategy and plan does not necessarily guarantee optimal alignment of all partners. Strong Government leadership and advocacy are required, as well as improved partner commitment.

• Strong coordination across government ministries is essential for identifying programmatic intersections and opportunities for collaborative planning. Successful multisectoral collaboration requires buy-in and commitment (plans and budgets) from all parties working together at the national and sub-national levels, particularly ministries and local administrations.
• IYCF promotion and counselling activities in the area of early initiation and exclusive breastfeeding promotion can be rapidly scaled up in the country through effective mobilization of multiple networks with presence at the grassroots level.

• Channelling separate funds for the same activity through different channels generally leads to inefficiencies, prolongs negotiations on the necessary institutional arrangements, requires additional resources for coordination, and makes the monitoring of the activities more challenging.

**Next Steps:**

• For greater impact, there is a need to better prioritize and package nutrition-specific interventions, and expand service delivery modalities that reach the most vulnerable children and women (e.g. integrated outreach and community based approaches)

• Effective strategies should be developed jointly with the government and partners to ensure the sustainability of nutrition-specific interventions that are currently supported by EU and UNICEF, through progressive transition to Government budgets.

• In order to assist with the operationalization of the Multi-sectoral National Nutrition Strategy to 2025 and the Plan of Action 2016-2020 (NNSPA), support should be provided to individual, organizational, and systemic capacity development for a multisectoral response to malnutrition at the national and sub-national levels.

• An effective resource mobilization strategy and tools (for costing, gap-analysis, etc) should be developed to support the roll-out of the NNSPA.

• Review and finalize the Plan of Action Common Results framework and indicators, so that a robust monitoring system can be established for the implementation process and the evaluation of results.

• Knowledge management initiatives and activities should continue, including the dissemination of good practices.

• Policy coherence should be improved and advocacy undertaken for enhanced partner harmonization and alignment to the national plan. This could in part be supported by making the Government-partner coordination mechanism more of a forum for policy dialogue and accountability rather than just information exchange.
Nepalese young girls carry water and other supplies on their head and back as they return home in Achham district.

Photo: ©UNICEF Nepal/2014/Prakash Mathema
MYCNSIA in Nepal

**Joint Action Funding (in Euros): €5.44M**

**Partners:**


**Private industry/Academia:** University of Washington, Tulane University, Tribhuwan University, Public Health Solutions, Communication and Management Institute (COMAT), Maxpro.

**Civil Society Organizations (CSO):** South Asian Infant Feeding Research Network (SIAFRN), Social Development and Promotion Centre (SDPC), Youth for World Nepal (YWN), Nepal Technical Assistance Group (NTAG), Nepal Public Health and Education Group (NEPHEG), Nepal Nutrition Foundation (NNF), Centre for Social Science Studies (CoSS), Karnali Integrated Rural Development and Research Centre (KIRDARC)
Achievements of MYCNSIA in Nepal

Pillar 1: Upstream policy and awareness

- A Multi-Sector Nutrition Plan (MSNP) was developed, launched and implemented in six districts and will be expanded to 10 additional district in 2015-2016.

Pillar 2: Capacity strengthening

- A pool of MSNP Trainers was established at national, regional, district and community levels in order to enhance knowledge, skills and understanding of coordination and implementation of MSNP.

- A multi-sector nutrition capacity needs assessment was carried out for community, district and national levels.

Pillar 3: Data analysis, information systems and knowledge sharing

- The Monitoring and Evaluation (M&E) framework of the MSNP was developed and endorsed by the Government of Nepal.

- The Health Management Information System (HMIS) was revised and additional indicators on IYCF, MNPs, and IMAM were added before national roll-out.

- The evaluation of two pilots on Community-based promotion of Multiple Micronutrient Powder (MIYCF-MNPs) and Community-based Management of Acute Malnutrition (MIYCF-CMAM) were successfully completed.
Pillar 4: Scaling up direct nutrition security interventions

- MIYCF integrated with Multiple Micronutrient Powder (MIYCF-MNPs) was scaled up from six districts in 2011 to 29 districts (including 14 emergency districts) in 2015.

- MIYCF integrated Management of Acute Malnutrition from five districts in 2011 to 25 districts (including 14 emergency districts) in 2015.

- A Child Nutrition Week was organized through the routine health system, reaching more than 90% of children under-five with a comprehensive package of nutrition services.

Context:

Significant progress has been made in Nepal in the area of maternal and child nutrition, with the prevalence of stunting among children under-five years of age declining from 68% in 1995 to 37% in 2014. The national averages mask wide disparities by wealth quintiles and geographic areas. Moreover, 11% of children were wasted in 2011 and this trend has remained practically unchanged since then.

Around 18.6% of mothers are undernourished, and this is the main contributing factor to intrauterine growth restriction: 24% of babies are born with Low Birth Weight (LBW). Only 49% of babies were initiated with breastfeeding within one hour of birth and 57% are exclusively breastfed during the first six months (down from 70% in 2011). While 74% of infants were introduced to complementary foods at six months of age, only 32% of children 6-23 months of age had ‘minimum acceptable diet’.

1 Multiple Indicator Cluster Survey (MICS), 2014
2 Nepal Demographic and Health Survey (DHS), 2011.
Considerable progress has been made in the control of micronutrient deficiencies with consumption of adequately iodized salt at 82% in 2014 and Vitamin A supplementation for children 6-59 months maintained at above 90% over the last fifteen years. Anemia among women and children under five dropped significantly from around 75% in 1998 to 35% (of women) and to 46% (of children) in 2011. However, the rate of decline has slowed over the last five years, and anemia among younger children (6-23 months) is a serious concern in particular, affecting 69% of children in that age group.

The MYCNSIA programme (2011-2015) was implemented against the backdrop of the highlighted context and had the following objectives: 1) reduction in stunting in children 0-24 months, 2) reduction in anaemia in children 6-24 months, and 3) reduction in anaemia in women and adolescent girls in selected districts. The achievements and lessons learned of MYCNSIA, and next steps for building on this progress, are highlighted in the sections below.

Highlighted achievements:

From 2011 to 2015, the MYCNSIA programme has greatly contributed to several positive developments for nutrition security in Nepal, and two are highlighted here: (1) the establishment of multisectoral policy and programme, including coordination mechanisms at national and subnational levels and (2) the expansion of nutrition-specific interventions.

1- Multisectoral coordination

The high-level ownership and political commitment from the Government of Nepal to reduce maternal and child undernutrition, together with the substantial advocacy efforts carried out by the European Union (EU) and UNICEF through MYCNSIA helped to lay the foundation for a multisectoral nutrition programme in Nepal. The Multi-Sector Nutrition Plan (MSNP) was launched in 2012, and a declaration of commitment to implement the MSNP was signed by line ministries, external development partners, donors, civil society organizations (CSO), international non-governmental organizations (INGOs) and the private sector. Guidelines for the implementation of the MSNP by line ministries were developed and endorsed by the High Level Nutrition and Food Security Steering Committee of the National Planning Commission (NPC). Regional advocacy and sensitization meetings were held at the district level to ensure the MSNP was adapted to the district context. In 2014, activities were piloted in six districts and in 2015, ten more districts have been included.

Another key achievement was the support for development and updating key health sector policy documents. Policies, strategies, plans, and manuals that have been updated or are in the process of being updated under the Nutrition Technical Committee (NuTEC) are listed in Table 1.

**Table 1:** Update on the Plan, Policies, Strategies and Manuals under Nutrition Technical Committee (NuTEC) as of September 2015

<table>
<thead>
<tr>
<th>Activities</th>
<th>Progress Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Health Sector Strategy for Addressing Maternal Under-nutrition</td>
<td>Endorsed, training manual developed</td>
</tr>
<tr>
<td>2 Maternal, Infant and Young Child Nutrition (MIYCN) Communication Action Plan: Focusing on the first Golden 1000 Days of Life</td>
<td>Endorsed</td>
</tr>
<tr>
<td>3 Emergency Nutrition Contingency Plan for earthquake and for flood emergencies</td>
<td>Finalized</td>
</tr>
<tr>
<td>4 Infant and Young Child Feeding Strategy</td>
<td>Finalized</td>
</tr>
<tr>
<td>5 National Food Based Dietary Guidelines</td>
<td>Finalized, Nepali translation on-going</td>
</tr>
<tr>
<td>6 Integrated Management of Acute Malnutrition Guideline</td>
<td>Final draft is ready (including SAM and MAM), Nepali translation on-going</td>
</tr>
<tr>
<td>7 Development of conceptual framework for Nutrition Surveillance System</td>
<td>First draft in hand</td>
</tr>
<tr>
<td>8 2nd Five Years Iodine Deficiency Control Action Plan</td>
<td>Being finalized</td>
</tr>
<tr>
<td>9 Revision of National Anemia Strategy</td>
<td>Being finalized</td>
</tr>
<tr>
<td>10 Plan of action and Implementation guideline of MIYCN</td>
<td>Being finalized</td>
</tr>
<tr>
<td>11 Development of Adolescent Iron Folic Acid Supplementation Guidelines</td>
<td>Being finalized</td>
</tr>
<tr>
<td>12 IYCF in Emergency Guidelines</td>
<td>Finalized</td>
</tr>
</tbody>
</table>

**2- Scale-up of nutrition-specific interventions**

During the implementation of the MYCNSIA programme EU and UNICEF supported two nutrition pilot interventions listed below, that were evaluated and lessons learned from this work are currently guiding the scale-up by the MoHP:

1. Maternal, Infant and Young Child Feeding linked with community promotion of Multiple Micronutrient Powder (MIYCF-MNPs), and

2. Maternal, Infant and Young Child Feeding linked with Community-based Management of Acute Malnutrition (MIYCF-CMAM).
The MIYCF-MNPs program was first implemented successfully in six districts (pilot program) and was later expanded to an additional nine districts (see Figure 1). It has also been implemented in 14 emergency-affected districts since May 2015, hence a total of 29 out of 75 districts (or 39% of all districts in Nepal) as of September 2015. The costed national scale-up plans are currently being developed by the Government.

Following the pilot phase, and to strengthen capacity for the MIYCF-MNP implementation, the guidelines, materials and tools for the programme were updated to include core messages on maternal feeding and care during pregnancy, including early child stimulation and hygiene and sanitation, thereby making the package more comprehensive and integrated. Advocacy, communication and social mobilization events were carried out to promote MIYCF practices as well as MNP consumption.

Figure 1 highlights the expansion of the MIYCF-MNP programme over the period 2010 to 2015. During the pilot phase, approximately 72,000 children were reached in six districts. With the expansion, including the expansion to earthquake affected districts in 2015, the programme now reaches 0.2 million children in the 15 programme districts and an additional 0.5 million children in the 14 emergency districts (therefore 0.7 million children in total).

Figure 1: The coverage of MNPs under MYCNSIA (number of districts, and percentage of children reached)
The **MIYCF-CMAM** programme was first implemented in 2011 in five districts, and after successful evaluation was later expanded to six additional districts. This program has also been implemented in 14 emergency-affected districts since May 2015. Hence, as of September 2015, a total of 25 out of 75 districts, or about 33% of all districts in Nepal, are being covered by the intervention. The importance of scaling up this intervention is highlighted by the fact that in 2012, there were 6,830 admissions compared to the estimated national caseload of 236,000.

As per the recommendations from the CMAM Evaluation, the national guidelines, protocols, training materials and tools for CMAM were updated to integrate facility- and community-based approaches. The update also contributed to address acute malnutrition through a comprehensive multisectoral approach, linking the activities of the CMAM programme with direct nutrition interventions like IYCF, and also nutrition-sensitive interventions like WASH, Early Childhood Development (ECD) components on early stimulation and responsive feeding, and existing social protection measures for sustained results, during both humanitarian and development contexts. This led to the transforming of the CMAM program into the Integrated Management of Acute Malnutrition (IMAM) program, as of 2013. As a result of the political will created by advocacy and support efforts under MYCNSIA, the Government is now committed to scale-up the program and is developing a costed national expansion plan.
Figure 2: IMAM performance compared to SPHERE standards, from 2011 (5 districts) to 2014 (11 districts)

Rajesh Nepali, 6, and his mother, Dhunki Nepali, sit together on a hilside, in the village of Biralatoli, Achham District. They are holding a photograph, taken three years ago, that includes Rajesh when he was identified as suffering from severe acute malnutrition. As treatment, he began receiving ready-to-use therapeutic food through a MYCNSIA-supported programme.

Photo: ©UNICEF Nepal/2014/Prakash Mathema
Lessons Learned: Development efforts build resilience in Nepal

On April 25, 2015, a 7.9 magnitude earthquake struck Nepal followed by strong aftershocks, causing large-scale damage to buildings and infrastructure, and many deaths and casualties – thus making children under five, pregnant women and lactating mothers vulnerable to acute malnutrition and nutritional deficiencies.

The Nutrition Emergency built on the experience, capacity and systems that were developed through the MYCNSIA programme prior to the earthquake. The response included the ‘Child Nutrition Week’ campaign in 14 districts affected by the earthquake. More than 10,000 Female Community Health Volunteers (FCHVs), 4,000 health workers and 1,000 staff members of civil society organizations (CSO) were trained and mobilized to implement 6 key nutrition interventions established through the MYCNSIA programme.

In addition the emergency response made use of coordination mechanisms that had been strengthened during the previous years with support from MYCNSIA. For example, communities were better able to identify and manage cases of severe acute malnutrition as a result of the partially scaled-up IMAM program. Furthermore, the Government’s Post-Disaster Needs Assessment report for the first time identified nutrition as a separate sector from health, with its own response and budget needs involving multiple sectors (based on the MSNP), whereas in the past it had always been linked under health.

Even if unexpected, the earthquake was an opportunity to test the capacities that were in place, and the level of resilience of communities and institutions, which was created through the development work. In a region of the world where so many emergencies occur, resilience building is a priority and should be linked to the design and implementation of all development programs.

Challenges:

• There is a limited nutrition capacity of health and non-health sectors to implement the MSNP. To address this, MYCNSIA supported MoHP to undertake a number of capacity strengthening initiatives within the health sector (e.g. the Organization and Management Survey of the National Nutrition Centre, and development of the MIYCN training package which will soon be rolled out). Furthermore, the NPC has agreed to formulate the Capacity Development Plan for nutrition including non-health sectors, in line with the MYCNSIA supported capacity needs assessment recommendations to develop nutrition capacity in the short, medium and longer term.

• The multisectoral nutrition information system is still weak. To address this, a multi-sector nutrition M&E framework (including nutrition surveillance system) is being rolled out in two districts (Kapilvastu and Accham), and a training package for MSNP M&E will soon be rolled out for all MSNP districts.

• Funding and procurement of essential nutrition supplies and logistics, including MNPs and RUTFs, are still managed by partners, and not by the MoHP. This will be a gradual transition process (from donor to government support) for which UNICEF and other partners continue to provide advocacy and coordination support.
Next Steps:

Implement and scale up MSNP from 16 districts in 2015-16 to 28 districts by 2017, including:

• Establish the National Nutrition Centre as part of nutrition institutional capacity strengthening.

• Expand the implementation of nutrition-specific and nutrition-sensitive actions with line ministries (such as education, agriculture, women and children, urban development, and local development).

• Scale up the Multisector Nutrition Information System within the MSNP M&E framework including establishment of nutrition surveillance through the health sector.

• Provide technical support to develop costed plans and continue to advocate and leverage resources from government and other development partners for the costed plans.

• Establish district level food security steering committees in target districts as well as village development committees (VDCs), and technical support/training for multisectoral coordination and the development of evidence-based plans at all levels (central, district and VDCs).
Shova Bhul, mother of Sanu Bhul washes their hands and feet after returning from the toilet in Khati Village, Achham district. Photo: ©UNICEF Nepal/2014/Prakash Mathema
Melanie Cariso breastfeeds her two-week-old infant son, Bien Jaden, at home in Napo Village in Polangui Municipality, in Bicol Region. Ms. Cariso, a single mother, receives nutrition, breastfeeding and IYCF counselling and other health and nutrition services and support for her family through the UNICEF/EU nutrition security programme, which also includes training for peer counsellors on infant and young child feeding practices. 

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MYCNSIA in the Philippines

**Joint Action Funding (in Euros): €3.23M**

**Partners:** Department of Health (equivalent to the Ministry of Health) and line agencies: National Nutrition Council, National Center for Disease Prevention and Control, National Center for Health Promotion and respective Regional Offices; Food and Nutrition Research Institute; Department of Agriculture; Department of Social Welfare and Development; Department of Trade and Industry; National Economic and Development Authority; a group under University of the Philippines-Barangay Integrated Approach for Nutrition Improvement; Council of Deans and Heads of Nutrition and Dietetics, Philippine Coalition of Advocates for Nutrition Security, Inc.; European Union and respective Local Executives.

**Areas of the country where direct implementation was supported:** 193 local government units in Regions V, VI, and IX (3 out of 17 regions nationally)
Achievements of MYCNSIA in the Philippines

Pillar 1: Upstream policy and awareness

- Advocacy of the MYCNSIA steering committee (Philippines) and civil-society partners resulted in the Philippines joining the Global Scaling Up Nutrition (SUN) movement in 2013.

- Advocacy by UNICEF and other partners ensured the protection and safeguarding of Executive Order 51 (Milk Code), despite efforts of milk industry lobbyists to weaken and change certain contents of the law. EO 51 supports breastfeeding by protecting families from misleading and aggressive marketing efforts of breast milk substitute and baby food manufacturers.

- Technical support to the mid-term review and updating of the Philippines Plan of Action for Nutrition (PPAN). The revised, more comprehensive PPAN defines participation and roles of various line departments for multi-sectoral action for nutrition.

- Technical support to the review of the National Mandatory Food Fortification Strategic Plan (2011-13) highlighted gaps and bottlenecks in the implementation of the Mandatory Food Fortification Law.

Pillar 2: Capacity strengthening

- Approximately 80% of all MYCNSIA target municipalities (193) undertook comprehensive revisions of their Municipal Nutrition Plans of Action (in total 116 municipalities updated their action plans), and this led to existing municipal funds being allocated for nutrition implementation activities.

- The Nutrition Security and Maternity Protection (NSMP) programme was successfully piloted in collaboration with ILO in Regions V, VI and IX where lactation stations in formal and informal workplaces were established. Advocacy for the NSMP programme led to the Department of Labor’s (DOLE’s) approval of Department Order 143, Exemptions and Equivalencies Guide for setting up lactation stations in the workplace.

- In the final year of the MYCNSIA program, the Enhanced Local Nutrition Interventions (ELNI) project was implemented in 16 Local Government Units (LGUs equivalent to municipalities) across three provinces (one per region) as a result of the MYCNSIA mid-term evaluation recommendations. ELNI was implemented through Helen Keller International (HKI) and aimed to capacitate municipalities and communities in enhancing their service delivery of package of interventions for young children 6-23 months of age. Ninety-seven local ELNI teams were trained, including Municipal Nutrition Action Officers, Municipal Health Officers, Public Health Nurses, midwives, and presidents of the Barangay Health Workers and Barangay Nutrition Scholars associations. ELNI monitoring data provided Local Chief Executives with evidence and eventually lead to enhanced allocation funds for nutrition programmes (particularly the purchase of IFA and MNPs), capacity strengthening of health workers, and recruitment of new community workers and peer counsellors.
Pillar 3: Data analysis, information systems and knowledge sharing

- In collaboration with the Food and Agriculture Organisation of the United Nations (FAO), the food and nutrition security Early Warning System (EWS) pilot was expanded. This initiative has led to a growing movement among national and local government agencies to compile and utilize quarterly food and nutrition data for local area planning.

- The LQAS (Lot Quality Assurance Sampling) model used by MYCNSIA-ELNI (with Helen Keller International) proved to be a quick and simple method to monitor implementation of nutrition interventions. After presenting results to local boards and executives, most ELNI municipalities (12 out of 16) have passed ordinances and resolutions to further support IYCF interventions in their areas.

Pillar 4: Scaling up direct nutrition security interventions

- IYCF Community Counselling Cards for peer counsellors and community health workers were developed and rolled out in all MYCNSIA areas. Users found these cards easy to use and messages simple enough to understand. Based on the acceptance and response in the MYCNSIA areas, the Government adopted the community IYCF counselling cards and reprinted the same for all LGUs nation-wide in 2013.

- In order to strengthen the IYCF counselling abilities of counsellors and increase the use of counselling cards, the IYCF training module was updated and harmonised with specific training modules for peer counsellors, health workers and medical and allied professionals. This harmonised training module was rolled out in all MYCNSIA areas. More than 20,000 barangay health workers and nutrition scholars and peer counsellors were trained as IYCF counsellors from 2011 to 2015. MYCNSIA programme monitoring missions, as well as the end line and ELNI evaluations, have highlighted the need to improve the harmonised IYCF training module developed under the MYCNSIA program. By making it more user friendly, acceptance by the Government and partners for further scale-up will be increased.

- Despite a number of challenges in the procurement and distribution of micronutrient powders (MNPs), the product was distributed to 185,717 children aged 6-24 months in all 193 MYCNSIA target LGUs, with a focus on ELNI LGUs in 2015. Some LGUs (particularly the ELNI LGUs) have recognised the value of micronutrient powders distribution and have include MNP procurement from a local supplier in their annual budget.

- A MYCNSIA sponsored study on the rice supply chain and opportunities for scaling up rice fortification paved the way for the development of a National Mandatory Rice Fortification Strategic Plan (2014), in collaboration with the National Food Authority (NFA) and other stakeholders on rice fortification.
Achievements of the Maternal and Young Child Nutrition Security Initiative in Asia
MYCNSIA (2011-2015)

Context:

The Philippines is the second largest country in Southeast Asia, with a total population of 98.4 million inhabitants (second to Indonesia), of which 11.2 million are children under-five years of age. With a prevalence of 30% of the children being stunted, the Philippines is the second country in Southeast Asia in terms of absolute numbers of stunted children and the ninth country worldwide (3.43 million stunted children). Furthermore, 8% of all children under-five years of age are acutely malnourished (wasted). Unfortunately the trend for wasting is rising rather than decreasing. Only 34% of all infants in the Philippines are exclusively breastfed in the first six months of life.

The causes of malnutrition in the Philippines are not unique: poor infant and young child feeding practices, including breastfeeding and complementary feeding, and poor hygiene and sanitation practices. In some areas, lack of access to safe drinking water remains a concern.

Many Filipino families face the additional strains of disasters and emergencies (primarily typhoons and subsequent floods and damage to homes, fields, and markets) and civil unrest (particularly in the South of the country). In such cases, all aspects of life are negatively affected, including the most basic needs of food and nutrition security.

2 DHS 2008.
Highlighted achievements:

From 2011 to 2015, the MYCNSIA program in the Philippines contributed to several positive developments for nutrition security in the country, including the continuation and expansion of two programmes that were piloted under the MDG-F (2009-12): (1) the Nutrition Security and Maternity Protection (NSMP) programme with ILO, and (2) the Early Warning System (EWS) for food and nutrition security with FAO.

1- Promoting exclusive and continued breastfeeding in the workplace through the Nutrition Security and Maternity Protection (NSMP) programme

The Nutrition Security and Maternity Protection (NSMP) program started under the Millennium Development Goals Fund (MDG-F) programme (2009-12) and was continued and expanded under MYCNSIA. It brings together partners from multiple sectors (government, labor, private, and the United Nations) to promote maternal nutrition and breastfeeding in the workplace.

The Republic Act 10028 (RA-10028), or Expanded Breastfeeding Act of 2009, was followed by the development of implementing rules and regulations (IRR), drafted in 2010 with contributions from multiple sectors and actors (including those representing employers, formal and informal sector workers, and the Department of Health). This national law mandates that the Department of Labor and Employment (DOLE) serves as the lead organization in drafting the guidelines for all employers in formal and informal sectors.

Under MYCNSIA, UNICEF worked with the International Labour Organisation (ILO) from 2013-15 to continue and expand the NSMP, by developing a comprehensive integrated framework for implementing RA10028, with a particular focus on small businesses and the informal workplace. The NSMP developed practical guidelines (for employers) and a toolkit which defines the various components of maternal and young child nutrition security in the workplace. The NSMP was implemented (under MYCNSIA) in Naga City (Region V), Iloilo (Region VI) and Zamboanga City (Region IX), where a total of 88 lactation stations were established and made fully operational.

The “Exemptions and Equivalencies Guide” (DO 143, May 2015) describes ways that small companies can support breastfeeding mothers. The current RA-10028 allows exemptions (on establishing a lactation station) to businesses on the basis of a small staff size, or few employees of reproductive age, or lack of space. The “equivalencies” Department Order addresses these concerns by providing options to certain employers – for example, workplaces with small staff size may provide shawls for women to breastfeed privately, or a private corner with a screen or movable divider to ensure privacy, instead of establishing a lactation room. The NSMP technical working group advocated through the DOLE to establish equivalencies - rather than exemptions - to ensure that the law supports expanded breastfeeding in the workplace for workers in the informal sector and in small businesses.
The language of RA-10028 restricts implementation of this Act to workplaces with 200 or more female employees. However, because the vast majority of businesses are small industries with fewer than 200 female employees, the NSMP (with leadership from DOH for the NSMP Technical Working Group) led advocacy efforts that resulted in the approval of DOLE Department Order 143, the Exemptions and Equivalencies Guide for setting up lactation stations in all workplaces. After MYCNSIA, the DOH will include NSMP as part of the existing IYCF TWG.

The NSMP guidelines also describe a monitoring system to check employer compliance with the law. Compliance is monitored by the DOLE through the Labor Compliance System, in which DOLE conducts examinations of workplace lactation stations alongside a full list of occupational safety and health standards. Establishments that are found to be in compliance with the law are awarded a certificate of compliance (COC). Sanctions for non-compliance depend on what is written in the ordinance/resolution of the municipality, and may include non-renewal of the business license.

**Good practice: Support for breastfeeding in the informal workplace**

In the case of Naga City, ALLWIES, the organization for support of informal workers was reported to be the main driving force in the active dissemination of Exclusive Breastfeeding (EBF) in the workplace together with ILO. A lactation station was established in the Naga City Market (a public market under the responsibility of the Federation of Marketers). Infant and Young Child Feeding counselling cards are being used for counselling mothers on breastfeeding and complementary feeding. To date, stall owners are sharing 50 pesos per month for the operation of the lactation station.

*Mothers (both market goers and vendors) in the Naga City Peoples Market look on with interest at the information from a nutrition session in the market’s lactation station. The trained peer counsellor leading the session is also a vendor in the market.*

Photo: ©UNICEF Philippines/2015/ADimatatac
The national RA-10028 is translated to local government units (LGUs) by means of local ordinances that are drafted by each city. The cities of Naga, Iloilo, and Zamboanga have all passed ordinances and resolutions under MYCNSIA, thereby setting examples for other cities and municipalities in the country. Local ordinances are able to resolve grey areas in the national law including local implementation, authority to monitor compliance, penalties for non-compliance, procedures to establish lactation stations, exemptions, and designation of the role of local offices. The local ordinances also ensure that the national law covers workers in the informal sector.

The NSMP experience has been a positive example of the process needed to move from legislation to implementation, and the NSMP technical working group has been successful to engage multiple partners and create momentum to move forward.

“The unique feature of the technical working group that is funded by UNICEF (under MYCNSIA) is that this is shared advocacy and shared interests and it becomes easier for DOH to link (with other sectors). I already commented that should the project funding expire already, I will adopt that technical working group and subsume it under the national IYCF technical working group.” -DOH official
2- The Early Warning System for Food and Nutrition Security (EWS-FNS)

The Early Warning System (EWS) is an information system that enables local government units (LGUs) to conduct evidence-based program planning on Food Security and Nutrition. It is intended to capacitate local officials to collect and employ food security and nutrition data (on a quarterly basis) to support funding requests, to set priorities, and to target beneficiaries.

The Food and Agriculture Organization (FAO) served as the lead agency in the development and initial establishment of EWS in one municipality under the MDG-F programme in 2009-2013. From 2013, MYCNSIA enabled the momentum of EWS to grow by funding FAO to expand to 5 additional municipalities in Region V. Subsequent to that, the National Nutrition Council (NNC) has funded the expansion of EWS to 10 additional municipalities with funding from the Department of Social Welfare and Development, and the Work for Food Program.

One of the main components of the EWS is a surveillance system that monitors food security and nutrition metrics. Every quarter, indicators related to food production, climate (specifically, rainfall), household food insecurity, dietary diversity, nutritional status, and anthropometric measurements, are monitored. These data are collected from five sentinel sites from each municipality. A site must meet certain criteria to serve as a sentinel, and selected sites are validated with local officials in a consultation workshop between FAO and the local government. Surveys are conducted by the existing local health workers (Barangay Nutrition Scholars) from the sentinel community (barangay). Every quarter, the Nutrition Scholars collect primary data from 19 households in each of five sentinel barangay. The scholars do this as part of their ongoing responsibilities to collect routine data for the municipal health and agriculture offices. With this method, the EWS data collection does not add significant additional burden to their workload.

“One problem that is common at the cities and municipalities – they just collect the data but there is minimal analysis and interpretation. With that, [one] can expect little use in terms of planning. With EWS – EWS promotes use of all of this data, and coming up with few statements about food security situation, what are appropriate interventions that can be done by local government. It’s very useful.”

- Government official at national level

The data are entered into a simple Excel database, developed by FAO, which is programmed to compute a warning level specific to each municipality. The output is a one-page description, generated within 1-2 weeks of data collection, which describes the food security and nutrition situation in the municipality. The local EWS team (composed of unit heads) discusses the results with the local chief executive and municipal councillors, who consider the recommendations from the EWS team for possible interventions. A recommended plan is then submitted to the mayor for approval.
Examples of EWS as a “data for decision making” model come from the province of Camarines Sur. In one municipality, the EWS dietary diversity data revealed low egg consumption among residents. Local officials used these data to raise funds for a project supporting people to raise ducks. Duck raising offered a form of livelihood for food insecure individuals. In another municipality, EWS data revealed that malnutrition of children up to 24 months in age peaked in the second quarter of the year. Local officials used these data to provide interventions such as a feeding program during the food insecure period starting one month before the second quarter rather than providing food year round.

Next Steps:

1. The experience and lessons learned from the MYCNSIA program will be used to influence the development of the SUN common narrative and results framework.

2. Evidence and lessons learned from strengthening the service delivery and monitoring of MNPs and IYCF counselling for 6-23 months infants and IFA for pregnant women will be used for continued advocacy around removing bottlenecks on availability and access to these essential services at both National and LGU level.
3. NSMP technical working group under the leadership of DOH will be integrated as a sub-group into the National IYCF technical working group. The working group will continue their advocacy with informal and formal sectors and facilitate implementation of DO 143 on Exemptions and Equivalencies by expanding establishment of lactation stations beyond the MYCNSIA LGUs. This will also support the efforts on national legislative advocacy for extended maternity leave in the Philippines.

4. In 2016 and 2017, EWS will be expanded into new LGUs (20 additional LGUs) using both Government and UNICEF funds, particularly in emergency-prone areas, as the planning and surveillance elements of EWS will strengthen nutrition programming, resilience and emergency preparedness. Results of this expansion will guide the further national-wide scale of the intervention by the Government as part of the new PPAN in 2017.

5. Continued advocacy at national level, subnational, and LGU level to influence costed local investment plans for nutrition during the first 1,000 days of life, including resource commitments from health, education, agriculture and other sectors.

6. Efforts will continue to further strengthen the monitoring and reporting systems on nutrition during the first 1,000 days, linking with the national and global SUN results framework.

7. Based on the learnings of MYCNSIA the national IYCF community counselling package will be strengthened. Formative research is being planned, with a specific focus on behaviour change communication for improved complementary feeding practices of children 6-24 months. NNC and DOH, through the IYCF technical working group, are working on fully institutionalizing IYCF counselling at the facility, community, and family level within all building blocks of the health system: human resources, supplies, information systems, financing, service delivery, etc.
Mekaela eats breakfast while leaning against her mother, Efrin Hermano, at home in Tanpoel Village in Tigbauan Municipality in Western Visayas Region. Ms. Hermano, who is seven months pregnant and also has an older child, receives health and nutrition services and support for herself and her family through the village’s Rural Health Unit, as part of the MYCNSIA supported nutrition security programme.

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