

SUMMARY

COMPENDIUM OF ACTIONS FOR NUTRITION



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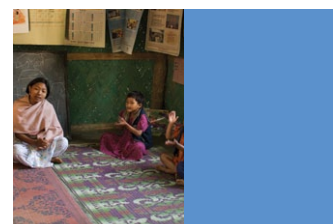
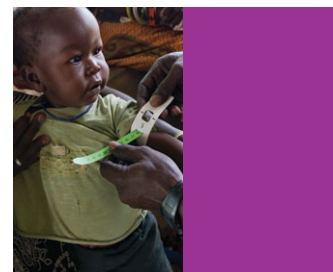
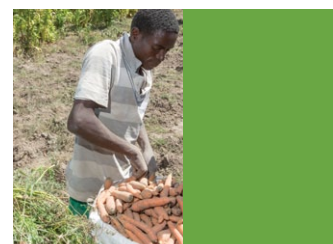
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The **COMPENDIUM OF ACTIONS FOR NUTRITION** was developed by the UN Network for SUN/REACH Secretariat in consultation with the UN partner agencies.

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SEE FULL DOCUMENT



THEMATIC AREAS AND ICONS

FOOD, AGRICULTURE & HEALTHY DIETS

Livestock and Fisheries



Crops/Horticulture



Food Processing, Fortification and Storage



Food Consumption Practices for Healthy Diets



MATERNAL & CHILD CARE

Infant and Young Child Feeding



HEALTH

Nutrition Interventions Delivered through Reproductive and Paediatric Health Services



Micronutrient Supplementation



Management of Acute Malnutrition



Nutrition-related Disease Prevention and Management



Water, Sanitation and Hygiene for Good Nutrition



SOCIAL PROTECTION

Social Assistance



Social Insurance



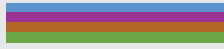
Labour Market Programmes



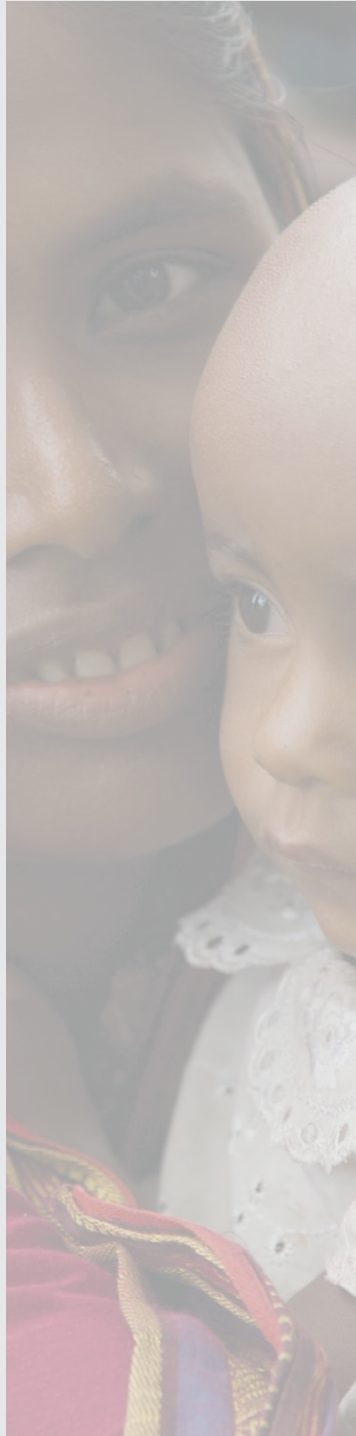
MULTI-SECTORAL NUTRITION GOVERNANCE

Facilitation of Multi-sectoral Nutrition Governance





OVERVIEW





UN Network



REACH

ACCELERATING THE SCALE-UP OF FOOD AND NUTRITION ACTIONS



OVERVIEW

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FOREWORD

Malnutrition is a serious threat to global health and development affecting one in three people on the planet. 156 million children under the age of five are estimated to be stunted while 50 million children in the world are wasted. Overweight and obesity are on the rise in every region and in almost every country: the number of overweight children is moving closer to the number of wasted children. Two billion people are estimated to be deficient in one or more micronutrients. These conditions all have severe consequences for survival, for morbidity, and for the ability of individuals, economies and societies to thrive.

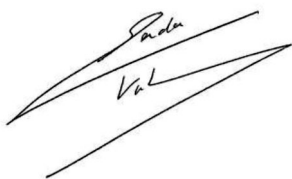
A multifaceted response is needed to overcome this complex challenge.

No single government, no single organization, no single intervention can alone achieve the goal of ending global malnutrition. It is only through working together on all fronts that we have the ability to establish powerful partnerships that change the global landscape, from one of hunger to one of hope, country-by-country, community-by-community, family-by-family and child-by-child; leaving no one behind until no one suffers from malnutrition.

Each and every nutrition action that can contribute to ending malnutrition should be enlisted into the cause. This does not mean diluting resources or attention from the critical nutrition interventions. It means changing the way we do business. It means bringing existing resources and efforts in relevant sectors to 'nutritionalize' what they do and join the effort. There are no exclusive sectors, actors or actions or contexts relevant to the efforts of ending malnutrition. All must work to the fullest in and across all relevant sectors and contexts to ensure the needed impact on the nutritional status of women and children.

The Compendium of Actions for Nutrition (CAN) is a practical resource which comprehensively compiles, in one place, a concise description of possible nutrition actions. The CAN was developed by the UN Network for SUN/REACH Secretariat in consultation with FAO, IFAD, UNICEF, WFP and WHO as well as academic experts. The CAN helps to understand the broad spectrum of diverse but relevant actions, from breastfeeding, to fortification, to handwashing, to latrine construction, to insect production that can contribute to make a difference for people's nutrition. This compendium is a resource for the SUN Movement to support SUN country teams as they set priorities and take informed decisions for concrete, impact-oriented action on nutrition.

We must now join forces on all fronts to ensure nutrition actions are implemented in a cost-effective and sustainable way to benefit those most in need of help today.



Gerda Verburg

*United Nations Assistant Secretary General,
Coordinator of the Scaling Up Nutrition (SUN) Movement*

ACKNOWLEDGEMENTS

The Compendium of Actions for Nutrition (CAN) was developed by REACH for the UN Network for SUN in consultation with: the Food and Agriculture Organization of the United Nations (FAO); the International Fund for Agricultural Development (IFAD); the United Nations Children's Fund (UNICEF); the World Food Programme (WFP); and the World Health Organization (WHO).

This compendium was prepared under the stewardship of Martin Bloem (WFP); Francesco Branca (WHO); Sean Kennedy (IFAD); Anna Lartey (FAO); and Werner Schultink (UNICEF).

These efforts were spearheaded and jointly coordinated by Holly D. Sedutto of the UN Network for SUN/REACH Secretariat, who served as the principal author, and Nicolas Bidault, Deputy Coordinator of the UN Network for SUN/REACH Secretariat, who facilitated exchanges among partner agencies under the guidance of Nancy Walters, the Global Coordinator of the UN Network for SUN/REACH.

Special thanks are given to the following CAN focal points, who liaised with staff in their agencies across various technical areas to share drafts and elicit feedback: Charlotte Dufour; James Garrett; Lynnda Kiess; and Ruth Situma. In addition, the authors like to acknowledge contributors from the following agencies: FAO – Boitshepo Giyose, Florence Egal, Elvira Uccello, Martina Kress, Jessica Owens, Olaf Thieme, Makiko Taguchi, Alison Hodder, Alberto Pantoja, Hugo Wilson, Florence Tartanac, Peter Glasauer, Yvette Fautsch, Catherine LeClerq, Terri Ballard, Kae Mihara, Jogeir Toppe and Sally Berman; UNICEF – Diane Holland, Erin McClean, France Begin, Maaïke Arts, Tin Tin Sint, Yarlini Balarajan, Edith Cheung, Christian Rudert, Dolores Rio, Nita Dalmiya, Arnold Timmer, Roland Kupka, Noel Zagre and Evariste Kouassi-Komlan; WFP – Ramiro Lopes da Silva, Saskia de Pee, Perrine Geniez, Natalie Aldern, Giulia Baldi, Quinn Marshall, Ji Yen Alexandra Tung, Joan Manuel Claros, Ken Davies, Ahnna Gudmunds, Jean-Noel Gentile and Niels Balzer; the WHO technical team and the United Nations Population Fund (UNFPA) – Astrid Bant.

Additional thanks are extended to the following experts who reviewed the draft actions and sub-actions included in the CAN: Lynn Brown, Ian Darnton-Hill, Corinna Hawkes, Ana Islas Ramos, Andrew Kennedy, Ellen Muehlhoff and Ramani Wijesinha Bettoni.

Thanks are also extended to: current and former members of the Secretariat, including Bjorn Ljungqvist, Adriana Zarrelli, Senoe Torgerson, Ana Perez Zaldivar, Chloé Denavit and Christine Wenzel; and REACH facilitators who made important contributions to this compendium.

The development of the CAN was made possible through a generous contribution from the Government of Canada.

ACRONYMS AND ABBREVIATIONS

BCC	behaviour change communication
BFHI	Baby-friendly Hospital Initiative
BMI	body-mass index
CAN	Compendium of Actions for Nutrition
CFS	Committee on World Food Security
DOTS	directly observed treatment, short-course
EVD	ebola virus disease
eLENA	e-Library of Evidence for Nutrition Actions
FAO	Food and Agriculture Organization of the United Nations
FAO Term	Food and Agriculture Organization of the United Nations Terminology Database
FBDGs	food-based dietary guidelines
FFA	food assistance for assets
HACCP	hazard analysis and critical control points
HIV	human immunodeficiency virus
ICN2	Second International Conference on Nutrition
IFAD	International Fund for Agricultural Development
ILO	International Labour Organization
IMCI	integrated management of childhood illness
IYCF	infant and young child feeding
LBW	low-birth-weight
LMICs	low and middle-income countries
MAM	moderate acute malnutrition
MNPs	micronutrient powders
MUAC	mid-upper arm circumference
NCDs	noncommunicable diseases
NLiS	Nutrition Landscape Information System


PLWHIV	people living with HIV/AIDS
REACH	Renewed Efforts Against Child Hunger and undernutrition
RNI	recommended nutrient intake
SDGs	Sustainable Development Goals
SMS	SUN Movement Secretariat
SUN	Scaling Up Nutrition
TB	tuberculosis
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSCN	United Nations Standing Committee on Nutrition
VAD	vitamin A deficiency
VLBW	very low-birth-weight
VMNIS	Vitamin and Mineral Nutrition Information System
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
WIC	Special Supplemental Nutrition Program for Women, Infants and Children

planning policy formulation
dialogue multi-sectoral
interconnection


FOOD,
AGRICULTURE &
HEALTHY DIETS



MATERNAL
& CHILD
CARE



HEALTH



SOCIAL
PROTECTION



Scaling Up
NUTRITION

UN Network



REACH
ACCELERATING THE SCALE-UP OF FOOD AND NUTRITION ACTIONS



COMPENDIUM OF ACTIONS FOR NUTRITION

“ This is an extraordinary time to work on Maternal and Child Nutrition. We know what works, we know how to make it happen, and we know that the world can afford it. Our obligation now is to make these essential nutrition interventions available to all children, adolescents, and women, beginning with the poorest, the excluded, and the most vulnerable. ”

Víctor M. Aguayo, *Associate Director, Chief Nutrition;*
UN Network for SUN Steering Committee Member, UNICEF

“ The Compendium of Actions for Nutrition (CAN) is a great resource for selecting context-relevant approaches to address malnutrition. It should be used in conjunction with a situation analysis that identifies the main factors that directly and indirectly prevent adequate nutrient intake and good health, especially among the most nutritionally vulnerable, and identifies systems, platforms and stakeholders that can be leveraged to implement solutions. ”

Martin Bloem, *Senior Nutrition Advisor, WFP Global Coordinator UNAIDS;*
UN Network for SUN Steering Committee Member; SUN Executive Committee Member, WFP

“ In this Decade of Action on Nutrition, interventions to address all forms of malnutrition across multiple sectors need to be urgently scaled up. WHO provides evidence-based guidance on healthy diets and effective nutrition interventions, all presented in the WHO e-Library of Evidence for Nutrition Actions ([eLENA](#)). With the CAN, the UN has incorporated guidance from multiple sectors to allow decision-makers and professionals to make informed choices and develop comprehensive action. ”

Francesco Branca, *Director, Nutrition for Health and Development;*
UN Network for SUN Steering Committee Member; SUN Executive Committee Member, WHO

“ The Agreement establishing IFAD stated that it should be guided by priorities which include improving the nutritional level of the poorest populations in developing countries and the conditions of their lives. Some forty years later, with nutrition now placed high on the political agenda, IFAD is shifting gears to link our malnutrition imperative to the gender and climate change agendas for maximising synergies and impact. ”

Juliane Friedrich, *Senior Technical Specialist, Nutrition;*
UN Network for SUN Steering Committee Member, IFAD

“ The world is facing a global obesity epidemic. This is the time to take a hard look at our food systems and reposition them to deliver on the healthy diets needed for optimal nutrition outcomes. The CAN comes at an opportune time provided by the SDGs and the Decade of Action on Nutrition for countries to turn their ICN2 commitments into action. ”

Anna Lartey, *Director, Nutrition and Food Systems Division;*
UN Network for SUN Steering Committee Member, FAO

Background

Nutrition has received considerable attention in recent years with the advent of the Scaling Up Nutrition Movement (SUN) in 2010, the launch of the United Nations Secretary-General's Zero Hunger Challenge in 2012, the Second International Conference on Nutrition (ICN2)¹ in 2014 and a United Nations resolution in 2016 proclaiming 2016–2025 as the United Nations Decade of Action on Nutrition. The Agenda 2030 includes 17 Sustainable Development Goals (SDGs), recognizing improvements in nutrition as a key priority within SDG 2 and as a fundamental investment that underpins the successful achievement of all the SDGs.

Together they have provided a renewed impetus for countries to develop or update multi-sectoral national nutrition policies, strategies and plans in an effort to scale-up nutrition actions and address malnutrition in all of its forms. This has also generated demand from countries for a consolidated resource that national governments and other stakeholders can draw upon for multi-sectoral dialogue around policy, planning, programming, coordination, monitoring, evaluation and implementation of nutrition actions. The demand for such a resource has grown as the SUN Movement has expanded and gained momentum. The United Nations system is well placed to respond given it is by nature multi-sectoral and has a wealth of experience in all of the nutrition actions outlined in the CAN, operating in diverse contexts.

Multiple stakeholders have a role to play in supporting national nutrition efforts, including civil society, business, donors, academia and United Nations agencies. Many stakeholders have expressed the need for a comprehensive, yet practical document that is useful for individuals working in nutrition across the sectors as well as those without a nutrition background.

Purpose

The CAN was designed to provide an understanding of the breadth of actions needed to combat malnutrition, facilitate multi-sectoral dialogue and spur action at the country level, particularly on nutrition-related policy and planning. While this compendium does not prescribe a specific set of nutrition actions, it does recognize that prioritization is critical. It also recognizes that prioritization must be based on context, drawing upon a robust situation analysis, available evidence and country priorities in consultation with a range of stakeholders.

The CAN does *not* intend to replace any existing technical guidance. Rather, it brings together and builds upon existing technical guidance developed by FAO, WFP, WHO and UNICEF into one document in order to promote a holistic approach to nutrition. A list of references, including guidance developed by these agencies, is available for interested users.

Audience

The intended audience of the CAN is national authorities and their supporting partners engaged in multi-sectoral nutrition governance processes (e.g. SUN Government actors, REACH facilitators, SUN networks).

¹ The first International Conference on Nutrition, held in 1992, culminated in the World Declaration and Plan for Action, which called upon countries to formulate or improve national policies and action plans for eliminating malnutrition and preventing diet-related communicable and non-communicable diseases. Further information about the conference is available at <http://www.fao.org/docrep/U9920t/u9920t0b.htm#iv>.

Use of the CAN

The CAN is a resource to foster participatory multi-sectoral dialogue at the country level, especially on nutrition-related policy formulation (e.g. national nutrition policy and related nutrition policies) and planning. This includes the formulation and updating of the national multi-sectoral nutrition plans and results frameworks, the integration of nutrition into sectoral plans and conversations about scaling up. The compendium is also useful for decentralized multi-sectoral dialogue and planning. To this end, it provides a list of potential nutrition actions, which countries may refer to when they decide what to include in their nutrition-related policies and plans based on the national nutrition context. Users may refer to the CAN in order to help country actors to be aware of the full scope of potential nutrition actions, and the links between them.

The matrices of actions presented in the CAN are particularly useful for moderating these discussions in view of their concise and easy-to-use format. These matrices equip facilitators of nutrition governance processes – who may lack a technical nutrition background – with practical inputs for asking probing questions, to ensure that the ensuing discussions are comprehensive and balanced across sectors.

In addition to informing nutrition-related policy formulation and planning, the CAN may also be used to facilitate the development of nutrition mapping and information platforms. The classification of sub-actions into three evidence categories serves to clarify the evidence base and has helped to identify research gaps. Where evidence is limited, there are opportunities to advocate for further data to be generated, influencing the nutrition research agenda in an effort to strengthen evidence-based nutrition governance.

Methodology

The development of the CAN was led by the UN Network for SUN/REACH Secretariat, which worked in consultation with FAO, IFAD, UNICEF, WFP and WHO through a participatory process. This process involved inter-agency discussions and bilateral exchanges with a range of colleagues, including experts in nutrition and related technical areas (e.g. fisheries, water, sanitation and hygiene, social safety nets and gender). Based on the inputs from these United Nations agencies, a list of nutrition actions and sub-actions was identified.

The Secretariat worked with selected experts to validate and refine the actions and evidence base. These experts had extensive knowledge and specialized expertise in the various aspects of nutrition including health, maternal and child care, food and agriculture, social protection, trade, nutrition education, social marketing and behaviour change communication. Actions and sub-actions were only included in the CAN if they had an explicit nutrition objective and were not likely to have any adverse impacts² on individuals' nutrition status or well-being.

Preliminary drafts of the CAN were also shared with the SUN Movement Secretariat (SMS) with a view to fostering further collaboration and alignment with other global endeavors.

Sub-actions were classified into three evidence categories, as outlined below. When multiple types of evidence exist for a given sub-action, the highest level of evidence is indicated in the Evidence column. However, for sub-actions that have different levels of evidence depending on the target group, two or more evidence categories are included. Similarly, more than one evidence category is included for 'consolidated' sub-actions (the evidence level varies across the different elements of these sub-actions). In these cases, users are directed to the related thematic areas, where further details are provided.

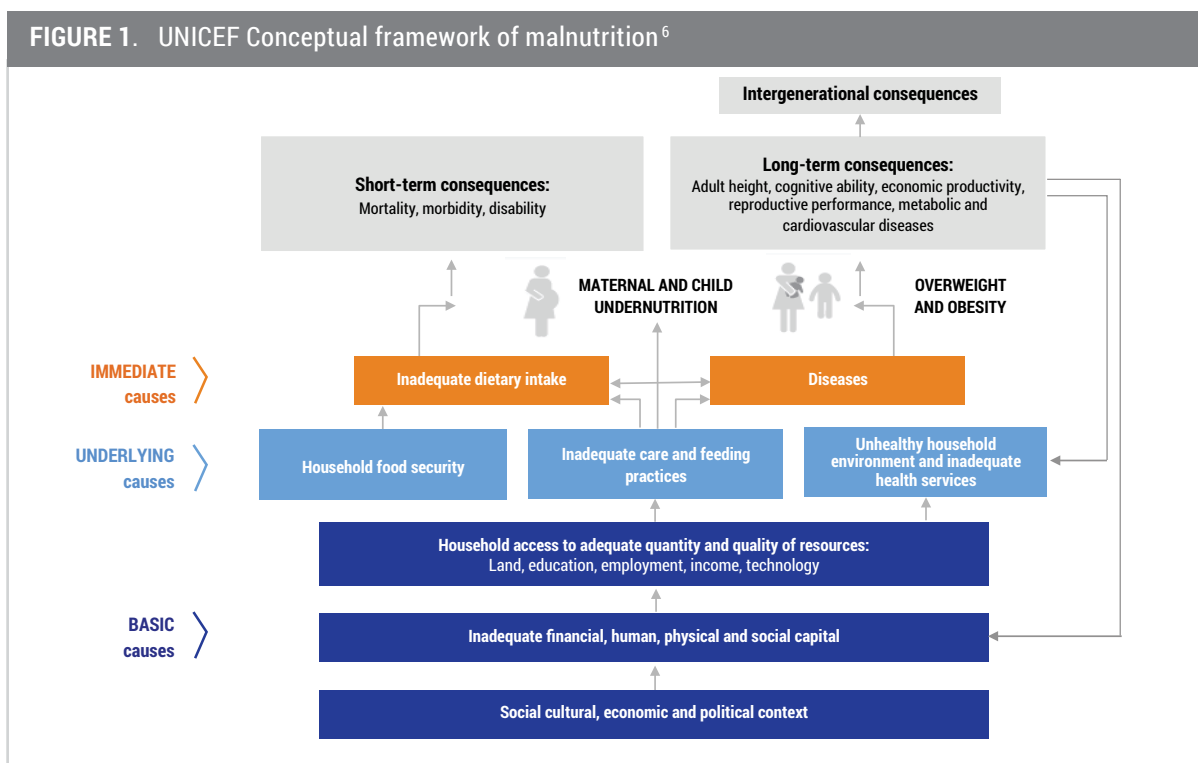
² Conflicts of interest (including studies from interested industries), quality of the research and other related factors were taken into consideration when determining whether actions or sub-actions have an adverse impact.

- **Synthesized evidence exists:** This includes meta-analyses and systematic reviews. It should be noted however that the number of studies included in meta-analyses and systematic reviews varies across sub-actions, with some synthesized evidence based on a large number of studies and other synthesized evidence based on a limited number of studies.
- **Published primary studies exist:** No synthesized evidence exists, but evidence is published in peer-reviewed journals.
- **Practice-based studies exist:** There is published experience-based evidence documented in the 'grey literature' although no evidence has been published in peer-reviewed journals – either in the form of synthesized evidence or single studies. This indicates that further research is warranted.

The CAN offers a 'one-stop shop' for multi-sectoral nutrition actions, including insights on the links between them, with a view to strengthening nutrition governance.³ This is the first version of a CAN⁴ to be presented across sectors, and includes nutrition actions that respond to the immediate, underlying and basic causes of malnutrition. It also includes all of the 'essential nutrition actions', recommended by WHO;⁵ all actions presented in this compendium are aligned with the ICN2 Framework for Action. Successive versions of the CAN are envisaged, taking into account the lessons learned from previous editions and the evolving nutrition discourse and evidence base.

Structure of the CAN

The CAN's structure was largely inspired by the UNICEF conceptual framework for malnutrition (see Figure 1), which identified household food insecurity, inadequate maternal and child care practices, poor health environment (related to water, sanitation and hygiene) and inadequate – and often inaccessible – health services as the underlying determinants of malnutrition. The UNICEF framework also considered human, economic, political and environmental factors as the basic causes of malnutrition.



3 The REACH Country Facilitator Manual outlines guidance on how to undertake multi-sectoral nutrition dialogue (UN Network for SUN/REACH Secretariat. 2013. *Country Facilitator Manual*. Second Edition, Rome. Available at <http://www.reachpartnership.org/it/country-facilitator-manual/>).

4 It should be noted that WHO does not currently have official recommendations on all of the nutrition sub-actions included in the CAN. While some sub-actions may have a positive effect on nutrition outcomes, further inquiry is underway or needed before a WHO recommendation can be formulated. Those sub-actions with WHO recommendations are indicated in order to align the CAN with prevailing guidance.

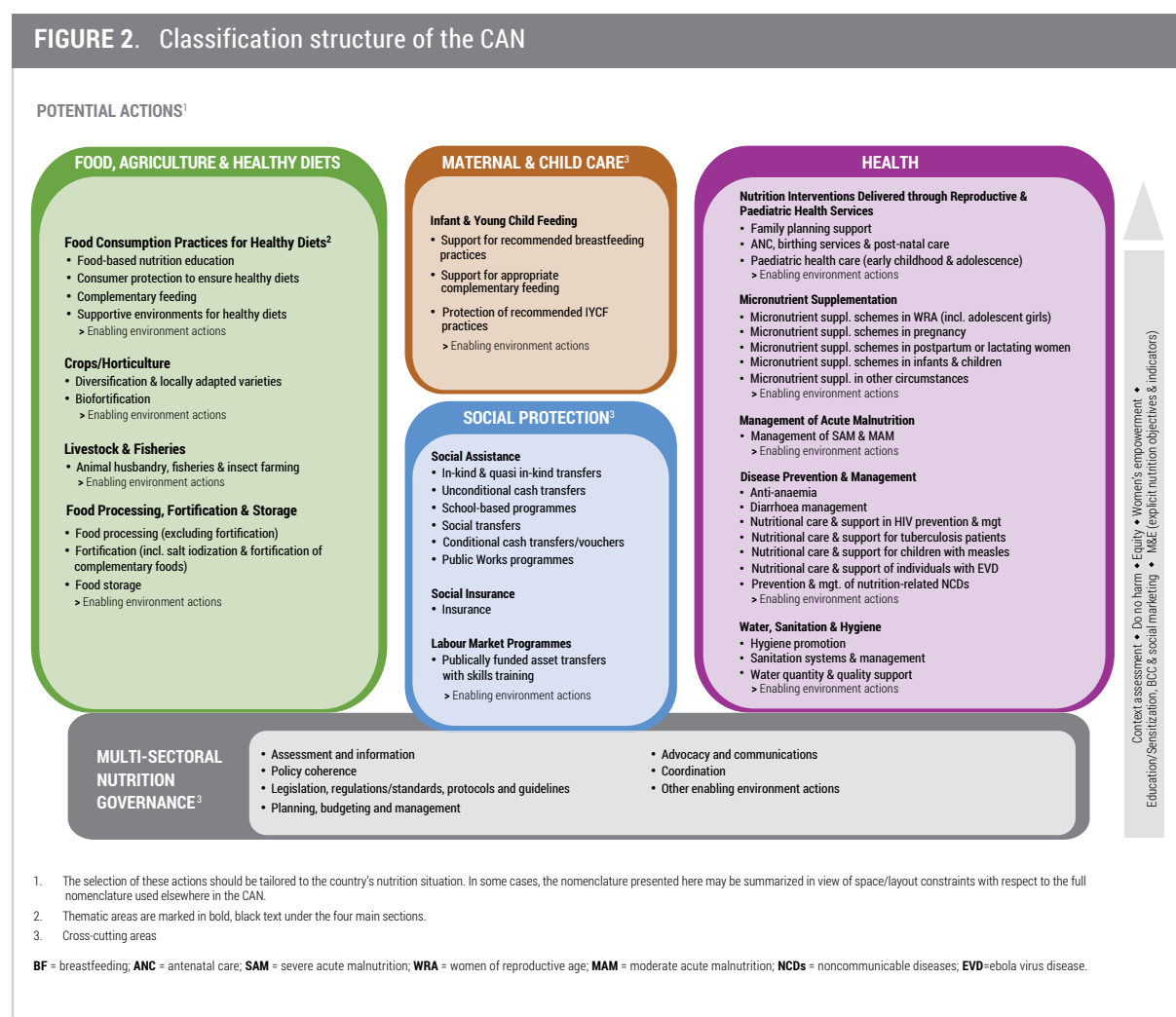
5 WHO. 2013. *Essential nutrition actions: Improving maternal, newborn, infant and young child health and nutrition*. Geneva. Available at http://www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions/en.

6 UNICEF. 2013. *Improving child nutrition: The achievable imperative for global progress*. New York.

Brief descriptions of the causes of malnutrition, which guided the identification of the causal levels for each sub-action in the CAN, are as follows:

- **Immediate causes** are related to inadequate dietary intake and exposure to disease or illness.
- **Underlying causes** are related to the household and community levels, which may be influenced by issues such as agricultural practices and climate, lack of availability and access to safe water, sanitation and health services, girls' education and other gender issues.
- **Basic causes** include societal structures and processes that impede vulnerable populations' access to essential resources. They typically stem from institutional, political, economic and social factors including governance, trade, environmental and gender issues, and poverty.

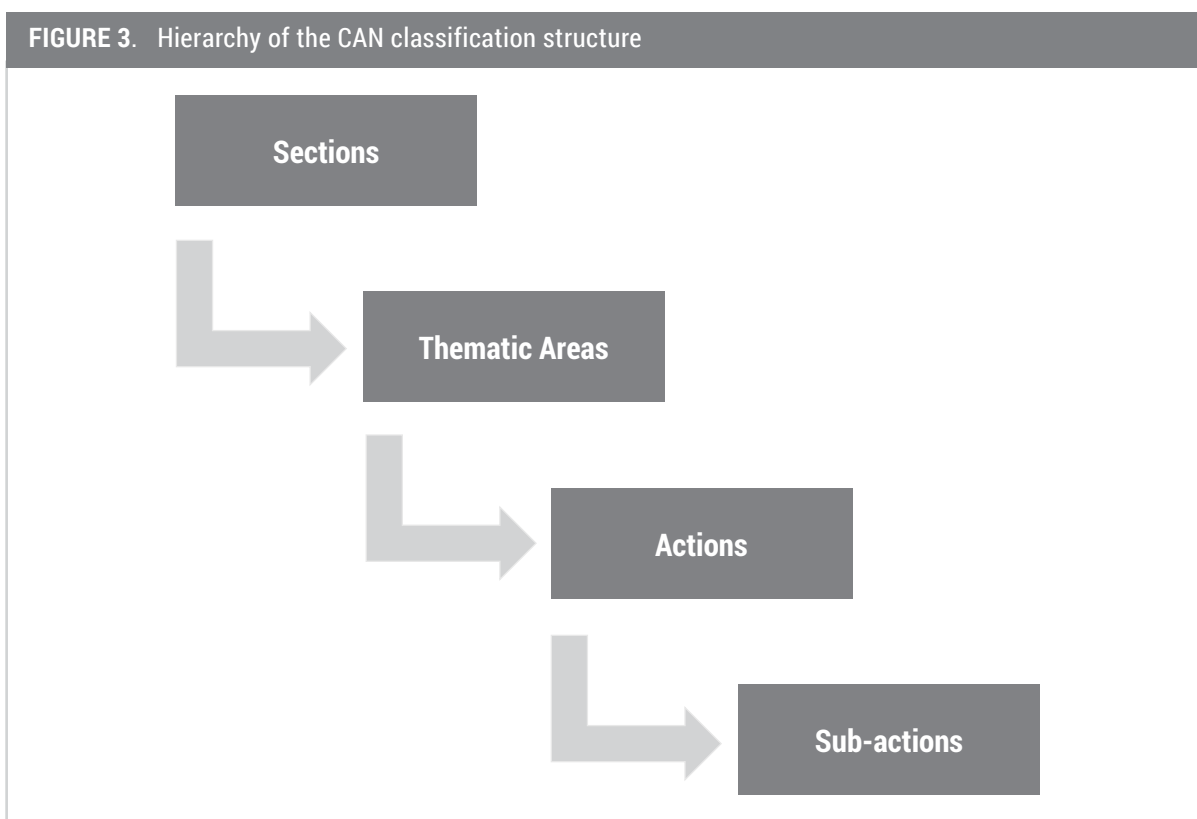
The UNICEF framework not only illustrates how these causes are interrelated, but it identifies the various levels at which they influence individuals' nutritional status.⁷ The wide range of contributing factors (e.g. health, food, economic) implies the need for a multi-sectoral approach to nutrition and the need to intervene at all causal levels. Given its wide acceptance among the international nutrition community, including the United Nations agencies that comprise the global UN Network for SUN, this framework was used as a starting point for developing the CAN classification structure.



7 UNICEF. 2013. *Improving child nutrition: The achievable imperative for global progress*. New York.

Interventions were grouped into the following four main sections in the CAN with a view to operationalizing the UNICEF framework: Food, Agriculture and Healthy Diets; Maternal and Child Care; Health; and Social Protection (see Figure 2). Thematic areas were then identified in each section, with actions and sub-actions presented in each thematic area (see Figure 3). This grouping employs a multi-sectoral approach to addressing malnutrition, with an emphasis on stunting. The approach is aligned with that of the SUN Movement, which acknowledges the need to address multiple forms of malnutrition and focus on efforts to address stunting, as reaffirmed by the new SUN Strategy and Roadmap:

“While the focus of the SUN Movement remains primarily on the reduction of stunting, many governments are adapting their national plans to address the multiple burdens of malnutrition, including wasting, micronutrient deficiencies, anaemia, overweight and obesity”.⁸



Actions and sub-actions that address household food security are presented in the Food, Agriculture and Healthy Diets section, recognizing that “Household food security is an outcome of technical and social processes in society, but it ultimately depends on the availability, accessibility, and use of resources”.⁹ Actions and sub-actions that are principally provided through health services, such as nutrition-related reproductive health services, paediatric health services, health services for disease prevention and management (e.g. micronutrient supplementation) and services that promote a healthy environment (e.g. water, sanitation and hygiene) are classified in the Health section. The management of acute malnutrition is also included in the Health section since it seeks to rehabilitate nutritional status, irrespective of what mechanisms are used to carry out the action. The Social Protection section includes a range of nutrition-related actions and sub-actions that seek to safeguard individuals’ basic needs (e.g. food and health).

⁸ SUN Movement. 2016. *SUN Movement strategy and roadmap (2016–2020)*. Available at <http://scalingup.staging.wpengine.com/about-sun/the-sun-movement-strategy/>.

⁹ Jonsson U. *Ethics and child nutrition*. Accessed from <http://archive.unu.edu/unupress/food/8F164e/8F164E03.htm> on 23 September 2016.

The CAN also includes actions and sub-actions that address care practices such as breastfeeding and complementary feeding, childcare, food and personal hygiene, health-seeking behaviour (e.g. utilization of health services) and healthy behaviours related to water and sanitation. Some of these care practices are included in other sections of the CAN in an effort to minimize duplication of sub-actions.¹⁰ While infant and young child feeding (IYCF) is covered in the CAN sections on Food, Agriculture and Healthy Diets, Health and Social Protection, it is also explicitly included as a thematic area in the Maternal and Child Care section in order to give a strong voice to these critically important actions and sub-actions.

Breastfeeding actions provided through health services are primarily listed in the Health section, whereas breastfeeding support provided at the community level is included in the IYCF thematic area of the 'Care' section to minimize duplication. There are exceptions to this approach: the Baby-friendly Hospital Initiative (BFHI) is listed in both the IYCF thematic area (within the 'Care' section) and the thematic area on Nutrition Interventions Delivered through Reproductive and Paediatric Health Services (in the Health section). This decision was made because there is often no clear distinction between health-related interventions provided through health services and those provided through communities (e.g. by community health workers, health posts and outreach services). Similarly, food hygiene – including aspects related to both infrastructure and behaviour – is presented in the Food, Agriculture and Healthy Diets section and within the thematic area on Water, Sanitation and Hygiene for Good Nutrition in the Health section.

This classification structure considers the overlapping aspects of care and social protection, and the extensive diversity of involved sectors, stakeholders and delivery platforms, underscoring the focus on implementation. The classification acknowledges that specialists and practitioners working in these areas often belong to similar constituencies (e.g. health professionals and practitioners, engineers, agronomists). Therefore, water, sanitation and hygiene actions and sub-actions are presented together in a single thematic area since they are typically implemented by hydraulic engineers and sanitation specialists (even though other sectors have an important role to play).¹¹ This classification system also minimizes redundancy in the compendium.

Each section includes an introduction highlighting the importance and purpose of the section in supporting good nutrition. The matrices that follow list potential nutrition actions and sub-actions by thematic area, distinguishing those that foster an enabling environment¹² in support of good nutrition. Furthermore, each matrix identifies the evidence category of sub-actions (with the exception of the sub-actions included in the Enabling Environment sections). A supporting bibliography is included, identifying the references that substantiate the evidence classification indicated for each sub-action.

In addition, Annexes 1-4 contain summary lists of actions and sub-actions, by thematic area, for the four main sections of the CAN. Annex 5 outlines actions and sub-actions for multi-sectoral nutrition governance, recognizing the overarching nature and importance of this work.^{13,14} The actions and sub-actions included in Annex 5 help to bring together stakeholders across sectors and coordinate the actions and sub-actions supported in the main sections of the CAN in order to foster a coherent multi-faceted approach to nutrition and synergies. Moreover, they encompass analytical and facilitation-based support for multi-sectoral governance processes undertaken at both the national and sub-national levels.

Additional user-friendly guidance materials will be developed to support the dissemination of this compendium.

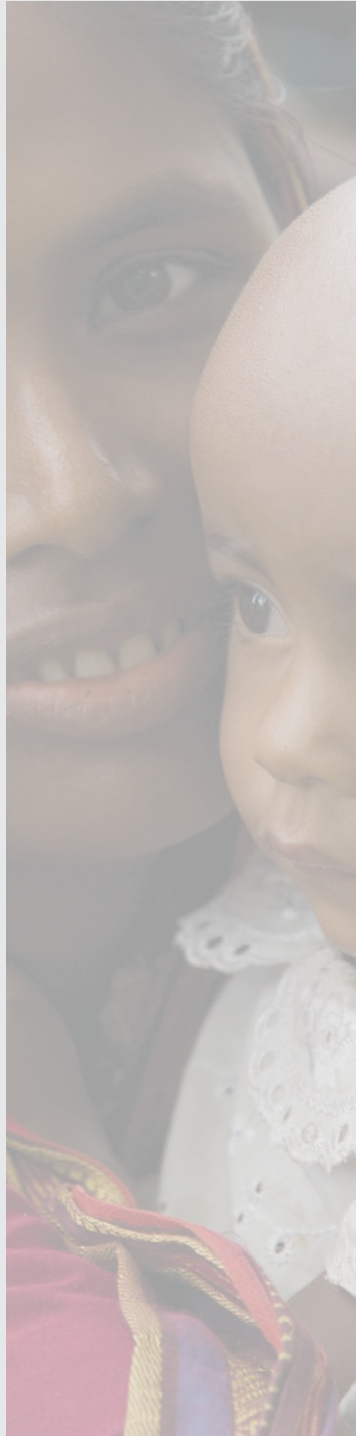
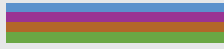
10 For example, the sub-action 'Promotion of uptake of health services for nutrition-related diseases through which nutrition interventions are provided' is intended to support desired health-seeking behaviour (a care practice). This sub-action was included in the Health section of the CAN along with other nutrition-related health services for disease prevention and management.

11 Cairncross, S., Bartram, J., Cumming, O. & Brocklehurst, C. 2010. Hygiene, sanitation, and water: What needs to be done? *PLoS Med*, Volume 7(11):e1000365.

12 These sub-actions reflect factors that contribute to an enabling environment for nutrition, such as policy coherence, legislation, regulations, standards, trade mechanisms, insurance, social marketing, and behaviour change communication; the absence of these factors may contribute to a disabling environment. The factors listed in this section are supported by varying levels of evidence; applicable references are cited, when available. Nevertheless, the inclusion of a given sub-action in this section does not mean that it is not an important factor for nutrition.

13 Nisbett, N., Gillespie, S., Haddad, L. & Harris, J. 2014. Why worry about the politics of childhood undernutrition? *World Development*, Volume 64:420-433.

14 Gillespie, S., Haddad, L., Mannar, V., Menon, P., Nisbett, N. & the Maternal and Child Nutrition Study Group. 2013. The politics of reducing malnutrition: Building commitment and accelerating progress. *Lancet*, Volume 382(9891):552-569.





The **Compendium of Actions for Nutrition (CAN)** is a facilitation resource developed by REACH, as part of the UN Network for SUN, for national authorities and their partners (including SUN government actors, REACH facilitators and SUN networks) to foster multi-sectoral dialogue at the country level particularly for nutrition-related policy making and planning. It presents a breadth of possible actions to combat malnutrition, with sub-actions classified into three discreet evidence categories, as indicated in these annexes. The annexes also identify factors contributing to an enabling environment for nutrition in each thematic area.

The CAN does not prescribe a specific set of nutrition actions, although it does recognize that prioritization is critical. It also recognizes that prioritization must be based on context, drawing upon a robust situation analysis, available evidence and country priorities in consultation with a range of stakeholders. Further information about the actions and sub-actions listed in the annexes, the process of developing the CAN and how to use the tool can be found in the introductory text of the Overview section.

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ANNEX 1

FOOD, AGRICULTURE AND HEALTH DIETS: SUMMARY LIST OF ACTIONS AND SUB-ACTIONS



Livestock and Fisheries

Actions	Sub-actions	Evidence Category *
1. Animal husbandry, fisheries and insect farming	1a. Extensive animal rearing for the production of animal-source foods in support of healthy diets	Primary studies
	1b. Homestead animal rearing for the production of animal-source foods in support of healthy diets	Synthesized evidence
	1c. Aquaculture and capture fisheries for the production of animal-source foods in support of healthy diets	Synthesized evidence
	1d. Insect farming for the production of animal-source foods in support of healthy diets	Practice-based studies
	1e. Processing, handling and market access to support healthy consumption of animal-source foods for dietary diversity	Primary studies



Enabling Environment

Actions	Sub-actions
1. Assessment and information	1a. Food composition data for locally available animal-source foods
	1b. Vulnerability assessment and early warning analysis
	1c. Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area
	1d. M&E of sub-actions covered by this thematic area
2. Policy coherence	2a. Policy coherence of Livestock and Fisheries issues in policies/strategies on agriculture, and related to animal resources, trade, health, social protection, nutrition and food security
3. Legislation, regulations/ standards, protocols and guidelines	3a. Land tenure/land rights, in accordance with Voluntary Guidelines on the Responsible Governance of Tenure, to support healthy diets
	3b. Legislation and regulations on animal breeding, animal fodder, and fish harvesting/farming taking into account nutrition considerations and food safety and hygiene
	3c. Legislation and regulations on consumption of wild meat
	3d. Food safety and quality control system, including legislation and regulations, inspection systems, and capacity development for food producers, processors and retailers

(Enabling Environment continued ...)

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Actions	Sub-actions
4. Fiscal policy	4a. Taxes and subsidies to support healthier diets
5. Planning, budgeting and management	5a. Capacity development/strengthening to enable nutrition to be reflected in related agriculture, animal resources, trade, health, and social protection planning and implementation
6. Trade	6a. Leverage analytical tools, capacity development efforts and governance mechanisms to enable nutrition considerations to be raised in international and national trade fora
	6b. Market linkages to help facilitate/promote the consumption of animal-source foods in support of healthy diets
7. Social norms: Education/sensitization, behaviour change communication (BCC) and social marketing	7a. Promotion of wild meat for consumption for healthy diets in accordance with national legislation and regulations and food safety measures
	7b. Nutrition education to support dietary diversity and food hygiene education to safeguard nutrition
	7c. Basic hygiene education to agriculture extension workers, livestock-keepers, and fishers, with a focus on hygiene after handling animals, carcasses or meat, animal faeces, etc. and links to nutrition
8. Infrastructure and technology	8a. Food hygiene/safety infrastructure, technology and quality assurance (HACCP) to safeguard nutrition
9. Coordination	9a. Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding Livestock/Fisheries to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level
10. Other enabling environment actions	10a. Animal health services to support safe animal-source foods for human consumption
	10b. Support with inputs related to animal production
	10c. Availability of credit/microcredit and microfinance to livestock-keepers, agropastoralists and fishers, targeting both men and women, to help make healthy foods available
	10d. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders



Crops/Horticulture

Actions	Sub-actions	Evidence Category *
1. Diversification and locally adapted varieties	1a. Promotion of fruit and vegetable gardens for healthy diets	Synthesized evidence
	1b. Sustainable intensification of staple crop production for dietary diversification	Practice-based studies
	1c. Biodiversity and underutilized crops	Primary studies
	1d. Inputs and irrigation for fruit and vegetable gardens and crops	Primary studies
2. Biofortification	2a. Introduction of biofortified varieties to support healthy diets	Synthesized evidence
	2b. Social marketing campaigns on biofortified foods to support healthy diets	Practice-based studies



Enabling Environment

Actions	Sub-actions
1. Assessment and information	1a. Food composition data for locally available plant foods
	1b. Vulnerability assessment and early warning analysis
	1c. Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area
	1d. M&E of sub-actions covered by this thematic area
2. Policy coherence	2a. Policy coherence between Crops/Horticulture issues defined by policies/strategies on agriculture, natural resource management, trade, health, social equity, nutrition and food security
3. Legislation, regulations/ standards, protocols and guidelines	3a. Land tenure/land rights, in accordance with Voluntary Guidelines on the Responsible Governance of Tenure, to support healthy diets
	3b. Legislation and regulations which provide harmonized standards for biofortified crops and food products in support of healthy diets
	3c. Food safety and quality control system, including legislation and regulations, inspection systems, and capacity development for food producers, processors and retailers
	3d. Legislation and regulations on crop breeding take into account nutrition considerations
4. Fiscal policy	4a. Taxes and subsidies to support healthier diets
5. Planning, budgeting and management	5a. Capacity development/strengthening to enable nutrition to be reflected in related agriculture, natural resource management, trade, health, education, and social protection planning and implementation

(Enabling Environment continued ...)

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(... Enabling Environment continued)

Actions	Sub-actions
6. Trade	6a. Leverage analytical tools, capacity development efforts and governance mechanisms to enable nutrition considerations to be raised in international and national trade fora
	6b. Market linkages to help facilitate/promote consumption of fruits, vegetables, legumes, and other nutritious plant foods in support of healthy diets
7. Social norms: Education/sensitization, BCC and social marketing	7a. Nutrition education to support dietary diversity and food hygiene education to safeguard nutrition
8. Infrastructure and technology	8a. Food hygiene/safety infrastructure, technology and quality assurance (HACCP) to safeguard nutrition
9. Coordination	9a. Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding Crops/Horticulture to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level
10. Other enabling environment actions	10a. Availability of credit/microcredit and microfinance to farmers, targeting both men and women, so as to help make healthy foods available
	10b. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders



Food Processing, Fortification and Storage

Actions	Sub-actions	Evidence Category *
1. Food processing (excluding fortification)	1a. Malting, drying, pickling and curing at the household level	Primary studies
	1b. Reformulation of food/beverages for healthier diets	Synthesized evidence
	1c. Other nutrition-oriented food processing	Primary studies
	1d. Training and sensitization on malting, drying, pickling and curing at the household level	Primary studies
2. Fortification (including salt iodization and fortification of complementary foods)	2a. Mass fortification to support good nutrition, particularly adequate micronutrient intake	Synthesized evidence (for salt iodization and flour fortification) Primary studies (for flour fortification with iron, vitamin A sugar fortification, folic acid flour fortification)
	2b. Community fortification to support good nutrition	Practice-based studies
	2c. Point-of-use fortification for children	Synthesized evidence
	2d. Production of fortified complementary foods to meet documented nutrient gaps in children 6–23 months	Synthesized evidence
3. Food storage	3a. Household food storage/silos support for increased food stability to support healthy diets	Primary studies



Enabling Environment

Actions	Sub-actions
1. Assessment and information	1a. Food composition data for locally available processed foods
	1b. Vulnerability assessment and early warning analysis
	1c. Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area
	1d. M&E of sub-actions covered by this thematic area
2. Policy coherence	2a. Food fortification, other nutrition-oriented food processing and food storage are included in nutrition and food security policy(ies) and linked to agriculture, industry and trade policies
	2b. Fortified complementary foods, as required to cover documented nutrient gaps, are integrated into the national nutrition policy/strategy, sectoral policies/strategies, and any cross-cutting infant and young child feeding (IYCF) policies/strategies so as to protect optimal complementary feeding

(Enabling Environment continued ...)

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Actions	Sub-actions
3. Legislation, regulations/standards, protocols and guidelines	3a. Legislation and regulations on food labelling of processed foods in accordance with the Codex Alimentarius Guidelines and Standards, as appropriate, to protect healthy diets
	3b. Legislation and regulations on the commercial advertising and marketing of food and non-alcoholic beverages to protect healthy diets
	3c. Food safety and quality control system, including legislation and regulations, inspection systems, and capacity development for food producers, processors and retailers
4. Fiscal policy	4a. Taxes and subsidies to support healthier diets
5. Trade	5a. Leverage analytical tools, capacity development efforts and governance mechanisms to enable nutrition considerations to be raised in international and national trade fora
	5b. Market linkages to facilitate/promote healthy consumption patterns of processed foods, including fortified foods, in support of healthy diets
6. Planning, budgeting and management	6a. Capacity development/strengthening to enable nutrition to be reflected in related agriculture, industry, trade, health, and social protection planning and implementation
7. Social norms: Education/sensitization, BCC and social marketing	7a. Social marketing campaigns/nutrition education to promote healthy diets
8. Infrastructure and technology	8a. Large-scale food storage support for increased food stability to support healthy diets
	8b. Food hygiene/safety infrastructure, technology and quality assurance (HACCP) to safeguard nutrition
9. Coordination	9a. Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding Food Processing, Fortification and Storage to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level
10. Other enabling environment actions	10a. Availability of credit/microcredit and microfinance to farmers, livestock-keepers, agribusiness and food processors, targeting both men and women, to help make healthy foods available including fortified foods
	10b. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders



Food Consumption Practices for Healthy Diets

Actions	Sub-actions	Evidence Category *
1. Food-based nutrition education	1a. Nutrition education, skills training, participatory cooking sessions/sensitization/counselling for mothers and other caregivers	Synthesized evidence
	1b. Nutrition education in schools	Synthesized evidence
	1c. School-garden based food and nutrition education	Primary studies
2. Consumer protection to ensure healthy diets	2a. Protection from marketing of unhealthy food and beverages	Synthesized evidence
	2b. Protection from misleading health and nutrition claims	Practice-based studies
	2c. Nutrition labelling, including front-of-pack labelling, on pre-packaged foods and beverages	Synthesized evidence
	2d. Portion size control	Synthesized evidence
	2e. Food safety measures	Synthesized evidence and practice-based studies
3. Complementary feeding	3a. Promotion of dietary diversification as part of optimal complementary feeding	Synthesized evidence
	3b. Promotion of fortified foods for complementary feeding, where appropriate	Synthesized evidence
	3c. Public information campaigns for optimal complementary feeding practices	Primary studies
4. Creating supportive environments to promote healthy diets in different settings	4a. School programmes promoting healthy diets and good nutrition	Synthesized evidence
	4b. Work place programmes promoting healthy diets and good nutrition	Synthesized evidence



Enabling Environment

Actions	Sub-actions
1. Assessment and information	1a. Food composition data for locally available foods
	1b. Vulnerability assessment and early warning analysis
	1c. Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area
	1d. M&E of sub-actions covered by this thematic area
2. Policy coherence	2a. Elements of promoting healthy diets are included in the agriculture, natural resource management, trade, health, education and social protection policies, and linked to the nutrition and food security policy(ies)

(Enabling Environment continued ...)

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Actions	Sub-actions
3. Legislation, regulations/standards, protocols and guidelines	3a. Progressive realization of the right to adequate food
	3b. Formulation and implementation of national, food-based dietary guidelines
	3c. Food labelling in accordance with the Codex Alimentarius Guidelines and Standards, as appropriate
	3d. Food safety and quality control system, including legislation and regulations, inspection systems, and capacity development for food producers, processors and retailers
	3e. Legislation and regulation on marketing of food and non-alcoholic beverages and food safety to protect healthy diets
	3f. Other legislation and regulation to support healthy diets
4. Fiscal policy	4a. Taxes and subsidies to support healthier diets
5. Planning, budgeting and management	5a. Capacity development/strengthening to enable nutrition to be reflected in related agriculture, natural resource management, trade, health, education, and social protection planning and implementation
6. Trade	6a. Leverage analytical tools, capacity development efforts and governance mechanisms to enable nutrition considerations to be raised in international and national trade fora
	6b. Market linkages to help facilitate/promote consumption of nutritious foods in support of healthy diets
7. Social norms: Education/sensitization, BCC and social marketing	7a. Food hygiene education to safeguard nutrition
	7b. Promote the sensitization and mobilization of consumer organizations/interest groups about healthy diets
	7c. Public information campaigns for promotion of nutritious foods for consumption
8. Infrastructure and technology	8a. Food hygiene/safety infrastructure, technology and quality assurance (HACCP) to safeguard nutrition
9. Coordination	9a. Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding Food Consumption Practices for Healthy Diets to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level
10. Other enabling environment actions	10a. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders
	10b. Provision of safe fuel and fuel-efficient stoves to facilitate cooking

ANNEX 2

MATERNAL AND CHILD CARE: SUMMARY LIST OF ACTIONS AND SUB-ACTIONS



Infant and Young Child Feeding

Actions	Sub-actions	Evidence Category *
1. SUPPORT for optimal breastfeeding practices	1a. Breastfeeding education and counselling to SUPPORT optimal breastfeeding practices at the community level	Synthesized evidence
	1b. Counselling and SUPPORT on recommended breastfeeding practices in difficult circumstances	Synthesized evidence and practice-based studies depending upon the circumstances
	1c. Institutionalization of the 10 Steps to Successful Breastfeeding in all facilities that provide maternity services, including via implementation of the Baby-friendly Hospital Initiative (BFHI)	Synthesized evidence
2. SUPPORT for appropriate complementary feeding	2a. SUPPORT for access to diversified nutrient-dense foods for complementary feeding	Synthesized evidence
	2b. Nutrition education on appropriate complementary feeding	Synthesized evidence
3. PROTECTION of recommended IYCF practices	3a. Protecting appropriate IYCF through restricting marketing of breast-milk substitutes and complementary foods as well as through maternity protection for working mothers	Synthesized evidence

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Enabling Environment

Actions	Sub-actions
1. Assessment and information	<p>1a. Assessments of recommended IYCF practices</p> <p>1b. HIV testing in pregnant and lactating women to minimize the risk of mother-to-child transmission of HIV through breastfeeding</p> <p>1c. Vulnerability assessment and early warning analysis</p> <p>1d. Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area</p> <p>1e. M&E of sub-actions covered by this thematic area</p>
2. Policy coherence	<p>2a. Policy coherence between policies/strategies on maternal/reproductive and neonatal health, agriculture/food, labour, trade, gender, social protection, industry and nutrition</p>
3. Legislation, regulations/ standards, protocols and guidelines	<p>3a. Legislation and regulations on the following to PROTECT optimal IYCF practices: (1) Maternity protection based on ILO Maternity Protection Convention 183 (2000) and Recommendation 191 (2000); (2) Occupational health based on ILO Occupational Safety and Health Convention No.155 (1981) ; (3) Ending the inappropriate marketing of complementary food; (4) Implementation of the International Code of Marketing of Breast-milk Substitutes, subsequent World Health Assembly resolutions and national measures adopted to give effect to these; and (5) Standards for childcare centres and services</p> <p>3b. Strategies to establish or extend maternity protection for mothers (ideally fathers also) who engage in informal labour or atypical forms of dependent work</p>
4. Fiscal policy	<p>4a. Taxes and subsidies to support good nutrition</p>
5. Planning, budgeting and management	<p>5a. Capacity development/strengthening to enable nutrition to be reflected in health, agriculture/food, labour, trade, gender, social protection, industry, and nutrition planning and implementation</p>
6. Social norms: Education/ sensitization, behaviour change communication (BCC) and social marketing	<p>6a. BCC (media and social marketing) to PROMOTE recommended IYCF practices</p>
7. Infrastructure and technology	<p>7a. Use of time-saving technologies in other nutrition-related actions/programming to help free time that may be dedicated to childcare, particularly where women/mothers are targeted</p>
8. Coordination	<p>8a. Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding the IYCF to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level</p>
9. Other enabling environment actions	<p>9a. SUPPORT for availability of appropriate, diversified, nutrient-dense foods for complementary feeding, preferably locally available</p> <p>9b. Childcare services and support to protect recommended IYCF practices</p> <p>9c. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders</p>

ANNEX 3

HEALTH: SUMMARY LIST OF ACTIONS AND SUB-ACTIONS



Nutrition Interventions Delivered through Reproductive and Paediatric Health Services

Actions	Sub-actions	Evidence Category *
1. Family planning support for optimal birth spacing and to prevent teenage pregnancies as part of reproductive health services	1a. Prevention of adolescent pregnancy	Synthesized evidence
	1b. Voluntary family planning and reproductive health education and support	Synthesized evidence
2. Nutrition interventions through antenatal care, birthing services and postnatal care	2a. Maternal, infant, and child nutrition and health counselling	Synthesized evidence
	2b. Micronutrient supplementation for pregnant and postpartum women	Synthesized evidence
	2c. Long chain polyunsaturated fatty acid supplementation during pregnancy	Synthesized evidence
	2d. Supplementary feeding (balanced energy and protein) during pregnancy	Synthesized evidence
	2e. Nutrition-related illness and disease prevention and management among pregnant and postpartum women	Synthesized evidence and primary studies depending upon the type of intervention, target group and circumstances
	2f. Optimal time of umbilical cord clamping for the prevention of iron deficiency anaemia among infants	Synthesized evidence
	2g. Support for feeding and care of low-birth-weight and very-low-birth-weight infants	Synthesized evidence
	2h. Kangaroo mother care	Synthesized evidence
	2i. Institutionalization of the 10 Steps to Successful Breastfeeding in all facilities that provide maternity services, including via the implementation of the Babyfriendly Hospital Initiative (BFHI)	Synthesized evidence
3. Nutrition interventions through primary paediatric health care during early childhood	3a. Nutrition-related illness and disease prevention and management during early childhood	Synthesized evidence and primary studies, depending upon the type of intervention, target group and circumstances
	3b. Micronutrient supplementation in children	Synthesized evidence
	3c. Infant and young child feeding counselling	Synthesized evidence
	3d. Vaccinations	Synthesized evidence
4. Nutrition interventions through primary paediatric health care during adolescence	4a. Counselling on healthy diets	Synthesized evidence
	4b. Micronutrient supplementation in adolescents	Synthesized evidence

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Enabling Environment

Actions	Sub-actions
1. Assessment and information	1a. Nutrition assessments as part of reproductive health services, and referral of malnourished pregnant and lactating women to nutrition programmes for the management of acute malnutrition, as appropriate
	1b. Growth monitoring and promotion as part of primary paediatric health services for infants and young children
	1c. HIV testing in pregnant and lactating women to minimize the risk of mother-to-child transmission of HIV through breastfeeding
	1d. Vulnerability assessment and early warning analysis
	1e. Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area
	1f. M&E of sub-actions covered by this thematic area
2. Policy coherence	2a. Policy coherence between policies/strategies on maternal/reproductive, neonatal, child and other nutrition-related health, social protection, agriculture/food, trade, labour, nutrition and other relevant cross-cutting issues
3. Legislation, regulations/ standards, protocols and guidelines	3a. Development of national growth charts
	3b. Implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions and national measures adopted to give effect to these
	3c. Legislation and regulation on marketing of food and non-alcoholic beverages and food safety to protect healthy diets
	3d. Implementation of maternity protection measures in accordance with ILO Maternity Protection Convention No. 183 (2000) and Recommendation No. 191 (2000)
	3e. Legislation on minimum age for marriage to prevent child marriage and adolescent pregnancy in an effort to safeguard nutrition among adolescent girls, infants and young children
	3f. Promotion of universal health coverage to improve access to nutrition-related health services on reproductive health, primary paediatric health care, and the prevention and management of nutrition-related illnesses/diseases
	3g. Legislation on compulsory education for girls and boys
4. Fiscal policy	4a. Taxes and subsidies to support good nutrition
	4b. Fiscal policy to support adequate education for girls and boys
5. Planning, budgeting and management	5a. Capacity development/strengthening to enable nutrition to be reflected in health, education, social protection, agriculture/food, trade, labour and nutrition planning and implementation at the national and decentralized levels
6. Insurance	6a. Health insurance to increase uptake of nutrition-related health services coupled with enhanced health services and health workforce to foster good health and nutritional status
7. Social norms: Education/ sensitization, behaviour change communication (BCC) and social marketing	7a. Promotion of uptake of reproductive and primary paediatric health services through which nutritional support is provided
	7b. Social marketing campaigns about nutrition behaviours related to reproductive and paediatric health services
	7c. Promotion of increased access to education, particularly for girls, to help prevent adolescent pregnancy
8. Coordination	8a. Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding reproductive and paediatric health services to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level
9. Other enabling environment actions	9a. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders



Micronutrient Supplementation

Actions	Sub-actions	Evidence Category *
1. Micronutrient supplementation schemes in women of reproductive age	1a. Intermittent iron and folic acid supplementation in non-pregnant women and adolescent girls	Synthesized evidence
	1b. Daily iron and folic acid supplementation in non-pregnant women and adolescent girls	Synthesized evidence
	1c. Folic acid supplementation in women who are trying to conceive (periconceptional folic acid supplementation)	Synthesized evidence
2. Micronutrient supplementation schemes in pregnant women	2a. Daily iron and folic acid supplementation during pregnancy	Synthesized evidence
	2b. Intermittent iron and folic acid supplementation in non-anaemic pregnant women	Synthesized evidence
	2c. Vitamin A supplementation in pregnant women	Synthesized evidence
	2d. Calcium supplementation in pregnant women	Synthesized evidence
	2e. Iodine supplementation in pregnant women	Synthesized evidence
	2f. Multiple micronutrient supplements in pregnant women	Synthesized evidence
	2g. Zinc supplementation in pregnant women	Synthesized evidence
3. Micronutrient supplementation schemes in lactating women	3a. Daily iron and folic acid supplementation in postpartum women	Synthesized evidence
	3b. Iodine supplementation in lactating women	Synthesized evidence
4. Micronutrient supplementation schemes in infants and children	4a. Neonatal vitamin K supplementation	Synthesized evidence
	4b. Daily iron supplementation for infants and children	Synthesized evidence
	4c. Intermittent iron supplementation for infants and children	Synthesized evidence
	4d. Vitamin A supplementation in children 6–59 months old	Synthesized evidence
	4e. Multiple micronutrient powders for children 6–23 months old	Synthesized evidence
	4f. Iodine supplementation in children 6–23 months old	Synthesized evidence
	4g. Zinc supplementation in children 6–59 months old	Synthesized evidence
5. Micronutrient supplementation in other circumstances	5a. Oral rehydration treatment with zinc in children under five years old	Synthesized evidence
	5b. Vitamin A supplementation to children with measles	Synthesized evidence
	5c. Micronutrient supplementation in very low-birth-weight infants	Synthesized evidence
	5d. Vitamin E supplementation in preterm infants	Synthesized evidence

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Enabling Environment

Actions	Sub-actions
1. Assessment and information	1a. Assessment of micronutrient status
	1b. Vulnerability assessment and early warning analysis
	1c. Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area
	1d. M&E of sub-actions covered by this thematic area
2. Policy coherence	2a. Policy coherence between policies/strategies on maternal/reproductive health, neonatal health, child survival and health, and adolescent health, food and agriculture (e.g. fortification) and nutrition
3. Legislation, regulations/ standards, protocols and guidelines	3a. Legislation and standards/regulation on micronutrient supplementation and recommended doses to ensure safety for human intake
	3b. Protocols for the prevention and treatment of micronutrient deficiencies
	3c. Support for the registration of and other nutrition governance measures for introducing new micronutrient supplementation products, as appropriate
	3d. Promotion of universal health coverage to improve access to nutrition-related health services on reproductive health, primary paediatric health care and the prevention and management of nutrition-related illnesses/diseases
4. Fiscal policy	4a. Taxes and subsidies to support good nutrition
5. Planning, budgeting and management	5a. Capacity development/strengthening to enable nutrition to be reflected in health, agriculture/food, and nutrition planning and implementation
6. Insurance	6a. Health insurance to increase uptake of nutrition-related health services coupled with enhanced health services and health workforce to foster good health and nutritional status
7. Social norms: Education/ sensitization, BCC and social marketing	7a. Nutrition education and BCC on micronutrient supplementation
8. Coordination	8a. Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding Micronutrient Supplementation to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level
9. Other enabling environment actions	9a. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders



Management of Acute Malnutrition

Actions	Sub-actions	Evidence Category *
1. Management of severe acute malnutrition (SAM)	1a. Outpatient management of SAM	Synthesized evidence
	1b. Inpatient management of SAM	Synthesized evidence
2. Management of moderate acute malnutrition (MAM)	2a. Targeted supplementary feeding to treat MAM	Synthesized evidence
	2b. Blanket supplementary feeding	Synthesized evidence
	2c. Enhanced nutrition counselling	Primary studies



Enabling Environment

Actions	Sub-actions
1. Assessment and information	1a. Adoption of mid-upper arm circumference (MUAC) and WHO child growth standards to facilitate the identification of individuals with severe or moderate acute malnutrition
	1b. Identification of severe acute malnutrition in children under 5 years old
	1c. Vulnerability assessment and early warning analysis
	1d. Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area
	1e. M&E of sub-actions covered by this thematic area
2. Policy coherence	2a. The production, import and use of specially formulated foods for the management of acute malnutrition are integrated into the national policy/strategies for nutrition, agriculture/food, trade and industry, social protection and any cross-cutting infant and young child feeding (IYCF) policies to increase policy coherence
3. Legislation, regulations/standards, protocols and guidelines	3a. Development and implementation of national protocol(s) for managing acute malnutrition based on WHO standards and guidelines
4. Fiscal policy	4a. Taxes and subsidies to support good nutrition
5. Planning, budgeting and management	5a. Capacity development/strengthening to enable nutrition to be reflected in health, trade, agriculture/food, industry, social protection, and nutrition planning and implementation
6. Trade	6a. Leverage analytical tools, capacity development efforts and governance mechanisms to enable nutrition considerations (related to the management of acute malnutrition) to be raised in international and national trade fora
7. Infrastructure and technology	7a. Food technology support for local production of specially formulated foods for the management of acute malnutrition in accordance with prevailing international standards, developed by WHO, on local manufacturing of ready-to-use foods so as to help ensure the availability of these foods
8. Coordination	8a. Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding the Management of Acute Malnutrition to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level
9. Other enabling environment actions	9a. Availability of credit/microcredit and microfinance to farmers, agribusiness and food processors, targeting both men and women, to increase the availability of specially formulated foods used to manage acute malnutrition
	9b. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders

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Nutrition-related Disease Prevention and Management

Actions	Sub-actions	Evidence Category *
1. Anti-anaemia actions	1a. Iron supplementation	Synthesized evidence
	1b. Deworming to combat the health and nutritional impact of intestinal parasitic infections	Synthesized evidence
	1c. Intermittent preventive treatment of malaria for pregnant women	Synthesized evidence
	1d. Distribution of insecticide-treated bednets for malaria control	Synthesized evidence
2. Diarrhoea management for improved nutrition	2a. Zinc supplementation in the management of diarrhoea	Synthesized evidence
	2b. Water, sanitation and hygiene interventions to prevent diarrhoea	Synthesized evidence
3. Nutritional care and support in HIV prevention and management	3a. Infant feeding counselling and support to HIV-positive mothers for improving HIV-free survival	Synthesized evidence
	3b. Supplementation (macronutrient for PLWHIV/AIDS and micronutrient supplementation in HIV-infected women during pregnancy)	Synthesized evidence
	3c. Nutrition counselling for adolescents and adults living with HIV/AIDS	Synthesized evidence
4. Nutritional care and support for tuberculosis (TB) patients	4a. Nutrition counselling for people with TB	Synthesized evidence
	4b. Micronutrient supplementation in individuals with active TB	Synthesized evidence
	4c. Management of moderate acute malnutrition in individuals with active TB	Synthesized evidence
	4d. Management of severe acute malnutrition in individuals with active TB	Synthesized evidence
5. Nutritional care and support of children with measles	5a. Micronutrient supplementation to children with measles	Synthesized evidence
6. Nutritional care and support of individuals with Ebola virus disease	6a. Supplementation to children and adults with Ebola virus disease in treatment centres	Practice-based studies
7. Prevention and management of nutrition-related noncommunicable diseases (NCDs)	7a. Counselling on healthy diets, using food-based dietary guidelines, and on the importance of physical activity to prevent overweight, obesity and nutrition-related NCDs	Synthesized evidence

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Enabling Environment

Actions	Sub-actions
1. Assessment and information	1a. Nutritional assessment as part of routine care of HIV-infected children and individuals with active TB
	1b. Nutrition assessments (e.g. weight, height, BMI, waist/hip circumference, blood pressure, diabetes) as part of prevention and management to help prevent and manage overweight and obesity and diet-related NCDs
	1c. HIV testing in pregnant & lactating women to minimize the risk of mother-to-child transmission of HIV through breastfeeding
	1d. Vulnerability assessment and early warning analysis
	1e. Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area
	1f. M&E of sub-actions covered by this thematic area
2. Policy coherence	2a. Policy coherence between health policies and strategies which cover nutrition-related infectious diseases and NCDs, reproductive, neonatal and child health, as well as policies/strategies on agriculture/food, trade, education, social protection and nutrition
3. Legislation, regulations/standards, protocols and guidelines	3a. Implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes, related World Health Assembly resolutions, and national measures adopted to give effect to these
	3b. Legislation and standards/regulation on macronutrient (food) and micronutrient supplementation and the prevailing WHO recommended doses for people with the above infectious diseases to ensure safety for human intake in view of their disease/health status
	3c. Food labelling in accordance with the Codex Alimentarius Guidelines and Standards, as appropriate
	3d. Legislation and regulation to support healthy diets as part of the efforts to address overweight and obesity and diet-related NCDs
	3e. Legislation and regulation of marketing of food and non-alcoholic beverages and food safety, including to children, so as to protect healthy diets
	3f. Formulation and implementation of national, food-based dietary guidelines
	3g. Formulation or updating of national protocol(s) for preventing and managing nutrition-related infectious diseases and NCDs
	3h. Promotion of universal health coverage to improve access to nutrition-related health services on reproductive health, primary paediatric health care and the prevention and management of nutrition-related illnesses/diseases
4. Fiscal policy	4a. Taxes and subsidies to support good nutrition
5. Planning, budgeting and management	5a. Capacity development/strengthening to enable nutrition to be reflected in health, agriculture/food, trade, education, social protection, and nutrition planning and implementation
6. Insurance	6a. Health insurance to increase uptake of nutrition-related health services coupled with enhanced health services and health workforce to foster good health and nutritional status
7. Social norms: Education/sensitization, BCC and social marketing	7a. Promotion of uptake of health services for nutrition-related diseases through which nutritional interventions are provided
	7b. Social marketing campaigns to promote health behaviours related to Nutrition-related Disease Prevention and Management
8. Coordination	8a. Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding Nutrition-related Disease Prevention and Management to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level
9. Other enabling environment actions	9a. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders



Water, Sanitation and Hygiene for Good Nutrition

Actions	Sub-actions	Evidence Category *
1. Hygiene promotion to support good nutrition	1a. Handwashing education and promotion at critical periods	Primary studies
	1b. Provision of handwashing supplies and handwashing stations/tippy taps	Synthesized evidence
	1c. Food hygiene promotion and support	Primary studies
	1d. Environmental hygiene promotion and support for domestic hygiene	Primary studies
2. Sanitation systems and management to support good nutrition	2a. Community approaches to improving sanitation	Primary studies
	2b. Latrine construction and rehabilitation and excreta disposal management	Primary studies
	2c. Sanitation support for infants and toddlers	Primary studies
	2d. Sanitation support for vulnerable groups	Primary studies
3. Water quantity and quality to support good nutrition	3a. Improvement of water supply systems and services to improve access to safe drinking water	Synthesized evidence
	3b. Household water treatment and safe storage support	Synthesized evidence
	3c. Provision of safe water during special circumstances	Primary studies



Enabling Environment

Actions	Sub-actions
1. Assessment and information	1a. Vulnerability assessment and early warning analysis
	1b. Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area
	1c. M&E of sub-actions covered by this thematic area
2. Policy coherence	2a. Policy coherence between policies/strategies on water, sanitation, hygiene, health, agriculture, education, trade, social protection and nutrition
3. Legislation, regulations/ standards, protocols and guidelines	3a. Legislation and regulations on, or relevant to sanitation, water quality, environmental health and public health
	3b. Formulation/review of national water and sanitation standards
4. Fiscal policy	4a. WASH-related taxes and subsidies to support good nutrition
5. Planning, budgeting and management	5a. Capacity development/strengthening to enable nutrition to be reflected in health, agriculture/food, trade, education, social protection and nutrition planning and implementation
6. Social norms: Education/ sensitization, BCC and social marketing	6a. Water, sanitation and hygiene education, BCC and social marketing, emphasizing the links between poor WASH and undernutrition
7. Coordination	7a. Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding Water, Sanitation and Hygiene for Good Nutrition to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level
8. Other enabling environment actions	8a. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders

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ANNEX 4

SOCIAL PROTECTION: SUMMARY LIST OF ACTIONS AND SUB-ACTIONS



Social Assistance

Actions	Sub-actions	Evidence Category *
1. In-kind transfers	1a. Specialized food transfers for women and children to safeguard maternal, infant and young child nutrition	Synthesized evidence
	1b. General food distribution to safeguard nutrition	Primary studies
2. Quasi in-kind transfers	2a. Money vouchers with restricted food choices and Food Denominated Vouchers to safeguard maternal, infant and young child nutrition	Primary studies
	2b. Vouchers for maternal health services through which nutritional support is provided	Primary studies
	2c. Vouchers for child daycare for children to support recommended infant and young child feeding (IVCF) practices	Primary studies
	2d. User fee removal for child health services through which nutritional support is provided	Synthesized evidence
3. Unconditional cash transfers	3a. Cash transfers to safeguard healthy diets, particularly of pregnant and lactating women and young children	Synthesized evidence
4. School-based programmes	4a. School feeding to safeguard nutrition	Primary studies
	4b. Take home food rations to safeguard nutrition	Primary studies
5. Social transfers	5a. Non-contributory pensions to safeguard nutrition	Primary studies
	5b. Child support grants to safeguard nutrition	Practice-based studies
6. Conditional cash/voucher transfers	6a. Cash/voucher transfers issued conditionally on meeting child school enrolment and attendance to safeguard child nutrition	Synthesized evidence
	6b. Cash/voucher transfers issued conditionally on uptake of mother and child health services to safeguard maternal and child nutrition	Synthesized evidence
	6c. Cash/voucher transfers issued conditionally on attendance of mothers at nutrition education/behaviour change sessions	Synthesized evidence
7. Public works programmes	7a. In-kind food transfers for participation in public works programmes to safeguard healthy diets for good nutrition	Practice-based studies
	7b. Cash transfers for participation in public works programmes to safeguard healthy diets for good nutrition	Primary studies

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Social Insurance

Actions	Sub-actions	Evidence Category *
1. Insurance	1a. Health insurance to increase uptake of nutrition-related health services coupled with enhanced health services and health workforce to foster good health and nutritional status	Synthesized evidence
	1b. Targeted weather-based insurance for crops/livestock to safeguard healthy diets for good nutrition	Practice-based studies
	1c. Social security insurance to safeguard nutrition	Primary studies



Labour Market Programmes

Actions	Sub-actions	Evidence Category *
1. Publically funded asset transfers with skills training	1a. Skills training plus asset transfer to safeguard nutrition	Practice-based studies
	1b. Skills training, asset transfer, and cash or food transfer to safeguard nutrition	Practice-based studies



Enabling Environment

Actions	Sub-actions
1. Assessment and information	1a. Vulnerability assessment and early warning analysis
	1b. Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area
	1c. M&E of sub-actions covered by this thematic area
2. Policy coherence	2a. Policy coherence between policies/strategies on maternal/reproductive and neonatal health, agriculture/food, labour, trade, gender, social protection, industry and nutrition
3. Legislation, regulations/ standards, protocols and guidelines	3a. Legislation and regulations on: (1) maternity protection based on ILO Maternity Protection Convention 183 (2000) and Recommendation 191 (2000); (2) occupational health based on ILO Occupational Safety and Health Convention No.155 (1981); (3) ending the inappropriate marketing of complementary food; and (4) implementation of the International Code of Marketing of Breast-milk Substitutes, subsequent World Health Assembly resolutions and national measures adopted to give effect to these
	3b. Promotion of universal health coverage to improve access to nutrition-related health services on reproductive health, primary paediatric health care, and the prevention and management of nutrition-related illnesses/diseases
	3c. Legislation on user fee exemption for child and reproductive health services through which nutrition support is provided
4. Fiscal policy	4a. Taxes and subsidies to support good nutrition
5. Planning, budgeting and management	5a. Capacity development/strengthening to enable nutrition to be reflected in health, agriculture/food, labour, trade, gender, social protection, industry and nutrition planning and implementation
6. Coordination	6a. Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding Social Protection to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level
7. Infrastructure and technology	7a. Use of time-saving, transfer technologies to help free time that may be dedicated to childcare, particularly where women/mothers are targeted
8. Other enabling environment actions	8a. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders

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ANNEX 5

MULTI-SECTORAL NUTRITION GOVERNANCE: SUMMARY LIST OF ACTIONS AND SUB-ACTIONS



Facilitation of Multi-sectoral Nutrition Governance

Enabling Environment

Actions	Sub-actions
1. Assessment and information	1a. Support to national multi-sectoral nutrition analysis (including situation analysis, stakeholder mapping)
	1b. Support for the establishment and implementation of multi-sectoral nutrition information systems (including implementation tracking, virtual portals and nutrition surveillance data)
	1c. Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area
	1d. M&E of sub-actions covered by this thematic area
2. Policy coherence	2a. Support to the formulation or review process for national multi-sectoral nutrition policy in order to foster policy coherence across sectors
3. Legislation, regulations/standards, protocols and guidelines	3a. Support to the formulation or review processes for legislation, regulations and protocols regarding multi-sectoral nutrition governance
4. Planning, budgeting and management	4a. Support for nutrition multi-sectoral planning, budgeting, prioritization and implementation (including CRF, integration of nutrition into sector/sub-sector, sub-national plans)
	4b. Support for a multi-sectoral overview of financial tracking of core nutrition actions across sectors
	4c. Support to increase multi-sectoral financial investment for nutrition by all stakeholders (through roundtables, funding strategies)
5. Advocacy and communications	5a. Support for a multi-sectoral vision on nutrition advocacy strategy/nutrition messaging
6. Coordination	6a. Ensure leadership and support institutional capacity development for the establishment and functioning of multi-stakeholder, multi-sectoral coordination mechanisms or platforms (both national and sub-national) to support the development of multi-sectoral policies, plans and guidelines to address malnutrition and support their operationalization through a coherent, multi-sectoral approach
	6b. Support human capacity development/strengthening for coordination (e.g. engaging stakeholders and creating common dialogue, brokering agreements, resolving conflicts, building relationships)
7. Other enabling environment actions	7a. Support multi-stakeholder, multi-sectoral dialogue regarding the establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders

COMPENDIUM OF ACTIONS FOR NUTRITION

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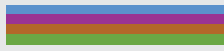
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UN Network



REACH

ACCELERATING THE SCALE-UP OF FOOD AND NUTRITION ACTIONS



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