

Landscape analysis on countries' readiness to accelerate action in nutrition

COUNTRY ASSESSMENT TOOLS



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Country assessment tools

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Abbreviations and acronyms

AIDS acquired immunodeficiency syndrome

ART antiretroviral therapy

BFHI Baby-friendly Hospital Initiative

CBO community-based organization

CRC Convention on the Rights of the Child

FBO faith-based organization

HIV human immunodeficiency virus

IEC information, education, communication

IMCI integrated management of childhood illness

M&E monitoring and evaluation

MCH maternal and child health

MDG Millennium Development Goal

NCD noncommunicable disease

NGO nongovernmental organization

NLIS Nutrition Landscape Information System

PRSP Poverty Reduction Strategy Papers

TB tuberculosis

UN United Nations

WHO World Health Organization

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Contact: NPUinfo@who.int

1 Introduction

1.1 Background

All children have the same right and potential to grow and develop. Undernutrition can be rapidly eliminated if maternal and child nutrition is adequate. Nevertheless, about a third of children in developing countries – some 171 million children under 5 years of age – are short for their age (i.e. stunted) due to undernutrition. Current global rates of progress, while positive, are insufficient to meet Millennium Development Goal 1 (MDG1), Target 1.C. Failing to meet the undernutrition target will have a negative impact on all other MDGs.

If policy and institutional changes for accelerating nutrition improvements are to be adopted and implemented, they need to have sufficient political support. In addition, successful delivery of technical assistance depends largely on the capacity of the international system to work with governments to assess and build a broader ownership, as a prerequisite for policy change. In 2008, the *Lancet* published a series on maternal and child nutrition, which identified 36 high-burden countries accounting for 90% of the global burden of stunting. To strengthen and maximize the impact of this opportunity, and create momentum for carrying forward the findings of the *Lancet* series, the World Health Organization (WHO) launched a landscape analysis project. The project involves both WHO and other concerned partner agencies, including United Nations (UN) agencies such as the Food and Agriculture Organization, the Standing Committee on Nutrition, the UN Children's Fund and the World Food Programme; the Global Alliance for Improved Nutrition; and Helen Keller International. The overall aim was to strengthen the contributions of the different agencies, together with national governments, towards the achievement of the MDGs.

The WHO landscape analysis of readiness to accelerate action in nutrition is a systematic and scientific approach to assessing where and how to best invest to accelerate action in nutrition. At the global level, it has three components:

- Desk analysis of country readiness This involves comprehensive analysis of secondary-data indicators in 36 countries with a high burden of stunting (these countries were the initial focus of the analysis). The desk analysis uses multiple statistical methods to define country typologies; the aim is to guide where and how to best invest in nutrition.
- In-depth country assessments By October 2014, country assessments had been carried
 out in Burkina Faso, Comoros, Côte d'Ivoire, Egypt, Ethiopia, Ghana, Guatemala,
 Guinea, Indonesia, Madagascar, Mali, Mozambique, Namibia, Peru, South Africa,
 Sri Lanka, Tanzania, Timor-Leste and Uganda.
- Nutrition landscape information system (NLIS) (www.who.int/nutrition/nlis) The NLIS is an online system that provides:
 - o country profiles for 194 WHO Member States, with indicators on nutrition and

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