

# Strengthening the Capacity of SUN Countries to Scale up Nutrition through Learning Routes: A Pioneer Project in Peru

## Final Report

### Executive Summary

In 2014, the SUN Movement Secretariat launched a pilot program called “Strengthening the Capacity of SUN Countries to Scale up Nutrition through Learning Routes” with the objective to strengthen sharing and learning initiatives among member countries. It partnered with the PROCASUR Corporation to develop specific tools to identify successful experiences and good practices related to nutrition, and to help sharing among representatives of national SUN multi-stakeholder platforms.

As part of the program, two Learning Routes were held. The first one took place in Senegal from 26 May to 1<sup>st</sup> June 2014, under the coordination of the Fight against Malnutrition Unit (*Cellule de Lutte contre la Malnutrition – CLM*); the second in Peru, from 8 to 14 September 2014, hosted by the Ministry of Development and Social inclusion (Ministerio de Desarrollo e Inclusión Social – MIDIS). In total, 40 representatives of national multi-stakeholder platforms from 14 SUN countries from Africa, Asia and Latin America<sup>1</sup> participated in the two Routes.

This report summarizes the results from the stages of preparation and implementation of the Learning Route in Peru. SUN Focal Points, government officials as well as members of the civil society and the private sector who contribute to national multi-stakeholder platforms to scale up nutrition, a total of 20 representatives from 7 SUN countries (El Salvador, Guatemala, Lao PDR, Madagascar, Senegal, Sri Lanka and Tanzania) participated in this Route.

The general objective of the Learning route is to improve the understanding and knowledge of the strategies and mechanisms put in place by Peru to fight Chronic Child Malnutrition (CCM); to share knowledge, good practices and successful experiences in nutrition; to facilitate access to practical tools to promote nutrition in participating SUN Movement countries and to strengthen networks among them.

During the past decades, the Peruvian government has been implementing several actions to reduce CCM. However, in 2005, the CCM index of children under 5 was among the highest in Latin America. Thus, the government launched the task and in only 6 years, the CCM index reduced by more than 10 points; from 28.5% in 2007 to 18.1% in 2012 according to the Population and Family Health Survey (Encuesta Demográfica y de Salud Familiar - ENDES).

Some **keys to success** of the Peruvian experience are found in the conjunction of the following factors:

- ✓ High political commitment transcending governments;
- ✓ Result-oriented management;
- ✓ Development of innovative public policies basing on scientific evidences;

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<sup>1</sup> Countries chosen to participate in the two Routes are: El Salvador, Guatemala, Peru (Latin America); Benin, Burundi, Ghana, Guinea Conakry, Madagascar, Niger, Senegal, Sierra Leone y Tanzania (Africa); Lao PDR, Sri Lanka (Asia).

- ✓ Commitment in three levels - central, regional and local - and messages shared by them;
- ✓ Effort of civil society organizations to promote CCM in the public and social agenda;
- ✓ Implementation of concrete actions, involving multiple government and non-government stakeholders (international organizations for development, UN agencies, civil society, private sector and academics) in the promotion and funding of joint tasks to fight CCM;
- ✓ Empowerment of the community and families and use of appropriate messages y materials adapted to local level to encourage healthy practices.

Basing on these success factors, **specific objectives** of the Route were fixed with reference to the following subjects:

1. Promoting and coordinating inter-governmental, multi-sector social policies to reduce Chronic Child Malnutrition, including the development of legal frameworks and national policy
2. Design and implementation of financial incentive mechanisms based on performance-based budgeting and incentive funds aimed at increasing effectiveness of social programs
3. Development of multi-sector spaces to coordinate and implement initiatives in collaboration with civil society, international development organizations and the private sector
4. Decentralized approach to nutrition, including operational strategies to involve regional and local government authorities and their communities in the planning, execution and monitoring of nutrition-oriented interventions with territorial focus.

A site visit and/or working sessions were organized around each subject, followed by analysis or reflection workshops. The workshops and field visits took place in Lima, the capital, and in the region of Ayacucho, both in the capital and rural communities in the district of Huamanguilla. The workshops were composed of members from different countries. Opinions were exchanged among visiting countries, analyzing key success factors and best practice of visited experiences, as well as still persisting challenges, with the aim of learning lessons that participants can use in their own context.

During the Route, some group works were dedicated to the outline and definition of Action Plans of national delegations (a Plan per national team). This activity enabled the participants to adopt and adapt best practice and innovative solutions learned in Peru in order to strengthen strategies and initiatives implemented by their own institutions and organizations.

The following **lessons learned** on CCM reduction stand out from the experience shared during the Learning Route in Peru:

- ✓ Political will and commitment to prioritize child nutrition from the highest level of command of central, regional and local, transcending the government in office is a fundamental factor to reduce CCM.
- ✓ Signing of Governance Agreements by candidates and surveillance of their compliance by the civil society is a strategy with proven results.
- ✓ Creation of a legal framework in line with inter-governmental and inter-sectoral social policies, under the leadership of a government entity convening different sectors and levels, offers the necessary institutionality for implementing actions.

- ✓ Have a common conceptual framework, with identification of key strategies and interventions based on evidences and goal setting.
- ✓ Budgeting by results and financial incentive mechanisms such as the Municipal Incentive Plan (PI) and the Fund to encourage performance and achievement of social results (FED) condition resource allocation to products and measurable results and effective field interventions.
- ✓ Having accessible and transparent information enables setting common goals and monitoring their progress.
- ✓ Multi-sectoral, inter-governmental articulation spaces, with the participation of government, the civil society, enterprises with common visions and goals, are decisive for a joint action to obtain results in CCM reduction.
- ✓ Access to identity document (ID) from the beginning of life facilitates access to Integral health insurance and social programs.
- ✓ Prioritization and focalization of interventions and programs to reduce CCM of children under 3 and in the poorest and most excluded population, even more, in a context of scarce economic resources.
- ✓ Implementation of actions with territorial approach under the leadership of local and communal authorities enables necessary appropriation for durability and mobilizes local capabilities.
- ✓ Organization and active participation of community and families is fundamental to achieve healthy practices.
- ✓ Strong civil society platforms at different levels working for child nutrition contribute with advocacy, technical assistance and surveillance of commitment and budget compliance, which helps to achieve objectives.
- ✓ Awareness strategies and simple training adapted to the reality and culture of the population permit their understanding, which helps to get them adopt expected practices.
- ✓ Adequate technology with local materials within families' reach helps carry out proposed practices (ecologic refrigerators, improved cooking facilities, wooden toys, mesh to prepare dry meat, etc.).

As said by participants, the Learning Route in Peru proved itself an efficient tool to facilitate knowledge sharing, dissemination of good practices concerning nutrition, and consolidation of networks and exchanges among visiting countries. In the same time, it gave participants a personalized learning platform where new ideas emerged and knowledge was shared. In this context, close exchange among French-speaking, English-speaking and Spanish-speaking countries from Africa, Asia and Latin American was specially successful and valued by the participants. The Route made it possible for different countries to learn and share good practices on a crucial subject, such as child nutrition, leading to actions, initiatives and new exchanges in the near future.

**Scaling Up Nutrition (SUN) Movement.** Launched in 2010, the Movement unites governments, civil society, United Nations, businesses and citizens in a worldwide effort to end malnutrition Today the SUN Movement has 54 member countries engaged in prioritizing efforts to address malnutrition. [www.scalingupnutrition.org](http://www.scalingupnutrition.org)

**Ministry of Development and Social Inclusion (MIDIS).** Established in 2011, the Ministry ensures multi-sectoral and inter-institutional coordination to reduce chronic malnutrition,

promoting the development of specific public policies. In its efforts to scale up nutrition, MIDIS actively collaborates with the private sector and the civil society, with the final aim of moving people out of poverty and exclusion. As part of these joint efforts, great relevance is given to programs aimed at reducing chronic under-nutrition in children under age two. [www.midis.gob.pe](http://www.midis.gob.pe)

**PROCASUR Corporation.** PROCASUR Corporation is a not for profit international organization specialized in harvesting and scaling-up home-grown innovations. The organization's mission is to foster local knowledge exchange to end rural poverty. By sharing innovations through customized local knowledge-management tools and methodologies, the organization connects global institutions with local talents, providing the structured learning platforms necessary to spread innovation. [www.procasur.org](http://www.procasur.org)

## Table of contents

1. Introduction.
2. The Learning Route in Peru.
3. Peru: General indicators of development and nutritional situation in the country.
4. Policies and programs in the fight against malnutrition in Peru.
  - 4.1 Promoting and coordinating inter-governmental, multi-sector social policies to reduce Chronic Child Malnutrition, including the development of legal frameworks and national policy
    - 4.1.1. Creation of Ministry of Development and Social Inclusion
    - 4.1.2. National Strategy of Development and Social Inclusion “Include to grow”
  - 4.2 Design and implementation of financial incentive mechanisms based on performance-based budgeting and incentive funds aimed at increasing effectiveness of social programs
    - 4.2.1. Performance-based budgeting
    - 4.2.2. Coordinated nutrition Plan
    - 4.2.3. Incentives to management
      - a) EURO-PAN
      - b) Plan of Incentives to improve Municipal Management and Modernization
    - 4.2.4. Fund to Encourage Performance and Achievement of Social Results
  - 4.3 Development of multi-sector spaces to coordinate and implement initiatives in collaboration with civil society, international development organizations and the private sector
    - 4.3.1 Consensus-building Group to Fight Poverty
    - 4.3.2 Initiative against Child Malnutrition
  - 4.4 Analysis workshop 1
  - 4.5 Decentralized approach to nutrition, including operational strategies to involve regional and local government authorities and their communities in the planning, execution and monitoring of nutrition-oriented interventions with territorial focus
    - 4.5.1 Municipal government of Huamanguilla

- a) Health Care Centers
- b) Community Development Committee

#### 4.5.2 Social programs implemented by MIDIS

- a) National Program of Direct Support to the Poorest “Juntos”
- b) Program “Cradle plus”

#### 4.5.2 Interventions promoted by the Ministry of Health

- a) Communal Promotion and Monitoring Centers
- b) Nominal Registry
- c) Program of Healthy Municipalities and Communities

#### 4.6 Analysis workshop 2

5. Action plans

6. Lessons learned

7. Conclusions

8. Suggestions and recommendations

9. References

## **Acronyms and abbreviations**

ADD: Acute Diarrheic Disease

ANGR: Asamblea Nacional de Gobiernos Regionales (National Assembly of Regional Governments)

ARI: Acute Respiratory Infection

CAE: Comités de Alimentación Escolar (School Feeding Committees)

CCM: Chronic Child Malnutrition

CIAS: Comisión Interministerial de Asuntos Sociales (Inter-ministerial Commission on Social Affairs)

CODECO: Comité de Desarrollo Comunal (Community Development Committee)

CRED: Control de Crecimiento y Desarrollo (Growth and Development Monitoring)

CVR: Comisión de la Verdad y la Reconciliación (Commission of Truth and Reconciliation)

CPVC: Centro de Vigilancia Comunal (Communal Monitoring Center)

ECD: Early Childhood Development

ENDES: Encuesta Demográfica y de Salud Familiar (Population and Family Health Survey)

ENDIS: Estrategía Nacional de Desarrollo en Inclusión Social “Incluir para Crecer” (National Strategy on Development and Social Inclusion “Include to Grow”)

FAO: Food and Agriculture Organization

FONCODES: Fondo de Cooperación para el Desarrollo Social (Cooperation Fund for Social Development)

IDI: Iniciativa contra la Desnutrición Infantil (Initiative against Child Malnutrition)

INEI: Instituto Nacional de Estadística e Informática (National Institute of Statistics and Informatics)

MEF: Ministerio de Economía y Finanzas (Ministry of Economy and Finance)

MIDIS: Ministerio de Desarrollo e Inclusión Social (Ministry of Development and Social Inclusion)

MINCUL: Ministerio de Cultura (Ministry of Culture)

MINEDU: Ministerio de Educación (Ministry of Education)

MINSA: Ministerio de Salud (Ministry of Health)

MCLCP: Mesa de Concertación de Lucha Contra la Pobreza (Consensus-building Group to Fight Poverty)

PAN: Programa Articulado Nutricional (Coordinated Nutrition Program)

PPR: Presupuestal por Resultados (Budgeting by Results)

PI: Plan de Incentivos a la Mejora de la Gestión y Modernización Municipal (Plan of Incentives to Improve Municipal Management and Modernization)

PNUD: United Nations Development Programme

RENIEC: Registro Nacional de Identificación y Estado Civil (National Registry of Identification and Civil Status)

SIS: Seguro Integral de Salud (Integral Health Insurance)

SUN: Scaling Up Nutrition

UNESCO: United Nations Educational, Scientific and Cultural Organization



## 1. Introduction

Latin America and the Caribbean have made significant achievements in eradicating hunger. The proportion of undernourished people went from 17.7% in 1990 to 7.9% in 2011-2013 and Chronic Child Malnutrition (CCM) decreased from 13.7 million in 1990 to 7,100,000 in 2011. While poverty levels have been shrinking, extreme poverty has not had the same level of reduction and there are still important gaps in the region and exclusion situations that have not yet been overcome. An indicator of this reality is the situation of the indigenous population; among them, food insecurity is three times higher than in the rest of the population. In some countries in the region, up to 90% of the indigenous population is poor and 70% live in extreme poverty (FAO, 2014).

FAO indicates that fighting hunger and poverty has to be a main political commitment, as well as understanding problems experienced by the most vulnerable to food insecurity, implementing governance and coordination mechanisms, as well as aligning and coordinating policies, programs and investments. Countries in the region have had different development rates in relation to each of these components. Peru has engaged in international commitments and, at the same time, has succeeded in turning the eradication of CCM into a state policy that has been supported by the last two administrations.

This is evident in the priority given in public budget to the policy on Early Childhood Development (ECD) as well as the formulation of specific strategies, policies and programs aimed at early childhood, implemented through the articulated work between different ministries, and between the national government and regional and local governments.

In the past few years, Peru has significantly improved the nutritional state of the population. The most remarkable example is the reduction of chronic malnutrition prevalence of children under 5. From this observation, it is interesting to see the most striking aspects, actions and decisions made by the Peruvian government that explain this success. For this reason, it is essential to identify good practices in the multi-sectoral and multiple stakeholder fight against CCM, which can be repeated in other contexts.

## 2. The Learning Route in Peru

The Learning Route in Peru is the result of the active collaboration between the SUN Movement Secretariat, the Ministry of Development and Social Inclusion (MIDIS) and PROCASUR Corporation. The general objective of the Route is to improve understanding and knowledge among SUN countries of the strategies and mechanisms put in place by Peru to fight child malnutrition; to share good practices and successful experiences in nutrition; to facilitate access to practical tools in order to promote nutrition in participating countries and to strengthen partnerships and networks between them.

**A Learning Route** is a capacity-building tool that aims at sharing knowledge and promoting innovative local solutions, in this case at fighting CCM. A Route is a planned journey with specific learning objectives; it makes room for discussions, analysis and reflection throughout a continuous learning process. The final aim is to develop the ability of the Learning Route's participants to identify potentially useful innovations that can be adapted and then applied in the framework of their organizations in their own country.

The Learning Route had three phases: (i) preparation of the visit, (ii) formal visit of the Route; (iii) follow-up of Action Plans implemented by participating countries<sup>2</sup>.

During the first phase, main thematic axes were identified and specific travel contents were structured around proposals made by participating countries. Two preparatory visits were made, respectively to Lima the capital and the region of Ayacucho, and contributions were collected from various sectors and organizations involved in the efforts to reduce CCM.

The thematic axes that structured the contents of the Route in Peru were: (i) institutional coordination – both at inter-sectoral and inter-governmental levels and between the state and the civil society – with the aim of realizing the outline and articulation of social policies to face CCM; the population is actively involved, and (ii) implementation of financial mechanisms that link the system of public resource allocation to goals and performance at the service of citizens.

During the implementation phase of the Route (8 – 14 September 2014), meetings were held with central and regional government officials, field visits were made to the region of Ayacucho, there were expert presentations and spaces of reflection and planning, as well as case studies and working sessions (See Route program, Annex 1).

20 members from national multi-sectoral SUN platforms took part in the Learning Route in Peru. El Salvador, Guatemala, Lao PDR, Senegal, Sri Lanka, and Tanzania with 3 participants, and Madagascar with only 2, one was unable to come. The 10 men and 10 women delegation made up a heterogeneous sample of members from government institutions (52.4%), the civil society (38%) and the private sector (9.6%), which enabled different visions that enriched the reflection. There were 3 native languages – Spanish, English and French, thus simultaneous interpretation was provided in these languages. (See List of participants of the Route, Annex 2).

*"Before coming here (Peru), we had 3 questions: (1) How does the multi-sectoral platform work in Peru? (2) How is the multi-sectoral plan operational in each level? And (3) What lessons, which interventions can be applied to my country?"*

**Dr Phoxay Chandavone, Deputy Director General, Hygiene-Health Promotion Department, Ministry of Health, Lao PDR and SUN Focal Point (Lao PDR).**

### **3. Peru: General indicators of development and nutritional situation in the country**

Peru has a population of 30,475,144 inhabitants. 72.3% of the population is urban and 27.7% is rural. 54.6% of the total population dwells in the coastal areas while 32% in the mountains (sierra) and 12.8% in the jungle (selva). Lima, the capital, has a population of 8,617,314 (INEI 2013).

The country is divided into 24 departments and a constitutional province, having each a regional government. The departments are divided into provinces, which are in turn divided into districts governed by municipalities. Currently, there are 195 provinces and 1,838

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<sup>2</sup> This report tries to illustrate the experience of the Route, its results and main lessons the participants learned. At the moment this report was produced, the different teams were still developing their Action Plans, thus, this report is only giving relevant information about the outline of these Plans.

districts at national level. In rural zones, districts are divided into villages and annexes without government level.

According to the 2007 Census, in Peru, there are over 4 million indigenous inhabitants; most of this population belongs to the indigenous language families Quechua and Aymara originated in the Andean region of the country. Quechua is the second most spoken language in Peru (13%) followed by Aymara (1.7%) (UNESCO, 2006). Indigenous peoples are organized in native communities in the Amazon, and in peasant farming communities in the Andean region, and they have collective land ownership. In relation to administrative and political jurisdictions, peasant-farming communities are territorial areas that are part of districts and are linked to local municipal authority.

According to the National Institute of Statistics and Informatics (INEI), in 2012, 25.43% of the population was poor and 15.8% was undergoing the process of development and social inclusion (MIDIS)<sup>3</sup>. According to the Human Development Index, Peru is among the countries with high development and is ranked 82 (UNDP, 2014), yet there are still significant gaps between urban and rural areas, mainly among indigenous population. In 2005, the prevalence of CCM in children under five was still among the highest in Latin America.

In 2007, the Peruvian government gave priority to this issue and initiated the implementation of coordinated policies that have reduced CCM in children under five years from 28.5%, in 2007, to 17.5%, in 2013. During the same period, in urban areas, CCM decreased from 15.6% to 10.3%, while in rural areas the reduction was of 13.4 percentage points, from 45.7% to 32.3%, according to the Population and Family Health Survey (ENDES). On the other hand, according to the Survey, in 2007, the proportion of children aged 6 to 36 months with nutritional anemia was 56.8% and, in 2013, it dropped to 46.4% (IDI).

These figures are the result of significant achievements in the implementation of effective interventions aimed at pregnant women as well as at boys and girls. Thus, pregnant women that attended to six or more prenatal care checks increased from 76.4%, in 2007, to 87.3%, in 2013, according to ENDES. During the same period, we find other positive figures, such as the increase from 24% to 50.5% of children under 36 months of age with completed growth and development monitoring, as well as an increase of babies under 6 months of age with exclusive breast-feeding, from 68.7% to 72.3%. As of 2013, indicators show the progress of other effective interventions, such as 14.8% of under 36 months of age with ARI (Acute Respiratory Infection) and 13.7% with ADD (Acute Diarrheic Disease); the percentage of children under 12 months with rotavirus and pneumococcal vaccines reached 75.1% and those with complete vaccine 64.3%. Finally, it is important to note that in recent years there has been significant progress in the number of children registered, according to ENDES, 2013; the percentage of children from 6 to 59 months of age without registry at the municipality or at the National Identification and Civil Status Register Office (RENIEC) is 4.2%.

While there have been significant achievements in the last seven years, currently the level of reduction of CCM has slowed down. This is because children with higher risk of CCM belong to the poorest, rural, and more culturally diverse and geographically isolated sectors; it is harder to reach those sectors through State interventions. The Ministry of Development and Social

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<sup>3</sup> The population in process of development and social inclusion has been defined by the MIDIS as one that meets at least three of the four historical circumstances associated with exclusion in rural areas: ethnicity, residence, low educational level of the woman who heads the home and socioeconomic stratum.

Inclusion (MIDIS) has a fundamental role in the formulation of strategies in order to include these populations into State programs using an intercultural approach. The country faces the challenge of moving toward a more efficient decentralized management, in order to adapt the policies to local realities and locally coordinated the interventions to achieve adequate early childhood development for the most excluded boys and girls.

**Ayacucho:** the región of Ayacucho is located in the central highlands and has an approximated population of 612,489, of which 42% live in rural areas and 65% have Quechua as native language (CENSO 2007). It is one of the regions with the highest poverty index (62.6% in 2009, source INEI), and its main economic activity is agriculture; the territory has three geographical areas: high plateaus in the south, mountainous area in the center and jungle-tropical area in the northeast. In Peru, CCM is highly predominant in rural areas and among indigenous Quechua-speaking population like in Ayacucho (UNICEF, 2013). Since 2007, diverse processes have allowed an interesting reduction of CCM from 42.2% to 28.1% in 2013 (ENDES, 2012-2013).

The internal armed conflict that the country suffered from 1980 to 2000, in which armed groups pitted against the Peruvian state, was originated in the region that suffered the greatest impact. According to the Commission of Truth and Reconciliation (CVR), the region of Ayacucho concentrates more than 40% of deaths and disappearances reported by the Commission. The main victims belonged to peasant population living in rural areas. It should be added that 75% of fatal victims spoke Quechua or other native languages as their mother tongue (CVR).

**Humanguilla District:** the district of Humanguilla belongs to the province of Huanta, located in the north of the department of Ayacucho, at 3,796 m.a.s.l. and is predominantly an agricultural district. The district counts with a population of approximately 5,760 inhabitants distributed into 4 peasant rural communities and 18 populated centers. Each of them counts with local authorities and specific organizations. The district was selected because it has achieved an important reduction of CCM, from 34.9%, in 2009, to 20.6%, in 2013, as shown by the continuous assessment carried out in the district; the reduction was achieved through a concerted and articulated process between the State, the Civil Society and the communities. At local level, the Community Development Committee (CODECO) coordinates the organizations and authorities in every populated center.

#### 4. Policies and programs in the fight against malnutrition in Peru

During the first half of the past decade, the number of children under five suffering from malnutrition remained almost unchanged, in spite of budget increases. In 2000, the percentage of children under five with CCM was 31.0%; by 2005, it dropped to 29.5%. In rural areas, the situation had almost remained the same; in 2000, the percentage was 46.3%; and, in 2005, it remained almost the same at 46.1% (INEI, 2007).

This situation started to change from 2007, a milestone in the fight against CCM. This achievement was the product of a combination of two factors: the consensus-building process and sustained advocacy work between the state and the civil society, and the reform taking place inside the state so as to render public resources management more efficient, through the implementation of the “Budgeting by results” (PRP) strategy. This latter emerges as part of the modernization process in the framework of the 2002 Law of the Modernization of the

State, the aim of which is to improve government efficiency so as to pay better attention to the citizens, prioritizing and optimizing the use of public resources. Thus, the fight against CCM has become a goal of the country.

In order to achieve priority policies, the methodology in resource allocation had to change so that different stakeholders could work in an articulated way towards the same result. Thus, in 2007, with the inauguration of the Budgeting by Results reform there was a confluence of processes generated by the Civil Society and the driving force of the State towards managing by results focused on citizens. The political commitment towards childhood -including the highest level of government- has permitted to integrate the Budgeting by Results in the Public Budget Act of 2008 and the creation of five budgetary programs, including the Articulated Nutrition Program (PAN), aimed at reducing chronic malnutrition.

The Budgeting by Results reform initiated by the State meant a major shift in public management. Prior experiences from the Civil Society contributed, turning budgeting programs related to child development improvement into the most successful.

Subsequently, we shall analyze more relevant policies, strategies and programs in the fight against CCM in Peru, as well as some initiatives the Learning Route worked on. This analysis is oriented by the four thematic axes the Route proposed.

#### **4.1 Promoting and coordinating inter-governmental, multi-sector social policies to reduce Chronic Child Malnutrition, including the development of legal frameworks and national policy**

##### **4.1.1 Creation of Ministry of Development and Social Inclusion**

During the last two administrations (2006-2011 and 2011-2016), the Peruvian state took fundamental steps in the fight against Chronic Child Malnutrition. Policies were redefined, and leading institutions in the field were strengthened. National Strategy “Grow” implemented in 2007 by the previous administration gave rise to the articulated process among institutions in charge of applying social programs focused on CCM reduction (MIDIS 2014a). Likewise, it encouraged territory-oriented interventions. Thus, an articulated way of working started to consolidate among several public stakeholders, namely, the Ministries of Health, Education, Agriculture, and Women and Social Development, among others, as well as cooperation agencies, the civil society and private entities concerned by the objective of eradicating CCM. These stakeholders, in their turn, started to develop a more organized coordination with different levels of the administration, regional and local.

In 2011, when the current administration started, social inclusion was set as a priority; in this framework, social inclusion was institutionalized as policy of the Peruvian state and the Ministry of Development and Social Inclusion was established. The new ministry includes a new form of evidence-based management, which emphasizes targeted interventions, coordinates structured inter-sectoral and intergovernmental processes, and evaluates the results. MIDIS consists of two vice-ministries: The Vice Ministry of Social Policy and Evaluation, and the Vice Ministry of Social Services, which supervises the five social programs: JUNTOS, FONCODES (Cooperation Fund for Social Development), Cuna Más (Cradle Plus), Pensión 65 and Qali Warma.

In order to make the inter-sectoral and intergovernmental articulation possible, it was essential to create instances for its coordination. The Inter-ministerial Committee on Social Affairs (CIAS) was implemented to coordinate between different sectors. The main inter-sectoral topics for the implementation of the strategy are discussed within this Committee, which is led by a Technical Secretariat under MIDIS. This is also a key mechanism to articulate with multisectoral committees, either temporary or permanent, which was created to implement the axes defined in the strategy.

Governmental articulation is still under implementation. MIDIS is a decentralized ministry; it acts in the territory through Regional Liaison Teams; Territorial Units of the Social Programs plan and coordinate with said teams with a focus on territorial development, promoting intergovernmental collaboration. One of the first steps in terms of intergovernmental coordination has been the signature of the "Joint National Commitment to Fight Chronic Child Malnutrition" by the Regional Presidents that are part of the National Assembly of Regional Governments (ANGR) declaring the eradication of CCM as a priority in the social agenda of the country.

#### **4.1.2 National Strategy of Development and Social Inclusion “Include to Grow”**

In 2012, one year after the creation of MIDIS, commitments to fight against CCM were renewed, thus a decision was made to renew the ongoing strategy called “Grow”. In 2013, National strategy “Include to grow” (ENDIS) emerged. Its aim is to define a general framework of the development and social inclusion policy for articulated interventions in entities of the three levels of the government implied in the sector, by organizing and orientating them to priority development and social inclusion results in every stage of life (MIDIS, 2013a). Moreover, ENDIS continues with the territory-oriented intervention system proposed by the previous strategy.

ENDIS proposes that the policy on development and social inclusion should have three time horizons: for the short term, the effort is focused on households' temporary relief through direct assistance programs. For the medium term, the emphasis is placed on capacity building aimed at improving household access to basic infrastructure and services and increasing their autonomy in terms of revenue generation and financial inclusion. In addition, for the long term, interventions aim at creating opportunities for the next generation with emphasis on the promotion of Early Childhood Development, which means a reduction of CCM.

The strategy, based on a life cycle approach, identifies five axes: i) Child Nutrition; ii) Early Childhood Development; iii) Comprehensive Development of Children and Teenagers; iv) Economic Inclusion; and v) Protection of the Elderly. The final result of the first axis is to reduce the prevalence of Chronic Child Malnutrition in children under 3 years.

In 2013, the government decided to give a more comprehensive formulation to the policy aimed at early childhood development and, for that reason, the first two axes of ENDIS were integrated. Later that year two important facts contributed to make effective this change in strategy: first, the signature of the Inter-sectorial Agreement to promote Early Childhood Development with the participation of five sectors (Development and Social Inclusion, Health, Education, Housing, and Women and Vulnerable Populations) and representatives of the decentralized bodies. Second, in December 2013, a temporary Multi-sectoral Commission was created. The Commission reported to MIDIS; its purpose was to provide guidelines for the

coordinated inter-sectoral and intergovernmental management, in order to promote Early Child Development. This Commission included ten sectors: Education, Health, Housing, Women and Vulnerable Populations, Justice, Economy and Finance, Energy and Mines, and Culture.

As a result from national strategies implemented from 2007, regional and local governments have acquired more capability in carrying out and strengthening actions proposed by policies against malnutrition. In the framework of ENDIS, regions with higher CCM prevalence were given priority to implement incentive interventions and mechanisms. Ayacucho, which the Route visited this year (SUN 2014), is one of the regions showing major effectiveness in using its own resources.

## **4.2 Design and implementation of financial incentive mechanisms based on performance-based budgeting and incentive funds aimed at increasing effectiveness of social programs**

### **4.2.1 Budgeting by Results**

In 2006, the new administration brought up the necessity to improve State efficiency as poverty reduction policy. Thus, they proposed to replace historic State resource allocation by one that would pursue improvements for citizens, with concrete results in the population. Consequently, in 2007, the General Budget Law went through a normative change and it was decided that budgeting programs were to be defined by results, for instance, CCM reduction, and according to causal logic and basing on proofs.

A new strategy called Budgeting by results (PpR) emerged in public management, its aim is to apply principles and techniques in the outline, implementation, follow-up and assessment of the budget with sustained articulation between goods and services (products) to be provided and general changes in the citizen's well-being (results). Thus, the management approach went from the one centralized in executive institutions, emphasizing achievements from a legal perspective, to one placing the citizen as its center of policy-making.

The main strategy used by managing by results are the Budgeting Programs that define the results to be achieved for the benefit of citizens, and identify effective interventions to be included in the Budget. Moreover, the Budgeting Program organizes management from the perspective of users, identifying the budgeting requirement and controlling inputs. Finally, the programs include results and outputs indicators, as well as resources available.

Five Budgeting Programs were created thanks to the 2008 Budget Law; among them are the Coordinated Nutrition Program (PAN), Mother and Newborn Health, Learning achievements and Access to Identity. Currently, there are 73 Budget Programs implying 22 sectors.

Participants in the Route pointed out a crucial point for the good performance of Budget Programs: it is necessary to generate information through relevant indicators of products and results. As part of the Budget Law, the National Institute of Statistics and Informatics (INEI) was requested to elaborate new indicators; ever since 2007, it has been carrying out population surveys more frequently: twice a year with national data and once a year with regional data. The information obtained from these indicators makes it possible to identify the

development of interventions thus identifying the most efficient ones to enable decisions on budget assignation.

Another factor the participants of the Route highlighted was the easy access to information obtained by PpR. Indicators and results obtained by surveys from different sources, in particular, from INEI, on Budget Programs can be found on the website of the Ministry of Economy and Finance.

*“Political support and technical soundness are necessary in order to overcome the traditional logic of inert institutional assignation by input. It is essential to have additional resources to hand out. If you do not have resources, you cannot have flexibility, without flexibility, you cannot condition, if you cannot condition, you cannot obtain results.”* **Roger Salhuana, Specialist in Management by Results, Atipay Association.**

*“I was impressed by the degree of transparence from the highest (the government) to the lowest level. Everybody knows everything. Information is put on the website, every citizen can access ... This is really incredible because in my country, you would need to be in a certain level (of the government) to access some information, but not everyone can know how much the budget is and all that. It’s really great.”* **Joyceline Kaganda, Director of Nutrition, Education and Training of Tanzania Food and Nutrition Centre. (Tanzania).**

#### **4.2.2 Coordinated Nutritional Program (PAN)**

The Coordinated Nutritional Program (PAN) was one of the first five Budget Programs implemented ever since 2007; it prioritizes effective interventions basing on proofs in favor of early childhood. The ultimate result of PAN is to reduce chronic malnutrition prevalence in children under five, given the negative consequences due to CCM on intellectual capacity development and, consequently, on the future opportunities of employment and social economic condition improvement, thus perpetuating the situation of poverty and extreme poverty through generations.

The Coordinated Nutritional Program (PAN) was created in 2008, and is the main budgeting program that follows the concept of Budgeting by Results; it comprises products related with effective interventions that help to reduce CCM and Anemia. It also encloses a set of coordinated interventions between the Ministry of Health, the Ministry of Women and Social Development, the Presidency of the Council of Ministers, the Comprehensive Health Insurance Scheme, Regional and Local Governments. Ever since 2012, the methodology of Budgeting by Results has changed: PAN has sectorized, setting new challenges for articulation. Currently, only one sector, the Ministry of Health, implements budget lines of the program that used to be shared by sectors involved in the implementation of different interventions.

According to the logic of budgeting by results, the Health Center has to manage the budget used to provide service to citizens. At this Center, the needs have to be determined and the requirements established. As the Ministry of Health is a decentralized sector, the Implementing Units in the territory have to execute the budget and provide inputs for the Health Center through efficient processes.

In the past few years, the Government has increased resources for PAN, from USD\$ 318 millions in 2008 to USD\$ 692 millions in 2013. The performance achieved in CCM reduction,



in the framework of PpR, has placed the country as a worldwide example since it met, two years earlier than planned, the target fixed within the UN Millennium Development Goals of reducing CCM incidence. (The original goal was for 18.7% in 2015).

#### **4.2.3 Incentives to Management**

Another important PpR instrument is the Incentives to Management. The General Budget Law establishes the importance to generate available additional resources in order to implement focused allocations as well as incentive tools. This mechanism has been given effect through Budget Support Agreements where the public entity commits to meet goals of Result and/or Product Indicators of the Budget Program accordingly, as well as fulfill Management Commitments for a better provision of public services. Budget Support comes from donations given to the government through the MEF, in order to stimulate the implementation of one or more Budget Programs, and is assigned to public entities, after having signed the Agreement.

##### **a) EURO-PAN**

Agreements make it possible to optimize the use of public resources in order to achieve Budget Program results, making the transfer of resources subject to fulfillment of management commitments. One of the Agreements aiming at CCM reduction by means of the strategic Coordinated Nutritional Plan (PAN) is EURO-PAN. It comprises a European Union donation amounting up to € 60.8 millions. Good financial management and product coverage led to the signature of this agreement in 2009.

This budget support aims at increasing the coverage of child vaccination, growth and development monitoring of children (CRED), provision of iron and vitamin A supplementation, and provision of iron and folic acid supplementation to pregnant women. Meeting these goals is the key to CCM reduction. Priority regions are Apurimac, Ayacucho and Huancavelica where CCM rates are well above the national average (19%).

##### **b) Plan of Incentives to improve Municipal Management and Modernization**

Another instrument of incentives at regional and local levels, focusing on CCM reduction, is the Plan of Incentives to improve Municipal Management and Modernization (PI). PI implies that the transfer of local government resources is subject to meeting goals on CCM reduction by municipalities in a set period of time.

The main objective of PI is to stimulate reforms that enable sustainable growth and development of local economy and improvement of its management, in the framework of the decentralization process and better competitiveness. One of the goals of PI is the creation of Communal Promotion and Monitoring centers and the Nominal Registry.

#### **4.2.4 Incentive Fund for Performance and Achievement of Social Results (FED)**

In December 2013, the FED was created to drive ENDIS' goals, improving the provision of services, specifically for Early Childhood Development, and promoting inter-sectoral and intergovernmental coordination for childhood. This Fund is implemented thanks to Agreements on Performance-based Allocation between MIDIS, MEF and the Regional

Government. Priority has been given to regions with higher prevalence of CCM, Anemia, lower performance in reading and mathematics, and with less access to clean water and sanitation. In the first phase, one of the priority regions is Ayacucho, the region visited by the Learning Route's participants.

Prioritized regional governments committed on two types of goals under the Agreement on Performance-based Allocation. The first type corresponds to the multi-year coverage targets, which aims at increasing the coverage of packages of integral services for pregnant women and for children up to 5 years. The second type comprises management commitments aimed at improving management, streamlining processes and addressing bottlenecks in order to achieve a more efficient delivery of services for the target population.

### **4.3 Development of multi-sector spaces to coordinate and implement initiatives in collaboration with civil society, international development organizations and the private sector**

#### **4.3.1 Consensus-building Group to Fight Poverty (MCLCP)**

At the beginning of the 2000s, a democratization movement started in the country. In this context, in 2001 and through Supreme Decree, the Consensus-building Group to fight poverty (MCLCP) was created. It is an unprecedented space for dialogue and agreements between incumbents of the main Ministries in social matters and representatives of the civil society with the aim of fighting poverty in the country efficiently. Currently, this space is part of MIDIS organizational chart and constitutes an interesting horizontal participatory forum for citizens and civil servants.

Ever since its creation, the MCLCP requested that several social demands be dealt with. One of them was early childhood care, driven by several international initiatives in the fight against malnutrition. Thus, 11 childcare priorities were defined, including CCM reduction. This articulation favored by the MCLCP was later consolidated through the National Agreement where other political forces participated; a presentation concerning the necessity to approve these priorities was made before the Congress.

Even though discussions on increasing expenses related to improving the quality of life of the population have been going on since the end of the 1990s, it was the MCLCP that, in 2001 resumed this debate and started to steer studies on public budget. By the end of November 2006, MCLCP stakeholders contributed decisively to incorporate the 11 priorities for childhood development in the Public Budget Law thanks to their arduous work of advocacy.

The same year, in addition, child nutrition was declared by Supreme Decree as one of the binding national policies for every public agency<sup>4</sup>. This was how a state policy, which has transcended different administrations, was created and continues to be one of the main national and regional priorities.

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<sup>4</sup> Informe final de Sistematización de la experiencia de incidencia política de la iniciativa contra la desnutrición infantil. Morgan, María de la Luz. 2008.

During the last day of the Route in Ayacucho, regional MCLCP representatives exposed their work to Route participants. An assembly of partners forms the regional MCLCP; 60% of them are representatives from the civil society and base organizations, while 40% represent the State. This Assembly elects a coordinator for a 2-year term and a Regional executive Committee of 19 members with the same composition of the Assembly. They implement the work plan on how to articulate the State and the civil society in the fight against poverty.

Although the MCLCP is attached to MIDIS, it is autonomous and has its own agenda. It does not conduct the articulation process but instead is a vital link between the civil society and the State. The regional MCLCP has established for 10 years and one of its main tasks has been the signing of Governance Agreements by candidates during the electoral process in the region. Thus, compliance with government plans is demanded, in particular, related to priorities basing on social indicators generated by poverty in each region.

#### **4.3.2 Initiative against Child Malnutrition**

In July 2004, the National Strategy on Food Security (ENSA) was approved in Peru; one of its objectives was to reduce chronic malnutrition. However, the national government did not give enough energy to its implementation. So, some organizations decided to give a new drive to the subject, taking advantage of the context of elections taking place in the whole country.

Thus, in 2006, the Initiative against Child Malnutrition (IDI) emerged, a body of the civil society seeking to position the CCM in the public agenda, commit the will of national, regional and local authorities to face CCM and, finally, turn it into the coordinating axis of the articulation of social programs to fight against poverty.

Currently, 18 institutions committed in CCM reduction in Peru are part of IDI. They include national and international NGOs, UN agencies, cooperation agencies, and the MCLCP. Meetings with all the members are held on a monthly basis. One of the fundamental roles IDI plays is the follow-up and analysis of government actions in compliance with its CCM reduction commitment.

#### **4.4 Analysis Workshop 1**

The first Analysis workshop focused on the general framework of policies and programs that experts presented to participants took place in Lima. Participants from different countries speaking the same language formed the working groups.

Three subjects were fundamentally tackled in this workshop. They were in relation to the route objectives analyzed in this report; some good practices of the Peruvian experience were identified as follows:

Subject 1: Promotion and articulation of inter-sectoral and intergovernmental policies to reduce CCM.

- Analysis of the process and stakeholders involved made it possible to be aware of the importance of having a legal framework facilitating policies in all three levels of the government, and well structured programs.

- The important role the civil society plays in advocacy with the central government as well as regional governments (through the so-called “Governance Agreement”) and the coordination by MIDIS with different sectors in order to develop efficient multi-sectoral work.

Subject 2: Budgeting and financial incentive mechanisms.

- These mechanisms made it possible to condition public resource assignation to goals and products, and guarantee the funding of interventions. Incertitude remains concerning what is to happen in scarce economic circumstances and hence the sustainability of these mechanisms.
- Technical work and accessible and transparent information are assessed.
- It is asked whether these mechanisms can be applied in other countries with different fiscal realities. During the discussions, it is pointed out that even with scarcer resources, it is possible to adequately prioritize the target population, the scope of interventions, and the effectiveness of which can optimize results and obtain progress.

Subject 3: The organisation of multi-sectoral spaces for the articulation and implementation of initiatives to reduce CCM.

- There were shared views that one of the main forces in the Peruvian experience was the well-articulated multi-sectoral spaces where institutions gave evidence of maturity with common conceptual models and prioritisation of the scope of interventions.

#### **4.5 Decentralized approach to nutrition, including operational strategies to involve regional and local government authorities and their communities in the planning, execution and monitoring of nutrition-oriented interventions with territorial focus**

##### **4.5.1 Municipal government of Huamanguilla**

During the first day of visit to the district of Huamanguilla, the participants listened to the presentations and talked to local authorities such as the Mayor and the Municipal manager, and health care professionals. The latter presented what has been done in Huamanguilla which enabled CCM reduction in the past years, from 34.9% in 2008 to 20.6% in 2013, according to information collected by the Municipality.

One of the priorities of the current local government ever since their first administration in 2007 is CCM reduction in the district, through providing adequate integral health care to children under 5. One of the first actions undertaken to meet this goal was the elaboration of a Baseline with information of social and economic determinants of the district.

After this first phase, the Municipality started a process of restructuration. A deputy management of Social Development and Public Services and another of Local Economic Development and Environment were created. Likewise, the Community Committee and the

Communal Monitoring Boards worked jointly to elaborate a Concerted Development Plan, which will be explained later on in this report.

Some of the actions undertaken by the Municipality, jointly with communal stakeholders are: building better kitchens, latrines, micro sanitary landfills, building reservoirs; implementation of Communal monitoring centers, implementation of Healthy Families and Dwelling.

It is worth pointing out that the efforts of the local government are within the framework of the Regional strategy “Grow Wari”, created in 2007 by the Regional President of Ayacucho. This strategy seeks to articulate the intervention of public institutions belonging to the Regional government and those of the Central Government who are physically present in the territory, i.e., mainly Decentralized Public Organizations and Social Programs, as well as entities of the civil society and the private sector.

The participants were able to see, thanks to the presentation by officials of the Municipality, the way in which national policies approved from 2007 are being driven by local processes as well as by projects of international cooperation. Likewise, it was clear that Health Care Centers and local consensus spaces like the Community Development Committee play the fundamental role of articulating entities in different initiatives to achieve CCM reduction. Below is the experience of visits to these entities.

*“Municipal authorities gave a speech and showed us a dwelling. The work done by the people of the community, the empowerment of the theme, the clear objective, to fight against chronic malnutrition, the conviction and love they develop all this with.”* **Douglas Romero, Project and Monitoring Manager of Social Inclusion Secretariat (El Salvador)**

#### **a) Health Care Center of Huamanguilla**

One of the most illustrative visits the participants made was to the Health Care Center of Huamanguilla District where they were able to verify what health care professionals had explained during their presentation in the Municipality. The Health Care center plays a fundamental role in the PpR logic and in the articulation of CCM reduction programs implemented by MINSA and MIDIS.

During the tour of the Health Care Center’s installations, the participants were able to observe mother-child health care services, as well as the breastfeeding area. Moreover, the Growth and Development facilities, made up of a prenatal monitoring area as well as a playroom are equipped with weighing and measuring instruments made by members of the community. Finally, it was interesting for the participants to visit the delivery room for vertical or traditional delivery. This is to respond to the necessity of adapting health care services to the culture of local women. Thus, it is aimed to increase institutional deliveries<sup>5</sup> and reduce obstetrical complications causing maternal mortality (MINSA 2005).

At the end of the visit, health care staff showed the strategies to raise families’ awareness on the importance of child nutrition and prevention of anemia using materials from the region, e.g. potatoes, and appropriate analogies in accordance with the population’s reality.

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<sup>5</sup> “Institutional” delivery means delivery at a health care facility.

*“My technical colleagues and I, we always think big: we think in very complicated questions, but here, we have met people who have just sit down and thought about how to explain the problem to the people. The way they explain anemia is brilliant, very simple: you don’t have to be an engineer or a graduate to understand what anemia is and what their effects are.”* **Joyceline Kaganda, Director of Nutrition, Education and Training, Food and Nutrition Center of Tanzania (Tanzania).**

#### **b) Community Development Committee**

The Community Development Committee (CODECO) is an organization that articulates organizations and authorities of each community as a whole. The aim is to look for consensus with institutions to deal jointly with common needs of the population and the development of the community. Moreover, it tries to guarantee the transparency of public management and participate in different decision-making processes at local level.

The Head of CODECO gave a detailed explanation on the organization, which is presided by a Board of Directors. He also presented the priorities – focused mainly on the health sector – and some actions undertaken by the committee, which coincided largely with actions by higher entities. Most Routers remarked the strong commitment shown by the speaker as an important factor for the good performance of this community organism.

*“In the community of Huamanguilla, the local collectivity has embraced national public policies and are applying them supported by the community, but technical services work for the decentralization; this is a very important dimension ... The fact that the local collectivity is encouraged to take charge of local problems and resources are assigned on this basis is a very important dimension.”* **Abdou Diouf, Executive Secretary of NGO Eau, Vie, Environnement (Senegal).**

#### **4.5.2 Social programs implemented by the MIDIS**

Under a life cycle approach, MIDIS has two social programs that target children under five years and are aimed at Early Childhood Development: i) “Cuna Más” (Cradle Plus) and; ii) JUNTOS, National Support Program for the Poorest.

These programs operate through territorial units, working in coordination with Health and Education sectors in order to achieve the expected results in early childhood. At the same time, they operate with a co-management approach that promotes community involvement in monitoring the achievement of results.

##### **a) JUNTOS – National Support Program for the Poorest**

Created in 2005, JUNTOS Program was dedicated to conditional cash transfers. It targets pregnant women, children / teenagers and youth up to age 19 from poor households primarily in rural areas. Its main goal is to support pregnant mothers, children and teenagers living in poverty in rural areas providing them access to public services in education and health through conditional cash transfers: 200 Nuevos Soles (US\$ 70) every two months.

In order to receive the transfer, beneficiaries have to meet some conditions related to health (Attendance to grow and development care checks and care checks for pregnant women) and education (school enrolment for children between 6 and 14 years).

During the visit to the community of Cullcupampa in Huamanguilla, participants were able to talk to one of the so-called “mother leaders”, key stakeholder for the good functioning of the Program in different communities. Mother leaders are elected and recognized by the other mothers and represent households of the community before the Program. Likewise, they are responsible for collaborating with the local manager of “Juntos” in order to raise the awareness of mothers and guide them to comply with assistance and care to their children and adolescents in schools and health care centers.

**Coverage of the Program “Juntos”.** Currently, 753,831 households have joined “Juntos” nationwide in 1,097 districts. In the case of the province of Huamanga, where the district of Huamanguilla is situated, 46 090 households have joined the Program in 105 districts of 11 provinces, as well as 122 local operators.

#### **b) National Program Cuna Más (Cradle Plus)**

In 2012, the program “Cuna Más” (Cradle Plus) was created under a prior program active for more than one decade, called Wawawasi, aimed at improving child development for children under the age of 3 in zones classified as poor or extremely poor, in order to close gaps in their cognitive, social, physical and emotional development. A national level, the Program operates in 331 districts of both urban and rural areas reporting rates of poverty and extreme poverty.

The Program offers two types of services. The first one is the “Day Care Service”, for children aged 3 whose parents work and / or study. The service is offered in centers implemented by the Program, Monday to Friday, and it includes: food and nutritional support, comprehensive child health care, infant learning and work with parents to strengthen the families’ capacities to promote the integral development of children. The second service is the Support Service to Families, which provides practical guidance on children care, supervision and monitoring of children growth and development, as well as the quality of the physical, social and emotional environment at home, among other activities. The services are implemented through Management Committees composed by members of the community that administrate the services.

During the visit to the community of Chullcupampa, Route participants were able to see the Day Care Center of “Cradle Plus” Program, which is also the premise of the Communal Monitoring Center. There were able to observe the role of mother care takers attending children and registering information on their development in graphics and schemas pinned on the walls. They also saw the environment of the Center and the instruments used to weigh and measure the children.

#### **4.5.3 Interventions promoted by the Ministry of Health (MINSA)**

The inter-institutional work between MINSA, MIDIS and MEF strengthened the following actions: growth and development monitoring, counseling on healthy practices (hand washing, preventive supplementation with multi-micronutrients) and monitoring of multi-micronutrients use. Likewise, it has achieved universal health insurance coverage of pregnant

mothers and children under 5 years; it has initiated the universal supply of multi-micronutrients (including iron) to children between six months and three years; and, anemia dashboards have been prepared in order to monitor the development of indicators, coverage, production, supplies, logistics, programming and budget implementation.

Following, we present a budget program prepared under the Budgeting by Results framework; and two local interventions under the framework of Plan of Incentives to Improve Municipal Management and Modernization, with goals set for the health sector.

### **a) Communal Monitoring Centers**

The Communal Monitoring Center (CPVC) is a physical space, where healthy practices are promoted for the appropriated growth and development of children under 36 months. The centers were implemented under the Program of Healthy Municipalities and Communities created in 2005, in order to foster the commitment of municipal authorities and the participation of organized communities in the design of healthy public policies (MINSA). The Plan of Incentives to Improve Municipal Management and Modernization (PIM) included as one of its goals the creation of CPVC in order to contribute to the reduction of CCM; as of 2012, there were 1,469 centers.

The objective was achieved through three actions: (i) education on healthy practices; (ii) monitoring of basic favorable practices in the community; (iii) monthly or bi-monthly meetings with representatives of the community, the health sector and the municipality, in order to review the information that has been collected and make decisions in order to improve results.

These actions are implemented thanks to the active and coordinated participation of community health workers, community leaders, local and municipal authorities and health personnel.

The participants were able to visit the Communal Monitoring Center of Chullcupampa, which is also a “Cradle Plus” Day Care Center. Day care mothers are in charge of this Center, they also carry out the tasks of monitoring healthy practices, both for pregnant women and children.

### **b) Creation of a Nominal Registry for children under 6 years**

Under the framework of Budgeting by Results, the state requires information about the beneficiaries -who, how many and where- in order to deliver the products that will generate expected changes. To fulfil these requirements, the Plan of Incentives to Improve Municipal Management and Modernization (2013) created a Registry, in order to identify -through IDs- children living in the district, facilitating access to services provided by the State, contributing to the exercise of fundamental rights and the reduction of inequalities.

The Registry is a list of children under six years of age, built upon 36 variables (MINSA) generated by the Health Center that provides the care service: the identification of the child and his/her affiliation to any type of insurance; affiliation to social programs, if any; the relationship and identification with mother and father and their poverty level. Currently, there is a computer application created by the National Registry of Identification and Civil Status (RENIEC) to fill out this information and link with other databases.



This intervention mainly depends on MINSA RENIEC and MEF. However, for its implementation, coordination with different entities that play a role in population registration, or that have databases, is essential. Among them: MINEDU, SIS, RENIEC, MEF, INEI, district municipalities and MIDIS, which has a Household Targeting System (SISFOH) to design its programs.

Route participants were able to observe the process of registration of a child in the Nominal Registry. This was at the RENIEC office, situated in the Regional Hospital in Huamanga, capital of Ayacucho.

### **c) Program of Healthy Municipalities and Communities**

The Program of Healthy Municipalities and Communities is a set of line of actions for the promotion of health in municipalities and communities, implying different stakeholders and social networks and headed by the local government. It seeks to help Peruvian families to develop as a basic social unit, adopt healthy behaviors and generate healthy environment (dwelling) in interrelation with the community, educational institutions and work places.

Chullcupampa is one of the 6 communities in the Huamanguilla district working in the Program. Technical support is given by their local government and health care personnel trained by the Ayacucho Regional Health Authority and UAID in order to implement methodology and tools to improve mother and child health, family planning and reproductive health of the population.

The participants best appreciated the visit to households taking part in the Program of Healthy Municipalities and Communities en Chullcupampa. Divided in groups, they visited the dwellings of different families who showed them their healthy practices. For instance, parents showed them family objectives, written on charts pinned on the walls, such as: the “Guide to have a healthy family”, and tables called “Diagnosis of a healthy family”, “Vision of healthy families”, “Commitment to have a healthy family” and “Rules of coexistence of healthy families”. Healthy behaviors in these documents seek to promote food and nutrition, culture of peace and good treatment, sexual and reproductive health, as well as physical activity.

Afterwards, they were able to see all the settings of the house with innovative distribution and arrangement to privilege hygiene, family comfort and good food. For instance, families had built sheds for guinea pigs in the patio far from the kitchen. There was also a food storage area, an ecological fridge, play area, separate rooms for parents and children, meshes for the preparation of “charqui”, among other practices.

*I was really impressed by the way a family breaks the vicious circle of poverty, the need in a family to build leadership, make the children of this family future leaders. I've seen a head of the family, together with his children and his wife, set out an action plan on behavior, health objectives in the household, recreational activities, activities related to his children's education, actions related to food, etc. That is, a multi-sectoral action plan in a home.”*

**Abdoulaye Ka, National coordinator of the Fight against Malnutrition Unit (Cellule de lutte contre la malnutrition (CLM))(Senegal).**

*“We visited Luis’ family, it is a model family. This is the first time I can observe a family that has an annual work plan and that is totally involved in the development of the community. Luis is implied in every level: inside the community, but also a bit higher because he participates in other meetings. Even for the well-being of his family ... Thus, we see that a family can evolve within a healthy and a very favorable environment.”* **Andriamandranto Razafimandimby, Director General / SUN Civil Society network, Voahary Salama, NGO platform working for the integration of Health – Population – Environment (Madagascar).**

*“Visit households and observe how the whole family coordinate and divide responsibilities, making children aware of their responsibilities, this is more democratic and more practical to follow. This is something I haven’t seen in my community. In general, these nutrition and health packages do not involve the participation of children, only parents. When I return to my country, as Secretary of Education, I can play a role in incorporating these practices in the scope of communities. I was very much impressed by this.”* **Anura Dissanayake, Additional secretary of the Ministry of Education / Office of the Presidency (Sri Lanka).**

#### **4.6 Analysis Workshop 2**

The Second workshop took place in Ayacucho and focused on local and regional work in relation with the second objective of the Learning Route. More precisely, the analysis of each group, made up of members from different countries, focused on the way how policies are operational locally with a territorial approach, facilitating factors and practices that could be applied in guest countries.

The work in this workshop was based on observations during visits with regional and local authorities and members of the civil society as well as field visits in the region of Ayacucho.

The participants identified some of the good practices of the regional government and stakeholders as follows:

- Involvement of different stakeholders – local and communal – that facilitate goal fulfillment.
- Stakeholders from regional to communal and even family levels share the same messages.
- Programs are adapted to the existing context.
- High level of awareness of the population, obtained thanks to training and workshops by local governments, communal organizations and international cooperation agencies.
- High level of nutrition-related commitment by authorities, expressed by signing agreements and the driving force of the national strategy.
- Monitoring and follow-up of community initiatives by the local government.
- Communication messages by local government and health care personnel are appropriate for the understanding of the population.
- Management of budget basing on results ensures the efficiency of the state system in the fight against CCM.
- “Upwards” implementation by the community of national strategy through meetings, assemblies and committees.

- Empowerment of families and children ensures the good development of programs related to child nutrition.

Finally, here are some recommendations guest countries gave to the visited cases in order to strengthen ongoing activities:

- Encourage communication strategies that promote nutrition-related behavioral change of the population.
- Stimulate participation of academics, like universities and research centers, in the formulation of nutrition policies as well as their implementation.
- Involve the agricultural and fishing sectors to formulate a strategic plan on food security.

## 5 Action Plans

During the first day of the Learning Route, the teams of each country shared their progress on the subject of nutrition. Basing on this and throughout the Route, group work was done for the elaboration of an Action Plan for each country. Groups went over their opportunities and challenges, stakeholders, alliances and resources, political support and institutional framework for the application of nutrition-related initiatives in their own context.

Each country group defined its priority scope of action, in the framework of subject areas of the Route, with the objective to apply and adapt good practices and lessons learned from the Peruvian experience to its own country, in order to improve currently ongoing nutrition strategies and initiatives and strengthen commitments among sectors participating in SUN national multi-stakeholder platforms.

On the last day of the Routes, country teams presented an outline of their Action Plans and received comments and suggestions from a panel composed of a SUN representative, Procasur, MIDIS and a Route participant.

The following are analysis files of Action Plan concepts presented by country teams; at the time when this report is being written, visiting countries of the Route are working on the final versions of their Plans.

**EL SALVADOR: Organization of multi-sectoral spaces with the participation of the civil society, government and academics for the articulation and implementation of initiatives of mobilization, advocacy and influence in nutrition, food security and sovereignty.**

### Participants

- Deras, Néstor – Coordinator, Inter-sectoral Coordination, National Council on Food and Nutrition Security.
- Hernández Marroquín, Ana Elizabeth – Representative of the civil society, Support Center for breastfeeding.
- Romero, Douglas – Manager of Projects and Monitoring, Secretariat of Social Inclusion

The Plan seeks to consolidate the organization of multi-sectoral spaces for the articulation and implementation of initiatives in favor of nutrition, stimulating the participation of different stakeholders in an atmosphere of trust and make it possible to carry out an integral intervention in multiple levels. Therefore, the Plan aims at landing the fight against Chronic Child Malnutrition as a concrete action to reach food security.

**Context:** The Republic of El Salvador joined the SUN Movement in 2012. Since 2009, the country has adopted a multi-sectoral approach to tackle nutrition, establishing an inter-ministerial coordination entity on food and nutrition security (National Council on Food and Nutrition Security, CONASA), under the Ministry of Health, to coordinate institutional efforts on the subject at national level. CONASAN is the entity in charge of defining the National Policy and Strategy on Food and Nutrition Security. It promotes inter-institutional and inter-sectoral coordination and is made up of the Ministries of Health and of Agriculture, the Technical Secretariat of the Presidency, and that of Social Inclusion. UN, donors, NGOs, the

private sector and the civil society collaborate in the definition, implementation and monitoring of the broad lines of actions of the policy. During 2012 and basing on the National Policy on Food and Nutrition Security formalized in 2011, CONASAN elaborated its Strategic Plan (2012-2016), approved in 2013, and has as objective the eradication of chronic child malnutrition. Moreover, it worked on the Draft Bill on Food and Nutrition Safety, which has been sent to the National Assembly for approval.

El Salvador has a National Policy of Promotion, Support and Protection of Breastfeeding, a Plan of Deficiency Reduction by micronutrients, and a Strategy of Child Nutrition Care in the 100 poorest Municipalities in the country, is still finalizing a Strategy of Promotion and Communication on Nutrition. Statistics show that 19.2% of children under 5 suffer from malnutrition, there is a prevalence of anemia in 23% of children aged 12 to 59 months, and 57.2% of women in reproductive age are overweight and obese.

The government in office is committed in food security and sovereignty; therefore there are good conditions for the development of strategies, despite the fact that there is no law on the subject.

### **Plan Actions, specific objectives and expected outcomes**

**Objective 1:** Consolidate the Alliance of organizations from the civil society for nutrition and food sovereignty and security (SSAN).

**Actions:**

- a) Signing of the commitment letter for the incorporation of organizations of the civil society and academics;
- b) Development of 4 consensus-building forums for the identification of priorities and strategies in favor of nutrition and SSAN, with the participation of representatives of the civil society, academics and the government;
- c) Elaboration of the agenda of priorities and strategies to tackle concerted nutrition through the Alliance.

**Expected outcome:** 20 institutions representative of the civil society, academics and government incorporated in the Alliance of the organizations from the civil society for nutrition and food sovereignty and security and carrying out articulated actions of influence, advocacy and awareness.

**Objective 2:** Incorporate the private sector for the development of campaigns that promote good nutrition in coordination with the alliance of organizations of the civil society.

**Actions:**

- a) Mapping of the private sector whose social responsibility actions are oriented to food security and nutrition;
- b) Elaboration of contribution proposal of the private sector in favor of SSAN and definition of participation campaign.

**Expected outcome:** At least two enterprises from the private sector investing in campaigns to promote good nutrition in coordination with the alliance of organizations of the civil society for food sovereignty and security.

**Objective 3:** Sign governance agreements on nutrition with municipal governments and representatives of political parties.

**Actions:** Development of an advocacy plan with political parties in order to incorporate the subject of nutrition and SSAN in the public agenda.

**Expected outcome:** At least 2 governance agreements signed by 2 municipal governments and representatives of political parties.

### **Observations**

One of the key factors is the strategy to follow in order to push the approval of nutrition by law. The fact that the law includes the subject of food sovereignty could affect the process, as linking to other international treaties. Consensus-building is a difficult process since it is a law with broad-ranging impacts on various sectors.

Therefore, it is essential to carefully define strategies to use to involve local governments and the private sector. Up to the moment, El Salvador is progressing thanks to the creation of capacities through municipal plans and department committees of food security, so coordination of cooperation in the territory and articulated work need to be found.

### **GUATEMALA: Local and national monitoring of public budget and actions against anemia and malnutrition.**

#### **Participants**

- Arreaga, Carlos – Representative, Health Union
- Turquer, Karin – Young leader, San Juan Society Youth Network - Sacatepéquez
- Velásquez, Helmer – Executive Director, NGO and Cooperatives Coordination Association

The Plan seeks local and national monitoring of public budget and institutional actions against malnutrition and anemia. It seeks to realize budget monitoring and case studies of local level implementation impact in 3 municipalities, San Juan Sacatepequez, San Juan Atitan, Camotan, and to repeat the implementation of the same lines at national level.

**Context:** Guatemala joined the SUN Movement in December 2010. Guatemala has the highest CCM index in Latin America and the Caribbean; and the third place in the world after Afghanistan and Yemen. At national level, 49.8% of children under 5 suffer from malnutrition with an upward trend from 0 to 59 months while anemia affects 50% of children under 2. However, these percentages do not reflect the terrible reality in peri-urban populations and the poorest sectors of the population, where 7 out of 10 children suffer from chronic malnutrition and most disturbingly, in almost every case their parents are not aware of the situation.

In 2005, the Law of National System of Food and Nutrition Security (SINASAN) was created in the context of the National Policy of Food and Nutrition Security. This is integrated into government bodies and those from the Guatemalan society, with the technical and financial support by international cooperation agencies. SINASAN is made up of the National Council on Food and Nutrition Security (CONASAN), the Secretariat of Food and Nutrition Security of the presidency of the Republic, an entity of consultation and social participation and a group of support institutions.

En 2012, as part of its “National agenda for change”, the president committed himself to tackle the problem of malnutrition through the National Agreement of Zero Hunger. This is implemented through the Zero Hunger Plan (2012-2016), which emerges as a multi-sectoral strategy pretending to reduce 10% of chronic child malnutrition by the end of 2015. The plan includes specific interventions on nutrition like encouragement of breastfeeding, increase of possibilities to access enriched food, and to health services and nutrition.

The subject of malnutrition is part of an ideological discussion. It is deemed necessary that governments and political parties change commercial models to social development models, that land tenure system and agro-exportation model based on the monoculture of agro-fuel be modified. Since Guatemala is an eminently agricultural forest country, it is essential to undertake an agricultural development model where the human being is the political subject. With 53% of poor population and a concentration of brutal land, 2 % of producers account for 69% of productive land, and the tendency is going upwards.

### **Plan Actions, specific objectives and expected outcomes**

The plan has 3 **specific objectives**:

1. Bring about the strengthening of communities of the municipalities of San Juan Sacatepequez, San Juan Atitan and Camotan, emblematic in the framework of Zero Hunger Plan, improving access to information and the quality of advocacy, modifying institutional intervention patterns and promoting local and municipal participation;
2. That the same municipalities carry out follow-up and monitoring using instruments and indicators they will receive;
3. Repeat at national level the implementation of the same lines that have been implemented at local level.

Main **actions** to implement are:

1. Carry out case studies at local level in the 3 municipalities,
2. Carry out awareness and motivation campaigns at social and state organizations in the 3 municipalities,
3. Reach operational agreements: of agenda and content, and
4. Link with other national and international entities.

Main **expected outcomes**:

1. Implement budget monitoring and,
2. Bring awareness to and motivate social and state organizations in the municipalities of San Juan Sacatepequez, San Juan Atitan and Camotan.

### **Observations**

It is worth pointing out that all 3 members of the Guatemalan team come from the civil society. They have presented a plan focused on 3 municipalities and identified a large number of stakeholders. Thus, it will be important to define specific subjects taking the responsibility to develop the proposed activities.

### **LAO, PDR: Organization of multi-sectoral spaces for the coordination and implementation of initiatives to reduce chronic child malnutrition.**

#### **Participants**

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| <ul style="list-style-type: none"><li>▪ Phoxay, Chandavone – Deputy Director-General, Hygiene-Health Promotion Department, Ministry of Health</li><li>▪ Bounthom, Phengdy – Director, National Nutrition Center, Ministry of Health</li><li>▪ Vanhlee, Lattana – Manager, SUN Civil Society Alliance</li></ul> |
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The Plan seeks the organization of multi-sectoral spaces for the coordination and implementation of initiatives to reduce chronic child malnutrition (CCM). It seeks to get a

practical and efficient application of the Multi-sectorial Action Plan for Food security and Nutrition.

Ever since the establishment of the Millennium Development Goals, the Government of Lao PDR has incorporated nutrition in the public agenda. Since 2011, the government has emphasized nutrition and approved a 9% budget increase in the health sector in order to fight child malnutrition. In the same year, Lao PDR joined the SUN movement. Currently, 43.8% of children under 5 suffer from malnutrition. Lao PDR is one of the countries in East Asia with the highest overweight index at 27%, behind East Timor and Cambodia.

In 2012, the PDR established a multi-sectoral platform for nutrition as well as a National Nutrition Committee. The latter is chaired by the Prime Minister and made up of 4 Ministries - namely, Health, Education, Agriculture, and Planning and investment - and other institutions involved in nutrition and food security. The secretariat to the committee, headed by the Deputy Minister of Health includes members from the above-mentioned Ministries, and is part of the multi-sectoral platform for nutrition, in charge of coordinating with development partners, donors, technical and research communities and the civil society involved in nutrition and food security in the country.

In 2013, the government drafted a Food and Nutrition Security Multi-sectoral Action Plan, including the Secretariat to the National Nutrition Committee. This plan has been implemented since 2014, prioritizing different provinces and districts. Currently, three pilot provinces are in the development process of multi-sectoral micro-planning, which includes the main sectors from the Ministries of Health, Education, Agriculture, Rural development, and Planning and investment.

### **Plan Actions, specific objectives and expected outcomes**

**Specific objectives:** Create a forum among the Government, organizations of the civil society, the private sector, and international organizations in order to share and develop common objectives.

**Main actions** to be carried out:

- ✓ Identify the stakeholders involved in nutrition.
- ✓ Map the zones where different stakeholders have implemented interventions.
- ✓ Articulate the multi-sectoral approach at local level.
- ✓ Share experiences gained from the participation in the Learning Route with other sectors of the government, organizations of the civil society, international organizations and the private sector.
- ✓ Ensure to include organizations of the civil society, international organizations, and the private sector in the National technical Task Team on nutrition, meeting on a quarterly basis.
- ✓ Ensure the participation of organizations of the civil society and the private sector in meetings of the Task Team. (9 representatives were expected at the beginning.)

Thus, the **expected outcome** would be to strengthen the collaboration among the government, organizations of the civil society, international organizations and the private sector in order to deal with malnutrition with the aim of linking it to the government approach by using a convergent strategy.

### **Observations**

A key element will be to build capacities in every level of the government in order to tackle the subject of nutrition from a multi-focus and multi-sectoral perspective.



The mapping of intervention zones in the provinces will be fundamental to identify priority areas and activities. Therefore, it is vital to plan the way to collect and analyze data.

**MADAGASCAR: Give the Malagasy population the right to adequate nutrition with the aim of improving child survival and enabling the maximum development of their physical and intellectual potential.**

#### **Participants**

- Rafidy, Onisoa Josielle – Director General, Federation of Chambers of Commerce
- Razafimandimby, Andriamandrato – Director General, Voahary Salama, Civil Society Organization

The Plan seeks to give the Malagasy population the right to adequate nutrition with the aim of improving child survival and enabling the maximum development of their physical and intellectual potential. This will be through the synergy of multi-sectoral and multiple level interventions.

It is worth pointing out that there is still no focal point between the government and nutrition-related civil society organizations in the country. Having said this, an Action Plan on Nutrition, which reflects an inclusive participation process and that promotes its appropriation by every level is deemed necessary, in addition to a multi-stakeholder platform.

**Context:** Malnutrition is a serious problem in Madagascar, which ranges sixth among countries with the highest chronic malnutrition index of children under 5 with 47.3%. More than one out of two children in the country are malnourished. In 2012, Madagascar identified nutrition as one of the priority areas in the development of strategies to fight against poverty. The country joined the SUN Movement in February 2012. These actions gave rise to the framework in the elaboration of the Document of Strategies in Poverty Reduction and the Madagascar Action Plan. The National Council of Nutrition was also created to take charge of coordinating that actions be proposed from 2005 to 2015. Being a multi-sector platform with multiple stakeholders concerned by nutrition, the Council is composed of various Ministries and members of the Parliament. The Council coordinates the National Policy on Nutrition and monitors its implementation in collaboration with sectorial ministries and UN agencies. It also supervises the National Office which seeks to ensure the multi-sectoral coordination with multiple interested parties. The National Council on Nutrition has decentralized in every region of Madagascar. There are different platforms where frequent exchanges take place between networks even though they are not institutionalized. In addition to the government platform, there is a civil society platform (Hina), a UN platform and one from research centers. The private sector platform is in the process of formalization.

#### **Plan Actions, specific objectives and expected outcomes**

The Plan seeks to reach **2 specific objectives:**

- 1- Elaborate an action plan in favour of nutrition (2016-2020) which reflects an inclusive participation, giving preference to the participative approach and promoting its appropriation at every level;
- 2- Develop an operational multi-stakeholder platform (PMA).

**Expected outcome 1:** Develop a strategy of promotion and multi-stakeholder advocacy.

Main **actions** expected to be carried out:

1. Finalize the National Nutrition Plan (2016- 2020);
2. Improve mobilization of national and international resources;
3. Anchor the subject of nutrition in every ministry because of its multi-sectoral nature, through:
  - a) Stakeholders and alliances: Ministries, PTFs, Hina, private sector platform, academic researchers, nutritionists, ONN, SUN and Sun countries.
  - b) Resources: MPTFs (Multi Partners Trust Funds), PTF (sic), Law of State Finance and Budget.
  - c) Political support: Cabinet of the Presidency, Cabinet of the Prime Minister, Ministries of Finance, Economy, Health, Education, Population, Agriculture, Livestock; as well as Members of the Parliament and local leaders.

**Expected outcome 2:** Strengthen the financial capacities of the National Nutrition Office (ONN) as well as its coordination role for the functioning of the multi-stakeholder platform:

**Actions** expected to be carried out:

1. Promote ONN with different decision-makers (multilateral and bilateral);
2. Mobilize the private sector through:
  - a) Stakeholders and alliances: Ministries, PTFs, Hina, private sector platform, academic researchers, nutritionists, and ONN.
  - b) Resources: PTFs, Ministries, Hina.
  - c) Political support: President, Prime Minister, Members of the Parliament and local leaders.

**Expected outcome 2:** Contribute to the implementation of effective decentralization in nutrition.

**Actions** expected to be carried out:

1. Country/decentralization learning;
2. Promote and encourage multi-stakeholder platform through:
  - a) Stakeholders and alliances: Ministries, PTFs, Hina, private sector platform, academic researchers, nutritionists, ONN and ORN, traditional leaders, the private sector and regional chambers of commerce, regional and district leaders, mayors, “fokontany” chiefs;
  - b) Resources: PTFs, Hina, and Ministries.
  - c) Political support: President, Prime Minister, Members of the Parliament, local leaders, General Policy of the State (PGE), economic Development Plan.

## **Observations**

Recently, the Prime Minister of Madagascar held a meeting to talk about the National Nutrition Plan, which is a relevant step forward in political commitment in the fight against CCM.

**SENEGAL: Strengthen local stakeholders for a better nutrition management as a factor of sustainable social and economic development.**

## **Participants**

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| <ul style="list-style-type: none"><li>▪ Ka, Abdoulaye - National Coordinator, Fight against Malnutrition Unit (CLM)</li><li>▪ Diouf, Abdou – Executive Secretary, Eau-Vie-Environment</li><li>▪ Diop, Aminata – Operation Manager, Fight against Malnutrition Unit (CLM)</li></ul> |
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The Plan seeks to Strengthen local stakeholders for a better nutrition management as a factor of sustainable social and economic development. This effort is important since the causes for malnutrition come from local socio-economic context, therefore, the initial answers should come from the community. Thus, it is necessary that each local government regard nutrition as a priority since it is a factor of sustainable social and economic development.

**Context:** Senegal joined the SUN Movement in June 2011. Up to 1995, The Ministry of Health was the only entity responsible for nutrition. Afterwards, a presidential committee that only responded to emergency resolutions was created. In spite of some projects put forward by the Secretariat of Health, other ministries were not involved. It was only with the creation of the Fight against Malnutrition Unit (CLM) in 2001, that malnutrition was recognized as a combination of factors needing to be dealt with from various sectors. CLM is under the authority of the Prime Minister and is composed of different ministries, the National Association of Rural Councils, the civil society and the NGO Council. Thus, it has a multi-sectoral approach.

It is also important to mention that since 2001, the country has been implementing various interventions on a large scale, seeking a more proactive attitude with the implementation of these programs: Nutrition strengthening Program, Food strengthening Program, Salt Iodization Project, Child Nutrition and Food Security Joint Program, Community Health Program, Development and Food Security Program, Malnutrition Prevention, Mother-child Nutritional State Improvement Project, Fight against Iron Deficiency and parasitosis in schools, Vitamin A Supplementation Campaign and De-worming, Household Food Security Support Project.

In addition, the National Agricultural Investment Program (2011 – 2015) focuses on poverty reduction and integrates impact indicators on food and nutrition security.

Ever since the creation of the CLM, nutrition has been included as priority in all planning documents as well as the budget. A policy and strategic plans were made and a National Committee was created. From this moment, local collectivity, training centers and different NGOs have found spaces for their participation. Although the private sector has not yet been involved on a large scale, they have started to work with fortified food and the distribution of vitamin A since 2005.

In the past years, Senegal has shown a significant improvement in the nutritional state of its population. The most striking example is the reduction of stunting prevalence of children under 5, which went from 27% to 19% in only 2 years. It is also worth mentioning that chronic malnutrition is at 16.5%, acute malnutrition at 9.1% and iron deficiency at 71.2%.

### **Plan Actions, specific objectives and expected outcomes**

The **specific objective** is to support the installation of community environment and the election of local leaders with the aim to favor integral social and economic development.

Main **actions** to be carried out:

1. Choose pilot local collectivities for the implementation of community environments and the election of local leaders;
2. Organize public debates on problems and challenges of social and economic development focalizing on early childhood;
3. Support the installation of community environments;

4. Reinforce capacities of these environments and their leaders (animation, training, search for funding, follow-up of activities, etc.)

The main **expected outcome** is that local collectivities (local governments and communities) take their responsibilities and make nutrition a priority since it is a factor of social and economic development.

### **Observations**

The objectives are well defined and articulated. Even if Senegal has a low CCM level, it has a high anemia rate, so it is deemed relevant to give this problem priority. The team mentioned that a national strategy through administration of fortified foods is ongoing. However, they need to tackle the child anemia awareness as part of the capacity awareness and reinforcement of the authorities and local population.

## **SRI LANKA**

### **Participants**

- Dissanayaka, Anura – Secretary to H. E. the President, Ministry of Education /President’s Office
- Chandradasa, Lalith – National Coordinator, National Nutrition Secretariat
- Maurice, Dave – Director, Nucleus Foundation

The Plan seeks to prioritize the promotion and the articulation of intergovernmental and multi-sectoral policies to reduce chronic malnutrition, including the development of a legal framework and nutrition policies. This will be implemented through the multi-sectoral platform meeting on a monthly basis. As a matter of fact, even if this structure has not yet been legalized, meetings between different stakeholders have been taking place. Thus, it is necessary to continue to monitor them and include their proposals in the following meeting of the National Nutrition Committee.

**Context:** Sri Lanka experienced improvements in all nutrition indicators up to the late 1990s when nutrition turned out to be a subject of the Ministry of Health. Then, they became stagnated with little or no improvement. It was only in 2010 that the government adopted a National Nutrition Policy put under the responsibility of the Ministry of Health. In 2012, Sri Lanka joined the SUN Movement. In December 2013, the President launched a Multi-sector Action Plan for Nutrition (MsAPN) seeking to obtain specific objectives in terms of nutrition between 2014 and 2016. In this manner, nutrition became a subject of the Office of the President.

Up to now, there is a rather big gap in nutrition among districts at different geographical zones. Micronutrient deficiency is still a problem in spite of apparent high coverage of iron and folic acid supplementation to pregnant women and vitamin A supplementation to children aged 6 to 59 months.

The Action Plan drafted in 2013 includes a series of key interventions developed from a multi-sectoral platform comprising 17 Secretaries, national and international technical experts as well as representatives of the civil society and international development agencies. In this respect, it is carried out at national, provincial and district levels. This platform meets on a monthly basis.

There is a strong commitment of the President and high-level officials of the government as well as organizations of the civil society mobilized through the SUN forum. However, non-sanitary sectors are expected to contribute to a subject long time considered pertaining to the health sector. The private sector has not joined in yet. Agendas of donors and UN agencies need to align with the country's priorities and the mass media and multinational corporations need to be involved in a national effort against malnutrition.

### **Plan Actions, specific objectives and expected outcomes**

#### **Specific objectives** to achieve:

1. Ensure the review of the National Nutrition Policy by the Parliament so that it reflects the multi-sectoral approach, and have it legalized as a new Act.
2. Promote this new policy in provinces, districts and divisions.

#### **Main actions** to be carried out:

1. Disseminate the new Act in different ministries of implementation, as well as the budget approved by the Ministry of finances and the National Department of planning.
2. Implement monitoring results in provinces.

The **main expected outcome** would be to obtain the review of the National Nutrition Policy by the Parliament and promote it in provinces and to start distributing the budget approved by the Ministry of Finances.

#### **Observations**

The objectives of this Plan are well set. However, coordination between stakeholders needs to be strengthened to achieve them. The team responded that this would be done through the multi-sectoral platform that is already meeting on a monthly basis. To this end, the team mentioned the importance of ensuring the sustainability of the Plan, even when the president who put it into effect is no longer in office. Likewise, they pointed out the importance of involving local governments.

### **TANZANIA: Reduce the prevalence of chronic child malnutrition and anaemia in pregnant women.**

#### **Participants**

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| <ul style="list-style-type: none"><li>▪ Kaganda, Joyceline - Tanzania Food and Nutrition Centre</li><li>▪ Liana, Belinda – The Centre for Counseling, Nutrition and Health Care</li><li>▪ Temu, Anna – Power foods industries limited and Power flour limited</li></ul> |
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The Plan seeks to reduce the prevalence of chronic child malnutrition by 15% and anaemia in pregnant women by 13% for 2016.

**Contexto:** Tanzania joined the SUN Movement in June 2011 after joining the UN REACH Partnership Initiative. The country has achieved important improvements in reducing chronic child malnutrition. Between 1999 and 2010, malnourished children went from 29% to 21%. However, the percentage of children suffering from underweight and stunting is still high according to WHO standards. Tanzania is also one of the countries most affected by iodine deficiency disorders.

In spite of political commitment to fight in favour of nutrition, chronic child malnutrition and anaemia are largely affecting public health. Presently, over 16 regions in Tanzania suffer from acute chronic malnutrition.

No relevant or effective nutrition programme has been developed ever since mid 1990s. In 2011, the central government launched the National Nutrition Strategy, which is currently under review. Through this strategy, the government is seeking to establish priorities that should guide nutrition related work until 2016.

The strategy stipulates then improvements can be achieved through the impulse of societies among nutrition-relevant stakeholders. The strategy prioritizes interventions for children under 5 and women of reproductive age since they are the most vulnerable groups.

One of the actions proposed by the Strategy is to promote behaviour changes through communication tools. In 2013, National Nutrition Social Media and Communication was implemented seeking to generate more awareness and attitude changes of the population on nutrition.

There are also guidelines for incorporating nutrition in the preparation of the annual budget. The government of Tanzania has identified protein malnutrition, nutritional anaemia, iodine deficiency disorders and vitamin A deficiency as major nutritional problems of public health.

Tanzania has been implementing programmes to control 3 micronutrient deficiencies, namely, anaemia, iodine and vitamin deficiency disorders.

### **Plan Actions, specific objectives and expected outcomes**

**Specific objectives** of the Plan are:

1. Increase access to community nutrition services and installations.
2. Strengthen the coordination, implementation, follow-up and implementation of the legislation.
3. Incorporate nutrition-related interventions in national and sectoral policies, plans and programmes.
4. Develop strategic and operational capacity related to nutrition at all levels.
5. Implement high impact multi-sectoral nutritional interventions in vulnerable districts.
6. Advocate for CSO platform to develop promotion tools in order to facilitate problem awareness and its consequences among community members.

**Main actions** to be carried out:

1. Finalize the review of the National Food and Nutrition Policy and its implementation strategy.
2. Develop a national finance programme for nutrition-relevant interventions with a results matrix and a common result framework.
3. Integrate nutrition in all political manifestos.
4. Develop a promotion tool so that CSOs fully participate in the fight against chronic child malnutrition.

**Main expected outcomes** would be:

1. Improve resource allocation to nutrition.
2. Obtain active political will in nutrition.
3. Finalize nutrition policy and draft its implementation plan.
4. More resources redirected to nutrition.
5. Improve policy articulation strategies.
6. Improve multi-sectoral coordination of nutrition-relevant stakeholders at all levels.
7. Develop a promotion plan for CSOs.

## Observations

This is an ambitious and long-term Plan; a major approach is proposed, setting out a more specific prioritization area, e.g., focusing interventions in more vulnerable zones. Finally, resources need to be mobilized in order to produce statistic data every 6 months. (Currently, this is done in a longer interval.)

## 6 Lessons learned

The following key factors have been determined in order to reduce CCM from everything seen and shared during the Learning Route in Peru:

- ✓ Political will and commitment to prioritize child nutrition – from the highest command of central, regional and local levels – transcending the government in office.
- ✓ Signing of Governance Agreements by candidates and surveillance of their compliance by the articulated civil society.
- ✓ Existence of a legal framework in line with inter-governmental and inter-sectoral social policies under the leadership of a government entity convening different sectors and levels and offers the necessary institutionality to implement actions.
- ✓ Budgeting by results and financial incentive mechanisms such as PI and FED, which condition resource allocation to products and measurable results as well as effective field interventions.
- ✓ Easy access to transparent information enables the civil society and other government stakeholders to monitor progress and fix common goals.
- ✓ Multi-sectoral and inter-governmental articulation spaces, with the participation of the government, the civil society and enterprises with common visions and goals.
- ✓ Access to identity from the beginning of life helps access to integral Health insurance and social programs.
- ✓ Prioritization and focalization of interventions and programs for CCM reduction in children under 3 and in the poorest and most excluded portion of the population.
- ✓ Implementation of actions with territory approach under the leadership of local and communal authorities enables their appropriation thus conducting to the sustainability and mobilization of local capacities.
- ✓ Organization and active participation of the community and families to achieve healthy practices.
- ✓ Consolidated platforms of the civil society at different levels contribute to advocacy, technical assistance and surveillance of commitment and budget compliance.
- ✓ Simple awareness and training strategies adapted to the reality and culture of the population helps compliance of expected practices.

*“What has most impressed me was our visit to the community and see the high level of commitment (of the government). Meeting the First Lady was an incredible experience. I think this is a once in a life time experience: see the high commitment level and the relation/articulation between the government and local and communal levels is very strong.”*

**Vanhlee Lattana, Manager SUN Civil Society Alliance (Lao PDR).**

*"I could see the political commitment they indicated us the first day throughout the Route, as I talked to different organizational levels of the government and the base organizations. I was able to witness that effectively there is full commitment to fight chronic malnutrition, as kind of poverty eradication that we are looking for in every country. This consistent and clear way they're tackling the problem with, and this commitment undertaken by different stakeholders teach us that it is possible to find the solution to the problem of chronic malnutrition. Néstor Deras, Coordinator, Inter-sectoral Coordination of the National Council on Food and Nutrition Security (CONASAN) (El Salvador).*

*"The Peruvian government has worked a lot to attain the well-being of the population. I'd like to share the effectiveness of decentralization in my country, especially concerning funding, because that is the force of the program in this country." Andriamandranto Razafimandimby, director general / SUN Civil Society Network, Voahary Salama, NGO platform working on integration. Health- Population - Environment (Madagascar)*

## 7 Conclusions

In the past 7 years, Peru obtained an important CCM reduction thanks to concurrent processes of advocacy and consensus of the civil society in addition to a reform of public management inside the Administration, which introduced modern and innovative strategies and instruments such as PpR, and new citizen-oriented management approaches.

After the presentations, visits and group work which showed Route participants different aspects of the Peruvian experience in the subject of nutrition, the following conclusions on this Route are made:

- ✓ Commitment was obtained from the highest level of national and regional governments, in order to make Early Childhood Development a State policy, which has been maintained throughout two different administrations, and is a priority and congregates public budget and articulated action of main social ministries.
- ✓ The creation of MIDIS, driving force in this subject, institutionalized the policy of development and social inclusion. This is a fundamental step to progress in gap reduction by recognizing the country's cultural diversity and implementing focalized programs addressed to the most vulnerable portion of the population. In addition, MIDIS coordinates effective interventions of the other sectors at national level and in the territory.
- ✓ It is essential to deepen and adapt strategies and interventions in order to attain CCM reduction in the most excluded areas with little access to public services.
- ✓ Available management instruments such as: guidelines, strategies and plans, which make it possible to identify ordered, articulated, concerted and evidence-based interventions, which can be subject to follow-up and assessment.
- ✓ Financial mechanisms were created to encourage regional and local governments to comply with Early Childhood Development or CCM reduction oriented results. These mechanisms reaffirm the citizen as focal point of the public policy.
- ✓ Progress was made in information systems that make it possible to articulate the identification of children with the health system, in order to guarantee their registry at birth, and their access to Integral Health Insurance.



- ✓ At local level, it is noticed that programs are adapted to reality and acquires specific characteristics. Successful experiences have shown that consensus and articulation at district and community levels are fundamental for the efficient use of resources; likewise, strong leadership of the mayor makes the population aware of the importance of investing in early childhood and thus adopt new healthy practices in the family and the community.

## 8 Suggestions and recommendations

Basing on experiences of the guest countries and what has been seen during the Learning Route, the following suggestions are given to improve the fight against CCM in Peru:

- ✓ Get more involvement of the agricultural sector in the fight against CCM, more articulation with production components in general and promote a joint approach of task force in nutrition and food security.
- ✓ Promote higher participation of the private sector as key stakeholders in the fight against CCM, reviewing possible financial incentives, complementarity in objectives, and implementation of this participation. See successful examples.
- ✓ Analyze the system of financial incentives, bearing in mind the sustainability of the ongoing processes in context of scarcer resource availability.
- ✓ Review successful experiences in guest countries on communication strategies and behavior changes to improve child nutrition at community level.

*“There is so much to know, so much to learn. There are still subjects to continue discussing, but this experience has been so gratifying. Everything I thought I was going to learn, I did. I’m so touched I’ll go on documenting myself, to continue reading, learning the experience this country has developed and am totally satisfied with this visit.”* **Douglas Romero, Manager of projects and monitoring, Secretariat of Social Inclusion (El Salvador)**

## 9 References

- Correa, Norma y Terry Roopnaraine, 2013. Pueblos indígenas y programas de transferencia condicionada. Estudio Etnográfico sobre la implementación y los efectos socioculturales del Programa Juntos en seis comunidades andinas y amazónicas de Perú.
- CVR, 2003. <http://www.cverdad.org.pe/ifinal/conclusiones.php>
- FAO, 2014 Conferencia regional de la FAO para América Latina y el Caribe. <http://www.fao.org/docrep/meeting/030/mj925s.pdf>
- INEI, 2013. informe Evolución de la pobreza monetaria 2007-2012 [http://www.inei.gob.pe/media/cifras\\_de\\_pobreza/pobreza\\_informetecnico2013\\_1.pdf](http://www.inei.gob.pe/media/cifras_de_pobreza/pobreza_informetecnico2013_1.pdf)
- INEI, 2007. Informe Principal. Encuesta Demográfica de y Salud Familia ENDES 2004-2006.

- MINSA 2005, Norma técnica para la atención del parto vertical con adecuación intercultural / Dirección General de Salud Sexual y Reproductiva.
- MINSA, 2104. Criterios técnicos para la sostenibilidad en el funcionamiento del centro de promoción y vigilancia comunal del cuidado integral de la madre y el niño.
- MINSA, RENIEC, MEF, 2013: Padrón nominal distrital de niñas y niños.
- MIDIS, 2012. Lineamientos para la gestión articulada intersectorial e intergubernamental orientada a reducir la desnutrición crónica infantil, en el marco de las políticas de desarrollo e inclusión social.
- MIDIS, 2013a. Estrategia Nacional de Desarrollo e Inclusión Social.
- MIDIS, 2013b. Reportes Regionales. Desnutrición Crónica Infantil. Metas al 2016.
- MIDIS, 2013c. Población en Proceso de Desarrollo e Inclusión Social. <http://www.midis.gob.pe/dgsye/data1/files/enic/eje1/documento-tecnico/FolletoPEPI-jul13.pdf>
- MEF:[http://www.mef.gob.pe/index.php?option=com\\_content&view=article&id=2139:programa-articulado-nutricional&catid=211&Itemid=101528](http://www.mef.gob.pe/index.php?option=com_content&view=article&id=2139:programa-articulado-nutricional&catid=211&Itemid=101528)+
- MEF:[http://mef.gob.pe/index.php?option=com\\_content&view=article&id=2122&Itemid=101162&lang=es](http://mef.gob.pe/index.php?option=com_content&view=article&id=2122&Itemid=101162&lang=es)
- MEF,2010. [http://www.mef.gob.pe/index.php?option=com\\_content&view=article&id=266&Itemid=100606](http://www.mef.gob.pe/index.php?option=com_content&view=article&id=266&Itemid=100606)
- Morgan, María de la Luz, 2008. Sistematización de la experiencia de incidencia política de la Iniciativa contra la Desnutrición Infantil.
- Municipios Saludables: [http://bvs.minsa.gob.pe/local/RRHH/834\\_MS-PROM33.pdf](http://bvs.minsa.gob.pe/local/RRHH/834_MS-PROM33.pdf)
- PNUD. 2014. Informe sobre Desarrollo Humano 2014 Sostener el Progreso Humano: Reducir vulnerabilidades y construir resiliencia.
- SUN, 2014. Profile of Perú. <http://scalingupnutrition.org/wp-content/uploads/2014/05/SUN-LR-Peru-Profile-Eng-72dpi-Rev.pdf>
- UNESCO, 2010. <http://unesdoc.unesco.org/images/0021/002169/216916s.pdf>
- UNESCO, 2013. Lecciones aprendidas en programas articulados de salud, alimentación y nutrición



## **Annexes**

### **Annex 1. Program of activities**

[Insertar agenda Ruta pdf \(diseño grafico\)](#)

## Annex 2. List of participants

Country	Family name	First name	Position	Organization	Type of organization
EL SALVADOR	DERAS	Nestor Enrique	Coordinator of inter-sectoral area	National Council on Food Security and Nutrition	Government
	ROMERO	Douglas Napoleon	Coordinator of projects and monitoring	Secretariat for Social Inclusion	Government
	HERNANDEZ	Ana Elizabeth		Support Center for Breastfeeding - CALMA	Civil Society
GUATEMALA	ARREAGA	Carlos Jobito	Official	Health Union	Civil Society
	TURQUER	Karin Yesennia	Young leader	San Juan Civil Society Youth Network - Sacatepequez	Civil Society
	VELASQUEZ	Helmer Leonel	Executive Director	NGO and Cooperatives Coordination Association (CONGCOOP)	Civil Society
LAO, PDR	CHANDAVONE	Phoxay	Representative of the Ministry of Health	Hygiene-Health Promotion department, Ministry of Health	Government
	BOUNTHOM	Phengdy	Director	National Nutrition Center, Ministry of Health	Government
	VANHLEE	Lattana	Coordinator	SUN Civil Society Alliance	Civil Society
MADAGASCAR	FRANCOIS	Jean	National Coordinator	National Nutrition Office (ONN)	Government
	RAFIDY	Onisoa Josielle	Director General	Federation of Chamber of Commerce	Private sector
	RAZAFIMANDIMBY	Andriamandranto	Director General	Voahary Salama CSO	Civil Society
SENEGAL	KA	Abdoulaye	National Coordinator	Fight against Malnutrition Unit (CLM)	Government
	DIOUF	Abdou	Executive Secretary	Eau-Vie-Environnement (EVE)	Civil Society
	DIOP	Aminata	Operation Coordinator	Fight against Malnutrition Unit (CLM)	Government
SRI LANKA	DISSANAYAKE	Anura		Ministry of education /President's Office	Government
	CHANDRADASA	Lalith	National Coordinator	National Nutrition Secretariat	Government

	MAURICE	Dave	Director	Nucleus Foundation	Civil Society
TANZANIA	KAGANDA	Joyceline	Director	Tanzania Food and Nutrition Centre	Government
	LIANA	Belinda	Official	The Centre for Counselling, Nutrition and Health Care (COUNSENUTH)	Civil Society
	TEMU	Anna J. H.	Director	Power Foods Industries LTD	Private sector

País	Apellido	Nombre	Cargo	Organización	Tipo de organización
EL SALVADOR	DERAS	Nestor Enrique	Coordinador del área intersectorial	National Council on Food Security and Nutrition	Gobierno
	ROMERO	Douglas Napoléon	Coordinador de proyectos y monitoreo	Secretariat for Social Inclusion	Gobierno
	HERNÁNDEZ	Ana Elizabeth		Support Center for Breastfeeding - CALMA	Sociedad civil
GUATEMALA	ARREAGA	Carlos Jobito	Funcionario	Health Union	Sociedad civil
	TUQUER	Karin Yesennia	Joven líder	San Juan Civil Society Youth Network Sacatepéquez	Sociedad civil
	VELÁSQUEZ	Helmer Leonel	Director ejecutivo	NGO and Cooperatives Coordination Association (CONGCOOP)	Sociedad civil
LAOS	CHANDAVONE	Phoxay	Representante del Ministerio de Salud	Hygiene-Health Promotion Department, Ministry of Health	Gobierno
	BOUNTHOM	Phengdy	Director	National Nutrition Center, Ministry of Health	Gobierno
	VANHLEE	Lattana	Coordinador	SUN Civil Society Alliance	Sociedad civil
MADAGASCAR	FRANÇOIS	Jean	Coordinador nacional	National Nutrition Office (ONN)	Gobierno
	RAFIDY	Onisoa Josielle	Director General	Federation of Chamber of Commerce	Sector privado
	RAZAFIMANDIMBY	Andriamandrato	Director general	Voahary Salama CSO	Sociedad civil
SENEGAL	KA	Abdoulaye	Coordinador nacional	Fight Against Malnutrition Unit (CLM)	Gobierno
	DIOUF	Abdou	Secretario ejecutivo	Eau-Vie-Environnement (EVE)	Sociedad civil
	DIOP	Aminata	Coordinador de operaciones	Fight Against Malnutrition Unit (CLM)	Gobierno
SRI LANKA	DISSANAYAKE	Anura		Ministry of Education/Presidents Office	Gobierno
	CHANDRADASA	Lalith	Coordinador nacional	National Nutrition Secretariat	Gobierno
	MAURICE	Dave	Director	Nucleus Foundation	Sociedad civil
TANZANIA	KAGANDA	Joyceline	Director	Tanzania Food and Nutrition Centre	Gobierno
	LIANA	Belinda	Oficial	The Centre for Counselling, Nutrition and Health Care (COUNSENUTH)	Sociedad civil
	TEMU	Anna J. H.	Director	Power Foods Industries LTD	Sector privado