



ENGAGE • INSPIRE • INVEST

Guidance for the use of the Common Results Framework (CRF) Planning Tool

Version 1.0 June 2015

Table of Contents

| | |
|---|----|
| Table of Contents | 2 |
| What is the CRF Planning Tool? | 3 |
| How is the CRF TOOL used? | 3 |
| Information and Data Inputting | 3 |
| Limitations of the CRF TOOL..... | 3 |
| How are Nutrition-Related Activities Classified?..... | 4 |
| A . SPECIFIC..... | 5 |
| B . SENSITIVE | 6 |
| C . GOVERNANCE | 8 |
| Examples of classifications from existing plans..... | 9 |
| Annex 1 Description of information entered into columns of the CRF TOOL | 13 |
| Annex 2 Evidence based direct interventions to prevent and treat undernutrition..... | 14 |
| Annex 3 UNICEF conceptual framework for undernutrition | 15 |

What is the CRF Planning Tool?

The **Common Results Framework (CRF) Planning Tool (CRF TOOL)** is an Excel database used to describe, summarise, and compare nutrition plans developed by countries participating in the Scaling Up Nutrition (SUN) Movement. The CRF TOOL offers an opportunity to standardise the conversation about nutrition planning. It provides a framework for understanding the multiple activities involved in organising and implementing a large scale nutrition initiative, even though the specific activities often vary across countries.

With the CRF TOOL, emphasis remains on ensuring that plans are country owned therefore tailored by them to meet their specific circumstances and aspirations. The classification builds on the UNICEF conceptual framework for undernutrition (ANNEX 3) with specific-nutrition interventions reflecting the 2013 Lancet Series. The entering and classification of the national plans into the CRF TOOL is done by MQSUN, a consortium of technical experts. This guidance relates to CRF TOOL version 1.0. SUN/MQSUN will continue to work with countries and other stakeholder to revise and improve the utility of this tool.

How is the CRF TOOL used?

Countries participating in the SUN Movement share the plans they have developed with the SUN Secretariat. The MQSUN team then input the information directly into the CRF TOOL spreadsheet, without altering it in any way. The activities included in the plans are classified as Specific, Sensitive, or Governance and then into the sub-classifications as described below.

This guidance note, read alongside the tool, explains how the outputs generated by the tool can be used. It aims to allow stakeholders a better understand of the range of activities included in the tool and give an improved analysis of the plans. The tool and this note can also be used to understand the content and division of activities in other plans within the region and compare one country's plans to those of its neighbours'. The tool also supports the tracking of any changes or progress within the plans by stakeholders using the tool for their country's plan.

In addition, the CRF TOOL can be used to provide supporting information for presentations on plans, including a variety of useful illustrations which can be selected to effectively target both internal and external audiences. Information generated by the tool will facilitate greater advocacy for comprehensive plans improving their credibility; which will hopefully lead to increased funding.

Information and Data Inputting

To date, the MQSUN consortium has inputted the information from national nutrition plans into the CRF TOOL. All available information on the programme objectives, related interventions and activities, target groups and related costs are entered into the CRF TOOL spreadsheet. Going forward, countries will own their country nutrition plans into the CRF TOOL themselves. Annex 1 provides column descriptions of the CRF TOOL.

Limitations of the CRF TOOL

The CRF TOOL simply reflects the content of existing plans. While the outputs can generate analysis and debate on the quality and operational practicalities of the plans, the process itself is solely illustrative. Equally, the tool suffers from weak comparability without further analysis and genuine comprehension of how and why any individual plan is in any given form.

Standardised graphics

and illustrations are suggested and can be easily generated, though additional tables and charts to fully express the content and analysis of any given plan.

The classifications of interventions have been selected by SUN/MQSUN technicians, and opinions over the definitions and resulting classification map, are likely to be debated. If countries choose to use alternative definitions, this should be clearly explained.

MQSUN has rigorously reviewed and cross-checked classifications to ensure integrity and internal consistency. Despite this effort, there may still be errors or occasion when countries may like to suggest re-classifications. In this case please contact the SUN Secretariat at patrizia.fracassi@undp.org or thuy.nguyen@undp.org.

How are Nutrition-Related Activities Classified?

When the MQSUN consortium receives plans and updates from countries through the SUN secretariat, all available information on programme objectives, related interventions and activities as well as target groups and related costs, are entered into the columns of the CRF TOOL spreadsheet. The activities are classified by nutritionists, using the following definitions, selecting from a drop-down menu in the CRF TOOL.

All nutrition activities are classified under three main headings: nutrition-specific, nutrition-sensitive and governance.

- **SPECIFIC** refers to the 13 high impact nutrition interventions as described in the Lancet nutrition series (listed in Annex 2). All of which can be classified in the nine categories in table 1 below. Note that in the government plans these are sometimes referred to as *'Direct'* interventions.
- **SENSITIVE** activities refer to the underlying causes of malnutrition as set out in the UNICEF conceptual framework (listed in Annex 3). These include activities from a range of sectors with an impact on nutrition outcomes including: health; agriculture; Water, Sanitation and Hygiene Promotion (WASH); education and social protection.
- **GOVERNANCE** refers to any activity that impacts on the system and service provision more broadly. For example, governance would therefore cover activities such as information management, coordination, advocacy and communications.

The main challenge of classifying nutrition interventions is to ensure the main thrust of the activity is understood and selected. In some country nutrition plans, the interventions included are broadly stated and encompass many types of activities, in others they are described in detail with specific tasks well-defined. Implementing a universal method for classifying interventions which are reported in different ways can be a challenge particularly if some activities are actually a description of a bundle of activities.

The classification definitions used in the CRF TOOL are described below. They have been subjected to a quality assurance process and carefully reviewed to achieve internal validity by the MQSUN consortium. That said, if readers do happen to notice any anomaly, we would appreciate their bringing it to the attention of the SUN secretariat.

The next section lists each one of these categories (specific, sensitive and governance) in more detail and describes the types of programmes that fit into each category and sub-category. Where the programme or activity does not comfortably fit into a defined sub-category, or encompasses more than one, the sub-category is left blank.

A. SPECIFIC

1. Good nutrition practices. This category has been split into two programme sub-types: healthy diet; and maternal & Infant and Young Child Feeding (IYCF).

- a. **Blank** – for any overarching activity that does not comfortably fit into the following sub- categories or that encompasses both categories. For example, *‘promote appropriate nutritional actions/behaviours at community level’*.
- b. **Healthy Diet** – covers any **nutrition education** or **promotion** for children older than two, school-aged children, adolescents, adults and older people within institutions, schools, communities and the household level. It also covers training of service providers and other individuals. In addition it would cover hand-washing promotion (in line with the Lancet classification), growth monitoring of children if not specific to those under-24 months and education and promotion of healthy diets to reduce non communicable diseases and obesity.
- c. **Maternal and Infant and Young Child Feeding (IYCF)** – covers activities focused upon women of reproductive age, pregnant and lactating women and children under two years of age. Activities in this category include any related to promoting exclusive breastfeeding, supporting the code for marketing breast milk substitutes, breastfeeding practices, promotion of good complementary feeding practices. Growth monitoring and promotion would only be included here if it specifically targets children under two years. Promoting appropriate infant and young child feeding practices to other key groups including fathers, local and faith-based leaders, and grandparents is also included here.

2. Acute malnutrition: This category has been split into three sub-categories: acute malnutrition management; severe acute malnutrition management; and moderate acute malnutrition management.

- a. **Blank** – for any overarching activity that does not comfortably fit into the following sub- categories or that encompasses multiple categories. For example, *‘carry out sensitisation programmes for communities to raise their awareness of prevention, mitigation, and response to risks of malnutrition during shocks.’*
- b. **Acute malnutrition management** – is used when a combination of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) programming is clearly stated. For example, *‘expand Community-based Management of Acute Malnutrition (CMAM) to more communities’*, if CMAM is confirmed as including treatment for both SAM and MAM. A second example would be *‘to integrate management of severe and moderate acute malnutrition into routine health services’*.
- c. **Severe Acute Malnutrition Management** – is dedicated to SAM only activities. For example, *‘training staff on the management of SAM’* or *‘manage cases of severe acute malnutrition by integrating care into routine health services’*.
- d. **Moderate Acute Malnutrition Management** – is dedicated to MAM only activities and includes activities to prevent and treat moderate acute malnutrition, i.e. both blanket and targeted supplementary feeding. For example, *‘training staff on the management of MAM’* or *‘Manage moderate acute malnutrition among children under five years and pregnant and lactating women at health facilities’*.

The term **management** in both sub-categories DOES refer to operational activities as well as the provision of services / treatment. Therefore, *‘procuring Ready to Use Therapeutic Foods (RUTF) and other supplies’* as well as *‘distribute supplies and equipment to health facilities’* would fit into these categories.

3. Vitamin and mineral intake: This category has been split into two sub-categories: supplementation, and fortification. This covers all aspects of preventing, treating and managing micronutrient intake and includes monitoring, evaluation and training to improve service delivery.

- a. **Blank** – for any overarching activity that does not comfortably fit into the following sub- categories or that encompasses multiple categories. For example, *‘review, develop, and disseminate national micronutrient deficiency prevention and control strategy and guidelines’*, as well as human resource development such as *‘train service providers on micronutrients deficiency prevention and control strategies, including logistic and supply chain management’*.
- b. **Micronutrient supplementation** – activities include any micronutrients provided through supplementation or added to the diet. For example, *‘increase coverage of children aged 6-59 months receiving vitamin A supplements’* and *‘provide multiple-micronutrients powder for children under five years’*. **De-worming** activities would be placed here since plans often bundle them together with vitamin A supplementation.
- c. **Food fortification** – activities specifically related to food fortification such as *‘scale-up fortification of widely consumed food stuffs’*. This includes salt iodisation and flour fortification.

4. Nutrient Dense Diet: This category relates to the diet enrichment of young children and pregnant and lactating women through the provision of fortified supplements in areas with the highest burden of chronic undernutrition. Supplementation of Ready to Use Foods (RUF) and Lipid-based Nutrient Supplements (LNS) to young children aged 6-23 months and pregnant women would also be included in this category when NOT explicitly linked to acute malnutrition management. *This category has no sub-categories.*

All of the above nutrition-specific programme categories and related sub-categories are shown in table 1.

Table 1: Summary of nutrition-specific classifications:

| SPECIFIC Category | Sub-category |
|------------------------------|------------------|
| Good nutrition practices | Blank |
| Good nutrition practices | Healthy diet |
| Good nutrition practices | Maternal & IYCF |
| Acute malnutrition | Blank |
| Acute malnutrition | Acute Management |
| Acute malnutrition | SAM Management |
| Acute malnutrition | MAM Management |
| Vitamin and mineral intake | Blank |
| Vitamin and mineral intake - | Supplementation |
| Vitamin and mineral intake - | Fortification |
| Nutrient dense diet | |

SENSITIVE

- 1. **Food Security:** This category has been split into three sub-categories: availability; accessibility; and supplementary feeding (resilience).
 - a. **Blank** – for any overarching activity that does not comfortably fit into the following three sub-categories.
 - b. **Availability** – activities include improving the quantity and quality of available food stuffs and products in the market place, community and household level. This category covers both agricultural production as well as livestock management. Examples include, *‘provide targeted support on production and consumption of nutrient rich foods at households and community levels’* and *‘promote nutrition education and food preparation demonstrations (including food processing) as part of the agriculture extension system’*. **General food aid programmes** would be included in this category since they target the population as a whole. Activities relating to food safety would also be placed in this category.
 - c. **Accessibility** – activities focus on improving the accessibility of food stuffs and products through income generation, cash social protection, food/cash for work, market and price

awareness and better trade practices. This includes both food for work and cash for work social protection components. For example, *‘Revise existing child cash grants mechanism (from pregnancy to children under five years) to reduce maternal malnutrition and child stunting’* as well as, *‘link up programmes to increase income and consumption of micronutrient rich foods among adolescent girls, pregnant and lactating mothers and children less than three years.’*

- d. **Supplementary Feeding (resilience)** – this includes resilience-focused or longer term supplementary feeding with a focus on chronic malnutrition. It relates to targeted food provision that is **NOT** in an emergency and is **NOT** specific to the first 1000 days (conception to two years). School feeding or support to school meals, would be placed into this category, including school gardens. Provision of food to particular sub-groups would also be placed in this category (e.g., people living with HIV/AIDS or TB).

2. Care environment: Activities that improve the care environment for children as well as carers ability to adequately look after their children. Activities that focus upon carers and women’s empowerment should be allocated here. For example *‘provide support for clean and cheap energy to reduce women’s workload’, ‘training on mechanisms in place to assure mother friendly workplace’* or *‘training of key work places and industries on maternity protection, with mechanisms in place to assure mother friendly workplace.’* This category has no sub-categories.

3. Health & WASH: This category has been split into four sub-categories: health; reproductive health; sanitation/hygiene, and water

- a. **Blank** – for any overarching activity that does not comfortably fit into the following three sub-categories.
- b. **Health** – activities such as, *‘develop dietary guidelines for people with infections (e.g. malaria, pneumonia, diarrhoea, HIV, TB)’* and the distribution of Insecticide Treated Nets (ITNs) or support to health insurance. Non-Communicable Disease (NCD) activities related to the **management and treatment** of NCDs, but excluding education and promotion of healthy diets related to a decrease in NCD/obesity, which would be placed into *‘Specific/Healthy Diet’*.
- c. **Reproductive Health** – activities include the *‘promotion of family planning’* and *‘child spacing’*.
- d. **Sanitation and Hygiene** – activities such as *‘conduct open defecation free campaigns, ‘and ‘provide Information, Education and Communication, and Behaviour Change Communication (IEC/BCC) materials on sanitation’*.
- e. **Water** – activities supporting the improvement of the quality and quantity of potable water. For example, *‘raise awareness on water safety plan and use of safe water at the point of use, with a particular focus on the most affected areas’*. Activities that include both water and sanitation are categorised according to the principle activity.

All of the above nutrition-sensitive programme categories and related sub-categories are shown in table 2.

Table 2: Summary of nutrition-sensitive classifications

| SENSITIVE Category | Sub-category |
|---------------------------|------------------------------------|
| Food Security | Blank |
| Food Security | Availability |
| Food Security | Accessibility |
| Food Security | Supplementary Feeding (resilience) |
| Care Environments | |
| Health & Water/Sanitation | Blank |
| Health & Water/Sanitation | Health |
| Health & Water/Sanitation | Reproductive Health |
| Health & Water/Sanitation | Non Communicable Disease |
| Health & Water/Sanitation | Sanitation |
| Health & Water/Sanitation | Water |

C. GOVERNANCE

- 1. Information Management:** This category has been split into three sub-categories: monitoring & Evaluation; surveillance; and research.
- 2. Coordination:** These are activities that contribute to improved coordination and partnership within the nutrition community in a given national setting. For example, *'map partners, review and develop terms of reference', 'hold and document regular joint planning and review meetings' and 'hold feedback meetings among nutrition stakeholders at all levels'*.
- 3. Advocacy:** These are activities that aim to influence policy makers and practitioners to place nutrition higher on the policy, planning and financial agenda. These can be broad in nature such as, *'mobilise financial and human resources for nutrition interventions at all levels'* or inter-sectoral such as, *'raise nutrition profile among sector ministries'* or more specific such as, *'mark national/international nutrition days (for example, World Breastfeeding Week, Iodine Deficiency Disorders Day)'*.
- 4. Communication:** Activities around communication that aims to inform practitioners as well as the general population on behaviour change and practice. Examples of such activities would be, *'develop and disseminate quarterly nutrition bulletins'* as well as *'update and maintain national nutrition website'* or even *'Train media professionals (print, TV and radio) on basic nutrition'*.
- 5. System Capacity Building:** Activities which are system-wide, *i.e.*, they support the systems and functionality of all nutrition activities and services. They DO NOT have a stipulated intervention within the activity. An example would be, *'strengthen nutrition resource centres'* or human resources more generally, such as, *'partner with medical research council to obtain training on human nutrition research for National Nutrition Agency personnel and 'inclusion of nutrition in the curricula of health professionals.'*

Activities that focus on coordination and management mechanisms would be appropriately placed into the *'governance/coordination'* category, such as *'supporting the functioning of technical advisory committees.'*

It is important that this category does not hold activities focused upon information management development; these should be allocated to information management categories above. Equally, *'advocating for capacity development'*, or *'develop advocacy strategy for lobbying for increased funding'* would be more accurately placed within the advocacy category.

- 6. Policy Development:** These are activities that enact and support policy development, including national government policy documentation and disseminating and sharing policies at multiple levels. This would also capture 'legislation' activities that are a result of certain policy developments such as, *'review, develop and disseminate a comprehensive strategy and guidelines for prevention, management and control of under-nutrition' and, 'update health sector nutrition related acts, regulations, policies, strategies, and standards'*.

All of the governance programme categories are shown in table 3.

Table 3: Summary of governance classifications

| GOVERNANCE Category |
|------------------------------|
| Information Management |
| Information Management |
| Information Management |
| Information Management |
| Coordination and partnership |
| Advocacy |
| Communication |
| System Capacity Building |
| System Capacity Building |
| System Capacity Building |
| Policy Development |

Examples of classifications from existing plans

The **overarching principle** is that if an activity stipulates a specific intervention, then the programme classification should reflect this. This can be quite straightforward, for example, if an activity outlines the ‘treatment of severe acute malnutrition’ this would be classified as *‘Specific/Acute malnutrition/SAM management’*. For other activities it may not be so straightforward but the overarching principle should be followed. For example, if the activity describes *‘capacity building of human resources relating to improving micronutrient deficiency services’*, then this should be allocated to the *‘Specific/Vitamin & Mineral’* category in Column C even though the activity includes the key phrase of capacity building. As stated above, column D would then be given an ‘X’ to capture the capacity development aspect of the activity. A second example, if the activity describes, ‘monitoring the quality of fortified foods’, then the classification would be *‘Specific: Vitamin & Mineral intake – fortification’* even though the activity includes monitoring, it is its allocation to *‘fortification’* that we wish to capture.

Table 4. Examples of classification for each sub-category

| SPECIFIC Category | Sub-category | Example |
|----------------------------|---------------------|---|
| Good nutrition practices | Blank | Ministry of Health (MoH) to develop and disseminate nutritional counselling guidelines and IEC materials. Develop and implement an integrated BCC package for health priority areas, including nutrition. <u>Nutrition assessment, counselling and support for PLWAs.</u> |
| Good nutrition practices | Healthy diet | Nutrition of Women in Child-Bearing Age and the New-Born: Promote nutrition of adolescent girls and women of child-bearing age through food-based and micronutrient interventions (Ghana). |
| Good nutrition practices | Maternal & IYCF | Optimal Nutrition during Infancy and Childhood: Promote and create access to appropriate, nutritionally adequate complementary foods for children 6–24 months (Ghana). |
| Acute malnutrition | Blank | Review, develop and disseminate guidelines for disaster preparedness, response and management of nutrition emergencies (Kenya). |
| Acute malnutrition | Acute Management | Compile existing guidelines for management of malnutrition through Community-based Therapeutic Care (CTC), and through therapeutic and supplementary feeding in under-five children, pregnant and lactating women, adolescents and adults from government and other stakeholders. (Malawi.) |
| Acute malnutrition | SAM Management | Training Health Centre personnel in the management of severe malnourished children (Indonesia). |
| Acute malnutrition | MAM Management | Provide supplementary foods to pregnant and lactating women according to the admission criteria on integrated management of acute malnutrition guidelines (Kenya). |
| Vitamin and mineral intake | Blank | Maintain/expand programmes to improve maternal infant and young child micronutrient status. |
| Vitamin and mineral intake | Supplementation | Nutrition of women in child-bearing age and the new-born: monitor and support compliance to iron and folic acid supplementation to maintain optimal nutrition during pregnancy and lactation (Ghana). |
| Vitamin and mineral intake | Fortification | Scale-up fortification of widely consumed food stuffs (Kenya). |
| Nutrient dense diet | | Chronic energy deficiency (CED) pregnant mothers receive supplementary feeding packages (Indonesia.) |

| SENSITIVE Category | Sub-category | Example |
|---------------------------|------------------------------------|---|
| Food Security | Blank | Agriculture and Food Security: ensure that nutrition is enhanced across all stages of the food system (production through consumption) (Ghana). |
| Food Security | Availability | Development of areas for fruit plants. Developments of registration of fruit plants. Improvements of quality managements of fruit plants. Improvements of post-harvest management of fruit plants. Development of packing house registration. Improvement of number of institutions fruit plant efforts (Indonesia) |
| Food Security | Accessibility | Facilitate establishment of income generating activities for improving nutrition in households and communities with focus on the socio-economically deprived persons (Malawi). |
| Food Security | Supplementary Feeding (resilience) | Scale-up and strengthen implementation of the School feeding and school Health and Nutrition Programme to all public primary schools by 2011 (Malawi). |
| Care Environments | | Provide support for clean and cheap energy to reduce women's workload (Nepal). |
| Health & Water/Sanitation | Blank | |
| Health & Water/Sanitation | Health | Conduct training on the use of the guidelines and integrate into HIV/TB programmes (Sierra Leone). |
| Health & Water/Sanitation | Reproductive Health | Promotion of family planning (Rwanda). Sensitisation of adolescents on sexual and reproductive practices (Mozambique). |
| Health & Water/Sanitation | Sanitation | Health, water, hygiene, and sanitation services: promote World health Organisation's (WHO) five keys to safer foods (Ghana). |
| Health & Water/Sanitation | Water | Conduct advocacy meetings with key stakeholders on the provision of safe water and sanitary facilities to the communities in both rural and urban areas at national and district level (Malawi). |

| GOVERNANCE Category | Sub-category | Example |
|------------------------------|---------------------|---|
| Information Management | | Conduct monitoring and evaluation of the implementation of SUN activities that have been included in the DIPs (Malawi). Conduct a rapid assessment of licensed and unlicensed food companies and food vendors for compliance to best practices on food safety and hygiene (Sierra Leone). Strengthen collaboration between research and extension service providers in nutrition research |
| Coordination and partnership | | Strengthen coordination between WASH, food security, education, protection, environment and nutrition sectors by participating in each other's coordination meetings (Somalia). Establish an interim multi-sectoral coordination mechanism for nutrition programming and M&E (Uganda). |
| Advocacy | | Advocate with ministries for prioritising nutrition in their plan and for including core nutrition-specific indicators (Nepal). |
| Communication | | Develop a multi-sector food and nutrition security communication strategy (Sierra Leone). |
| System Capacity Building | | Education: facilitate the integration of nutrition into school curricula (Ghana). |
| Policy Development | | Update health sector nutrition related acts, regulations, policies, strategies, and standards (Nepal). |

Annex 1 Description of information entered into columns of the CRF TOOL

| Col # / Name | Column Description |
|--------------------------|--|
| Country | The SUN Country name and the years with which the National Nutrition Plan, identified as the Common Results Framework, applies. |
| Programme Classification | For the classification of programmes and their associated activities, three main headings are provided in the drop down box. These are Specific, Sensitive and Governance and within each of these headings are a number of sub-categories to choose from. These three headings are the main focus of this exercise and are described in detail in the next section. |
| Programme Description | This should be the exact wording and narrative of the activity stated in the government's nutrition plan. |
| Total Cost | The total summed cost for the entire plan duration. The tool does not provide detailed cost per year. |
| Tasks/ Activities | Most plans describe activities that are attributed to results, strategic objectives or outcome statements. However, some government plans have disaggregated their activities to a lower level described as tasks. |

Annex 2 Evidence based direct interventions to prevent and treat undernutrition

TABLE 1 Evidence Based Direct Interventions to Prevent and Treat Undernutrition

Promoting good nutritional practices (\$2.9 billion):

- breastfeeding
- complementary feeding for infants after the age of six months
- improved hygiene practices including handwashing

Increasing intake of vitamins and minerals (\$1.5 billion)

Provision of micronutrients for young children and their mothers:

- periodic Vitamin A supplements
- therapeutic zinc supplements for diarrhoea management
- multiple micronutrient powders
- de-worming drugs for children (to reduce losses of nutrients)
- iron-folic acid supplements for pregnant women to prevent and treat anaemia
- iodized oil capsules where iodized salt is unavailable

Provision of micronutrients through food fortification for all:

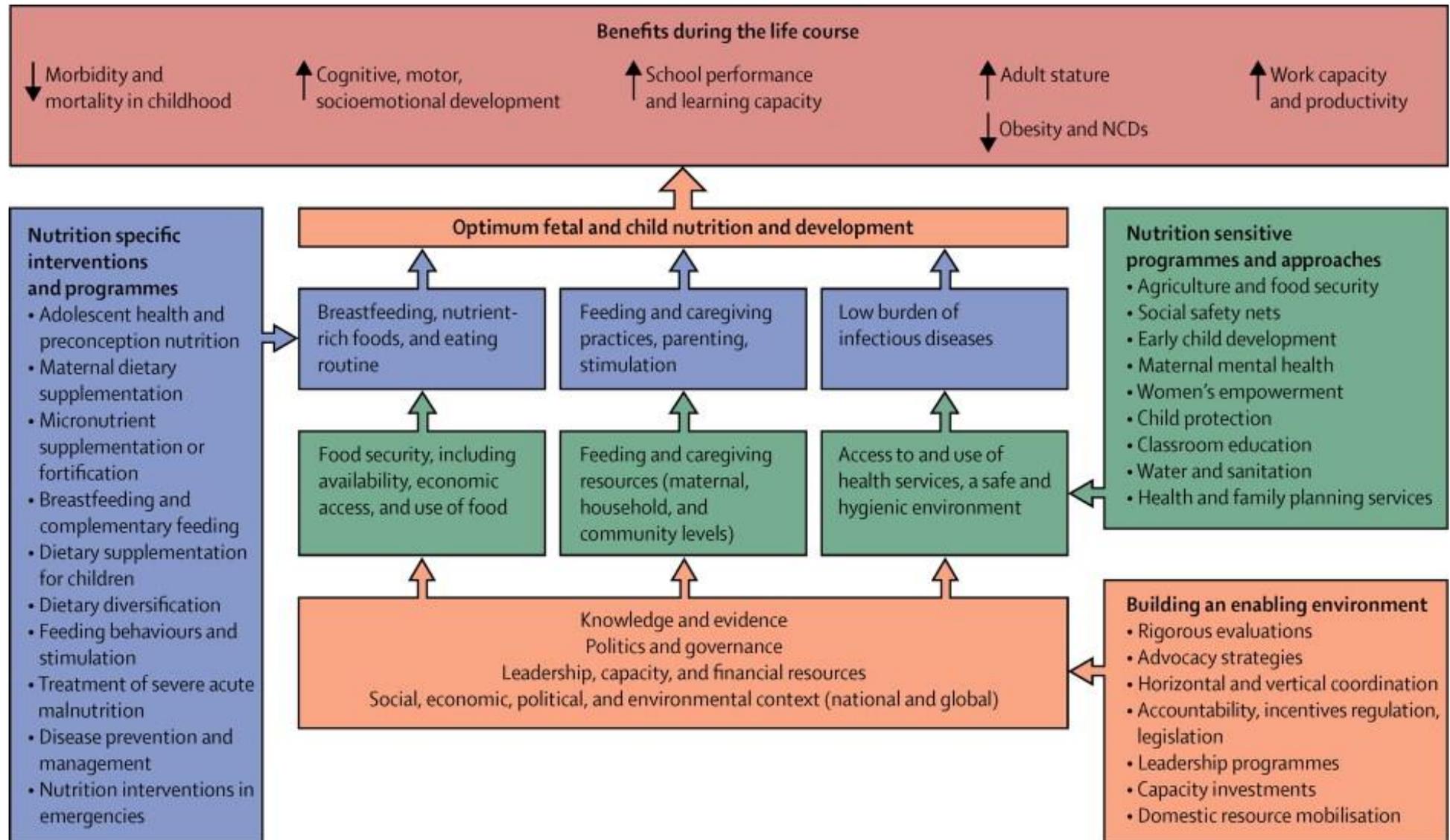
- salt iodization
- iron fortification of staple foods

Therapeutic feeding for malnourished children with special foods (\$6.2 billion):

- prevention or treatment for moderate undernutrition
- treatment of severe undernutrition ("severe acute malnutrition") with ready-to-use therapeutic foods (RUTF).

Reference: Scaling Up Nutrition: What Will it Cost? Horton, et.al. 2009

Annex 3 UNICEF conceptual framework for undernutrition





ENGAGE • INSPIRE • INVEST

This document was produced based on inputs provided by HPI/NutritionWorks for MQSUN, through the Department for International Development (DFID) funded MQSUN project. www.heart-resources.org/about/#msqun

The SUN Movement is supported by the Bill & Melinda Gates Foundation, Canada, the European Union, France, Germany, Ireland, the Netherlands and the United Kingdom. www.scalingupnutrition.org