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# Fill the Nutrient Gap **Cambodia**

SUMMARY REPORT



ព្រះរាជាណាចក្រកម្ពុជា  
ក្រសួងកសិកម្ម រុក្ខាប្រមាញ់ និងនេសាទ (ក.ក.ជ.)



March 2017



### LIST OF ACRONYMS:

CARD	Council for Agricultural and Rural Development
CotD	Cost of the Diet
FNG	Fill the Nutrient Gap
IFPRI	International Food Policy Research Institute
MAD	Minimum Acceptable Diet
MAFF	Ministry of Agriculture, Forestry and Fisheries
MAFF	Ministry of Agriculture, Forestry and Fisheries
MDD	Minimum Dietary Diversity
MDD-W	Minimum Dietary Diversity for Women
MMF	Minimum Meal Frequency
NSFSN	National Strategy for Food Security and Nutrition
PLW	Pregnant and Lactating Women
SBCC	Social Behaviour Change and Communication
SNF	Specialized Nutritious Food
SNUT	Staple Adjusted Nutritious Diet
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WRA	Women of Reproductive Age

### SPECIAL THANKS TO:

- National Government
- Council for Agricultural and Rural Development (CARD)
  - Ministry of Agriculture, Forestry and Fisheries (MAFF)
  - Ministry of Education, Youth and Sport (MoEYS)
  - Ministry of Planning (MOP)
  - National Maternal and Child Health Center (NMCHC)
- UN Agencies
- Food and Agriculture Organization (FAO)
  - United Nations Children's Fund (UNICEF)
  - World Health Organization (WHO)
- NGOs
- Action Against Hunger (ACF)
  - Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) Cambodia
  - Foundation of Netherlands Volunteers (SNV)
  - Helen Keller International (HKI)
  - Plan International
  - Reproductive and Child Health Alliance (RACHA)
  - Save the Children International (SCI)
  - The Inland Fisheries Research and Development Institute (IFReDI)
  - WorldFish

### PHOTOS:

- Cover: WFP/Paul Macleod
- Above: WFP/Ratanak Leng

Fill the Nutrient Gap (FNG) is a situation analysis and decision-making tool developed by the World Food Programme (WFP) with inputs from the University of California, Davis; the International Food Policy Research Institute (IFPRI); Epicentre; the United Nations Children’s Fund (UNICEF); Harvard University; and Mahidol University.

It identifies context-specific strategies for improving nutritional intake of vulnerable populations, especially during the first 1,000 days from conception to a child’s second birthday. FNG uses secondary data review and linear programming analysis to understand a country or region’s nutrition situation, compare the potential impact of interventions, and identify programme and policy entry points to ensure consumption of an adequately nutritious diet.

The FNG process in Cambodia was led by the Council for Agricultural and Rural Development (CARD) and WFP from March 2017 (Fig. 1). The Ministry of Agriculture, Forestry and Fisheries (MAFF) collaborated with WFP to collect market price data for the Cost of the Diet (CotD) study. Key national stakeholders were engaged to define the scope of the analysis, provide and consolidate secondary data and provide input into the CotD modelling (Fig. 2).

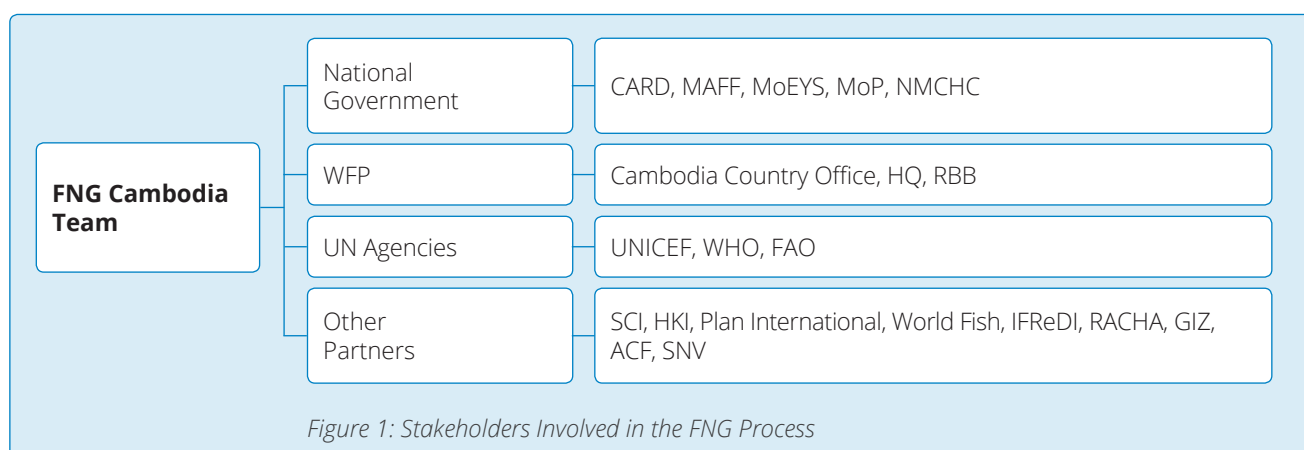
### Fill the Nutrient Gap Key Steps

1) Define Focus: Identify target groups and geographical and/or seasonal elements from stakeholder consultation and national nutrition data.

2) Policy Analysis: Determine if there is an enabling environment for access to, and availability of, nutritious foods, and identify relevant entry points and platforms for increased availability and access to nutrients.

3) Analysis of Nutrient Availability and Access: Analyse factors such as local preferences and practices, and estimate nutrient gaps for key target groups and context-appropriate interventions to fill nutrient gaps.

4) Recommendations for Interventions: Identify roles for different sectors and stakeholders, and public platforms for policy and programmes.



## Stakeholder Engagement Process

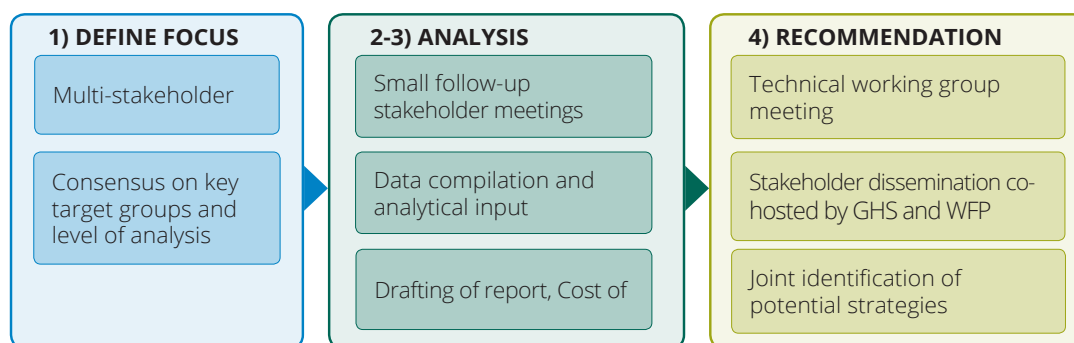


Figure 2: The FNG

### 1) Define Focus

The key target groups for analysis were identified by stakeholders, based on the current malnutrition characteristic across Cambodia.



#### CHILDREN UNDER 5:

- Stunting: 32 percent in children under 5. Highest in poor households and in mountain/plateau provinces (Fig. 3 and 5).
- Wasting: 10 percent of children under 5 (Fig. 3).
- Anaemia: 56 percent among children under 5, causes likely include micronutrient deficiencies, thalassemia and helminth infections (Fig. 3).
- Overall decline in undernutrition but progress is vulnerable to natural and economic shocks (Fig. 3).



#### ADOLESCENT GIRLS (10-19 YEARS):

- 12 percent of women aged 15 to 19 are pregnant or have given birth.
- 28 percent of women aged 15-19 are thin.



#### PREGNANT AND LACTATING WOMEN (PLW):

- Thinness: 14 percent in women of reproductive age (WRA); strong link between maternal thinness and undernutrition in children.
- Overweight/Obesity: Currently at 18 percent but increases as women age (Fig. 4). Must beware of rising double burden.
- Anaemia: 45 percent of all women, but higher in PLW.

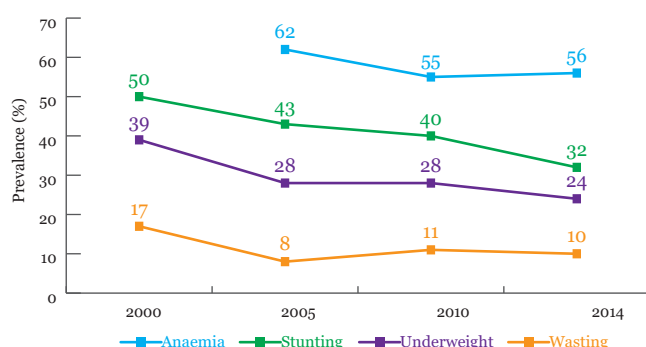


Figure 3: National prevalence of stunting, wasting, underweight and anaemia in children under 5 (National Institute of Statistics, 2015).

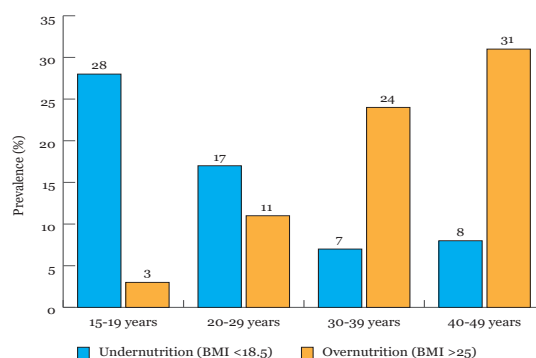


Figure 4: National prevalence of undernutrition and overnutrition among women 15-49 by age (National Institute of Statistics, 2015)



## 2) Policy Analysis

An enabling policy environment can provide entry points for nutrition interventions across different sectors. In Cambodia, relevant existing policies and programmes include:

### NATIONAL POLICY AND LEGAL FRAMEWORK:

- CARD: National Strategy for Food Security and Nutrition 2014 - 2018 (NSFSN):
  - » Scaling Up Nutrition (SUN) member since 2014: CARD serves as focal point.
  - » Targets food availability/access, utilization and stability; aligned with social protection.
  - » High level political commitment; requires adequate funding.
- Ministry of Health (MOH): National Nutrition Programme 2009 – 2015:
  - » Targets micronutrient deficiencies in infants and young children/WRA; focuses on multi-sectoral collaboration.
  - » Fast Track Road Map for Improving Nutrition 2014-2020
- Fortification:
  - » Mandatory salt iodisation since 2003, although poor compliance.
  - » Mandatory fish and soy sauce fortification since 2015, although poor compliance.
- Social protection:
  - » National Social Protection Policy Framework 2016-2025 (NSPPF)

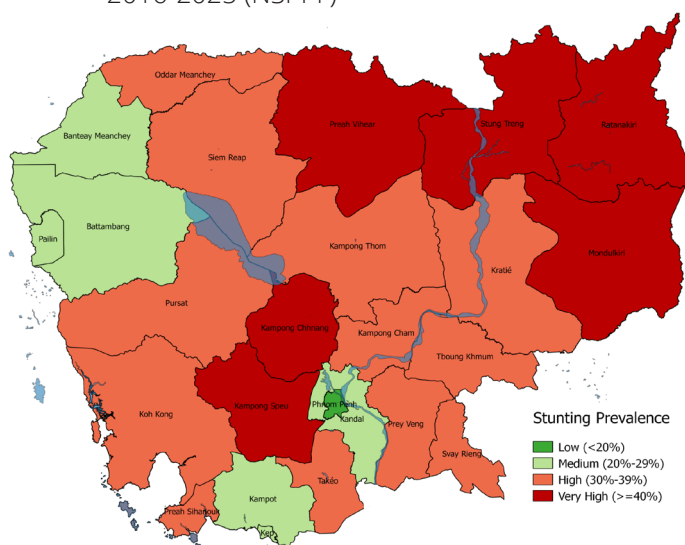


Figure 5: Stunting prevalence by region (National Institute of Statistics, 2015).

- » Emergency food assistance in response to shocks.
- » Pilot projects providing cash to improve nutrition during the first 1,000 days, i.e. among pregnant and lactating women and children under 2.

### STRATEGIC PARTNERSHIPS AND PROGRAMMES TO INCREASE AVAILABILITY AND ACCESS TO NUTRITIOUS FOODS:

- Num Trey (two different products): A locally produced ready-to-use therapeutic food from legumes and dried fish to treat Moderate and Severe Acute Malnutrition, and a healthy snack soon to be available on the market.
- NOURISH fish powder: A nutritious powder made from small fish that can be added to other foods to improve the nutrient content.
- Home Grown School Meals:
  - » The National School Meals programme is being led by WFP with plans for handover to government in 2021.
  - » In 2016/2017, the programme was implemented in 84 schools and reached 17,200 pre-primary and primary school students.
- Nutrition sensitive agriculture and aquaculture:
  - » Improving nutrition through fisheries and aquaculture is a major initiative pursued by the Fisheries Administration and partners such as World Fish.
  - » A number of organizations such as the NOURISH project aim to improve agricultural practices in order to improve access and availability of nutritious foods.
  - » Home gardening and poultry rearing programmes are implemented by many NGOs such as Helen Keller International and Plan International.

### 3) Analysis of Nutrient Availability and Access

Food availability is not a barrier to consuming a nutritious diet for the majority of Cambodians. Most agricultural households produce their rice needs, but rely on markets and foraging to access micronutrient rich foods. These households are vulnerable to shocks (floods, drought, deforestation) that impact their income, production and access to forests, limiting their access to micronutrient-rich food.

#### AVAILABILITY

- 270 foods on average were found in markets during the CotD survey across 19 regions.
- Rice dominates national production, illustrating the limited crop diversity in the country.
- Specialized nutritious foods are widely available in Phnom Penh, but not in rural markets. Num Trey and NOURISH fish powder hope to be available through markets in the future.

#### ACCESS

- Nearly 80 percent of the lowest wealth quintile work in agriculture. These households are the most vulnerable to shocks and food insecurity.
- The majority of agricultural households (82 percent) produce their own rice and purchase all other food from markets: fruit (72 percent), vegetables (66 percent), root crops (58 percent), beans and pulses (71 percent), fish (75 percent) and meat/animal products (82 percent).
- Market access throughout the country is good, but economic access to a nutritious diet varies (Fig. 6). In regions where stunting is high but non-affordability of a nutritious diet (Fig. 6) is low, other factors such as maternal health practices, water and sanitation and dietary practices may be key drivers.

#### NUTRIENT INTAKE

- Household diets are rice-based with some fish and vegetables, but there is little consumption of other food groups (Fig. 7). Undernourishment is low at 14 percent suggesting that diet quality and diversity is more of an issue than food quantity.
- Cambodia has the highest prevalence of exclusive breastfeeding at 6 months in Southeast Asia (65 percent), but other infant feeding practices need improvement. Practices are worse in urban areas due to economic constraints, beliefs and breastmilk substitute advertising.
- Only 32 percent of breastfed children 6-23 months eat a minimum acceptable diet (Fig.8). Many children are fed unhealthy packaged snack foods in urban and rural areas.
- Women's dietary diversity is low and most do not change their diet during pregnancy and breastfeeding, when needs are high.
- The coverage of Vitamin A and Iron Folic Acid supplementation for vulnerable groups could be improved, as could the provision. (Table 1&2)

#### LOCAL PREFERENCES AND PRACTICES

- Economic challenges: Mothers return to work and leave children with caregivers.
- Cost and time constraints: Prevent mothers and caregivers cooking enriched rice porridge. Some buy from vendors but often it is of poor quality.
- Key influencers: Grandmothers, husbands and health workers.
- Key barriers: Women's lack of time, insufficient knowledge on complementary feeding, beliefs on "eating down" for easy delivery.

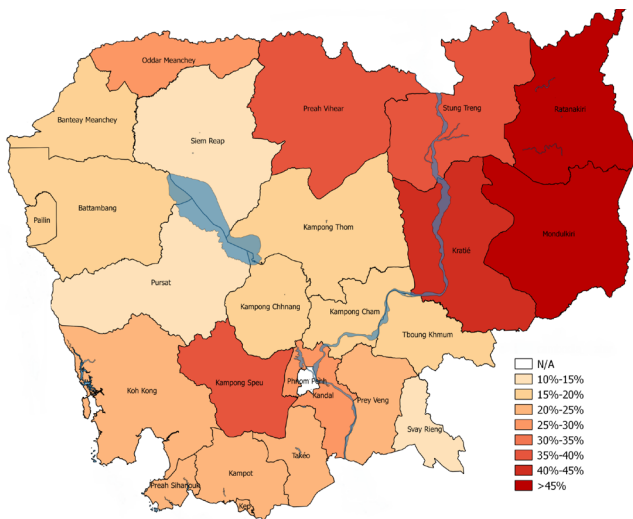


Figure 6: Percentage of non-affordability of the Staple-Adjusted Nutritious diet by region (Cost of the Diet Analysis, 2017)

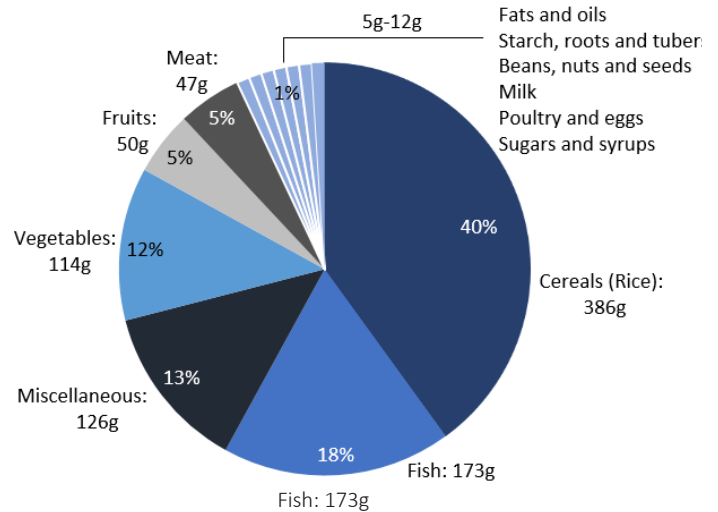


Figure 7: Average percentage of total food intake by food group in Cambodia. Grams are per capita consumption per day (Inland Fisheries Research and Development Institute, 2012)

## Modelling Dietary Improvement

The secondary data on availability and access, as well as actual nutrient intake and influencing cultural factors, informed affordability modelling and intervention recommendations. Results from the linear programming analysis were used to examine if optimized diets with locally available foods could meet nutrient needs for target groups.

CotD analysis was conducted using primary data on market prices collected in 5 markets in 19 regions (95 total), as well as secondary data on household composition and expenditure from the 2016 WFP/ UNICEF/FAO Resilience Survey. CotD software calculates the lowest cost, locally available diet that meets nutrient needs when adjusted to incorporate local staple food. This is known as the Staple Adjusted Nutritious Diet (SNUT). The staple foods, in all provinces, were daily portions of rice and fish and three servings per week of morning glory. Intervention modelling was undertaken in the Battambang/Pailin (Tonle Sap), Kampot/Kep (Coastal), Prey Veng (Plain) and Ratanak Kiri/Mondul Kiri (Mountain/Plateau) regions.

The model household used for CotD was based on the average household size in Cambodia and included a child 12-23 months, a child 6-7 years, an adolescent girl 14-15 years, a lactating adult woman, and an adult man.

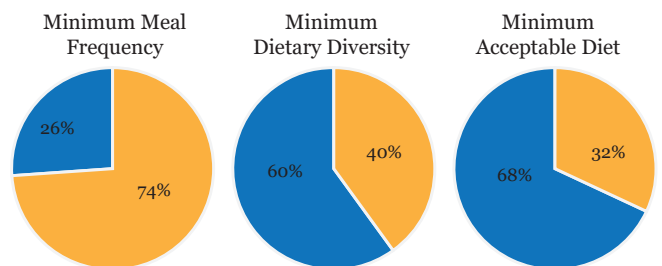


Figure 8: Percentage of breastfed children 6-23 months eating a Minimum Acceptable Diet in Cambodia (National Institute of Statistics, 2015)

Children 6-59 months	
Vitamin A	70% (coverage)
Deworming	59%
Pregnant and Lactating Women	
Iron Folic Acid	96% took any 76% > received 90 doses 49% post-partum
Deworming	72%

Tables 1 & 2: The national coverage of micronutrient and deworming distribution in Cambodia for children 6-59 months and PLWs (National Institute of Statistics, 2015)

## RESULTS

- The average daily cost of the SNUT diet was KHR 14,792 (USD 3.62), ranging from KHR 12,081 (USD 2.96) in Pursat, to KHR 24,750 (USD 6.06) in Ratanak Kiri/Mondul Kiri.
- The lactating woman and adolescent girl were the most expensive in order to meet nutritional needs. This is due to increased nutrient needs during these lifecycle periods (Fig. 9).
- On average, 21 percent cannot afford the least expensive adequate nutritious diet, ranging from 12 percent in Pursat and Siem Reap to 66 percent in Ratanak Kiri/Mondul Kiri (Fig. 6).
- Blood, offal, green leafy vegetables, pulses and fish were identified as inexpensive and available foods, that are rich in nutrients.
- For the non-breastfed child under 2, the cost of the SNUT diet was 44 percent higher than for a breastfed child.
- High consumption of unhealthy snack foods could increase the cost for the child by 38 percent.
- Pregnancy during adolescence increased the cost of the SNUT diet by 10 percent, and lactation by 15 percent.

To improve the affordability of the SNUT diet, various interventions were modelled. These included vouchers for locally available nutritious fresh foods, market available fortified staples, specialized nutritious foods (SNFs), micronutrient supplements, home gardening interventions, and Home Grown School Feeding for the school aged child. Monthly cash transfers to the household of USD 6.00 and USD 10.80, based on ongoing programmes, were also modelled. The modelled diets are theoretical and would need to be accompanied by complementary behaviour change interventions. The implementation costs were not included in the calculation, a next step would be to conduct a costing exercise.

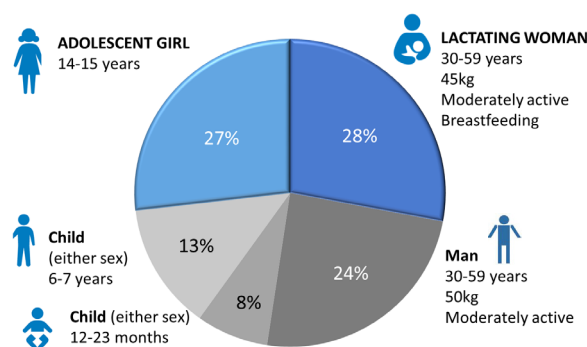


Figure 9: Percentage cost of the SNUT diet by household member (Cost of the Diet Analysis, 2017)

### The most effective interventions for each target group were as follows:

- Children 6-23 months: Vouchers or in-kind provision of Num Trey or NOURISH fish powder were most effective, reducing the daily cost of the SNUT diet by 47 percent and 51 percent respectively in the 4 modelled regions (Fig. 10).
- Adolescent girls: A fresh food voucher of fish and morning glory is the most effective, reducing the cost of the SNUT diet by 8 percent (Fig. 11).
- PLW: Voucher or in-kind provision of NOURISH fish powder was most effective reducing the cost of the SNUT diet by 16 percent. An iron/folic acid tablet reduced the cost of the SNUT diet by 11 percent (Fig. 12).
- Household: Fortified rice somewhat reduced the cost of the SNUT diet for the household. HKI's homestead gardening and fish pond intervention had the greatest impact in reducing the cost of the SNUT diet for the household by 14 percent and 12 percent respectively (Fig. 13).



## COST OF THE DIET MODELLING

Average cost of SNUT diet for key target groups in Battambang/Pailin, Kampot/Kep, Prey Veng and Ratanak Kiri/Modul Kiri regions of Cambodia with different interventions (Fig. 10 child 6-23 months; Fig. 11 adolescent girl; Fig. 12 PLW)






Provision of Num Trey and NOURISH fish powder through a voucher/in-kind was the most effective at reducing the cost of the SNUT diet in all regions. However, their market price point may need to be reviewed.

An IFA supplement and fresh food voucher provided in-kind were equally effective in reducing the cost of the SNUT diet of the adolescent girls in all regions. NOURISH fish powder provided in-kind was the most effective for the PLW.

Packages of household level interventions and potential effect on economic access to nutrients for vulnerable groups

Individual interventions were combined to form a package of targeted interventions, shown in Figure 13. This package was also combined with a home gardening intervention and the introduction of fortified rice. The combination of these interventions can improve non-affordability by 18 to 35 percentage points.

Cash Transfers of USD 10.80 and USD 6.00 could also greatly improve affordability of a nutritious diet, as shown in Table 2. It is assumed that all the money given would be spent on food and that all households that cannot afford a nutritious diet would receive the cash transfer. A cash transfer in combination with the intervention packages could be reduce non-affordability by 19 to 42 percentage points.

Interventions Modelled	
	<b>Locally available nutritious foods (vouchers)</b>
	<b>Fortification (market)</b>
	<b>Specialized nutritious foods (in-kind/ voucher)</b>
	<b>Cash transfers</b>
	<b>Home gardening</b>

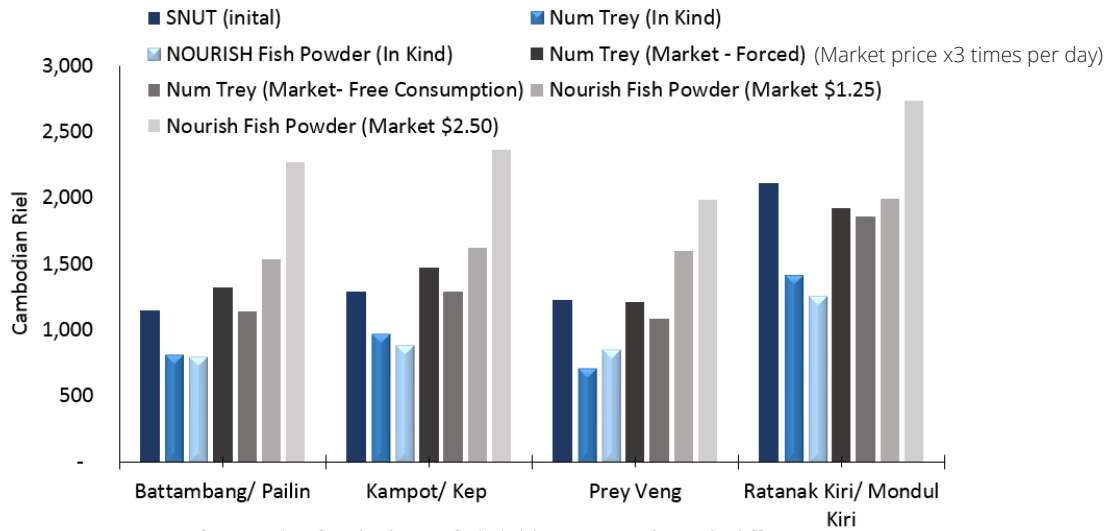


Figure 10: Cost of SNUT diet for the breastfed child 6-23 months with different interventions

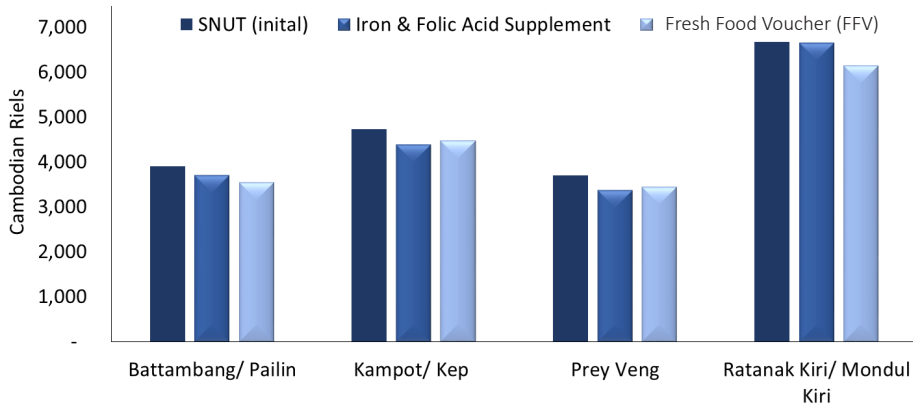


Figure 11: Cost of SNUT diet for an adolescent girl with different interventions

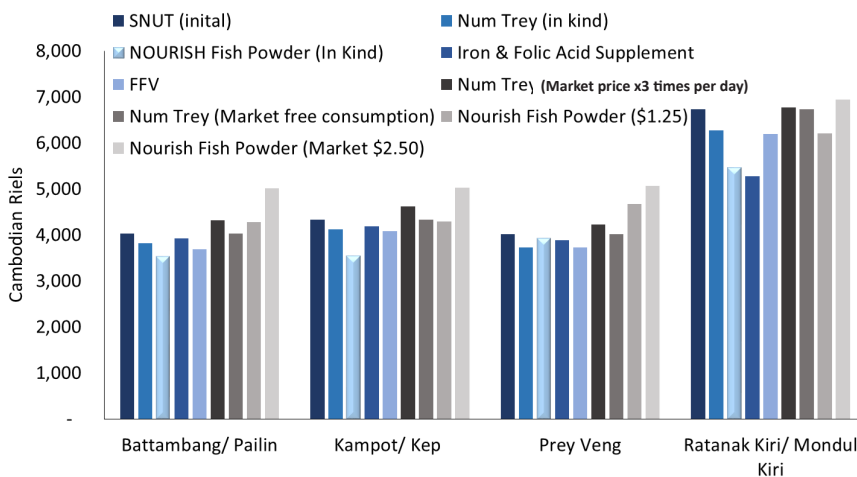


Figure 12: Cost of SNUT diet for a PLW with different interventions

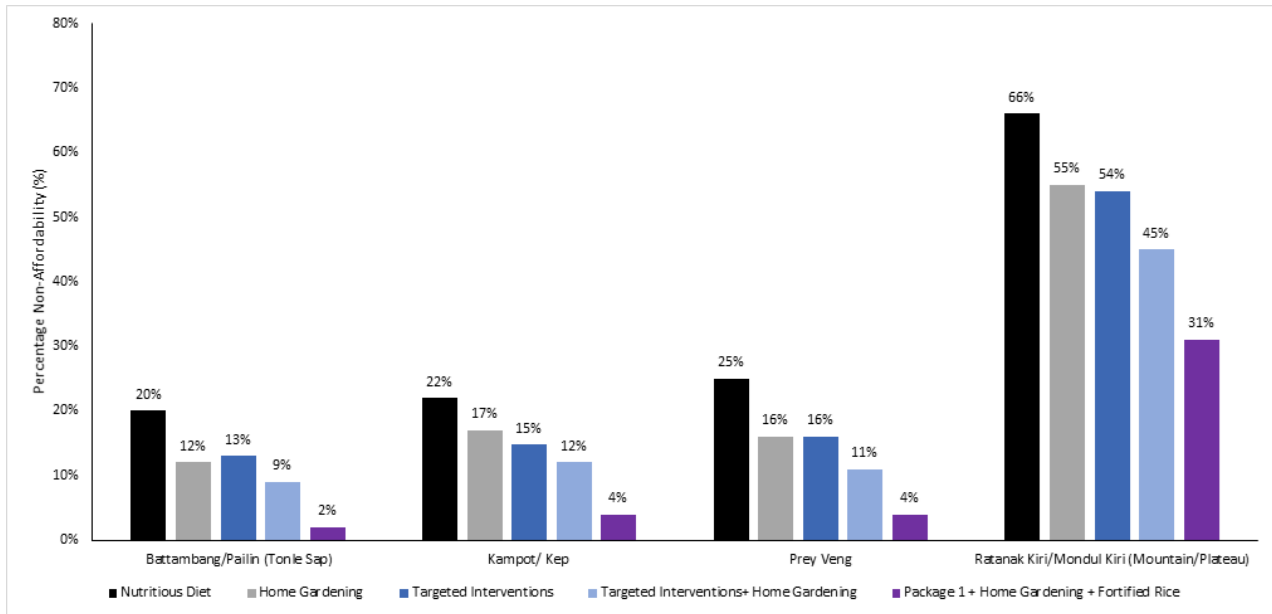


Figure 13: Household non-affordability of SNUT diet with a combination of targeted and household interventions: Num Trey for breastfed child 6-23 months; Home Grown School Feeding lunch with fortified rice for school aged child; NOURISH fish powder for PLW; Fresh food vouchers for adolescent girl; Home gardening and fortified rice for household.

Region	Percentage of Households that cannot afford a Nutritious Diet	Cash Transfer \$6	Cash Transfer \$10.80
Battambang/Pailin	20%	16%	14%
Kampot/Kep	22%	20%	18%
Prey Veng	25%	20%	17%
Ratanak Kiri/Mondul Kiri	66%	63%	60%

Table 3: Household affordability of SNUT with a cash transfer of USD 6 or USD 10.80.

## Conclusions

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### **1. Child malnutrition varies geographically and is impacted by socioeconomic factors, mothers' nutritional status and shocks.**

- Undernutrition in infants and young children remains high despite decreases over the past 20 years and disproportionately affects the poorest households. Children with thin mothers are more likely to be stunted or wasted.
- Anaemia in women and children is a severe public health problem, but the causes are multi-factorial, including genetic, which cannot be treated.
- The small reduction in stunting and wasting from 2005-2010 is thought to be due to the global financial crisis and flooding.

### **2. The double burden of malnutrition is increasing and exacerbated by rapid urbanization, and excessive consumption of rice and snack food consumption in children.**

- Although the double burden in Cambodia is low compared to other countries in South East Asia, the percentage of overweight and obese women has tripled from 2000 to 2014.
- Cambodia is experiencing rapid urbanisation, which has been associated with an increase in overweight and obesity in other countries.
- The cultural significance of rice could lead to overconsumption and excessive energy intake. This, coupled with the increase in unhealthy packaged snack food consumption, particularly in children, could exacerbate rising overweight and obesity.

### **3. Despite economic development, household access to sufficient and nutritious food remains a challenge, particularly for poor rural households engaged in agriculture.**

- Poor households engaged in agriculture are the most food insecure and rely on markets and foraging to source foods other than rice.
- Although the majority of these households can access a market in less than 30 minutes, changes to their income, food prices and forest coverage could lead to greater food insecurity and the adoption of coping strategies.

### **4. The quality and diversity of households' diet is a concern. This is influenced by limited crop diversification, dietary preferences and economic access.**

- Undernourishment in Cambodia is low, which suggests that the quality and diversity of the diet is of more concern than meeting energy requirements.
- Despite high food availability in local markets, rice dominates the diet with some consumption of fish and vegetables. For a more nutritious diet, rice consumption would need to decrease, whilst vegetable and legume consumption would need to increase.
- Households report that the cost of nutritious foods is a key barrier to their consumption, however on average only 21 percent of the population could not afford the SNUT diet.

### **5. Malnutrition indicators do not seem to be related to economic access to a nutritious diet. Stunting prevalence is high in areas of low AND high non-affordability.**

- In the Mountain/Plateau regions stunting and non-affordability of the SNUT diet are high, driven by high food prices as found during the CotD market survey.
- However, in other regions, stunting is high but non-affordability of the SNUT diet is low, which suggests that other factors (such as maternal health practices, water and sanitation and dietary practices) are key drivers.

### **6. Women's diets, particularly during pregnancy and breastfeeding, are poor and contribute to malnutrition in their children.**

- The cost of a nutritious (SNUT) diet was most expensive for the adolescent girl and lactating woman due to increased micronutrient needs during these life cycle periods.
- Region specific studies suggest that women's dietary diversity (MDD-W) is poor, with low consumption of micronutrient-rich foods such as beans, nuts, dairy, eggs and vitamin A rich fruits/vegetables.
- Data suggests women's diets do not change during pregnancy or breastfeeding, driven by local customs based on the desire for an easy delivery and to prevent post-delivery complications.

**7. Breastfeeding practices are almost universal. However, sustaining the gains will be challenging. Specific attention is needed in improving practices in urban areas.**

- Although Cambodia is a regional leader in exclusive breastfeeding, the rate of breastfeeding within one hour of birth, exclusive breastfeeding at 4-5 months and continued breastfeeding at 2 years should be improved.
- Breastfeeding practices are particularly poor in urban areas as many women return to work after 3 months, see 'chubby' babies as a status symbol and are influenced by extensive breast-milk substitute advertising and promotion.

**8. Complementary feeding practices are suboptimal and an important barrier to nutrient intake in children 6-23 months.**

- Trends in stunting and anaemia suggest inadequate nutrient intake among children 6-12 months, when complementary foods are first introduced.
- Most children are fed watery rice porridge (borbor) and few mothers enrich this with nutrient-dense foods, such as fish, meat and vegetables. Consequently only 32 percent of breastfed children 6-23 months are fed Minimum Acceptable Diets (MAD) due to low dietary diversity.
- The cost of nutritious foods, time restrictions and women returning to work are cited as the main barriers to appropriate complementary feeding.

**9. Context specific integrated packages of interventions have the greatest potential to improve the affordability of a nutritious diet.**

- CotD modelling shows that specialized nutritious foods are the most effective interventions to reduce the cost of meeting nutrient needs for children 12-23 months and PLW.
- A fresh food voucher and iron/folic acid supplementation are the most effective interventions to reduce the cost of meeting nutrient needs for an adolescent girl.
- A combination of the most effective fresh food interventions and a cash transfer are the most effective package to improve the affordability of a nutritious diet for the household. However, programming cost and delivery platforms still need to be taken into consideration.

**10. The food system provides a range of promising entry points across multiple sectors, both public and private, to improve access to nutrients for vulnerable groups.**

- The health system, social protection, school feeding, agricultural diversification, as well as the garment industry are examples of platforms to be leveraged.
- The enabling environment offers opportunities, including the regulation of the marketing of snack foods and breastmilk substitutes; development of quality seals for nutritious foods; compliance monitoring of fortification programmes; and national and decentralized multi-sectoral approaches.
- Market availability of affordable, safe, nutritious and convenience foods, together with demand creation for healthy diets and lifestyles are critical aspects to be addressed.



## 4) Stakeholders' Recommendations

Recommendations were formulated during stakeholder discussions and informed by the secondary data analysis and CotD modelling. They include programme and policy measures to address access, availability and demand for nutrients and nutritious foods. The recommended actions have the potential to increase consumption of nutrient-dense foods, especially by vulnerable target groups.

### Fresh foods, agriculture and aquaculture

- Homestead food production– scale up food production at the home to improve consumption of micronutrient dense food and increase income (which can lead to better dietary diversity of the household). Vulnerable/food insecure households to be prioritized, as well as households including pregnant women or children under 2. Specific delivery platforms identified for this strategy include linking homestead food production to education platforms, NGO community based programmes, school education programmes, as well as community fisheries.
- Diversification of commercial production- specific entry points to make food production systems for small scale farmers more nutrition-sensitive include: community level access through markets; agriculture cooperatives; smallholder farmer organizations; community fisheries and forestry initiatives; linkages between producers and the food processing industry; market/private sector. Working with local food sellers/entrepreneurs to improve access to affordable nutritious food-cooked foods, fresh foods and healthy snacks.
- Education, linking agriculture to nutrition (including skills training)- key entry points for this include: women farmer organizations, agriculture extension workers, NGO programmes, school platforms, including Home Grown School Feeding programmes and academia.

### Processed foods, including fortification

- Prevention of micronutrient deficiencies through market and home processing– partnering with the private sector to ensure the availability of safe, nutritious products on the market, tailored to the needs of young children, as well as older children and adolescents. Improving cold chain and refrigeration access at the household level can also help to improve access to safe nutritious foods.
- Substitution of unhealthy snack food– in order to reduce unhealthy snack food consumption the following steps were recommended: government taxation and regulation of snack foods; tax exemptions to incentivise the private sector to increase the availability of healthy snacks; and innovative partnerships to increase the supply and demand of healthy diets.
- Regulation of food enterprises at all levels targeting women and children– in order to ensure the availability of high quality safe nutritious foods it is recommend that there is strengthened regulation; quality control/ monitoring (with adequate funding to support routine inspection) and labelling/ certification of quality requirements.

### Public Health and Social Behaviour Change Communication (SBCC)

The following potential platforms were identified for SBCC messaging:

- School education curriculum– the reform of the school curriculum is an entry point for improving knowledge and awareness on nutrition and nutrition-related issues.
- Community based platforms– it is recommended that government, development partners and local organizations collaborate to empower local councils to stimulate behaviour change in their communities over time.

- Mass Media and Social Media– social media, radio and television are all important platforms to communicate nutrition and nutrition-related messages to a mass audience.

It is essential that there is alignment in the messaging provided through different platforms, which requires strong co-ordination. Better understanding of the food environment is required to ensure that the messaging is well-tailored.

## Social Protection

- Review National Social Protection Policy through a nutrition lens– there are a number of ways the policy can be made more nutrition sensitive such as considering nutrition in targeting and transfer value and making assistance conditional on health/nutrition-related behaviours.
- Legislative and Formative (educational) context– ensuring that the food environment promotes nutritionally appropriate spending choices. For example, ensuring the regulation and supply chain measures are in place to make safe nutritious foods affordable and available. Demand creation strategies also need to be put in place to encourage recipients to make optimal spending choices.
- Link Social Protection to emergency response– to help rebuild vulnerable communities and protect nutritional well-being and development gains.

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