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MINISTRY OF HEALTH



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Ethiopia Nutrition Advocacy Plan

April 2013

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Abbreviations and Acronyms

CSO	civil society organization
ENGINE	Empowering New Generations in Improved Nutrition and Economic Opportunities
FANTA	Food and Nutrition Technical Assistance III Project
FAO	Food and Agriculture Organization of the United Nations
FMOH	Federal Ministry of Health
NNCB	National Nutrition Coordinating Body
NNP	National Nutrition Program
NNTC	National Nutrition Technical Committee
REACH	Renewed Efforts Against Child Hunger
RNCB	Regional Nutrition Coordinating Body
RNTC	Regional Nutrition Technical Committee
USAID	U.S. Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

Background

The 2011 Ethiopia Demographic and Health Survey showed improvement in a number of nutrition indicators. However, more improvement is needed for the people of Ethiopia to reach their full health, education, and economic potential. Among children under 5 years of age, 44 percent experience chronic malnutrition (stunting, or inadequate height-for-age), 29 percent are underweight, and 10 percent suffer from acute malnutrition (wasting, or inadequate weight-for-height). Anemia affects 44 percent of children under 5 and 17 percent of women of reproductive age. Addressing malnutrition and its consequences requires commitment at the national, regional, *woreda*, and *kebele* levels to develop, fund, and implement effective nutrition interventions to improve nutritional status.

In 2011, the Federal Ministry of Health (FMOH) in Ethiopia, in collaboration with several key stakeholders, began the process of revising the National Nutrition Program (NNP).

Development of the National Nutrition Advocacy Plan for Ethiopia

To ignite change to improve nutrition at all levels, a comprehensive social and behavior change approach is needed. Within this approach, three key components are necessary:

1. Advocacy to increase resources and political/social commitment for change goals
2. Social mobilization for wider participation, collective action, and ownership, including community mobilization
3. Behavior change communication for changes in knowledge, attitudes, and practices of specific audiences



SOURCE: Adapted from McKee, N. Social Mobilization and Social Marketing in Developing Communities (1992)

This plan focuses on the outer ring of the graphic—advocacy—to build support for an enabling environment for nutrition. Advocacy is needed at national, regional, *woreda*, and *kebele* levels to galvanize support for effective implementation of the NNP, which is being led by FMOH. A unified and harmonized approach to nutrition advocacy in Ethiopia would maximize the effectiveness of efforts conducted by the government and partners. The additional two components illustrated in the inner rings—social mobilization and behavior change communication—will focus on igniting change at the community, household, and individual level. These components will build on existing interventions that target those most affected by the problem of malnutrition (e.g., pregnant and lactating women, children under 5, adolescents, people living with infectious diseases, and highly vulnerable children) as well as those who directly influence the target population (e.g., caregivers to children under 5, husbands/partners, teachers and school administrators, relatives, peers, leaders in the community, and service providers).

Key steps in the development of the advocacy plan included forming a core working group to oversee the process and bringing together key stakeholders from multiple sectors, donors, and implementing agencies to agree on an approach to nutrition advocacy, including an implementation plan and timeline. Members of the core working group include representatives from FMOH, the U.S. Agency for International Development (USAID), Renewed Efforts Against Child Hunger (REACH) (a partnership between the World Food Programme [WFP], UNICEF, the World Health Organization [WHO], and the Food and Agriculture Organization of the United Nations [FAO]), and the Food and Nutrition Technical Assistance III Project (FANTA) and Empowering New Generations in Improved Nutrition and Economic Opportunities (ENGINE) projects. The core working group, along with additional stakeholders, participated in a 4-day consultative workshop to develop estimates of PROFILES. PROFILES is an evidence-based tool to support nutrition advocacy. PROFILES uses models and country-specific data to project economic and health consequences of not adequately addressing a country's nutrition problems with no improvement in nutrition over a defined time period. It simultaneously estimates the benefits of improved nutrition over the same time period, including lives improved and saved, and economic productivity losses averted. Based on the projected consequences and benefits, PROFILES is used to advocate for evidence-based actions to improve nutrition.

In addition, the core working group, along with additional stakeholders, participated in a 4-day consultative workshop to develop the following advocacy plan, which aligns with the priorities and outcomes outlined in the NNP. This process included determining key audiences and tailoring activities and materials to address each group's desired changes and perceived barriers and benefits. The activities outlined in the following advocacy plan are expected to contribute to increased visibility, commitment, action, and resources for nutrition in the health, agricultural, education, and social development sectors, as well as in public sector management. The plan targets media; policymakers and parliamentarians; officials at the regional, *woreda* and *kebele* levels; donors; civil society; and the private sector.

Ethiopia Nutrition Advocacy Plan

Problem	<ul style="list-style-type: none"> • Despite continued efforts, malnutrition rates in Ethiopia are unacceptably high • Nutrition lacks priority in Ethiopia and there is a lack of a long-term, sustainable vision that is owned at all levels • Coordination in the area of nutrition among government, donors, implementers, and between programs and other stakeholders across sectors is lacking • Inadequate financial and organizational resource investment toward reducing malnutrition • Low priority of nutrition issues in the media • Lack of private sector involvement in improving nutrition
Changes the Problem Calls For	<p>Advocacy should support the following changes:</p> <ul style="list-style-type: none"> • Ownership of nutrition within a high-level coordinating body (at the Office of the Prime Minister level) • Increased awareness and understanding of importance among the public and government • Increased leadership, commitment, coordination, and action at all levels and across sectors (i.e., agriculture, education, gender, and water) • Adequate budget line items for nutrition • Strengthened private sector involvement in nutrition
Final Audience Segmentation	<p>Those Most Affected by the Problem:</p> <ul style="list-style-type: none"> • Children (0-23, 24-59) months • Adolescents • Pregnant and lactating women • Highly vulnerable children • People living with HIV and tuberculosis

Final Audience Segmentation <i>(continued)</i>	<p>Those Directly Influencing the Most Affected:</p> <ul style="list-style-type: none"> • Caregivers to children under 5 (including mothers and fathers) • Husbands/partners of pregnant and lactating women • Relatives of pregnant and lactating women and caregivers of children under 5, including siblings, in-laws, and extended family • Neighbors and peers of caregivers and mothers of children under 5 • Community media • Traditional healers • Teachers, students, and Parent-Teacher Associations • Community and clan leaders, elders, and <i>kebele</i> leaders • Religious/traditional leaders • Peer mothers • Women’s groups • Traditional birth attendants • Small shop owners • Service providers (e.g., development army, health workers, health extension workers, health development army) • Youth groups • Faith-based organizations • Youth associations • Higher education institutions • Grassroots-level traditional associations
	<p>Those Indirectly Influencing the Most Affected:</p> <ul style="list-style-type: none"> • Media practitioners including journalists and gatekeepers (i.e., editors and producers in television, radio, print, and online) • Policymakers and parliamentarians • Officials at the regional, <i>woreda</i>, and <i>kebele</i> levels • Donors • Civil society organizations • Private sector
Strategic Approach/ Framing	<p>In order to create an enabling environment an advocacy approach is needed. The first phase will target media; policymakers and parliamentarians; officials at the regional, <i>woreda</i>, and <i>kebele</i> levels; donors; civil society organizations; and the private sector. A mutually reinforcing mix of activities that include events, workshops, trainings, roundtable discussions, print materials, and one-on-one meetings with selected influential individuals will build a critical mass of nutrition advocates and promote a national coordinated effort on nutrition. Parallel efforts will also target those most affected by the problem (e.g., pregnant and lactating women, children under 5, adolescents, people living with infectious diseases) as well as those who directly influence them (e.g., caregivers to children under 5, husbands/partners, relatives, neighbors and peers, community media, teachers, health workers/extension workers, traditional healers, and community and religious leaders). This will entail expanding the scope of the effort to include behavior change communication and social mobilization.</p>
Advocacy Activities and Materials	<p>A combination of:</p> <ul style="list-style-type: none"> • Fact sheets, policy briefs, and other print materials • Presentations/guides • Workshops, seminars, and trainings with commitment to action • One-on-one meetings • Roundtable discussions • Advocacy video • Media outreach and press briefings (with TV, radio, and print coverage as an outcome) • Exchange visits

Those Indirectly Influencing the Most Affected

Audience: Media including journalists and gatekeepers in government and private media (i.e., editors and producers in television, radio, print, and online)

Desired Changes	<ul style="list-style-type: none"> • Increased number of media houses that include reporting on nutrition in their editorial policies • Increased amount of accurate reporting on nutrition issues
Key Barriers	<ul style="list-style-type: none"> • Competing priorities • Lack of knowledge on nutrition issues
Advocacy Objective	By the end of 2015, there will be an increase in the number of media gatekeepers who understand the benefits of including reporting on nutrition in their editorial policy and an increase in the number of media practitioners with improved capacity (knowledge and adequate skills) to report on nutrition issues.
Activities	<ul style="list-style-type: none"> • Media monitoring • Face-to-face meetings and roundtables with media gatekeepers • Training for journalists on nutrition and the importance of reporting on nutrition issues • Follow-up roundtable discussions with media gatekeepers and journalists
Materials	<ul style="list-style-type: none"> • Advocacy video • Media training modules • Media kit including: <ul style="list-style-type: none"> ○ Fact sheets (including one on PROFILES results, and others on specific nutrition topics) ○ FAQs on nutrition ○ Contact list ○ Press release/feature article ○ Success story

Audience: Policymakers and Parliamentarians

Desired Changes	<ul style="list-style-type: none"> • Nutrition program coordination at a higher level (Office of the Prime Minister) • Regulations and policies drafted and legislated which reinforce the NNP (i.e., breast milk substitution, food fortification, salt iodization, and 6-month maternity leave) • Increased resource allocation for nutrition programs
Barriers	<ul style="list-style-type: none"> • Lack of nutrition champions at a higher level • Limited awareness on the magnitude of the nutrition problem and insufficient information on the investment needed for improved nutrition, resulting in nutrition not being a priority
Advocacy Objective	<p>By the end of 2015, there will be an increased understanding of the benefits of improving nutrition resulting in high level coordination, adequate resource allocation, and nutrition-sensitive sector planning.</p>
Activities	<ul style="list-style-type: none"> • Meeting on leadership and management • Briefings on the nutrition situation • Advocacy workshops/one-on-one meetings on specific policy issues (breast milk substitutes, maternity leave, food fortification, and salt iodization)
Materials	<ul style="list-style-type: none"> • Module on leadership and management on nutrition • Fact sheet on the nutrition situation with a call to action, including supporting proven, effective interventions to improve nutrition • Briefs on policies related to intake and distribution of micronutrients, including food fortification and salt iodization <i>[Note: policy on vitamin A, iron, and zinc has not yet been drafted]</i> • Brief on policies related to breastfeeding, including 6-month maternity leave and code on marketing of breast milk substitutes <i>[Note: policy on code of marketing for breast milk substitutes has been drafted but not yet enacted; policy on 6-month maternity leave and paternity leave has not yet been drafted; the current policy on maternity leave is 3 months with no paternity leave]</i> • Advocacy video • Success stories from other countries

Audience: Officials at Regional, *Woreda*, and *Kebele* Levels

Desired Changes	<ul style="list-style-type: none"> • Coordination among sectors at the regional, <i>woreda</i>, and <i>kebele</i> levels, including a functional Regional Nutrition Coordinating Body (RNCB), Regional Nutrition Technical Committee (RNTC), and <i>Kebele</i> Nutrition Technical Committee • Integration of nutrition into sector planning • Adequate resource allocation and efficient utilization of resources for nutrition • Enforcement of nutrition-related regulation and legislation
Barriers	<ul style="list-style-type: none"> • Limited awareness on nutrition and its impact on other sectors • Competing demands for resources
Advocacy Objective	<p>By the end of 2015, there will be an increase in awareness at regional, <i>woreda</i>, and <i>kebele</i> levels on nutrition issues and multisectoral coordination, resulting in a functional RNCB, RNTC, and <i>Kebele</i> Nutrition Technical Committee; adequate resource allocation and efficient utilization of resources at all levels; and enforcement of nutrition-related regulation and legislation.</p>
Activities	<ul style="list-style-type: none"> • One-day workshops on nutrition and nutrition-related policies • Capacity building workshops on monitoring, evaluation, research, and learning and on multisectoral implementation guidelines (in NNP)
Materials	<ul style="list-style-type: none"> • Advocacy video • Fact sheet including relationship between nutrition and the following sectors including roles and responsibilities for each: <ul style="list-style-type: none"> ○ Health ○ Agriculture ○ Education ○ Water and Sanitation ○ Women’s empowerment • Training modules • Policy briefs (as noted under Policymakers and Parliamentarians)

Audience: Donors

Desired Changes	<ul style="list-style-type: none">• Increased emphasis on programs that focus on preventive nutrition interventions and development, in addition to emergency efforts, especially for pastoral areas• Nutrition included in donors' funding policies and agendas as a cross-cutting/mainstreaming area for every development program
Key Barriers	<ul style="list-style-type: none">• Competing priorities• Global economic crisis• Country's readiness (i.e., infrastructure and capacity)• Lack of awareness/knowledge regarding nutrition's impact on development outcomes
Advocacy Objective	By the end of 2015, there will be an increase in awareness of the central role of nutrition in development outcomes among key donors and an increase in the readiness of donors to focus on prevention of malnutrition as well as treatment.
Activities	<ul style="list-style-type: none">• One-on-one meetings with key donors• Advocacy workshops on topics including public-private partnerships• Field visits for donors to sites of successful interventions
Materials	<ul style="list-style-type: none">• Fact sheet• Advocacy video• Success story booklet

Audience: Civil Society Organizations (CSOs) including international nongovernmental organizations, professional and development associations, and faith-based organizations

Desired Changes	<ul style="list-style-type: none"> • Increased integration of nutrition objectives into CSO program planning and research activities (for those CSOs not yet involved in nutrition) • Harmonization of messages on nutrition so that the CSO community is speaking in “one voice” (for those CSOs involved in nutrition)
Barriers	<ul style="list-style-type: none"> • Competing priorities • Lack of funding/donor influence on priority issues • Lack of capacity • Lack of awareness/knowledge regarding nutrition’s impact on development outcomes • Lack of coordination
Advocacy Objective	By the end of 2015, there will be an increase in the number of CSO staff who have an increased awareness on the impact of nutrition on development outcomes, and there will be harmonized messages on nutrition among the CSO community.
Activities	<ul style="list-style-type: none"> • Meetings with CSOs not involved in nutrition • Regular meetings with CSOs involved in nutrition
Materials	<ul style="list-style-type: none"> • Fact sheet (on why to integrate preventive nutrition interventions into program planning) • Talking points for CSOs on nutrition issues • Advocacy video • Booklet of CSO success stories • Quarterly newsletter on nutrition issues

Audience: Private Sector

Desired Changes	<ul style="list-style-type: none">• Increased number of private sector organizations engaged in support and promotion of breastfeeding (including 6-month maternity leave), food fortification, locally-produced specialized food products, and salt iodization activities
Barriers	<ul style="list-style-type: none">• Inadequate information on the consequences of malnutrition on productivity and profitability in business• Concern regarding effect of 6-month maternity leave on profitability• Lack of private-public partnerships
Advocacy Objective	By the end of 2015, there will be an increase in the awareness of the private sector on the importance of the Scaling Up Nutrition agenda.
Activities	<ul style="list-style-type: none">• Work with labor associations and Ministry of Labor and Social Affairs to profile private sector companies and determine priority companies to target with advocacy efforts• Advocacy workshop for the private sector on nutrition policy issues including salt iodization, food fortification, locally-produced specialized food products, and breastfeeding, including the code on marketing of breast milk substitutes and 6-month maternity leave• Field visits to other countries that have been successful with private-public partnerships
Materials	<ul style="list-style-type: none">• Mapping tool• Advocacy video• Fact sheet on salt iodization and food fortification• Fact sheet on locally-produced specialized food products• Fact sheet on breastfeeding including maternity leave and access to quality health care for mothers and children• Background document of private sector companies being visited in each country

Year One Implementation Plan Matrix

The implementation plan for Year Two will be developed during a consultative process with input from the core working group.

Target Group: Media			
Indicators:		<ul style="list-style-type: none"> % of media houses who integrate nutrition in to their editorial policy % increase in media coverage of nutrition issues % increase of media practitioners who report having improved capacity to cover nutrition issues 	<ul style="list-style-type: none"> % of media houses reporting nutrition issues (that adhere to national guidelines)
Means of Verification:		<ul style="list-style-type: none"> Media house editorial policies Media training pre- and post-assessments 	<ul style="list-style-type: none"> Baseline and continuous media monitoring assessments
ACTIVITY	MATERIALS TO SUPPORT ACTIVITIES	TIMELINE	RESPONSIBLE ORGANIZATIONS
Media monitoring baseline and continuous media monitoring	Parameters for media monitoring	Months 0–3 and on a quarterly basis	National Nutrition Coordinating Body (NNCB)/National Nutrition Technical Committee (NNTC)/FMOH
Face-to-face meetings and round tables with media gatekeepers (editors and producers, etc.)	Advocacy video <u>Media kit</u> - Fact sheets (including one on PROFILES and NNP costing estimates, and others on specific nutrition topics) - FAQs on nutrition - Contact list - Press release/feature article - Success story	Months 0–4	NNCB/NNTC/FMOH
Training for journalists on nutrition and the importance of reporting on nutrition issues	Training modules Media kit	Months 0–6	NNCB/NNTC/FMOH
Follow-up roundtable discussions	Updated data Case studies (from CSO newsletters)	Ongoing	NNCB/NNTC/FMOH

Target Group: Policymakers and Parliamentarians

- Indicators:**
- # of policies and regulations enacted which reinforce the NNP (breast milk substitution, salt iodization, food fortification and 6-month maternity leave)
 - % increase in the amount of budget allocated for nutrition activities
 - % increase of government contribution to the total NNP cost
 - # of champions at higher level
 - # of nutrition interventions within sector plans
 - Functional higher coordinating body established

- Means of Verification:**
- Documentation of policies
 - Budget analysis
 - Report from higher officials
 - Nutrition intervention incorporated within plans/reports

ACTIVITY	MATERIALS TO SUPPORT ACTIVITIES	TIMELINE	RESPONSIBLE ORGANIZATIONS
Meeting on leadership and management on nutrition	Training module/materials on leadership and management on nutrition Fact sheets (using PROFILES and NNP costing estimates)	Months 0–3 in clusters Cluster 1: Tigray, Amhara, Afar Cluster 2: Oromia; Southern Nations, Nationalities, and Peoples' Region; Addis Ababa Cluster 3: Benishangul Gumuz, Gambela Cluster 4: Hararri, Somali, Dire Dawa	NNCB/NNTC/FMOH
Short briefing on current nutrition situation in Ethiopia (using existing meetings)	Fact sheets (using PROFILES and NNP costing estimates) Advocacy video Success stories from other countries	Months 4–6	NNCB/NNTC/FMOH
Advocacy workshops/one-on-one meetings with parliamentarians and policymakers on specific policy issues (code on marketing for breast milk substitutes, maternity leave, salt iodization and food fortification)	Policy briefs PowerPoint presentation	Months 4–9	NNCB/NNTC/FMOH

Target Group: Officials at Regional, *Woreda*, and *Kebele* Levels

- Indicators:**
- % of regions implementing a multisectoral NNP
 - % increase in nutrition-related activities at the regional level
 - # of plans and reports of RNCB and RNTC
 - # of officials with increased awareness on nutrition issues
 - # of regions enforcing nutrition regulation
 - # of regions with an established and functional RNCB and RNTC
 - # of *kebeles* with a functional *Kebele* Nutrition Technical Committee

- Means of Verification:**
- Progress reports
 - Pre- and post-assessments
 - Administration reports

ACTIVITY	MATERIALS TO SUPPORT ACTIVITIES	TIMELINE	RESPONSIBLE ORGANIZATIONS
One-day nutrition workshops for all levels (work with the Regional Educational Bureau and dovetail on the Annual Review Meeting to bring information to the <i>woreda</i> and <i>kebele</i> levels)	Fact sheets in local languages (using PROFILES and NNP costing estimates) NNP Advocacy video	Months 0–3	NNCB/NNTC/FMOH
Capacity building workshops on monitoring, evaluation, research, and learning, and multisectoral implementation guidelines (in NNP)	Training modules Policy briefs	Months 4–9	NNCB/NNTC/FMOH

Target Group: Donors

- Indicators:**
- % increase in the amount of funding donors commit to support nutrition initiatives (private and public)
 - % increase in the number of donors supporting preventive nutrition initiatives

- Means of Verification:**
- Donor reports
 - Pre- and post-assessment

ACTIVITY	MATERIALS TO SUPPORT ACTIVITIES	TIMELINE	RESPONSIBLE ORGANIZATIONS
One-on-one meetings with key donors	Fact sheet (using PROFILES and NNP costing estimates) Advocacy video PowerPoint presentation	Months 0–6	NNCB/NNTC/FMOH
Advocacy workshops on topics including public-private partnerships	PowerPoint presentation Advocacy video	Months 0–6	NNCB/NNTC/FMOH
Visits for donors to field sites of successful interventions	Success stories	Months 6–12	NNCB/NNTC/FMOH

Target Group: Civil Society Organizations (including international nongovernmental organizations and grassroots organizations) *To be conducted in conjunction with Scaling Up Nutrition CSOs*

- Indicators:**
- % of CSOs that have integrated nutrition in their strategic and program planning (among those who have the potential to integrate nutrition)
 - % increase in CSO budget allocations for preventive nutrition activities
 - % of CSO leaders with understanding of the benefits of improving nutrition

- Means of Verification:**
- Strategic plans and program plans
 - Budget and financial reports
 - Pre- and post-assessment

ACTIVITY	MATERIALS TO SUPPORT ACTIVITIES	TIMELINE	RESPONSIBLE ORGANIZATIONS
Mapping exercise to identify CSOs that have the potential to include nutrition in their activities but are currently not involved	Survey tool (to conduct stakeholder mapping exercise to identify partners and examples of activities)	Months 1–2	NNCB/NNTC/FMOH
Meetings with CSOs not involved in nutrition	Fact sheet (on why to integrate preventive nutrition interventions into program planning) Advocacy video Success stories	Months 2–5	NNCB/NNTC/FMOH
Meetings with CSOs involved in nutrition	Report from PROFILES and Cost of Hunger Fact sheet (using PROFILES and NNP costing estimates) Advocacy video Talking points for CSOs	Quarterly	NNCB/NNTC/FMOH
Periodic newsletter for CSOs	Newsletter with updates to nutrition partners	Quarterly	NNCB/NNTC/FMOH

Target Group: Private Sector

- Indicators:**
- % of private sector organizations who meet minimum legal provisions made to pregnant and lactating women under Ethiopian law
 - % of private organizations with breastfeeding friendly work environments
 - % increase in the number of private firms engaged in food fortification and locally-produced specialized food products
 - % increase in the volume of fortified food and specialized food products produced locally
 - % of private sector companies willing to invest in food fortification
 - % of private sector leaders that can identify key legal obligations to support breastfeeding mothers

- Means of Verification:**
- Baseline and endline assessment

ACTIVITY	MATERIALS TO SUPPORT ACTIVITIES	TIMELINE	RESPONSIBLE ORGANIZATIONS
Profile private sector companies (in conjunction with labor associations and the Ministry of Labor and Social Affairs) and determine priority companies to target with advocacy efforts	Mapping tool	Months 0–3	NNCB/NNTC/FMOH
Advocacy workshops with select companies on nutrition policy issues including salt iodization; food fortification; promotion of breastfeeding, maternity leave, and access to quality health care for working mothers and their children; and locally-produced specialized food products (working in conjunction with the Labor Association)	Fact sheets (one on breastfeeding including maternity leave and access to quality health care for mothers and children; one on food fortification and salt iodization; and one on locally-produced specialized food products) Advocacy video	Months 4–6	NNCB/NNTC/FMOH
Field visits (for leadership from select companies to observe and learn from other countries' success in private-public partnerships)	Background documents of private companies being visited in each country	Months 0–12	NNCB/NNTC/FMOH

Target Group: All			
Indicators:		# of participants from various sectors	
Means of Verification:		Participant lists	
ACTIVITY	MATERIALS TO SUPPORT ACTIVITIES	TIMELINE	RESPONSIBLE ORGANIZATIONS
Launch of NNP (including PROFILES, NNP costing estimates and Cost of Hunger results)	PROFILES Report Cost of Hunger Report Fact sheets (using PROFILES, NNP costing and Cost of Hunger estimates) Press release	Month 4	NNCB/NNTC/FMOH