OVERVIEW

COMPLENDIUM OF ACTIONS FOR NUTRITION
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**OVERVIEW**

**COMPENDIUM OF ACTIONS FOR NUTRITION**
Malnutrition is a serious threat to global health and development affecting one in three people on the planet. 156 million children under the age of five are estimated to be stunted while 50 million children in the world are wasted. Overweight and obesity are on the rise in every region and in almost every country: the number of overweight children is moving closer to the number of wasted children. Two billion people are estimated to be deficient in one or more micronutrients. These conditions all have severe consequences for survival, for morbidity, and for the ability of individuals, economies and societies to thrive.

A multifaceted response is needed to overcome this complex challenge.

No single government, no single organization, no single intervention can alone achieve the goal of ending global malnutrition. It is only through working together on all fronts that we have the ability to establish powerful partnerships that change the global landscape, from one of hunger to one of hope, country-by-country, community-by-community, family-by-family and child-by-child; leaving no one behind until no one suffers from malnutrition.

Each and every nutrition action that can contribute to ending malnutrition should be enlisted into the cause. This does not mean diluting resources or attention from the critical nutrition interventions. It means changing the way we do business. It means bringing existing resources and efforts in relevant sectors to ‘nutritionalize’ what they do and join the effort. There are no exclusive sectors, actors or actions or contexts relevant to the efforts of ending malnutrition. All must work to the fullest in and across all relevant sectors and contexts to ensure the needed impact on the nutritional status of women and children.

The Compendium of Actions for Nutrition (CAN) is a practical resource which comprehensively compiles, in one place, a concise description of possible nutrition actions. The CAN was developed by the UN Network for SUN/REACH Secretariat in consultation with FAO, IFAD, UNICEF, WFP and WHO as well as academic experts. The CAN helps to understand the broad spectrum of diverse but relevant actions, from breastfeeding, to fortification, to handwashing, to latrine construction, to insect production that can contribute to make a difference for people’s nutrition. This compendium is a resource for the SUN Movement to support SUN country teams as they set priorities and take informed decisions for concrete, impact-oriented action on nutrition.

We must now join forces on all fronts to ensure nutrition actions are implemented in a cost-effective and sustainable way to benefit those most in need of help today.

Gerda Verburg
United Nations Assistant Secretary General,
Coordinator of the Scaling Up Nutrition (SUN) Movement
ACKNOWLEDGEMENTS

The Compendium of Actions for Nutrition (CAN) was developed by REACH for the UN Network for SUN in consultation with: the Food and Agriculture Organization of the United Nations (FAO); the International Fund for Agricultural Development (IFAD); the United Nations Children’s Fund (UNICEF); the World Food Programme (WFP); and the World Health Organization (WHO).

This compendium was prepared under the stewardship of Martin Bloem (WFP); Francesco Branca (WHO); Sean Kennedy (IFAD); Anna Lartey (FAO); and Werner Schultink (UNICEF).

These efforts were spearheaded and jointly coordinated by Holly D. Sedutto of the UN Network for SUN/REACH Secretariat, who served as the principal author, and Nicolas Bidault, Deputy Coordinator of the UN Network for SUN/REACH Secretariat, who facilitated exchanges among partner agencies under the guidance of Nancy Walters, the Global Coordinator of the UN Network for SUN/REACH.

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<td>BCC</td>
<td>behaviour change communication</td>
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<td>BFHI</td>
<td>Baby-friendly Hospital Initiative</td>
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<td>BMI</td>
<td>body-mass index</td>
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<td>CAN</td>
<td>Compendium of Actions for Nutrition</td>
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<td>CFS</td>
<td>Committee on World Food Security</td>
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<td>DOTS</td>
<td>directly observed treatment, short-course</td>
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<td>EVD</td>
<td>ebola virus disease</td>
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<td>eLENA</td>
<td>e-Library of Evidence for Nutrition Actions</td>
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<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<td>FAO Term</td>
<td>Food and Agriculture Organization of the United Nations Terminology Database</td>
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<td>FBDGs</td>
<td>food-based dietary guidelines</td>
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<td>food assistance for assets</td>
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<td>HACCP</td>
<td>hazard analysis and critical control points</td>
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<td>HIV</td>
<td>human immunodeficiency virus</td>
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<td>ICN2</td>
<td>Second International Conference on Nutrition</td>
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<td>IFAD</td>
<td>International Fund for Agricultural Development</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>IMCI</td>
<td>integrated management of childhood illness</td>
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<td>IYCF</td>
<td>infant and young child feeding</td>
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<td>LBW</td>
<td>low-birth-weight</td>
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<td>LMICs</td>
<td>low and middle-income countries</td>
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<td>MAM</td>
<td>moderate acute malnutrition</td>
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<td>MNPs</td>
<td>micronutrient powders</td>
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<td>MUAC</td>
<td>mid-upper arm circumference</td>
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<td>NCDs</td>
<td>noncommunicable diseases</td>
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<td>NLiS</td>
<td>Nutrition Landscape Information System</td>
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PLWHIV  people living with HIV/AIDS
REACH  Renewed Efforts Against Child Hunger and undernutrition
RNI  recommended nutrient intake
SDGs  Sustainable Development Goals
SMS  SUN Movement Secretariat
SUN  Scaling Up Nutrition
TB  tuberculosis
UNFPA  United Nations Population Fund
UNICEF  United Nations Children's Fund
UNSCN  United Nations Standing Committee on Nutrition
VAD  vitamin A deficiency
VLBW  very low-birth-weight
VMNIS  Vitamin and Mineral Nutrition Information System
WASH  water, sanitation and hygiene
WFP  World Food Programme
WHA  World Health Assembly
WHO  World Health Organization
WIC  Special Supplemental Nutrition Program for Women, Infants and Children
FOOD, AGRICULTURE & HEALTHY DIETS

MATERNAL & CHILD CARE

HEALTH

SOCIAL PROTECTION

COMPRENDIUM OF ACTIONS FOR NUTRITION
In this Decade of Action on Nutrition, interventions to address all forms of malnutrition across multiple sectors need to be urgently scaled up. WHO provides evidence-based guidance on healthy diets and effective nutrition interventions, all presented in the WHO e-Library of Evidence for Nutrition Actions (eLENA). With the CAN, the UN has incorporated guidance from multiple sectors to allow decision-makers and professionals to make informed choices and develop comprehensive action.

Francesco Branca, Director, Nutrition for Health and Development; UN Network for SUN Steering Committee Member; SUN Executive Committee Member, WHO

The Compendium of Actions for Nutrition (CAN) is a great resource for selecting context-relevant approaches to address malnutrition. It should be used in conjunction with a situation analysis that identifies the main factors that directly and indirectly prevent adequate nutrient intake and good health, especially among the most nutritionally vulnerable, and identifies systems, platforms and stakeholders that can be leveraged to implement solutions.

Martin Bloem, Senior Nutrition Advisor, WFP Global Coordinator UNAIDS; UN Network for SUN Steering Committee Member; SUN Executive Committee Member, WFP

In this Decade of Action on Nutrition, interventions to address all forms of malnutrition across multiple sectors need to be urgently scaled up. WHO provides evidence-based guidance on healthy diets and effective nutrition interventions, all presented in the WHO e-Library of Evidence for Nutrition Actions (eLENA). With the CAN, the UN has incorporated guidance from multiple sectors to allow decision-makers and professionals to make informed choices and develop comprehensive action.

Victor M. Aguayo, Associate Director, Chief Nutrition; UN Network for SUN Steering Committee Member, UNICEF

This is an extraordinary time to work on Maternal and Child Nutrition. We know what works, we know how to make it happen, and we know that the world can afford it. Our obligation now is to make these essential nutrition interventions available to all children, adolescents, and women, beginning with the poorest, the excluded, and the most vulnerable.

Víctor M. Aguayo, Associate Director, Chief Nutrition; UN Network for SUN Steering Committee Member, UNICEF

The Agreement establishing IFAD stated that it should be guided by priorities which include improving the nutritional level of the poorest populations in developing countries and the conditions of their lives. Some forty years later, with nutrition now placed high on the political agenda, IFAD is shifting gears to link our malnutrition imperative to the gender and climate change agendas for maximising synergies and impact.

Juliane Friedrich, Senior Technical Specialist, Nutrition; UN Network for SUN Steering Committee Member, IFAD

The world is facing a global obesity epidemic. This is the time to take a hard look at our food systems and reposition them to deliver on the healthy diets needed for optimal nutrition outcomes. The CAN comes at an opportune time provided by the SDGs and the Decade of Action on Nutrition for countries to turn their ICN2 commitments into action.

Anna Lartey, Director, Nutrition and Food Systems Division; UN Network for SUN Steering Committee Member, FAO
Background

Nutrition has received considerable attention in recent years with the advent of the Scaling Up Nutrition Movement (SUN) in 2010, the launch of the United Nations Secretary-General’s Zero Hunger Challenge in 2012, the Second International Conference on Nutrition (ICN2) in 2014 and a United Nations resolution in 2016 proclaiming 2016–2025 as the United Nations Decade of Action on Nutrition. The Agenda 2030 includes 17 Sustainable Development Goals (SDGs), recognizing improvements in nutrition as a key priority within SDG 2 and as a fundamental investment that underpins the successful achievement of all the SDGs.

Together they have provided a renewed impetus for countries to develop or update multi-sectoral national nutrition policies, strategies and plans in an effort to scale-up nutrition actions and address malnutrition in all of its forms. This has also generated demand from countries for a consolidated resource that national governments and other stakeholders can draw upon for multi-sectoral dialogue around policy, planning, programming, coordination, monitoring, evaluation and implementation of nutrition actions. The demand for such a resource has grown as the SUN Movement has expanded and gained momentum. The United Nations system is well placed to respond given it is by nature multi-sectoral and has a wealth of experience in all of the nutrition actions outlined in the CAN, operating in diverse contexts.

Multiple stakeholders have a role to play in supporting national nutrition efforts, including civil society, business, donors, academia and United Nations agencies. Many stakeholders have expressed the need for a comprehensive, yet practical document that is useful for individuals working in nutrition across the sectors as well as those without a nutrition background.

Purpose

The CAN was designed to provide an understanding of the breadth of actions needed to combat malnutrition, facilitate multi-sectoral dialogue and spur action at the country level, particularly on nutrition-related policy and planning. While this compendium does not prescribe a specific set of nutrition actions, it does recognize that prioritization is critical. It also recognizes that prioritization must be based on context, drawing upon a robust situation analysis, available evidence and country priorities in consultation with a range of stakeholders.

The CAN does not intend to replace any existing technical guidance. Rather, it brings together and builds upon existing technical guidance developed by FAO, WFP, WHO and UNICEF into one document in order to promote a holistic approach to nutrition. A list of references, including guidance developed by these agencies, is available for interested users.

Audience

The intended audience of the CAN is national authorities and their supporting partners engaged in multi-sectoral nutrition governance processes (e.g. SUN Government actors, REACH facilitators, SUN networks).

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1 The first International Conference on Nutrition, held in 1992, culminated in the World Declaration and Plan for Action, which called upon countries to formulate or improve national policies and action plans for eliminating malnutrition and preventing diet-related communicable and non-communicable diseases. Further information about the conference is available at [http://www.fao.org/docrep/U9920t/u9920t0b.htm#iv](http://www.fao.org/docrep/U9920t/u9920t0b.htm#iv).
Use of the CAN

The CAN is a resource to foster participatory multi-sectoral dialogue at the country level, especially on nutrition-related policy formulation (e.g. national nutrition policy and related nutrition policies) and planning. This includes the formulation and updating of the national multi-sectoral nutrition plans and results frameworks, the integration of nutrition into sectoral plans and conversations about scaling up. The compendium is also useful for decentralized multi-sectoral dialogue and planning. To this end, it provides a list of potential nutrition actions, which countries may refer to when they decide what to include in their nutrition-related policies and plans based on the national nutrition context. Users may refer to the CAN in order to help country actors to be aware of the full scope of potential nutrition actions, and the links between them.

The matrices of actions presented in the CAN are particularly useful for moderating these discussions in view of their concise and easy-to-use format. These matrices equip facilitators of nutrition governance processes – who may lack a technical nutrition background – with practical inputs for asking probing questions, to ensure that the ensuing discussions are comprehensive and balanced across sectors.

In addition to informing nutrition-related policy formulation and planning, the CAN may also be used to facilitate the development of nutrition mapping and information platforms. The classification of sub-actions into three evidence categories serves to clarify the evidence base and has helped to identify research gaps. Where evidence is limited, there are opportunities to advocate for further data to be generated, influencing the nutrition research agenda in an effort to strengthen evidence-based nutrition governance.

Methodology

The development of the CAN was led by the UN Network for SUN/REACH Secretariat, which worked in consultation with FAO, IFAD, UNICEF, WFP and WHO through a participatory process. This process involved inter-agency discussions and bilateral exchanges with a range of colleagues, including experts in nutrition and related technical areas (e.g. fisheries, water, sanitation and hygiene, social safety nets and gender). Based on the inputs from these United Nations agencies, a list of nutrition actions and sub-actions was identified.

The Secretariat worked with selected experts to validate and refine the actions and evidence base. These experts had extensive knowledge and specialized expertise in the various aspects of nutrition including health, maternal and child care, food and agriculture, social protection, trade, nutrition education, social marketing and behaviour change communication. Actions and sub-actions were only included in the CAN if they had an explicit nutrition objective and were not likely to have any adverse impacts on individuals’ nutrition status or well-being.

Preliminary drafts of the CAN were also shared with the SUN Movement Secretariat (SMS) with a view to fostering further collaboration and alignment with other global endeavors.

Sub-actions were classified into three evidence categories, as outlined below. When multiple types of evidence exist for a given sub-action, the highest level of evidence is indicated in the Evidence column. However, for sub-actions that have different levels of evidence depending on the target group, two or more evidence categories are included. Similarly, more than one evidence category is included for ‘consolidated’ sub-actions (the evidence level varies across the different elements of these sub-actions). In these cases, users are directed to the related thematic areas, where further details are provided.

2 Conflicts of interest (including studies from interested industries), quality of the research and other related factors were taken into consideration when determining whether actions or sub-actions have an adverse impact.
- **Synthesized evidence exists**: This includes meta-analyses and systematic reviews. It should be noted however that the number of studies included in meta-analyses and systematic reviews varies across sub-actions, with some synthesized evidence based on a large number of studies and other synthesized evidence based on a limited number of studies.

- **Published primary studies exist**: No synthesized evidence exists, but evidence is published in peer-reviewed journals.

- **Practice-based studies exist**: There is published experience-based evidence documented in the ‘grey literature’ although no evidence has been published in peer-reviewed journals – either in the form of synthesized evidence or single studies. This indicates that further research is warranted.

The CAN offers a ‘one-stop shop’ for multi-sectoral nutrition actions, including insights on the links between them, with a view to strengthening nutrition governance. This is the first version of a CAN to be presented across sectors, and includes nutrition actions that respond to the immediate, underlying and basic causes of malnutrition. It also includes all of the ‘essential nutrition actions’, recommended by WHO, all actions presented in this compendium are aligned with the ICN2 Framework for Action. Successive versions of the CAN are envisaged, taking into account the lessons learned from previous editions and the evolving nutrition discourse and evidence base.

### Structure of the CAN

The CAN’s structure was largely inspired by the UNICEF conceptual framework for malnutrition (see Figure 1), which identified household food insecurity, inadequate maternal and child care practices, poor health environment (related to water, sanitation and hygiene) and inadequate – and often inaccessible – health services as the underlying determinants of malnutrition. The UNICEF framework also considered human, economic, political and environmental factors as the basic causes of malnutrition.

![Figure 1. UNICEF Conceptual framework of malnutrition](image)


4 It should be noted that WHO does not currently have official recommendations on all of the nutrition sub-actions included in the CAN. While some sub-actions may have a positive effect on nutrition outcomes, further inquiry is underway or needed before a WHO recommendation can be formulated. Those sub-actions with WHO recommendations are indicated in order to align the CAN with prevailing guidance.


Brief descriptions of the causes of malnutrition, which guided the identification of the causal levels for each sub-action in the CAN, are as follows:

- **Immediate causes** are related to inadequate dietary intake and exposure to disease or illness.

- **Underlying causes** are related to the household and community levels, which may be influenced by issues such as agricultural practices and climate, lack of availability and access to safe water, sanitation and health services, girls’ education and other gender issues.

- **Basic causes** include societal structures and processes that impede vulnerable populations’ access to essential resources. They typically stem from institutional, political, economic and social factors including governance, trade, environmental and gender issues, and poverty.

The UNICEF framework not only illustrates how these causes are interrelated, but it identifies the various levels at which they influence individuals’ nutritional status. The wide range of contributing factors (e.g. health, food, economic) implies the need for a multi-sectoral approach to nutrition and the need to intervene at all causal levels. Given its wide acceptance among the international nutrition community, including the United Nations agencies that comprise the global UN Network for SUN, this framework was used as a starting point for developing the CAN classification structure.

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1. The selection of these actions should be tailored to the country’s nutrition situation. In some cases, the nomenclature presented here may be summarized in view of space/layout constraints with respect to the full nomenclature used elsewhere in the CAN.

2. Thematic areas are marked in bold, black text under the four main sections.

3. Cross-cutting areas

Interventions were grouped into the following four main sections in the CAN with a view to operationalizing the UNICEF framework: Food, Agriculture and Healthy Diets; Maternal and Child Care; Health; and Social Protection (see Figure 2). Thematic areas were then identified in each section, with actions and sub-actions presented in each thematic area (see Figure 3). This grouping employs a multi-sectoral approach to addressing malnutrition, with an emphasis on stunting. The approach is aligned with that of the SUN Movement, which acknowledges the need to address multiple forms of malnutrition and focus on efforts to address stunting, as reaffirmed by the new SUN Strategy and Roadmap:

*"While the focus of the SUN Movement remains primarily on the reduction of stunting, many governments are adapting their national plans to address the multiple burdens of malnutrition, including wasting, micronutrient deficiencies, anaemia, overweight and obesity."*

Actions and sub-actions that address household food security are presented in the Food, Agriculture and Healthy Diets section, recognizing that "Household food security is an outcome of technical and social processes in society, but it ultimately depends on the availability, accessibility, and use of resources". Actions and sub-actions that are principally provided through health services, such as nutrition-related reproductive health services, paediatric health services, health services for disease prevention and management (e.g. micronutrient supplementation) and services that promote a healthy environment (e.g. water, sanitation and hygiene) are classified in the Health section. The management of acute malnutrition is also included in the Health section since it seeks to rehabilitate nutritional status, irrespective of what mechanisms are used to carry out the action. The Social Protection section includes a range of nutrition-related actions and sub-actions that seek to safeguard individuals' basic needs (e.g. food and health).

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The CAN also includes actions and sub-actions that address care practices such as breastfeeding and complementary feeding, childcare, food and personal hygiene, health-seeking behaviour (e.g. utilization of health services) and healthy behaviours related to water and sanitation. Some of these care practices are included in other sections of the CAN in an effort to minimize duplication of sub-actions. While infant and young child feeding (IYCF) is covered in the CAN sections on Food, Agriculture and Healthy Diets, Health and Social Protection, it is also explicitly included as a thematic area in the Maternal and Child Care section in order to give a strong voice to these critically important actions and sub-actions.

Breastfeeding actions provided through health services are primarily listed in the Health section, whereas breastfeeding support provided at the community level is included in the IYCF thematic area of the ‘Care’ section to minimize duplication. There are exceptions to this approach: the Baby-friendly Hospital Initiative (BFHI) is listed in both the IYCF thematic area (within the ‘Care’ section) and the thematic area on Nutrition Interventions Delivered through Reproductive and Paediatric Health Services (in the Health section). This decision was made because there is often no clear distinction between health-related interventions provided through health services and those provided through communities (e.g. by community health workers, health posts and outreach services). Similarly, food hygiene – including aspects related to both infrastructure and behaviour – is presented in the Food, Agriculture and Healthy Diets section and within the thematic area on Water, Sanitation and Hygiene for Good Nutrition in the Health section.

This classification structure considers the overlapping aspects of care and social protection, and the extensive diversity of involved sectors, stakeholders and delivery platforms, underscoring the focus on implementation. The classification acknowledges that specialists and practitioners working in these areas often belong to similar constituencies (e.g. health professionals and practitioners, engineers, agronomists). Therefore, water, sanitation and hygiene actions and sub-actions are presented together in a single thematic area since they are typically implemented by hydraulic engineers and sanitation specialists (even though other sectors have an important role to play). This classification structure also minimizes redundancy in the compendium.

Each section includes an introduction highlighting the importance and purpose of the section in supporting good nutrition. The matrices that follow list potential nutrition actions and sub-actions by thematic area, distinguishing those that foster an enabling environment in support of good nutrition. Furthermore, each matrix identifies the evidence category of sub-actions (with the exception of the sub-actions included in the Enabling Environment sections). A supporting bibliography is included, identifying the references that substantiate the evidence classification indicated for each sub-action.

In addition, Annexes 1-4 contain summary lists of actions and sub-actions, by thematic area, for the four main sections of the CAN. Annex 5 outlines actions and sub-actions for multi-sectoral nutrition governance, recognizing the overarching nature and importance of this work. The actions and sub-actions included in Annex 5 help to bring together stakeholders across sectors and coordinate the actions and sub-actions supported in the main sections of the CAN in order to foster a coherent multi-faceted approach to nutrition and synergies. Moreover, they encompass analytical and facilitation-based support for multi-sectoral governance processes undertaken at both the national and sub-national levels.

Additional user-friendly guidance materials will be developed to support the dissemination of this compendium.

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10 For example, the sub-action ‘Promotion of uptake of health services for nutrition-related diseases through which nutrition interventions are provided’ is intended to support desired health-seeking behaviour (a care practice). This sub-action was included in the Health section of the CAN along with other nutrition-related health services for disease prevention and management.


12 These sub-actions reflect factors that contribute to an enabling environment for nutrition, such as policy coherence, legislation, regulations, standards, trade mechanisms, insurance, social marketing, and behaviour change communication; the absence of these factors may contribute to a disabling environment. The factors listed in this section are supported by varying levels of evidence; applicable references are cited, when available. Nevertheless, the inclusion of a given sub-action in this section does not mean that it is not an important factor for nutrition.
