ADOLESCENT NUTRITION ADVOCACY

STRATEGY FOR THE EAST, CENTRAL AND SOUTHERN AFRICA HEALTH COMMUNITY (ECSA-HC)

A guide for ECSA Member States to advocate for sound and evidence-based adolescent nutrition policies, programs and approaches, and to increase nutrition resources for this demographic.



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ESWATINI | KENYA | LESOTHO | MALAWI | MAURITIUS | UNITED REPUBLIC OF TANZANIA | UGANDA | ZAMBIA | ZIMBABWE

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Nourish Life

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Executive Summary

Background

The regional Adolescent Nutrition Advocacy Strategy guides the East, Central and Southern African Health Community (ECSA-HC) to use and adapt for the enhancement of momentum towards improving the well-being of adolescents. The ECSA-HC is an intergovernmental health organization that fosters and promotes regional cooperation in health among its member states. Its nine-member states are Eswatini, Kenya, Lesotho, Malawi, Mauritius, the United Republic of Tanzania, Uganda, Zambia and Zimbabwe. In total, ECSA-HC have about 56 million adolescents (10-19 years of age), accounting for about 26 percent of the total population in the region. Girls make up 50.6 percent of all the adolescents in the region. Adolescents have increased nutritional needs and experiences inequities to good health and nutrition.

It is critical to include the needs of the adolescents in policy and program considerations. The 2021 Lancet Series on Adolescent Nutrition recommends that national governments and relevant state jurisdictions should use fiscal and policy levers to promote healthy diets for children and adolescents. There is existing adolescent health and nutrition global guidance available for countries to adopt and use, as well as guidance and toolkits available from a variety of partners. The 2018 World Health Organization (WHO) Guidelines for Implementing Effective Actions for Improving Adolescent Nutrition summarize the global, evidence-informed recommendations and principles that address malnutrition in all its forms in adolescents to ensure healthy lives and well-being among this group. The guidance put forward in "Global Accelerated Action for the Health of Adolescents" (AA-HA!) supports country implementation in responding to the health needs of adolescents in their countries. More recently (2021), UNICEF put forward programmatic guidance on nutrition in middle childhood and adolescence detailing priority areas of action for governments and partners. WHO has also provided evidence-based guidelines for adolescent girls for the provision of weekly iron and folic acid supplements to reduce anaemia.

Adolescent Nutrition Status and Risks in ECSA-HC

Adolescence is a transformative life phase, with the growth and maturation of all organs and physiological systems between the ages of 10-19 years. The impact of adolescent health and nutrition status later in adulthood and the potential effects on future offspring are profound—especially for adolescent girls. Greater advocacy efforts are needed for this demographic for a variety of reasons. The health, nutrition and associated risks and vulnerabilities are primary factors, as well as the general notion that adolescents require fewer healthcare services. Parental and caregiver neglect is also a factor. World Health Assembly (WHA) Resolution 65.6 targets provide a critical impetus for action on adolescent health and nutrition. WHA has set six global nutrition targets by 2025 including a reduction in maternal anaemia by 50 percent, reducing and maintaining childhood wasting to less than 5 percent, and ensuring that there is no increase in childhood overweight. Like many other African regions, countries in the ECSA-HC region are not progressing well in meeting these targets. This calls for intensified and more focused action, including in adolescent nutrition. Micronutrient deficiency, underweight, obesity and overweight among adolescents are critical concerns in the ECSA-HC. have reported prevalence of wasting (< 18.5kg/M2) as high as 30 percent, in addition to prevalence of obesity and overweight obesity as high as 24.3 percent. None of the member countries reported prevalence of anaemia below five percent, which is classified by WHO as normal or no public health concern. Member states reported prevalence of anaemia among adolescent girls as high as 36.9 percent[1]. Zinc is also a potential micronutrient of concern, albeit only a few ESCA-HC reported a deficiency in

1. This is higher than the 2019 global anaemia prevalence of 29.9 percent (95% uncertainty interval (UI) 27.0%, 32.8%) in women of reproductive age (15-49 years old)

their populations. The concerning nutrition situation among adolescents is exacerbated by the realities of early marriage, adolescent pregnancy, dropping out of school, drug abuse and poverty, among other vulnerabilities and risks.

Why Have an Adolescent Nutrition Advocacy Strategy for ECSA-HC?

The interests and focus on adolescent nutrition are rapidly gaining momentum amid and there is increased awareness of policy and program gaps for this critical demographic. To support and promote effective actions amongst the policymakers, planners and other decision-makers, there is a need to advocate for investment and prioritization of adolescent nutrition regionally, and at country and sub-national levels. With the existence of global guidance on improving adolescent nutrition and the ECSA-HC regional situation known, it is time for policies, strategies, frameworks, development planning and resource allocation efforts in various sectors to include adolescent nutrition. Advocacy for adolescent nutrition will generate and sustain commitment and momentum in addressing the effects of the risks and vulnerabilities related to adolescent nutrition.

Adolescent Nutrition Strategic Areas

The strategy development was informed by adolescent nutrition and health status, policies and programs, and situation analysis conducted in all the ECSA-HC. The assessment involved consultations with adolescent nutrition policymakers; state, and non-state program implementers; adolescent nutrition experts; and young persons in focused group discussions. The information collected was complemented by further consultations with regional adolescent nutrition partners. Advocacy efforts aim to contribute to the reduction of prevalence of underweight, overweight and obesity, and to reduce anaemia and other micronutrient deficiencies among adolescent boys and girls in the ECSA-HC region. The purpose of the adolescent nutrition advocacy strategy for the ESCA-HC is to provide guidance and motivation to drive greater political, economic and social commitment and accountability for adolescent nutrition in ECSA-HC.

This advocacy strategy has seven strategic areas, which are depicted below with expected results.

Strategic advocacy areas	Expected key results
Advocacy area 1: Promote Multisectoral Adolescent Nutrition Policies and Strategies	Sound, comprehensive and multisectoral regional, country and sub-national policies and strategies on adolescent nutrition drafted and implemented
Advocacy area 2: Scale up the Delivery of Evidence-informed Adolescent Nutrition Interventions	Adolescent nutrition interventions recommended for health, agriculture, education, WASH, gender and youth, and other sectors implemented to scale
Advocacy area 3: Expand Program Coverage, Ensure Adolescents' Active Participation and Address Gender-based Concerns	Adolescent boys and girls actively participate and equity in adolescent nutrition achieved
Advocacy area 4: Integration of Adolescent Nutrition into Government Systems Across Multiple Sectors and Various Platforms	Sustained effective provision of adolescent nutrition services through the government sectoral systems
Advocacy area 5: Improve Accountability, Partnerships and Coordination for Adolescent Nutrition Advocacy Actions	Increased commitment and coordination from state and non-state actors on adolescent nutrition at regional, national and sub-national levels
Advocacy area 6: Promote Timely Generation of Relevant Adolescent Nutrition Data, Information and Evidence	Availability of adolescent nutrition data, information and evidence to support informed advocacy, policies and programs
Advocacy area 7: Mobilize Resources for Adolescent Nutrition Interventions	Increased resources from state and non-state actors for scale-up of adolescent nutrition interventions

Advocacy Strategy Implementation Arrangements

The ECSA-HC Health Ministers Conference (HMC) provides space for member state representatives, partners and stakeholders (including Non-Governmental Organizations, or NGOs), corporate institutions, and research and development in adolescent nutrition to interact. The HMC adolescent nutrition agenda is driven by the ECSA-

HC's NCDs, Food Security and Nutrition Programme. The same ECSA-HC program/department will guide the nominated regional adolescent nutrition champions. The resolutions or policy directives made at the HMC will be cascaded down to the member states through the expert committees and the multisectoral adolescent nutrition Technical Working Group (TWG) or community of practice.

Using the country-level coordination structure for adolescent nutrition, advocacy work will be propelled through collaborative efforts synchronized to build the needed synergy. ECSA-HC will rely on the wider nutrition coordination structure both at the national and sub-national levels to steer adolescent nutrition actions – as they set up or strengthen specific multisectoral adolescent nutrition coordination structures.

Adolescent nutrition champions at regional, country and sub-national levels will contribute to raising awareness and changing negative perceptions, attitudes and behaviours related to adolescent nutrition, while promoting positive ones including promoting gender equality for adolescent girls and helping to foster progress and collaboration among different actors at regional, national and sub-national level. The Terms of Reference (TOR) for adolescent nutrition champions will be developed to guide their efforts. This strategy has country-specific implementation adoption plans, and Monitoring and Evaluation (M&E) framework for five years of implementation.

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Abbreviations

AU	African Union
BMI	Body Mass Index
CRC	Convention on the Rights of the Child
ECSA-HC	East Central and Southern Africa - Health Community
EML	Essential Medicines List
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
HMC	Health Minister Conference
IFA	Iron and Folic Acid
MICS	Multiple Indicator Cluster Survey
MOA	Ministry of Agriculture
MOE	Ministry of Education
MOH	Ministry of Health
NCD	Non-communicable Diseases
NEPAD	The New Partnership for Africa's Development
NGO	Non-governmental Organization
SADC	Southern Africa Development Cooperation
STD	Sexually Transmitted Diseases
TB	Tuberculosis
UI	Uncertainty Interval
UN	United Nations
UNFPA	United Nations Population Fund
WASH	Water, Sanitation and Hygiene
WIFAS	Weekly Iron Folic Acid Supplementation
WHO	World Health Organization

Definition of Key Terms

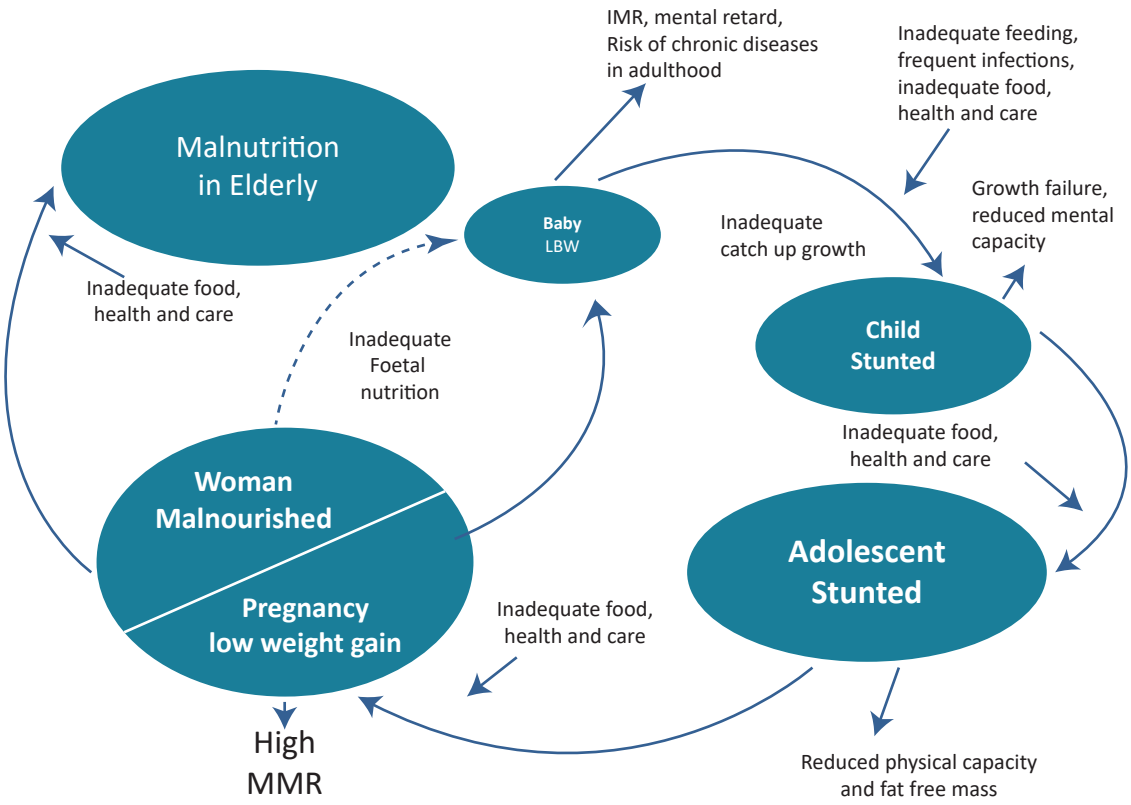
Adolescence	Adolescence is a unique and important phase of human of life between childhood and adulthood, between 10–19 years of age. Adolescence is a period of rapid growth with higher caloric and nutrient needs than any other age group to meet the demands of growth spurts and the onset of puberty.
Adolescent	People who are between 10 and 19 years of age. Those between 10–14 years are termed young adolescents while those who are between 15–19 years of age are termed older adolescents.
Adolescent nutrition	Healthy dietary and lifestyle practices, along with access to health services, can promote optimal physical and mental growth of adolescents to promote their strength and focus to study, work, ward off illness and disease, and fully participate in their communities.
Nutrition advocacy	Nutrition advocacy is the planned, systematic and deliberate effort to drive greater political, economic and social commitment to nutrition in a specific geographical location.
Adolescent nutrition advocacy	Efforts to drive greater political, economic and social commitment to adolescent nutrition policies, strategies and programs in a specific geographical location
Adolescent Body Mass Index (BMI)	Measures of relative weight adjusted for adolescent age and sex.
Malnutrition	WHO defines malnutrition as referring to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients.
Middle childhood and adolescent obesity	BMI-for-age z-score above +2 standard deviations (SD) of the WHO growth reference median for children of the same age and sex.
Middle childhood and adolescent overweight	BMI-for-age z-score above +1 SD of the WHO growth reference median for children of the same age and sex.
Overweight	A type of malnutrition that includes overweight, obesity and diet-related noncommunicable diseases (such as heart disease, stroke, diabetes and cancer).
Underweight	A type of malnutrition that includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of essential vitamins and minerals).

1. Introduction

1.1. Background

The East Central and Southern Africa Health Community (ECSA-HC) was established in 1974 to foster and strengthen regional cooperation and capacity to address the health needs of its member states. Through partnerships with diverse institutions, ECSA-HC's activities also spread to other countries in Africa to address common health challenges facing the continent The ECSA Member States are Eswatini, Kenya, Lesotho, Malawi, Mauritius, United Republic of Tanzania, Uganda, Zambia and Zimbabwe. ECSA-HC works with its member states and partners to raise the standard of health for the people of the ECSA-HC region by promoting efficiency and effectiveness of health services through cooperation, collaboration, research, capacity building, policy development and advocacy. Together, the ECSA-HC Secretariat and its member states and partners work to promote and advance advocacy on adolescent nutrition.

Figure 1: The life cycle approach



Nutrition challenges exist throughout the life cycle, particularly for girls and women. Poor nutrition commences at pre-birth, proceeds through infancy and childhood into adolescence and adulthood, and can span generations.

As shown in Figure 1, chronically malnourished female children are more likely to remain undernourished during adolescence and adulthood. If they choose to become mothers, they face additional risks for themselves in pregnancy and in childbirth, with consequences for themselves and their future children.

Adolescence is a transformative life phase, with the growth and maturation of all organs and physiological systems. On average, adolescents gain 20 percent of their final adult height and 50 percent of adult weight during this phase, with a considerable remodeling of the skeleton and an increase in bone mass of up to 40 percent. [2]The link between nutrition and adolescent development is strong – particularly for females who have lower iron stores and begin menstruation during adolescence, which increases their iron needs and their risk of developing anaemia. Micronutrients are key in supporting these growth and maturation processes. In 2019, the global anaemia prevalence was approximately 30 percent in adolescent girls and women ages 14-49 years, equivalent to over half a billion girls and women.[3] The same report shows that since the year 2000, the global prevalence of anaemia in girls and women has been stagnant. Among the ECSA-HC, prevalence of anaemia among adolescent girls is a public health problem (prevalence above 5 percent), based on the WHO classification system.[4]

The global prevalence of overweight and obesity among children and adolescents aged 5-19 years has risen drastically from just 4 percent in 1975 to just over 18 percent in 2016.[5] The rise has occurred similarly among both boys and girls in the ECSA-HC region, where obesity and overweight have also been reported to be on the increase – a critical public health concern.

Currently, global initiatives are driving the interest and impetus on adolescent nutrition. The 2018 WHO guidelines for implementing effective actions for improving adolescent nutrition summarize the global, evidence-informed recommendations and principles of the WHO to address malnutrition in all its forms in adolescents to ensure healthy lives and well-being among this demographic.[6] WHO also led the drafting of the "Global Accelerated Action for the Health of Adolescents (AA-HA!)" highlighted that anaemia was the leading cause of disability for adolescent girls between 10-19 years of age and boys between 10-15 years of age. The guidance to support country implementation assists governments in what to do – and how to do it – as they respond to the health needs of adolescents in their countries.[7] More recently, UNICEF has put forward programmatic guidance on nutrition in middle childhood and adolescence detailing the priority areas of action for governments and partners.[8] Countries can adopt and adapt these guidelines on nutrition actions required for improving the health and well-being of adolescents. The Lancet 2022 Series on adolescent nutrition[9] documented the effectiveness of interventions targeted to adolescents in education and health sectors, as well as the data gaps in evidence for interventions and the links with adolescence and the food system, and wider community and social influences. The Series also recommends that ''National governments and relevant state jurisdictions should use fiscal and policy levers to promote healthy diets for children and adolescents.'' Nutrition for Growth (N4G) is a global effort to bring together country governments, donors and philanthropists, businesses, NGOs and others. Together with its partners, N4G has been renewing efforts to transform lives – especially of women, adolescent girls and children – by improving their nutritional status.[10] Adolescents are also given special attention through the Convention on the Rights of the Child (CRC).[11] In Article 1 of the Convention the term, "child" is defined as a person below the age of 18,

2 Norris et al., 2022. Nutrition in adolescent growth and development. The Lancet series on Adolescent nutrition. Vol 399 January 8, 2022
3 WHO Global Anaemia estimates, 2021 Edition. https://www.who.int/data/gho/data/themes/topics/anaemia_in_women_and_children
4 WHO, 2008. Worldwide prevalence of anaemia 1993–2005 : World Health Organization global database on anaemia. Geneva, World Health Organization. http://whqlibdoc.who.int/publications/2008/9789241596657_eng.pdf (Accessed 28th July 2012)
5 WHO 2021. Obesity and Overweight. https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight
6 WHO, 2018. Guideline: Implementing Effective Actions for Improving Adolescent Nutrition. https://www.who.int/publications/i/item/9789241513708
7 WHO, 2017. Global Accelerated Action for the Health of Adolescent (AA-HA!). https://www.who.int/publications/i/item/9789241512343
8 UNICEF, 2021. Nutrition in middle childhood and adolescence. https://www.unicef.org/nutrition/middle-childhood-and-adolescence
9 Hargreaves et al., 2022. Strategies and interventions for healthy adolescent growth, nutrition, and development. The Lancet Series on Adolescent Nutrition. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01593-2/fulltext
10 Nutrition for Growth, 2022. https://nutritionforgrowth.org/
11 Convention on the Rights of the Child (CRC). https://www.ohchr.org/documents/professionalinterest/crc.pdf

unless the laws of a particular country set a younger legal age for adulthood. While adolescence falls under the definition of "child", the nutrition status of this demographic has been a lower priority, and policies and programs have often excluded this group. The current WHO Comprehensive Implementation Plan on Maternal, Infant, and Young Child Nutrition established the six World Health Assembly (WHA) global nutrition targets, which includes a critical mention of the importance of a life course approach to improving nutrition, with activities targeting older children and adolescents.[12] Included in the targets is the goal of reducing obesity and anaemia among adolescents. WHO has also provided guidelines for menstruating adolescent girls for the provision of weekly iron and folic acid supplements (WIFAS).

It is therefore timely to support efforts at the regional level (ECSA-HC) and nationally in the nine member states for increased sensitization and action to improve policies and programs, and increase resource allocation to adolescent nutrition.[13]

1.2. Why an Advocacy Strategy for the ECSA-HC?

The interest in adolescent nutrition is progressively gaining momentum amid the reality of the current accelerated dietary changes and general policy and program neglect of this critical demographic. To further support the interest and action amongst the stakeholders.[14] These include policymakers, planners, donors, intervention implementors, leaders, teachers, parents and guardians, healthcare providers, and the adolescents themselves, among other actors, there is a need to consolidate the ECSA-HC position and build synergy among its member states for adolescent nutrition. Specifically, there is a need to promote the prioritization of adolescent nutrition at all governance levels and sustain the momentum to scale up evidence-informed interventions targeting this group. It is for this reason that the ECSA-HC regional adolescent advocacy strategy is based on the context of adolescent nutrition status in the region, the policy environment, and the existing interventions and programs to drive transformative change in this demographic.

1.3. Vision, Purpose and Objectives of the Strategy

1.3.1. Vision and Mission

The vision: To have healthy adolescents who can contribute to their communities and become the next generation of leaders, innovators and parents of their communities and countries, and in all ECSA-HC.

The mission: To ensure adolescents have sound health and psychosocial well-being, meet their full potential, are focused to study, and fully and positively engage with their communities as they set themselves up for a productive adulthood.

1.3.2. Purpose

The purpose of this advocacy strategy is to provide guidance and motivation to drive greater political, economic and social commitment for adolescent nutrition in ECSA-HC.

1.3.3. Objectives

The strategy provides direction for the ECSA-HC Secretariat and member states on using available and appropriate platforms to lobby for better acknowledgment of adolescent nutrition and the actions required, while using evidence-based and technically sound nutrition messages. Specifically, the adolescent nutrition advocacy strategy for the ECSA-HC aims to generate the impetus to reduce levels of malnutrition among adolescents including overweight, underweight and micronutrient deficiency. This, together with other related efforts, will contribute to the promotion of the overall health and social well-being of adolescents. This will be achieved through:

12 WHO. Comprehensive implementation plan on maternal, infant and young child nutrition. Geneva: World Health Organization, 2014. https://apps. who.int/iris/bitstream/handle/10665/113048/WHO_NMH_NHD_14.1_eng.pdf

13 WHO, 2011. Guideline: Intermittent iron and folic acid supplementation in menstruating women. World Health Organization. whqlibdoc.who.int/publications/2011/9789241502023_eng.pdf

14 Stakeholders include policymakers, planners, donors, intervention implementors, leaders, teachers, parents and guardians, healthcare providers – and other actors

1. Promoting the generation of sound policies and strategies both at the regional and country levels that support the implementation of the globally recommended adolescent interventions.
2. Lobbying for scale-up of evidence-informed interventions with propensity to eliminate overweight, underweight and micronutrient deficiency, while reaching as many adolescent boys and girls as possible and considering gender variations in their vulnerabilities.
3. Supporting actions and efforts that integrate scalable intervention into the mainstream health, food, education and other relevant systems within countries.
4. Increasing local (government) and external (donor) resources for adolescent nutrition to scale up proven interventions.
5. Expanding partnerships in adolescent nutrition and improve collaboration and coordination among partners for effective delivery of comprehensive adolescent nutrition services.
6. Supporting the generation of information and data to inform policies, strategies and sound decision-making for adolescent nutrition.

1.4. Adolescent Nutrition Strategy Target Results

The strategy targets are designed to make progress in assuring well-nourished and healthy adolescents by 2025.[15] At the end of 2025, it will be expected that each of the ECSA-HC will:

1. Reduce the prevalence of undernutrition (BMI <18.5 Kg/M2) among adolescent boys and girls by 3 percent
2. Reduce the prevalence of both adolescent overweight and obesity by 2 percent and ensure that there is no increase in the prevalence
3. Attain a reduction of the prevalence of anaemia among adolescent girls to less than 20 percent, below which the prevalence is considered a mild public health problem[16]
4. Increase state funding for adolescent health and nutrition by 5 percent annually

1.5. Guiding Principles for the Strategy

- **Right-based approach:** The majority of adolescents are given special attention through the Convention on the Rights of the Child (CRC).[17] In Article 1 of the Convention, the word "child" is defined as a person under the age of 18, unless the laws of a particular country set a younger legal age for adulthood. While the demographic group meets the definition of "child", the group has experienced widespread neglect in health and nutrition policies and programs.
- **Life course approach:** The advocacy strategy builds on and expands focus on the adolescence stage of the life course, and where relevant and appropriate, links with other efforts and initiatives that target other age groups for the needed continuum of health and nutrition status of the populations in the ECSA-HC region.
- **Gender responsiveness:** Considering that there are variations in health, nutritional and other related needs – as well as social and cultural vulnerability – between the boys and the girls, policies and interventions should consider this reality and promote gender equality and girls' empowerment. The need to desegregate data based on gender cannot be ignored and there should be a greater focus on meeting the needs of girls.
- **Equity:** Adolescent girls are more vulnerable to malnutrition than boys due to their physiological development, as well as the social vulnerabilities that put them at risk. They need elevated amounts of iron to counter iron losses from menstruation. Girls are also vulnerable and more exposed to undesirable cultural practices including early marriage and female genital mutilation (FGM). Adolescent pregnancy is common among the ECSA-HC, which come with increased nutritional needs during the pregnancy, but also lost opportunity for linear growth. Additionally, adolescent pregnancy can mean lost opportunity to remain in school and excel in academics, as well as limiting future economic opportunities.
- **Combining regional and country efforts:** Regional, country and sub-national level advocacy efforts must work concurrently with robust coordination and collaboration to realize the needed synergy and complementation in driving the adolescent nutrition agenda forward.

15 These will be agreed upon by the member states at validation.
16 Some countries may already be at this level, but data may not be available to measure this as 10-14 years often not as available to track progress.
17 Convention on the Rights of the Child (CRC). https://www.ohchr.org/documents/professionalinterest/crc.pdf

1.6. Strategy Conceptual Model and the Theory of Change

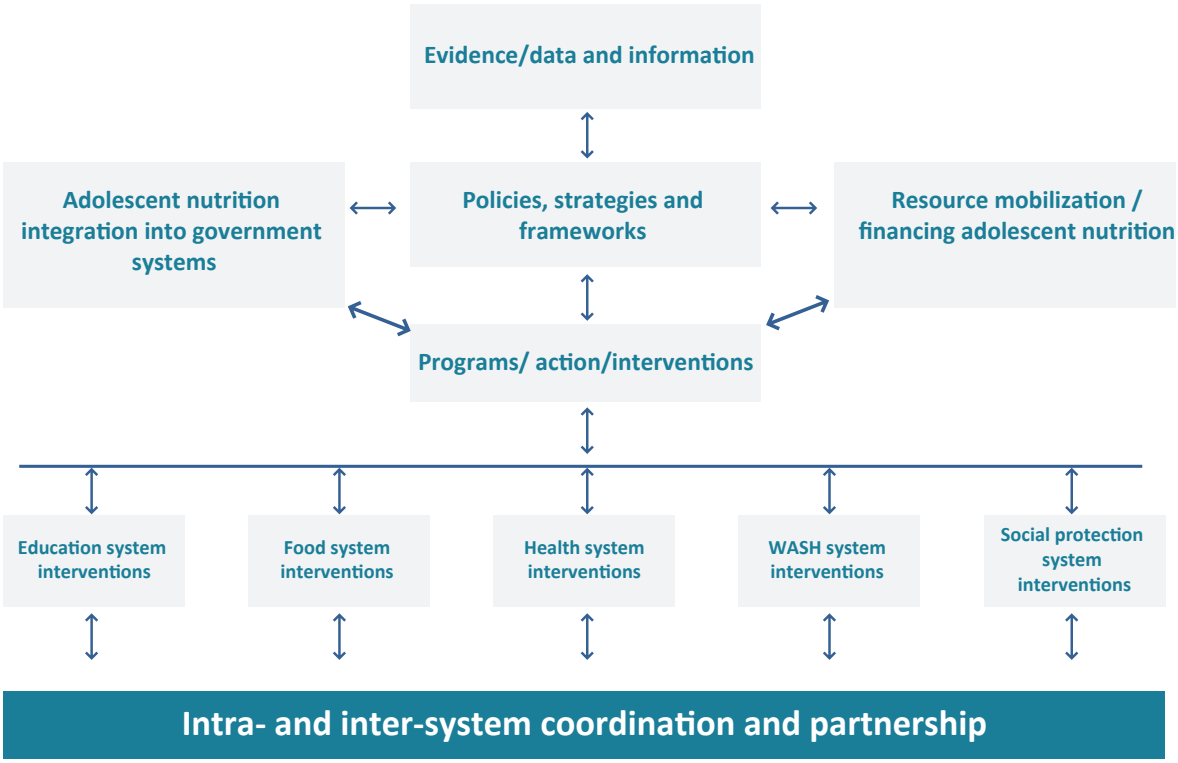
In the ECSA-HC, adolescent nutrition is a relatively novel focus as compared to maternal, infant and young child nutrition. However, the interest and momentum by state and non-state actors is gaining traction. This is being fueled by the global advocacy efforts demonstrated by the WHA global nutrition targets, the WHO guidelines, UNICEF guidelines on adolescent nutrition and the 2022 Lancet Series on adolescent nutrition, among others.

The conceptual model in Figure 2 has been derived from an analysis of the contexts of ECSA-HC and shows the advocacy areas to be considered. Availability of compelling data and information on adolescent nutrition and locally or regionally generated evidence is key in driving policy formulation and review. Adolescent nutrition has not received enough attention from policymakers, programmers, communities, teachers, parents and even the adolescents themselves; and demonstration of the case for adolescents using contextual data is paramount.

While there are programs that are being implemented without policy support, it is pertinent that these interventions are supported and driven with robust policy and strategic recommendations and guidance to ensure that they are integrated into the government systems and attract state funding. All evidence-informed programmatic efforts in the education sector, food systems sector, health sector, WASH sector and the social protection sector must be implemented in response to the specific country contexts at scale. All these efforts must be coordinated at the national and sub-national level with an expanded partnership profile led by the governments and stakeholders including the regional and country-level NGOs, the United Nations (UN) organizations, and civil society. The coordination mechanisms must exist within the different systems and also between the systems, where necessary.

The theory of change states that: advocacy initiatives will drive the strengthening and implementation of sound adolescent nutrition programs and mainstreaming of adolescent nutrition into system-based planning and financing. These efforts will lead to reduce the levels of micronutrient deficiencies, wasting, overweight and obesity among adolescents.

Figure 2: The conceptual framework the adolescent nutrition advocacy for ECSA-HC



1.7. Users and use of the strategy

The strategy will be used by ECSA-HC Secretariat, member states stakeholders to drive and promote the important agenda of adolescent nutrition in the region. Table 1 summarizes the use of the strategy by various stakeholders.

Table 1: How different stakeholders will use the strategy

User	Strategy use	Purpose of use
ECSA-HC	Elicit high-level commitments from policy makers on adolescent nutrition	Political support for adolescent nutrition especially in integrating the needed interventions into regional and country-level planning and resource allocations processes
	Put member states accountable for their plans for improving advocacy in adolescent nutrition	Support the exchange of information, best practices, and drive for adolescent nutrition among the member states
	Identifying areas of collaboration with global and regional partners for technical support and resources for the region	Increases technical support and resource base in adolescent nutrition for the region
ECSA-HC/governments	Increase awareness and concern for adolescents nationally and sub-nationally	Trigger action on adolescent nutrition by government ministries, agencies and departments, as well as partner
	Develop, promote and implement evidence-based adolescent nutrition policies, strategies, frameworks and programs	Assure high quality, high coverage and effective adolescent nutrition interventions
Other stakeholders	Identify areas to collaborate with and support governments (and other local partners) on adolescence nutrition advocacy	More non-governmental technical and financial resources available for adolescent nutrition advocacy work and interventions

2. Advocacy Strategy Development Process

2.1. Adolescent Nutrition Assessment

An assessment of the adolescent nutrition situation, policy, strategy, programs and coordination, financing and integration mechanisms was conducted in each of the ECSA countries. Each country provided information on its own country's situation, policy and program assessment available as a reference. The country assessments involved document review, in-country consultations and regional deliberation with key partners; the report also depicted the country-specific advocacy recommendations. A regional synthesis report from which recommendations have been used to draft this advocacy strategy is also available from the ECSA-HC Secretariat upon request.

2.2. Document Review

This involved the analysis of the current regional adolescent health and nutrition statuses. Country-level data was extracted from various sources and analyzed for country comparisons and aggregation to give regional situations. The specific data types that were extracted from different sources included population reports, Demographic Health Surveys (DHS), adolescent assessments, micronutrient surveys, and Multiple Indicator Surveys, among others. The adolescent policy and strategy reviews aimed at examining the adolescent and adolescent-related policies, strategies and programs found and scattered in the varied sectoral documents in the ECSA-HC and regionally.

2.2.1. In-country and Regional Consultations

The consultations at the country level were with the ministries concerned with health, education, agriculture, social protection, gender and youth. Regional consultations involved stakeholders responsible for adolescent nutrition in their respective organizations including Nutrition International, ECSA-HC, UNICEF, African Union (AU), Southern Africa Development Cooperation (SADC), United Nations Population Development (UNFPA), a regional youth coalition and a private sector.

2.2.2. Drafting and Validation of the Adolescent Advocacy Strategy

From the country reports, a regional synthesis summarized the prevailing and emerging issues from the nine ECSA-HC to identify both converging and diverging situations, as well as the critical advocacy issues. The country-level reports provide country-level recommendations. Issues emerging from the regional synthesis informed the drafting of advocacy objectives, advocacy actions and messages at regional, national and sub-national levels. This allowed for:

1. Identification of the nutrition advocacy strategy areas of the ECSA-HC together with the respective actions needed at the national and regional levels
2. Drafting of the implementation arrangement, implementation plan and M&E plan
3. Costing the adolescent nutrition advocacy strategy for ECSA-HC
4. Validation of the strategy by the ECSA-HC

3. Adolescent Nutrition Situation among ECSA-HC Member States

3.1. Demographic and Health Status

Table 1 shows the total of 56,085,834 adolescents (10-19 years of age) in the ECSA-HC representing a significant proportion of the population in the ECSA-HC region – as high as 37.1 percent of the population (in Uganda) and regional overall of 26 percent, which is about 10 percent more than the global adolescent proportion (17 percent[18]). This demographic cannot be ignored in the wider considerations of development. The rural population of adolescents is estimated at 70 percent where there is a greater challenge of school attendance and dropping out among both boys and girls, as well as early marriage and adolescent pregnancy, among other risks. As shown in Table 1, the number of adolescent boys and girls is almost the same – a ratio of approximately 1:1 with the girls composing 50.6 percent.

Table 2: Adolescent population in the ECSA-HC

Country	Total population	Population in rural areas	Adolescent population (10-19 years)	Adolescents by sex		
				Female	Male	% Female
Eswatini	1,139,370	865,921	247,605	122,867	124,738	43.1
Kenya	47,564,296	32,732,596	11,631,608	5,735,584	5,896,024	49.3
Lesotho	2,000,000	1,406,498	425,665	211,580	214,085	42.8
Malawi	17,563,749	14,747,257	4,569,248	2,317,256	2,251,992	50.7
Mauritius	1,266,030	766,681	178,001	87,715	90,286	49.3
Tanzania	63,298,542	42,255,971	13,633,939	6,819,356	6,814,583	53.3
Uganda	47,882,457	36,468,248	17,767,574	8,693,296	9,074,278	48.9
Zambia	16,200,000	7,995,424	4,510,557	2,248,444	2,262,113	60.8
Zimbabwe	15,232,790	10,440,685	3,121,637	1,567,349	1,554,288	44.1
Total	**212,147,234**	**64,467,953**	**56,085,834**	**27,803,447**	**28,282,387**	**50.6**

Source: From various sources as compiled in the adolescent situation analysis assessments of individual ECSA-HC, 2022

There are about 5 million more young adolescents than older adolescents (Table 2). This accounts for attrition of about 15 percent of the adolescents as they grow older, which indicating the impact of the risks that lead to this group's mortality with age. Countries with adolescent attrition below the average of 15 percent are Eswatini, Lesotho, Mauritius and Tanzania; other countries have higher attrition rates with the highest losses in Malawi (19.6 percent) and Uganda (19.4 percent). The attrition is comparable between boys (15.7 percent) and girls (15 percent), overall.

The variability in adolescent marriage in the member states has been well observed with as high as 24 percent (in Malawi) among the girls and 18 percent among the boys (in Lesotho). As high as 13 percent of the girls in are out of school (in Eswatini and Kenya) and as high as 10.2 percent in among the boys (in Eswatini). There is a severe lack of data on the reported adolescent pregnancy. Nevertheless, the COVID-19 pandemic has been reported to have increased the adolescent pregnancy rate to as high as 33 percent as reported in Malawi, which underscores the role of school attendance in limiting such risks.

18 WHO, 2017. Global Accelerated Action for the Health of Adolescent (AA-HA!). https://www.who.int/publications/i/item/9789241512343

Table 3: Adolescent population by younger and older age

Country	Young adolescent population (10-14 years)				Older adolescent population (15-19 years)			
	Female	Male	Total	% Female	Female	Male	Total	% Female
Eswatini	63,654	63,783	127,437	49.9	59,213	60,955	120,168	49.3
Kenya	3,136,142	3,209,760	6,345,902	49.4	2,599,442	2,686,264	5,285,706	49.2
Lesotho	107,924	107,871	215,795	50.0	103,656	106,214	209,870	49.4
Malawi	1,286,091	1,247,212	2,533,303	50.8	1,031,165	1,004,780	2,035,945	50.6
Mauritius	46,337	47,302	93,639	49.5	50,293	50,715	101,008	49.8
Tanzania	3,533,745	3,527,949	7,061,694	50.0	3,285,611	3,286,634	6,572,245	50.0
Uganda	4,779,581	5,056,659	9,836,240	48.6	3,913,715	4,017,619	7,931,334	49.3
Zambia	1,231,527	1,238,296	2,469,823	49.9	1,016,917	1,022,817	2,039,734	49.9
Zimbabwe	848,981	848,981	1,697,962	50.0	718,368	705,307	1,423,675	50.5
Total	**15,033,982**	**15,347,813**	**30,381,795**	**49.5**	**12,778,380**	**12,941,305**	**25,719,685**	**49.7**

Source: From various sources as compiled in the adolescent situation analysis assessments of individual ECSA, 2022

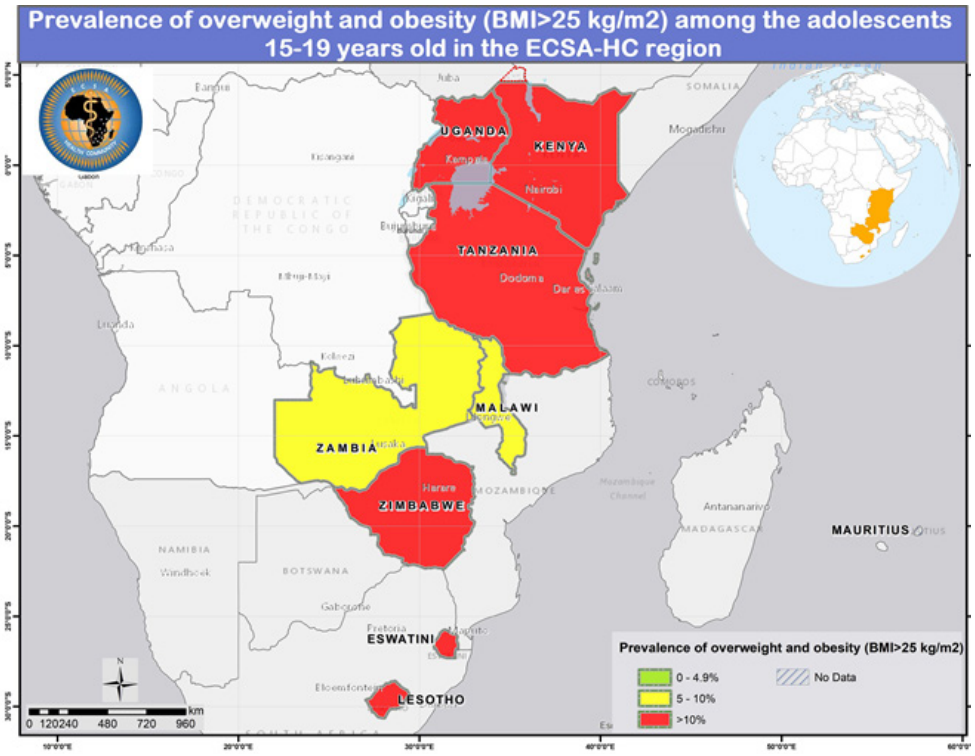
3.2. Adolescent Nutrition Status

3.2.1. Under- and Overnutrition

Generally, across the region, a greater proportion of males than females are malnourished. The 2021 Global Nutrition Report[19] indicates that the level of wasting among the under-five-year-olds in Africa stands at 6 percent. The higher prevalence of wasting among adolescence compared to the under-five-year-old children indicates that as young children move to mid-childhood and adolescence, they became more vulnerable – and this is a concern. The 2021 Global Nutrition Report shows that by 1999, the prevalence of wasting/thinness in Africa among those aged 5-19 years old was 10.9 percent among boys and 8.9 percent among girls.

Figure 3. Prevalence of overweight among adolescent boys and girls

Source: From various sources as compiled in the adolescent situation analysis assessments of individual ECSA,



19 The 2021 Global Nutrition Report. https://globalnutritionreport.org/reports/2021-global-nutrition-report/

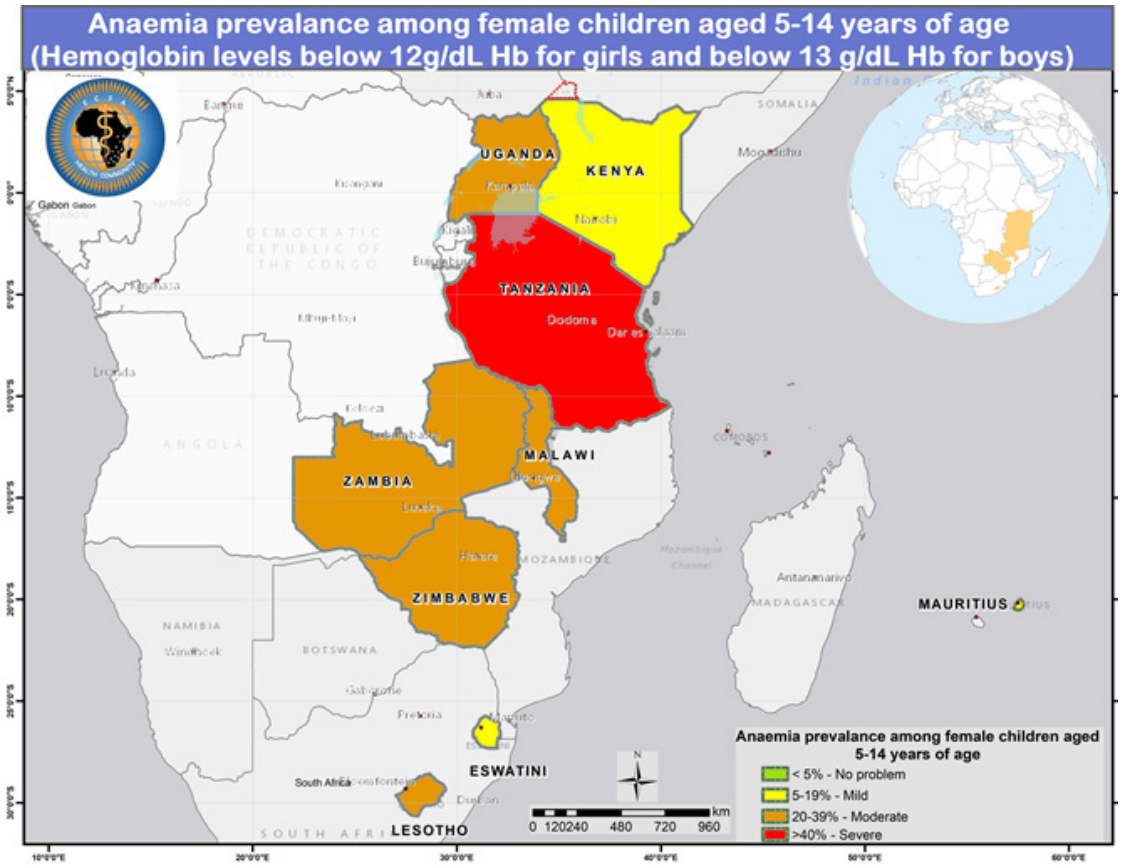
As shown in Figure 3, only Zambia and Malawi have an overweight and obesity prevalence of less than 10 percent. The 2021 Global Nutrition Report states that the prevalence of obesity and underweight have been on the rise in Africa – and ECSA-HC region is not an exception. This indicates the increasing risks of NCDs among the population.

3.2.2. Micronutrient Deficiency

It is a challenge to find current data on micronutrient deficiencies for adolescents and other population groups in the ECSA-HC region due to the high costs associated with micronutrient surveys and the low priority given to adolescent health and nutrition. Data obtained on micronutrient deficiencies for the ECSA-HC were more than five years old, some going back to more than 10 years before this advocacy strategy. Some countries do not have the data at all. The available data also do not cover the entire age spectrum of the adolescents with the age of consideration being 5-14 years which has been used in this report as a proxy for the 10-19-year age group.

In 2019, the global anaemia prevalence among women of reproductive age was 29.9 percent[20]. This is equivalent to over half a billion women between the ages of 15-49 years.[21]

Figure 4. Anaemia prevalence among adolescent girls.



[Source: From various sources as compiled in adolescence situation analysis of the individual ECSA, 2022]

No country in the ECSA-HC region has anaemia prevalence below 5 percent, which is the level classified by WHO as normal or no public health concern. Out of the nine ESCA-HC countries, two have prevalence between 5-19 percent (considered as mild public health problem) and the remaining seven have prevalence between 20-39 percent (considered to be moderate public health problem). Tanzania reports more than 40 percent (47.3%) prevalence, which is considered as severe public health problem.

20 95 percent uncertainty interval 27 percent, 32.8 percent
21 WHO, 2022. Anaemia in women and children. https://www.who.int/data/gho/data/themes/topics/anaemia_in_women_and_children

Vitamin A deficiency among the adolescents depicts a mixed situation with Malawi showing a prevalence below the 2 percent cut-off of public health significance (0.9 percent), while in Kenya is above this cut-off (4.6 percent). While there is no established cut-off prevalence point for zinc deficiency, two-thirds of adolescents in Malawi and 80 percent of adolescents in Kenya have zinc deficiency, which could be indicative of the situation in the region. Zinc is important in growth and development, especially with respect to supporting growth spurts.

The medium urinary iodine levels reported in Kenya and Malawi were within the WHO recommended cut-off and indicated more than adequate intake. Medium urinary iodine of 100-199 µg/L indicates adequate levels for school-going children above six years of age.[22] Above this range is considered above requirement or excessive. Only Kenya has data on medium urinary sodium concentration of school-going children between 9-14 years old and this stands at 203 µg/L.[23] A cut-off of 87 µg/L is considered normal and about 80 percent of school going children have urinary iodine above this level; this more or less may be the situation in most of the other ECSA-HC.

3.3. Adolescent Health and Nutrition Risk Factors

According to WHO[24], adolescents account for six percent of the world's global burden of disease and injury. Again globally, the recent very rapid decline in mortality among infants and young children has not been mirrored among adolescents. Adolescence is the period when many risky behaviours start having a major impact on a person's health. The main risk factors for adolescent mortality globally are not different from those in the ECSA-HC region. They include injuries, violence, mental health issues, alcohol and drugs, tobacco use, HIV/AIDS, infectious diseases (e.g. pneumonia, tuberculosis), early pregnancy and anaemia, as well as links to micronutrient deficiency, undernutrition, obesity and physical inactivity.[25] As can be observed, the majority of these factors are those related to health and nutrition status. This further underscores the role of sound nutrition, dietary habits, access to health care, and lifestyle practices in adolescents. Additional risks related to adolescent nutrition include – but are not limited to –parasitic/helminths infections, and, for girls, the risks of early marriage, adolescent pregnancy, birth complications and poor antenatal care, and dropping out of school as a result. Additional aspects relevant to adolescent health are mental illness, poor diet, peer influence and pressure, and social desirability.

3.4. Adolescent Nutrition Interventions Areas

3.4.1. WHO Guidance (2018) and UNICEF Guidance (2021) on Adolescent Nutrition and Lancet Series 2022 Approach

The 2018 WHO Guidance on Adolescent Nutrition[26] provides effective interventions for important adolescent nutrition that can be covered by the health, education, nutrition and food systems. The guidance provides the basis for categorizing the adolescent's nutrition intervention areas into sub-categories as shown in Table 3. Additional sub-categories have been derived from the Lancet Series 2022.[27] This profiling of the intervention areas also provides the basis for mapping adolescent nutrition policies, strategies and programs and for identifying the gaps in ECSA-HC.

22 WHO, 2022. Iodine deficiency. https://www.who.int/data/nutrition/nlis/info/iodine-deficiency
23 GOK, 2011. Kenya National Micronutrient Survey. Government of Kenya (GOK). http://www.nutritionhealth.or.ke/wp-content/uploads/Downloads/ The%20Kenya%20National%20Micronutrient%20Survey%202011.pdf
24 WHO, 2017. Global Accelerated Action for the Health of Adolescent (AA-HA!). https://www.who.int/publications/i/item/9789241512343
25 WHO, 2022. Adolescent and young adult health. https://www.who.int/en/news-room/fact-sheets/detail/adolescents-health-risks-and solutions
26 WHO, 2018. Guideline: implementing effective actions for improving adolescent nutrition. World Health Organization. https://apps.who.int iris/ rest/bitstreams/1095801/retrieve
27 Hargreaves et al., 2022. Strategies and interventions for healthy adolescent growth, nutrition, and development. The Lancet Series on Adolescent Nutrition. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01593-2/fulltext

Table 4: Adolescent nutrition intervention areas [28]

Adolescent nutrition intervention areas			Adolescent nutrition intervention areas
A	**Promoting healthy diets among adolescents**	**D**	**Preventing adolescent pregnancy and poor reproductive outcomes**
1	Limiting exposure to fast food and junk food	1	Prevention of adolescent pregnancy, early marriage and re-admission of adolescent mothers to school
2	Reduction of sugar-sweetened beverage intake in children and adolescents	2	Promoting pre-natal and antenatal nutritional care in adolescents
3	Increasing potassium and reducing sodium intake in adults and children to reduce blood pressure	3	Antenatal care and skilled delivery for safe pregnancy
4	Promotion of consumption of diversified meals in and out of school	**E**	**Providing access to a safe environment and hygiene for adolescents**
5	Limiting the impact of marketing foods high in salts, fats and free sugars	1	Preventive chemotherapy to control soil-transmitted helminth infections in at-risk population groups
6	Social protection and cash transfer to increase access and intake of healthy foods	2	Provision of appropriate toilets for boys and girls
B	**Fortification of staples and supplementation of the adolescents**	3	Support and ensure access to menstrual hygiene education and products
1	Fortification of staple foods with vitamins and minerals	**F**	**Promoting physical activity in adolescents and prevention of undernutrition**
2	Fortification of food-grade salt with iodine	1	Promoting and support for physical activity for health, both in and out of school
3	Intermittent iron and folic acid supplementation for adolescent girls	**G**	**Knowledge, awareness and education on adolescent nutrition**
C	**Preventing and managing tuberculosis (TB), HIV and acute malnutrition in adolescents**	1	Inclusion of sound nutrition practices in the school curriculum
1	Health and nutrition education and awareness on the prevention of TB, HIV and acute malnutrition	2	Social behavior change communication for local leaders, parents and in-school and out-of-school adolescents
2	Nutritional care and support for patients with TB, HIV, acute malnutrition		

3.4.2. System Approach to Adolescent Nutrition

Working through established systems is one way of promoting ownership and sustainability. Systems are run by the governments and are more accountable for increasing resources and shaping the sectoral plans. The system approach and mechanism reinforce actions across the various sectors to create a mutual resolve, promote coordination, guide the basis for accountability, and generate synergy between the various sectors to prevent adolescent nutrition. Appendix 1 shows the various systems interventions under each of the five priority sectors.[29]

The five systems key in adolescent nutrition are:

1. **The education system:** Schools and curricula are used are a platform for reaching large numbers of adolescents, parents and communities. Primary and secondary schools are key settings for delivering nutrition interventions and provide an enabling environment for improving the quality of diet for both young and older adolescents.
2. **The food system:** Agricultural and other value chain points are critical to ensure a population's access to nutritious, safe, affordable and sustainable diets. The food system is important in shaping the diets of adolescents. This system is key to increasing the supply of – and demand for – nutritious food, and reducing food wastage. The food system is also critical in creating healthy food environments and limiting access and promotion of high sugar and high salt foods, and other highly processed foods with little or no nutritional value

28 WHO, 2018. Guideline: implementing effective actions for improving adolescent nutrition. World Health Organization. https://apps.who.int/iris/rest/bitstreams/1095801/retrieve

29 Adapted from: UNICEF, 2021. UNICEF PROGRAMMING GUIDANCE Nutrition in Middle Childhood and Adolescence. https://www.unicef.org/media/106406/file

3. **The health system:** Ensuring the population can access health services (e.g. they are available at times for all demographics, they are free or affordable) and that the population feels safe accessing health services, and that health services are appropriate for demographic groups (e.g. health service providers and volunteers are trained to support adolescents).
4. **The water and sanitation system:** This nutrition sensitive system supports access to safe water and sanitation, which is an important element of the adolescent environment. Improved water, sanitation and hygiene (WASH) protect adolescents against soil transmitted helminths, reduces diarrhoeal episodes, improves WASH-related knowledge and practices, and reduces absenteeism in schools. WASH also needs to enable equitable access for girls, considering their need for support with menstrual health to enable full participation in schools and communities.
5. **The social protection system:** This system emphasizes focus on vulnerable groups. Interventions such as cash transfers (conditional or unconditional) can help increase household income, improve school enrolment and attendance (especially for girls), improve access to preventive health care, and support the procurement and consumption of diverse and nutrient-rich diets.

4. Strategic Actions and Messages for Advocacy

In ECSA-HC, adolescents make up about 26 percent of the total population, representing an significant number of individuals transitioning into adulthood. The majority of adolescent boys and girls live in rural areas where there are more multidimensional vulnerabilities exacerbated by varied cultural orientations. Together with the general low priority of adolescent nutrition by society, by parents, leaders, government policies, strategies, intervention, funding and resources, this further complicates their plight. Effective advocacy to improve nutrition status of adolescents is vital. Strategic actions and messages to support advocacy in this area has been grouped into seven key areas.

4.1. Advocacy Area 1: Promote Multisectoral Adolescent Nutrition Policies and Strategies

4.1.1. Issue/Problem

Adolescent nutrition policies provide an overarching framework covering the multiple dimensions of concerns affecting this group. The ECSA-HC 69th Health Ministers' Conference resolution on adolescent nutrition (ECSA/HMC/69/R3) recalls the previous resolutions related to adolescent nutrition[30] and spells out the concern of increase in malnutrition among adolescents due to poor dietary habits, early/child marriage, adolescent pregnancy, and limited access to information and youth-friendly and responsive services. Currently, existing member state policies are not well-focused on adolescent nutrition concerns because they do not use the life course approach. Additionally, they have limited adolescent nutrition intervention areas vis-a-vis the recommendations of 2018 WHO Guidelines on Adolescent Nutrition and the UNICEF 2021 guidance – they are not comprehensive. Among the member states, there is also an observed lack of a comprehensive multisectoral adolescent nutrition strategy and investment case. Adolescent nutrition issues are scattered in many sectoral policies and strategies, which does not promote the needed collaborations and synergies among different sectors and stakeholders.

4.1.2. Strategic Advocacy Actions

#	Advocacy objectives	Actions	Responsible for the actions
A	**Regional level policies**		
1	Influence availability of context-specific multidimensional regional policy guidance for ECSA-HC on adolescent nutrition	Develop ECSA-HC (regional) multisectoral adolescent nutrition policy and strategy	ECSA-HC NCDs, Food Security and Nutrition Programme
2	Sustain the momentum created on adolescent nutrition in the 69th resolution ECSA/HMC/69/R3[31]	Accelerate implementation of proposed actions as directed in the ECSA-HC 69th resolutions; augmentation with more adolescent nutrition intervention areas and refer to 2018 WHO Guidance on Adolescent Nutrition	ECSA-HC Secretariat

30 Resolutions CRHC/RMH26/R3.2; CRHC/RMH32/R1; ECSA/HMC58/R4; ECSA/HMC65/R4; and ECSA/HMC67/R4)

31 The Resolution therefore urges the Member states to: 1)Accelerate and/or sustain implementation of the past Resolutions on Adolescent Health; 2)Develop and/or enforce legislation that prevent early child marriages and harmful sociocultural practices; 3) Strengthen the implementation of appropriate and comprehensive adolescent health and nutrition programs with involvement of adolescents and young people; and 4) Promote innovative platforms to increase access to information on adolescent health. The resolution also It directs the Secretariat to:1) Support Member States in the implementation of this resolution; and 2) Support member states to monitor the implementation of actions on adolescent and young people's health including young people under 15 years.

#	Advocacy objectives	Actions	Responsible for the actions
B	**National-level policies**		
1	Promote all adolescent nutrition intervention areas for policy considerations in the ECSA-HC	Develop and disseminate a policy brief on adolescent nutrition intervention areas based on the 2018 WHO and UNICEF Guidance on Adolescent Nutrition	Directors/heads of relevant departments[32] in MOH, MOE, MOA, WASH and ministries of social protection, gender and youth
2	Support the development of country-level multisectoral nutrition policies, strategies and frameworks on adolescent nutrition	Draft and implement a multisectoral adolescent nutrition policy and strategy covering all the adolescent nutrition intervention areas as guided by the 2018 WHO Guidelines, UNICEF Guidance on Adolescent Nutrition, the Lancet 2022 Series and the ECSA-HC commitment (resolution ECSA/HMC/69/R3)	Directors/heads of relevant departments in MOH, MOE, MOA, and ministries of WASH, social protection, gender and youth
3	Activate review of existing policies and strategies to be adolescent responsive	Review the existing national health, education, agriculture, social protection, youth and gender policies to consider the life course approach where appropriate, as well as 2018 WHO Guidelines on Adolescent Nutrition, UNICEF Guidance 2021	Directors/heads of relevant departments in MOH, MOE, MOA, and ministries of social protection, gender and youth
4	Establish a country-level platform for adolescent nutrition	Set up and operationalize a multisectoral adolescent nutrition platform to champion investment cases, policies and strategies for adolescent nutrition	Directors/heads of relevant departments in MOH, MOE, MOA, and ministries of social protection, gender and youth
5	Support member states to establish multisectoral sub-national level platforms for adolescent nutrition	Set up and operationalize multisectoral adolescent sub-national nutrition platforms to champion strategies for adolescent nutrition	Heads of relevant sub-national level departments in health, education, agriculture, social protection, gender and youth

4.1.3. Key Messages

1. The future health of a country depends on how well adolescents are cared for and effective mitigation of the risks they face.
2. Regional and national policies should be responsive to risks and the nutrition needs of adolescents.

4.1.4. Expected Key Results

The advocacy actions at continental, national and regional levels that focus on augmenting policy and strategic directions are intended to lead to:

1. Sound and comprehensive multisectoral country policies and strategies on adolescent nutrition that provide state and non-state actors the basis and legitimacy to increase resources and actions for adolescent nutrition.
2. Adolescent nutrition policies being integrated into existing policies in the sectors of health, education, agriculture, gender, social protection and youth.

4.1.5. Pertinent Considerations and Assumptions

The drafting, endorsement and legislation of policies takes years owing to the wider consultations needed as well as bureaucracies at continental, country and regional levels. At the moment, ECSA-HC have varying policy gaps in adolescent nutrition policies and as they augment their respective policies, they will do so at different paces based on their country's context. The availability of continental and regional guidance should be accelerated to also provide the needed trigger and motivation for the member states.

32 These are the departments, sections and offices which are responsible for adolescent nutrition in their respective ministries

4.2. Advocacy Area 2: Scale-up the Delivery of Evidence-informed Adolescent Nutrition Interventions

4.2.1. Issue/Problem

The gaps in adolescent data and programming are now apparent due to the clarity provided by the 2021 UNICEF Guidance for Middle School Age and Adolescent Nutrition and 2018 WHO Guidelines on Implementing Effective Actions for Adolescent Nutrition on the programs and intervention areas needed and further augmented by the Lancet 2022 series on adolescent nutrition. State and non-state multisectoral nutrition intervention implementers across the ECSA-HC need to recognize the specific and multidimensional vulnerabilities and associated risks facing adolescents. The assumption that adolescents will be reached when the general population is targeted as a whole is not necessarily true. This approach does not effectively focus on the specific needs of adolescents. Further, the many interventions across the ECSA-HC need to be scaled up and the specific challenges facing the adolescent nutrition interventions must be tackled.

4.2.2. Strategic Advocacy Actions

#	Advocacy objectives	Actions	Responsible for the actions
1	Support the implementation of evidence-informed adolescent nutrition interventions focused on the multidimensional needs, vulnerabilities and risks among adolescent boys and girls that respond to the specific context	Develop and disseminate the adolescent technical briefs (including on the regional adaptation of 2021 UNICEF Guidance and 2018 WHO guidelines), toolkits, and job aids for adolescent nutrition	Directors/managers/section chiefs of nutrition in MOH, MOE, MOA and ministries of WASH, social protection, gender and youth
		Implement relevant and priority nutrition interventions/actions through the education, food, health WASH and social protection systems with a lens on the specific nutritional, social and psychological needs of adolescents[33]	National and sub-national partners/ stakeholders including the private sector
2	Promote a phased approach in the implementation of integrated adolescent nutrition programs including targeted interventions for adolescents with special needs	Define the contexts of the adolescents in the ECSA-HC countries through formative studies Provide technical and resource support to adapt and scale up all context-specific adolescent nutrition interventions under pilot including in rural areas and urban slums Support scale-up of community-level adolescent interventions including the school reintegration, peer groups and use of community health/ strategy systems and youth-friendly and responsive centres/clinics Identify and integrate adolescent interventions into existing systems and structures such as schools, health systems	MOH, MOE, MOA, and ministries of social protection, gender and youth Private sector National and sub-national partners/ stakeholders Civil Society Organizations and communities
3	Prioritize targeted reduction of the different forms of malnutrition affecting adolescents such as overweight, obesity, underweight and micronutrient deficiencies	Scale-up interventions in the country are geared towards the reduction of the prevalence of obesity and overweight and anaemia, and focus efforts on the adolescents	National and sub-national partners/ stakeholders The private sector (includes manufacturers and purveyors of foods high in sugar, fats and salts)

33 Refer to the system approach to adolescent nutrition shown in Appendix 1

#	Advocacy objectives	Actions	Responsible for the actions
4	Accelerate efforts to create awareness on adolescent nutrition interventions and promote understanding of the basis of the interventions among all relevant stakeholders of the interventions by policy and decision-makers	WHO- and UNICEF-recommended adolescent nutrition interventions are evidence-informed, safe and with good intentions to improve the health and nutrition status of the adolescents	The executive leadership of ECSA
5	Advocate for demand-driven formulation and manufacture of nutrient formulations to address specific micronutrient deficiencies	Manufacture and supply the formulation of micronutrient supplements	WHO, private sector (manufactures of nutrient formulations)
		Support countries to review evidence to consider for the inclusion of micronutrient supplements into the Essential Medicines List (EML)	WHO, ECSA-HC
6	Advocate for enforcement of legislation, laws or regulations on the elimination of risky practices including early marriage and FGM	Implement community empowerment interventions for vulnerable families that can prevent early marriage due to poverty and peer pressure	Community leaders, religious leaders, teachers, adolescents National and sub-national adolescent nutrition partners
		Develop and promote alternative rites of passage	
		Enable access to Sexual and Reproductive Health (SRH) information and services to married and unmarried adolescent girls and boys to reduce adolescent pregnancy	
7	Set up support systems for adolescents facing different challenges that can impact their health and nutrition such as general mental health challenges, trauma and drug abuse, among others	Support the establishment of adolescent and youth-friendly spaces and services	Adolescents, Ministry of Finance, parents and parent groups, Parent-Teacher Associations (PTA), local leaders, partners (NGOs, Faith-Based Organizations)

4.2.3. Key Messages

1. Adolescents are the future workforce and governments should invest in them to assure future economic development.
2. The adolescent program should target both boys and girls, but should focus more on girls who are physiologically and socio-culturally more predisposed to nutritional risks.

4.2.4. Expected Key Results

1. Implementation of all adolescent nutrition interventions in all the relevant sectors as recommended by 2018 WHO guidelines on adolescent nutrition and UNICEF 2021 Nutrition guidance for middle childhood and adolescence (see Appendix 1).
2. WIFAS included into the model essential medicines listing the ECSA -HC countries.

4.2.5. Pertinent Considerations and Assumptions

To harmonize understanding of approaches to adolescence among state and non-state actors, it is necessary to first disseminate UNICEF 2021 guidance and 2018 WHO guidance on adolescent nutrition and key learnings from the Lancet Series 2022 and other globally relevant practical program examples, to member states at national and sub-national levels. As a prelude, regional sensitization through the ECSA-HC governance and coordination structure is highly recommended to provide timely guidance to member states. The scaling up of the programs should go hand-in-hand with the efforts to increase resources and funding for the same.

4.3. Advocacy Area 3: Expand Program Coverage, Ensure Active Adolescent Participation and Address Gender-based Concerns

4.3.1. Issue/Problem

Compared to children under five years old, there is less attention on adolescent boys and girls. The dominant perspective is that they are independent and need little or no support and attention. This is against the reality of high health, nutritional and associated social and cultural risk factors facing the adolescent demographic. The vulnerabilities of boys and girls are different and vary greatly based on the age and stage of the adolescent. However, girls face greater risks than boys considering their physiological needs and the cultural norms that create inequities. Approximately 70 percent of adolescent boys and girls live in rural areas, areas that are relatively hard to reach with adolescent health and nutrition programs. Adolescents out of school and those in marginalized areas (rural, Arid and Semiarid Lands and informal settlements) have heightened vulnerability –which is aggravated by cultural practices – and limited access to the services they need. In the ECSA-HC region, early marriage, birth rate and pregnancy among adolescents are disproportionately higher in rural areas compared to urban. While schools are key platforms for reaching the majority of adolescents, there are ECSA-HC with as high as 13 percent of adolescents out of school. This indicates the need to also focus more on the out-of-school adolescents. The out-of-school challenge is common in the region among both boys and girls. It limits adolescent access to nutrition education and other adolescent nutrition services, and increases other risks including sexually transmitted diseases including HIV/AIDS, adolescent pregnancy early marriage of both boys and girls, Gender-Based Violence (GBV), as well as childhood drug abuse.

4.3.2. Strategic Advocacy Actions

#	Advocacy objectives	Actions	Responsible for the actions
1	Support the expansion of coverage of multisectoral adolescent interventions in hard-to-reach areas including in rural areas, informal urban settlements, and arid and semiarid areas	Scale up adolescent programs through various platforms including in the hard-to-reach areas (such as rural areas, arid-and semi-arid areas) where the majority of adolescent boys and girls dwell	MOH, MOE, MOA, and ministries of social protection, youth and gender Community-based adolescent nutrition resource persons (care group members, village health teams, rural health motivators)
			Partners supporting adolescent nutrition
2	Recognize adolescent boys and girls as a highly vulnerable group still needing care; understand that the demographic is exposed to risks that threaten their health, nutrition status, and lives – noting that girls have increased needs	Establish national and sub-national advocacy forums to disseminate or promote messages on adolescents as a highly vulnerable group needing heightened health and nutrition care, and needing protection from physical, social and cultural hazards	National and sub-national partners/ stakeholders Civil Society Organizations and communities
3	Reduce health and nutrition risks associated with early marriage and adolescent pregnancy among adolescent girls	Advocate for orientation and enforcement of laws aimed at stopping early marriage and teenage/adolescent pregnancy among girls, especially in the rural, arid and semi-arid areas	National and sub-national partners/ stakeholders Civil Societies and communities
4	Promote adolescent access to nutrition services through schools	Ensure that all school-age boys and girls are enrolled, attend school, and do not drop out	Ministries of education, gender and youth National and sub-national partners/ stakeholders Civil Society Organizations and communities
		School-age boys and girls who drop out should be encouraged to be reintegrated back into schools –including adolescent mothers and pregnant adolescents	

#	Advocacy objectives	Actions	Responsible for the actions
5	Initiate innovative ways of involving and reaching adolescents	Support competitions on innovative ways of involving and reaching more adolescents	Ministries of education, gender and youth National and sub-national partners/ stakeholders Civil Societies and communities
		Support innovations in IT solutions and social media and digital platforms on engaging adolescents	
6	Increased engagement and meaningful participation of adolescents in the youth-friendly structures in and out of school	Rally for the formation and operationalization of increased participation of adolescent-responsive social entities such as school clubs, peer-to-peer groups in the communities and the youth-friendly and gender-responsive centres/clinics	Teachers Community leaders Adolescent peer-to-peer groups Health facilities
		Involve adolescents in every stage in the adolescent nutrition program management cycle[34]	National and sub-national partners/ stakeholders
7	Achieve gender-responsive nutrition interventions targeting both boys and girls considering their respective vulnerabilities and needs and challenging negative gender norms and practices	Lobby for evidence-based gender-responsive nutrition interventions considering the different special and context-specific needs, vulnerabilities and challenges of boys and girls when designing interventions	Directors/managers/section chiefs of nutrition in MOH, MOE, MOA and ministries of social protection, gender and youth
			National and sub-national partners/ stakeholders
8	Support to ensure that all adolescents (including out-of-school and in marginalized areas) are reached with adolescent nutrition interventions	Scale-up adolescent nutrition interventions in the hard-to-reach and marginalized areas to reach out-of-school boys and girls	Ministries of health, education, agriculture, gender and youth
			National and sub-national partners/ stakeholders
9	Promote desegregation of all adolescent data by sex and age for both younger and older adolescents	Desegregate data by sex (boys and girls) in all the national census, assessments, surveys and research	Demography/population and Social Statistics Divisions Health, Agriculture and Education information systems

4.3.3. Key Messages

1. Adolescents in and out of school should be reached by government agencies and partners through different multisectoral platforms.
2. In all adolescent programs, gender-based vulnerabilities should be considered and gender mainstreaming considered throughout the project cycle.
3. Use of digital innovations and information technology are key to reaching the adolescents –especially with information.

4.3.4. Expected Key Results

1. The majority of the adolescent boys and girls are reached with information, behaviour change messages and relevant services both in and out of schools.
2. Adolescents are meaningfully engaged and actively participate in issue identification, responsive and innovative approaches to those issues, and in all aspects of program design, implementation and monitoring

34 Assessment stage (addressing on initial needs assessment) 2) Planning stage 3) Implementation phase, 4) Monitoring and evaluation stage

4.3.5. Pertinent Considerations and Assumptions

The disproportionate percentage of adolescents living in the rural areas may change appreciably due to the rural-urban migration – and hence the change in the profile of vulnerabilities. These dynamics should be closely monitored and considered in the advocacy efforts.

4.4. Advocacy Area 4: Integration of Adolescent Nutrition into Government Systems Across Multiple Sectors and Various Platforms

4.4.1. Issue/Problem

The Ministry of Health is primarily responsible for policies, strategies and programs on adolescent nutrition, and closely collaborates and coordinates with other sectoral ministries of education, agriculture, WASH, gender, youth and social protection. In these ministries, there are corresponding offices, departments, sections and focal persons for adolescent nutrition albeit not in all countries. Gaps in linking state-led education, health, food, WASH and social protection systems in nutrition exist, which calls for robust coordination to foster high synergy. Adolescent interventions are still being viewed as partner programs (most of them under pilot phases) and have not been well integrated into government systems to promote sustained and continuous implementation using the available platforms.

4.4.2. Strategic Advocacy Actions

#	Advocacy objectives	Actions	Responsible for the actions
1	Promote and support the strengthening of government systems to address the multidimensional adolescent needs	Examine and address the needs, gaps and bottlenecks in sectors of health, education, agriculture, WASH, social protection, youth, gender and local governments in addressing the multidimensional needs of adolescent boys and girls	Directors/heads of nutrition, health, education, agriculture, social protection (children services), youth, gender and Ministry responsible for local governance and community development, sections/departments responsible for adolescent nutrition
		Develop and disseminate technical briefs on the roles of the various systems in adolescent nutrition [as per the adolescent nutrition system framework shown in Appendix 1 of this strategy (UNICEF 2021 guidance). AA-HA also provides guidance on how the health sector can collaborate with other sectors to address broad determinants of health	
2	Influence government support and ownership of the piloted and other adolescent nutrition interventions and eventual integration into the mainstream established health, education, WASH, agriculture, gender and youth systems	Partners to include government at all levels in planning, implementation, M&E of interventions to foster government ownership	Directors/heads of nutrition, health, education, agriculture, social protection and youth sections/ departments responsible for adolescent nutrition
		Partners to complement government efforts in adopting adolescent nutrition interventions as guided by government priorities, ECSA-HC	
3	Promote increased sector/ system engagement and collaborations in adolescent nutrition in MOH, MOE, MOA, WASH and ministries of social protection, gender, youth and local government and community development	Utilize existing structures (offices/departments/ sections and officers) with mandates/ responsibility for adolescents in MOH, MOE, MOA, WASH and ministries of social protection, gender, youth to include adolescent nutrition	Directors/heads of nutrition, health, education, agriculture, social protection youth, local government and community development and partners sections/ departments responsible for adolescent nutrition
		Deploy, built capacity and orient focal persons on adolescent nutrition in the relevant departments/sections in MOH, MOE, MOA, WASH and ministries of social protection, gender youth and local government and community development	

#	Advocacy objectives	Actions	Responsible for the actions
4	Integrate nutrition education into school (class) curricula and in programs including WIFAS, menstrual hygiene, physical activity, and pregnancy prevention interventions	Integrate nutrition education into school curricula and in other interventions including WIFAS, menstrual hygiene, physical activity, and pregnancy prevention	National and sub-national partners/stakeholders
5	Support member states in the adoption and adaptation of best practices in adolescent nutrition interventions	Engage and learn from other member states on how they have integrated the adolescent nutrition	Directors/heads of nutrition, health, education, agriculture, social protection youth, local government and community development sections/departments responsible for adolescent nutrition
6	Support improved effectiveness of adolescent nutrition platforms and structures to provide mentorship, nutrition education, health services and other relevant services	Form and sustain adolescent services provided through established platforms (youth clubs, peer groups, clubs and digital platforms) and structures (youth-friendly centres)	MOH, MOE, MOA, ministries of gender, youth, local government and community development at the national and sub-national level Education officers, teachers, and health/community health, social workers
7	Increase reach to out-of-school boys and girls with adolescent nutrition services	Form and strengthen community-level structures to reach adolescent boys and girls including the peer groups – considering age and stage of adolescent, adolescent support groups, community social and health workers and community mentorship systems	MOH, MOE, MOA, Ministries of gender, youth and local government and community development at national and sub-national levels Community health volunteers, health facility workers, community social workers, community influential leaders and adolescent groups
		Integrate adolescent nutrition into other ongoing community-level programs and initiatives including community social and health initiatives and outreach	National and sub-national partners/stakeholders

4.4.3. Key Messages

1. All sectors examine their effectiveness in addressing the multidimensional adolescents' needs and risks to improve actions within their jurisdictions.
2. Sectors of health, education, agriculture, WASH, social protection, youth, gender and local governments should forge ways of working together to improve adolescent access to the services and products they need.

4.4.4. Expected Key Results

Sustained and effective provision of adolescent nutrition services (shown in Appendix 1) in the various platforms in the sectors of education, health, food, WASH and social protection section systems.

4.4.5. Pertinent Considerations and Assumptions

Different countries have different speeds in the integration of piloted and new interventions into routine systemic operations. These systems may need radical changes in policies and strategic directions which also take time. Integration and adoption of adolescent nutrition interventions at the national and sub-national level should therefore go in tandem with the policy alignment and funding efforts while leveraging on the regional advocacies on the same.

4.5. Advocacy Area 5: Improve Accountability, Partnerships and Coordination for Adolescent Nutrition Advocacy Actions

4.5.1. Issue/Problem

Currently, there is no adolescent nutrition accountability framework or tools to foster commitment and monitoring of adolescent nutrition actions in the ECSA-HC. Some countries have adolescent nutrition coordination forums, but others do not at the national and sub-national levels. Private sector engagement is conspicuously absent in adolescent nutrition TWGs and task forces while their role in influencing dietary choices and supporting social

and physical activities in this group is imperative. The ECSA-HC has a governance structure that can be used to cascade the regional policies down, as well as to coordinate adolescent nutrition actions among member states.

Adolescent nutrition advocacy efforts are mostly spontaneous, poorly structured, and are not guided by a well-defined strategy. Further, there are no tools for use for adolescent nutrition advocacy at the country level. It is essential to develop tools, such as technical and policy briefs, and retain influential personalities to advocate for adolescent nutrition (champions) in the ECSA-HC at regional, national and sub-national levels. This would effectively put the issues of adolescent nutrition into perspective and reach the critical policy and critical decision-makers, as well as the community level leaders and teachers, and the adolescents themselves. The ECSA-HC HMC resolution ECSA/HMC/69/R3 supports adolescent nutrition urging both regional and country-level implementation or relevant interventions, and allowing for other levels of action through an established ECSA-HC governance structure. This resolution is an important tool to further advocacy efforts.

4.5.2. Strategic Advocacy Actions

#	Advocacy objectives	Actions	Responsible for the actions
A	Accountability in adolescent nutrition		
1	Initiate an accountability mechanism and in use for adolescent nutrition	Develop a digital regional scorecard to trigger accountability, knowledge sharing and policy change in adolescent nutrition	Directors/head of nutrition, health, education sections/departments responsible for adolescent nutrition
2	Support development and use of adolescent accountability mechanisms and tools	Support the development of adolescent accountability mechanisms and tools including regional and country-level scorecards for adolescent nutrition or incorporate adolescent indicators into other existing regional, country and sub-national scorecards	Directors/head of nutrition, health, education sections/departments responsible for adolescent nutrition
3	Support accountability to adolescent nutrition at the community level	Implement accountability mechanisms in schools and at the community level	Teachers Community leaders Adolescent peer-to-peer groups Health facilities
B	**Coordination and partnership**		
1	Advocate for regional coordination mechanisms of adolescent nutrition actions and advocacy efforts	Establish a coordination forum for adolescent nutrition actions and advocacy work among the ECSA-HC. (See Chapter 5 for the coordination mechanisms to be adopted.)	ECSA-HC NCDs, Food Security and Nutrition Programme
2	Strengthen partnerships and collaboration in improving adolescents' access to nutrition and related services at both national and sub-national levels	Form and/or strengthen national and sub-national level multisectoral coordination mechanisms that bring together health, education and other relevant sectors in adolescent nutrition	Ministries of health, education, agriculture, social protection, WASH, gender and youth National and sub-national partners/stakeholders

#	Advocacy objectives	Actions	Responsible for the actions
3	Encourage engagement of the private sector in adolescent nutrition	Create awareness on the compliance to legislations, standards that support adolescent nutrition	The private sector including: Manufacturers of sweetened beverages and others producing high fat and salt products Telecommunications and digital companies Companies promoting sports and other adolescent activities at the national and county level
		Offer technical support to private sector on reformulation, food safety and labeling of food products Engage in partnership meetings and forums to get their support to positively contribute to the well-being of adolescents	
		Explore engagements that support implementation of adolescent interventions within private sector. Opportunities include telecommunication companies, financial institutions, corporate social responsibility initiatives	
4	Establish relevant multisectoral expert committees, TWGs and community of practice on adolescent nutrition both at the regional and national level	Form and operationalize ECSA-HC multisectoral regional expert committees, TWG or community of practice in adolescent nutrition	ECSA-HC secretariat - ECSA NCDs, Food Security and Nutrition Programme
		Form and operationalize national multisectoral TWG on adolescent nutrition	Directors/managers/section chiefs of nutrition in MOH, MOE, MOA and ministries of WASH social protection, gender and youth
C	**Support advocacy work**		
1	Lobby for the development and implementation of adolescent-responsive advocacy/communication strategies that give adolescents a voice and support their empowerment	Create awareness that adolescents account for a significant part of the population that is transitioning to adulthood and they have critical nutritional and health needs that should be addressed	The ministers and Permanent Secretary (PS) of health ECSA-HC African Union (AU) and African Development Bank
2	Use influential persons who are passionate and have the zeal to actively influence positive change in adolescent nutrition at regional national, sub-national and community levels	Install, guide and support, adolescent nutrition champions at regional, national, sub-national and community levels to: Influence policy and critical decision-makers Influence adolescents, parents, teachers, and community leaders	Directors/heads of nutrition, health, education sections/departments responsible for adolescent nutrition, local governments, schools and community-level structures
3	Support mechanisms that facilitate responsiveness to adolescent needs and to empower the demographic	Develop and implement regional and national adolescent nutrition advocacy/ communication strategies	ECSA-HC secretariat - ECSA NCDs, Food Security and Nutrition Programme MOH, MOE, MOA, Ministries of gender and youth at the national and sub-national levels
		Adopt a life course approach in reviewing or drafting nutrition and health advocacy strategies or frameworks at the regional, national and sub-national level	
4	Promote an economic investment case for adolescent nutrition akin to the Cost of Hunger Analysis (COHA)	Develop and disseminate a contextualized case for "Why invest in adolescent nutrition" available to support advocacy at the region, country level and sub-national level Generate context-specific profiles to support resource allocation for adolescent nutrition	ECSA-HC secretariat - ECSA NCDs, Food Security and Nutrition Programme MOH, MOE, MOA, Ministries of gender and youth at national and sub-national levels

#	Advocacy objectives	Actions	Responsible for the actions
5	Enhance adolescent nutrition advocacy and communication skills in the sectors of health, education, agriculture, WASH, gender and youth	Support capacity enhancement of advocacy and communication skills in adolescent nutrition (and nutrition in general)	Directors and managers of nutrition in health, education, agriculture, gender and social protection
6	Activate regional and national networks that champion the adolescent nutrition agenda	Integrate adolescent nutrition in existing advocacy work or lead the formation of regional adolescent networks	Regional partners including Nutrition International, UNICEF, Save the Children and UNFPA, among others

4.5.3. Key Messages

1. Multisectoral platforms for relevant partners including the private sector (where appropriate and needed) are essential to foster effective adolescent nutrition actions.
2. Adolescent nutrition advocacy must be done at all levels from international to regional to national and sub-national levels.

4.5.4. Expected Key Results

1. Functional adolescent nutrition multisectoral accountability scorecard at regional and national level to act as an accountability mechanism for adolescent nutrition.
2. Multisectoral TWGs and coordination platforms for adolescent nutrition at the regional, national and sub-national levels.
3. Adolescent nutrition advocacy and communication strategy in each of the ECSA-HC.

4.5.5. Pertinent Considerations and Assumptions

It is paramount to locally contextualize mechanisms of advocacy in adolescent nutrition and sustain follow-up actions. Institutionalizing regular platforms for coordination and advocacy is critical.

4.6. Advocacy Area 6: Promote Timely Generation of Relevant Adolescent Nutrition Data, Information and Evidence

4.6.1. Issue/Problem

There is a paucity of updated data on adolescent nutrition, including micronutrient deficiencies due to the reported high cost of micronutrient surveys and low priority for this age group. Regular, standalone nationwide adolescent assessments are also rare thus limiting the availability of data, information and evidence to inform policies and strategies. Further, adolescent nutrition data is not integrated into the routine Health Information Management System (HMIS) to inform systematic and routine critical decisions, policies and programs at the national and sub-national levels. The specific challenge is owing to the health and nutrition data collected at the health facilities (smallest unit for the data source) not being disaggregated by the adolescent's age spectrum (10-19 years of age). This renders it almost impossible to indicate adolescent access to services such as antenatal care (ANC), iron folic acid supplementation for pregnant adolescents, nutrition counseling for NCDs, among others. It is also apparent that the novel adolescent programs such as WIFAS have a parallel system of reporting data which is mainly managed by partners. Data from the relevant sectors (health, education, agriculture, WASH, social protection, gender and youth) are not integrated and there is no existing or functioning adolescent nutrition surveillance system in the region.

4.6.2. Strategic Advocacy Actions

#	Advocacy objectives	Actions	Responsible for the actions
1	Support regular and timely generation and use of adolescent nutrition information (routine and periodic data) and micronutrient data to inform policies and programs	Resource mobilization and allocation for nutrition and micronutrient surveys including the adolescent age group (10-19 years)	Ministers and the PS at the ECSA-HC Health Conference Directors/heads of nutrition, health, education, WASH, agriculture, social protection and youth sections/departments responsible for adolescent nutrition
			Nutrition partners/stakeholders
2	Promote and support the regular availability of comprehensive nationwide adolescent data to inform critical decision-making policies and strategies	Support and conduct nationwide comprehensive adolescent nutrition assessments/surveys and formative studies to inform the status and monitor the trends in adolescent nutrition status, school enrollment and attendance, sexual and reproductive health, food access, intake and physical activity, among others	Ministers and the PS Directors/heads of nutrition, health, education, WASH, agriculture, social protection and youth sections/departments responsible for adolescent nutrition
			Nutrition partners
3	Influence the availability of adolescent data routinely collected at national and sub-national levels to inform policies and programs	Integrate adolescent nutrition data and information into the national HIMS and Educational Management Information System (EMIS)	HMIS
		Desegregate health (including ANC), education and nutrition data by age group (10-14 and 15-19 years) and by gender to facilitate the availability of adolescent data	
4	Advocate for and support a full-fledged chapter on adolescent health and nutrition in the Demographic and Health Surveys (DHS)	Introduce a chapter on adolescent health and nutrition in the DHS to collect comprehensive data including on nutrition status, school enrollment and attendance, sexual and reproductive health, food access, intake and physical activity, among others	DHS program
5	Establish/strengthen the adolescent nutrition surveillance system (data from both rural and urban areas including informal settlements) to inform critical health and nutrition decisions	Establish and operationalize adolescent nutrition sentinel sites in both rural and urban areas (agree on indicators to be collected as a region)	MOH, MOA, MOE & ministries of WASH, social protection, youth and gender HMIS

4.6.3. Key Messages

Relevant data and evidence on adolescents are key in informing the development of effective policies, strategies, interventions/programs and advocacy.

4.6.4. Expected Key Results

1. Availability of data, information and evidence for informed policies and programs in a timely way.
2. The status, trends and dynamics in adolescent nutrition are well understood and used as the basis for multisectoral approaches in the region.

4.6.5. Pertinent Considerations and Assumptions

The resource intensive nature of adolescent nutrition assessment and micronutrient surveys is a common and critical challenge that will need both regional and country-level effort. Other methods of obtaining adolescent nutrition data may also be explored including – but not limited to – integrating micronutrient and adolescent surveys into ad hoc integrated and established assessments including the Multiple Indicator Cluster Surveys (MICS). The

integration of adolescent health and nutrition data into the existing HMIS may take an extended amount of time due to the county's cycles of indicators/data reviews and member states can learn from each other's mechanisms, technicalities involved and critical lessons.

4.7. Advocacy Area 7: Mobilize Resources for Adolescent Nutrition Interventions

4.7.1. Issue/Problem

None of the ECSA-HC has an adolescent nutrition resource tracking tool, let alone updated and operational investment monitoring in multisectoral nutrition. Even countries with costed multisectoral adolescent nutrition strategies cannot explicitly indicate the funding gaps that exist at a particular time. Nevertheless, it is anecdotally recognized that there is increasing funding focus for multisectoral maternal and child nutrition without replicating the same on the intermediate/transitionary group – the adolescents. Adolescent nutrition is mainly donor funded with most interventions currently at the pilot level and with no assurance of resources to scale up to expand coverage and scope. The main gap reported as a hindrance to more resource allocation by governments is the lack of data as evidence for adolescent nutrition and a robust case for investing in nutrition. The compelling answers to the important question of why invest in adolescent nutrition are eluding us.

4.7.2. Advocacy Actions and Messages

#	Advocacy objectives	Actions	Responsible for the actions
1	Strive for an incremental increase in resources allocated to adolescent nutrition by the government and partners (including the private sector)	Allocate more resources to adolescent nutrition to assure their nutrition status and better health and well-being of the future population	The ministers and PS of health ECSA-HC (Health Ministers Conference)
			Ministries of health, education, agriculture, social protection gender, youth, and local government and community development Ministries concerned with planning and development Treasury, donors
2	Advocate for tracking of adolescent nutrition funding flow– desegregated by government contribution-versed partners and other donors	Develop a resource tracking tool and use it to monitor allocation for adolescent nutrition at national and sub-national levels	Directors/heads of nutrition, health, education, agriculture, WASH, social protection and youth sections/departments responsible for adolescent nutrition
		Disseminate the funding gaps to relevant government agencies, donors and stakeholders	
3	Support the drafting of an investment case indicating the cost of not investing in adolescent nutrition, and make it available for advocacy	Generate and disseminate a regionally contextualized case for "Why invest in adolescent nutrition" (Cost Benefit Analysis)	Directors/heads of nutrition, health, education, agriculture, WASH, social protection youth, local government and community development sections/departments responsible for adolescent nutrition

4.7.3. Key Messages

1. Adolescents are a major force for positive social and economic change. They are potential contributors to a competitive labour force, sustained economic growth, improved governance and vibrant societies.
2. Adolescents should be a key target group when allocating resources to health, nutrition, education, agriculture and social protection sectors.

4.7.4 Expected Results

1. Develop a case for investing in adolescent nutrition to be used when advocating for increased resource allocation for adolescent nutrition.
2. Resources will be available for the scale-up of piloted programs and interventions are well tracked to inform on the resource gaps.

4.7.5. Pertinent Considerations and Assumptions

Eliciting a commitment from all member states to increase resources for adolescent nutrition requires robust advocacy and member states may not respond positively at the same time. The use of donor funding is still critical and hitherto must continue in tandem with the advocacy efforts targeting the governments. Advocacy for resources must be complemented with the corresponding continental efforts.

5. Advocacy Implementation Arrangements

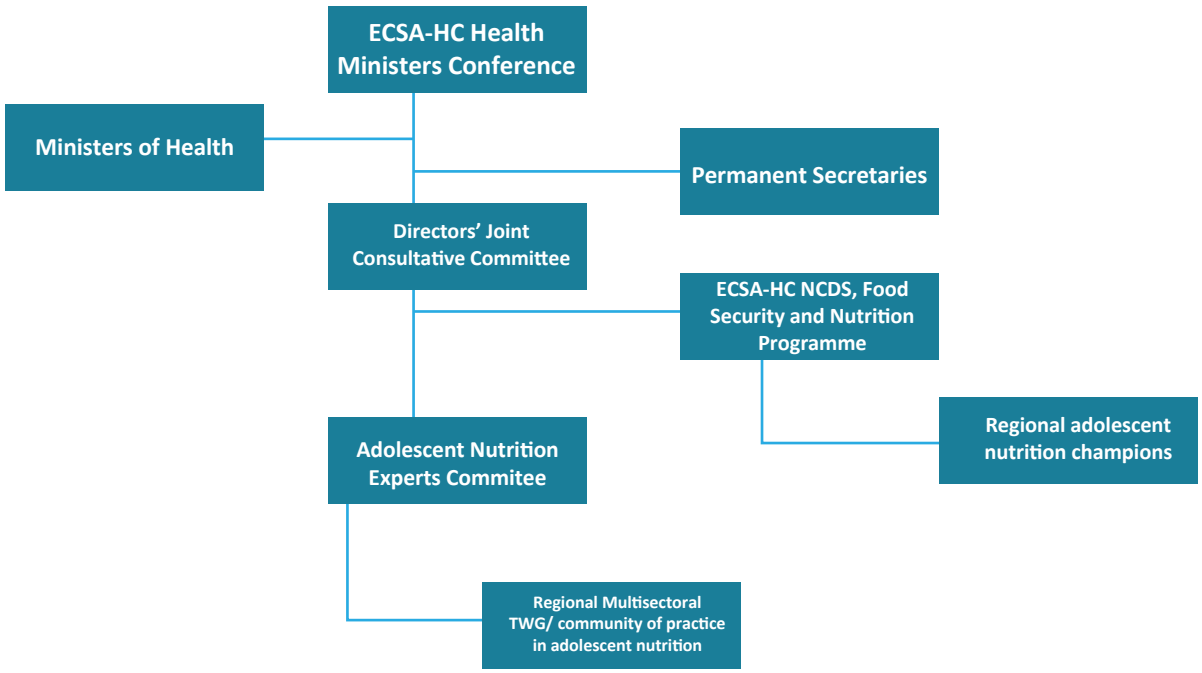
5.1. Implementation Framework and Coordination

Adolescent nutrition advocacy strategy for ECSA-HC will be implemented at regional, national and sub-national levels through the established governance and coordination structures. The existing functional structures will be utilized and – where not in existence – will be formed and operationalized. The ECSA-HC governance structure will be used at the regional level while at the national level, a generic framework has been provided to member states so they can adopt and adapt based on the countries context.

5.2. Regional Implementation Framework

The official ECSA-HC governance structure is shown in Figure 5. The proposed additions to the structure have been made to include the regional adolescent nutrition champions, the adolescent expert working group and the TWG. The ECSA-HC Health Ministers Conference (HMC) is the highest policy-making organ of the ECSA-HC. The HMC provides an opportunity for partners and stakeholders, corporate institutions, and research and development in health and nutrition to interact with other national and international stakeholders, development partners, and other health sector players in the region and beyond. All ECSA-HC are represented at HMC by their respective ministers and permanent secretaries. The nutrition agenda in the HMC is driven or advised by the ECSA NCDs, Food Security and Nutrition Programme through the Directors of Health/Deans of Colleges of Health. The same program will provide guidance and leadership in nominating regional adolescent nutrition champions. The resolutions or policy directives are cascaded down to the member states through the Directors of Health/Deans of Colleges of Health, expert committees and TWGs.

Figure 5: The regional implementation framework of adolescent nutrition advocacy strategy



Roles of regional organs in adolescent nutrition advocacy

a) **The Health Minister Conference:** Provide policy and advocacy impetus in form of resolutions, strengthening and building on those from previous resolutions up to the 69th HMC. The HMC will continue to add more relevant resolutions and will be guided by the committee of experts through the Directors of Health and the ECSA-HC NCDs, Food Security and Nutrition Programme. The resolutions passed will form the foundation and be used for advocacy work at the regional and national levels.
b) **Advisory Committee:** Composed of Permanent Secretaries of the member states' Ministries of Health and functions as the Secretariat's Board of Management. The committee will be responsible to ensure that the adolescent nutrition resolutions are adopted by their respective member states by incorporating them into the respective relevant policy and strategic frameworks.
c) **Directors' Joint Consultative Committee:** This is the highest technical committee composed of Permanent Secretaries, Directors of Health Services, Deans of Medical Schools and other health institutions and heads of Health research institutions. They will provide guidance/or draft HMC on the resolutions on adolescent nutrition to inform and drive the advocacy work in the region.
d) **Program Experts Committee:** This committee will draw expertise from member states' program managers/ directors of nutrition, external advisors, professional associates and consultants from the region. They will provide technical and administrative oversight in the review of the present adolescent nutrition advocacy strategy; report on countries' progress and share lessons and best practices in adolescent nutrition.
e) **Regional TWG/Community of Practice (COP):** Will include the adolescent focal person from each of the member states, youth champions, and ideally the heads of the country/national ministries of health, education, agriculture, WASH, social protection, youth and gender. They will be involved in guiding the strategic approach and social communication of the advocacy messages as well as monitoring implementation. Terms of Reference will be drafted to guide its operation.

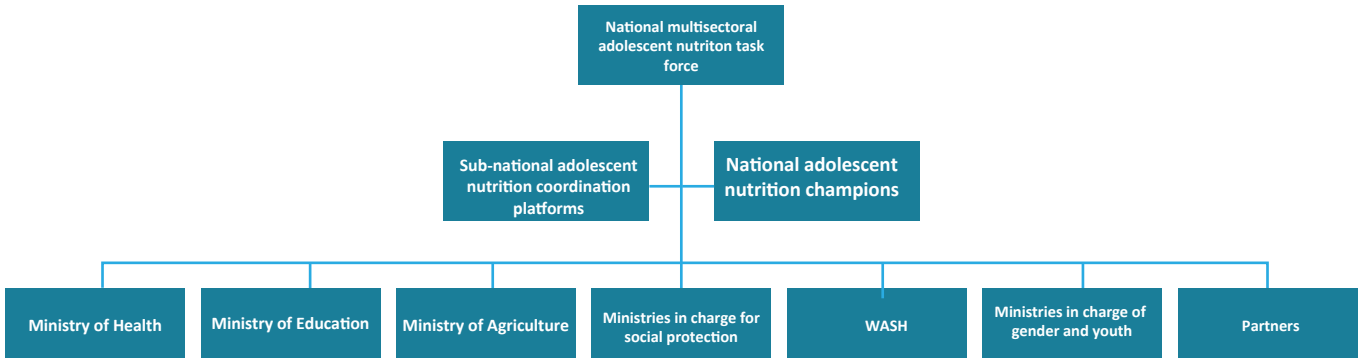
5.3. In-country Coordination Framework

Using the functional coordination structure for adolescent nutrition, the advocacy work will be implemented collaboratively and synchronized to build the needed synergy. The coordination structures currently vary in the countries and member states still rely on the wider nutrition coordination structure both at the national and sub-national levels to steer adolescent nutrition actions. Countries will be advised and encouraged to endeavour to form standalone multisectoral adolescent nutrition coordination platforms both at national and sub-national levels. Figure 6 depicts a coordination structure to be adopted or adopted by the ECSA-HC in an effort to ensure that adolescent nutrition approaches are multisectoral in formation, drawing membership and participation from all relevant sectors.

The national adolescent nutrition task force coordination will be led by a predominant ministry that is working on the majority of issues relating to adolescent nutrition. In all ECSA-HC, this is the Ministry of Health. Member states should decide on which departments in the Ministry of Health to take the lead of the task force based on their respective contexts. The national multisectoral adolescent nutrition task force should have representation from other relevant government Ministries Departments and Agencies (MDA) including – but not limited to – education, agriculture, WASH, social protection, gender and youth. The actions of the task force will be guided by their respective country TORs.

The role of this task force will be to steer the implementation as well as monitoring of adolescent nutrition advocacy strategy and facilitating the learning and information exchange in adopting and disseminating the strategy by ECSA-HC. The task force will also guide the formation of the adolescent nutrition task forces at the sub-national level, which will report their progress on regular basis. The formations, membership and actions of the sub-national coordination mechanism will mirror those at the national level as much as possible.

Figure 6: The country coordination framework of adolescent nutrition advocacy strategy



The task force will ensure advocacy messages are disseminated through the right platforms for their intended audiences. The task force will also guide task shifting and sharing between the actors in the implementation of the strategy when agreed upon and needed. As well, the task force will guide the actions of the adolescent nutrition champions at the country level, providing the needed orientation, and guiding them on the messaging on the respective platforms.

5.4. Adolescent Nutrition Champions

Adolescent nutrition champions will be persuasive individuals, positions or offices who will use their platforms and influence to position the plight of adolescents as key political, social and economic priorities. They shall contribute to raising consciousness and changing negative perceptions, attitudes and behaviours related to adolescent nutrition while promoting the positive ones, and help foster collaboration among different actors at regional, national and sub-national levels. The adolescent nutrition champions will be guided at the regional level by the ECSA-HC NCDs, Food Security and Nutrition Programme at the national level by national task force lead and sub-national level by a sub-national task force lead. They will use the guidance provided in this advocacy strategy to communicate advocacy messages and drive change.

At the regional, national and sub-national levels, there will be two types of champions: 1) targeting the high-level persons and positions including the heads of states, ministers, policymakers and critical decision-makers; and 2) Targeting the adolescents, and their caregivers (parents and other guardians), teachers and community leaders.

The choice of the champions should be guided by the key specification below.

1. Be in a recognized position that will be given an audience and platform by the target group of the advocacy
2. Command respect from the target/audience groups targeted by the adolescent nutrition advocacy strategy
3. Able to articulate issues well and change perspectives with previous experiences on the same considered
4. Have some celebrity status especially among adolescents/youth, while also being well recognized by parents and teachers. Youth having celebrity status should also be included.
5. Does not engage in unacceptable social or cultural behaviours as perceived by the advocacy target groups

5.5. Partnerships in Adolescent Nutrition Advocacy

Partners/stakeholders will be an important part of the adolescent nutrition coordination at regional, national and sub-national levels. The role of partners in adolescent nutrition advocacy is key given the current challenges experienced by government agencies to comprehensively lobby for sound policies and programs alone. At all levels, the following groups of stakeholders (and their roles) will be key in adolescent nutrition advocacy work at regional, national and sub-national levels.

- **ECSA-HC:** Will lead the regional advocacy work and monitor the implementation of the advocacy strategy and convene lesson-sharing and learning forums among the member states. The ECSA-HC will also support member states to resource mobilize for adolescent nutrition advocacy work in the region.

- **AU and other Regional Economic Communities (SADC, EAC, IGAD[35]):** Develop and implement adolescent strategy and advocacy guidance documents for their respective regions to build synergy with efforts in ECSA-HC regions.
- **Responsible ministries:** MOH, MOE, MOA, Social Protection Ministries and the gender and youth ministries are responsible for steering the advocacy work through the task forces/coordination organs. They will also be responsible for leading the integration of adolescent services/interventions into the mainstream government systems.
- **NGOs and United Nations Organizations (Nutrition International, UNICEF, WFP, UNFPA, UNAIDS and WHO):** Support advocacy work in addition to providing technical and financial support to the programs and interventions advocated for.
- **Civil Society and Community-based organizations (CBOs):** Social mobilization of communities and adolescents for community actions as well as creating awareness targeting various groups including the adolescents, caregivers, health care providers and leaders
- **Private sector:** As part of Cooperate Social Responsibility (CSR), provide support to community and school-level adolescent activities including games, road shows, awareness and education; as well as sending appropriate, nutritionally sound and critical messages targeting the adolescent, caregivers and leaders when advertising their products or services.
- **Adolescent/youth groups and coalitions:** Lead the adolescent/youth groups and clubs in school and actively participate in the awareness campaigns, games and other activities focused on them. There are increasing calls to engage the youth and adolescent more in matters of health and nutrition that concerns them. ECSA-HC and its member countries will endeavour to expand relevant partnerships in adolescent nutrition at regional, national and sub-national levels.

5.6. Implementation, Monitoring and Evaluation Plan

This is a five-year strategy that will run from 2023 through 2028. Implementation of the strategy will be at the regional and country levels where the advocacy messages will be communicated and guide the lobbying, negotiations, influencing and rallying for the adolescent nutrition agenda. The implementation will involve the seven covered strategic areas. The implementation plan (Appendix 2) will guide each responsible ministry, department, agency, office or person on the guiding message for every relevant and appropriate platform. The implementation in the five years will contribute to the key targets shown by strategy country adoption plans (Appendix 3).

35 SADC, The Southern African Development Community; EAC, East African Commission; IGAD, Intergovernmental Authority on Development

Appendices

Appendix 1: System Approach to Adolescent Nutrition Interventions[36]

	Interventions under the key adolescent nutrition priority areas				
	Education system	**Food system**	**Health system**	**Water and sanitation system**	**Social protection system**
A	**Priority area 1: Nutritious foods, in schools and beyond**				
	Set standards for school meals and snacks Regulate the concentration of saturated fats, trans fats, sugar and sodium in food Monitoring, quality assurance for these standards and regulations	Fortification of staples in school feeding programs Fortification of school meals Mandatory large-scale food fortification of staples	Food safety and hygiene standards in schools for food handlers and other actors Adherence to nutrition guidelines and food quality		Design effective school feeding programs according to the context Subsidize meals for households with adolescents
B	**Priority area 2: Healthy food environments in and around schools**				
	Develop and implement guidelines for enabling healthy food environments in and around schools Build capacity in schools to implement and monitor standards of healthy food environments Enforce the prohibition of marketing and sponsorship by manufacturers of unhealthy foods	Regulate the sale, sponsorship and advertising of unhealthy foods and beverages in and around schools Review current agricultural regulations in schools to link schools and sustainable agriculture	Conduct school food environment audits and ensure compliance with the regulatory framework	Improve the availability of free, safe and palatable drinking water in schools, and Ensure gender-responsible policies and programs	
C	**Priority area 3: Micronutrient supplementation and deworming prophylaxis**				
	Collaboration between education and health ministries to develop and roll out integrated school health and nutrition programs to address micronutrient deficiencies and helminth infection		Provide technical support to ministries of health to develop national policies, guidelines and budgeted plans to prevent anaemia, micronutrient deficiencies and helminth infections	Leverage WASH programs for the prevention and control of helminth infection	Introduce linkages between social protection programs and nutrition programs for better integration of a nutrition service package (including IFA supplementation, deworming and nutrition education sessions)

36 Adapted from: UNICEF, 2021. UNICEF Programming Guidance Nutrition in Middle Childhood and Adolescence. https://www.unicef.org/media/106406/file39 Anaemia prevalence of 5-19.9% is considered mild public health problem

	Interventions under the key adolescent nutrition priority areas				
	Education system	**Food system**	**Health system**	**Water and sanitation system**	**Social protection system**
D	**Priority area 4: Nutrition education in school curricula**				
	Support MOE to integrate age appropriate nutrition and physical education in school curricula, including motivational, practical and skill-based lessons	Conduct strengths, weaknesses, opportunities, and threats (SWOT) of the food system to identify lessons that can be integrated into the regular curricula	Integrate modules on adolescent nutrition into the pre-and in-service training of health service providers Provide on-the-job support for service providers Ensure that nutrition is a core component of adolescent-friendly health services	Identify opportunities to integrate messages on food safety and hygiene in WASH communication modules	Integrate nutrition education messages in social protection programs to improve diets and positive lifestyle behaviours
E	**Priority area 5: Healthy dietary practices for school-age children and adolescents**				
	Large-scale Social and Behaviour Change Communication (SBCC) campaigns on healthy diets and physical activity Engagement youth networks as advocates and change-makers	Implement multi-component behaviour change interventions	Engage and build capacity of policymakers and implementers on diet-related NCDs, messages on healthy eating and active lifestyles with the national NCD prevention agenda Engage influencers and celebrities with a significant following of adolescents as agents of empowerment and change	Promote messages during WASH to encourage water hydration and discourage sugar-sweetened beverages	Identify SBCC opportunities in cash transfer and livelihood program Integrate nutrition education and promotion of healthy, nutritious diets

35 Adapted from: UNICEF, 2021. UNICEF Programming Guidance Nutrition in Middle Childhood and Adolescence. https://www.unicef.org/media/106406/file

Appendix 2: Strategy Monitoring and Evaluation Framework

#	Description of the results	Indicator	Mean of verification	Baseline	Target (2025)	Reporting frequency	Responsibility of reporting (Source of information/data)
A	**Goal**						
1	Well-nourished and healthy adolescents	Number of countries reporting improvement in the general well-being of the adolescents	Country policies and strategies	0	9	Yearly	Office of director of nutrition in each country
B	**Outcomes**						
1	Underweight among adolescent girls and boys	Proportion of adolescent boys and girls aged 15-19 years old with BMI < 18.5 kg/m2	DHS MICS National multisectoral adolescent survey	Different for each country[37]	<10%	Every 5 years	Nutrition departments/sections of MOH
2	Overweight and obesity among adolescent girls and boys (15-19 years old)	Proportion of adolescent boys and girls aged 15-19 years old with BMI > 25 kg/m2	DHS MICS National multisectoral adolescent survey	Different for each country[38]	<15%	Every 5 years	Nutrition departments/sections of MOH
3	Anaemia among adolescent girls 10-19-year-old	Proportion of adolescent girls with hemoglobin levels below 12g/dL and adolescent boys with hemoglobin levels below 13 g/dL	Micronutrient survey DHS MICS National multisectoral adolescent survey	Different for each country[39]	<20%[40]	Every 5 years	Nutrition departments/sections of MOH
4	Resources for adolescence nutrition increased by 5% annually	Proportion of increase in resources allocated for adolescent nutrition by member states in a year	Annual budgets in the ministries of health, education, WASH, agriculture, social protection, youth and gender		5% increase per year	Yearly	Budget offices in the ministries of health, education, WASH, agriculture, social protection, youth and gender
C	**Outputs**						
a	**Policies and strategies**						
1	Multisectoral adolescent nutrition policies and strategies	Number of ECSA-HC with standalone multisectoral adolescent nutrition policies and strategies	Country policies and strategies	1	9	Yearly	Office of director of nutrition in each country
2	Existing policies in the relevant sectors integrate adolescent nutrition	Number of member states who have reviewed health, education, agriculture, gender, social protection and youth policies and strategies to include adolescent nutrition	Country policies and strategies	0	9	Yearly	Permanent Secretaries of health, education, agriculture, WASH, gender, social protection and youth

37 Underweight among Malawi girls 12.9%; Eswatini girls 7.0%, boys 22.6%; , Uganda girls 12.6%, boys 26.3%; Zambia girls 16.4%; Zimbabwe girls 12.5%, boys 30.7%; Tanzania girls 18.0%; Lesotho girls 9.0%, boys 27.4%; Kenya girls 16.6%; No data for Mauritius.

38 Overweight among Malawi girls 7.1%; Eswatini girls, 24.3%, boys 2.6%; Uganda girls 11, boys 0.9%; Zambia girls 8.6%; Zimbabwe girls 13.3% boys 1,3%; Tanzania girls 10.6%; Lesotho girls 1.82%, boys 2.2%; Kenya girls 12.2%; Mauritius, no data.

39 Anaemia in Eswatini 19%, Kenya 16.5; Lesotho 24.1%; Malawi 35.5%; Mauritius 23.4%; Tanzanian 47.3%; Uganda 36.9%; Zambia 33.4%; Zimbabwe 20.4%

40 Anaemia prevalence of 5-19.9% is considered mild public health problem

#	Description of the results	Indicator	Mean of verification	Baseline	Target (2025)	Reporting frequency	Responsibility of reporting (Source of information/data)
b	**Programs/interventions**						
1	Implementation of 2018 WHO recommended adolescent nutrition interventions[41]	Number of ECSA-HC implementing all the adolescent nutrition intervention as prescribed in the 2018 WHO guidelines	Country adolescent nutrition program reports	0	9	Yearly	Office of director of nutrition in each country
2	Scaling up of all piloted adolescent nutrition interventions	Number of states who have scaled up at least 1 piloted adolescent nutrition intervention to cover wider geographical area	Country adolescent nutrition program reports	0	9	Yearly	Office of director of nutrition in each country
3	WIFAS included into the EML	Number member states who have included WIFAS into the EML	EML	0	5	Yearly	Office of director of nutrition in each country
c	**Reaching the adolescents in and out of school**						
1	School enrollment, attendance, retention and reintegration	Proportion boys and girls (15-19) years who are not in education, employment or training	DHS National adolescent assessment/ survey	Different for each country[42]	<5%		Office of director of education in each country
2	Community level structures for reaching adolescents	Number of countries that have initiated operational and state-led community level structures such as peer/care groups for adolescents	Country adolescent nutrition program reports	1	3	Yearly	Office of director of nutrition in each country
d	**Integration of adolescent nutrition**						
1	Addressing the gaps in adolescent nutrition in various sectors	Number of member states that have analyzed adolescent nutrition gaps and recommended action in the sectors of health, education, agriculture, WASH, social protection, gender and youth	Adolescent nutrition gaps assessment reports	0	9	Yearly	Office of director of nutrition in each country Office of director of education in each country
2	Learning from other member states on implementation of adolescence interventions in various sectors	Number of member states that have organized successful county-to-country learning session with other country/(ies)	Country adolescent nutrition program reports	0	5	Yearly	Office of director of nutrition in each country

41 WHO, 2018. Guideline: Implementing Effective Actions for Improving Adolescent Nutrition. https://www.who.int/publications/i/item/9789241513708

42 Eswatini girls 12.8%, boys 10.2%; Kenya girls 12.6%, boys 6.3%; Lesotho girls 3.8%, boys 2.2%; Malawi boys 3.0%, boys 2.2%; Mauritius – No data; Tanzania girls 8.8%, boys 3.7%; Uganda 3.0%, boys 3.7%; Zambia girls 5.9%, boys 4.3%; Zimbabwe girls 1.8%, boys 1.7%

#	Description of the results	Indicator	Mean of verification	Baseline	Target (2025)	Reporting frequency	Responsibility of reporting (Source of information/data)
e	**Accountability and coordination**						
1	Adolescent nutrition multisectoral accountability scorecard at regional and national level	Number of member states with adolescent nutrition indicators in national score cards	Country adolescent nutrition program reports	0	5	Yearly	Office of director of nutrition in each country
2	A functional multisectoral national TWG and coordination platforms for adolescent nutrition	Number of member states with multisectoral TWG and coordination platform for adolescent nutrition	Country adolescent nutrition program reports	0	9	Yearly	Office of director of nutrition in each country
3	Adolescent nutrition advocacy and communication strategy	Number of member states that have drafted individual adolescent nutrition advocacy and communication strategy	Country adolescent nutrition program reports	0	5	Yearly	Office of director of nutrition in each country
f	**Adolescence nutrition data**						
1	DHS and MICS data includes comprehensive adolescent nutrition section and data	Number of member states with a chapter on adolescents in the DHS or more datasets on adolescents added	DHS	0	3	Yearly	Statistical office
2	Information management systems integrate adolescent nutrition data	Number of member states with more data sets on adolescent nutrition added into health and education management information systems	HMIS EMIS	0	3	Yearly	Office of director of nutrition in each country Office of director of education in each country
3	Adolescent survey conducted to provide information to inform policies and programs	Number of member states who have conducted the nationwide adolescence assessments/survey	Assessment reports	1	3	Yearly	Statistical office
g	**Resources for adolescent nutrition**						
1	A case for investing in adolescent nutrition to support advocating for resources	Number of member states that have developed and disseminated the economic and social case for adolescent nutrition – "Why invest in adolescent nutrition?"	A case report on Why invest in nutrition?"	0	5	Yearly	Office of director of nutrition in each country
2	Resource tracking to inform on the resource gaps	Number of member states tracking resources allocated for adolescent nutrition	Country adolescent nutrition program reports	0	3	Yearly	Office of director of nutrition in each country

Appendix 3: Strategy Country Adoption Plans

A. Eswatini

Eswatini adoption and dissemination plan for the Adolescent Nutrition Advocacy Strategy for ECSA-HC member states			
Activity	• Inputs	Stakeholders	Timelines
Advocacy Area 1: Promote Multisectoral Adolescent Nutrition Policies and Strategies			
Conduct high-level dissemination meeting for policymakers	• Policy briefs • Breakfast meeting	MOH portfolio committees Members of Parliament Deputy Prime Ministers office	February 2023
Integrate adolescent nutrition intervention into the planned national nutrition strategy	• Consultative meetings with key stakeholders • Dissemination meetings for the new strategy	UN network Civil Society Organizations (CSO) Government Ministries and Departments	April 2023 (used government calendar year)
Convene the Multi-Sector Food and Nutrition Coordination Forum	• Extraordinary stakeholder workshop • Package of information	UN network CSOs Government Ministries and Departments	Next quarterly Multi-sector forum
Conduct sensitization meetings for community leaders	• Key messages based on the key advocacy areas	Political structures Faith-Based Organizations (FBO)	June 2023
Conduct sensitization meetings for service providers	• Convene service providers at pre-service and in-service levels	Academia Nutrition professionals Health professionals	October 2023
Advocate for the review of existing policies and strategies to be adolescent responsive	• MOH policy and strategic plan review meetings • Agriculture food policy reviews	MOH directorate MOA directorate	March 2023
Establish country-level platform for adolescent nutrition	• Create adolescent-led support groups in strategic areas • Develop adolescent information corners at facility and community levels	MOH, MOA and MOE directorates	July 2023
Advocacy Area 2: Scale-up the Delivery of Recommended Adolescent Nutrition Interventions			
Support the implementation of evidence-informed adolescent nutrition interventions focused on the multidimensional needs, vulnerabilities and risks among adolescent boys and girls that respond to the specific context	• Adolescent technical briefs • Toolkits • Job aids for adolescent nutrition	MOH, MOE, MOA and WASH sector, social protection, gender and youth	April - October 2023
Prioritize targeted reduction of the different forms of malnutrition affecting adolescents such as overweight, obesity, underweight and micronutrient deficiencies	• Strategy for the reduction of overweight and obesity in adolescent • Regulations for reducing consumption of foods high salt, sugar and trans fats	WHO MOH Prime Minister's office MOE Food manufacturing industries	April 2023 – April 2024
Set up support systems for adolescents facing different challenges that can impact their health and nutrition such as general mental health challenges, traumas and drug abuse, among others	• Regulations for the control of tobacco and substance abuse among adolescents • Establish youth-friendly centres for information-sharing and support	• MOH • Ministry of Justice • UN agencies	December 2023

D. Kenya

	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (this can Ministry, Department or Agency)	Timeline
Adoption plan				
A	**Advocacy area 1: Promote multisectoral adolescent nutrition policies and strategies**			
1	To Popularize all the adolescent nutrition intervention areas for policy considerations	Hold sensitize/collaborative meetings with the different sectors	Ministry of Health – Division of Nutrition and Dietetics (MoH – DND)	April 2023
2	Support the development of the country-level multisectoral nutrition policies and strategies including on adolescent nutrition or standalone multisectoral adolescent policy and strategy for member states already with the nutrition policies	Develop adolescent specific nutrition strategies and policies	MoH – DND supported by Ministry of Agriculture and Livestock Development (MoALD),Ministry of Education (MoE),	June 2025
3	Activate review of existing policies and strategies to be adolescent responsive	Mapping of relevant strategies and policies hold meetings to develop adolescent nutrition strategy/action plan Conduct meetings with stakeholders to include adolescent nutrition priorities in their policies and strategies	MoH – DND supported by stakeholders.	July 2023
4	To establish multisectoral sub national level platforms for adolescent nutrition	Sensitize and support responsible actors at sub national level to include adolescent nutrition in the existing or established multi sectoral platforms.	MoH - DND supported by stakeholders.	2024
B	**Advocacy area 2: Scale-up the delivery of recommended adolescent nutrition interventions**			
1	Support the implementation of evidence-informed adolescent nutrition interventions	Hold meetings to define adolescent nutrition interventions/ priority research areas that are relevant to Kenya and to identify implementation challenges Conduct implementation studies to explore feasibility of interventions	Ministry of Health, Ministry of Education	By 2025
2	Promote phased approach in implementation of integrated adolescent nutrition programs	Develop guidelines/ IEC materials on adolescent nutrition interventions	MoH - DND supported by Ministry of Education	2023
3	Prioritize targeted reduction of the different forms of malnutrition affecting adolescents such as overweight, obesity, underweight and micronutrient deficiencies	Identify through studies the forms of malnutrition of interest to the country Develop/Design interventions that are evidence based to address the forms of malnutrition Roll out the interventions in phased approach based on burden	Ministry of Health Division of Nutrition and Dietetics supported by education and Agriculture	2023
4	Accelerate efforts to create awareness on adolescent nutrition interventions as well the right understanding of the basis of the interventions among all relevant stakeholders of the interventions by policy and decision-makers	Mapping stakeholders critical to the implementation of adolescent nutrition interventions Hold targeted sensitization meetings to create awareness for the stakeholders	Ministry of Health collaborating with Ministry of Education and MoALD	2024

	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (this can Ministry, Department or Agency)	Timeline
5	Advocate for demand driven formulation and manufacture of nutrient formulations to address specific micronutrient deficiencies	Develop/Design sustainable healthy diets approaches to address micronutrient deficiencies among adolescents	MoH DND with line ministries	2023
6	Advocate for enforcement of legislations/laws/ regulations on elimination of risky practices (early marriages and Female Genital Mutilation (FGM)) for girls that have associated health and nutrition risks and for the girls to complete schooling	Conduct desk reviews on the areas having or in need of legislation/laws or regulations on adolescent nutrition Conduct stakeholder engagements to design strategies on formulations of the legislations Develop and enforce relevant legislations/ laws/ regulations	Ministry of Health, Ministry of Education, Ministry of Communication, Attorney general	2023
C	**Advocacy area 3: Reach adolescents with relevant services, increasing their participation and address gender-based concerns**			
1	Support the expansion of coverage of the multisectoral adolescent interventions in hard-to-reach areas including in rural areas, informal urban settlements and arid and semiarid areas	Conduct mapping activities to identify structure adolescents across the nation and sub nationally based on accessibility and experiences that would affect access to interventions	MoH, County, Nutrition Coordinator and the county Departments of health	2023/2024
2	Reduce health and nutrition risks associated with early marriages and adolescent pregnancies among adolescent girls	Develop/design programs and guidance to address the health and nutrition risks associated with adolescent girls vulnerabilities associated with early marriages and adolescent pregnancies Conduct engagement meetings with stakeholders that address these risks Disseminate the programs to counties for implementation	MoH, Ministry of Youth affairs, Sports and the Arts,	2024
3	Promote access to nutrition services by adolescents through schools	Identify entry points that can be used to reach adolescents in schools Develop guidance/guidelines for the different entry points to enable stakeholders implement Roll out the guidance to the interventions	MoH, MoE, MoALD,	2023
4	Initiate innovative ways of involving and reaching adolescents	Conduct desk reviews and innovative implementation researches conducted targeting adolescents. Design innovative programs that can effectively reach the adolescents Disseminate the programs at county level through adolescents	MoH – DND, Ministry of Youth affairs, Sports and the Arts	2024
5	As many as possible adolescents join and actively participate in the adolescent/youth youth-friendly structures in and out of school	Conduct engagement meetings with adolescents to design and utilize adolescent nutrition service delivery structures	MoH, Ministry of Youth affairs, Sports and the Arts	2023

	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (this can Ministry, Department or Agency)	Timeline
6	Support to ensure that all adolescents (including out-of-school and in marginalized areas) are reached with adolescent nutrition interventions	Identify entry points that can be used to reach adolescents out of school Develop guidance/guidelines for the different entry points to enable stakeholders implement Roll out the guidance/guidelines for use by the stakeholders	MoH, MoE, Ministry of Youth affairs, Sports and the Arts	2024
D	**Advocacy area 4: Activate inclusion of adolescent nutrition into government systems across multiple sectors and utilize various platforms**			
1	Promote and support the strengthening of government systems to address the multi-dimensional adolescent needs	Conduct stakeholder engagements to identify and document the multi-dimensional needs of adolescents Develop and implement interventions that have considered the multi-dimensional needs of adolescents Conduct advocacy programs to address the salient issues affecting adolescents nutrition	MoH - DND	2025
2	Influence government support and ownership of the piloted and other adolescent nutrition interventions and eventual integration into the mainstream established health, education, WASH, agriculture, gender and youth systems	Hold engagement meetings at government level to advocate for ownership Conduct sensitization meetings to policy makers on adolescent nutrition for their adoption	MoH – DND	2023
3	Promote increased sector/system engagement and collaborations in adolescent nutrition in MOH, MOE, MOA, WASH and ministries of social protection, gender, youth and Local Government and Community Development	Establish coordination mechanisms that are inter-ministerial	MoH – DND, MoE, Adolescent Health Program - MoH	2023
4	Integrate nutrition education into school (class) curriculum and in programs including WIFAS, menstrual hygiene, physical activity, and pregnancy prevention interventions	Develop matrices for proposed content Hold engagement meetings to advocate for content inclusion Develop curriculum materials to support implementation	MoH, MoALD, MoE, Kenya Institute for Curriculum Development	2023
5	Support improved effectiveness of adolescent nutrition platforms and structures to provide mentorship, nutrition education, health services and other relevant services	Design sustainable adolescent nutrition platforms and structures Roll out the structures	MoH – DND, MoH- Adolescent Health Progam	2024
6	Increase reach of out of school boys and girls with adolescent nutrition services	Identify entry points that can be used to reach adolescents out of school Develop guidance/guidelines for the different entry points to enable stakeholders implement Roll out the guidance/guidelines for use by the stakeholders	MoH –DND, Ministry of Youth affairs, Sports and the Arts	2024

	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (this can Ministry, Department or Agency)	Timeline
E	**Advocacy area 5: Improve Accountability, Effective Partnership and Coordination for Adolescent Nutrition Advocacy Actions**			
1	Support development and use of adolescent accountability mechanisms and tools	Develop adolescent nutrition score card/integrate adolescent nutrition in the nutrition scorecard Disseminate the score card Monitor the implementation/use of the score card Conduct Monitoring of the implementation of the adolescent interventions	MoH – DND	2024
2	Strengthen partnerships and collaboration in improving adolescents' access to nutrition and related services at both national and sub-national levels	Establish coordination mechanisms Conduct periodic meetings Conduct mentorship visits/meetings for counties to establish the coordination platforms	MoH – DND, Division of Adolescent and School Health (DASH), County Department of Health (Nutrition coordinator)	2024
3	Encourage engagement of the private sector in adolescent nutrition	Conduct mapping of the relevant private sectors for adolescent nutrition Develop materials to guide engagement Conduct sensitization meetings for the private sector on their role Conduct capacity building sessions on specific subject matter to improve their skills to support adolescent nutrition	MoH – DND	2023
4	Lobby for the development and implementation of adolescent responsive advocacy/ communication strategies that give adolescents voice and support their empowerment	Conduct meetings to develop contextualized communication strategy for adolescents Identify and train champions for adolescent nutrition Conduct targeted awareness creation through various platforms to enhance knowledge on adolescent nutrition to adolescents and the related stakeholders	MoH DND,	2024
5	Promote an economic investment case for adolescent nutrition akin to the Cost of Hunger Analysis (COHA)	Conduct meetings to develop investment case Conduct meetings for the counties to understand investment case Hold sessions with counties to support them develop county specific profiles for adolescent nutrition	MoH – DND, Ministry of Treasury and Economic Planning	2025
6	Enhance adolescent nutrition advocacy and communication skills in the sectors of health, education, agriculture, WASH, gender and youth	Develop training packages/sensitization packages on adolescent nutrition advocacy and communication Conduct Training/sensitization sessions to the stakeholders on adolescent nutrition advocacy and communication	MoH – DND, DASH	2024

	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (this can Ministry, Department or Agency)	Timeline
F	**Advocacy area 6: Promote timely generation of needed adolescent nutrition data, information and evidence**			
1	Support regular, timely generation and use of adolescent nutrition information (routine and periodic data) and micronutrient data to inform policies and programs	Develop M & E Strategy for adolescent nutrition programming ensuring the data is disaggregated	MoH – DND, DASH	2025
2	Promote and support the regular availability of comprehensive nationwide adolescent data to inform critical decision-making policies and strategies	Conduct routine monitoring of adolescent nutrition data collection and reporting	MoH - DND, DASH	2024
3	Influence availability of adolescent data routinely collected at national and sub-national levels to inform policies and programs	Roll out the adolescent nutrition monitoring tools and structures	MoH - DND, DASH	2024
4	Advocate for and support a full-fledged chapter on adolescent health and nutrition in the Demographic and Health Surveys (DHS)	Conduct sessions to integrate adolescent nutrition data into the nutrition and health Information system and related systems such as the National education management information system	MoH, MoE, DASH	2023
5	Establish/strengthen adolescent nutrition surveillance system (data from both rural and urban areas including informal settlements) to inform critical health and nutrition decisions	Conduct mentorship and support visits on collection of adolescent nutrition data Conduct data clinics to improve the quality of adolescent nutrition data collection	MoH, MoE, DASH, County Departments of Health, Education	
G	**Advocacy area 7: Negotiate for increased resources allocated for adolescent nutrition Interventions**			
1	Strive for an incremental increase in resources allocated to adolescent nutrition by government and partners (including the private sector)	Develop costed multi sectoral adolescent nutrition strategy/ plan Conduct meetings with government agencies to lobby for financing for adolescent nutrition	MoH – DND, MoE, DASH	2024
3	Support the drafting of an investment case indicating the cost of not investing in adolescent nutrition available for advocacy	Conduct meetings to develop investment case Develop concept notes and budgets for support towards the development of an investment case	MoH – DND, DASH	2024
Dissemination plan				
	Platform to use (online/physical)	**Dissemination tools/inputs**	**Target stakeholders**	**Timeline**
1	Physical	Conference package, airtime, advocacy materials (banners, handouts), copies of the strategies	National line ministries, adolescents, Civil society organizations, UN agencies, donors, private sector,	April 2023
2	Virtual	Slides, folders with the launch materials	Counties with their line departments.	June 2023

C. Lesotho

	Activities	Costed items	2021/ 2022	2022/ 2023	2023/ 2024	2024/ 2025	2025/ 2026
#	**Advocacy area 1: Promote multisectoral adolescent nutrition policies and strategies**						
1	Sensitize districts on the food and nutrition strategic documents	sensitization meetings		X	X	X	
#	**Advocacy area 2: Scale-up the delivery of recommended adolescent nutrition interventions**						
1	sensitization campaigns on the importance of good health and nutrition, ANC, PNC	community gatherings/ meetings	X	X	X	X	X
2	sensitization campaigns on communicable and non-communicable diseases	community gatherings/meetings	X	X	X	X	X
3	increase knowledge on adolescent nutrition in the context of SRH, HIV, and GBV	community gatherings/ meetings/ workshop	X	X	X	X	X
#	**Advocacy area 3: Reach adolescents with relevant services, increasing their participation and address gender-based concerns**						
1	Dissemination of School Related Gender Based Violence manual	consultative meeting with the relevant implementing ministries and Non-Governmental Organizations, School Board members and teachers dissemination meetings, sensitization meetings with learners, Boarding and Lodging for the responsible ministries	X	X	X	X	X
2	Sensitization campaigns on School Related Gender Based Violence(SRGBV)	consultative meeting with the relevant implementing ministries and Non-Governmental Organizations, School Board members and teachers dissemination meetings, sensitization meetings with learners, Boarding and Lodging for the responsible ministries					
3	Sensitization campaigns on Children's Rights and Responsibility	consultative meeting with the relevant implementing ministries and Non-Governmental Organizations, meetings with principals and teachers , sensitization meetings with learners, Boarding and Lodging for the responsible ministries	X	X	X	X	X
4	sensitization campaign on the negative impact of drug, alcohol and substance	consultative meeting with the relevant implementing ministries and Non-Governmental Organizations, sensitization meetings with learners, Boarding and Lodging for the responsible ministries	X	X	X	X	X
5	Annual Learner screening, assessment, and referral system in schools	Consultative meetings with relevant ministry, national school Health days conducted	X	X	X	X	X

	Activities	Costed items	2021/ 2022	2022/ 2023	2023/ 2024	2024/ 2025	2025/ 2026
#	**Advocacy area 4: Activate inclusion of adolescent nutrition into government systems across multiple sectors and utilize various platforms**						
1	Train peer educators in the 4 districts (Botha Bothe, Thaba Tseka, Mohale"s Hoek, and Quthing) targeting in-school and out-of-school boys and girls 10- 19	workshops	X				
2	Engage peer educators for the period of 4years in one district	stipend	X	X	X	X	X
3	Collaborate with Nutrition Clubs at the Community level to establish adolescent and young people nutrition club	meetings	X	X	X	X	X
4	Establish Herd boys clubs in all the ten districts	community gatherings/meeting	X	X	X	X	X
#	**Advocacy area 6: Promote timely generation of needed adolescent nutrition data, information and evidence**						
1	Review and update of the comprehensive sexuality education training manual and data collection tools to include Nutrition module	workshops	X				
2	Scaling up school Health Programme to provide information, education and communication services using social media and digital platforms	automated sms, radio slots	X	X			
3	Print and distribute IEC materials	printing, dissemination	X	X	X	X	X
4	Review and update the extracurricular Risk Reduction and avoidance Handbook for youth to include health and nutrition	workshops	X	X			
5	Development of Village Health Workers Manual incorporating food and nutrition messages for adolescents	workshops	X	X			
6	capacitate facility level trainers on the VHW Community nutrition package	meetings	X	X			
7	conduct training of trainers for district trainers on VHW Community nutrition package	TOT workshops	X	X			
8	Training of VHW on community Nutrition interventions including adolescents	training workshops	X	X	X		
9	Establishment of food and nutrition information systems to monitor and track progress	consultant engagement, travel arrangements, Consultative meeting, validation and dissemination meeting, digitalization of M&E		X			
10	Develop, adapt and review VHW community data monitoring and recording tools for nutrition and MNCH		X	X			
#	**Advocacy area 7: Negotiate for increased resources allocated for adolescent nutrition Interventions**						
1	Hold advocacy platforms (dialogues) on the importance of budgeting towards nutrition multisector interventions and sensitization of food and nutrition strategic documents	advocacy meeting, stakeholders meeting	X	X	X	X	X

D. Malawi

Malawi adoption and dissemination plan for the Adolescent Nutrition Advocacy Strategy for ECSA-HC member states						
	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (primary responsible first and in bold)	Target (Ministries, departments, agencies, partners)	Timeline	Status (not started, on-going, completed)
ADOPTION PLAN						
A	Advocacy area 1: Promote multisectoral adolescent nutrition policies and strategies					
1	Activate review of existing policies and strategies to be adolescent responsive	Plan for and resource mobilize for a multisectoral adolescent nutrition strategy review	Secretary for Health, Directors and heads of MoH-Nutrition, MoE-SHN, MoA-Nutrition Food Security, MoGSW	MoH-Dpt of Nutrition, MoA, MoE, MoG, UNICEF, WB, WFP and other partners	February 2023	Not started
2	Activate/establish country-level platform for adolescent nutrition	Train, strengthen and support adolescent nutrition service delivery platforms	Secretary for Health, Secretary for Youth, Directors and heads of MoY, MoH-Nutrition, RHD, MoE-SHN, MoA-Nutrition Food Security, MoGSW	MoH-Dpt of Nutrition, MoY, MoA, MoE, MoG, UNICEF, WB, WFP CSONA, SCI, Adolescent Nutrition Champion and other partners	December 2022	Not started
3	Support member states to establish multisectoral sub-national level platforms for adolescent nutrition	Conduct community awareness, capacity building and support of community level platforms	Secretary for Health, Secretary for Youth, Directors and heads of MoY, MoH-Nutrition, HEU, MoE-SHN, MoA-Nutrition Food Security, MoGSW	MoH-Dpt of Nutrition, MoY, MoA, MoE, MoG, UNICEF, WB, WFP CSOs, SCI, Adolescent Nutrition Champion, C4D organizations and other partners	December 2022	Not started
B	Advocacy area 2: Scale-up the delivery of recommended adolescent nutrition interventions					
1	Lobby for the implementation of evidence-informed adolescent nutrition interventions focused on the multidimensional needs, vulnerabilities and risks among adolescent boys and girls that respond to the specific context	Conduct periodic assessment of adolescent nutrition programming to support implementation of evidence based adolescent nutrition interventions	Secretary for Health, Directors and heads of MoH-Nutrition, MoE-SHN, MoA-Nutrition Food Security, MoGSW, MoY	MoH-Dpt of Nutrition, MoY MoA, MoE, MoG, UNICEF, WB, WFP, Academia and CSOs	November 2022	Started

Malawi adoption and dissemination plan for the Adolescent Nutrition Advocacy Strategy for ECSA-HC member states						
	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (primary responsible first and in bold)	Target (Ministries, departments, agencies, partners)	Timeline	Status (not started, on-going, completed)
2	Promote phased approach in implementation of integrated adolescent nutrition programs including targeted interventions for adolescents with special needs	Scale up IFA supplementation, deworming, WASH, gender, and adolescent reproductive health programs in all platforms	Secretary for Health, Directors and heads of MoH-Nutrition, MoE-SHN, MoA-Nutrition Food Security, MoGSW, MoY, RHD	MoH-Dpt of Nutrition, RHD, MoY MoA, MoE, MoG, UNICEF, WB, WFP and CSOs	November 2022	Started
3	Prioritize targeted reduction of the different forms of malnutrition affecting adolescents such as overweight, obesity, underweight and micronutrient deficiencies	Train, monitor and support service providers and adolescents on "Eat Well to Live Well" guide	Secretary for Health, Directors and heads of MoH-Nutrition, MoE-SHN, MoA-Nutrition Food Security, MoGSW, MoY, RHD	MoH-Dpt of Nutrition, RHD, MoY MoA, MoE, MoG, UNICEF, WB, WFP, and Academia	November 2022	Started
4	Accelerate efforts to create awareness on adolescent nutrition interventions as well the right understanding of the basis of the interventions among all relevant stakeholders	Mobilize resources to conduct awareness and Communication for Development (CD4) activities among all stakeholders in adolescent nutrition programs	Secretary for Health, Directors and heads of MoH-Nutrition, HEU, MoE-SHN, MoA-Nutrition Food Security, MoGSW, MoY, RHD, MoI	MoH-Dpt of Nutrition, RHD, MoY MoA, MoE, MoG, UNICEF, C4D organizations and CSOs	December 2022	Started
C	Advocacy area 3: Reach adolescents with relevant services, increasing their participation and address gender-based concerns					
1	Lobby for the expansion of coverage of the multisectoral adolescent interventions in hard-to-reach areas including in rural areas, informal urban settlements and arid and semi-arid areas	Open more adolescent service delivery points (IFA, deworming, Reproductive Health, etc.) in marginalized and hard-to-reach areas	Secretary for Health, Directors and heads of MoH-Nutrition, MoE-SHN, MoA-Nutrition Food Security, MoGSW, MoY, RHD	MoH-Dpt of Nutrition, RHD, MoY MoA, MoE, MoG, UNICEF, and other partners	November 2022	Started
2	Reduce and eliminate health and nutrition risks associated with early marriage and adolescent pregnancy among adolescent girls	Conduct community awareness on cultural beliefs promoting early marriage and pregnancy and food habits / poor food choices respectively in adolescent boys and girls	Secretary for Health, Directors and heads of MoH-Nutrition, HEU, Information, MoE-SHN, MoA-Nutrition Food Security, MoGSW, MoY, RHD	MoH-Dpt of Nutrition, RHD, MoY, MoA, MoE, UNICEF, C4D organizations and CSOs	November 2022	Started
3	Encourage as many adolescents as possible to join and actively participate in the adolescent/youth-friendly structures in and out of school	Create conducive environment by establishing structures and recreation materials to increase youth participation in adolescent nutrition programs	Secretary for Health, Directors and heads of MoH-Nutrition, MoE-SHN, MoA-Nutrition Food Security, MoGSW, MoY, RHD	MoH-Dpt of Nutrition, RHD, MoY, MoA, MoE, UNICEF, and other development partners	March 2023	Started

Malawi adoption and dissemination plan for the Adolescent Nutrition Advocacy Strategy for ECSA-HC member states						
	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (primary responsible first and in bold)	Target (Ministries, departments, agencies, partners)	Timeline	Status (not started, on-going, completed)
4	Achieve gender responsive nutrition interventions targeting both boys and girls considering their respective vulnerabilities and needs and challenging negative gender norms and practices	Enhance capacity building of adolescents, caregivers and service providers in gender mainstreaming in the implementation of nutrition interventions	Secretary for Gender: Directors and heads of MoH-Nutrition, MoE-SHN, MoA-Nutrition Food Security, MoGSW, MoY, RHD	MoG, MoH-Dpt of Nutrition, RHD, MoY, MoA, MoE, UNICEF, and other development partners	November, 2022	Started
D	Advocacy area 4: Activate inclusion of adolescent nutrition into government systems across multiple sectors and utilize various platforms					
1	Press for mainstreaming and robust integration of nutrition education into school (class) curricula and in programs including WIFAS, menstrual hygiene, physical activity, and pregnancy prevention interventions	Develop integrated nutrition sensitive and specific intervention in existing school curriculum for primary, secondary and tertiary levels	Secretary for Education: Directors and heads of MoH-Nutrition, MoE, MoA-Nutrition Food Security, MoGSW, MoY, RHD	MoE, MoG, MoH-Dpt of Nutrition, RHD, MoY, MoA, UNICEF, Academia and other partners	November, 2022	Started
2	Support member states' adoption and adaptation of best practices in adolescent nutrition interventions	Conduct inter-country learning visits	Secretary for Health, Directors and heads of MoH-Nutrition, MoE-SHN, MoA-Nutrition Food Security, MoGSW, MoY, RHD	MoH-Dpt of Nutrition, RHD, MoY, MoA, MoE, UNICEF, and other development partners	February 2022	Not started
3	Promote and support the strengthening of government systems to address the multidimensional adolescent needs	Conduct periodic multisectoral nutrition coordination meetings at national and district level	Secretary for Health, Directors and heads of MoH-Nutrition, MoE-SHN, MoA-Nutrition Food Security, MoGSW, MoY, RHD	MoH-Dpt of Nutrition, RHD, MoY, MoA, MoE, UNICEF, and other development partners	December 2022	Started
E	Advocacy area 6: Promote timely generation of needed adolescent nutrition data, information and evidence					
1	Support regular and timely generation and use of adolescent nutrition information (routine and periodic data) and micronutrient data to inform policies and programs	Conduct periodic surveys or assessments of adolescent nutrition indicators to inform decision-making	Secretary for Health, Directors and heads of MoH-Nutrition, MoE-SHN, MoA-Nutrition Food Security, MoGSW	MoH-Dpt of Nutrition, MoA, MoE, UNICEF, Academia and other development partners	February 2023	Not started

Malawi adoption and dissemination plan for the Adolescent Nutrition Advocacy Strategy for ECSA-HC member states						
	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (primary responsible first and in bold)	Target (Ministries, departments, agencies, partners)	Timeline	Status (not started, on-going, completed)
2	Promote and support the regular availability of comprehensive nationwide adolescent data to inform critical decision-making policies and strategies	Train M&E systems, update reporting tools and keep reporting platforms up and running including the National Nutrition Information System by providing reliable internet connectivity for information generation and sharing Conduct periodic monitoring and supervision of adolescent nutrition programs	Secretary for Health, Directors and heads of MoH-Nutrition, MoE-SHN, MoA-Nutrition Food Security, MoGSW	MoH-Dpt of Nutrition, MoA, MoE, UNICEF, Academia and other development partners	February 2023	Not started
3	Establish/strengthen adolescent nutrition surveillance system (data from both rural and urban areas including informal settlements) to inform critical health and nutrition decisions	Develop/update and print M&E tools for routine data collection and submission Train service providers in adolescent nutrition surveillance and data collection at community level	Secretary for Health, Directors and heads of MoH-Nutrition, MoE-SHN, MoA-Nutrition Food Security, MoGSW	MoH-Dpt of Nutrition, MoA, MoE, UNICEF, Academia and other development partners	February 2023	Not started
F	Advocacy area 7: Negotiate for increased resources allocated for adolescent nutrition Interventions					
1	Strive for an increase in resources allocated to adolescent nutrition by 5%	Support the inclusion of adolescent nutrition package in the district development plans (DDP) as a tool to lobby for inclusion of nutrition budget line for all –including adolescents	Secretary for Health, Directors and heads of MoH-Nutrition, Planning, MoE-SHN, MoA-Nutrition Food Security, MoGSW	MoH-Dpt of Nutrition, Planning, MoA, MoE	November 2022	Started
2	Elicit commitment from the ECSA-HC member states to increase resources for adolescent nutrition	Disseminate the adolescent nutrition advocacy strategy to decision-makers and development partners	Secretary for Health, Directors and heads of MoH-Nutrition, MoE-SHN, MoA-Nutrition Food Security, MoGSW	MoH-Dpt of Nutrition, Planning, MoA, MoE, UNICEF, Academia and other development partners	February 2023	Not started
3	Advocate for tracking of adolescent nutrition funding flow – desegregated by government contribution versus partners and other donors	Conduct periodic resource tracking of adolescent nutrition programs in collaboration with partners and stakeholders	Secretary for Health, Directors and heads of MoH-Nutrition, Planning, MoE-SHN, MoA-Nutrition Food Security, MoGSW	MoH-Dpt of Nutrition, Planning, MoA, MoE	February 2023	Not started

Malawi adoption and dissemination plan for the Adolescent Nutrition Advocacy Strategy for ECSA-HC member states						
	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (primary responsible first and in bold)	Target (Ministries, departments, agencies, partners)	Timeline	Status (not started, on-going, completed)
4	Support the drafting of an investment case indicating the cost of not investing in adolescent nutrition, and make it available for advocacy	Conduct adolescent nutrition program budgeting and costing	Secretary for Health, Directors and heads of MoH-Nutrition, Planning, MoE-SHN, MoA-Nutrition Food Security, MoGSW	MoH-Dpt of Nutrition, Planning, MoA, MoE, UNICEF, Academia and other partners	February 2023	Not started
DISSEMINATION PLAN						
	Platform to use (online/ physical)	Dissemination tools/inputs	Responsible	Target groups (Ministries, departments, agencies, partners)	Timeline	Status (not started, on-going, completed)
1	Physical	Copies of strategy, power point presentations, stationery, allowances	Secretary for Health, Directors and heads of MoH-Nutrition, Planning, MoE-SHN, MoA-Nutrition Food Security, MoGSW, ECSA-SC	MoH-Dpt of Nutrition, Planning, MoA, MoE, UNICEF, academia and other partners	February 2023	Not started
2	Online	Soft copies of strategy, PowerPoint presentations, internet bundles	Secretary for Health, Directors and heads of MoH-Nutrition, Planning, MoE-SHN, MoA-Nutrition Food Security, MoGSW, ECSA-SC	MoH-Dpt of Nutrition, Planning, MoA, MoE, UNICEF, Academia and other partners	March 2023	Not started

E. Mauritius

	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (primary responsible first and in bold)	Target (Ministries, departments, agencies, partners)	Timeline	Status (not started, on-going, completed)
Adoption plan						
A	**Advocacy area 1: Promote multisectoral adolescent nutrition policies and strategies**					
1	Lobby for the drafting of the country-level multisectoral adolescent nutrition policies and strategies	Plan for and resource mobilize for a multisectoral adolescence nutrition	Ministry of Health	Ministry of Education Ministry of Sports Ministry of Local Govt (youth centres, youth rehabilitation centres)	February to June 2023	Not started
2	Support adolescent assessment in the country to generate data to influence policy and programs	Plan for and resource mobilize country adolescent assessment or integrate adolescent nutrition indicators into the Demographic Health Survey	Ministry of Health	Ministries of health, education and sports	2023-2028	Not started
Dissemination plan						
	Platform to use (online/physical)	**Dissemination tools/inputs**	**Responsible**	**Target groups(Ministries, departments, agencies, partners)**	**Timeline**	**Status (not started, on-going, completed)**
1	Both online and physical	Meetings (including virtual) Workshops Training	Ministry of Health Ministry of Education	Health care providers, Educators, Administrators	February – May 2023	Not started

F. Tanzania

	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (primary responsible first and in bold)	Target (Ministries, departments, agencies, partners)	Timeline	Status (not started, on-going, completed)
Adoption plan						
A	**Advocacy area 1: Promote multisectoral adolescent nutrition policies and strategies**					
1	Establish country-level platform for adolescent nutrition	Set-up and operationalize multisectoral adolescent nutrition platform to champion investment cases, policies and strategies for adolescent nutrition	MOH	MOH, MoEST, PORALG, MCDGWSG, MOA	2023	Not started
		Plan for and promote resource mobilization for a multisectoral adolescence nutrition	PORALG	MOFP	February 2022	Started
		Advocate for the inclusion of an adolescent health Programme in region and council plans and budgets including monitoring and supportive supervision of planned interventions/activities	MOH	MOH	2023	Started
2	Activate review of existing policies and strategies to be adolescent responsive	Review the existing national health, education, agriculture, social protection, youth and gender policies, guidelines and strategies to consider the life course approach where appropriate, and adapt 2018 WHO Guidelines on Adolescent Nutrition, UNICEF Guidance 2021	MOH	MOH, MOEST, PORALG, MCDGWSG, MOA	2023	Started
B	**Advocacy area 2: Scale-up the delivery of Evidence informed adolescent nutrition interventions**					
1	Support the implementation of evidence-informed adolescent nutrition interventions focused on the multidimensional needs, vulnerabilities and risks among adolescent boys and girls that respond to the specific context	Create public awareness on healthy diets, including consumption of iron-rich foods, and lifestyle behaviors among adolescents through mass media, campaigns, and clubs	MOH, TFNC	MOH, PORALG, TFNC	2023-2025	On going
		Establish community demonstration plots for micronutrient-rich foods by engaging agricultural extension officers in community settings	MOEST	MOEST, PORALG	2023-2026	On going
		Promote physical activities for adolescent boys and girls in and out of school	Ministry of Sports	MOH	2023-2026	On going
		Promote, establish, and strengthen school gardening programmes for micronutrient rich foods	MOEST	MOH, PORALG, MCDGWSG		Ongoing
		Promote nutrition education and counselling for in-school and out of school adolescents	MOEST	MOH, MOEST, PORALG, MCDGWSG, MOA		Ongoing

	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (primary responsible first and in bold)	Target (Ministries, departments, agencies, partners)	Timeline	Status (not started, on-going, completed)
C	**Advocacy area 3: Reach adolescents with relevant services, increasing their participation and address gender-based concerns**					
1	Reduce health and nutrition risks associated with early marriages and adolescent pregnancies among adolescent girls	Advocate for orientation and enforcement of laws aimed at stopping early marriages and teenage/ adolescent pregnancies among girls, especially in the rural, arid and semi-arid areas	MOH	MOH, MOEST, PORALG, MCDGWSG, MOA	2023	Started
		Increase community awareness and understanding of violence and adolescents' rights	MOCD	MOCD	2023	On going
		Build capacity of healthcare providers to conduct community-based HIV testing as per national guidelines and to effectively communicate with adolescents on means of HIV/AIDS prevention by building strategic partnerships with non-state actors	MOH	TACAIDS, NACP	August 2023	On going
	Promote access to nutrition services by adolescents through schools	Ensure that all school-age boys and girls are enrolled, attend and do not drop out of school School-age boys and girls who drop out should be encouraged to be re-integrated back into schools including adolescent mothers and pregnant adolescents	MOH	MOH, MOEST, PORALG, MCDGWSG		
D	**Advocacy area 4: Activate inclusion of adolescent nutrition into government systems across multiple sectors and utilize various platforms**					
1		Scale existing innovative healthcare delivery programmes and target and engage adolescents better to raise their awareness of SRH issues and rights	MOH	MOH	May 2023	On going
		Integrate adolescent-friendly comprehensive SRH services into the existing facility star rating national Programme for clients to indicate service quality, supporting supervision needs	MOH	MoH	April 2023	On going
2	Promote increased sector/system engagement and collaborations in adolescent nutrition in MOH, MOE, MOA, WASH and ministries of social protection, gender, youth and Local Government and Community Development	Deploy, capacity built and orientate focal persons on adolescent nutrition in the relevant department/ sections in MOH, MOE, MOA, WASH and ministries of Social Protection, gender youth and Local Government & Community Development	MOH	MOH, MOEST, PORALG, MCDGWSG		

	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (primary responsible first and in bold)	Target (Ministries, departments, agencies, partners)	Timeline	Status (not started, on-going, completed)
3	Integrate nutrition education into school (class) curriculum and in programs including nutrition education and counselling, menstrual hygiene, physical activity, and pregnancy prevention interventions	Integrate nutrition education into school curricula and in other interventions including WIFAS, menstrual hygiene, physical activity, and pregnancy prevention interventions	MOEST	MOH, MOEST, PORALG, MCDGWSG		Not started
		Build capacity of Parent-Teacher Associations in following up on the learning of adolescents in school	MOEST	MOH, TFNC	July 2023	On going
E	**Advocacy area 6: Promote timely generation of needed adolescent nutrition data, information and evidence**					
1	Use mobile technology to increase demand, awareness, and linkages to SRH services	Use mobile technology to increase demand, awareness, and linkages to SRH services	MOEST	MOH	2023	Started
2	Develop a directory poster that maps the formal reporting mechanisms and support channels for services related to violence close to areas where violence has occurred	Develop a directory poster that maps the formal reporting mechanisms and support channels for services related to violence close to areas where violence has occurred	MOEST	MOEST	2023	Started
3	Develop a facility feedback mechanism where adolescents can rate the facilities' service quality regularly by short message service (SMS) every time after a visit	Develop a facility feedback mechanism where adolescents can rate the facilities' service quality regularly by short message service (SMS) every time after a visit	MOH	MOH	2023	Started
F	**Advocacy area 7: Negotiate for increased resources allocated for adolescent nutrition Interventions**					
1	Provide life skills training with seed money or start-up capital for adolescents to initiate entrepreneurial activities	Provide life skills training with seed money or start-up capital for adolescents to initiate entrepreneurial activities	MOFP	MOFP	2023	Started
2	Sensitize community to support adolescents with special needs	Sensitize community to support adolescents with special needs	PORALG	PORALG	2023	Stared
3	Determine product conditions, structure, and disbursement with the MoEST, PO-RALG, TASAF, and the MoH	Determine product conditions, structure, and disbursement with the MoEST, PO-RALG, TASAF, and the MoH	PORALG	PORALG, MOEST and TASAF	2023	Started

	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (primary responsible first and in bold)	Target (Ministries, departments, agencies, partners)	Timeline	Status (not started, on-going, completed)
Dissemination plan						
	Platform to use (online/physical)	**Dissemination tools/inputs**	**Responsible**	**Target groups (Ministries, departments, agencies, partners)**	**Timeline**	**Status (not started, on-going, completed)**
1	Physical	1. Revised policies and strategies (NAIA, NMNAP II) including the NAIA Road Map 2. Training package/material for planning and budgeting for adolescent nutrition interventions 3. Fact sheets with evidence on why investing in adolescent nutrition 4. Advocacy tools for decision makers and planners	MoH	PORALG, MOEST, MOA, TFNC	2023/2024	Not started

G. Uganda

Uganda adoption and dissemination plan for the Adolescent Nutrition Advocacy Strategy for ECSA-HC member states						
	Activities	**Costed items**	**Unit (months or years)**	**Years/ months**	**Unit cost (in USD)**	**Total cost (in USD)**
A	**Advocacy area 1: Promote multisectoral adolescent nutrition policies and strategies**					
1	Lobby for the drafting of the country-level multisectoral adolescent nutrition policies and strategies	Consultative meetings with stakeholders, consultants, travel, validations meetings	Years	1.00	40,000.00	40,000.00
2	Review existing health, nutrition and related National nutrition policies and strategies to encompass the life cycle approach to include adolescent nutrition..... Scoping review to be done by the consultant	Hold Multi-disciplinary meetings to identify and review the existing health and nutrition policy and strategy documents to include adolescent nutrition.		1.00	8,000.00	8,000.00
3	Popularize all the adolescent nutrition intervention areas for policy considerations	Stakeholder meetings to identify platforms for popularization of adolescent nutrition interventions, DSA, travel		1.00	4,000.00	4,000.00
		Conduct popularization exercises using identified multisectoral platforms		1.00	20,000.00	20,000.00
4	Set-up and operationalize multisectoral adolescent nutrition platform to champion investment cases, policies and strategies for adolescent nutrition	Consultative meetings with stakeholders, consultants, travel, for developing an investment case		1.00	20,000.00	20,000.00
Sub-total (in USD)		**92,000.00**				
B	**Advocacy area 2: Scale-up the delivery of recommended adolescent nutrition interventions**					
1	Develop and disseminate the adolescent technical briefs including the national adaptation of 2021 UNICEF Guidance and 2018 WHO guidelines), toolkits, and job aids for adolescent nutrition)	Workshops, travel, SDA, validations meetings		1.00	50,000.00	50,000.00
2	Promote evidence-based adolescent nutrition programs (Obesity, anaemia, wasting, food choices and eating disorders) including in both rural and in the urban settings particularly slums and other vulnerable groups	Social mobilisation, travel, SDA, (Regular community dialogues & engagement meetings with schools, community development leaders and gate keepers, extension workers, Village health teams, adolescent and youth led clubs in health facilities, in and out of schools, travel, SDA,)		2.00	50,000.00	100,000.00
3	Scale up implementation of priority recommended adolescent nutrition interventions under pilot including in rural and in the urban informal settlements i.e. WIFAS	Community engagements meetings, SDA, Travel, Social mobilization, supplies (IFA)		5.00	50,000.00	250,000.00
4	Scale up community-level adolescent nutrition intervention to reach those who are out of school (school re-integration, peer groups and use of community health/strategy systems and youth-friendly and responsive centres/ clinics)	Travel, community dialogues, SDA, consultancy on youth friendly/ responsive systems, social mobilisation		5.00	35,000.00	175,000.00

Uganda adoption and dissemination plan for the Adolescent Nutrition Advocacy Strategy for ECSA-HC member states						
	Activities	**Costed items**	**Unit (months or years)**	**Years/ months**	**Unit cost (in USD)**	**Total cost (in USD)**
5	Accelerate efforts to dispel misconceptions on adolescent nutrition interventions as well as promote the right understanding of the basis of the interventions by policy and decision-makers	Develop SBCC materials, disseminate the materials, Travel, DSA, consultative meetings		2.00	20,000.00	40,000.00
Sub-total (in USD)		**615,000.00**				
C	**Advocacy area 3: Reach adolescents with relevant services, increasing their participation and address gender-based concerns**					
1	Involve adolescents in every stage in the adolescent nutrition program management cycle	Mobilization,		5.00	2,000.00	10,000.00
2	Establish national and sub national advocacy forums to disseminate or popularize messages on Adolescents as a highly vulnerable group needing heightened health and nutrition care and protection from physical, social and cultural hazards	Stakeholder meetings, travel, DSA, mobilization,		5.00	40,000.00	200,000.00
3	Engage youth and adolescent groups to advocate for orientation and enforcement of laws aimed at Stopping early marriages and teenage/ adolescent pregnancies among girls, especially in the rural, arid and semi-arid areas	integrated into other on-going activities		5.00	30,000.00	150,000.00
4	Promote access to nutrition services by adolescents through schools	Mobilization, setting-up adolescents clubs, organizing nutrition based competition,		5.00	25,000.00	125,000.00
5	Initiate innovative ways of involving and reaching adolescents	Support competitions on innovative ways of involving and reaching more adolescents.		5.00	150,000.00	750,000.00
		Support innovations in IT solutions, social media and digital platforms on engaging adolescents		5.00	15,000.00	75,000.00
Sub-total (in USD)		1,310,000.00				
D	**Advocacy area 4: Activate inclusion of adolescent nutrition into government systems across multiple sectors and utilize various platforms**					
1	Identify gaps and bottlenecks in health, education, agriculture, WASH, social protection, youth, and gender in addressing the multidimensional needs of adolescent boys and girls need to be examined and addressed.....Done by the consultant	Multisectoral consensus building consultative meetings, travel, SDA,				0.00
2	Develop technical briefs on the roles of the various systems in adolescent nutrition (ref: WHO, 2017. Global Accelerated Action for the Health of Adolescent (AA-HA) and disseminate them..... covered above					0.00
3	Form, regularize and sustain adolescent services provided through the established platforms (Adolescent friendly points at health facilities, youth clubs, peer groups and clubs) and structures .....covered above					0.00

Uganda adoption and dissemination plan for the Adolescent Nutrition Advocacy Strategy for ECSA-HC member states						
	Activities	**Costed items**	**Unit (months or years)**	**Years/ months**	**Unit cost (in USD)**	**Total cost (in USD)**
4	Engage and learn from other member states on how they have integrated the adolescent nutrition through the cross country learning visits for adoption and adaptation of best practices in adolescent nutrition interventions	International travel and DSA		5.00	55,000.00	275,000.00
5	Integrate nutrition education into school curricula and in other interventions including WIFAS, menstrual hygiene, physical activity, and pregnancy prevention interventions….covered above	Sector consultative meetings, travel		1.00	20,000.00	20,000.00
6	Promote increased sector/system engagement and collaborations in adolescent nutrition in departments; Establish focal points and build their capacity/orientate on adolescent nutrition in the relevant department/ sections in MOH, MOES, MAAIF, MOGLSD	consultative meetings, orientation workshops, travel, DSA,		5.00	40,000.00	200,000.00
Sub-total (in USD)		**495,000.00**				
E	**Advocacy Area 5: Rally for Improved Accountability, Effective Partnership and Coordination for Adolescent Nutrition Advocacy Actions**					
1	Develop a national scorecard to trigger accountability, knowledge sharing and policy change in adolescent nutrition	Stakeholder consultative meetings, DSA, travel,		1	30,000	30,000.00
2	Incorporate adolescent indicators into other existing country and sub-national score cards	Stakeholder consultative meetings, DSA, travel		1	15,000	15,000.00
3	Strengthen national and sub-national level coordination mechanisms in health, education, Gender and social development and other relevant sectors to include adolescent nutrition	Mobilization and communication		5	4000	20,000.00
4	Form and operationalize National multisectoral TWG and community of practice in adolescent nutrition	Adolescent multisectoral TWG bi-monthly meeting,		5.00	5,000.00	25,000.00
Sub-total (in USD)		**90,000.00**				
F	**Advocacy area 6: Promote timely generation of needed adolescent nutrition data, information and evidence**					
1	National survey data: Support regular generation and use of adolescent nutrition and micronutrient data to inform policies and programs in UDHS and Panel surveys	Stakeholder consultative meetings with UBOS , travel and DSA		1.00	30,000.00	30,000.00
2	Support and conduct nationwide comprehensive adolescent nutrition assessments/surveys and formative studies	Stakeholder consultative meetings ,field work (mobilization, travel and DSA)		5.00	80,000.00	400,000.00
Sub-total (in USD)		**430,000.00**				

Uganda adoption and dissemination plan for the Adolescent Nutrition Advocacy Strategy for ECSA-HC member states						
	Activities	**Costed items**	**Unit (months or years)**	**Years/ months**	**Unit cost (in USD)**	**Total cost (in USD)**
G	**Advocacy area 7: Negotiate for increased resources allocated for adolescent nutrition Interventions**					
1	Support the dissemination of an investment case indicating the cost of not investing in adolescent nutrition available for advocacy	Consultancy, stakeholder consultative meetings, SDA, travel		2.00	40,000.00	80,000.00
Sub-total (in USD)		**80,000.00**				
Grand Total		**2,617,000.00**				

H. Zambia

Zambia adoption and dissemination plan for the Adolescent Nutrition Advocacy Strategy for ECSA-HC member states						
	Advocacy objective (in ECSA-HC strategy)	**Proposed activity**	**Responsible (primary responsible first and in bold)**	**Target (Ministries, departments, agencies, partners)**	**Timeline**	**Total cost of implementation in USD**
ADOPTION PLAN						
A	**Advocacy area 1: Promote multisectoral adolescent nutrition policies and strategies**					
1	MOH directorate	Draft and implement a multisectoral adolescent nutrition policy and strategy covering all the adolescent nutrition intervention areas as guided by the 2018 WHO Guidelines, UNICEF Guidance, on Adolescent Nutrition, the Lancet 2022 Series and the ECSA-HC commitment (resolution ECSA/HMC/69/R3) Plan for and mobilize resources for a multisectoral adolescent nutrition program	MoH/NFNC	MoH, MoYSCD, MoE, NFNC, Bilateral & multilateral partners	2023/24	150,000 95,000
	MOA directorate	Develop a multisectoral adolescent nutrition investment case or strategy	MoH/NFNC	MoH, MoYSCD, MoE, NFNC, Bilateral & multilateral partners	2023	30,000
2	Activate review of existing policies and strategies to be adolescent responsive	Review the existing national health, education, agriculture, social protection, youth and gender policies to consider the life course approach where appropriate, as well as 2018 WHO Guidelines on Adolescent Nutrition, UNICEF Guidance 2021	MoH/NFNC	Directors/heads of relevant departments in MOH, MOE, MOA, and ministries of social protection, gender and youth Bilateral & multilateral partners	2023	15,000
3	Promote adolescent nutrition intervention areas for policy considerations	Develop and disseminate policy briefs on adolescent nutrition intervention areas based on the 2018 WHO and UNICEF Guidance on Adolescent Nutrition[43]	MoH/NFNC	Line Ministries Directors/heads of relevant departments in MOH, MOE, MOA, WASH and ministries of social protection, gender and youth	2023	20,000
4	Establish country-level platform for adolescent nutrition	Set up and operationalize multisectoral adolescent nutrition platform to champion investment cases, policies and strategies for adolescent nutrition	NFNC	Line Ministries (Directors/heads of relevant departments in MOH, MOE, MOA, and ministries of social protection, gender and youth)	2023	2,500

43 WHO, 2018. Guideline: implementing effective actions for improving adolescent nutrition. World Health Organization. https://apps.who.int/iris/rest/bitstreams/1095801/retrieve

Zambia adoption and dissemination plan for the Adolescent Nutrition Advocacy Strategy for ECSA-HC member states						
	Advocacy objective (in ECSA-HC strategy)	**Proposed activity**	**Responsible (primary responsible first and in bold)**	**Target (Ministries, departments, agencies, partners)**	**Timeline**	**Total cost of implementation in USD**
5	Support establishment of multisectoral sub-national level platforms for adolescent nutrition	Set up and operationalize multisectoral adolescent sub-national nutrition platforms to champion strategies for adolescent nutrition	Line Ministries	Line Ministries (Directors/heads of relevant departments in MOH, MOE, MOA, and ministries of social protection, gender and youth)	2023	2,500
B	**Advocacy area 2: Scale up the delivery of recommended adolescent nutrition interventions**					
1	Support the implementation of evidence-informed adolescent nutrition interventions focused on the multidimensional needs, vulnerabilities and risks among adolescent boys and girls that respond to the specific context	Develop and disseminate the adolescent technical briefs (including on the regional adaptation of 2021 UNICEF Guidance and 2018 WHO guidelines), toolkits, and job aids for adolescent nutrition Implement relevant and priority nutrition interventions/actions through the education, food, health WASH and special protection systems with a lens on adolescent special nutrient, social and psychosocial needs	NFNC/MoH	Directors/managers/section chiefs of nutrition in MOH, MOE, MOA and ministries of WASH, social protection, gender and youth National and sub-national partners/stakeholders including the private sector Private sector	2023-28	390,000
2	Promote phased approach in implementation of integrated adolescent nutrition programs including targeted interventions for adolescents with special needs	Define the contexts of the adolescents in Zambia through formative studies Provide technical support and resources to adapt and scale up all context-specific adolescent nutrition interventions under pilot, including in rural areas and in urban slums Support scale-up of community-level adolescent interventions including the school reintegration, peer groups and use of community health/strategy systems and youth-friendly and responsive centres/clinics Identify and integrate adolescent interventions into existing systems and structures such as schools, health systems	MoH/ NFNC	MOH, MOE, MOA, and ministries of social Protection, gender and youth Private sector National and sub-national partners/stakeholders CSOs and communities Private sector	2023-28	121,000

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	Advocacy objective (in ECSA-HC strategy)	**Proposed activity**	**Responsible (primary responsible first and in bold)**	**Target (Ministries, departments, agencies, partners)**	**Timeline**	**Total cost of implementation in USD**
3	Promote access to nutrition services by adolescents through schools	Ensure that all school-age boys and girls are enrolled, attend school and do not drop out School-age boys and girls who drop out should be encouraged to be reintegrated back into schools including adolescent mothers and pregnant adolescents	MoE/ NFNC	Ministries of gender and youth National and sub-national partners/stakeholders CSOs and communities	2023-28	75,000
3	Prioritize targeted reduction of the different forms of malnutrition affecting adolescents such as overweight, obesity, underweight and micronutrient deficiencies	Scale up country interventions towards reduction of the prevalence of obesity and overweight and anaemia and focus the efforts on adolescents	MoH/NFNC	Line Ministries (Education, MoCDSS, Agriculture, Land and Natural Resources. development partners. Private sector	2023	15,000
4	Accelerate efforts to create awareness on adolescent nutrition interventions as well the right understanding of the basis of the interventions among all relevant stakeholders of the interventions by policy and decision-makers	Adapt WHO and UNICEF recommended adolescent nutrition interventions, which are evidence-informed, safe and with good intentions to improve the health and nutrition status of the adolescents	MoH/NFNC	Development partners National and sub-national partners/stakeholders Private sector (includes manufacturers and purveyors of foods high in sugar, fats and salts)	2023	200,000
	Advocate for demand driven formulation and manufacture of nutrient formulations to address specific micronutrient deficiencies	Manufacture and supply the formulation of micronutrient supplements through adding into the EML Review evidence to consider inclusion of micronutrient supplements into the EML	MoH	WHO Private sector (manufacturers of nutrient formulations) Zambia pharmaceutical Manufacturing Initiative (ZPMI)	2023-28	550,500
	Advocate for enforcement of legislations/laws/regulations on elimination of risky practices (early marriage and FGM) for girls that have associated health and nutrition risks and threatens girls' ability to complete schooling	Implement community empowerment interventions for vulnerable families that can prevent early marriage due to poverty and peer pressure Develop and promote alternative rites of passage Provide access to Sexual and Reproductive Health information and services to married and unmarried adolescent girls and boys to reduce adolescent pregnancy	MoCDSS, NFNC	Community leaders, religious leaders, teachers, adolescents National and sub-national adolescent nutrition partners MoG, MoE,	2023-28	1,500,000

Zambia adoption and dissemination plan for the Adolescent Nutrition Advocacy Strategy for ECSA-HC member states						
	Advocacy objective (in ECSA-HC strategy)	**Proposed activity**	**Responsible (primary responsible first and in bold)**	**Target (Ministries, departments, agencies, partners)**	**Timeline**	**Total cost of implementation in USD**
	Set up support systems for adolescents facing different challenges that can impact their health and nutrition such as general mental health challenges, traumas and drug abuse, among others	Support the establishment of adolescent/youth friendly spaces and services	MoH/MoCDSS	Adolescents, Ministry of Finance, parents and parent groups, PTAs, local leaderships, partners (NGOs, FBOs)	2023-28	25,000
C	**Advocacy area 3: Reach adolescents with relevant services, increasing their participation and address gender-based concerns**					
1	Support the expansion of coverage of the multisectoral adolescent interventions in hard-to-reach areas including in rural areas, informal urban settlements (peri-urban areas)	Scale up adolescent programs through various platforms including in the hard-to-reach areas where the majority of adolescent boys and girls dwell	NFNC	MOH, MOE, MOA, and ministries of social protection, youth and gender Community-based adolescent nutrition resource persons (care group members, village health teams, rural health motivators)	2023-28	60,000
2	Recognize adolescent boys and girls as a highly vulnerable group still needing care, and who are exposed to risks that threaten their health and nutrition status, and lives – with girls having increased needs	Establish national and sub -national advocacy forums to disseminate or promote messages on adolescents as a highly vulnerable group needing heightened health and nutrition care, as well as protection from physical, social and cultural hazards	NFNC/MoH	National and sub-national partners/stakeholders CSOs and communities	2023-28	150,000
3	Reduce health and nutrition risks associated with early marriage and adolescent pregnancy among adolescent girls	Advocate for orientation and enforcement of laws aimed at stopping early marriages and teenage/adolescent pregnancy among girls, especially in the rural areas	MoCDSS /MFNC	National and sub-national partners/stakeholders CSOs and communities	2023-28	20,000
4	Promote access to nutrition services by adolescents through schools	Ensure that all school-age boys and girls are enrolled, attend school and do not drop out School-age boys and girls who drop out should be encouraged to be reintegrated back into schools including adolescent mothers and pregnant adolescents	MoE/NFNC	Ministries of education, gender and youth National and sub-national partners/stakeholders CSOs and communities	2023-28	75,000
5	Initiate innovative ways of involving and reaching adolescents	Support competitions on innovative ways of involving and reaching more adolescents. Support innovations in IT solutions and social media and digital platforms on engaging adolescents	NFNC/Min. Youth and Sport	Ministries of education, gender and youth National and sub-national partners/stakeholders CSOs and communities	2023-28	140,000

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	Advocacy objective (in ECSA-HC strategy)	**Proposed activity**	**Responsible (primary responsible first and in bold)**	**Target (Ministries, departments, agencies, partners)**	**Timeline**	**Total cost of implementation in USD**
6	Encourage as many adolescents as possible to join and actively participate in the adolescent/youth youth-friendly structures in and out of school	Rally for the formation and operationalization of increased participation of adolescent responsive social entities such as school clubs, peer-to-peer groups in the communities and the youth-friendly and gender responsive centres/clinics	NFNC	Line Ministries – Education, Youth and Sport, Health, Community Development and social services	2023-28	40,000
		Involve adolescents in every stage in the adolescent nutrition program management cycle	NFNC/MoH	National and sub-national partners/stakeholders	2023-28	6,000
7	Achieve gender responsive nutrition interventions targeting both boys and girls considering their respective vulnerabilities and needs and challenging negative gender norms and practices	Lobby for evidence-based gender responsive nutrition interventions considering the different special and context-specific needs, vulnerabilities and challenges of boys and girls when designing interventions	MoH/NFNC	Directors/Managers/section chiefs of nutrition in MOH, MOE, MOA and ministries of social protection, gender and youth National and sub-national partners/stakeholders	2023-24	160,000
8	Support to ensure that all adolescents (including out-of-school and in marginalized areas) are reached with adolescent nutrition interventions	Scale up adolescent nutrition interventions in the hard-to-reach and marginalized areas to reach out-of-school boys and girls	MoH/NFNC	Ministries of health, education, agriculture, gender and youth National and sub-national partners/stakeholders	2023-24	16,500,000
9	Promote desegregation of all adolescent data by sex and age (younger and older adolescents)	Desegregate data by sex (boys and girls) in all the national census, assessments, surveys and research	MoH/NFHC/ ZAMSTAT	Demography/population and Social Statistics Divisions (ZAMSTAT) Health, Agriculture and Education information systems	2023-28	--
D	**Advocacy area 4: Activate inclusion of adolescent nutrition into government systems across multiple sectors and utilize various platforms**					
1	Promote and support the strengthening of government systems to address the multidimensional adolescent needs	Examine and address the needs, gaps and bottlenecks in sectors of health, education, agriculture, WASH, social protection, youth, gender and local governments in addressing the multidimensional needs of adolescent boys and girls	NFNC/MoH	Directors/heads of nutrition, health, education, agriculture, social protection (children services), and youth, gender and Ministry responsible for local governance and community development, sections/departments responsible for adolescent nutrition	2023	20,000
		Develop and disseminate technical briefs on the roles of the various systems in adolescent nutrition [in accordance with the adolescent nutrition system framework shown in Appendix 1 of this strategy (UNICEF 2021 guidance).	NFNC/MoH	Line Ministries (Education, Gender, Agriculture, Community Development, Youth and Sport]	2023/28	20,000

Zambia adoption and dissemination plan for the Adolescent Nutrition Advocacy Strategy for ECSA-HC member states						
	Advocacy objective (in ECSA-HC strategy)	**Proposed activity**	**Responsible (primary responsible first and in bold)**	**Target (Ministries, departments, agencies, partners)**	**Timeline**	**Total cost of implementation in USD**
3	Influence government support and ownership of the piloted and other adolescent nutrition interventions and eventual integration into the mainstream established health, education, WASH, agriculture, gender and youth systems	Partners to include government at all levels in planning, implementation monitoring and evaluation interventions in order to foster government ownership Partners to compliment government efforts in adopting the adolescent nutrition interventions as guided by government priorities and the ECSA-HC adolescent nutrition advocacy strategy	NFNC	Line Ministries, Directors/heads of nutrition, health, education, agriculture, social protection and youth sections/departments responsible for adolescent nutrition	2023/28	40,000 60,000
4	Promote increased sector/system engagement and collaborations in adolescent nutrition in MOH, MOE, MOA, WASH and ministries of social protection, gender, youth and local government and community development	Utilize existing structures (offices/ departments/sections and officers) with mandates/responsibility for adolescents in MOH, MOE, MOA, WASH and ministries of social protection, gender, youth to include adolescent nutrition	NFNC/MoH	National and sub-national Multi-sectoral Development Joint Consultative Committee Meetings (e.g. full council meetings, Food and Nutrition Security, Drought Relief and Civil Protection)	2023/28	40,000
		Deploy, capacity build and orient focal persons on adolescent nutrition in the relevant department/ sections in MOH, MOE, MOA, WASH and ministries of social protection, gender youth and local government and community development	Line Ministries	Directors/ Human Resource officers/heads of nutrition, health, education, agriculture, social protection youth, local government and community development and partners sections/departments responsible for adolescent nutrition	2023/28	32,000
5	Integrate nutrition education into school (class) curricula and in programs including WIFAS, menstrual hygiene, physical activity, and pregnancy prevention interventions	Integrate nutrition education into school curricula and in other interventions including WIFAS, menstrual hygiene, physical activity, and pregnancy prevention interventions	MoE/MoH	National and sub-national partners/stakeholders	2023/24	20,000
6	Support member states' adoption and adaptation of best practices in adolescent nutrition interventions	Engage and learn from other member states on how they have integrated the adolescent nutrition	ECSA-HC, development partners, donors	Directors/heads of nutrition, health, education, agriculture, social protection youth, local government and community development sections/ departments. Bi/multi-lateral partners and NGOs responsible for adolescent nutrition	2023/28	40,000

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	Advocacy objective (in ECSA-HC strategy)	**Proposed activity**	**Responsible (primary responsible first and in bold)**	**Target (Ministries, departments, agencies, partners)**	**Timeline**	**Total cost of implementation in USD**
7	Support improved effectiveness of adolescent nutrition platforms and structures to provide mentorship, nutrition education, health services and other relevant services	Form, operationalize and sustain adolescent services provided through the established platforms (youth clubs, peer groups, clubs and digital platforms) and structures (youth-friendly centres)	MoH	MOH, MOE, MOA, ministries of gender, youth, local Government and community development at national and sub-national levels Education officers, teachers, and health/community health, social workers	2023	75,000
8	Increase reach to out of school boys and girls with adolescent nutrition services	Form and strengthen community-level structures to reach adolescent boys and girls including the peer groups – considering age and stage of adolescent, adolescent support groups, community social and health workers and community mentorship systems	MoH/MCDSS	MOH, MOE, MOA, Ministries of gender, youth and local government and community development at national and sub-national levels Community health volunteers, health facility workers, community social workers, community influential leaders and adolescent groups	2023	30,000
		Integrate adolescent nutrition into other on-going community level programs and initiatives including community social and health initiatives as well as outreach	MoH/MCDSS	Line Ministries (education, agriculture, youth and sport, community development, gender National and sub-national partners/stakeholders	2023	20,000
E	**Advocacy Area 5: Improve Accountability, Effective Partnership and Coordination for Adolescent Nutrition Advocacy Actions**					
A	**Accountability in adolescent nutrition**					
1	Support development and use of adolescent nutrition accountability mechanisms and tools Initiate support development and put in place an accountability mechanism	Develop tools and a digital country scorecard to trigger accountability, knowledge sharing and policy change in adolescent nutrition	MoH/NFNC	Directors/head of nutrition, health, education sections/departments responsible for adolescent nutrition	2023/28	35,000
		Incorporate adolescent indicators into other existing country and sub-national score cards	MoH/NFNC	Directors/head of nutrition, health, education sections/departments responsible for adolescent nutrition	2023/24	35,000
B	**Coordination and partnership**					
1	Advocate for country coordination of adolescent nutrition actions and advocacy efforts	Establish a coordination forum for adolescent nutrition actions and advocacy work among the line ministries.	NFNC/MoH	Line Ministries, education, agriculture, community development, youth and support, social protection	2023	5,000

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	Advocacy objective (in ECSA-HC strategy)	**Proposed activity**	**Responsible (primary responsible first and in bold)**	**Target (Ministries, departments, agencies, partners)**	**Timeline**	**Total cost of implementation in USD**
2	Strengthen partnerships and collaboration in improving adolescents' access to nutrition and related services at both national and sub-national levels	Form and/or strengthen national and sub-national level coordination mechanisms in health, education and other sectors to include adolescent nutrition	NFNC/Line Ministries	Coordination forums: Ministries of health, education, agriculture, social protection, WASH, gender and youth Coordination forums, advocacy meetings / workshops / forums: National and sub-national partners/stakeholders	2023/24	0.00
3	Establish relevant multisectoral expert committees, TWGs and community of practice on adolescent nutrition both at the national level and sub-national levels	Establish a coordination forum TWG for adolescent nutrition actions and advocacy work among stakeholders in country to facilitate the coordination mechanisms to be adopted	NFNC/MoH	Directors/managers/section chiefs of nutrition in MOH, MOE, MOA and ministries of WASH, social protection, gender and youth	2023	1,000
4	Encourage engagement of the private sector in adolescent nutrition	Create awareness on the compliance to legislations, standards that support adolescent nutrition Offer technical support to private sector on reformulation, food safety and labeling of food products Engage in partnership meetings and forums to get their support to make a positive contribution to the well-being of the adolescents Explore engagements that support implementation of adolescent interventions within private sector; Opportunities include financial institutions, CSR initiatives, etc.	NFNC/MOH	The private sector to include: • Manufacturers of sweetened beverages, and others producing high fat and salt products • Telecommunications and digital companies • Companies promoting sports and other activities for adolescents the national level. • MoH – Environmental Health.	2023/28	2,500,000 20,000 20,000 4,000

Zambia adoption and dissemination plan for the Adolescent Nutrition Advocacy Strategy for ECSA-HC member states						
	Advocacy objective (in ECSA-HC strategy)	**Proposed activity**	**Responsible (primary responsible first and in bold)**	**Target (Ministries, departments, agencies, partners)**	**Timeline**	**Total cost of implementation in USD**
5	Lobby for the development and implementation of adolescent responsive advocacy/ communication strategies that give adolescents a voice and support their empowerment	Create awareness that adolescents account for a significant part of the population which is transitioning to adulthood and they have critical nutritional needs and health needs that need to be addressed	NFNC/MoH	Line Ministries (education, agriculture, youth and sport, community development, gender) and stakeholders	2023	80,000
		Support adolescent nutrition champions who are respected and passionate and who have the zeal to actively influence awareness and action on adolescent nutrition and its inclusion in planning and resource allocation at the regional, national, sub-national and community levels	NFNC/MoH	Directors/head of nutrition, health, education sections/departments, , responsible for adolescent nutrition, community	2023	800,000
		Support and guide adolescent nutrition champions at the national, sub-national and community levels to: • Influence policymakers and critical decision-makers • Influence adolescents, parents, teachers, and community leaders	NFNC/MoH	CSOs, community, human rights advocates, local leadership	2023	80,000
		Develop and implement the national adolescent nutrition advocacy/ communication strategies	NFNC/MoH		2023	2,540,000
		Adopt a life course approach in reviewing or drafting nutrition and health advocacy strategies or frameworks at the regional, national and sub-national level	NFNC/MoH	MOH, MOE, MOA, Ministries of gender and youth at national and sub-national levels		-
6	Promote an economic investment case for adolescent nutrition akin to the Cost of Hunger Analysis (COHA)	Develop and disseminate a contextualized case for "Why invest in adolescent nutrition?" for advocacy at country level and sub-national levels Generate context-specific profiles to support resource allocation for adolescent nutrition	MoH/NFNC	ECSA-HC Secretariat MOH, MOE, MOA, Ministries of gender and youth at national and sub-national levels	2023	3,520,000 20,000

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	Advocacy objective (in ECSA-HC strategy)	**Proposed activity**	**Responsible (primary responsible first and in bold)**	**Target (Ministries, departments, agencies, partners)**	**Timeline**	**Total cost of implementation in USD**
7	Enhance adolescent nutrition advocacy and communication skills in the sectors of health, education, agriculture, WASH, gender and youth	Support capacity enhancement of advocacy and communication skills in adolescent nutrition (and nutrition in general) Integrate adolescent nutrition in advocacy work or lead the formation of regional adolescent networks	MoH/NFNC	Directors and managers of nutrition in health, education, agriculture, gender	2003-28	70,000
8	Activate national networks that champion adolescent nutrition agenda	Integrate adolescent nutrition in advocacy work or lead the formation of national adolescent networks	MoH/NFNC	Line Ministries, country partners including Nutrition International, UNICEF, Save the Children and UNFPA, among others	2023	50,000
F	**Advocacy area 6: Promote timely generation of needed adolescent nutrition data, information and evidence**					
1	Support regular and timely generation and use of adolescent nutrition information (routine and periodic data) and micronutrient data to inform policies and programs	Resource mobilize and allocate for nutrition and micronutrient surveys including the adolescent age group (10-19 years)	MoH/NFNC	ECSA-HC Health, Ministers and the PS at various fora Directors/heads of nutrition, health, education, WASH, agriculture, social protection and youth sections / departments responsible for adolescent nutrition Nutrition partners/stakeholders	2023-28	-
2	Promote and support the regular availability of comprehensive nationwide adolescent data to inform critical decision-making policies and strategies	Support and conduct nationwide comprehensive adolescent nutrition assessments/surveys and formative studies to inform the status and monitor the trends in adolescent nutrition status, school enrollment and attendance, sexual and reproductive health, food access, intake and physical activity, among others	MoH/NFNC	Permanent Secretary Directors/heads of nutrition, health, education, WASH, agriculture, social protection and youth sections / departments responsible for adolescent nutrition, Nutrition partners/stakeholders	Every 3 years	-
3	Influence availability of adolescent data routinely collected at national and sub-national levels to inform policies and programs	Integrate adolescent nutrition data and information into the national HIMS and EMIS Desegregate health, education and nutrition data by age groups (10-14 and 15-19 years) and by gender to facilitate availability of adolescent data Also, present pregnancy and ANC/ maternal data for older adolescents (15-19 years)	MOH/MOE	Schools and health facility data information systems Nutrition development partners	2024	-

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	Advocacy objective (in ECSA-HC strategy)	**Proposed activity**	**Responsible (primary responsible first and in bold)**	**Target (Ministries, departments, agencies, partners)**	**Timeline**	**Total cost of implementation in USD**
4	Advocate for and support a full-fledged chapter on adolescent health and nutrition in the DHS	Introduce a chapter on adolescent health and nutrition in the DHS and Education survey surveys to collect comprehensive data including on nutrition status, school enrollment and attendance, sexual and reproductive health, food access, intake and physical activity, among others	MoH/Education	DHS program	2023/24	-
	Establish/strengthen adolescent nutrition surveillance system (data from both rural and urban areas including informal settlements) to inform critical health and nutrition decisions	Establish and operationalize adolescent nutrition sentinel sites in both rural and urban areas (agree on country indicators to be collected)	MoH	Nutrition partners/stakeholders NFNC	2023	-
G	**Advocacy area 7: Negotiate for increased resources allocated for adolescent nutrition Interventions**					
1	Strive for an incremental increase in resources allocated to adolescent nutrition by government and partners (including the private sector)	Allocate more resources to adolescent nutrition to assure their nutrition status and better health and well-being of the future population	NFNC/MoH	National Coordinating committee of PS Ministries of health, education, agriculture, social protection gender, youth, and local government and community development, ministries concerned with planning and development Treasury, donors, nutrition partners/stakeholders	2023/28	-
3	Advocate for tracking of adolescent nutrition funding flow – desegregated by government contribution versed partners and other donors	Track resources allocated for adolescent nutrition nationally and disseminate the funding gaps to relevant government agencies, donors, stakeholders and private sector	MoH/NFNC	Directors/heads of nutrition, health, education, agriculture, WASH, social protection and youth sections/departments responsible for adolescent nutrition	2023-28	-
	Support the drafting of an investment case indicating the cost of not investing in adolescent nutrition available for advocacy	Generate and disseminate a country contextualized case for "Why invest in adolescent nutrition?" (Cost Benefit Analysis)	MoH/NFNC	Directors/heads of nutrition, health, education, agriculture, WASH, social protection youth, local government and community development sections/ departments responsible for adolescent nutrition	2023	-
				Total cost in USD		**7,160,000**

I. Zimbabwe

	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (primary responsible first and in bold)	Target (Ministries, departments, agencies, partners)	Timeline	Status (not started, on-going, completed)
Adoption plan						
A	**Advocacy area 1: Promote multisectoral adolescent nutrition policies and strategies**					
1	Lobby for the drafting of the country-level multisectoral adolescent nutrition policies and strategies	Plan for and resource mobilize for a multisectoral adolescence nutrition	Nutrition Advocacy and Communications Officer, Deputy Director Nutrition and Dietetics, Policy and Planning, Adolescent Nutrition Focal person.	Ministry of Health, Ministry of Education, Ministry of Industry, Social Welfare, Ministry of Agriculture, UNICEF, WHO and FAO	December 2023	On-going
2	Support the development of the country-level multisectoral nutrition policies and strategies including on adolescent nutrition or standalone multisectoral adolescent policy and strategy for member states already with the nutrition policies	Finalize adolescent Nutrition SBCC Strategy	Adolescent Nutrition Focal Person	Ministry of Health, Ministry of Education, Ministry of Agriculture, UNICEF, WHO and FAO	March 2023	On-going
		Finalize School Nutrition Guidelines	Nutrition Intervention Manager, Adolescent Nutrition Focal Person	Ministry of Health, Ministry of Education, Ministry of Agriculture, UNICEF, WHO and FAO	June 2023	On-Going
		Develop Guidelines for managing school aged children and adolescent Malnutrition (including overweight and obesity)	Nutrition Intervention Manager, Adolescent Nutrition Focal Person	Ministry of Health, Ministry of Education, UNICEF, WHO,WFP and FAO	December 2023	Not started

	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (primary responsible first and in bold)	Target (Ministries, departments, agencies, partners)	Timeline	Status (not started, on-going, completed)
3	Activate review of existing policies and strategies to be adolescent responsive	Review Public health Act, Food and Food Standards legislation on marketing of foods and beverages high in sugar, salt and fat(include advocacy for the development of a national code of marketing of unhealthy food and foods to be served or sold within school vicinity). Implement the Nutrient Profile Model to restrict the marketing of unhealthy foods and non-alcoholic beverages to adolescents	Nutrition Intervention Manager, Adolescent Nutrition Focal Person	Ministry of Health, Ministry of Education, Ministry of Industry, Small to medium enterprises, Consumer Council, UNICEF, WHO,WFP and FAO	December 2023	Not Started
		Establish cooperation between Member States related to cross-border marketing. Advocating for the development inter country trade regulations of harmful substances.	ECSA NCDs, Food Security and Nutrition Programme	Ministry of Foreign Affairs, Ministry of Industry and Trade, Ministry of Health,	January 2025	Not Started
B	**Advocacy area 2: Scale-up the delivery of recommended adolescent nutrition interventions**					
1	Support the implementation of evidence-informed adolescent nutrition interventions focused on the multidimensional needs, vulnerabilities and risks among adolescent boys and girls that respond to the specific context	Support the Implementation and scale-up of National Home Grown School Feeding Program	Learner Welfare and Support, Adolescent Nutrition Focal Person	Ministry of Education, Ministry of Agriculture, FAO, WFP	January 2024	Not started
		Improve the availability of healthy foods in public institutions and settings, particularly in disadvantaged communities	Institutional Heads/Principals , School Development Committees, Nutritionist, Social Welfare Officers, School Health Coordinators	Ministry of Agriculture, FAO, Ministry of Health, Ministry of Education	February 2024	Not started
		Promotion of nutritional gardens in schools and ensuring that adolescents participate and benefit from them.	Agriculture Extension Officers, School Headmasters, School Health Co-ordinators	Ministry of Agriculture, FAO, Ministry of Health, Ministry of Education	December 2023	Not started
		Nutrition Screening and Referral of acute malnutrition, overweight and obesity cases through Community Health workers and school coordinators to the health facilities for management	Community Health workers, school health coordinators, Nutritionists	Ministry of Health, Ministry of Education	December 2024	Not Started
2	Set up support systems for adolescents facing different challenges that can impact their health and nutrition such as general mental health challenges, traumas and drug abuse, among others	Link and refer adolescents to existing nutrition and health services based on their needs (pregnancy, HIV infection, reproductive health).	Community Health workers, school health coordinators	Ministry of Health, Ministry of Education, Social Welfare	December 2024	Not started

	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (primary responsible first and in bold)	Target (Ministries, departments, agencies, partners)	Timeline	Status (not started, on-going, completed)
C	**Advocacy area 3: Reach adolescents with relevant services, increasing their participation and address gender-based concerns**					
1	Support the implementation of evidence-informed adolescent nutrition interventions focused on the multidimensional needs, vulnerabilities and risks among adolescent boys and girls that respond to the specific context	Conduct needs assessment for vulnerable adolescents	Public Health Officer Nutrition, Adolescent, Nutrition Focal Person	Ministry of Health, Ministry of Education, WHO, UNICEF		on-going
		Pre-Test and Finalize Co-Created SBCC Materials	Adolescent Nutrition Focal Person, Intervention Manager	Ministry of Health, Ministry of Education	Apr-23	not-started
		Printing and Dissemination of Adolescent Nutrition SBCC Materials	Adolescent Nutrition Focal Person, Intervention Manager, Learner Welfare	Ministry of Health, Ministry of Education	Apr-23	not-started
		Iron Folate Supplementation Support and review	Adolescent Nutrition Focal Person, Intervention Manager, Learner Welfare & Support, School Health Co-ordinators	Ministry of Health, Ministry of Education, UNICEF, WHO	May-23	not-started
		Conduct needs assessment	Public Health Officer Nutrition, Research	Ministry of Health	March 2023	On-going
D	**Advocacy area 4: Activate inclusion of adolescent nutrition into government systems across multiple sectors and utilize various platforms**					
1	Popularize in the ECSA-HC member states, all the adolescent nutrition intervention areas for policy considerations	Parliamentary Engagement on adolescent nutrition	Nutrition Advocacy and Communications Officer, Adolescent Nutrition Focal Person	Portfolio committees on Health, Office of the President and Cabinet, FNC, Ministries of Education, Agriculture, Industry, local Government and Social Welfare	December 2023	Started
2	Support member states to establish multisectoral sub national level platforms for adolescent nutrition	Multi-sectoral engagement and co-ordination for adolescent nutrition	Nutrition Advocacy and Communications Officer, Adolescent Nutrition Focal Person	Ministry of Health, Office of the President and Cabinet, FNC, Ministries of Education, Agriculture, Industry, local Government and Social Welfare	December 2023	Started
E	**Advocacy area 6: Promote timely generation of needed adolescent nutrition data, information and evidence**					

	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (primary responsible first and in bold)	Target (Ministries, departments, agencies, partners)	Timeline	Status (not started, on-going, completed)
1	Support the implementation of evidence-informed adolescent nutrition interventions focused on the multidimensional needs, vulnerabilities and risks among adolescent boys and girls that respond to the specific context	Inclusion of adolescent nutrition indicators in ZimVAC 2023 Assessment	Adolescent Nutrition Focal Person, Ministry of Health, Food and Nutrition Council	Ministry of Education	February 2023	On-going
		Inclusion of adolescent nutrition indicators in National Health information System (DHIS2)	Adolescent Nutrition Focal Person Ministry of Health, Nutrition Surveillance Manager	Ministry of Health	June 2023	Not started
		Anthropometric measurement of school going children and adolescents in schools (once a term)	Nutrition Surveillance Manager, Nutrition Intervention Manager	Ministry of Health, Ministry of Education	December 2023	Not started
		KAP Study on Adolescents	Adolescent Nutrition Focal Person, Intervention Manager	Ministry of Health, Ministry of Education	March 2023	on-going
		Packaged Food survey	Adolescent Nutrition Focal Person, Intervention Manager	Ministry of Health, Ministry of Education, Ministry of Industry, WHO, UNICEF and FAO	April 2023	not started
F	**Advocacy area 7: Negotiate for increased resources allocated for adolescent nutrition Interventions**					
1	Popularize in the ECSA-HC member states, all the adolescent nutrition intervention areas for policy considerations	Develop Investment Case for adolescent Nutrition	Adolescent Nutrition Focal Person, Nutrition Intervention Manager, Learner Welfare and Support, Health Economists	Ministry of Health, Ministry of Education, WHO, UNICEF, FAO, WFP, ZICSOSUNA	December 2023	not started
		Grant application, Budget proposals for adolescent nutrition programing	Adolescent Nutrition Focal Person, Nutrition Intervention Manager, policy and planning	Ministry of Health and Child Care, Ministry of Finance, WHO, UNICEF, FAO, WFP, USAID and Donor Community	January 2024	On-going
G	**Advocacy area 5: Improve Accountability, Effective Partnership and Coordination for Adolescent Nutrition Advocacy Action**					
1	Establish country-level platform for adolescent nutrition	Establish School-Age and Adolescent Nutrition Technical Working Group/ National Steering Committee	Adolescent Nutrition Focal Person, Nutrition Advocacy and Communications, Nutrition Intervention Manager	Ministry of Health, Ministry of Education, Ministry of Health, Ministry of Education UNICEF, WFP, WHO and FAO	May 2023	not-started
		Joint monitoring and support of organizations implementing adolescent nutrition activities	Adolescent Nutrition Focal Person, Nutrition Intervention Manager, Learner Welfare and Support, District Schools Inspecter	Ministry of Health, Ministry of Education, UNICEF,WHO	May 2023	not-started
		Monitoring and Evaluation of Adolescent Nutrition Interventions/ Program	Nutrition Monitoring and Evaluation Officer, Nutrition Intervention Manager, Adolescent Nutrition Focal Person	Ministry of Health, Ministry of Education, UNICEF,WHO	December 2024	Not Started

	Advocacy objective (in ECSA-HC strategy)	Proposed activity	Responsible (primary responsible first and in bold)	Target (Ministries, departments, agencies, partners)	Timeline	Status (not started, on-going, completed)
Dissemination plan						
	Platform to use (online/physical)	Dissemination tools/inputs	Responsible	Target groups (Ministries, departments, agencies, partners)	Timeline	Status (not started, on-going, completed)
1	Nutrition Technical working Group Meeting (hybrid, both physical and online)	Sharing Presentation/s and Strategy	Adolescent Nutrition Focal Person, Nutrition Intervention Manager	Ministry of Education, Ministry of Industry, Ministry of Agriculture, Partners	March 2023	Not started
2	National Development Strategy-Food Security and Nutrition Cluster (physical)	Sharing Presentation/s and Strategy	Deputy Director Nutrition, Nutrition Advocacy and Communications, Adolescent Nutrition Focal Person	Ministry of Agriculture, UNICEF, WHO, FAO, WFP, FNC, Food and Nutrition security partners	April 2023	Not started
3	Ministry of Health and Child Care (online)	Upload Strategy to Ministry of Health Website	Public Relations Manager, Nutrition Advocacy and Communications	Other ministries and the public accessing website	May 2023	Not Started
4	Press Statement/Conference (Hybrid, both physical and online) broadcasting	Adoption of regional adolescent nutrition strategy in Zimbabwe	Minister for Health and Child Care, Secretary for Health, Public Relations Manager, Deputy Director Nutrition	Ministry of Media and Broadcasting Services-(National and community Media and broadcasting) Print media, TV, Radio and Online news	May 2023	Not started
5	Magazine	Article on adolescent Nutrition in health matters Magazine	Nutrition Advocacy and Communications, Public Relations Officer	Ministry of Health and partners	June 2023	Not Started



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