



avpn

Funding Nutrition in Asia

A Landscape Study

With Deep-dives in Bangladesh,
Indonesia and the Philippines



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About this Report

This report aims to serve as a resource for stakeholders in nutrition to assess the opportunities and challenges in philanthropic funding for maternal and child nutrition in Asia, with a special focus on interventions in food fortification and first 1,000 days of life. It presents an overview of the current landscape of the state of funding for nutrition, highlighting innovative funding solutions by public, private sector and other key stakeholders. It features extended analyses of the state of affairs in three countries: Bangladesh, Indonesia; and the Philippines.

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Glossary

Anaemia: Anaemia is a condition with a reduced number of red blood cells, or when the haemoglobin concentration within the red blood cells is lower than normal. This leads to a decreased capacity of the blood to carry oxygen to the body's tissues resulting in symptoms such as fatigue, weakness, dizziness, and shortness of breath, among others. Anaemia during pregnancy leads to poor intrauterine growth and increased risk of preterm births and low birth weight rates. The most common causes of anaemia include nutritional deficiencies, particularly iron deficiency but also those of folate, vitamins B12 and A.

First 1,000 days: The period between the start of a woman's pregnancy and her child's second birthday (which comprises 1,000 days), is the critical window of intervention for a child's development. This period is important, as interventions at older ages do not have the same impact on health, cognition, and development, leading to permanent and irreversible changes.¹

Food fortification: Food fortification is the addition of vitamins and minerals to commonly consumed foods to prevent micronutrient deficiencies. Examples are iodised salt, fortification of grains, edible oils and condiments.

Home fortification: Home fortification is aimed at improving the quality of the diet of nutritionally vulnerable groups, such as young children, through the use of Micronutrient Powders (MNPs) at the moment of food consumption. MNPs refer to a powder consisting of micronutrients that can be added to any semi-solid or solid food that is ready for consumption. Home fortification with MNPs aims to ensure that the diet, i.e., complementary foods and breast milk combined, meets the nutrient needs of young children.

Micronutrient deficiencies: A lack of essential vitamins and minerals by the body for proper growth and development. Deficiencies of iodine, iron, vitamin A, zinc, and folic acid are most commonly identified in populations and have significant impacts on health, development; and human capital.

Nutrition-sensitive interventions: Interventions that target other sectors but have an indirect impact on nutrition, such as investments in education, health, WASH, and agriculture.

Nutrition-specific interventions: Nutrition-specific interventions target the immediate causes of undernutrition: inadequate dietary intake and ill health.² These nutrition interventions largely focus on women, in particular pregnant and lactating women, children under two years of age, and adolescents.³ Examples include promotion of exclusive breastfeeding, adequate complementary feeding, and micronutrient supplementation for pregnant women and children, among others.

Stunting: Low height for age

Wasting: Low weight for height

1 Meera Shekar et al., "[The Costs of Stunting in South Asia and the Benefits of Public Investments in Nutrition.](#)"

2 Transform Nutrition, "[Nutrition-Specific Interventions.](#)"

3 Zulfiqar Bhutta et al., "Evidence-Based Interventions for Improvement of Maternal and Child Nutrition: What Can Be Done and At What Cost?"

List of Abbreviations

BMGF	Bill and Melinda Gates Foundation
CSR	Corporate Social Responsibility
DBCCI	Dutch-Bangla Chamber of Commerce & Industry
GDP	Gross Domestic Product
GFF	Global Financing Facility
HNWI	High Net Worth Individual
LBW	Low Birth Weight
MMS	Multiple Micronutrient Supplements
MNP	Micronutrient Powder
N4G	Nutrition for Growth
NGO	Non-Governmental Organisation
NPAN	National Plan of Action for Nutrition
PoN	Power of Nutrition
PPM	Parts Per Million
SDG	Sustainable Development Goal
SMEs	Small-Medium Enterprises
SUN	Scaling Up Nutrition
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization

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Executive Summary

By the time a child turns three, his or her brain will have grown to 80% of its adult size.⁴ The lived experience of a child during the first 1,000 days of life, from conception to their second birthday, presents both tremendous potential and immense vulnerability, contributing to lead-on consequences that are felt into adulthood. Lack of adequate nutrition of the mother during pregnancy and birth and child during this period can result in stunted growth, increased vulnerability to diseases, cognitive impairment, and in some cases, death.

Strategic intervention in this period can prevent these adverse outcomes. **Directing philanthropic financing towards interventions within the first 1,000 days and food fortification can arrest and even reverse the multi-generational impact of malnutrition, allowing more children to develop to their fullest potential and reducing child mortality.** Interventions at this stage are also the most cost-effective, with every dollar spent by donors resulting in a USD 16 return to the local economy.⁵

Worldwide, an estimated USD 3.9 billion is spent annually on supporting solutions to combat malnutrition among women and children⁶, a far cry from what is needed to meet global standards, estimated to require an additional USD 6.9 billion per year until 2025.

In light of persistent, mounting challenges to malnutrition, new and existing funders need to

reconsider their place in the funding landscape for maternal and child nutrition. At the time this report was being prepared, countries around the world were in the midst of coming to terms with the reality of the 2019-20 [COVID-19] Coronavirus epidemic. First surfacing in Hubei province in China in December 2019, within months, the virus had spread like wildfire to all continents and had seen high rates of infection and accompanying fatalities of between 2-10% depending on the pre-existing health conditions, region, response rate, and available facilities and equipment. In response to this contagion, countries have closed borders and introduced measures varying in severity from social-distancing and compulsory lockdowns at the other end of the spectrum. Agriculture and food systems have been negatively impacted, healthcare facilities overburdened and with school closures, and children who were dependent on school feeding programmes are now at risk of going hungry. These are just some ways in which maternal and child nutrition and health have been impacted in the short run, and experts have said that it will be difficult to assess the extent of its long-term impacts. One thing is certain; now, more than ever, the need for funders who are both responsive and cognisant of the intersectionality and far-reaching impacts of nutrition in crises is becoming increasingly apparent.

At the inaugural N4G summit in 2013, stakeholders pledged to prevent at least 20 million children from

4 1,000 Days, "[Good Nutrition During the First 1,000 Days Provides the Building Blocks for Healthy Brain Development.](#)"

5 Nutrition for Growth, "[Nutrition for Growth.](#)"

6 Meera Shekar et al., "[Investing in Nutrition.](#)"

being stunted;⁷ and at the point of the last N4G summit, hosted in Milan, Italy in 2017, N4G donors had deployed USD 21.8 billion, almost USD 2 billion more than the commitments at the inaugural pledging summit in 2013. The impact of this capital deployment is seen in the surge in data being collected around nutrition. Some key global indicators include only slight improvements in breastfeeding rates, which increased from 37% to 41% in the period between 2012 and 2017, whilst at the same time, sales of infant formula continue to rise and persistently low numbers of children aged between six and 23 months have acceptable diets (i.e., one in five) or get the recommended minimum number of meals (i.e., one in two).⁸

To support this endeavour, this report maps the funding landscape in Asia, identifying overarching and context specific opportunities and challenges, and presents a roadmap for effective interventions in maternal and child malnutrition in Asia. With a focus on Bangladesh, Indonesia, and the Philippines, the report highlights philanthropic funders who are engaged in innovative solutions in maternal and child nutrition and outline opportunities to mobilise further funding for this area of critical need. Innovative funding solutions were selected because of their commitment to: i) taking a novel approach to engaging the communities within which they work; ii) taking advantage of multi-stakeholder partnerships to scale impact, and; iii) ensuring the sustainability of the programme.

7 Teresa Welsh, "[2020 Must Be Year of Action on Nutrition, Advocates Say](#)."

8 Global Nutrition Report, "[2018 Global Nutrition Report](#)."



Bangladesh, Indonesia, and the Philippines have been selected for these deep-dives not only because they are among the markets with the highest rates of stunting and wasting in Asia, but also because they present unique challenges and opportunities for funders to consider in developing their nutrition strategies. Whilst all three markets have strong government initiatives supported by international funders, the markets vary in the degrees of social investment and philanthropy that they receive.

- **Bangladesh.** Philanthropic efforts by local corporate entities and foundations remain small and fragmented, mainly conflating nutrition efforts, like tracking stunting rates with healthcare provision. The garment industry is a significant one, made up of 80% women, and corporate entities are increasingly developing solutions to bring nutritious fresh foods and prepared meals to this population.
- **Indonesia.** Religious giving is a strong motivator amongst both individuals and corporate entities, and there has been an increasing emergence of giving circles that are motivated by networks of trust. As the Indonesian government expands priority locations as part of the National Strategy to Accelerate Stunting Reduction to 514 regencies by 2021, funders will find more opportunities for partnership with the government and other actors who are driving resources into these newly recognised areas.
- **The Philippines.** Efforts to combat malnutrition remain somewhat superficial, largely concentrated on feeding programmes with some innovators going one step beyond in developing partnerships to develop multi-pronged solutions that target improved nutrition education, behavioural change and food security. There is a growing realisation that taking a targeted approach at barangay (community) level could yield high impacts.

With the Nutrition for Growth 2020 Summit, this is a year of renewed commitment, acknowledging that should things continue on their current trajectory, the

losses, both economic and social, would be dire.

Recognising that investment in nutrition can produce both short-term and long-term outcomes, stakeholders - public and private, international and local, from across the social investment spectrum - must come alongside global flows promptly. Only then can maternal and child malnutrition be arrested and reversed quickly and conclusively.

Some themes and guiding principles that have emerged from our research for current and potential funders in this space include:

- **Collaboration scales impact.** Engage the power of collaboration, pooled funding mechanisms and collective action in order to fully utilise resources and scale impact.
- **Alignment with government initiatives ensures sustainability.** Align interventions with national and international frameworks in order to ensure maximum positive impact, avoid adverse effects, and guarantee sustainability of projects beyond the intended commitment period.
- **Learn from proven evidence-based interventions instead of reinventing the wheel.** Take advantage of proven evidence-based interventions and delivery platforms. Put in place a strong monitoring and evaluation system to guide the intervention and post-intervention strategy.
- **Review your contribution critically.** Critically review your intended contribution vis-a-vis the current landscape and environment within which the intervention is to be implemented, to ensure the proposed solutions give credence to community habits and cultures so as to not impose unfamiliar systems.
- **Consider the intersectionality of existing programmes with nutrition.** Make nutrition an integrated part of other interventions in other sectors, e.g., education, health, WASH — in a meaningful way so as not to dilute efforts. In the

same vein, nutrition should be linked via food systems to key issues such as climate mitigation, biodiversity enhancement, livelihood promotion, and sustainable natural resource use.

- **Target both short-and long-term outcomes.** When designing interventions, consider if they address the primary cause of poor nutritional status. If they do not, complementary strategies (short-, medium-, and long-term) might be required.
- **Invest in longer-term commitments where possible.** Changes in nutritional, health and sanitation behaviour do not happen overnight. Consistent touch points with beneficiaries improve the sustainability of nutrition outcomes.
- **Do not be afraid to innovate.** Innovation in financing and solutions-development can catalyse action and impact.



1.

Introduction: Maternal and Child Nutrition

Why invest in maternal and child nutrition?

By the time a child turns three, his or her brain has grown to 80% of its adult size.⁹ The lived experience of a child during the first 1,000 days of life from conception to second birthday presents both tremendous potential and immense vulnerability, contributing to significant lead-on consequences that are experienced into adulthood. Lack of adequate nutrition of the mother during pregnancy and birth and child during this period can result in stunted growth, increased vulnerability to diseases, cognitive impairment and in some cases, blindness and death. Scientific evidence has shown that beyond the age of two to three years, the effects of malnutrition are irreversible. Strategic intervention in this period can prevent these outcomes.¹⁰

Maternal and child nutrition not only affects health but also impacts educational and economic outcomes.

Should an undernourished child survive infancy, they typically begin school later, have lower educational attainment and are likely to earn 20% less than a healthy child in adulthood. They are also more likely to work in unskilled labour and 30% more likely to live in poverty compared to those who were healthy in birth and infancy.¹¹ ¹² The link between undernutrition and poor educational performance is partly due to the impact of nutrition on physical health; the other is through a negative impact on brain development.

Malnutrition amongst mothers and children has a strong impact on the productivity of populations. Women of child-bearing age and pregnant mothers require folic acid before pregnancy and sufficient amounts of zinc,

iodine, vitamin A, and iron during the gestation period for healthy pregnancies and infants. However, the reality is that many women do not access nutrition-promoting services until the fifth or sixth month of pregnancy, when in fact it is pertinent that women enter pregnancy in a state of optimum nutrition.¹³

Impaired national productivity resulting from poor nutrition results in an estimated loss of as high as 11% of a country's Gross Domestic Product (GDP) in Asia.¹⁴

For every dollar spent on malnutrition, there is on average USD 16 in returns to national economies.¹⁵ Interventions in nutrition are thus great value for money, with high rates return on investment. Looking more in-depth into the specific countries, the Copenhagen Consensus Center estimated that for Bangladesh, if an individual works until age 50, there is USD 62 of benefit for every dollar invested in nutrition. For the Philippines and Indonesia, the returns are higher, at USD 153 and USD 166, respectively.¹⁶

The legacy of past undernutrition has far-reaching impacts. Even if undernutrition is eliminated tomorrow, countries will continue to experience some loss of productivity until around 2080 when the last workers who experienced undernutrition as children reach retirement age.¹⁷ There is, therefore, an urgent moral and economic case for investing in improved nutrition. If the trend for maternal and child nutrition funding continues in its current trajectory, there will be devastating implications on human lives and national economies. This is particularly important for Asia, where 50% of

9 1,000 Days, "[Good Nutrition During the First 1,000 Days Provides the Building Blocks for Healthy Brain Development.](#)"

10 World Health Organization, "[Essential Nutrition Action: Improving Maternal, Newborn, Infant and Young Child Health and Nutrition.](#)"

11 Sally Grantham-McGregor et al., "Developmental Potential in the First 5 Years for Children in Developing Countries."

12 John F. Hoddinott et al., "The Economic Rationale for Investing in Stunting Reduction."

13 Robert E. Black et al., "[Maternal and Child Nutrition: Building Momentum for Impact.](#)"

14 World Health Organization, "[Nutrition: Women and Labour — A Nutritional Perspective.](#)"

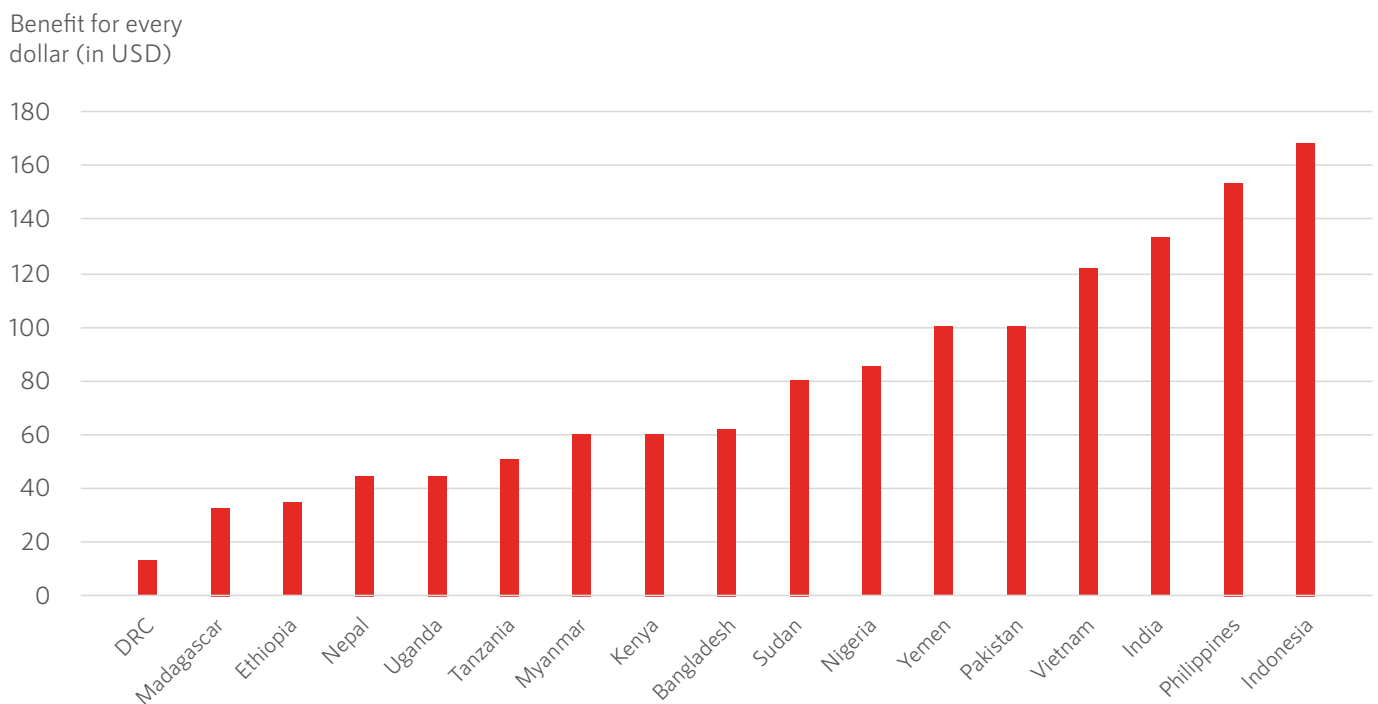
15 Nutrition for Growth, "[Nutrition for Growth.](#)"

16 UNICEF, World Health Organization, and World Bank, "[An Investment Framework for Nutrition.](#)"

17 Development Asia, "[Improving Child Nutrition in Timor-Leste.](#)"

Fig. 1 Benefit for every dollar spent to reduce stunting across countries

Source: Copenhagen Consensus Centre (2015)



all global investments have been made over the last decade. With these emerging markets and rapid growth, there is a robust demand for a healthy and productive workforce.

respectively.¹⁹ Intra-regional disparities are stark. South Asia has the highest prevalence of stunting among children under five at 32.7%; Southeast Asia at 25%; and East Asia at 4.9%. Similarly, for wasting, South Asia has the highest prevalence of 14.6%, with Southeast Asia at 8.7%, and East Asia at 1.7%.

Current state of maternal and child nutrition

Women and girls constitute 60% of the estimated 820 million chronically undernourished people worldwide.¹⁸

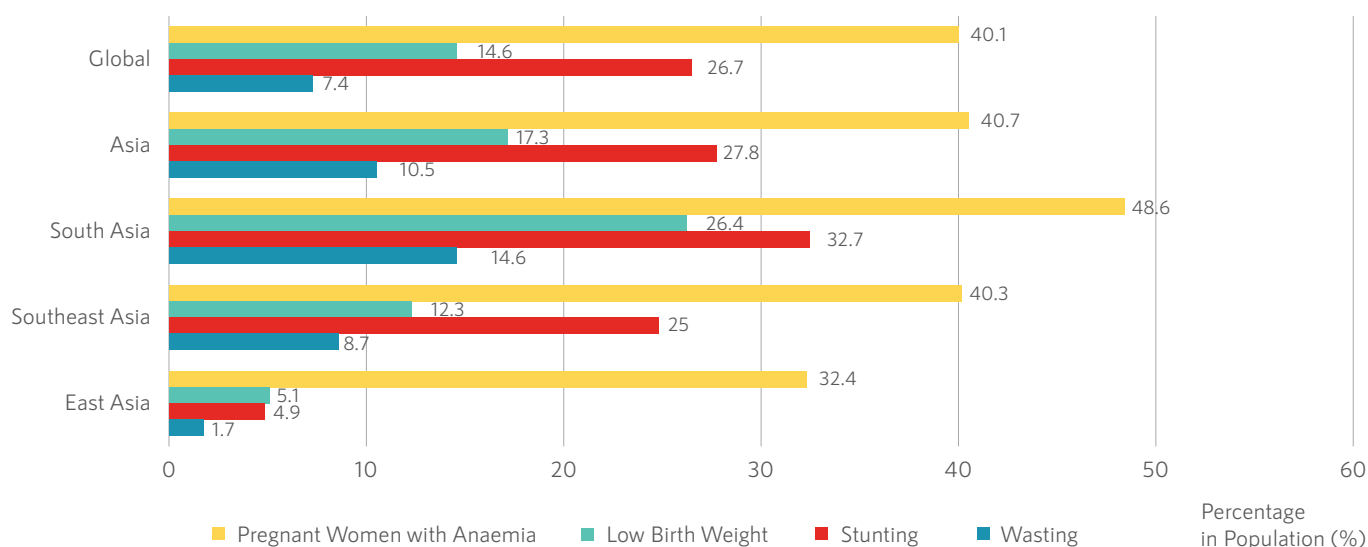
In Asia, two in five pregnant women have anaemia, with one in five children born with low birth low birth weight (LBW) and one in three and one in 10 children under five years of age suffering from stunting and wasting,

¹⁸ Scaling up Nutrition, "[Call to Action: Gender Equality and Women's and Girls' Empowerment](#)."

¹⁹ UNICEF, WHO, World Bank Group, "[Joint Child Malnutrition Estimates 2019](#)."

Fig 2. Rates of maternal and child malnutrition worldwide and across Asia

Source: Data from the Global Nutrition Report (2018)



Nutrition is an underlying component of achieving the Sustainable Development Goals (SDGs). Apart from goals and indicators for SDG 2 on hunger, nutrition underpins at least 11 other SDGs and several others impact nutrition security (as seen in Fig. 3).²⁰ For example, nutritious food in itself is not able to overcome the impact of ill health or lack of hygiene and sanitation that contributes to sustained ill health. In essence, issues such as open defecation, diarrhoea, intestinal worms and other diseases can immediately negate any positive outcome of high-quality nutrition on a mother or child's physical wellbeing.²¹

Maternal malnutrition contributes to approximately 40% of maternal deaths and also has an impact on child wellbeing, contributing to 45% of deaths of children under five years of age.²² There are two forms of malnutrition, namely, undernutrition and overnutrition. Undernutrition includes stunting, wasting, underweight, and micronutrient deficiencies. Overnutrition includes obesity and diet-related non-

communicable diseases.²³ In 2012, the World Health Assembly endorsed six global nutrition targets for 2025. These include improving the global situation with regard to stunting, wasting, anaemia, exclusive breastfeeding, LBW and overweight.²⁴ A combination of micronutrient deficiencies and undernutrition during pregnancy is linked to poor maternal health, complications at delivery, stillbirths, and children born with LBW, which increases the risk of child mortality and child morbidity.²⁵

Malnutrition is affected by behaviour, socio-cultural beliefs and knowledge about nutrition, diet and caregiving practices. These are also in turn influenced by wider systems in food, health, social protection, education and water sanitation and health (WASH). Gender inequality, breastfeeding practices, and dietary diversity are some of the systems that need to be addressed across the life-cycle of a woman and child in order to holistically address the multifarious nature of nutrition.

20 United Nations, "SDG Indicators: Metadata Repository."

21 "Indonesian Public Health: Meeting the Mark," Globe.

22 World Health Organization, "Child: Reducing Mortality."

23 World Health Organization, "Online Q&A: What is Malnutrition?"

24 Global Nutrition Report, "2018 Global Nutrition Report: Chapter One."

25 UNICEF, "Nutrition: Micronutrients."

The case for investing in nutrition if you are engaging in:

Water, Sanitation and Hygiene (WASH)

Malnutrition is one of the underlying causes of a weaker immune system, making malnourished children more susceptible to diarrhoea and other water-borne diseases.²⁶ Children who are frequently suffering from diarrhoeal diseases have a higher risk of malnutrition as sick children often lose their appetite. Also during diarrhoeal diseases, nutrients are not as easily absorbed by the body as in healthy children.

Children who are not exclusively breastfed are at high risk being exposed to diarrhoeal infection when unclean water is used to prepare breast milk substitutes or to clean feeding bottles. Those active in WASH work can expand their impact by incorporating awareness raising on the importance of exclusive breastfeeding in their activities.

Education

A child's cognition and learning ability is affected permanently if malnutrition is not addressed within the first 1,000 days. Iron deficiency and iodine deficiency disorders have a negative effect on brain development. Moreover, a child who experiences frequent hunger tends to fall sick more often and have more missed days of school. Hence, implementing nutrition programmes allows a child to focus better in school, allowing them to grow to their fullest potential.

Gender Equality

For those in the gender equality sector, addressing malnutrition among mothers and children during the early years makes sense as it is as one of the underlying drivers of poorer health and economic inequality. To transform the lives of women and children, there is a need to first improve their health and nutrition status.

26 Action Contre la Faim, "[Interactions of: Malnutrition, Water Sanitation and Hygiene, Infections.](#)"

In the last few decades, the conversation on malnutrition has shifted from increasing energy intake to ensuring increased dietary diversity among mothers and children.²⁷ In 2004, the Copenhagen Consensus expert panel ranked micronutrient provision amongst the top priorities in development, emphasising the need for investments in this area.²⁸ Some solutions considered in this report to tackle the low intake of minerals and vitamins include food fortification, specifically large-scale food fortification, and biofortification. While many countries across Asia have mandatory laws for food fortification of salt, wheat flour, rice and oil,²⁹ biofortification is a relatively new approach that is slowly gaining traction. Biofortification intervenes at the stage of plant growth to improve the nutritional quality of food crops through agronomic practices, plant breeding, and modern biotechnology.³⁰ Some examples are iron-biofortification of rice, beans, sweet potato, cassava, and legumes and also zinc-biofortification of wheat, rice, beans, sweet potato and maize.³¹ Both approaches contribute to maternal and child health, improve the nutritional diet of mothers and women of reproductive age, and indirectly impact the health of the fetus during pregnancy and infants through breast milk.

27 Francesco Burchi et al., "The Role of Food and Nutrition System Approaches in Tackling Hidden Hunger."

28 Penjani Mkambula et al., "The Unfinished Agenda for Food Fortification in Low-and Middle-Income Countries: Quantifying Progress, Gaps and Potential Opportunities."

29 Detailed breakdown of food items in three countries (Bangladesh, Indonesia, and the Philippines) can be found in the Appendix.

30 Howarth Bouis et al., "[Biofortification: Evidence and Lessons Learned Linking Agriculture and Nutrition.](#)"

31 World Health Organization, "[Biofortification of Staple Crops.](#)"

Fig 3. Impact of nutrition on sustainable development goals

Source: Scaling Up Nutrition



Despite existing global guidelines to combat malnutrition in nutrition, many funders have yet to fully adopt these in developing their own programmes. The WHO's Guidelines of Essential Nutrition Actions 2019 recommend that newborn babies should be breastfed within one hour of birth and should be fed exclusively on breast milk during the first six months of their lives. This should be followed by adequate and timely complementary feeding and continued breastfeeding for up to two years or beyond, with the above potentially saving the lives of 1.5 million children under five years of age annually.^{32 33} In line with the guidelines, The Lancet's 2013 Maternal and Child Nutrition series conducted a review of 11 most effective interventions

to address malnutrition.³⁴ These interventions are inexpensive and ready-to-scale, including the promotion of exclusive breastfeeding, adequate complementary feeding, folic acid, calcium, and balanced protein supplementation for pregnant women, balanced energy protein vitamin A supplementation for children under five.³⁵ Yet, despite overwhelming evidence, these interventions are often not fully taken up by funders.

At present, an estimated USD 3.9 billion is spent annually on supporting solutions to combat malnutrition among women and children globally. This is a far cry from what is needed. It has been estimated that an additional USD 6.9 billion per year would be required

32 World Health Organization, "[Essential Nutrition Actions: Mainstreaming Nutrition Through the Life-Course.](#)"

33 World Health Organization, "[Essential Nutrition Actions: Improving Maternal, Newborn, Infant and Young Child Health and Nutrition.](#)"

34 Zulfiqar Bhutta et al., "Evidence-Based Interventions for Improvement of Maternal and Child Nutrition."

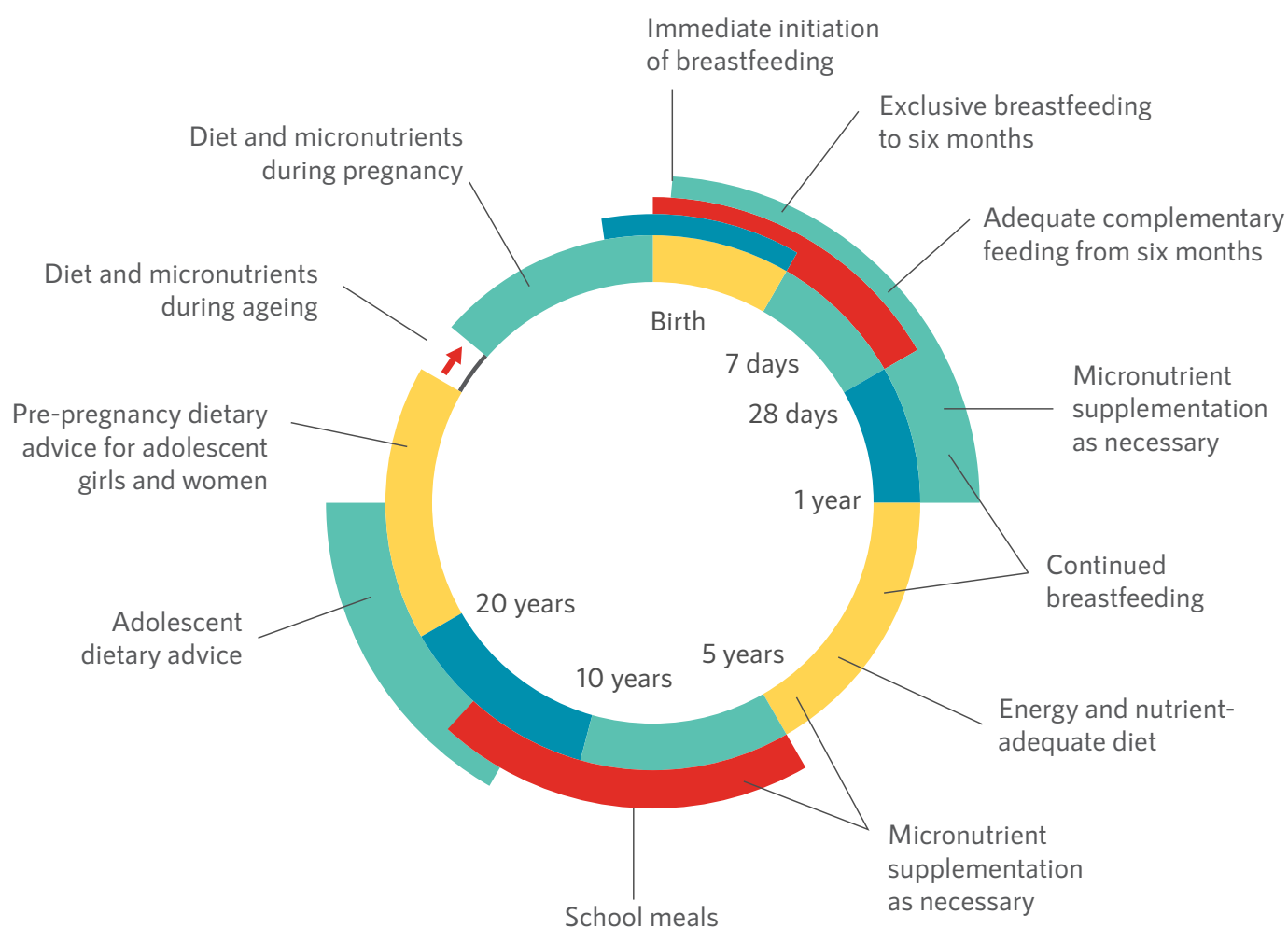
35 World Health Organization, "[Essential Nutrition Actions: Improving Maternal, Newborn, Infant and Young Child Health and Nutrition.](#)"

over 10 years from 2016 to reach global nutrition targets set for 2025.^{36 37} This required amount is minimal in comparison to the USD 543 billion, USD 500 billion

and USD 19 billion spent annually on fossil fuel subsidies, agriculture subsidies and HIV-AIDS, respectively.³⁸

Fig 4. Interventions focusing on maternal and child nutrition across the life course

Source: Adapted from the WHO Essential Nutrition Actions 2019, 2013



36 Global Nutrition Targets were set during the World Health Assembly in 2012, which includes six measures in stunting, wasting, low birth weight, anemia in women of reproductive age, exclusive breastfeeding and overweight.

37 UNICEF, World Health Organization, and the World Bank, "An Investment Framework for Nutrition."

38 UNICEF, World Health Organization, and the World Bank, "[An Investment Framework for Nutrition.](#)"



2.

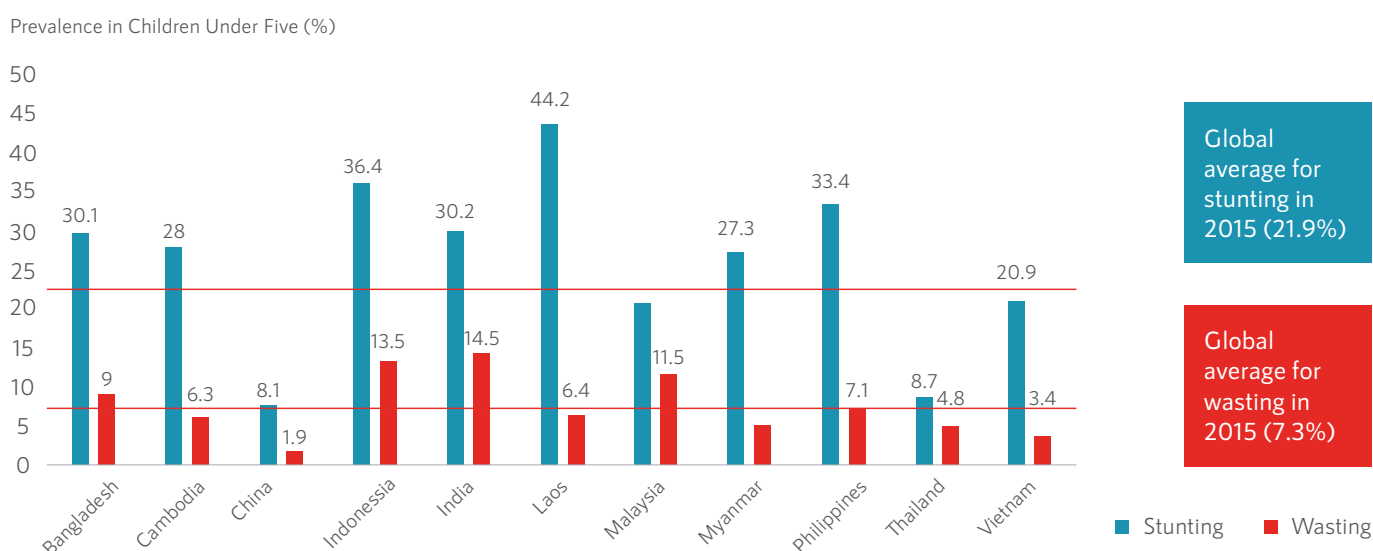
Efforts to Reduce Maternal and Child Malnutrition in Asia

Across Asia, countries are at different stages in their efforts to reduce malnutrition. Thailand and Vietnam integrated social protection into food security and nutrition-specific initiatives, and these markets have seen a dramatic reduction in rates of stunting and wasting.³⁹ In Thailand, a combination of strong government support and community approach with technical support helped to significantly reduce malnutrition rates, from nearly a quarter of children under five with stunting in 1986 to about 10 percent in

2016.⁴⁰ Similarly, Vietnam's stunting rates for children under five were cut nearly by half, from 61% in 1993 to 35% in 2003. This rapid reduction in malnutrition rates were largely due to strong political commitment, with nutritional goals included in the country's Socio-Economic Development Plan, and almost one-fourth of the health budget being allocated to nutrition despite it being only one of the 10 target programmes. More recently, there has also been a push to diversify diets at the household level.⁴¹

Fig 5. Prevalence of stunting and wasting in Asia

Source: World Bank (2015)



39 World Bank, "Success Stories with Reducing Stunting: Lessons for PNG."

40 Ibid.

41 Ibid.

However, lasting solutions require long-term collective effort across multi-stakeholder groups. **Government partnerships with international NGOs such as GAIN, Nutrition International, and IFPRI are well established across Asia.** GAIN, for example, has supported the Indonesian government in mobilising its food and nutrition plans by updating the Food Composition Table for the first time since 1967. This table consists of information on important components of foods to improve the diets of pregnant women and boost their consumption of proteins and other foods rich in micronutrients.⁴² Nutrition International is working with the Pakistani government's Lady Health Workers programme to target families with young children between the ages of six to 24 months, to ensure they receive Multiple Micronutrient Powders. The pilot project targeted four districts and saw the reduction in anaemia rates among the children involved.⁴³ IFPRI's ANGeL project in Bangladesh ran from 2015 to 2018 and aimed to surface possible interventions and investments in agriculture, particularly the impact that improving agricultural production, nutritional knowledge and gender sensitisation could have on nutritional outcomes of women. The project was designed by IFPRI and implemented by the Bangladesh Ministry of Agriculture.⁴⁴

Food Industry Asia (FIA), founded by a group of leading food and beverage companies, promotes alignment amongst the industry's leaders for sustainable growth and development of regional policies. One of these is Evolve, which aims to surface and support efforts to develop solutions in overnutrition, undernutrition and other non-communicable diseases in order to develop scalable impact in health and wellbeing in Asia. One of the pilot projects borne out of this platform is a nutrition education and behavioural change project based in

Northeast Thailand, with Thailand's Food and Drug Administration and Mahidol University. With an initial grant of USD 50,000, the project aims to engage school-going children to administer a nutrition self-assessment tool for their family and peers.

A Map of Funders in Nutrition

Funders in nutrition in Asia work across a spectrum of nutrition-specific interventions. In the diagram that follows, funders have been mapped according to the type of organisation they represent. Funders engage a range of interventions, including, community development, infrastructure development, education and behavioural change, supplements and food distributions, health service provision, campaign and advocacy, food fortification efforts, research, and funding. This list is by no means comprehensive and funders often shift their strategies, moving across interventions. The information presented in this table was extracted both from interviews conducted and via desk research.

42 GAIN, "[Countries: Impact -Indonesia.](#)"

43 Nutrition International, "[Pakistan.](#)"

44 IFPRI International Food Policy Research Institute, "[About IFPRI.](#)"

Funding Landscape Table



Global movements impacting nutrition in Asia

Platforms that convene key stakeholders in this space are essential in driving strategic solutions.

In 2016, the United Nations General Assembly proclaimed 2016 to 2025 the United Nations Decade of Action on Nutrition. Consequently, a number of platforms have emerged that have supported a collective push towards funding for nutrition. While not specific to maternal and child nutrition, these platforms nonetheless incite collaborative action towards addressing malnutrition as a whole, especially with private sector involvement.⁴⁵ In the Philippines, **Scaling Up Nutrition (SUN) Business Network** is working with the National Nutrition Council (NNC) to bring together food manufacturers and establishments to produce healthy food for children, targeting those between the ages of six months and two years old. It is also looking to establish food and labelling standards that manufacturers have to comply with to meet the adequate nutritional needs of children.⁴⁶

Nutrition for Growth is a platform that consolidates financial commitments, policy solutions, knowledge and resources from country governments, donors, philanthropies, businesses, NGOs and others. In 2019 it brought key players like Consumer Goods Forum (CGF), FIA, and the International Food and Beverage Alliance (IFBA) together to drive a commitment to develop new finance and investment models in developing solutions around Marketing to Children, Workforce Nutrition, Fruit and Vegetables, Fortification and Financing of Nutrition Foods.⁴⁷

These global movements have also spurred innovative financing mechanisms and multi-stakeholder platforms, like **Power of Nutrition (PoN)** and **Global Financing Facility (GFF)**. PoN was established by

the UK Department for International Development, the Children's Investment Fund Foundation (CIFF), the UBS Optimus Foundation, UNICEF, and the World Bank. It aims to unlock USD 1 billion of new financing for undernutrition by 2022. Beginning as a funder collaborative, with a goal to multiply every dollar invested by at least four times, PoN has matured into a charitable foundation.⁴⁸ The initial results of the GFF are promising, with a recent study in the BMJ Global Health suggesting that USD 2.6 billion of GFF financing could catalyse up to USD 75 billion of additional capital by 2030, 70% of which will come from increases in countries' own domestic resources.⁴⁹ **A similar fund developed in the region is the 1000 Days Fund by the Asian Philanthropy Circle.** It pools funding from members and funders in Singapore and Indonesia to address the issue of stunting and malnutrition in Indonesia. As part of a five-year programme, they plan to conduct several pilots and work with local communities to target these issues. In one of the initial pilots in 2020, they distributed height charts on 22 islands to bring awareness to the issue of stunting.⁵⁰

Philanthropic Endeavours

Some individuals have begun to make waves in nutrition through their own endeavours.

Jennifer Vilorio is the founder of impact investing firm IISLA ventures. Based out of the Philippines, Vilorio personally invests as an angel in small businesses and start-ups in the slow-food and nutrition industries. She is also a founding trustee of In-Visible, a UK-registered charity that has school feeding programmes in the Philippines. Based

45 Scaling up Nutrition, "[SUN Business Network LAO PDR Encourages Private Sector to Work in Cooperation to Find Solutions to Malnutrition](#)."

46 Cai Ordinario, "[Feed the Children or Face Perdition](#)."

47 Alison Cairns, "[Businesses Getting Ready for the Tokyo 2020 Nutrition for Growth \(N4G\) Summit](#)."

48 The Power of Nutrition, "[Who We Are](#)."

49 Victoria B. Chou et al., "Pushing the Envelope Through the Global Financing Facility."

50 Yandri Daniel Damaledo, "[1,000 Days Sebar 12 Ribu Poster Tinggi Badan untuk Cegah Stunting](#)."

out of Singapore, **Chris Langwallner**, co-founded NamZ, a bio-science innovation incubator that designs and manufactures food products using future-fit yet forgotten crops. NamZ introduces these crops into the mainstream convenience food market with the intention to increase the nutrient density of everyone's diet. These everyday foods increase nutrient diversity, and hence contribute to expecting mothers' dietary needs to promote successful pregnancies and births. NamZ has launched its quick noodles in a number of restaurants and in-store in Singapore. NamZ's nonprofit initiative, the Nutritional Paradox, advocates the use of degraded lands for a richer agrobiodiversity as well as community resilience and its vision is to create a colourful new agrifood ecosystem with exciting flavours and tastes from ingredients of such crops. It aims to distribute the current calorie distribution away from a very few crops to more than 300. **Simon N. Groot**, the founder of East-West Seeds recently received the 2019 World Food Prize award in recognition of the company's advocacy in the production and consumption of vegetables as a way to combat malnutrition, especially in communities that rely on their own crop production for food.

Foundations are making the leap to expand their impact beyond traditional impact areas such as livelihoods, health, and education to include nutrition. Tanoto Foundation is an Indonesian family foundation that has also expanded its education-based efforts to include maternal and child nutrition under its early childhood development programmes. Through various projects spanning research, data analytics, and behaviour change, they hope to track and improve stunting rates in 100 districts. **CIFF**, an early stakeholder in PoN, partners with various stakeholders, including national governments, to accelerate progress through distribution of maternal micronutrient supplements and deliver comprehensive antenatal care packages to improve birth outcomes.⁵¹ In February 2020, CIFF announced that it will work with the government of Rajasthan, India to improve nutrition

levels among girls, alongside skills-development training to promote self-employment among women.⁵²

Tata Trust is an India-based corporate foundation that has developed a multi-stakeholder platform that will enable an integrated approach to develop sustainable large-scale solutions. This approach focuses on three fundamental aspects, which include providing micronutrient-rich foods to communities to mitigate health risks related to undernutrition, strengthening existing nutrition programmes and schemes, and advocating with recommendations, technology support, and data analytics to support the government in the development of products and solutions in nutrition. The platform aims to serve 100 million individuals representing 20 million households from 270 districts and from 29 states and five union territories across India.

Corporate Engagement Through CSR and Business Integration

Corporate entities are taking a keen interest in nutrition having recognised the market access and scalability of solutions in this space. Cargill, Danone, Kellogg's Co, Unilever, Mars Incorporated, Olam International, and Royal DSM are some such companies creating a great impact by contributing to distribution, education, research and innovation in nutrition. **Tetra Pak** has a Food for Development Initiative which aims to build sustainable food value chains and address global challenges related to food security and nutrition. The company is involved in dairy projects and school feeding and nutrition projects throughout Asia. It is a member of the GCNF Board of Directors and is part of the Advisory board of the SBN. **Food for Development** drives development of the entire dairy and food value chain through cooperation with customers,

51 Children's Investment Fund Foundation, "[Power for Mothers: Maternal Health and Nutrition for Healthy Babies.](#)"

52 "[CIFF to Render Help for Girls' Nutrition, Skill Development.](#)" The Hindu.

governments, development cooperation agencies, funding organisations, and NGOs all over the world, also in Asia. It is, however, undeniable that corporate engagement in this space is wrought with ethical concerns. As a result, it is important for companies to regularly reassess their strategies to ensure sustained compliance with WHO's Guidelines on Conflict of Interest in Nutrition Programmes.⁵³

Corporate entities have begun to meaningfully integrate nutrition goals into their business operations. More and more, companies, especially large ones, are facing increasing pressure from the public sector to not only minimise their negative impact on communities but also to improve health outcomes of those within their sphere of influence. This includes not only their employees but also the broader population that is impacted by their operations. Consequently, corporations are developing various solutions in food innovation, community education and skills-development alongside collecting relevant data to inform nutrition programmes.⁵⁴ One such organisation is **Golden Agri-Resources (GAR)**, an Indonesia-based palm oil plantation company that works with the World Food Programme (WFP) to provide palm oil to the communities within which they work. These communities are largely the smallholder farming communities that also work within GAR's supply chain. Through the Alternative Livelihoods programme GAR aims to equip the community with seeds and skills to diversify their crops and also conducts cooking demonstrations to communicate healthy and nutritious cooking in action.

Corporate entities are also integrating long-term nutrition focus into their CSR activities, targeting the communities within which their operations are based. In many examples, interventions have a significant impact on maternal and child health in the area. One corporate that has shown a strong commitment to nutrition is Indofoods. Based in Indonesia, **Indofoods** is a leading

producer for packaged food products and beverages. It conducts programmes for its employees in nutrition and health, providing healthy menus for staff and lactation rooms for female employees. Indofoods also provides mobile nutrition services in local communities that involve free health check-ups for expectant mothers where it takes advantage of this touchpoint to educate mothers on the benefits of early childhood nutrition and particular interventions in the first 1,000 days of life. Based in Laos, the **Minerals and Metals Group** funded the 1,000 Day Project, collaborating with UNICEF and the Lao Women's Union to reach more than 120,000 families with nutritional interventions, including providing 2.5 million sachets of micronutrient powder that can supplement meals prepared at home for young children. They aim to expand the project by leveraging existing gains and expanding provision of nutritional services, including distribution of micronutrients to children across 22 districts in four provinces.⁵⁵

Challenges and Opportunities

From the interviews and desk research, it is clear that there are numerous challenges and opportunities in funding maternal and child nutrition initiatives in Asia.

Key Challenges

There is a perception that nutrition targets require long-term intervention and therefore not appealing to philanthropists looking for more immediate outcomes. Practitioners are of two minds regarding the appeal of funding in nutrition. A number felt that nutrition interventions were long-term in nature and were therefore not appealing in addressing immediate needs. However, others suggest this may be a misconception,

53 BSR, "A New CSR Frontier: Business and Population Health."

54 Ibid.

55 Andrea Atell, "The 1000 Day Project: Fighting Zinc Deficiency in Lao PDR."

saying that it is important to distinguish between acute malnutrition and chronic malnutrition, with interventions in acute malnutrition demonstrating measurable outcomes in the short-term.

The lack of centralised baseline data and access to existing data pose hurdles to effective intervention design. Respondents across the board emphasised the need for more nuanced data on nutrition indicators in order to better design their interventions to ensure best outcomes. This is especially true for programmes looking to operate at scale. Whilst businesses working through small-scale interventions are able to conduct research in the communities within which they work to design relevant and contextualised solutions in nutrition (e.g., Komodo Waters that has managed to work in a rural community with limited resources to provide clean water and nutrition education to improve health outcomes), larger-scale entities struggle to do the same. It is important to note that Indonesia, despite having a strong data repository, still requires support to better translate this data into strong interventions.

Governments need to reflect a sustained commitment to nutrition that goes beyond policy, ensuring necessary structures to enable effective implementation of policy. Currently, nutrition remains largely incidental to priority areas such as health and education. As a result, implementation of nutrition-specific interventions developed by governments are compromised. Periodic changes in governance can have the effect of renewed commitment to certain social causes that can serve to catalyse private sector engagement, on the one hand, and hamper efforts put in place by the incumbent, on the other.

Opportunities

Philanthropic initiatives benefit significantly from alignment with government strategy and targets, and multi- and cross-stakeholder partnerships are fundamental to catalyse sustainable solutions. Whilst political change can be disruptive, when government priorities are clear, aligning with government programmes and targets can be hugely beneficial and

impactful to developing strategic, long-term initiatives at scale. Private sector companies, such as **Royal DSM**, often work in tandem with governments and multilateral partners to implement solutions. Partnerships can also be established with players outside of the food and nutrition sector. By integrating solutions for malnutrition in a range of sectors, such as health, agriculture, WASH and education, resource providers and implementers can ensure interventions are multi-pronged and more impactful. Scaling up unilaterally can be expensive, and ensuring lasting change requires an ecosystem approach, including content producers, capital raisers, implementers, and advocacy partners. Some existing platforms and coalitions that funders can consider have been listed in Appendix 2.

More funding is required to support innovation to develop affordable, nutritious alternatives to help people move away from their current diets. Innovations in food and supplements are garnering market-interest particularly to develop solutions that are affordable, accessible, and profitable to ensure sustainability. There is also a growing recognition that whilst affordability of the product is important it is not the only factor to consider. Target markets are also sensitive to the taste, accessibility and social perception of this food (e.g., palm oil, egg powder).

Philanthropists looking to engage in nutrition should strongly consider interventions in behavioural change. A shift in diet and what mothers and children choose to consume is required to make an impact on nutritional status. Funders are increasingly cognisant of the importance of behaviour change, not just in diets but also in contributing factors such as cultural practices and agricultural production for consumption.

Developing and providing support, both financial and otherwise, for social enterprises (SMEs) that tackle malnutrition. Funding for enterprises targeting nutrition outcomes are largely directed towards start-ups and smaller enterprises. However, social enterprises and SMEs have established broad market access and with the necessary seed-funding could be motivated to develop interventions in nutrition that can be both scalable and financially viable.

Resources are required for monitoring and evaluation to ensure the efficacy of interventions over the long term.

This is important for learning, to assess the effectiveness of the activities in reaching the stated objectives, and the extent to which observed changes can be attributed to the intervention(s). Especially for nutrition programmes that target education and behaviour change, either upstream in governance or downstream among mothers and children, there is a need to ensure that the programmatic objectives are met. Given the current dearth of nuanced data, a concerted effort to conduct timely and in-depth monitoring and evaluation of interventions in nutrition will provide necessary impact data to inform future interventions and funding decisions. Several stakeholders have also built tools to help funders evaluate the contexts in which they work to assess the cost effectiveness and potential impact of their planned interventions. Some of the better known are tabulated in Appendix 1.

Philanthropists have the flexibility to play the role of catalysts of change, paving the way for other funders.

Philanthropists have the unique position of being unrestricted by the same limitations that the public sector and international organisations often face in developing solutions. Instead they are able to support pilot programmes that other funders might identify as risky or lacking evidence for high impact. This freedom to fund can be supplemented by partnerships through philanthropic groups that can convene resources and scale impact. Philanthropists can also magnify their impact by helping public, private and other organisations strengthen their capabilities to deliver and expand promising programmes and innovations.

The private sector has an important role to play in establishing effective national food fortification programmes to combat micronutrient deficiencies.

By developing solutions that align with the country's rules and regulations and implementing proper quality control measures, the private sector actors can bolster food fortification efforts in Bangladesh. HarvestPlus and its partners work in 58 districts across Bangladesh to support the availability, adoption, and consumption of high-zinc rice. The sector can further support the

procurement of micronutrients and production of affordable nutritious food taking into consideration the cultural context and traditional diets. The private sector also has a part to play in developing ways to integrate SMEs into their food fortification programmes in effective and meaningful ways.



3.

Market Deep-Dives
Bangladesh, Indonesia
and the Philippines

Bangladesh, Indonesia, and the Philippines have been selected for these deep-dives not only because they are among the markets with the highest rates of stunting and wasting in Asia, but also because they present unique challenges and opportunities for funders to consider in developing their nutrition strategies. Whilst all three markets have strong government initiatives that are well-supported by international funders, the markets vary in the degrees of social investment and philanthropy that they receive. This section will lay out current state of affairs as they relate to maternal and child nutrition, key stakeholders and funders and outline specific challenges and opportunities for funders looking to expand their impact into these markets.

Bangladesh

Current State of Maternal and Child Nutrition

According to the WFP, Bangladesh suffers economic losses of approximately USD 1 billion per year due to malnutrition.⁵⁶ Addressing the provision of adequate macro and micronutrients through healthy, fresh, and locally sourced meals for children is seen as fundamental to combating the long-term impact of malnutrition in the economy.

Bangladesh had 6.3 million stunted children in 2010. In 2025, the total number of children under five is projected to be 14.2 million. Only if the proportion of stunted children falls by half to 20.7% will the WHO goal of 2.9 million stunted children in 2025 be achieved.⁵⁷ With concerted government effort, Bangladesh has experienced one of the fastest sustained reductions

of child stunting worldwide since the early 1990s.⁵⁸ Over a 20-year period starting in 1997, stunting rates have fallen significantly, from a high of 55% to 36%. These have been driven mostly by nutrition-sensitive interventions,⁵⁹ for instance, improving food security such as progress in cereal production, which led to an increase in food intake. Other factors include improved income and infrastructure development that contributed to improved access to clean water, sanitation and hygiene, as well as better education and family planning.⁶⁰ Bangladesh looks set to meet the World Health Assembly (WHA) 2025 target and the 2030 SDG targets for stunting reduction, with stunting rates declining by one percentage point yearly since 2004. Yet, there are variations in the prevalence of stunting, with many regions having stunting rates close to 50% (for example, the Chittagong Hill Tracts in southeastern Bangladesh), which is much higher than the average national rate of 36%.⁶¹ Moreover, LBW and micronutrient deficiencies are still significant issues.

56 World Food Programme, "[Government of Bangladesh Expands School Meals Programme.](#)"

57 Susan Horton and John F. Hoddinott, "[Benefits and Costs of the Food and Nutrition Targets for the Post-2015 Development Agenda.](#)"

58 Andrew Green, "[Donors can be Instrumental to Getting Malnutrition on National Agendas, and They Must Also Build Relationships with Government Officials and Implementing Agencies.](#)"

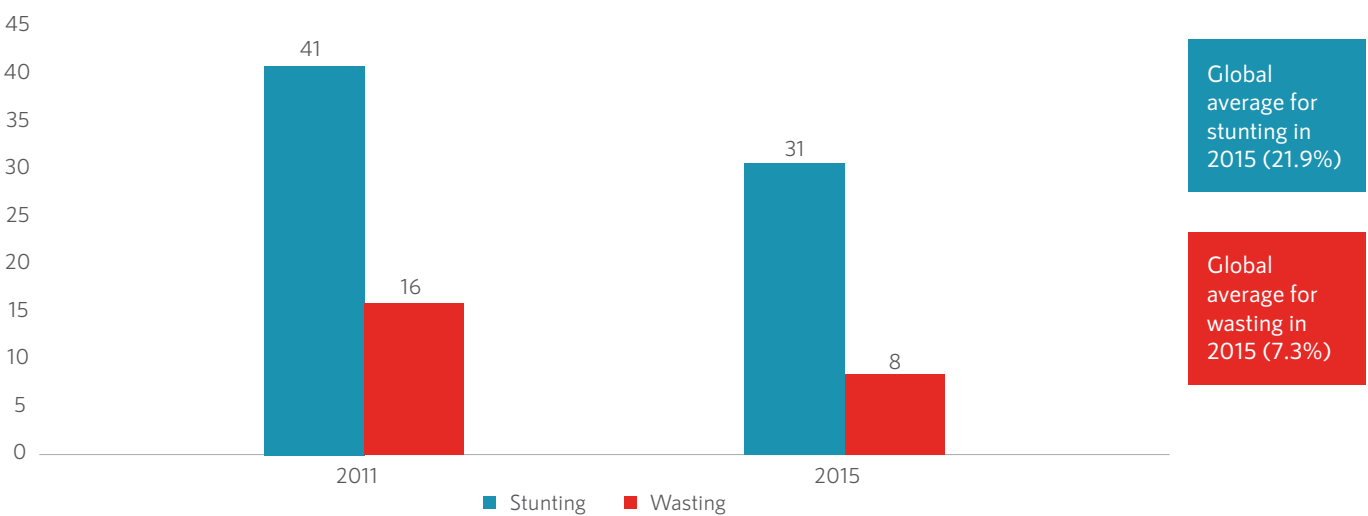
59 Derek Headey et al., "[The Other Asian Enigma.](#)"

60 Nicholas Nisbett et al., "[Bangladesh's Story of Change in Nutrition.](#)"

61 Lawrence Haddad and Rubada Khondker, "[Bangladesh will Truly be Seen as a Developed Country When it Vanquishes Undernutrition.](#)"

Fig 6. Prevalence of stunting and wasting in Bangladesh

Source: World Bank



Key Facts and Figures

Source: UNICEF, Our World in Data, Global Hunger Index

Indicators	Data
Stunting and wasting	As of 2018, 30.8% and 8.4% of children under five suffer from stunting and wasting, respectively.
Micronutrient deficiency ⁶²	Prevalence of anaemia among pregnant women (2015) ⁶³ : 39.7% Vitamin A deficiency among preschool children (2015): 33.3%
Global Hunger Index	88/117 Bangladesh’s low rank on the Global Hunger Index 2019, marking hunger as a “severe” problem

Low dietary diversity among the population and a lack of knowledge of what constitutes good nutrition is a key contributor to persisting maternal and child malnutrition.⁶⁴ The local diet is dominated by grains and lacks sufficient micronutrient-rich food such as foods of animal origin, fruits and vegetables.^{65 66}

On the supply side, fresh and safe vegetables, meat, and fish are not readily available for sale in local markets.

An added social burden is severe gender inequality, contributing to child marriages and lack of decision-making power by women in family planning, amongst others.

62 In this section, we presented data on anaemia and vitamin A, as they are among the leading micronutrient deficiencies among women and children.

63 Anaemia is defined by low haemoglobin concentration in the blood. Anaemia can be caused by micronutrient deficiency (e.g., iron, folate, vitamin B12, vitamin A) and non-nutritional factors (e.g., malaria, hookworm, haemoglobinopathies, infection)

64 Abdul Bayes, “Health and Nutrition System.”

65 Nabeela Ahmed et al., “Determinants of Child Undernutrition in Bangladesh: Literature Review.”

66 Government of Bangladesh, “National Strategy on Prevention and Control of Micronutrient Deficiencies 2015-2024.”

Bangladesh sees some of the highest rates of child marriages among girls under age 15 worldwide, at 29%,⁶⁷ higher risk of intrauterine growth retardation,⁶⁸ delivering babies with LBW, and a higher mortality of both mother and child at delivery.⁶⁹

Access to clean toilets and latrines is also limited, leading to unhygienic practices and poor sanitation that have an impact on nutrition outcomes.

For example, a 10% increase in the open defecation ratio increases the likelihood of stunting by 19% and that of extreme stunting by 14%.⁷⁰

Efforts by Key Stakeholders

While the government plays a significant role in driving the nutrition strategy in Bangladesh, multilateral and bilateral institutions, local and international NGOs as well as private and corporate philanthropists have also been active. The Foreign Donations (Voluntary Activities) Regulation Bill, announced in 2016, has however limited foreign philanthropy into the country with stricter regulations around the work and activities of foreign funded NGOs.

Government Entities

The government of Bangladesh has launched a second phase of its National Plan of Action for Nutrition (NPAN) spanning 2016 to 2025. This takes a multi-sectoral strategy using both nutrition-specific and nutrition-

sensitive interventions, and outlines ambitious targets to reach 25% stunting prevalence by 2020.⁷¹ NPAN adds to government initiatives such as the Seventh Five Year Plan (2016–2020), which addresses food production and food security, as well as the National Strategy for the Control and Prevention of Micronutrient Deficiencies 2015–2024 which addresses long-term (dietary diversification and modification); medium-term (fortification), and short-term (supplementation) interventions. The implementation of this second phase of the NPAN is carried out by the Bangladesh National Nutrition Council (BNNC), which is the multi-sectoral and multi-stakeholder coordinating body headed by the Prime Minister.

The government has implemented mandatory salt iodisation since 1989, allowing Bangladesh to achieve significant success over the last few decades with 80.3% households consuming iodised salt and 57% consuming adequately iodised salt at ≥ 15 parts per million (ppm).⁷² Mandatory edible oil fortification with vitamins A and D has been in place since 2013.

Multilateral and Bilateral Institutions

Multilateral institutions such as the World Bank and USAID are amongst the largest funders of nutrition-related initiatives in Bangladesh, working in close collaboration with the government of Bangladesh. For example, in 2017, the **International Development Association (IDA)**,⁷³ financed a USD 500 million loan to strengthen the country's health system, including a USD 15 million grant from the GFF.^{74 75}

67 Human Rights Watch, "[Marry Before Your House is Swept Away.](#)"

68 This refers to the poor growth of a baby while in the mother's womb.

69 Save the Children, "[Malnutrition in Bangladesh.](#)"

70 Sabrina Sharmin Haque and George Joseph, "[Bangladesh — Investigating Nutrition-Sensitive Wash: Nurturing the 'Early Years' of Life With Water, Sanitation, and Hygiene.](#)"

71 To note, majority of funding (98%) in the NPAN-2 focuses on nutrition-sensitive strategies.

72 Chandrakanth S. Pandav et al., "[Improving USI Strategy in Bangladesh.](#)"

73 World Bank, "[Bangladesh Receives \\$515 million World Bank Financing to Improve Health and Nutrition Services.](#)"

74 Ibid.

75 Mushtaque R. Chowdhury, et al., "The Bangladesh Paradox: Exceptional Health Achievement Despite Economic Poverty."

In 2019, the Bangladesh government announced a USD 20 million expansion of a hot school meals programme for primary school students that was successfully piloted by the **World Food Programme** (WFP) in 2013,⁷⁶ as well as an additional USD 3.6 million contribution to WFP-implemented school feeding programme in poorer schools in the country. Together, the investment will provide over 400,000 children across 2,000 schools with fresh locally sourced vegetables, lentils and micronutrient-fortified rice and oil. The WFP, in collaboration with **Royal DSM**, also received USD 800,000 of funding from the Dutch Government to distribute fortified rice to reduce micronutrient deficiencies.⁷⁷

USAID's Feed the Future programme engaged 11 companies and supported connections between farmers and companies that unlocked USD 14.1 million of private investment to enable farmers to both increase their rice production and diversify their crops with higher value and nutrient-dense commodities like fish and horticulture.⁷⁸

International NGOS and Local NGOs

Bangladesh has a vibrant NGO sector that supports maternal and child interventions in nutrition-sensitive sectors, including efforts in boosting income generation, delivery of basic health services, among others.⁷⁹

HarvestPlus has been working with the Bangladesh Rice Research Institute (BRRI), International Rice Research Institute (IRRI), and many other partners to develop and distribute four varieties of zinc-biofortified

rice, making Bangladesh the first country in the world to do so.^{80 81} These varieties provide up to 60% of daily zinc needs, along with iron and vitamin A. This initiative was started in 2013, and had reached 160,000 households in 2015, with aims to reach over a million households by 2020. **Nuffic** has allocated EUR 1,000,000 (USD 1,080,000) in 2020 to strengthen the infrastructure around food safety in Bangladesh through a higher education curriculum.

BRAC, the largest and most well-known local nonprofit, has an extensive network of community health volunteers. They drive a large part of the nation's nutrition efforts, as the volunteers visit households in their communities and provide counselling, coaching, and cooking demonstration.⁸² From 2011 to 2015, under their Maternal, Neonatal, Child Health (MNCH) & Nutrition strategy, BRAC targeted collaborations with government, foundations, and multilateral granters to mobilise USD 500 million to finance its future programmes and projects in Bangladesh and USD 200 million for other countries.^{83 84}

SUN Business Network, GAIN, and Access to Nutrition Initiative are pretesting a voluntary self-assessment tool that SMEs can use to review their standing in terms of their nutritional policies and practices. Recognising that SMEs are an integral piece of the conversation around growing access and affordability of nutritious food for consumers, the tool will collect data, automate recommendations, and score the companies so that they can improve their capacity to develop solutions in nutrition.

76 World Food Programme, "[Government of Bangladesh Expands School Meals Programme.](#)"

77 Cheryl Tay, "[Rice Fortification Initiative in Bangladesh Receives Major Dutch Contribution.](#)"

78 Feed the Future, "[Country: Bangladesh.](#)"

79 Nicholas Nisbett et al., "[Bangladesh's Story of Change.](#)"

80 HarvestPlus, "[Bangladesh Country Brief.](#)"

81 HarvestPlus, "[Where We Work: Bangladesh.](#)"

82 BRAC, "[Nutrition.](#)"

83 BRAC, "[BRAC's Global Strategy for Maternal, Neonatal and Child Health — Civil Society.](#)"

84 BRAC, "[BRAC Announces \\$700 Million Commitment to Help End Maternal and Child Mortality.](#)"

Innovative Funding Solutions in Bangladesh

SNV

SNV and the Dutch-Bangla Chamber of Commerce have been in partnership since 2018 to host a yearly business model competition with an aim to recognise the efforts of businesses that develop solutions in three sectors, including nutrition.

The competition focuses on medium to large-sized businesses that employ Inclusive Business principles. Innovative business solutions are awarded a token sum of 1 million Bangladeshi Taka (USD 11, 700) that could serve as seed funding for future innovations in this space. Acknowledging that most efforts to encourage business solutions usually target start-ups and smaller enterprises, SNV and DBCCI are intentional about targeting medium- to large-sized businesses, whom they have identified as having broad access to consumer networks, in order to generate strong impact in nutrition. So far, this competition has seen one iteration and identified Parmeeda Food as an awardee. Apon Wellbeing was also piloted by the SNV initiative. Both Parmeeda Food and Apon Wellbeing target the garment worker industry, which is made up of around 4.5 million workers, 80% of whom are women, making them the primary beneficiaries of the following interventions.

Parmeeda Food

As one of the winners of the SNV competition, Parmeeda Food is an e-commerce platform that aims to provide safe agricultural commodities in the by providing hot meals to garment workers and therefore, improving workplace nutrition.⁸⁵

By providing a nutritious hot lunch for garment workers, the women are relieved of preparing food for lunch and the commute home to cook. This also translates to more time to have breakfast in the morning and less fatigue in the afternoons. It also provides a meal that is adequate in its nutritional composition, such as protein and micronutrients, instead of just rice, which consists mainly of carbohydrates. Currently in the pilot phase, with support from SNV, they aim to reach 10,000 workers by 2022.

Apon Wellbeing

Apon Wellbeing operates grocery stores inside factories in Bangladesh that serve as a direct intervention to improve the nutrition outcomes of garment workers, the majority of whom are women. Alongside providing retail access to affordable nutritious fresh foods and ready-to-eat food sources, Apon Wellbeing organises farmers' markets and delivers nutrition education through radio shows and live-events. They are also partnering with WorldFish, an international nonprofit research organisation to package fresh fish in smaller packaging with portions for affordability. By providing health insurance for patrons who spend above a certain amount, Apon Wellbeing goes one step further in-terms of supporting the health of workers. As of 2020, they have impacted the lives of 24,000 workers across 15 factories and aim to reach 100,000 workers in 40 factories by the end of 2020.

⁸⁵ Parmeeda also distributes fortified eggs.

Private Philanthropy

In Bangladesh, philanthropic initiatives in maternal and child nutrition are fragmented and sporadic. Some notable efforts include the **Sall Family Foundation's** Nutrition at Center (N@C) initiative with CARE to integrate nutrition within the existing community health system and strengthen multi-sector coordination around nutrition,⁸⁶ and **Sajida Foundation's** collaboration with Concern Worldwide to provide vouchers to the marginalised extreme poor in urban areas as part of the Promoting Sustainable Health and Nutrition Opportunities for Marginalized Urban Extreme Poor Population (PROSHOMON) project. The latter project aims to improve access to free essential services package of quality primary healthcare, nutrition, and population services in Feni and Chandpur Municipalities in Chittagong Divisions.

Runa Khan started **Friendship NGO** in 2002, along with her husband, and business partner, to deliver health services through mobile hospitals that are housed on ships.⁸⁷ These floating hospitals transport health services and expand the health access of those in rural areas. Friendship NGO also planted satellite medical clinics to provide healthcare and nutrition education sessions to women, enabled by a platoon of community health workers.

Corporate Philanthropy & CSR

In 2017, **Royal DSM** partnered with **Sight and Life Foundation** to support the local production of multiple micronutrient supplements for use as part of a JiVitA-5 adolescent supplementation trial in rural Bangladesh.⁸⁸ Together with the government of Bangladesh and WFP and with support from the Dutch Government, Royal

DSM is also involved in scaling up rice fortification activities in Bangladesh.⁸⁹ **GSK Bangladesh** has also partnered with Marks & Spencer and CARE to provide iron folic acid supplements to female garment workers in the factories.⁹⁰

Challenges and Opportunities

In light of the state of affairs and diversity of funders and stakeholders in this space, there are some key challenges and opportunities that resource providers looking to venture into this funding for nutrition should consider.

Challenges

The nascency of social investment space in Bangladesh is evidenced in fragmented efforts by local philanthropic funders. Philanthropy in Bangladesh currently lacks coordination, resulting in the duplication of efforts. Donors have yet to fully integrate their programmes into existing government initiatives for larger impact. Given that philanthropic funding in Bangladesh is largely monopolised by international organisations, local philanthropists are only now beginning to develop interventions, mainly in addressing acute malnutrition. Sustainable interventions to address chronic malnutrition will require more collaboration amongst current local funders.

There is a general lack of awareness of the intersections between funding in health, education, WASH, hunger and nutrition. Funders struggle to develop interventions in nutrition as they do not fully understand the contributing factors and desired outcomes given

86 Jahangir Hossain et al., "A Multi-Sector Approach to Improve Nutrition: Experiences of the Nutrition at the Center Project, Bangladesh."

87 Katherine Warren, "Floating Health Care: Runa Khan has a Simple Solution to Bangladeshi Development."

88 Every Woman Every Child, "Commitment Progress."

89 Sight and Life, and World Food Programme, "Scaling up Rice Fortification in Asia."

90 GSK Bangladesh Limited, "Annual Report 2018."

that nutrition is often subsumed under other impact directives. By developing a strong connection with more familiar impact areas, funders can begin to gradually uncover the nuances presented by the issue of malnutrition to develop solutions that can cover a wider impact area.

Historically, there has been a focus on solving the issue of hunger without factoring in nutrition into interventions developed, resulting in the issue of Hidden Hunger. It is a challenge to shift approaches and create awareness about nutrition amongst both implementers, food innovators and distributors and consumers, especially mother and children. This would mean shifting behaviours around diversity of diets alongside expanding food security measures.

Opportunities

Successful programmes have been intentional about aligning with the national plan for nutrition. Moving forward, funders can continue to work with government entities to engage in research, impact assessment, and monitoring efforts in order to develop robust metrics around the scale and cost-effectiveness of existing interventions. In 2018, CIFF and BRAC funded a study to examine protocol in assessing the impact of an integrated nutrition intervention, including food vouchers, behaviour change communication, WASH, and Micronutrient Powders for home fortification, on the growth and development of children under two in rural Bangladesh. The study results are still being analysed, and, upon completion, will provide more nuanced data on the cost-effectiveness of integrated intervention in nutrition outcomes.

National politics need to be translated into direct community level support. This could take various forms including improved nutrition literacy and teaching caregivers how to prepare nutritious meals through cooking demonstrations. Similarly, education programmes to keep adolescent girls in the school system can have significant impact on the numbers of child-marriages and early-pregnancies that in turn impact nutrition outcomes for mother and child. Sall

Family Foundation partnered with CARE to deliver nutrition counselling and iron folate supplements to prevent anaemia to over 1,200 adolescent girls in Bangladesh.

Nutrition-specific interventions need to be complemented by nutrition-sensitive interventions, especially in social protection, agriculture, WASH, education, and gender. For example, interventions in agriculture include increasing the production of nutrient-rich fruits and vegetables as well as fish and other foods of animal origin. Such interventions benefit from concurrent development of markets and infrastructure, both physical and digital, to support farmers who make up the supply chain.

Programmes that target disaster-resilience and climate preparedness are pertinent given Bangladesh's geography, particularly as it affects agriculture and food security. A 2018 report by the WHO on nutrition in emergency situations in Bangladesh found that the nation was ill-prepared in the face of climate emergencies as a result of the lack of coordination and technical capacities across various stakeholders and the absence of a pre-crisis nutrition surveillance system and data. Funders in climate can impact nutritional outcomes by building the necessary infrastructures around climate resilience to ensure sustained food security even in emergency situations.

Indonesia

Current State of Maternal and Child Nutrition

Indonesia is a country recognised for its diverse and rich natural resources. It is the largest island nation in the world with a population of 264 million people.⁹¹ Despite dramatic economic growth and great strides in reducing poverty rates in recent years,⁹² malnutrition remains a significant problem with limited measurable evidence of decline.⁹³ Today, the country suffers from a double burden of malnutrition, with growing rates of both undernutrition and overnutrition.⁹⁴

According to the Global Hunger Index (GHI) 2019- which scores nations based on indicators such as the number of the population who are undernourished, number of children under the age of five who are wasted and stunted, and child mortality under the age of five- Indonesia has scored 20.1, which puts it in the bracket indicating hunger as a serious issue requiring an urgent response.⁹⁵

Key Facts and Figures

Source: UNICEF, Our World in Data, Global Hunger Index

Indicator	Data
Stunting and wasting	In 2018, the prevalence of stunting and wasting in children under age five was 30.5% and 10.2%, respectively. Indonesia is currently ranked fifth among countries with the highest burden of stunting in children under five years old.
Micronutrient deficiency	Prevalence of anaemia among pregnant women (2016): 28.8% Vitamin A deficiency (among preschool children): 20%
Global Hunger Index	70/ 117 Indonesia's low rank on the Global Hunger Index 2019, marking hunger as a "severe" problem

91 Eko Prasetya, "[Dari 17.504 Pulau di Indonesia, 16.056 telah diverifikasi PBB](#)" ("Of 17,504 Islands in Indonesia, 16,056 have been verified by the United Nations").

92 Ibid.

93 UNICEF, "[Nutrition Capacity Assessment in Indonesia.](#)"

94 GAIN, "[Countries: Impact — Indonesia.](#)"

95 Global Hunger Index, "[Global Hunger Index by Severity.](#)"

Similar to Bangladesh, **significant contributing factors of maternal and child malnutrition in Indonesia include low dietary diversity among the population and a lack of knowledge of what constitutes good nutrition.**

Food intake in Indonesia is often associated with high quantities of food rather than quality of food. At the same time, the local diets are largely dominated by rice and noodles, lacking micronutrient-rich foods such as foods of animal origin, fruits, and vegetables.

Exclusive breastfeeding rates in Indonesia remain low. In 2017, almost 64.3% of infants in Indonesia were not exclusively breastfed. This is despite strong recommendations by WHO on the advantage of exclusive breastfeeding for the first six months of a child's life. Some factors contributing to this are a lack of awareness amongst mothers, the constant promotion of infant formula in the media and by healthcare professionals, and a lack of support from the family and work environment around childcare, e.g., difficulties in finding lactating rooms.

The situation is also compounded by limited access to clean toilets, leading to unhygienic practices and poor sanitation. Nearly 25 million people in Indonesia do not regularly use toilets and instead engage in open defecation.⁹⁶ A survey done in 2017 revealed that 89% of water sources and 67% of household drinking water in Yogyakarta were contaminated by faecal bacteria. People who ingest faecal bacteria develop poor gut function that can impact the ability to absorb nutrients, and allow pathogens to enter the bloodstream.⁹⁷ This can have the effect of diverting energy from human growth resulting in stunting. Although these conditions do not produce overt symptoms like diarrhoea, a 2012 study estimates that globally, 43% of stunting might be a consequence of these silent infections.⁹⁸

Efforts by Key Stakeholders

Government Entities

In recent years, there has been an increase in government commitment to financing malnutrition in Indonesia, with the government targeting to reduce stunting rates to below 20% by 2030. In 2011, the government launched its National Movement on Accelerating Nutrition Improvement in the First 1,000 Days of Life (1,000 Hari Pertama Kehidupan). It also approved the USD 14.6 billion National Strategy (StraNas) for Stunting Prevention and Reduction in 2018, that aims to benefit 48 million pregnant mothers and children under two years old.⁹⁹ Despite these efforts, the Ministry of Development Planning (Bappenas) stated in 2019 that Indonesia risks an economic loss of up to IDR 300 billion (approximately USD 21 million) annually due to undernutrition. The economic consequences of malnutrition have translated to a high national budget allocation for nutrition interventions of around 5% of total National Budget 2020, or IDR 132.2 billion (USD 946 million). Posyandu and Puskesmas are two ways that public health services and nutrition education are delivered to local communities. Posyandu are integrated health posts to improve child survival and development, and Puskesmas are government-mandated community health clinics located across Indonesia.

The government has identified food fortification as one of the most cost-effective means to tackle micronutrient deficiencies. This is done by fortifying food products that are already widely consumed and easily accessible to the local communities, to supplement their micronutrients needs. Salt iodisation has been mandatory in Indonesia since 1994. It is also mandatory to fortify wheat flour with folate, thiamin, iron, riboflavin, and zinc since 2001.

96 UNICEF, "[Indonesia: Water Sanitation and Hygiene.](#)"

97 World Bank, "[Improving Service Levels and Impact on the Poor.](#)"

98 Richard L. Guerrant et al., "The Impoverished Gut - A Triple Burden of Diarrhoea, Stunting and Chronic Disease."

99 World Bank, "[Millions of Indonesians will Benefit from Two Financed Projects to Enhance Human Capital and Infrastructure.](#)"

Increasingly, oil producers have begun to adopt the voluntary standard for fortification of oil with vitamin A which was introduced in 2012.¹⁰⁰ Biofortification is also on the agenda in Indonesia. A variety of high-zinc rice was developed by the Indonesian Center for Rice Research with support from HarvestPlus and the IRRI.¹⁰¹

Multilateral and Bilateral Institutions

Multilateral agencies like the World Bank, WFP, and UNICEF augment the efforts of the government in addressing malnutrition in Indonesia. Under the Investing in Nutrition and Early Years (INEY) project, the World Bank committed USD 400 million as a loan which links disbursements to specific results in order to increase simultaneous utilisation of nutrition interventions within the first 1,000 days by households in priority districts.¹⁰² This loan was accompanied by a USD 20 million grant through the GFF.

The **Millennium Challenge Corporation** funded a USD 120 million Community-Based Health and Nutrition to Reduce Stunting Project (2013–2018).¹⁰³ The project was carried out in 11 provinces to reduce stunting and malnutrition in children and had various components, including the training of health workers on feeding, growth monitoring, and provision of supplements for pregnant women; promoting sanitation; campaigns on stunting; as well as sponsored grants through their Generasi programme to promote the use of health services.

International and Local NGOs

The civil society space in Indonesia is expanding, with an estimated 65,000 civil society organisations as of 2014.

Wahana Visi (World Vision) Indonesia executes various programmes in partnership with the local government and other NGOs to improve the health of children and families. Through Pos Gizi (Nutrition Posts), it carries out supplementary feeding for toddlers with high risk of malnutrition in West Manggarai. Wahana Visi also conducts nutrition education programmes in 15 cities across Indonesia to increase the quality of feeding by caregivers to children aged between 0 to 23 months old in 15 cities as part of its Programme Pemberian Makan Bayi dan Anak.

Nutrition International assists the government of Indonesia with vitamin A and folic acid supplementation programmes, treatment of childhood diarrhoea, and salt iodisation. They are also involved in piloting rice fortification in the country. **Badan Amil Zakat Nasional** is a *zakat*, or Islamic almsgiving, management body formed by the government of Indonesia to disburse the contributions. It conducts nutrition education to leverage locally sourced ingredients in cooking alongside training the community to use height and weight measurements to raise awareness on stunting.

Private Philanthropy

Philanthropic activity in Indonesia is increasing in recent years, with the formation of giving circles, where high net worth individuals (HNWIs) actively donate in philanthropic schemes based on causes endorsed by other members of the group. These HNWIs tend to give based on trust and their relationship to the beneficiaries. Popular Indonesian celebrity and singer Andien Aisyah is one such example. The singer engaged her fanbase

100 Global Fortification Data Exchange, "[Indonesia](#)."

101 Peg Willingham and Ben Uchitelle-Pierce, "[Launch of High-Zinc Rice in Indonesia Could Help Stem Childhood Stunting](#)."

102 World Bank, "[Investing in Nutrition and Early Years](#)."

103 Millennium Challenge Corporation, "[Targeting Stunting in Indonesia via Nutrition and Hygiene](#)."

and networks via social media and raised funds for the 1000 Days Fund in Indonesia.

Private philanthropic activities are also determined by the availability of collaborators. For instance, **Pencerah Nusantara** is focusing their philanthropic activities where they can get a permit and partnership with the regional government. They work with institutions such as provincial governments, ministries, and other government bodies like the Bank of Indonesia. The availability of a partner therefore directs the location of the intervention. **Yayasan Kegiatan Untuk Pengembangan Fortifikasi Pangan Indonesia** is a foundation that develops national strategies for

food fortification in Indonesia through partnerships with the government, NGOs, and the private sector.

Faith is another key motivator of philanthropy in maternal and child nutrition. **Sinergi Foundation** is an Islamic foundation that supports social empowerment through various forms of philanthropic giving as guided by Islamic principles. Rumah Bersalin Cuma-cuma (RBC), directly translated as free maternity home, is an arm of the foundation which was established to provide services such as prenatal and antenatal care alongside distribution of whole foods to pregnant women and children as part of free-of-charge programmes carried out through the foundation.



Innovative Funding Solutions in Indonesia

Tanoto Foundation

In 2018, Tanoto Foundation expanded its focus to include nutrition, having come to the conclusion that nutrition and education are intimately intertwined. Their efforts within nutrition are largely to combat stunting through research and training community health workers. Tanoto Foundation has already committed USD 2 million to an Indonesia Human Capital Acceleration Multi-Donor Trust Fund, in partnership with other parties like BMGF. Through the newly established Early Childhood Education and Development, they have introduced two initiatives that directly target nutrition outcomes, as described below.

In the first, Tanoto Foundation supported a research grant to an Alive & Thrive initiative in Indonesia to conduct a year-long formative assessment on maternal, infant, and young child feeding

By focusing on research to unearth the root causes of malnutrition, Tanoto Foundation is supporting local government efforts to develop behaviour change strategies that will have long-term results. One of the key recommendations that has emerged so far was to support rural fishing communities in incorporating fish into their own diets instead of selling the entirety of their catch. This is a behavioural shift that could have significant impacts on their nutritional status, improving their protein intake through a resource to which they already have clear and consistent access. Once the findings are presented, the local governments will take over the project to implement the behaviour change strategies.

The second initiative involved the data mapping of stunting prevalence across Indonesia.

Nutrition data is typically made available at district level, presenting a gap in the data required to develop solutions to stunting prevalence at the village level.

In response, Tanoto Foundation commissioned research firm SMERU to conduct a modelling study to map stunting prevalence in villages, which can be later used as a communication tool by local governments to speak with the heads of villages. This was conducted in partnership with the World Bank and the National Poverty Eradication Acceleration Team.

Astra International

PT. Astra International Tbk consists of seven core companies, 262 subsidiaries, and nine foundations (majority of which focus on education and entrepreneurship).

Astra International has a host of interventions targeting maternal, adolescent, and child health. Working through Posyandu, Astra International provides basic health-screening for pregnant women, and counselling, health guidance, and pregnancy exercise classes. Astra International's children nutrition outreach comprises height and weight screening and distribution of food to the disadvantaged. Additionally, Astra International donates equipment to ensure that Posyandu are able to serve their communities and provide training and capacity building workshops to healthcare workers in Posyandu. At present, 2,073 Posyandu outposts have benefited with around 9,000 health workers having received training. Astra International has also developed a digital application iPosyandu that contributes to centralisation and improved accessibility to health data that health workers can take advantage of in delivering health services, and 402 Posyandu are currently using this platform.

Indofood

PT. Indofood Sukses Makmur is an Indonesian market-leading producer for packaged food products and beverages. It is also part of the SUN Business Network.

Indofood is committed to nutrition through various means including food fortification, social enterprise development and nutrition education to inspire behaviour change. Indofood developed Govit, a snack for children that contains 11 vitamins and four minerals at an affordable price of IDR 500, which is less than USD 0.10 per sachet. In 2019, Indofood was one of the corporate entities that partnered with Scaling Up Nutrition to host a pitch competition to identify scalable solutions to combat anaemia and malnutrition more broadly. Through mobile clinics, Indofood provides free health check-ups for expectant and lactating mothers in local

communities, also providing nutrition counselling and education. Hidup Sehat Yuk! Programme is an online course hosted on Ruang Guru, an online learning platform. Developed in partnership with the University of Indonesia, Indofood hopes this programme will be effective in educating adolescents on stunting issues. Internally, Indofood has also integrated its workforce programme to raise awareness on matters relating to nutrition and health in the workplace to promote a healthy and productive workforce. This includes creating healthier menus for the staff working at Indofood and also providing lactation rooms for mothers.

Corporate Philanthropy and CSR

CSR programmes by multinationals are largely focused in the areas where the corporate's operations are situated. For instance, **PT. Pertamina** is an oil, gas, and new and renewable energy company that supports the government's stance on the prevention of stunting through its Pertamina Sehat Anak Tercinta dan Ibu (SEHATI) Programme. Through this programme, Pertamina helps mothers and children in Kutai Timur receive better nutrition by distributing milk and healthfoods monthly. In Jambi, they provide boiled eggs, green beans, vitamins, and biscuits. They also conduct community engagement programmes to improve understanding around stunting, child growth, balanced nutrition, the importance of immunisation, clean and healthy living, and environmental health. Additionally, they are engaged in monitoring the growth of children to track stunting rates on a weekly basis. **PT. Freeport Indonesia** is a mining company involved in explorations, mining, and ore processing. Within the communities, they provide milk formula, biscuits, baby porridge, mung beans, boiled eggs, and other local foods as nutrition intervention for babies and children. They also conduct nutrition education for pregnant women and monthly focus group discussion for mothers to discuss child and maternal health. In addition, they conduct growth monitoring on children and door-to-door follow up on their health. Freeport's supplementary feeding

programme and monitoring is carried out in Papua, at their operational area.

CSR programmes are often influenced by government priorities. For instance, **Astra International**, Southeast Asia's largest independent automotive group, started shifting their CSR focus to include mitigation and prevention of stunting in 2018 as government commitment increased. They developed a five-year plan, engaging in supplementary feeding and monitoring programmes for children with malnutrition in their first 1,000 days of life. They deploy their resources in government priority areas. **Asian Agri** is one of Indonesia's leading crude palm oil producers. Through PT Inti Indosawit Subur, Asian Agri supports the government programme in preventing stunting and malnutrition. Stunting reduction campaigns have been launched to reach pregnant women and families in Lalang village, Riau. The **Tempo Group** manufactures, markets, and distributes pharmaceuticals, consumer products and cosmetics. They developed a programme called Wujudkan Generasi Indonesia Bergizi dan Sehat (Programme to Create a Generation of Nutritious and Healthy Indonesians) to commemorate National Nutrition Day 2019. As part of this programme, they targeted mainly children between the ages of one and five, and mothers who suffer from malnutrition in Klaten Regency, sending them vitamin tablets and iron supplements.

This outreach was conducted from April to July 2019.

Corporate entities are engaged in the support and training of health workers to deliver nutrition services and education.

Japfa is a large agri-food company that produces vital animal protein staples. Working in Central Lampung, Sumatra, it not only distributes 50,000 eggs to young children as a bid to combat stunting and malnutrition, but also deploys resources further upstream, supporting Posyandu health workers over the course of six months. The goal is to encourage and enable regular home visitation and monitoring of toddlers' food intake and growth. **Medco Foundation** manages the CSR activities of Medco Group, which works in energy, agriculture and financing. The foundation has developed a programme that aims to refresh health workers' knowledge on how to mitigate and prevent stunting. One way in which it does this is to supply anthropometric measurement tools and provide training on how to best operate them for regular monitoring of stunting. As of 2020, Medco Foundation has provided six measuring instruments to Puskesmas in Muara Emburung, South Sumatra, and conducted training for health workers in Posyandu on how to prevent stunting in children.

Challenges and Opportunities

Challenges

Funding interventions that target behaviour change as a means to reverse and reduce malnutrition require long-term commitment and patience in both implementation and impact measurement.

Short-term impact may not necessarily translate to long-term gains. This is a challenge given that resource providers generally provide funding for shorter periods of time, between six months to a year, especially given that anti-stunting measures usually reveal results only after two years. This is also true with regard to interventions targeting food habits and family planning.

Resource providers are also faced with the high cost of logistics given the size and spread of the population.

In parts of Indonesia, roads are not as well developed, with high transportation costs incurred in reaching out to communities in rural locations such as those in the eastern parts of Indonesia. Funders prefer the engagement locations to be close to their factories, which are mostly around Java. This has resulted in the concentration of efforts in certain geographies that lend convenience.

While knowledge transfer through education and training of health workers is seen as a long-term solution to the betterment of the maternal-child nutrition landscape, behaviour change is a challenge as each community has their own rooted culture and socioeconomic background.

For instance, in East Nusa Tenggara where the stunting rate is highest nationwide, convenience typically takes priority even though the community has been made aware of the importance of incorporating vegetables into their diet. As a result, they often choose less nutritious food as long as they are able to satiate hunger. Moreover, access to fresh foods is also a matter of concern, as poor distribution networks and high local transport costs remain a significant issue in Indonesia.

With growing community engagement projects around stunting and malnutrition, there is the potential that **stigmatisation of stunting can actually contribute to lack of visibility of the problem.** In some rural areas, an underweight or shorter than the average child may be considered a disgrace to the family as they are seen as a symbol of parental failure. As a result, families might keep their children hidden away instead of ensuring they receive the necessary medical and nutritional interventions to improve their wellbeing.

Philanthropic efforts are largely based on networks, with a general distrust of direct financing mechanisms for fear they may be misused by beneficiaries.

Philanthropists would rather provide in-kind donations, mostly through feeding programmes, provision of supplements and education. This could impede efforts to develop larger collaborative funding mechanisms.

Opportunities

Philanthropy that is deployed through long-term programmes can create longer-lasting and wider scope of impact compared to one-time funding. Particularly for corporate entities engaged in CSR, more measurable and tangible contributions can also translate to stronger branding and market perception. This also applies for mutually beneficial collaborations with NGOs through cause-related marketing, which is a mutually beneficial collaboration between for-profit companies and non-profit companies, which can contribute to building good market reputation and increased sales. This way, philanthropic activities in nutrition have the dual effect of impacting profits and overall exposure of consumers and investors to the causes that the company is engaged in.

There is a growing tendency to establish philanthropic giving circles and other collaborative giving mechanisms to mitigate risks of capital deployment and also scale the impact of this capital. These communities comprise HNWLs who are connected and actively donate to causes endorsed by other members of the group. The endorsement can be formal and informal, mirroring the nature of these groups.

Social media, including WhatsApp groups, are effective platforms in convening resources and affecting behaviour change, and are increasingly employed by influencers and entrepreneurs. Dr Arti Indira, a nutritionist in a multi-speciality clinic and entrepreneur for healthy food catering, has leveraged Instagram and Whatsapp group chats to conduct simple nutrition education for expectant and new mothers. These sessions have seen the participation of over 200 mothers at any any one time. Teman Bubil is a digital application that provides free pregnancy and parenting advice and serves as a safe space for mothers to exchange information and stories. It has also served as an effective means through which to distribute information on nutrition and empower women to track and monitor their child's development. The founders of this app have extended their reach to include Instagram and Youtube so as to engage a wider community of mothers.

The government's expansion of priority locations as part of the National Strategy to Accelerate Stunting Reduction to 514 regencies by 2021 will redirect current efforts that are largely concentrated in easy-to-access areas, for example, in Java where many corporate entities currently operate. This means that opportunities for partnership with the government and other actors who are driving resources into these newly recognised areas will increase. As such community development through training and monitoring should be expanded to reach areas with low awareness of nutrition to avoid concentration in areas with easy access.

Competitions with cash as gifts can drive innovations by social enterprises in engaging beneficiaries at grassroots level. Cash as a donation or gift to a social enterprise supporting maternal and child nutrition can create a ripple effect, achieving greater and more sustainable impact than giving directly to beneficiaries. For instance, Indofood and a number of large corporate entities partnered with SUN to host a Pitching Competition which sought to support SMEs in developing innovative solutions in nutrition. One such beneficiary is Morimom, the second winner of this competition, which leveraged the grant funding of USD 5,000 to empower local women in East Nusa Tenggara, which has the highest stunting rate in Indonesia.

The Philippines

Current State of Maternal and Child Nutrition

Maternal and child malnutrition rates remain high in the Philippines, despite a long history of nutrition plans and policies in the country. There is a high prevalence of both stunting and wasting among children under five, at 30.3% and 5.6%, respectively. At the same time, the Philippines also sees high rates of micronutrient deficiencies as well as increasing prevalence of overweight children. These rates have remained essentially unchanged in the last 15 years and in some cases, have even declined over time.^{104 105} Rates of exclusive breastfeeding have stagnated in recent years with only about 34% of children under six months who are exclusively breastfed. This is a far cry from the WHA target which aims to increase the rate of exclusive breastfeeding to 50% by 2025.¹⁰⁶

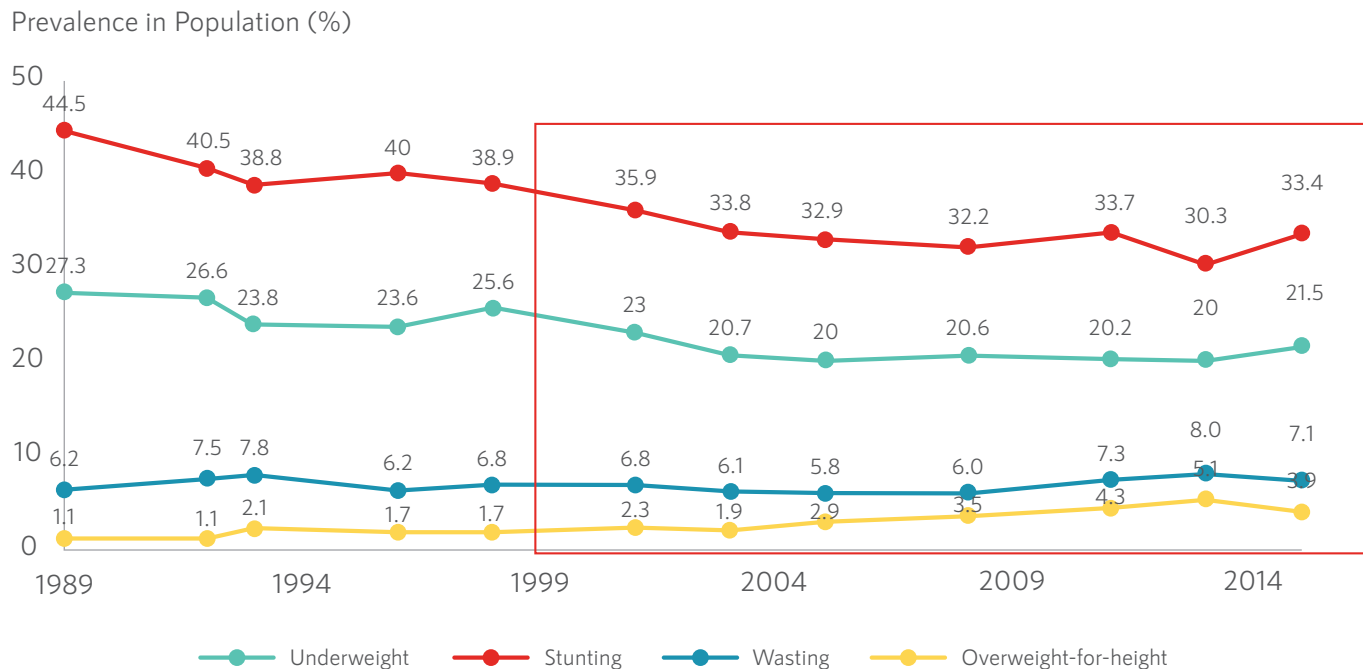
As of 2019, the six indicators to meet global targets in malnutrition in the Philippines are off course, with some progress made in reducing anaemia, from 46.5% in 2000 to 30.3% in 2016, among women of reproductive age.¹⁰⁷ Around one in three pregnant women is anaemic in the country. Over 20% of newborns have LBW, and over 80% of infants aged six to 23 months do not receive the minimum acceptable diet they need to be healthy.

The cost of malnutrition to the Philippine economy is estimated to be USD 3.99 billion each year.¹⁰⁸

Research by Alive & Thrive predicts that with adequate breastfeeding, an estimated 9,000 child deaths can be prevented annually. This is because breastfeeding impacts child morbidity by increasing the likelihood of contracting life-threatening illnesses while at the same time significantly weakening their immune system. Over the lifetime this can contribute to over USD 16 million in healthcare system treatment costs for both children and mothers who are more inclined to get sick.¹⁰⁹

Fig 7. Trends in malnutrition from 1989 to 2015

Source: National Nutrition Survey 1989 -2015; PPAN 2017



104 Camila Chaparro et al., "Philippines Nutrition Profile."

105 Prableen Bajpai, "Emerging Markets: Analyzing The Philippines' GDP."

106 Alive & Thrive, "Country Statistics: Philippines."

107 Global Nutrition Report, "Philippines Nutrition Profile."

108 Nutrition International, "Philippines."

109 Alive & Thrive, "Country Statistics: Philippines."

Key Facts and Figures

Source: UNICEF, Our World in Data, Global Nutrition Report, Global Hunger Index

Indicator	Data
Stunting and wasting	In 2018, 30.3% and 5.6% of children under 5 are suffering from stunting and wasting respectively.
Micronutrient deficiency	Prevalence of anaemia among pregnant women: 30.3% Vitamin A deficiency (among preschool children): 20.4%
Global Hunger Index	71 / 117 Philippines's low rank on the Global Hunger Index 2019, marking hunger as a "severe" problem

In the Philippines, reasons for the high rates of malnutrition include poor infant and young child feeding practices, such as delayed start of breastfeeding, engaging in exclusive breastfeeding for less than the recommended minimum of six months, and a lack of diversity in complementary food provided to young children. There is a high prevalence of LBW caused by maternal malnutrition. Children born with LBW also have a high risk of being malnourished later in life. Another cause is the high disease burden in general and inadequate health-seeking behaviours. The burden of disease is partly caused by poor sanitation and hygiene practices and lack of access to clean water sources. All the above causes of malnutrition are compounded by environmental factors, such as food insecurity, disaster-prone environment and vulnerability to food price shocks.

Efforts by Key Stakeholders

Government Entities

The Philippine government has shown commitment to reducing malnutrition since the 1970s, with the Philippine Plan of Action for Nutrition (PPAN) 2017-2022 guiding current efforts. Along with the Ministry of Health, government units such as the Department of Agriculture, National Economic and Development Authority (NEDA) are cognisant of the role of nutrition as a maker and marker of broader development processes, having expressed commitment to Ambisyon 2040, which aims to reduce stunting and wasting rates to under 21% and under 5%, respectively.^{110 111} Within the PPAN, there are 12 programmes and 46 nutrition-specific and nutrition-sensitive projects that serve as a framework for actions that could be undertaken by members of the National Nutrition Council (NNC) and other organisations.^{112 113}

110 Ambisyon 2040 is the Philippines' long-term vision, i.e., "By 2040, the Philippines shall be a prosperous, predominantly middle-class society where no one is poor, our people shall live long and healthy lives, be smart and innovative, and shall live in a high-trust society. The Philippine hereby aims to triple real per capita income, and eradicate hunger and poverty by 2040, if not sooner" (Executive Order 05, October 2017).

111 Lawrence Haddad, "[What can the Philippines Do to Accelerate Nutrition Improvement?](#)"

112 The NNC is the highest policy-making and coordinating body on nutrition in the Philippines, with the establishment of the council in 1978.

113 Other programmes in place include a "mother's class" at the barangay level teaching how to prepare different nutritious recipes, as well as school-based feeding programmes. Some of the feeding programmes may be expanded to include children aged between six months and three years old.

Although the Philippines made it mandatory for several foods to be fortified in 1995, including oil with vitamin A, rice with iron, salt with iodine, and wheat flour with vitamin A and iron,¹¹⁴ these programmes have had limited success because of the lack of proper enforcement of the fortification legislation and monitoring.

Biofortification is also practised in the Philippines with ongoing trials relating to iron-rich rice.¹¹⁵ There are also some other laws that provide an enabling environment for nutrition related interventions in maternal and child health:

- First 1,000 Days Law (also known as the Kalusugan and Nutrisyon ng Mag-Nanay Act)¹¹⁶
- Milk Code (Executive Order 51) that prohibits the promotion of breast-milk substitutes
- Provision of incentives for rooming-in (where the baby's crib is kept by the side of the mother's bed) and breastfeeding (RA 7600)

Since 2017, NNC, with technical support from Nutrition International, has been scaling up the rice fortification and distribution as part of the Social Safety Net Programme.¹¹⁷

Demonstrating the government's commitment to addressing maternal and child malnutrition, in 2013, the government set up the Early Childhood Care and Development programme, covering nutrition, health, education, and social services for young children. In 2014, the country joined the SUN movement and remains active in global initiatives.

Nutrition is also tied to government cash transfers. The 4Ps (Pantawid Pamilyang Pilipino Program) finance families, tackle malnutrition, and promote early childhood development¹¹⁸ — exhibiting the motivating effects of cash transfers in driving behavioural change that is related to nutrition. This ongoing conditional cash transfer programme has been institutionalised under the Republic Act 11310, and aims to improve education, health and nutrition through the provision of funds.

Multilateral and Bilateral Institutions

The main non-government actors focusing on maternal and child nutrition in the Philippines are **USAID**, **WHO** and **UNICEF**. These organisations work closely with the government on improving service delivery, policy design and implementation. The **Korean International Cooperation Agency (KOICA)** invested USD 6 million, in partnership with UNICEF and NNC in 2019 to launch an integrated nutrition and health programme that targets the first 1,000 days of life to benefit vulnerable children and women.¹¹⁹ However, similar to other countries in Southeast Asia, the Philippines has seen a steady decline in overseas development assistance and foreign donations over the past decade, even with renewed commitment by multilateral organisations in the Philippines.

International NGOS and Local NGOs

Civil society is vibrant and active in the Philippines.¹²⁰ In response to reductions in overseas development assistance, local innovative funding mechanisms have

114 Global Fortification Data Exchange, "[Philippines](#)."

115 See HarvestPlus's [homepage](#).

116 The law (RA 11148) aims to provide evidence-based nutrition interventions for the first 1,000 days and to allocate resources for those interventions. The law also seeks to ensure the sustained and meaningful participation of national government agencies.

117 Nutrition International, "[Philippines Programs](#)."

118 World Bank, "[World Bank Approves US\\$300 Million Additional Funding for the Philippines' Conditional Cash Transfer Program](#)."

119 Claudeth Mocon-Ciriaco, "[Undernutrition in PHL Remains a Serious Problem](#)."

120 Asian Development Bank, "[Civil Society Briefs: Philippines](#)."

been developed by NGOs that enable local organisations to respond to the burden of maternal and child nutrition in the Philippines. **International Care Ministries** has a home-based feeding programme that provides nutrient-enriched food packs to children suffering from wasting, bringing 1,043 children to healthy weight between 2016 and 2017. In 2017, **Nutrition International** launched the Right Start programme in the Philippines. Funded by the Canadian government, this programme mobilises resources and develops partnerships in order to design high-impact programmes to reduce anaemia in pregnant women and young children, and LBW in newborns.¹²¹

Private Philanthropy

Food-related philanthropy in the Philippines tends to be responsive to immediate needs; for instance, feeding programmes that address hunger in post-disaster situations but not the root causes of malnutrition. **NVC (Negrense Volunteers for Change) Foundation** is a non-profit that focuses on providing nutrition and education for children through distributing Mingo, an instant complementary food sachet consisting of rice, moringa and mung beans to communities throughout the Philippines, with sponsorship from various sources. In Lono Lono, **Jenifer Furness**, a US-based philanthropist, provided daily servings of Mingo for children for six months through the Malachi Legacy Fund.¹²² In 2017, NVC Foundation received funding from Web in Travel. A sum of USD 24,000 was raised through a charity auction and supported a six-month feeding programme for children aged six months to 12 years in Mount Kitanglad.¹²³

In the Philippines, there is a strong model of community

foundations. One example is the Gawad Kalinga (GK) Community Development Foundation.¹²⁴ Established in 2003, GK with over 2,000 villages to alleviate poverty through solutions such as fostering entrepreneurship and others. In one of their initiatives, Kusina ng Kalinga, they established kitchens where they provide meals for children and act as a hub to engage the community.

Corporate Philanthropy and CSR

There are a number of corporate initiatives to support hunger, nutrition, and education in the Philippines, depending on the varying needs across provinces. **Jollibee Foundation** introduced the Busog Lusog (BLT) school feeding programme in 2007, catering to the needs of students affected by malnutrition in public elementary schools across the country. As of 2020, Jollibee Foundation has established 33 BLT kitchens covering 235 schools with a total of 24,622 students. **Ayala Foundation** partnered with Sisters of Charity of St. Anne (SCCA) to provide supplementary feeding to over 160 students in Puerto Galera, Oriental Mindoro.¹²⁵ Several corporate entities such as **Unilever** and **Toyota Motor Philippines** have also supported the Pasiglahin ang Estudyanteng Pinoy (PEP) Feeding Programme, a partnership to feed children in public elementary schools initiated by the **Kabisig ng Kalahi, National Competitiveness Council**, the Department of Education, and **Mead Johnsons Nutritionals**.¹²⁶

Corporate entities in the food and beverage sector are also active in philanthropic activities. **Gardenia**, for example, recently kicked off its Nutrisyon at Kalinisan para sa Maayos na Kinabukasan campaign to advocate for nutrition and handwashing, in collaboration with

121 Scaling up Nutrition, "['Right Start', Nutrition International's Initiative to Improve Nutrition in the Philippines.](#)"

122 NVC Foundation, "[NVC to Feed 108 Children from a Mindanao Mountain Community.](#)"

123 Marissa Trew, "[NVC Foundation Launches Mingo Meals Feeding Programme, Funded by WIT.](#)"

124 Gawad Kalinga (GK) Community Development Foundation, "[Give.](#)"

125 Ayala Foundation, "[The Future of History.](#)"

126 Mead Johnson, "[Reducing Dropout Rates Through Better Nutrition.](#)"

Philippine Red Cross Laguna Chapter and Department of Education Division of Laguna.¹²⁷ They also have several nutrition assistance programmes in elementary schools and provide food aid during disaster relief.^{128 129}

Similarly, **Alaska Milk Corporation** has partnered with ABS-CBN to provide milk products to children at the Children's Village, a halfway home that gives holistic healing for disadvantaged children.¹³⁰ San Miguel Corporation, through its corporate social responsibility arm **San Miguel Foundation**, is attempting to address hunger through their Better World Tondo initiative, a community centre that serves as a food bank

and learning institution.¹³¹ **Dole** works with local governments rehabilitating malnourished children and feeding programmes in the Philippines.¹³² It also provides clean drinking water to communities in which they grow their fruits.¹³³ Social enterprise activities in philanthropy are often strategic, while creating an impact. For example, **Agrea Agricultural Systems International** is a social enterprise that aims to improve food security and nutrition in the Philippines by diversifying crops to be more climate resilient and alleviating poverty among farming and fishing communities.



127 Gardenia, "[Gardenia Partners with Red Cross and DEPED for Nutrition Campaign.](#)"

128 Gardenia, "[Gardee Brings a Delightful Bread Experience to Almost 3,000 School Children.](#)"

129 Gardenia, "[Gardenia Sends More Aid to Typhoon Yolanda Survivors.](#)"

130 Clarissa Joyce Reyno, "[Fighting Malnutrition with Alaska Milk Corporation.](#)"

131 Sandra Zialcita, "[San Miguel Foundation Opens 'Better World Tondo' Community Center to Battle Hunger and Food Waste.](#)"

132 Dole, "[Corporate Social Responsibility.](#)"

133 Ibid.

Innovative Funding Solutions in the Philippines

Zuellig Family Foundation (ZFF)

Zuellig Family Foundation (ZFF) is the philanthropic arm of the family business and is separate and distinct from the Zuellig Group of Companies. To develop the leadership and governance competencies of mayors, governors, and their teams on nutrition and the First 1000 Days, ZFF applied its Health Change Model to improve governance for the First 1000 Days. With support from the Kristian Gerhard Jebsen Foundation (KGJF), ZFF piloted the programme for municipal governments to improve their leadership competencies and apply these to strengthen governance of programme and policies targeting improvement of outcomes among pregnant women, lactating mothers, and 0 to 2-year-old children. By the end of the four-year project, the results showed a four percentage-point reduction of stunting prevalence among 0 to 23 month children in two pilot municipalities. Several development organizations, such as Nutrition International (NI) and United Nations Children's Fund (UNICEF) are working with ZFF to expand the municipal model in city and provincial governments.

ABS-CBN Lingkod Kapamilya Foundation (ALKFI)

Two programmes that ALKFI is engaged in under their Child Nutrition focus are: (1) a television programme on the first 1,000 days; and (2) the Nutri Pan de Kapamilya project.

ALKFI's first initiative, Dok Ricky Pedia is a situational commentary comedy series that engages viewers by creating a storyline and weaving in practical guidelines on nutrition within the first 1,000 days. This programme aired once a week from 2017 to 2020 on a cable channel, ensuring a wide reach, evidenced by consistently good ratings averaging

at 3.67% with an audience share of 18.58%. The episodes cover topics such as the importance of complementary feeding, good nutrition for mothers during pregnancy, and psychosocial stimulation of young children. It features interviews and segments with subject experts explaining the scientific aspects of Dr Ricky's behaviour and actions in the show. Over 14,000 DVDs will be distributed by The National Nutrition Council (NNC) to various health centres all over the Philippines in 2020 for families to watch and enjoy while waiting for health and wellness services. These will be featured on closed-circuit TVs.

This show is one of the programmes under the government's Early Childhood Care and Development Intervention Package for the first 1,000 Days, in partnership with the Nutrition Centre of the Philippines.

Through a second initiative, the Nutri Pan de Kapamilya programme, ALKFI trains schools to prepare and distribute bread to students. The programme provides seed capital for baking equipment and initial ingredients and also includes a two-day training that covers the benefits of fortified breads and financial management of the baking facilities. The bakeries are conveniently located within school compounds and are sold at a low cost to students, ensuring the sustainability of the programme. As all wheat flour in the Philippines is mandatorily fortified with both vitamin A and iron, this programme supplies essential micronutrients to the target population as well.

At present, ALKFI has established 29 Nutri Pan de Kapamilya Bakeries from Luzon to Mindanao. This project has been made successful through the formation of partnerships with local businesses and governments to ensure complete buy-in from local stakeholders and minimise situational barriers, and is implemented in collaboration with the Nutrition Centre of the Philippines and San Miguel Mills.

Challenges and Opportunities

Current and potential resource providers and stakeholders can consider the following challenges and opportunities in modifying or developing interventions in maternal and child nutrition in the Philippines.

Challenges

Despite existing government policies to combat malnutrition, effective implementation remains a challenge. A highly decentralised governance system, coupled with the close indexing of political agendas to economic incentives, has contributed to increased inertia in the implementation of national nutrition and health policies. As a result, interventions in nutrition and health delivery services persist in their fragmentation and require alignment to scale impact.

Current interventions are often short-term in nature, with funders expecting quick results. One example are school feeding programmes. Often, these programmes are focused on providing food without taking into consideration the micronutrient content of the food being distributed. Funders should ensure that the food meets the necessary dietary requirements of the child and should also look into integrating nutrition education alongside food distribution. Additionally, funders should consider the possibility of directing resources to interventions in the first 1,000 days to ensure permanent impact on the development outcomes of children. Interventions at school-going age have the effect of alleviating hunger and do not necessarily translate to long-term impacts if cognitive capacity is already compromised due to malnutrition at infancy.

The issue of behaviour change is a significant barrier to nutritious livelihoods. Fast foods and processed foods are not only perceived as convenient but also

as aspirational. In addition, with ongoing urbanisation, families transitioning from rural to urban areas often have an increasing inclination to buy meals instead of preparing food at home, there might be no kitchens or different cooking setups compared to the countryside, and even when food is prepared at home it is prepared in a way that negates the nutritional benefits of the food.¹³⁴ As a result of these deeply seated habits and beliefs, interventions that have not targeted behaviour change have not seen a strong positive impact.

Current programmes largely target children, and not enough is being done to target caregivers who are the main decision-makers about meal preparation and food intake. More needs to be done to engage mothers and grandmothers who are typically involved in providing care for infants and young children. Research has shown that low maternal education can have a significant impact on stunting and LBW.¹³⁵ The Philippines also presents a unique challenge in that it is the country among ASEAN countries with the highest and increasing rate of adolescent pregnancies. Young mothers are more inclined to be undernourished themselves, giving birth to smaller than average babies, and have low, if any income at all. Separate but related to this is the fact that a significant percentage of overseas Filipino workers are women, which means that caregiving responsibilities are delegated to other family members who are likely to have different knowledge and perception of care and feeding practices. Interventions that do not address these populations are limited in their impact.¹³⁶

Opportunities

Current funders in nutrition have harnessed the power of the local media, through television and radio shows and have found it to be an effective means of creating awareness even amongst rural communities. Through programmes that reflect situational realities and

¹³⁴ Inter-Agency Regional Analysts Network, "[Asia Report: Socio-Economy of Chronic Malnutrition in the Philippines.](#)"

¹³⁵ Ibid.

¹³⁶ Ibid.

challenges, like Italicise Dok Ricky Pedia by ABS-CBN Lingkod Kapamilya Foundation, nutrition education can be communicated in a humorous and relatable way, to encourage behaviour change. This also helps to create more awareness on the issue of malnutrition and getting the right information out to funders on effective interventions.

Resource providers can partner with social enterprises in agriculture businesses looking to expand their market reach, even beyond national shores. These enterprises need support to develop affordable, delicious, and nutrient-rich food that targets the holistic development of the child and can be sold at prices that are accessible to all socio-economic levels. One example of such an enterprise from the Philippines is Echostore, a sustainable lifestyle brand that aims to support small producers, craftsmen, and artisans to expand their market access whilst at the same time providing eco-friendly and natural products for consumers looking to minimise their negative environmental impact.

Focusing efforts at the community (barangay) level could yield better results. Interventions to target malnutrition are unevenly distributed across the Philippines, with some provinces more active in addressing malnutrition and other areas more focused on hunger alleviation as part of disaster relief. This is partly also caused by the security situation and frequent natural disasters in some parts of the Philippines, making population displacement and fragmented government interventions a reality. By focusing on community level interventions, funders will be able to map the unique challenges and opportunities that each community presents, consolidate resources and identify gaps so as to prevent duplication of efforts. This approach also facilitates the collection of data that can inform the design of the interventions. Efforts to target malnutrition should also be expanded to other provinces, with more effort needed to ensure the availability of nutritious food in the broader food system.



Conclusion

With the Nutrition for Growth 2020 Summit, this is a year of renewed commitment, acknowledging that should things continue on their current trajectory, the losses — both economic and social — would be dire.

It is increasingly clear that investment in nutrition can produce both short-term and long-term outcomes and that it must begin immediately. By impacting nutrition, funders influence outcomes across all sectors and are able to catalyse the delivery of global targets for, not only nutrition, but also education, health, climate change mitigation, and gender equality, to name a few. However, this will require that stakeholders, both public and private, international and local, from across the social investment spectrum, come alongside global flows to inspire holistic and strategic capital deployment - arresting and reversing the effects of malnutrition quickly and conclusively.

Given the opportunities and challenges across markets, there are some clear overarching considerations that funders should keep in mind when initiating or extending their engagement in the nutrition space. The following is a short list of **guiding principles** that funders can consider in designing their engagement strategy:

- **Collaboration scales impact.** Engage the power of collaboration, pooled funding mechanisms and collective action in order to fully utilise resources and scale impact. It is undeniable that by pooling intellectual, financial and human capital, stakeholders are able to drive stronger outcomes. This is true for nutrition, especially given the cross-cutting factors impeding the fight against malnutrition.
- **Alignment with government initiatives ensures sustainability.** Align interventions with government initiatives and national and international frameworks in order to ensure maximum positive impact. Support at federal or provincial levels ensures that the government is in a position to continue the work, either by planning ahead of time, or engaging other partners, in the event of unavoidable externalities or the end of a funder's commitment.
- **Learn from proven evidence-based interventions instead of reinventing the wheel.** Take advantage of proven evidence-based interventions and delivery platforms. Interventions in nutrition have been tried and tested, and the efficacy of different options is relatively clear. The need is in placing a strong monitoring and evaluation system to guide the intervention and post-intervention strategy. This will build strong accountability and transparency frameworks that can inform the scaling, replication, and modification of existing and future programmes.
- **Review your contribution critically.** Critically review contribution and the current landscape and environment within which the intervention will be applied. Although there are overarching recommendations that can be applied in all contexts, solutions need to be tailored to the specific needs and challenges of the communities. This would mean giving credence to habits and cultures so as to not impose new systems on a community that might result in negative outcomes like resource wastage, or worse.
- **Consider the intersectionality of existing programmes with nutrition.** Make nutrition an integrated part of other interventions in other sectors, e.g., education, health, WASH—in a meaningful way so as not to dilute efforts. This might be better achieved through collaboration with existing actors working in these specific areas. In the same vein, nutrition should be linked via food systems to key issues such as climate mitigation, biodiversity enhancement, livelihood promotion, and sustainable natural resource use. This is especially true for large conglomerates and corporate entities as they think of integrating nutrition outcomes into their value chains.
- **Target both short and long-term outcomes.** When designing interventions, consider if they address the primary cause of poor nutritional status, i.e., inadequate dietary intake because of food insecurity and poverty and high level of infectious diseases and caring practices. If they do not, complementary strategies (short-, medium- and long-term) are

needed to ensure culturally appropriate dietary modification and community- and agriculture-based interventions, with simultaneous efforts to improve capacity, including that of vitamin and mineral supplementation and fortification.

- **Invest in longer-term commitments where possible.** Changes in nutritional, health and sanitation behaviour do not happen overnight. For sustainable changes to take place, significant contact moments are required over time. Interventions that target both mother and child and the social systems within which they exist are best addressed with a long-haul approach.
- **Do not be afraid to innovate. Innovation in financing and solutions-development can catalyse action and impact.** Build on proven success models to develop solutions that disrupt existing food systems, behaviour change communication models, and fortification efforts. Philanthropic funders in particular have the advantage of reimagining the problem and having the opportunity to invigorate the solution-design process.

Methodology

The research team used a combination of primary and secondary research methods to conduct the mapping of the landscape. Through desk research, key relevant standard indicators, indices and rankings were consolidated. Emerging trends and key actors were identified from secondary literature and AVPN member engagement activities. To gain deep insights, a series of interviews were conducted with sector experts both from within and external to our membership and through snowballing of contacts. Secondary research findings and conclusions were validated through the interviews and vice versa to discern common themes. The completed landscape was vetted with sector experts. All participants have been listed in the acknowledgements.

Throughout the piece, recent developments, interesting partnerships and key actors that could form a basis for future collaborations have been called out. Detailed citations with embedded links to original sources and a list of recommended readings for further reference have also been provided.



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Appendix 1: Tools for funders

Several stakeholders have built tools to help funders evaluate the contexts in which they work, to assess the cost-effectiveness and potential impact of their planned interventions. Some of the better-known tools are tabulated below.

Toolkit	Description
Fortification Assessment Coverage Toolkit (FACT) GAIN and Oxford Policy Management Access at: https://www.gainhealth.org/resources/reports-and-publications/fortification-assessment-coverage-toolkit-fact	FACT can be used to cover assessments of fortification programmes. Consisting of a manual and 10 practical tools and template, FACT provides standardised methods for the collection, analysis, and synthesis of data on quality, coverage, and consumption of fortified foods across countries while allowing for adaptations to meet specific country needs and contexts. Decision-makers can use the information generated by a FACT survey to improve fortification programmes by documenting successes and identifying gaps.
LiST Johns Hopkins University Access at: https://www.livessavedtool.org/	LiST is a tool to understand the impact of expanding the coverage of interventions that are known to be effective. As such, It is a programme planning and decision-making tool, and is also often used for evaluation and advocacy.
MINIMOD University of California, Davis Access at: https://minimod.ucdavis.edu/models/	MINIMOD consists of three interconnected models that can be used to identify the most cost-effective set of micronutrient intervention programmes in a particular country, over space and time. The models can also help identify practical policy pathways, moving from current sets of intervention programmes to programmes that are more efficient
Multiple Maternal Supplements (MMS) Cost-Benefit Tool Nutrition International Access at: https://www.nutritionintl.org/knowledge-centre/mms-cost-benefit-tool/	Multiple Maternal Supplements Cost-Benefit Tool is an AI tool to measure cost-effectiveness which can be used to advocate for governments to introduce MMS instead of iron folic acid supplements.

Nutrition Modeling Consortium

The New York Academy of Sciences

Access at: www.nyas.org/programs/nutrition-modeling-consortium/

This optimisation modelling tool selects a best solution (with regard to specific nutrition objectives) among a set of available policy or programme alternatives.

The Nutrition Modeling Consortium works through personnel of different global organisations that support modelling tools. It also includes in-country end users, such as health ministries, nutrition departments, and implementers such as NGOs, or in-country technical planners. Membership to the Consortium is open to all stakeholders working in this area, provided they contribute to the group's common goals.

Optima Nutrition

Burnet Institute, Optima Consortium for Decision Science and The World Bank

Access at: <http://optimamodel.com/nutrition/>

Optima Nutrition is a quantitative tool that can provide practical advice to governments to assist with the allocation of current or projected budgets across nutrition programmes.



Appendix 2: Existing nutrition platforms and coalitions

There are a range of platforms and coalitions that existing and potential funders can consider in developing their strategies in nutrition

Platform or Coalition	Description
Alliance for Food and Health	The Alliance for Food and Health serves as a bridge between the diverse range of stakeholders from the food and agriculture community, the public health community, governments, international organisations, and academia, through a multi-stakeholder process designed to engender novel, collaborative approaches.
Evolve	A platform to facilitate and champion efforts to solve public health challenges including obesity, undernutrition and other non-communicable diseases; and create scalable positive impact for the health and wellbeing of Asia.
Food Reform for Sustainability and Health initiative	The EAT Foundation announced a 25-company FReSH (Food Reform for Sustainability and Health) initiative in 2017, hosted by the World Business Council for Sustainable Development. FReSH will develop guidelines on sustainable diets, food reformulation, generation of demand for nutritious food, food sourcing, waste reduction, and measurement and reporting of progress.
Health is Everyone's Business Action Platform	Convening a broad coalition of leading businesses, including UN, academic and civil society partners to set a new agenda for planetary health in business
International Coalition for Advocacy in Nutrition	A civil society coalition of organisations worldwide, which jointly calls for greater investments in and commitments to end all forms of malnutrition.

**National Information
Platforms for Nutrition**

National Information Platforms for Nutrition is an initiative of the European Commission and is rooted within existing institutions and national multisectoral coordination systems for nutrition. From the analysis of available and shared data, it generates evidence that is used by (sub-)national stakeholders for developing policy, designing programmes and allocating investments.

Nutrition for Growth

Nutrition for Growth is a platform that consolidates financial commitments, policy solutions, knowledge and resources from country governments, donors, philanthropies, businesses, NGOs and others.

Power of Nutrition

Power of Nutrition is a partnership of investors and implementers working together to unlock USD 1 billion in new financing to accelerate the fight against child undernutrition and support country-led programmes. The Power of Nutrition guarantees a four-time multiplication of contributions from each new investor, with the full amount being directed to nutrition interventions on the ground.

SDG Business Hub

An online platform designed to provide support to companies as they look to navigate the Sustainable Development Goals.

SDG Compass

A guide that companies can use to align their strategies with the relevant SDGs, and measure and manage their impacts. It is supported by a live and constantly updated inventory of business indicators and tools.



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