**EASTERN AND CENTRAL AFRICA REGION CAPACITY BUILDING WORKSHOP
ON THE CONTINENTAL NUTRITION ACCOUNTABILITY SCORECARD**

04-05 July 2024

Kampala, Uganda

MEETING REPORT

BACKGROUND

The Capacity Building Workshop for the Eastern and Central African Member Sates was organised by the African Union Commission (AUC) in collaboration with the Republic of Uganda, the African Development Bank (AfDB), the African Leaders for Nutrition (ALN) and the United Nations Children's Fund (UNICEF) in Kampala, Uganda from 4 to 5 July 2024. The Workshop aimed to create awareness on the digital platform of the Continental Nutrition Accountability Scorecard (CNAS).

The African Union (AU) Decision **(Assembly/AU/Dec.681(XXX)** endorsed the ALN Initiative of the AfDB and the AUC in 2018. The overall goal of the ALN is to galvanize political support needed to overcome all forms of malnutrition on the continent and elevate nutrition-related matters on the continental and global political agenda as a driver for economic growth and sustainable development in Africa. ALN is mandated to establish dialogue with African Leaders for new financial and policy commitments on nutrition to deliver the socio-economic, and health returns through continued dialogue and strengthened advocacy efforts in support of improved nutrition, including supporting the AU Nutrition Champion, His Majesty King Letsie III of the Kingdom of Lesotho to advance the implementation of the Africa Regional Nutrition Strategy (ARNS) 2016-2025 and the African Research Initiative for Scientific Excellence (ARISE) Initiative.

To strengthen the advocacy effort of the ALN, the AU endorsed the Continental Nutrition Accountability Scorecard (CNAS) through Decision **(Assembly/AU/Dec.739(XXXII)**, in 2019, as a tool to monitor progress towards nutrition targets set by various organizations and initiatives - Malabo Declaration, ARNS, World Health Assembly (WHA) and the Sustainable Development Goals (SDGs).

The CNAS is a tool for promoting accountability and evidence-based decisions to drive Africa's nutrition agenda and has been revised and developed into a digital platform that policymakers at the country and regional level can use to assess progress and inform annual nutrition reports. Overall, the aim of the initiative and the CNAS is to generate innovative investments towards nutrition that will build a foundation for productive human capital in Africa.

The CNAS has proven to be a timely tool to support identification of gaps and evidence-based decisions to drive Africa's nutrition agenda. In particular, the CNAS provides evidence that helps ALN and the AU Nutrition Champion to frame messages while advocating for enactment of policies and strategies to address malnutrition and more specifically when calling for additional resources and investments in nutrition. Since its launch, the CNAS has shaped the reports developed by the AUC on the status of malnutrition in Africa.

AU Member States are expected to use data from this tool to assess progress made towards meeting national, continental and global targets on nutrition and hold leaders accountable for the same.

The Regional Economic Communities (RECs) play a pivotal role in promoting accountability among political leaders in addressing malnutrition. Some of the strategies that the RECs can use to achieve this include the development of the annual nutrition report and delivering key messages to guide political leaders in making investment decisions in relation to nutrition.

The AUC, together with the ALN and partners are undertaking a series of capacity building workshops targeting the AU Regional blocs, to create awareness on the CNAS, and promote use of nutrition data for decision making.

The first workshop was held from 24 to 26 July 2023 in Gaborone, Botswana and targeted focal points drawn from the key sectors such as health, nutrition and bureau of statistics of the Member States from the Southern Africa region.

The objectives of the workshops are to sensitise nutrition focal points on the digital version of the CNAS, share experiences on use of nutrition data in promoting accountability and make suggestions on the use of data from the CNAS in developing nutrition reports for advocacy.

Attendance

The meeting was attended by representatives from twelve AU Member States including Republic of Burundi, Republic of Chad, Union of Comoros, Democratic Republic of Congo, Republic of Djibouti, Federal Democratic Republic of Ethiopia, Republic of Kenya, Republic of Madagascar, Republic of Mauritius, Federal Republic of Somalia, Republic of South Sudan, and Republic of Uganda.

In addition, the workshop was attended by the Intergovernmental Authority for Development (IGAD) and Common Market for Eastern and Southern Africa (COMESA) representatives, Delegates from the AUC Departments (Health, Humanitarian Affairs and Social Development; and Agriculture, Rural Development, Blue Economy and Sustainable Environment), the ALN/AfDB, African Leaders Malaria Alliance (ALMA) and representatives from the United Nations (UN) Agencies, namely, UNICEF and World Health Organization (WHO).

SUMMARY OF PROCEEDINGS

Opening Session

The Chairperson of Day One proceedings welcomed all participants on behalf of the Government of Uganda and invited the four speakers to give their opening remarks.

The ALN Representative expressed his appreciation to the organizing committee, the host Government of Uganda, the RECs, as well as partners for being part of the meeting. He added that the AfDB is tasked with the responsibility of ensuring the efficient collection of data from Member States in line with the CNAS that was endorsed in 2019. He also said that by reviewing the progress made towards the different strategies, the scorecard is crucial in identifying gaps, framing key messages, and it has become a key tool in providing evidence for the development of guidelines for accountability and implementation. He affirmed AfDB's commitment to assess the evaluation of progress and generate reports all towards eliminating malnutrition across the continent. The Representative encouraged all participants to engage in deep conversations to encourage adoption and implementation of CNAS and called upon all to cease the moment to ensure that no child will ever suffer from malnutrition and its effects.

In her remarks, **the AUC Representative** noted that the lack of nutrition data for monitoring and evaluation is one of the main challenges. She emphasized the relevance of the CNAS in guiding Member States in achieving the nutrition-related targets. She also said that the AUC facilitates capacity building and the dissemination of evidence-based knowledge to facilitate successful implementation. Challenges such as limited financing have hindered the full implementation of the nutrition-related targets. Within the Africa Health Strategy 2016-2030, and the African Regional Nutrition Strategy 2016-2025, the AUC has put in place measures to enable Member States eradicate malnutrition from the continent.

The Representative of IGAD highlighted that, conflicts, climate change and the unavailability of nutrition data is a major challenge in the IGAD region, as well as limited access to data and knowledge between agencies, institutions and countries. He added that IGAD is cognizant of the need to collect quality data to inform proper policy formulation in IGAD Member States, and therefore enhance effective cross-border surveillance. He also mentioned that IGAD is willing to encourage collaboration within its Member States through experience learning, capacity building, and proper decision-making.

Finally, **the Representative of the Government of Uganda**, representing the Office of the Prime Minister, expressed his appreciation for the participation of the Member States, RECs, and partners to this workshop. He said that the event was an opportunity for all stakeholders to learn from each other by sharing experiences, which is key in breaking the vicious cycle of malnutrition. The meeting highlighted the importance of increasing financing of the health sector, especially in nutrition, which can go a long way in preventing nutrition-related challenges. He noted that the Uganda Nutrition Action Plan brings together all players from civil society, development partners, academia, and nutritionists to address malnutrition among adolescents, the youth, and the elderly. The plan calls for increased access to better nutrition by all vulnerable groups, such as pregnant and lactating women, and children under five years. He added that Nutrition is coordinated under the Office of the Prime Minister which plays the oversight role and brings on board at least 13 ministries under a multisectoral nutrition technical committee. He also said that by using the CNAS, Uganda will be supporting the continent's efforts in the achievement of the nutrition-related targets as set in the various frameworks and policy guidelines. He also emphasized the need for understanding the CNAS to ensure that such engagements have a solid impact on the ground in the respective communities where the nutrition stakeholders operate.

Session I: Setting the Scene

1. Overview of the current nutrition situation in Africa

The AUC Representative gave an overview of the nutrition situation in Africa and highlighted some of the AUC's nutrition-related frameworks such as the African Regional Nutrition Strategy 2016-2025, Africa Health Strategy 2016-2030, and the Comprehensive Africa Agriculture Development Programme (CAADP) that assists the implementation of commitments related to the Malabo Declaration in contribution to the Sustainable Development Goal related to nutrition (SDG2). She also highlighted the severe consequences of malnutrition as demonstrated by the **Cost of Hunger n Africa** study which showed that undernutrition affects around 1.5 - 6.9 of Africa's Groos Domestic Product (GDP). She also highlighted the 2022 AU Theme of the Year on Nutrition with priorities for reducing malnutrition and ending hunger in Africa. She also highlighted statistics on the stunting rates which have steadily declined but still represent a heavy burden in Africa. She added that 12 million children in Africa are affected by wasting, most especially in Sudan, South Sudan, Egypt, Mauritania and Somalia. In addition, micronutrient deficiencies are also becoming a major concern, especially among pregnant and lactating women due to deficiencies in iron, vitamin B12, A, and Zinc, all resulting from poor diet.

The AUC representative concluded by saying that the key drivers of malnutrition in Africa include climate change, the impacts of the COVID-19 pandemic, regional conflicts and the soaring cost of food and fuel. She emphasized the need for a multi-sectoral approach to account for the 80% gap in health financing and consideration in member states and the need for collecting quality nutrition data to track the progress achieved in the implementation of the nutrition-related targets.

2. Overview of the status of malnutrition within the regions

A. IGAD:

The IGAD Representative highlighted some of their initiatives including the IGAD Cross Border Health Initiative Program, the Digital Health Program, the Refugee Health as well as the COVID-19 Response mechanisms to streamline health initiatives within the region. He added that child stunting remains prevalent in the region with 3 out of 7 countries having high prevalence. He added that the main source of data includes country survey data obtained using standard data collection methods and the Global repositories from WHO, as well as the Global Nutrition Report. The Representative highlighted some of the challenges faced including the lack of country-wide nutrition survey data, and the irregular micronutrient survey which are supposed to be conducted every ten years. Some recommendations included the need for continued support to countries through advocacy and resource mobilization for national-level surveys, as well as strengthening partnerships for the development of IGAD's specific accountability scorecard.

B. COMESA:

The COMESA Nutrition Expert highlighted the COMESA Health Program whose main goal is to enhance intra-regional cooperation in health, and this includes addressing the various challenges that affect food security and nutrition such as climate change, economic factors, international, political, agricultural, and various health factors. She also showcased the trends related to undernutrition (wasting and stunting) and overnutrition in the region and highlighted COMESA's ongoing efforts towards addressing the above challenges. These include encouraging the Regional Food Balance Sheet which is a digital tool designed to provide real-time and forward-looking estimates of food balances. There are also numerous ongoing nutrition projects designed to address the malnutrition rates in the region.

According to the Representative, further ongoing engagements are being implemented Member States through Nutrition Focal Points, such as the development of the COMESA Health Program Strategy, as well as working with the COMESA Statistics Data Hub to collect comprehensive statistical data on various nutrition-related indicators.

Session II: Continental Strategies and Initiatives

1. Overview of CAADP Biennial Review Data Requirements

A Representative from the AUC Agriculture, Rural Development, Blue Economy and Sustainable Environment highlighted the background of the CAADP which was adopted by the AU Heads of State in July 2003 in Maputo and in June 2014, the Heads of State recommitted to the Declaration on Accelerated Agricultural Growth and Transformation. The AU Leaders mandated CAADP to conduct biennial reviews in Member States to develop mechanisms for enhancing the continent's capacity to address the various food systems on the continent. Through these reviews, the seven Malabo commitments have been translated into seven thematic areas of performance, such as ending hunger by 2025, halving poverty in Agriculture by 2025, and enhancing investment finance in agriculture among others. She highlighted the biennial review process which involves elaboration on the biennial review roadmap and validation with the stakeholders, critical analysis of previous biennial review cycles, conducting training on the revised data collection, data collection and evaluation, technical support, report writing, technical review by the Specialized Technical

Committee (STC) bureau and RECs principals, submission to the STC on Agriculture, Rural Development, Water and Environment (ARDWE) and then to the AU Assembly. She also highlighted the technical working groups on CAADP-BR, as well as the set of various performance indicators that have been used for data reporting on the CAADP-BR, as well as the quality reporting tools which are the CAADP-BR metric reference documents.

2. Presentation on African Leaders Malaria Alliance Scorecard

ALMA's Representative highlighted efforts in addressing the critical health challenges on the continent through the digitalization of Africa's health data, the End Malaria Councils and Funds, Malaria Youth Corps, as well as conducting sub-regional coordination. She added that the ALMA Scorecard for Accountability and Action focuses on enhancing national performance on priority indicators for malaria and key health areas including neglected tropical diseases (NTDs) and maternal and child health as requested by the AU Heads of State, and that it has been crucial in keeping malaria and other health priorities on the political and development agenda, increasing donor and domestic resources as well as enacting relevant health policy changes.

She added that ALMA currently supports countries in the implementation of national scorecards to track national and sub-national real-time health data against priority indicators, and identity challenges, increase accountability and enhance decision-making to drive action. Scorecard management tools are now integrated into existing accountability and management processes to drive action including addressing upsurges, stockouts, etc. These tools have been used at both national, sub-national and community levels. She further noted that ALMA, in partnership with AfDB and AUC, has supported the development of the CNAS and national nutrition scorecards in several countries and future steps include potentially developing regional scorecards and awards for high-achieving AU Member States.

3. Presentation on the African Leaders for Nutrition

The ALN Initiative was founded in 2015 and endorsed by the AU in 2018. It aims to foster high-level political commitment to prioritize nutrition and increase financial investments to achieve nutrition targets by 2025. The ALN focuses on strengthening political leadership, expanding evidence-based approaches, promoting accountability, and boosting investments in nutrition. The initiative has enlisted champions who play a crucial role in implementing nutrition interventions in their respective countries. Some notable achievements include raising the profile of nutrition as a development priority, securing presidential declarations on nutrition prioritization, increasing demand for nutrition financing, and supporting the 2022 AU Year of Nutrition and Food Security.

The ALN's key priorities involve mobilizing political support for better nutrition security, increasing investment in nutrition, and promoting accountability in addressing malnutrition. To achieve these goals, the ALN has been mobilizing commitments from Member States, developing a Multisectoral Nutrition Policy Framework, setting financing targets, and digitalizing the CNAS. The Representative called on the participants to actively engage their leaders on their commitment to implement the ALN Declaration and resolutions, emphasizing the importance of achieving tangible results in improving nutrition outcomes across the continent.

Session III: Country Experiences on the Status of Malnutrition and Use of Nutrition Data for Advocacy

Member States had an opportunity to present country-specific experiences, by highlighting issues relating to the availability of nutrition data (sources), challenges, and recommendations related to nutrition in their respective countries:

A. REPUBLIC OF UGANDA

The Representative of Uganda provided an overview of the trends in child growth measured in Uganda, including the percentage of children under 6-59 months who are stunted, underweight, wasted, and overweight, based on data from various sources. The data collection tools mentioned include questionnaires, nutrition registers, tally sheets, and performance monitoring and supervision tools. The use of scorecards for monitoring program performance, included the development of a National Nutrition Dashboard and scorecard with core indicators and key performance indicators prioritized for the national dashboard. They generated a Nutrition-Governance scorecard which measures the functionality of nutrition programs at national level. Nutrition is coordinated by the office of the Prime Minister and the National Nutrition Dashboard/Scorecard data are from District Health Information System 2 and Health Management Information system (DHISII/HMIS).

Recommendations:
1. Need to invest in nutrition data management for multisectoral nutrition programming.
2. Strengthen nutrition integration into Management Information systems to support programmatic output reporting and accountability.
3. Encourage use and uptake of data-driven decision-making across all stakeholders.
4. Continually capacity build on tools and methodology to ease collection, analysis, access and uptake of data.

B. REPUBLIC OF BURUNDI

The Representative of the Republic of Burundi highlighted the prevalence of stunting, wasting, and anemia among children under 5 years old and women of reproductive age (15-49 years). The Infant and Young Child Feeding (IYCF) is far from reaching its targets where only 18% of children 6-23 months have access to minimum diet. Breastfeeding indicators are on good track (85%), while complementary feeding is moderate, but meal frequency and minimum diversity is weak. He called for updated data through studies and surveys and highlighted challenges such as insufficient funding, geographical coverage of interventions, and rising prices of nutritional products.

Recommendations:
1. Strengthen nutritional surveillance and community mobilization for early detection and referral of malnutrition cases.
2. Strengthen interventions to prevent malnutrition, especially during the first 1,000 days.
3. Strengthen interventions to prevent anaemia among adolescents and women of reproductive age.
4 Ensure the promotion of dietary diversification, especially for the most vulnerable groups.
5. Strengthen actions to prevent malnutrition within a multi-sectoral framework
6. Increase government financial support for nutrition.

C. REPUBLIC OF TCHAD

The Representative presented nutrition situation data, including statistics on malnutrition prevalence, micronutrient deficiencies, and their impact on mortality and economic productivity. He highlighted the governance structure for nutrition in Chad, Nutrition Governance System available under different levels such as CNNA, CTPNA and CPNA. He also discussed the country's commitments to nutrition initiatives such as the Scaling Up Nutrition Movement (SUN), Renewed Effort Against Hunger and Malnutrition (REACH) initiative and the Global Alliance for Resilience in the Sahel (AGIR). The representative mentioned that among lessons learned, the adoption of a multisectorality approach favored the implication of multiple sectors and stakeholders in nutrition related matters, as well as community involvement, and innovative financing for nutrition.

Recommendations:

1. Accompany countries in their commitment to financing nutrition.

2. Initiate innovative approaches to financing nutrition, such as taxing cigarettes, sweetened drinks and junk food

3. Solicit partners to mobilize resources for nutrition outside emergency situations.

4. Promote interventions at community level.

5. Emphasize prevention and behavior change programs.

6. Promulgate and enforce nutrition-friendly legislation.

D. UNION OF COMOROS

The Representative of the Union of Comoros noted that nutrition data include surveys and routine sources, such as StepWise 2011, Demographic and Health Survey – Multiple Indicator Cluster Survey (EDS-MICS) 2012, and MICS 2022, as well as DHIS2 and Kobotoolbox. He discussed the decentralization of nutritional services in Comoros, with 52 centres in 17 health districts and mentioned the challenges related to budgeting in nutrition. He also highlights the need for better data collection and processing, as well as the importance of coordination, gender considerations, and funding for improving the nutritional status of the population.

Recommendations:

1. Strengthen intersectoral collaboration by setting up the Multisectoral Platform for Food and Nutrition.

2. Strengthen data collection at all levels of the health pyramid, including the community level.

3. Mobilize the resources needed to implement the Multisectoral Platform for Food and Nutrition.

4. Ensure formative supervision and advanced strategies at all levels.

5. Conduct CAP surveys and other studies on nutrition and food

6. Organize regular coordination meetings for programmatic monitoring of plan implementation.

7. Involve women effectively in all levels of nutritional care.

E. REPUBLIC OF DEMOCRATIC REPUBLIC OF CONGO

The Representative highlighted the severe malnutrition problems in the Democratic republic of Congo (DRC), including high rates of chronic malnutrition (47.9%), acute malnutrition (8.2%) and widespread micronutrient deficiencies (iron, zinc and Vitamin A deficiency) among children under 5 years old. Data sources include different sectors including health, agriculture, social protection. Scorecard related information included some existing dashboards at national level such as the Nutrition Cluster and DHIS2, then the Nutritional Surveillance, Food Security and Early Warning System for nutritional monitoring.

Recommendations:

1. Set up a digital platform (Kobo form) for the monthly collection of a range of information to monitor contractual and non-contractual indicators relevant to the country in the context of prevention (ANJE, ANJE-U, NAC) and care interventions (PEC MAS, PEC MAM, PEC MAS-MAM, Simplified Approach, etc.), to assess the progress made by the nutrition project in the country.
2. Improve/set up a second digital platform integrating nutritional data and data from other related sectors not included in DHIS2, to facilitate data triangulation and thus improve understanding of the root causes of the nutritional situation.
3. Strengthen the country's National Surveillance and Early Warning System by increasing the number of sentinel sites.

F. REPUBLIC OF DJIBOUTI

The Representative of Djibouti addressed the challenges of malnutrition and food insecurity in Djibouti, which has been exacerbated by recent health and economic crises. He discussed the National Nutrition Program's interventions, which include prevention and treatment of malnutrition, as well as multisectoral approaches to improving nutrition.

Recommendations:

1. Revitalize routine data collection and nutrition surveys.

2. Conduct community education and awareness activities (set up support groups on the ICYF).

3. Support and strengthen nutritional intervention.

G. FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

The Representative provided details on the policy landscape for food and nutrition, including the Food and Nutrition Policy, Food and Nutrition Strategy, Seqota Declaration Road Map, and Ethiopian Food System Road Map. He also discussed data sources and indicators, such as routine Health Management Information System (HMIS) data for stunting, wasting, anaemia, and other nutrition-related indicators. The Republic of

Ethiopia owns a multisectoral nutrition scorecard that includes nutrition-specific and nutrition-sensitive indicators with their respective cut-off points. This scorecard is collected through an excel form and UNISE on a monthly, quarterly, or biannual basis. Additionally, there is a health-specific scorecard that is specific to health, has a cut-off point, and is collected through DHIS2 on a monthly, quarterly, and biannual basis.

Recommendations:

1. Strengthen multisectoral coordination among stakeholders

2. Strengthen nutrition monitoring and evaluation system

3. Capacity building and mentorship to improve data quality

4. Improving Infrastructure and digitalization to improve nutrition data tracking and utilization for decision making.

5. Roll out mandatory large scale food fortification and improve micronutrient supplementation

6. Train and deploy nutrition professionals at each level

7. Allocate budget for improved nutrition

H. REPUBLIC OF KENYA

The Representative from the Republic of Kenya discussed the types of data, data sources, and tools used to collect nutrition situation data, including routine data, sentinel surveillance data, small-scale surveys, seasonal assessments, population census, and large-scale surveys, as well as program and donor reports. Kenya has 7 scorecards among which a Nutrition scorecard, having 3 indicators. She emphasized that the scorecard is highlighted as a visualization tool that stimulates discussions, deep dives into data gaps and interventions, and strengthens advocacy and accountability.

Recommendations:

1. Strengthen staff capacity
2. Continued System Improvement- strengthens User Interface Friendly system
3. Support Documentation of best practices/Experiences Scorecard Hub
4. Enhance Joint analysis and review- strengthens accountability and address emerging issues
5. In-country motivation incentives for Sub-national utilization excellence

I. REPUBLIC OF MADAGASCAR

The Representative from Madagascar provided an overview of the nutrition situation data in Madagascar, including data sources and tools used to collect data. This covers surveys and sources such as EDS, MICS, and Standardized Monitoring and Assessment of Relief and Transitions (SMART) to gather information on malnutrition rates and anaemia among women and children. He also discussed using Kobotoolbox, Commecare HQ, and DHIS II for data collection and mentioned they use Excel and Power BI for their scorecard. Additionally, it highlights the importance of data quality, adaptability of data collection tools, coordination of systems, and continuous training and support for users.

Recommendations:

1. Strengthening digital infrastructure.
2. Standardisation of data collection protocols.
3. Ongoing user training.
4. Systems integration and interoperability.
5. Strengthening supervision and technical support.
6. Promoting transparency and accountability.
7. Periodic evaluation and strategic adaptation: Ongoing political commitment

J. REPUBLIC OF MAURITIUS

The Representative mentioned the high rates of diabetes, prediabetes, hypertension, obesity, anaemia, and deficiencies in vitamin B12 and D across different age groups. Data is collected through various instruments and questionnaires. The scorecard available assesses the extent of commitment to population-based interventions for non-communicable diseases in Mauritius and provides recommendations for addressing challenges and improving nutrition and health in the country.

Recommendations:

1. Development of food-based dietary guidelines using a life cycle approach.
2. Population awareness campaigns to increase vegetable and fruit consumption and enforcement of food regulations.
3. Expansion of food fortification programs, including iron and folic acid supplementation for adolescent girls.
4. Strengthening the school health program and increasing accessibility to the school meal program to address micronutrient deficiency.
5. Intensifying nutrition education and health promotion activities for the population and vulnerable groups.
6. Development of user-friendly nutrition labeling and maximizing the use of digital technologies to motivate behavioral change.

K. FEDERAL REPUBLIC OF SOMALIA

The Representative from the Republic of Somalia outlined the types of data sources and tools used for nutrition data collection, including National Biannual Seasonal SMART Surveys and NGOs SMART Surveys, Routine Data from the Health-DHIS2, Micronutrient Survey, MICS. There is no actual scorecard available in Somalia, but they are using an interactive dashboard built in the DHIS2 system to monitor progress of the nutrition situation at the national level.

Recommendations

1. Develop and implement a standardized scorecard framework
2. Strengthen data collection mechanisms by training healthcare professionals and program staff in standardized data collection methods.
3. Digitization of nutrition tools for easily to collect data
4. Improved coordination and accountability Establishment of National Nutrition portal

L. REPUBLIC OF SOUTH SUDAN

South Sudan's presentation highlighted the persistent public health challenge of maternal and child malnutrition. A lack of comprehensive data hampers progress assessment towards national nutrition targets. The presenter highlighted that the current estimates indicate that 13% of the population experiences acute malnutrition, with 10% facing severe acute malnutrition. Additionally, 28% of children under five are wasted, and 31% are stunted. It was also revealed that South Sudan collects various data types, including anthropometric, demographic, mortality, food security, WASH (drinking water sources), and referral data. While a national nutrition scorecard is not yet implemented, existing multi-sectoral and dynamic management tools aim to strengthen accountability and drive action towards continental and country-specific nutrition commitments. Challenges in data quality, accessibility, funding shortages, and limited human resources hinder progress.

Recommendations:

1. Increased advocacy for funds and support to complete the rationalization process
2. Regular training for capacity enhancement for data collectors
3. Need for data on vulnerability to acute malnutrition to strengthen early warning mechanisms.
4. Develop a nutrition cadre for the entire level from decision-makers and managers to implementers and community-level nutrition educators.
5. Working with the technical nutrition community to identify and prioritize data gaps

Session IV: Overview of the Continental Nutrition Accountability Scorecard Digital Platform

1. CNAS Digital Platform

The CNAS Coordinator from ALN made the presentation which highlighted the rationale behind the interventions and indicator selection for the CNAS, drawing inspiration from the World Health Assembly's Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition. He said that the CNAS encompasses a range of indicators that assess socio-economic impact, human capital development, nutrition status, governance, policy, legal provisions, service coverage, nutrition financing, and enabling environment. Specific targets include reducing childhood stunting, anaemia among women of reproductive age (15-49 years), low-birth-weight newborns, and childhood wasting, while also promoting exclusive breastfeeding and access to health services.

He also elaborated on the establishment of a Technical Working Group and a digital platform for the scorecard. He gave some recommendations which include targeted interventions to reduce malnutrition, promoting breastfeeding, improving access to healthcare, implementing social protection measures, investing in water and sanitation infrastructure, ensuring nutritious food availability, increasing budget allocation for nutrition plans, strengthening nutrition-related governance and policies, monitoring socio-economic impacts of malnutrition, and utilizing the digital CNAS for data analysis and transparency. He added that these recommendations aim to provide a roadmap for stakeholders in the Eastern and Central African regions to effectively address malnutrition and improve nutrition outcomes.

2. Participants' Feedback and Recommendations on the online CNAS platform

Member State representatives raised several concerns, including access to generating the scorecard, the inclusion of indicators for other age groups, and the frequency of scorecard updates. Questions also focused on gender parity in data, varying data collection methodologies, and the inclusion of indicators from other sectors such as agriculture and the absence of food safety discussions was noted. The CNAS Coordinator addressed these by explaining the accessibility of CNAS, the connection to global resources via an API tool, and the integration of various sectors. He mentioned plans for biennial automatic updates and involving nutritional focal points in updates. He encouraged discussions on standardizing data collection methodologies and suggested addressing the omission of food safety in group discussions.

3. Experiences from ALMA on Using Data for Advocacy

The ALMA Representative highlighted the collaboration between ALMA and various countries, emphasizing that the ALMA scorecard is country-owned and driven. She explained that countries have direct access to the scorecard for real-time data monitoring, improving health services in Ghana, Nigeria, Tanzania, and Rwanda by identifying inefficiencies. The scorecard also enhanced health outcomes in the Democratic Republic of Congo, Kenya, and Uganda, notably reducing maternity and child mortality. In Zambia, the scorecard boosted resource mobilization, while in Ghana, it was integrated into health sector training curricula. Kenya saw decentralized scorecard use in six counties, supported by partners like Nutrition International and USAID Advancing Nutrition. The presenter underscored that the scorecard's integration into health management systems fosters transparency, ownership, cost reductions, and sustainability, with quarterly publications stimulating informed decision-making and resource allocation.

4. Feedback from Member states on the Digital CNAS

Member States expressed their appreciation for the overall development of the CNAS, noting that the digital version is easy to use and understand for nutrition and health experts. They identified several areas for improvement including defining the thematic areas of different tabs, indicating data sources, and involving national statistics offices to coordinate and validate information. They also suggested revising some indicators and introducing new ones. The suggested revisions included the following:

1. Include children's anaemia within the "nutrition status" category
2. Move food fortification to service-level indicators
3. Change "Breastfeeding" to "Exclusive Breastfeeding"
4. Change "prenatal care" to "prenatal consultation"
5. Change "Immunization" to "fully vaccinated child"

Additionally, Member States recommended the following new indicators for inclusion in the CNAS:

6. Communication and advocacy under the "enabling environment" category
7. An indicator on food safety and on multi-sectoral coordination and collaboration
8. Globally agreed policies to be implemented under the "environment" category
9. Indicator on deworming and the number of households experiencing food insecurity

5. AUC Continental Nutrition Report

It was reported that the Continental Nutrition Report aligns with the ARNS 2016-2025 and highlights various commitments and actions by the AU related to nutrition, including the Malabo commitment to reduce stunting and underweight percentages by 2025. The report assesses progress, challenges, and opportunities for improving nutrition across Africa, emphasizing the need for better data and information and discusses the state of nutrition policies in AU Member States as well as the implementation of ARNS strategic outcomes. The presentation concluded with recommendations for the 2025 Continental Nutrition Report, emphasizing the importance of involving diverse stakeholders and using the report as an advocacy and communication tool to highlight the significance of nutrition.

6. Nutrition for Growth (N4G) Campaign

Presentation to be shared by George

Closing Session

In his closing remarks, Mr Edward Walugembe the Commissioner in the Office of the Prime Minister of the Republic of Uganda expressed gratitude for the meeting held and recognized the urgent need to address malnutrition in Africa and was glad to have learned about the CNAS and seeing that African leaders are committed to make evidence-based decisions. He reiterated the role of other players and sectors in addressing the issue of malnutrition and further encouraged Member States on the use of CNAS, especially across the priority sectors such as agriculture, finance and education. He encouraged ALN and AUC to continue having such initiatives and to invite not only Nutrition Experts to such workshops but allies, in order to capture every angle necessary to tackle malnutrition. The Representative emphasized that the involvement of countries' statistical offices is crucial to cover all the sectors, which can feed the CNAS indicators. He concluded by calling on Member States to advocate for the use of the scorecard in their respective countries and insist on involving other sectors.

Annex I: List of Participants

Central and Eastern Africa Region Capacity Building Workshop on the Continental Nutrition Accountability Scorecard (CNAS)

4-5 JULY 2024, KAMPALA, UGANDA

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Annex II: Agenda

Capacity Building Workshop on the Continental Nutrition Accountability Scorecard (CNAS) for Eastern and Central African Regions

4th to 5th July 2024, Kampala, Uganda

Time	Activities	Responsible
DAY 1: 4 July 2024: Chair – Edward Walugembe, Commissioner, Office of the Prime Minister, Uganda		
9:00 - 9:30	Registration Welcome remarks	AUC • George Ouma, ALN • Gertrude Kara, AUC • Hassan Mohammed, IGAD • Edward Walugembe, Commissioner, Office of the Prime Minister
9:30 - 09:45	Introduction to the Workshop objectives and agenda	ALN, Geoffrey Lairumbi
09:45 - 10:45	Overview of the current nutrition situation in the Africa Overview of the status of malnutrition within the regions	Gertrude Kara, AUC • Hassan Mohammed, IGAD • Dr. Yvonne Kinyanjui, COMESA
COFFEE BREAK		
SESSION II. Continental Strategies and Initiatives on data		

11:00 - 11:30	Overview of CAADP Biennial Review data requirements	Agnes Akwang, AUC - DARBE
11:30 - 12:00	Presentation on African Leaders Malaria Alliance (ALMA) scorecard	Foluke Olusegun, ALMA
12:00 - 12:15	Overview of the African Leaders for Nutrition	George Ouma, ALN
SESSION III. Countries Experiences on Status of Malnutrition and Use of Nutrition Data for Advocacy		

12:15 - 13:15	Sharing of country data on status of
	
	malnutrition data and experiences on use of data:
	
	    1. Republic of Uganda
	
	    2. Republic of Burundi
	
	    3. Republic of Chad
	
	    4. Republic of Comoros
	
	Questions & Answers (10min)
		Member States Representative

LUNCH		

14:30 - 15:30	Malnutrition data and experiences on use of data:
	
	    1. Democratic Republic of Congo (DRC)
	
	    2. Republic of Djibouti
	
	    3. Federal Democratic Republic of Ethiopia
	
	    4. Republic of Kenya
		Member States Representative

	Questions & Answers (10min)	
	COFFEE BREAK	
16:00 - 17:00	**Sharing of countries' data on status of** **malnutrition data and experiences on use of data:** **1. Republic of Madagascar** **2. Republic of Mauritius** **3. Federal Republic of Somalia** **4. Republic of South Sudan** **Questions & Answers (10min)**	**Member States Representative**
17:45	**Reflections and Wrap-up**	**Lucy Murage, AUC**
DAY 2: 5 July 2024: Chair – Prof. Mahamat Bechir, Republic of Chad		
9:00 - 9:30	**Recap of day 3 and Matters arising**	**Dr Marie Nduwayo, AUC**
9:30-10:00	**Overview of the Continental Nutrition Accountability Scorecard (CNAS)**	**George Ouma, ALN**
COFFEE BREAK		
10:30-11:00	**Overview of the CNAS: Online version**	**Geoffrey Lairumbi, ALN**
11:00-11:30	**Experiences from ALMA on using data for advocacy**	**Foluke Olusegun, ALMA**
11:30-12:00	**Using data from CNAS for Accountability (Country Profiles for Advocacy)**	**George Ouma, ALN**
12:00-13:00	**Group Work on the digital CNAS**	**Lucy Murage, AUC**

LUNCH		
14:00-15:00	**Plenary on the online version of the CNAS (Data Source, areas of revision, linkages and leverage)**	Lucy Murage, AUC
15:00-16:00	**Plenary II** • **Using the CNAS in respective member states for advocacy** • **Discussion on reporting lines and data analysis of the scorecard** • **Key recommendations and next steps**	**AUC/ALN**
COFFEE BREAK		
16:15-16:30	**Presentation of the African Nutrition Report** **Q&A (10min)**	**Gertrude Kara, AUC**
16:30-16:45	**Briefing on Nutrition for Growth (N4G) Campaign** **Q&A (10min)**	**George Ouma, ALN**
16:45-17:00	**Closing**	**Edward Walugembe, Commissioner, Office of the Prime Minister**