



Food and Agriculture  
Organization of the  
United Nations



## Milan Urban Food Policy Pact Monitoring Framework

July 2018 version

**Indicator 16:** Presence of programmes/policies that promote the availability of nutritious and diversified foods in public facilities

MUFPP framework of actions' category: Sustainable diets and nutrition

*The indicator monitors presence of programmes/policies that promote the availability of nutritious and diversified foods in public facilities.*

### Overview table

MUFPP Work stream	Sustainable Diets and Nutrition
<b>MUFPP action</b>	<b>Adapt standards and regulations to make sustainable diets and safe drinking water accessible</b> in public sector facilities such as hospitals, health and childcare facilities, workplaces, universities, schools, food and catering services, municipal offices and prisons, and to the extent possible, in private sector retail and wholesale food distribution and markets.
<b>What the indicator measures</b>	Presence of programmes/policies that promote the availability of nutritious and diversified foods in public facilities
<b>Which variables need to be measured / what data are needed</b>	<ul style="list-style-type: none"> <li>▶ Number and type of policies and programmes</li> <li>▶ Level of implementation</li> <li>▶ Information and communication</li> <li>▶ Types of public facilities</li> </ul>
<b>Unit of measurement</b> (i.e. Percentages, averages, number of people, etc.)	<ul style="list-style-type: none"> <li>▶ Number (and types) of policies and programmes</li> <li>▶ Number and type of information and communication mechanisms and target groups</li> </ul>
<b>Unit(s) of Analysis</b> (i.e. people under 5 years old, etc.)	<ul style="list-style-type: none"> <li>▶ Policies/ programmes related to nutritious and diversified foods in public facilities</li> </ul>
<b>Possible sources of information of such data</b>	<ul style="list-style-type: none"> <li>▶ City council public records</li> <li>▶ Health departments</li> <li>▶ Education departments, school boards/ associations</li> </ul>
<b>Possible methods/tools for data-collection</b>	<ul style="list-style-type: none"> <li>▶ Programme/ policy review and document analysis</li> </ul>
<b>Expertise required</b>	<ul style="list-style-type: none"> <li>▶ Policy and document analysis</li> </ul>

Resources required/ estimated costs	
Specific observations	
Examples of application	

### Rationale/evidence

Consumption of sufficient, safe, and nutritious food is critical to the health and well-being of any urban household/individual. The Milan Pact Monitoring Framework proposes a set of indicators to measure different aspects of sustainable diets and nutrition. The combination of these indicators provides the more comprehensive analysis. Non-communicable diseases (NCDs) are increasing at alarming rates globally. The burden of NCDs in developing countries outweighs that of communicable diseases, both in high and low-income countries. There are globally more than 1 billion overweight people and at least 300 million of them are clinically obese. Close to 800 million people are suffering from malnutrition, a slow decline over the past decade. Lifestyle and consumption patterns are key determinants of such diseases and include changes in diets, physical activity and tobacco use. Rapid changes in diets and lifestyles that have occurred with industrialisation, urbanisation, economic development and market globalisation, have accelerated over the past decade. This is having a significant impact on the health and nutritional status of populations, particularly in developing countries and in countries in transition. Changes in the world food economy are reflected in shifting dietary patterns, for example, increased consumption of energy-dense diets high in fat, sugar and salt. Because of these changes in dietary and lifestyle patterns, chronic NCDs (including obesity, diabetes mellitus, cardiovascular disease (CVD), hypertension and stroke, and some types of cancer) are becoming increasingly significant causes of disability and premature death in both developing and newly developed countries, placing additional burdens on already overtaxed national health budgets<sup>1</sup>.

Local governments have the opportunity to set standards for the quality of foods available in public facilities such as government offices, parks, community centres, childcare sites and events. While the majority of food access points (supermarkets, convenience stores, etc.) are not run by governments, setting standards in publically run environments can help normalize healthier, more diversified food options and leverage public funding to support the development of supply chains for these foods.

### Glossary/concepts/definitions used

**Diversified Foods/ Food Group Diversity:** Refers to the diversity of consumption. For this purpose, food items are grouped under overall food groups. The ten used food groups are: 1. Grains, white roots and tubers, and plantains 2. Pulses (beans, peas and lentils) 3. Nuts and seeds 4. Dairy 5. Meat, poultry and fish 6. Eggs 7. Dark green leafy vegetables 8. Other vitamin A-rich fruits and vegetables 9. Other vegetables 10. Other fruits<sup>2</sup>.

**Policy:** A course of action adopted by government (business or organisation) to induce certain changes in the decisions and behaviour of actors in that society in order to achieve certain goals.

**Programme:** A set plan of activities to produce positive outcomes for a specific or targeted population.

**Public Facility:** Any building, place or event that is wholly funded or directly operated by a government department or agency.

<sup>1</sup> World Health Organization. (2003). Diet, nutrition and the prevention of chronic diseases: Report of a Joint WHO/FAO Expert Consultation. Available from [http://apps.who.int/iris/bitstream/10665/42665/1/WHO\\_TRS\\_916.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/42665/1/WHO_TRS_916.pdf?ua=1).

<sup>2</sup> The food groups are further described and defined in <http://www.fao.org/3/a-i5486e.pdf>, Section 2, and Appendix 2

## Preparations

The team responsible for monitoring this indicator should agree on the type of data disaggregation and categories that will be used and the data collection method.

## Sampling

A randomly sampled number of internal and external stakeholders (e.g. health departments, education departments, school boards/ associations, hospitals) could be engaged in a participatory analysis of existing policies and programmes.

## Data Collection and Analysis

During a monitoring/review meeting the following table can be discussed and filled. Specific observations made during the meeting can be added in the final column. Also recommendations for improvement can be added here.

### Scoring sheet

Characteristics	Scoring			Total score	Disaggregation of information	Observations/Recommendations
Presence of programmes/policies that promote the availability of nutritious and diversified foods in public facilities	Yes= 1 point	No= 0 points			-Number and type of policies and programmes -Distinguish among types of facilities	
Level of implementation: is the municipal policy/implementation actually implemented or enforced?	Yes, completely= 2 points	Partially = 1 point	No= 0 points		-Discuss for each of the policies or programmes. -Indicate reasons for partial or non-implementation/enforcement	
Information and communication: Are policies and regulations widely shared within city government and to potential beneficiaries	Yes= 1 point	Partially= 1 point	No= 0 points		Number and type of information and communication mechanisms and target groups	
Total score:						

Note: If existing, it may be relevant to further critically assess the specific policies or programmes themselves in order to highlight areas for improvement. The critical policy analysis proposed for Indicator 3 (*Presence of a municipal urban food policy or strategy and/or action plans*) may be used and adapted for this purpose.

## Data analysis/calculation of the indicator

Based on the scoring and further information provided, participants in the monitoring/review process may identify gaps or areas for strengthening or improvement:

- ▶ How can existing policies and programmes be better implemented and communicated?
- ▶ What new or revised policies and programmes are proposed?
- ▶ What process should be followed to implement these changes? Steps to be taken? Stakeholders to be involved? Critical time-lines? Resources required?

### References and links to reports/tools

World Health Organization. (2003). Diet, nutrition and the prevention of chronic diseases: Report of a Joint WHO/FAO Expert Consultation. Available from [http://apps.who.int/iris/bitstream/10665/42665/1/WHO\\_TRS\\_916.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/42665/1/WHO_TRS_916.pdf?ua=1).