EXTERNAL EVALUATION OF THE EU/UNICEF PARTNERSHIP ON NUTRITION SECURITY

FINAL EVALUATION

Africa Nutrition Security Partnership

Contract no: 43286576 ANSP

VOLUME 1 MAIN REPORT

October 2016
The present document is the draft report of the final external evaluation (End-Term Evaluation or ETE) of the Africa Nutrition Security Partnership (ANSP) programme 2011-2016. The ANSP is part of the partnership between the European Union and UNICEF to address chronic malnutrition in Africa. Traditionally, UNICEF has been a strong advocate on nutrition and an important technical partner on nutrition for many Governments worldwide. Over the past years, the European Union has increased its focus and commitment to fight malnutrition worldwide; it has recently published a communication and action plan on nutrition security showing this commitment. Through the ANSP partnership and related funding, UNICEF has been able to implement a comprehensive programme to contribute to the goal of combatting malnutrition and thus contributing to the overall MDG goals 1, 4, 5 and 8.

This ANSP ETE 2015 Report represents the work of the ETC Netherlands team at the end of the assignment to conduct a series of independent external evaluations of the EU/UNICEF partnerships in both Asia and Africa. The evaluation is set in the overall evaluation framework that was developed during the inception phase as guidance for a set of four evaluations: the Mid-Term and End-Term Evaluations of the two programmes under the EU/UNICEF partnership: MYCNSIA in Asia and ANSP in Africa.

In this final of the four assignments the evaluation team has benefited from the preceding experiences during the MYCNSIA MTE and ETE and especially from its experience and knowledge gained during the MTE of the ANSP in 2013. The ANSP has not only been implemented in four target countries (Burkina Faso, Ethiopia, Mali and Uganda) but also in two regions (West Africa; and East Africa) and at the continental level (Sub-Saharan Africa). As a consequence, the team has tried to find a balance between the country, regional and continental details and overall programmatic concerns.

The build-up to the bigger picture is based on the documentation that was made available through the Evaluation Manager of the ANSP Programme Management Unit, the discussions with staff in Regional and Country Offices as well as meetings with the (continental) Liaison Office to the African Union. The evaluation team has also greatly benefited from interviews and interactions with the many partners of UNICEF in the various countries. In each country, during a ten-day visit (on average), meetings and observations have greatly contributed to a better understanding of the dynamics and result of the ANSP. Likewise the visits to Nairobi and Dakar to the respective Regional Offices of UNICEF have provided the evaluation team with necessary information and thus added to our understanding. We greatly appreciate the contributions of all of the UNICEF country and regional staff in guiding us through the complexities of the programme.

We appreciate the challenges that UNICEF has faced during the implementation of the ANSP as the context at global, regional and country levels is constantly changing. Despite all of this we are convinced that the EU/ANSP partnership has been of great importance to further the plight of so many malnourished children and their caretakers in Africa. It has been a privilege to the ETC evaluation team to be a tiny part of that formidable task.

On behalf of the ETC team:
Bert Lof, June 2016
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<tr>
<td>AARA</td>
<td>Regional Food Security and Agriculture Agency</td>
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<td>AGIR</td>
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<td>ASEAN</td>
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<td>CAADP</td>
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<td>CC</td>
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<td>CDC</td>
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<td>CMAM</td>
<td>Community Managed Treatment of Acute Malnutrition</td>
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<td>CO</td>
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<td>EAPRO</td>
<td>East Asia and Pacific Regional Office (UNICEF)</td>
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<td>ECOWAP</td>
<td>Regional Agricultural Policy for West Africa</td>
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<td>ECOWAS</td>
<td>Economic Community of West Africa States</td>
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<td>ESARO</td>
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<td>IGAD</td>
<td>Intergovernmental Authority on Development, incl. Horn of Africa</td>
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<td>IMCI</td>
<td>Integrated Management of Childhood Illnesses</td>
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<td>MLGSD</td>
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Specific ANSP country related acronyms can be found in Volume 2 (Annexes)
EXECUTIVE SUMMARY

Africa Nutrition Security Partnership (ANSP)

The Africa Nutrition Security Partnership (ANSP) aims at increasing the commitment to nutrition security in terms of policies, budgets, effective programming and implementation in close collaboration with the national governments of Burkina Faso and Mali in West Africa and Ethiopia and Uganda in East Africa. ANSP closely collaborates with the African Union at continental level and with the regional organisations of West Africa and East Africa.

The ANSP specific objective is “to improve the institutional environment at continental, regional and national levels contributing to a reduction in maternal and child undernutrition in Africa”. Its four result areas relate to:
1) Upstream Policy Development and Nutrition Security Awareness
2) Institutional Development and Capacity Building
3) Data Analysis and Knowledge Sharing
4) Scaling-Up Interventions

ANSP End-Term Evaluation (ETE) 2015

Based on the ANSP ETE 2015 Terms of Reference the specific objectives for the ANSP Final Evaluation have been:
1. To assess the relevance, efficiency, effectiveness, impact, sustainability, equity-focus, and adaptability of the ANSP;
2. To assess the effectiveness of the institutional framework and partnerships at continental, regional and national levels;
3. To determine the appropriateness of the strategies in place for the achievement of the planned results;
4. To determine whether ANSP efforts in relation to all 4 Result Areas of the logframe have been implemented with sufficient quantity, quality and timeliness (i.e. adequacy of programme inputs, against the predefined targets);
5. To distill any Lessons Learned or Good Practices, and identify barriers to effective implementation, in order to make recommendations for modifications for the subsequent planning period and programme cycle;
6. To identify any broader consequences, positive or negative, intended or unintended, which have occurred as a result of the ANSP.

The ANSP ETE 2015 has been implemented in the period September 2015 - January 2016 through an extensive document review, four country visits and meetings with relevant UNICEF Regional staff in Dakar and Nairobi respectively.

Findings

The main findings with respect to the ETE 2015 evaluation are:

Relevance

One of the strong points of the ANSP programme design has been its comprehensiveness, but also its flexibility to adjust to the specific context of operation. ANSP is clearly founded on earlier research studies and assessments; however, formative research implemented in the course of ANSP implementation has unfortunately not contributed to further fine-tuning of the design.

The ANSP 2014 mid-term revision of its logframe, indicators and reporting structure has enabled a more coherent and transparent narrative of programme-specific added value. The Pillar Four design of Scaling Up Nutrition has not sufficiently included the issue of how to address Scaling Up or Scaling Out from the focus areas to the national level. The interaction between region and countries is two-way with technical support and feedback mechanisms in place.

The ETE appreciates the way in which UNICEF, through ANSP and other support, have guided the various governments in full harmony with REACH and SUN objectives and values. At country level,
ANGSP has adequately complemented nutrition interventions and developments in the four target countries in alignment with national policies.

**Equity**

In its design ANSP has not explicitly addressed equity. The equity dimension has not been a visible element of programming and planning of the activities organized and supported by ANSP. Access and coverage of key nutrition interventions has been enhanced in the course of ANSP implementation in order to address barriers and bottlenecks.

**Effectiveness Pillar 1 Policy Development: key achievements**

ANSP has played an important role in order to strengthen Nutrition Governance, often in close relation with other Development Partners, REACH and SUN and in close collaboration with national authorities. Different modalities have been applied: advocacy and lobbying, technical assistance and funding. In some countries UNICEF was recognized as being the lead organisation for nutrition security.

ANSP has carefully taken the opportunity to intensify collaboration with nutrition stakeholders on the basis of the SUN approach, REACH coordination mechanism and its close interaction with national governments. Key achievements for the four ANSP countries with respect to nutrition governance are:

- **Burkina Faso**: ANSP has contributed to overcome the deadlock of Multisectoral coordination and supported the dialogue by putting together a business case approach that outlines the pros and cons of the different options. Together with other Development partners UNICEF provided a set of recommendations to accelerate the decision-making with a view to move towards a National Nutrition Council (C4D) and Early Childhood Development (ECD) for the planning and programming of nutrition multi-sectoral scale-up activities.

- **Mali**: In terms of governance and coordination there have been substantial changes. Three coordinating bodies for the implementation and supervision have been created. ANSP has advocated the creation of and paid for the position of National Nutrition Counsellor at the Ministry of Health.

- **Ethiopia**: ANSP supported in close collaboration with REACH, SUN and other development partners the establishment of a strong and institutionalized coordination structure for MSN which is country-led and owned. These coordinating bodies (NNCB) and Technical Committees (NNTC) are functioning at all levels: federal, regional, zonal, district (Woreda) and below (Kebele).

- **Uganda**: ANSP support to governance included strengthening of the MSN capacities at different levels and initiation of district action planning for nutrition.

At continental level, ANSP has substantially contributed to the formulation of the Africa Regional Nutrition Strategy (ARNS) 2015-2025. At regional level, ANSP often plays a facilitating and catalytic role as an enabler ‘leading from behind’ before, during and after regional (and continental) events on nutrition security. In all four countries, ANSP has significantly contributed to the formulation of relevant national nutritional policies; there has been an improvement of partnerships but barriers for better multisectoral coordination have remained. At sub-national levels, close collaboration evolved around decentralised coordination structures and through contractual arrangements for the implementation of scaling-up nutrition activities; the latter either with NGOs or through support to local governments leading to good stakeholder involvement from different sectors. Interestingly, the ETE observed an increased integration of nutrition within UNICEF between the nutrition, WASH, Social Protection and health sections, as well as with Communication (C4D) and Early Childhood Development (ECD) for the planning and programming of nutrition multi-sectoral scale-up activities. Through a wide range of activities, ANSP has further contributed to nutrition-sensitive policies in particular in Ethiopia (Social Protection) but in the other countries it had its limitations due to external factors.

**Effectiveness Pillar 2: Capacity Development**

ANSP has been prominent to promote MSN approaches in the various countries through capacity development. ANSP has seized opportunities wherever and whenever they occurred. The capacity development approach through training institutes has been effective and inclusive. At continental, regional and national levels there have been some very interesting experiences. ANSP has put significant effort in the design and production of training materials in support of Scaling-Up nutrition interventions. The effectiveness of the approach of leadership enhancement at the various levels is however less visible. One important element of the development of training material has been that the national governments are more and more in the driving seat and make an appeal on various development partners to jointly contribute on the basis of their experience.
Cornell training has played an important role to further promote MSN and to better understand the practical implication. In all four countries stakeholders have expressed their appreciation and satisfaction with the MSN training as implemented, but overall it lacked the flexibility to adjust to the national conditions and realities. ANSP has made good use of the opportunity to train non-traditional groups of stakeholders which has contributed to promote multisectoral action. In all four countries, ANSP has significantly contributed to the development of Nutrition training materials, mostly in collaboration with the national Ministry of Health.

**Effectiveness Pillar 3: Information Systems and Knowledge Sharing**

Key achievements with regard to the strengthening of nutrition monitoring are the ANSP contribution to the implementation of annual SMART surveys (Burkina and Mali). Key nutrition indicators have been introduced in the national HMIS systems (Burkina and Uganda), and the development of a Nutrition Monitoring System (Ethiopia) has been supported. Strengthened nutrition monitoring is an important achievement of ANSP. Though not planned, UNICEF has been able to respond in a very flexible way to specific opportunities or requests for nutrition relevant support because of ANSP funding.

One of the major shortcomings of ANSP has been the lack of documentation of good practices and achievements both during and at the end of the programme. The collaboration with Cornell University on documentation of multisectoral nutrition coordination has not led to joint learning and sharing of lessons and should be considered a missed opportunity. Horizontal sharing of experiences has been mainly confined to a few platforms but did not provide sufficient scope for learning and adaptation.

With regard to the baseline-endline studies, indicators to assess the ANSP objective of reduction of stunting in the intervention areas in three out of four target countries (Uganda being the exception) have not been collected in a systematic way.

**Effectiveness Pillar 4: Scaling-Up**

In terms of coverage of nutrition interventions, substantial results have been achieved for a wide range of activities: IYCF, BCC, CMAM, MSN Platforms, Growth Monitoring, MNP delivery, Home fortification, IYCF peer support groups, production of Complementary Feeding, etc. The approach chosen with regard to the Scaling Up of these Nutrition interventions has differed from one ANSP country to another, from full integration nation-wide to pilot scale. In Burkina and Ethiopia, ANSP has substantially contributed to the further scaling-up of nutrition interventions to non-ANSP provinces or regions. Significant differences between the four countries exist in terms of the chosen modalities and the implications for coverage and quality of in particular the nutrition sensitive aspects: in Ethiopia, Burkina and Mali the main entry point for scale up was the Ministry of Health, whereas in Uganda the programme was connected to a food security programme for its implementation of nutrition activities on the ground. Furthermore, in Burkina and Mali implementation was through NGOs whereas in Ethiopia the main implementer was in the hand of government services. In all four countries nutrition-sensitive interventions have been developed and implemented; but their success and contribution to reduction of stunting remains a question-mark.

A number of good practices for Scaling Up Nutrition can be discerned from the experiences in the four ANSP countries: the system of Health Extension Workers reaching out to promote positive nutrition practices at household level; the establishment of Multisectoral Nutrition Platforms in Mali; the formulation of a national strategy for a comprehensive IYCF programme; or the Community Connector model household approach to reach out with nutrition messages in Uganda.

**Efficiency**

The ANSP approach of multi-pillar, multi-country, multi-level, multi-sectoral experience in support of nutrition mainstreaming in government structures has proven to be comprehensive to the extent that it also contributed to operational efficiency. However, the documentation and learning from this approach was insufficiently captured. Operational efficiency was further enhanced by building on previous project experiences, responding to new emerging opportunities and by incorporating contributions and third party funding. Collaboration with other organisations also increased efficiency.

In terms of financial efficiency, ANSP budget expenditure has been about 50/50 between the four country programmes and the continental/ regional allocations, of which part of the latter were directed towards the country programmes for travel and workshop participation. About one-third of the
programme allocation was for staff costs with another third going to sub-contracting and training. ANSP expenditure has been slightly above budget (6.8%) mainly as a result of higher country programme expenditure.

In terms of leverage of funding, ANSP has successfully advocated for inclusion of nutrition in national government budgets in Burkina Faso, Uganda and Ethiopia. Moreover, UNICEF has been very successful in leveraging other sources of funding complementary to the ANSP funding.

**Impact**

In all four ANSP countries improvements of stunting reduction are observed over the ANSP implementation period either at national level or for the target areas. Overall, the levels of stunting reduction are still relatively modest with less than 1% per year, well below the generally accepted 2% reduction rate per year that is required in most countries to reach the WHA targets of a 40% reduction of stunting in 2025. Also in most target areas (regions or districts) the level of two percent per year has not been reached despite the additional ANSP effort. On the other hand it should be realized that stunting reduction is a long-term investment which goes beyond the three year of pillar four activities.

Broader impact has been achieved with regard to the outcomes of institutional strengthening through nutrition policy formulation and programming. In the four ANSP countries there is a wealth of nutrition-oriented projects and initiatives that have emerged during the past four years. ANSP was a hybrid between a project that aimed to achieve impact on nutritional status, and a programme that aimed to strengthen institutions over a longer period of time. The flexibility of the ANSP funding has made it possible to respond to emerging national (government) requests, opportunities and international developments with regard to increased attention for nutrition security (SUN movement and REACH).

**Sustainability**

It is clear that ANSP has contributed to capacities and ownership for sustained results with respect to nutrition security. Through capacity building and development of nutrition action plans ownership has been promoted for ANSP values and objectives. Support to training institutes has been effective and inclusive and greatly enhanced curriculum development in both professional and higher education institutions. Furthermore, the efforts to train government staff at different levels and to introduce them to multisectoral nutrition has greatly influenced the appropriation of the ANSP values and objectives to combatting malnutrition.

Systems impact was achieved as interventions are anchored in policies and national programmes and the coordination thereof. The finalized National Nutrition Policies ensure that ANSP (and SUN and REACH) values are taken forward in the four ANSP countries. Whether, the regional (IGAD) and continental (ARNS 2015-2025) nutrition policies will have the same impact of being taken forward and translated into concrete regional/continental programmes remains to be seen. This has not yet been the case so far.

The effort by ANSP to promote comprehensive MSN approaches in the various countries has contributed to momentum at the national and sub-national levels. Successful integration of multisectoral nutrition approach and consequent action planning are often based on a widely supported process of policy development. As nutrition is traditionally considered a matter of the health sector – in particular in those countries that have a long history of emergency interventions – the multi-dimensional character of nutrition is not very well understood. Nutrition-sensitive programming thus remains isolated.

The ANSP approach to advocate for and promote the multisectoral approach to combat malnutrition has been quite successful as it addressed multiple levels, multiple organisations and multiple stakeholders. Supported by other initiatives (SUN) this approach appeared to contribute to a better understanding and coordination at the different levels. Coordination structures integrating various sectors as promoted by ANSP at the national and sub-national levels have certainly contributed to a wide support for this approach and integration of nutrition in policies and programming.
Conclusions

1. ANSP has in many ways served as a catalyst to promote and advocate for integration of nutrition security in national policies in line with the SUN road map. This has happened not only at national level but also at continental (ARNS 2015-2025) and regional level (IGAD). Whilst acknowledging that not all endeavours set in motion, and supported, would come to fruition in a predictable way and at a predictable speed, the contribution of ANSP has been significant (2.1 Relevance).

2. The flexibility of the ANSP design to respond to national (and lower level) needs and requests as expressed by governments and local authorities is a tremendous asset of the ANSP intervention approach. This has been strengthened by the design of the mutually reinforcing four Pillars covering the relevant levels to advocate, enhance and practically implement approaches to nutrition security in a multisectoral way. (2.1 Relevance)

3. ANSP has not explicitly addressed equity in a systematic way. The equity dimension has not explicitly been a topic in most of the activities organized and supported by ANSP. In geographic terms, the ANSP target countries are amongst the ones with high stunting levels indicating for required intervention; however, at sub-national level there is no clear underpinning of the choice for target areas on the basis of equity considerations. Moreover, no explicit equity target has been formulated on the basis of ethnicity or income differences based on wealth quintiles. (2.2 Equity)

4. ANSP has been able to enhance effective coverage of nutrition-related services in particular at community level in order to increase participation of targeted mothers. In all four target countries, solutions to the principal bottleneck that nutrition security requires inclusive, affordable and durable solutions at the community level, have been supported (2.2 Equity).

5. ANSP has substantially contributed – often in collaboration with other Development Partners – to the formulation of comprehensive Nutrition Policies with a Multi-sectoral approach and – in some cases – associated with an (costed) Nutrition Action Plan. In most ANSP countries UNICEF was recognized as being the lead organisation for nutrition security. Alignment with the SUN movement framework has been actively pursued by ANSP. (2.3 Policy Development)

6. At Regional and Continental levels, the realization of the ARNS 2015-2025 and the IGAD regional nutrition policy are major and visible achievements based on comprehensive debate by all stakeholders; however, their ultimate use and impact may be questionable as there is relatively little new for countries who have already developed their nutrition policies – often the SUN movement member countries; and no active follow-up (lobby) for those countries who have not yet developed their nutrition policies. (2.3 Policy Development)

7. In terms of Capacity Building ANSP has significantly contributed to enhanced capacities at the various levels. The substantial support to curriculum development for professional education and universities has contributed to the integration and mainstreaming of nutrition security into national education. The regional WANCDI initiative and the Matourkou Agricultural curriculum review are exemplary for ANSP’s efforts. Training materials developed with ANSP support are widely used. (2.4 Capacity Building)

8. ANSP has been prominent in the promotion of MSN approaches in the various countries through capacity development (in close collaboration with Cornell), both at national level and sub-national levels, and in the translation of MSN approaches to practical implementation through the establishment of MSN platforms at the local levels (provincial, district, community). (2.4 Capacity Building)

9. The strengthening of nutrition monitoring is one of the major achievements of the ANSP: SMART survey fine-tuning and the further development of NutritionInfo are good examples; but foremost the introduction of nutrition indicators into the national HMIS systems has been an important key result. (2.5 Information and Knowledge)

10. ANSP has been disappointing in its efforts to make use of and sharing good practices from one country to another. Cross-country learning and international sharing (e.g. SUN movement) has been given less priority. There have been numerous opportunities of sharing the approaches and results between ANSP countries and within the respective regions: unfortunately the documentation of results and lessons learned has not received sufficient attention in the course of the ANSP implementation. (2.7 Operational Efficiency)

11. The original set-up to be able to assess impact through a baseline-endline quantitative study has not come off the ground (with exception of Uganda) amongst others due to a lack of an agreed and well-thought through approach to quantification. (2.5 Information and Knowledge)

12. Overall, ANSP scaling up activities have had a good coverage and quality with a great variation in response to different national priorities and contexts. Implementation of scaling-up activities have substantially differed from a fully integrated approach (Ethiopia) to a support through a subcontracted national non-governmental organisation (Mali). Different means of communication of nutrition messages have been applied (Mali and Uganda). In only two countries (Burkina Faso and Ethiopia) a contribution has been made for a national strategy to scale-up the nutrition interventions (2.6 Scale-Up).
13. The emphasis on national policy development together with the efforts of capacity development of multiple stakeholders at national and sub-national levels has given substantial momentum for action at the local levels. The momentum was further strengthened by the promotion of the MSN approach which included different sectors and stakeholders for local coordination and implementation of nutrition-specific and sensitive activities. In this way ANSP has contributed to a potential comprehensive approach to scaling-up nutrition interventions (2.6 Scale Up).

14. UNICEF has implemented most of the ANSP actions in a timely and efficient manner; the main exception being the delay of the programme component at continental level (2.7.1 Operational Efficiency).

15. Learning and sharing: UNICEF/ ANSP has paid insufficient attention to cross-country learning and sharing of ANSP results, findings and lessons learned.

16. UNICEF has been quite efficient with the funds made available through EU/ANSP funding and additional funding from other sources; the Agency has been very effective in leveraging more additional funds than expected in particular in the four target countries (2.7.2 and 2.7.3 Financial Efficiency).

17. In all four ANSP countries improvements of stunting reduction are observed over the ANSP implementation period 2012-2015 with a likely contribution by ANSP; attribution to ANSP is impossible to ascertain. However, the observed annual rate of stunting reduction is not enough to reach the 2025 WHA target of 40% reduction which requires at least a 2% annual reduction rate (2.8. Impact).

18. ANSP has significantly contributed to increased capacity and ownership in the target countries with regard to the values and approach of combating malnutrition. The development of national policies, actions plans and improved monitoring systems provide clear evidence of systems impact. The contribution to revised curricula of nutrition professional and higher education institutions will definitely enhance capacity for the future thus contributing to sustainability of ANSP efforts. Moreover, comprehensive multisectoral approaches have proven to be accepted and adopted at the sub-national levels providing clear examples of effective scaling-up nutrition interventions replicable in other areas. (2.9 Sustainability)

19. Visibility: the visibility of ANSP as a programme has been largely insufficient. Information about ANSP results and lessons is scattered, incomplete and not actively communicated to the wider audience. This is a missed opportunity.

More detailed conclusions can be found in the respective regional/ continental and four country annexes A-E.

**Lessons Learned**

**A: Programme design**

UNICEF/ ANSP flexible approach to be able to respond to emerging opportunities and government requests are definitely a strength which have greatly contributed to the recognition of UNICEF as a lead partner in nutrition security promotion (2.1.1, 2.5.1 and 2.7.1; conclusion 2). The role of UNICEF/ ANSP as a catalyst to advocate and promote changes in policies and programming for long term, strategic nutrition interventions has resulted in increased interest not only by other donors (than the EU) but also in the incorporation of nutrition in national budgets (2.7.3; conclusion 15). The capacity and ownership for sustained results is growing as a result of participation of national and regional actors in multiple processes. The process can be accelerated if the different actors are consciously consulted and invited to report accordingly (2.1.1; conclusion 5 and 6). In the revision of its logframe ANSP has gone further in concentrating on the programme’s support function and reporting on activities only. At country level the baseline/endline studies were maintained and were intended to demonstrate ANSP impact in the sense of improvement on key indicators, including anthropometric indicators. Between these extremes there ought to be a middle road. Here the support function is upheld, but includes the pillar 3 function of data collection and analysis. The overall objective would be to help governments decide on evidence-based combinations of nutrition specific and nutrition sensitive packages which are suited to the circumstances. (2.5.4, 2.8.1; conclusion 10). ANSP in Uganda and Mali have shown the importance of using multiple channels for BCC. Development of BCC messages together with the target group laid the foundation for successful communication (2.1.2, 2.3.4, and 2.6.1; conclusion 11). A main issue for lesson learning is the speed at which lessons are generated and the way in which lessons are shared. The ANSP design of having a baseline and endline for pillar 4 achievements has made for a slow lesson. There are, however, multiple other lessons to be had from the programme, including lessons that could be drawn while the programme was still under implementation. Research and studies are not always necessary for lesson learning (2.5.2 and 2.5.3; conclusion 10).
B: Equity
UNICEF’s instrument to address equity (MoRES) offers an opportunity for nutrition specific and nutrition sensitive programming based on analysis and could be taken up in an explicit way by applying the principles and terminology of ‘effective coverage’. Effective coverage should address the issue of geographic coverage, ethnicity, and wealth differences in the design. In this way addressing barriers and bottlenecks of nutrition programming will become part of the design in a more natural way (2.2; conclusion 3). Nutrition sensitive programming to combat malnutrition must address the issue of wealth and livelihood at the household level. Once this is recognized the equity dimension of UNICEF/ANSP’s scaling-up work and the bottlenecks to be addressed, become more evident. The ‘art’ then is to generate linkages between the health system, community-level food security and social protection programmes in such a way that poorer segments of society are identified and prioritized. A general, overall approach to cover the whole population is not enough to address structural causes of chronic malnutrition (2.2.2; conclusion 4).

C. Nutrition specific/sensitive linkages – convergence and/or mainstreaming
ANSP has been able to overcome the divide between nutrition-specific and nutrition-sensitive interventions at the implementation level of scaling-up through the promotion of Multisectoral nutrition. At the national level this was also possible where it targeted groups of influential persons – such as parliamentarians – whose work does not have such a sectoral divide. But ANSP has also been confronted with divides which run all the way in the host or partner offices and between the multilateral agencies. The divide is not overcome unless a programme’s design is to deliberately address this. Multisectoral coordination at all levels is important, including district levels and below, as it is at this level where the lives of women and children evolve and where ultimately MSN policies should be implemented. Ethiopia shows that a government that is firmly in the driver’s seat at all levels and a comprehensive national nutrition programme are important factors for success. Uganda shows that the integration of nutrition in District Planning also may contribute to enhanced attention for chronic malnutrition by all sectors (2.3.3, 2.6.1; conclusion 12). At both country and regional level there has been a common trend to take existing partner organizations as a starting point and ‘mainstream’ multisectoral nutrition in their work. It has the advantage of a more intuitive understanding and ownership of what mainstreaming of nutrition security implies. (2.4.2; 2.4.3; conclusions 7 and 8). Creative and strategic thinking and planning can leverage existing human resources for multisectoral nutrition approaches as the experience with involvement of organisations or teams from the health sector show; but also associations with other partners such as social development, education, churches, agriculture or small-scale enterprise promotion – contribute to community mobilisation for nutrition security through the establishment of multisectoral platforms (2.6.2; conclusion 8).

D. Programme monitoring systems
When applying an approach to implement a baseline- endline assessment of concrete nutrition security interventions ANSP should make a deliberate choice to properly design and fund for such an assessment. The design of indicators, the possibility to measure them and to make conclusions with regard to impact in a systematic should be addressed at the start of a programme. In the case of ANSP this has been done half-heartedly: the baseline was implemented in the target areas in three of the four countries but the endline was only done in one country. Hence the question of attribution of impact to ANSP was not possible (2.5.4; conclusion 16). There is need for evidence that is more immediate and appealing than the stunting and anaemia impact level indicators measured in ANSP, that are both plausible intermediary indicators in the causal chain and are fast to respond to interventions and have predictive value (2.5.1 and 2.10.2; conclusion 16). In several countries, a tremendous amount of routine data are being collected. However, these data are not always analysed for trends and long-terms effects of interventions. Improved attention to the overwhelming source of data could contribute to a better understanding of effective programming of nutrition interventions (2.5.1 and 2.10.1; conclusion 9).

**Recommendations for future nutrition programming**

The following key strategic recommendations to improve future programming are based on the findings, conclusions and lessons learned presented in the preceding chapters.

**To UNICEF**
1. (Programme design) The flexible design of ANSP should be applied on a regular basis for organisations such as UNICEF who are supposed to be responsive to national government and/ or regional priorities.
2. (Convergence) In the context of promoting Multisectoral Nutrition coordination, programming and action, UNICEF should be more sensitive to establish collaboration with non-traditional partners
beyond their usual partners; in particular non-traditional partnerships at regional and/or continental level could leverage the lobbying and advocacy efforts towards the plight of nutrition security to be included in national action. The SUN movement and partners provide a good environment and orientation towards this wider collaboration and contributing to the strengthening of the UNICEF role and mandate in enhancing nutrition security.

3. (Equity) In order to be able to prioritize nutrition relevant actions in terms of equity, UNICEF and its partners should include relevant criteria such as geographical differences, differences based on livelihood systems, differences in ethnic, cultural, educational or religious background, gender-based differences of head of household or household wealth differences; all of these factors are relevant for the understanding of the driving factors of nutrition security of children and women.

4. (Convergence) UNICEF should develop nutrition programmes based on its strength of bringing together its health focus (nutrition-specific) together with nutrition-sensitive actions in education (in particular of adolescents) and WASH. Also its experience in social protection and right-based focus on children should be more included in these nutrition programmes.

5. (Learning) The experience of the review nutrition curricula at various levels and institutions should be carefully documented, systematized and disseminated (examples are WANCDI, Matourkou, NPHS, FMOS, etc.).

6. (Learning) The experience of Cornell in promoting MSN approaches through the establishment of MSN platforms at district and lower levels should be systematized, analysed and documented (ex. Mali Bankass and Yorosso; Burkina: Yako district).

7. (Learning) UNICEF being recognized in many countries as a lead in the enhancement of nutrition security – in particular in national policies – should continue to capitalize on this position as a convenor and promoter of learning of what approach works on the ground and what not.

8. (Monitoring) In terms of data management, UNICEF should sustain in (or improve) in making use of the wealth of available information through SMART, DHS, MCIS, HMIS, and other sources in order to better understand trends, changes and causes of undernutrition over time and over space. The current wealth of data becoming increasingly available will provide a good return on staff investment to analyse these sources. The timely results can in turn then be used for further nutrition programming.

9. (Learning) Lessons learning on the basis of a multi-country programme should be enhanced in the course of the implementation of the programme through the use of Annual Review Meetings (already done), but also through the use of multi-media (website, blogs, video’s, testimonies) and regular documentation of achievements.

10. (Learning) An important programme as ANSP should have a website which can be used as a repository of relevant programme documents, training materials, data, video’s etc. to disseminate its approach and achievements to a wider audience. Making relevant documents etc. available will greatly contribute to the advocacy and promotion of the inclusion of nutrition security in national programming.

To the European Union

11. The recognition of the fact that ANSP has played an important and successful role as catalyst in the enhancement of nutrition security through its multi-pillar, multisectoral and multi-country approach should make a follow-up programme possible in a number of African countries interested in bringing further the SUN framework agenda in their country.

12. At national and possibly regional levels, collaboration should be sought with practical implementation organisations who can provide technical support for nutrition-specific and sensitive programming. Nutrition policy-making appears to be more effective at national level than at the higher levels.

13. The EU could make a fund available for the enhancement of reduction of undernutrition to which national governments in close collaboration with development partners such as UNICEF (and or other eligible organisations) could subscribe to; development partners will act as a consortium with clear responsibilities and tasks for each contributing partner.

Detailed recommendations with regard to the specific ANSP regional/continental programme and the four target countries have been formulated in each of the Annexes A-E.
1 INTRODUCTION

1.1 Evaluation methodology for ANSP ETE 2015

1.1.1 Methodological approach

The United Nations Evaluation Guidelines (UNEG) norms and standards have shaped the framework for the applied methods and methodology of this evaluation. The methodology is directly derived from the Evaluation Framework as the main skeleton on which the ANSP ETE 2015 has been based. The ETE 2015 evaluation team has been aware that the original MYCNSIA/ ANSP Evaluation Framework was rather ambitious with many key evaluation questions and specific evaluation questions to be answered. For ANSP, the ETC evaluation team has used for its data collection the same evaluation framework, but for its reporting it has followed the ANSP MTE report format which was slightly adapted in order to better maintain the textual flow.

Analysis of the country context

The starting point of the ETE has been an assessment of the context on nutrition security in each of the ANSP target countries including a (short) situation analysis of the Policy Framework Development at the various levels and the Development Partners involved in Nutrition. Thus, the understanding of the status, conditions, trends and key issues that affect how institutions in a given context contribute to nutrition improvement for mothers, infants and young children has been guiding.

Prior to the field missions undertaken, the UNICEF ESARO and WCARO as well as the COs in the target countries have been requested to prepare a list of stakeholders on nutrition security to be interviewed. The ANSP programme manager has been asked to do the same for the stakeholders at continental levels. This preparatory work has helped to identify key stakeholders to be met during the country visits and in particular to be able to formulate questions appropriate for each of them. Thus, we have aimed to make the best use of key respondents’ expertise through tapping respondents on their strengths and avoiding an overload of questions ("interview fatigue").

Since the start of the ANSP and following the start of the SUN movement and the accompanying framework1, many agencies are brought together to jointly aim at advocacy, political mobilisation and implementation of nutrition strategies and programmes. Multi-stakeholder processes (MSP) therefore are a good tool to analyse how people and organisations were brought together for exchange of information (e.g. communication on planned activities, problems encountered, the results that were achieved), for joint decision-making, for improvement of transparency and accountability. MSP analysis was used as a guiding principle in both the MTEs and in the final evaluations. Information was collected through literature review, as part of the interviews (see below), and through observations.

Equity analysis

Assessment of equity aspects has been primarily addressed at strategic level: are equity considerations sufficiently integrated in the overall programme design. This pertains to targeting of the (supported) nutrition security interventions (geographical targeting of poorer districts, gender aspects taken into account, purposive selection of the most socio-economically disadvantaged, inclusion of ethnic minorities, etc.). But equity aspects have also been assessed for the individual result areas (‘pillars’) within ANSP: upstream policy work, capacity development, and the way nutrition information systems are structured to capture if underprivileged groups effectively have access to (improved) services.

For the assessment of equity and related issues - gender and human rights issues including child rights—the evaluation team has build on the guidance that is provided by the UNICEF Manual on Equity-focused evaluations2. In terms of information base, during the ETE the evaluators to a large extent depended on qualitative information that has been collected during the interviews (see also the Evaluation Framework) plus the references to equity that we encountered in the annual ANSP progress reports. It

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1 All ANSP target countries are part of the SUN Initiative.
was expected that this information could be of use for the comparison of the baseline / end-line results to assess the results on equity at impact level, but this proofed to be impossible (see also 2.5.4)

1.1.2 Evaluation framework

The scope of the ANSP ETE 2015 is determined by the core Evaluation Framework (EF) that has been guiding for all four evaluations (see MYCNSIA inception report of April 2013 for its presentation). The common EF has guided the process of addressing the evaluation objectives and analysing the ANSP results. The EF has been developed on the basis of the Terms of Reference (ToR) and of a preliminary review of a set of documents on the ANSP programme made available to ETC Netherlands by UNICEF.

The approach has been to draw up an inventory of the key issues that needed to be highlighted in the ANSP ETE. These items were then integrated in the existing Evaluation Framework with the seven Evaluation Criteria of the current ANSP ETE (see Annex Evaluation Criteria and Questions to the ANSP ETE ToR). For each key evaluation question the potential sources of information have been identified.

The advantage of this approach is that it would allow for a cross-comparison of results, conclusions and recommendations between the Asia and Africa programmes and between the Mid-Term and End-Term Evaluations within each region. Also, during this final evaluation, the common framework facilitated drawing ´general lessons´ at strategic levels beyond country and regional experiences. Through this approach, it was ensured that the EF contains the OECD-DAC criteria plus the additional evaluation criterium mentioned in the ToR. It brings all issues together in a clear format that is a suitable core structure for data collection, analysis and reporting. The intention behind the EF is to look at each question individually but also to analyze the linkages between the four result areas within each country and for the continent/regions as a whole. Upon request of UNICEF and based on the ToR for the End-Term Evaluation the EF was slightly adjusted. The Evaluation Framework for this ETE is attached as Annex 1.3.

1.1.3 Reporting standard

Application of the UNEG norms and standards

In line with the ToR, the ANSP ETE report has been prepared taking into account the UNICEF-Adapted UNEG Evaluation Report Standards (July 2010). These standards have given a clear guidance on the report structure applied where findings (chapter 2) are presented in direct correspondence to the evaluation criteria and questions (the Evaluation Framework); the findings are then referenced in the chapters with conclusions (chapter 3) and lessons learned (chapter 4), which in turn link to the recommendations (chapter 5). While all standards in principle have been followed in particular attention has been given to the UNEG standards 4.15 and 4.16:

4.15: Conclusions need to be substantiated by findings consistent with data collected and methodology, and represent insights into identification and/ or solutions of important problems or issues.

4.16 Recommendations should be firmly based on evidence and analysis, be relevant and realistic, with priorities for action made clear.

The applied reporting format of the ETE 2015 is the Table of Contents as presented in the ANSP ETE 2015 Inception Report - submitted to UNICEF in November 2015.

1.1.4 Quality Assurance

Peer review

The steps for quality assurance follow standard procedures. The first and final draft ANSP ETE reports including the country and regional/ continental annexes have been peer-reviewed before they were submitted to the client. This is a standard procedure within ETC as part of ISO 9000. In this assignment

3 The latter will be done at a later stage when the ETC evaluation team will prepare an overall analysis of the MYCNSIA and ANSP programmes.


there are several subsequent review rounds. The first round has been a peer review of the five annexes (four country annexes, and one combined regional/continental annex) by the different team members of each other’s work.

Review of country and regional/continental annexes

Upon completion of the country and regional/continental annexes — and before submission of the first draft ANSP ETE overall report — the annexes have been submitted to the respective country and regional offices for their scrutiny and comments. The evaluation team is aware that in the write-up of the annexes there might have been misunderstandings of findings, misinterpretations of evidence collected or simply lack of additional information and documents which were not made available to the team at the time of the field visits. The round of review and clarification by the Country/Regional Offices is an important quality check as the annexes provide the main input for the overall report. This round in some countries has taken considerable time.

The final round of review by relevant UNICEF staff and the Evaluation Reference Group, is entirely external. The draft and final reports have been shared with UNICEF and partners in each of the four countries. UNICEF, government and other partners will be given substantial time to react to the first and final report. In particular the comments on this first draft Main ETE report will assist the evaluation team to correct mistakes or misperceptions presented in the report.

The ETE team noted that UNICEF’s management response to the ANSP MTE recommendations (July 2015) disagreed with the majority of the 10 overall MTE recommendations. Yet when these were discussed with the ETE it became clear that the disagreement was partial because the recommendations were not deemed relevant in the particular country context or had already been taken up by the respective Regional or Country Offices. The overall agreement was the recommendations could have been formulated in a more direct and concrete manner.

1.2 Introduction to the ANSP ETE 2015

1.2.1 ANSP Scope, objectives and structures

The Africa Nutrition Security Partnership (ANSP) aims at increasing the commitment to nutrition security in terms of policies, budgets, effective programming and implementation in close collaboration with the national governments of Burkina Faso and Mali in West Africa and Ethiopia and Uganda in East Africa. Furthermore it closely collaborates with the African Union at continental level and with the regional organisations of West Africa and East Africa. The scope of the Africa Nutrition Security Partnership (ANSP) programme has been defined as follows:

(a) Scaling up a number of selected high-impact and proven nutrition interventions that address chronic undernutrition (stunting and anaemia);
(b) Addressing multi-dimensional underlying causes of undernutrition through engagement with food security programmes, WASH (Water, sanitation and hygiene), social protection, food fortification efforts, etc. at both national and decentralized levels; and
(c) Creation of an environment of pro-nutrition policy development and programming.

The overall and specific objectives of the ANSP have been:

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<td><strong>Overall Objective</strong></td>
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<td><strong>Specific Objective</strong></td>
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**ANSP Expected results**

In order to achieve the above mentioned ANSP specific objective to contribute to the reduction of maternal and child undernutrition, four pillars (result areas) have been defined. Although the pillars are defined as separate entities they are intended to be mutually reinforcing, for the common goal of nutrition security in the context of achieving the MDG 1, 4, 5 and 8 targets. The four result areas are:

1) Upstream Policy Development and Nutrition Security Awareness
2) Institutional Development and Capacity Building
3) Data Analysis and Knowledge Sharing
4) Scaling-Up Interventions

Under result area 1 ‘Policy Development and Nutrition Security Awareness’ the formulation of national nutrition policies and plans but also the policy formulation at continental and regional levels are spearheads of the programme. Under result area 2 ‘Institutional Development and Capacity Building’ the focus is on, among others, the development of nutrition relevant curricula and enhancing multi-sectoral coordination mechanisms for nutrition security. Under the pillar 3 ‘Data Analysis and Knowledge Sharing’ the ANSP envisages to improve data collection and analysis by using standardised methods, and to improve the linkages between the nutrition and the food security information systems being used. In terms of ‘Scaling up Interventions’ under Result area 4, the Infant and Young Child Feeding (IYCF) at community level and – to some extent - Community-based Nutrition interventions as well as advocating for the integration of nutrition in rural development projects are primarily envisaged. Attention is paid to promoting nutrition-sensitive policies and programmes in sectors such as health, agriculture, and social protection.

**1.2.2 Purpose, objectives, scope & management of the ANSP ETE 2015**

UNICEF has entered into a Long-Term Agreement with ETC Netherlands for a series of external evaluations of the two EU/UNICEF joint programmes on nutrition security: the Maternal and Young Child Nutrition Security Initiative (MYCNSIA) in South and South-East Asia and the Africa Nutrition Security Partnership (ANSP) for East and Western Africa. The overall purpose of the series of evaluations is to make an independent assessment of the programmes, the results of which (at mid-term) were supposed to improve the implementation during the remainder of the programme, and (at final) to generate knowledge and identify best practices and lessons learned which can be transferred to other programmes and inform global policy on nutrition security.

Two mid-term evaluations (MTE) of MYCNSIA and ANSP were implemented and reported in 2013. The ANSP mid-term evaluation report has been shared with UNICEF in March 2014 and disseminated to relevant stakeholders during the April 2014 ANSP Annual Review meeting in Entebbe, Uganda.

The two end-evaluations of MYCNSIA and ANSP serve accountability purposes towards the donor (EU) and identification of good practices and lessons learned as input for future policy-making and programming. The main users of the generated information will be the implementing partners in the programme countries, UNICEF regional and country offices, as well as the EU and other donors. A wider reach-out to the international nutrition community is further expected on the basis of a Synthesis Report summarizing the MYCNSIA and ANSP overall results, impact, conclusions, good practices and lessons learned.

**Specific Objectives of the ANSP End-Term Evaluation (ETE)**

The external ANSP End-Term Evaluation (ETE) has been commissioned to:

- Obtain an unbiased assessment of whether policy and programme inputs have led and/or contributed to the achievement of the anticipated programme results i.e., outputs, outcomes, impact
- Examine programme achievements, identify programme barriers, challenges and study determinants for success; and
• Provide recommendations based on solid evidence and lessons learned on how best to improve the nutrition security among women and young children.

Based on the ANSP ETE 2015 Terms of Reference the specific objectives for the ANSP ETE have been:
7. To assess the relevance, efficiency, effectiveness, impact, sustainability, equity-focus, and adaptability of the ANSP;
8. To assess the effectiveness of the institutional framework and partnerships at continental, regional and national levels;
9. To determine the appropriateness of the strategies in place for the achievement of the planned results;
10. To determine whether ANSP efforts in relation to all 4 Result Areas of the logframe have been implemented with sufficient quantity, quality and timeliness (i.e. adequacy of programme inputs, against the predefined targets);
11. To distill any Lessons Learned or Good Practices, and identify barriers to effective implementation, in order to make recommendations for modifications for the subsequent planning period and programme cycle;
12. To identify any broader consequences, positive or negative, intended or unintended, which have occurred as a result of the ANSP.

Under objective One, one additional criterium has been added for the ANSP ETE on top of the usual OECD-DAC evaluation criteria, which is the criterium of "adaptability": (source: Annex 1.1 ToR ANSP ETE 2015)

The main users of the generated information will be the implementing partners at continental and regional level, partners in the four target countries, UNICEF regional and country offices, as well as the EU and other donors that contribute to ANSP. There should be a reach out to the international nutrition community through publication of papers of peer-review quality.

1.3 Background and context

1.3.1 The global EU/UNICEF partnership on nutrition security

In 2011, the European Union (EU) and the United Nations’ Children’s Fund (UNICEF) have entered into a partnership to improve nutrition security in Asia and Africa at regional level and in a total of nine target countries. Two programmes have emerged from this partnership: 1) Maternal and Young Child Nutrition Security Initiative (MYCNSIA) and 2) Africa Nutrition Security Partnership (ANSP). A short description is found below.

EU/UNICEF Partnership: MYCNSIA and ANSP

The Maternal and Young Child Nutrition Security Initiative (MYCNSIA) aims to improve the nutrition security among women and young children in the South Asia and South East Asia region. The programme is based on the conviction that sustained improvements in nutrition require coordination with multiple sectors, including health, education, agriculture and water and sanitation. The initiative includes the set of internationally agreed-upon and evidence-based direct interventions to prevent and treat under-nutrition. The programme is implemented in 2011-2014 at regional level and in five target countries: Bangladesh, Indonesia, Lao PDR, Nepal and the Philippines. The Initiative is supported by the EU with a grant of € 20 million. UNICEF closely collaborates in this programme with governments and other partners.

The Africa Nutrition Security Partnership (ANSP) aims at increasing the commitment to nutrition in terms of policies, budgets, and effective programming and implementation. The programme intends to foster high-level policy engagement to nutrition at continental, regional and national levels. Another element within ANSP is to contribute to scaling up of high-impact nutrition interventions in the four target countries (Burkina Faso and Mali in West Africa and Ethiopia and Uganda in East Africa). But it is also emphasized that nutrition goals have to be integrated into broader health, development and agricultural efforts. The ANSP programme is implemented in 2012-2015 and is a multi-donor initiative of in total € 21 million (with support from the EU amounting to € 15 million).
Although MYCNSIA and ANSP are in many ways similar there also are differences, which are partly explained by the fact that ANSP started later and has had the opportunity to learn from MYCNSIA experience.

1.3.2 UNICEF’s commitment to nutrition security

UNICEF is an agency with a very strong track record on nutrition, both in emergency settings and as part of development support. UNICEF traditionally has been a strong advocate on nutrition and an important technical partner on nutrition for many Governments worldwide. The UNICEF Annual Reports (State of the World’s Children) provide updated statistics on social and health conditions across the world that includes key nutrition indicators. When it comes to Nutrition Security UNICEF follows a rights-based approach as the Agency “advocates to give children the best start in life, because proper care at the youngest age forms the strongest foundation for a person’s future.” Moreover, as UNICEF correctly states: “Nutrition Security is more than just food security. It is the outcome of good health, a healthy environment, and good caring practices. Food security is necessary, but it is just one part of nutrition security” (source: UNICEF.org). The well-known UNICEF Conceptual Framework developed in the early nineties still is at the heart of their Nutrition interventions and programming (see Annex 1.2).

In 2011 the Agency published an Update on Global Nutrition which, among others, presented progress on SUN countries. There are at the time of writing this report 56 SUN countries of which 38 in Africa. All 4 ANSP countries have joined the SUN movement.

Within its global focus area Child Survival and Development, UNICEF is engaging in a wide-ranging set of activities in many countries in the world that together form an integrated approach towards promotion of nutrition security. Core areas of work for UNICEF on nutrition are:

- Breastfeeding and appropriate complementary feeding (IYCF)
- Micronutrient supplementation (Micro-Nutrient Powders, Iron Folate Acid, multi micronutrients, Vitamin A)
- Food fortification (particularly salt iodization)
- Management of Severe Acute Malnutrition, and Community-based approaches (CMAM)

And further a range of cross-cutting areas such as policy and strategies, advocacy, nutrition surveillance, result-based management of programme which includes evidence-based situation analysis, result-based implementation and demonstrating results.

Other key interventions for child survival supported by UNICEF are immunization, WASH (water, sanitation and hygiene), integrated management of childhood illnesses (IMCI), prevention of malaria, maternal and child health, and prevention of mother-to-child transmission of HIV and management and care of HIV in young children. Apart from Child Survival, UNICEF is a lead national partner to governments in the Education Sector, for Child Protection, for social and demographic indicator tracking (via MICS), and on Child-Friendly Social Policies and Social Protection.

Following the establishment of the Scaling Up Nutrition (SUN) Movement and the United Nations Secretary General’s Zero Hunger Challenge, development partners and civil society have intensified efforts in designing and supporting innovative strategies. UNICEF has often been a lead in this and a partner to many of the development partners active in the field of nutrition security. The Agency has become involved in multi-sectoral and targeted programmes that aim to achieve better nutrition outcomes, particularly with regard to vulnerable groups, including women of reproductive age, infants and young children.

1.3.3 EC commitment to nutrition security

In 2011 the EU Reference Document on undernutrition was published. More recently the EU increased its focus on and commitment to fight undernutrition worldwide. Nutrition was a priority on the international development agenda, as reflected in several of the Millennium Development Goals (MDGs), especially MDG 1 (Eradicate extreme poverty and hunger), MDG 4 (Reduce child mortality) and MDG 5 (Improve

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7 http://scalingupnutrition.org/sun-countries.
maternal health). In October 2015 the United Nations adopted the Sustainable Development Goals. The Sustainable Development Agenda seeks to complete the unfinished business of the MDGs by putting an end to poverty and hunger for all by 2030. The SDG 2 goal of reaching zero hunger has been formulated with the target of ensuring access by all people, including infants, to safe, nutritious and sufficient food all year round. A prominent indicator is the reduction of stunting.

In March 2013 the EU issued a Communication on Maternal and Child Nutrition which aimed to achieve a reduction of undernutrition among children under 5 years of age, indicated by stunting and wasting. Formulated strategic priorities are: (a) to enhance mobilization and political commitment for nutrition; (b) to scale up actions at the country level; and (c) to strengthen technical expertise on nutrition and knowledge on nutrition for decision-making (see Box 1).

**Box 1: EU targets and priorities for maternal and child nutrition**

<table>
<thead>
<tr>
<th>The targets that are set in the 2013 EU Communication on Maternal and Child Nutrition on reduction of wasting and stunting concur with the global targets for 2025 that were set during the 2012 World Health Assembly:</th>
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<tbody>
<tr>
<td>• 40 per cent reduction of the global number of children under 5 years of age who are stunted (Note: implying a reduction in number of stunted children by more than 70 million); and</td>
</tr>
<tr>
<td>• Reducing and maintaining wasting among children under 5 years of age to less than 5 per cent.</td>
</tr>
</tbody>
</table>

Although the Communication acknowledges the importance of the first 1,000 days, there is no explicit reference to other targets of the World Health Assembly on maternal and child nutrition. Three strategic priorities were set:

1. Enhance mobilization and political commitment for nutrition.
2. Scale up actions at country level (through strengthening human and institutional capacities, increasing nutrition interventions, increasing nutrition sensitive actions).
3. Strengthening the expertise and the knowledge base (Knowledge for nutrition).

* Other targets are reduction of low birth weight by 30 per cent, reduction of anaemia among women of reproductive age by 50 per cent, an increase in exclusive breastfeeding rates to reach a minimum of 50 per cent globally, and zero increase in prevalence of child overweight.

The 2013 Communication builds on the common framework for the EU and the Member States in combating malnutrition, which was provided in earlier EU communications on global health, food security and food assistance. It follows up to the above mentioned 2011 EuropeAid Reference Document on undernutrition which formed the background for the formulation of the MYCNSIA and ANSP programmes. The Reference Document emphasized that, in line with the priorities of the Scaling Up Nutrition (SUN) movement, the period during pregnancy and from birth up to 2 years of age is the crucial window of opportunity to ensure optimal growth and development.

In 2014 the European Commission published its Action Plan on Nutrition explaining how it will reach its commitment to reduce stunting in children under 5 years of age by at least 7 million children, or 10 per cent of the World Health Assembly goal by 2025. The Action Plan addresses how the strategic objectives in the areas of governance, scaled up interventions and research are to be attained. It underlines the need to work closer with development players and partner countries. The EU will commit as much as €410 million (US$533 million) for nutrition specific interventions between 2014 and 2020, an increase of €340 million (US$442 million) over the average financial commitment for nutrition specific interventions in 2009–2012. The EU also committed to spend up to €3.1 billion (US$4.03 billion) for nutrition sensitive programmes between 2014 and 2020.

To support these objectives, the EU launched the Nutrition Advisory Service under a four-year service contract. The Service supports EU Delegations through multi-annual indicative programmes at the country level and strengthens the EU as a global leader in the field of nutrition, in particular to work towards a more effective global accountability framework for nutrition.

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9 Nutrition is also related to MDG 2 (Universal primary education), MDG 3 (Gender equality and empowerment of women) and MDG 6 (Combat HIV/AIDS, malaria and other diseases).
1.4 ANSP raison d’être: need to reduce under-nutrition in Africa

1.4.1 Key statistics on Nutrition

In table 2 the latest key national nutrition statistics for Sub-Saharan Africa are being presented as made available by UNICEF online. The table also distinguishes for the two regions being part of the ANSP: West and Central Africa (WCAR) and East and Southern Africa (ESAR). The table intends to visualize the trends since the Mid-Term Evaluation (MTE) 2013 which is being represented by the data for 2006-2010 (left column) and the latest data as made available in the UNICEF State of World Children 2015, being represented by the data for 2009-2013 (right column).

Table 2: Key statistics

<table>
<thead>
<tr>
<th></th>
<th>West and Central Africa</th>
<th>East and Southern Africa</th>
<th>Sub-Saharan Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (2014)</td>
<td>411,864</td>
<td>445,530</td>
<td>398,968</td>
</tr>
<tr>
<td>Children under Age 5</td>
<td></td>
<td></td>
<td>76.721</td>
</tr>
<tr>
<td>Under-five mortality rate</td>
<td>143/88</td>
<td>109/72</td>
<td>98/63</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td></td>
<td>54.0</td>
<td>59.4</td>
</tr>
<tr>
<td>GNI per capita (PPP); in USD</td>
<td></td>
<td>3377</td>
<td>3260</td>
</tr>
<tr>
<td>% of population below international poverty line of USD 1.25 per day</td>
<td></td>
<td>61.2</td>
<td>45</td>
</tr>
<tr>
<td>% of children early initiation of breastfeeding</td>
<td>52</td>
<td>38.7</td>
<td>54</td>
</tr>
<tr>
<td>% of children who are exclusively breastfed (&lt;6 months) (WHO threshold: &lt;50%);</td>
<td>24</td>
<td>25.0</td>
<td>49</td>
</tr>
<tr>
<td>% of children introduced to solid, semi-solid or soft foods (6-8 months)</td>
<td>63</td>
<td>60.1</td>
<td>81</td>
</tr>
<tr>
<td>Antenatal care coverage at least once (at least four times);</td>
<td>71/45</td>
<td>76/50</td>
<td>89/51</td>
</tr>
<tr>
<td>Vitamin A supplementation coverage rate (6-59 months), full coverage (%);</td>
<td>90</td>
<td>84.9</td>
<td>80</td>
</tr>
<tr>
<td>% of households consuming iodized salt</td>
<td></td>
<td>65.2</td>
<td>65</td>
</tr>
<tr>
<td>% of infants with low birth weight;</td>
<td>13</td>
<td>14.2</td>
<td>-</td>
</tr>
<tr>
<td>% of under-fives suffering from underweight (WHO), moderate;</td>
<td>23</td>
<td>23.2</td>
<td>15</td>
</tr>
<tr>
<td>% of under-fives suffering from: wasting (WHO), moderate (WHO public health problem: &gt;10%</td>
<td>11</td>
<td>11.4</td>
<td>6</td>
</tr>
<tr>
<td>% of under-fives suffering from: stunting (WHO), moderate &amp; severe (WHO: public health problem &gt;30% moderate, &gt;40% severe)</td>
<td>40</td>
<td>36.1</td>
<td>39</td>
</tr>
</tbody>
</table>

Source: Extracted from:

Overall, it is clear from the table presented above that the situation in West and Central Africa with regard to the main nutrition indicators is slightly worse than for the East and Southern Africa region. This is the case for early initiation of BF, EBF, introduction of (semi-) solid and soft foods, but also for underweight and wasting levels for children under 5. Only stunting levels are lower in WCA Region.

For most of the indicators the trend from the 2006-2010 data collection period to 2009-2013 period is positive. Only early initiation of BF in WCA Region has declined, whereas the timely introduction of (semi-) solid and soft foods and Vitamin A supplementation coverage have deteriorated all over SSA. Both negative changes are difficult to understand. For the main nutrition indicators of underweight,
wasting and stunting no clear trend is appearing over this relatively short period. Data variation is probably bigger than the changes or trends recorded. Another important child health indicator – infant and under 5 mortality – has improved significantly, a trend already observed for over a decade.

Overall, it is clear that the situation in both regions in Sub-Saharan Africa is at a level where a long-term and coordinated effort is needed to reduce undernutrition and to reach the targets as set by the World Health Assembly for 2025 (see also below).

1.4.2 Situation and Trends on Nutrition Security

Nutrition situation against target

The World Health Assembly formulated the nutrition targets to be achieved worldwide in 2025. The ARNS 2015-2025 has endorsed these targets. Recently they have been assessed by the NEPAD secretariat to give an overview of the situation with regard to the achievement of nutrition (global) targets in Africa (source: NEPAD ppt. Lome 2015 ECOWAS Nutrition Forum, Nov 2015)

The WHA 2025 targets set in in 2011 are:
1. 40% reduction of the number of African children under 5 years who are stunted;
2. 50% reduction of anaemia in women of child-bearing age in Africa;
3. 30% reduction of low birth weight in Africa;
4. No increase of overweight in African children under 5 years of age;
5. Increase exclusive breast-feeding rates during the first six months in Africa to at least 50%;
6. Reduce and maintain childhood wasting in Africa to less than 5%.

From the above figure 1 it appears that the situation with regard to global nutrition targets is dire. Only a minority of African countries are on course in achieving some of the targets. Apparently the situation with regard to the nutritional status of children under 5 is slightly better, at least a number of countries show enough improvements to reach the target of stunting, wasting and overweight reduction and EBF.

With regard to the newest area of attention – adult obesity – the improvements are none or little in all

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14 The NEPAD presentation includes four WHA indicators and four other indicators related to overweight, obesity and diabetes. Other important indicators are: Minimum dietary diversity (MDD) of women; Minimum acceptable diet (MAD) for 6-23 months old infants.
Despite many years of attention, the reduction of Anaemia of women of reproductive age will not reach the goal of 50% reduction by 2025.

A similar picture emerges when looking at the figure 2. This picture clearly demonstrates that only one-fifth of the Sub-Sahara Africa (SSA) countries are improving their level of Stunting and have achieved a low to moderate level. Most of these are the somewhat richer countries of the continent such as Gabon, Angola, Namibia, Botswana and South Africa. Two of the ANSP countries (Uganda and Ethiopia) appear to have improved their level of stunting.

From the figure 2 which presents trends for 15 countries in in West Africa and East Africa (and including 3 out of the 4 ANSP countries, it becomes clear that only few sub-national regions have realized improvements of 10% point percentage reduction in the first decade of the 21st century. Most sub-national regions have relatively stagnant or deteriorating levels of stunting at a relatively high level (more than 30%).

The overall situation and trends with regard to achieving the WHA nutrition goals for 2025 is very bleak in Africa. Apparently, too little is done to address this issue which is more and more being recognized as a matter of priority to achieve developmental goals (see also 1.6). Even when national policy makers realize that the issue of reduction of undernutrition is an important one, there seems to be too few coordinated actions to improve Food and Nutrition Security and thus to End Hunger.

1.5 The EU/UNICEF partnership on nutrition security: ANSP

1.5.1 ANSP Programme

The ANSP programme was signed in October 2011, started with the Inception Workshop of February 2012 in Bamako. The programme was originally due to run for four years until October 2015. A short extension period has been granted by the European Commission till the end of December 2015 and then until March 2016. At the time of the evaluation of the ANSP ETE 2015 the programme had completed more than four years of implementation and was about to be wound up. ANSP was designed as a partnership in which UNICEF works with governments and other partners including civil society. Targeted are 25 million children U5 (with 1 million in focus areas) and 5.5 million pregnant and lactating women (with 600,000 in focus areas). ANSP emphasizes that nutrition issues have to be understood in a multi-sectoral approach.

The ANSP programme intends to foster high-level policy engagement to nutrition at continental, regional and national levels but also emphasizes concrete capacity building at different levels, improved
monitoring of relevant nutrition trend indicators and a better understanding of perceptions of undernutrition. Another element within ANSP is to contribute to scaling-up of high-impact nutrition interventions in the four target countries. But it is also emphasized that nutrition goals have to be integrated into broader health, education, social development and agricultural efforts in a multi-sectoral way. The ANSP programme is a multi-donor initiative of in total € 21 million (with support from the EU amounting to € 15 million). A similar programme Mother and Young Child Nutrition Security in Asia (MYCNSIA) has been implemented in South and Southeast Asia from 2011 till 2015 (ending June 2015).

In the ANSP programme, UNICEF works together with governments and other partners with the aim to reduce chronic malnutrition, in particular stunting and anaemia among women and young children. In the four target countries this goal has been translated to concrete reduction of stunting for the specific focus districts after four years of programme implementation (see also 2.8 Impact). The approach is to use the 1000 days window of opportunity\textsuperscript{15} from the start of pregnancy to two years of age. The purpose of the ANSP programme is to position nutrition security on the African continental, regional and national agendas while contributing to the overall achievement of the Millennium Development Goals (MDGs) 1, 4, 5 and 8 targets related to nutrition.

The programme is aimed at being convergent with the efforts of other UNICEF sectors and development partners working in multiple sectors that contribute to reduction of undernutrition, including Mother and Child Health; Water, Sanitation and Hygiene (WASH); cash or social transfer programmes to alleviate poverty; and the agriculture sector (e.g. homestead food production). ANSP also strives to be embedded into national programmes related to these sectors.

Similar to the MYCNSIA programme, the ANSP programme consists of four pillars. Both programmes are based on an integrated approach that brings together interventions on tackling required policy changes, on addressing planning challenges through well-tailored staff training to build human capacity and through improvement of relevant data systems, on changing behaviour through education and communication and other activities in selected districts. Unlike MYCNSIA, the ANSP includes continental level objectives as captured in its logical framework.

In order to put nutrition security high on the continental development agenda, the ANSP is aligned with African regional and sub-regional priorities through its engagement with the African Union, with NEPAD including the CAADP mechanism. In the regional ANSP components for West and East Africa collaboration was sought with the relevant Regional Economic Communities (e.g. ECOWAS, IGAD, EAC). Since 2010, an Africa Day for Food and Nutrition Security is being organised that mobilises leaders and practitioners for the plight of fighting widespread malnutrition.

The overall budget of the ANSP programme is EUR 21 Million of which 14.95 Million (or 71\%) is provided by the European Commission. UNICEF is expected to source an additional 29\% from other funding agencies (non-EU funds). Chapter 2.7.2 and 2.7.3 provide more detail on the allocation of budget and its usage as well as the leverage of other sources of income.

1.5.2 ANSP Logframe

ANSP has re-worked the logical frameworks at the continental, regional and country levels and has given much attention to causal matrices, in which desired outputs and outcomes are logically (causally) linked to project components of the four pillars. After the review of April 2014 – ANSP has adjusted its overall logical framework at output and outcome level. More detailed activities only appear in the annual workplan including the indicators of progress and timing of activities\textsuperscript{16}.

For each of the ANSP Result areas (as described in 1.1.2) a set of Outcomes and Outputs have been formulated. These have been translated into specific results for the different levels of implementation: continental, regional and country. The following table specifies all of the outcomes and outputs at these various levels.

Table 3 below presents the new ANSP Logframe which presents the expected outcomes and outputs per result area (pillars).

\textsuperscript{15} The Lancet (2008), Maternal and Child Undernutrition (http://www.thelancet.com/series/maternal-and-child-undernutrition)

\textsuperscript{16} The detailed activities and their targets are only presented in the respective country and regional annexes.
It has been observed that after the ANSP MTE 2013, the overall outputs per pillar have been reformulated. All of these expected outputs have been translated into concrete actions and results for all levels of implementation including the four target countries. The expected result for the Regional programmes under pillar four mainly refer to quality standards of the country programmes supported by the respective UNICEF Regional Offices.

The ETC Evaluation team observes that the new ANSP logframe provides a clear overview of the intended results per pillar at the various levels of intervention. However, it also observes that in addition to the ANSP programme’s outcomes, ‘overall outputs’ at the programme level per pillar have been formulated. The purpose of the formulation of ‘overall outputs’ is not clear. According to the ETC team this intermediate level of ‘overall outputs’ only provides a more generalized formulation of concrete outputs at the target levels (national, regional and continental). Outputs should refer to a concrete activity and not be a generalization of various outputs put together.

### 1.5.3 ANSP organizational structure

The overall management arrangements for ANSP are as follows:
- The ANSP programme Steering Committee (SC) which provides strategic guidance and overview of the programme consists of eight members representing the African Union Commission, the EU...
Delegation to the AU, UNICEF delegation to the AU, the African Food and Nutrition Task Force, the two Regional Nutrition Advisors WCARO and ESARO, the Intergovernmental Authority on Development (IGAD) and the Economic Community of West African States (ECOWAS). The ANSP Project Coordinator and a member of the EU Nutrition Advisory Service are participating in the SC as well. The SC meets twice a year in Addis Ababa and is chaired by the representative of the African Union Commission.

- Also, ANSP supported the existing Regional Nutrition Working Group (RNWG) in West Africa and established one in East Africa with membership from the four most relevant UN agencies (UNICEF, WHO, WFP, FAO, REACH), regional academic institutions, NGOs and/ or donors, depending on the organisations present.
- In each of the four target countries, the UNICEF Country Office (CO) has a team of an international and national nutrition specialists who collaborate with the respective national Government, relevant Ministries and other stakeholders from academe or Civil Society. These teams directly submit their mid-year progress updates and narrative and financial annual reports to the responsible EU Delegation in Addis Ababa.

1.6 Continental Nutrition Policy framework and initiatives

In the past few years a good number of Policy Frameworks and Initiatives with regard to Nutrition Security in Africa have been developed. These frameworks and initiatives are very relevant to understand the dynamic context in which UNICEF been operating during the ANSP implementation. The most relevant of these frames and initiatives are:

**African Regional Nutrition Strategy**

The 2015-2025 African Regional Nutrition Strategy (ARNS) is the main continental strategy on nutrition in Africa. With technical and financial support\(^\text{17}\) by UNICEF/ ANSP the strategy has been reviewed and renewed by the African Union Commission (AUC) and reformulated into a tool for analysis, planning and program delivery. The purpose of the revised ARNS is to sensitize Africa’s leaders about the essential role food and nutrition security plays in implementing strategies for socio-economic development. ARNS 2015-2025 re-emphasizes that nutrition is a basic element of poverty alleviation strategies and achieving the MDGs. The six ARNS 2015-2025 Impact Objectives follow the targets for 2025 as defined by the World Health Assembly in 2011 with regard to nutrition. The AUC defined four strategic outcomes which it intends to pursue:

1) defining standards, norms, policies and frameworks for AU Member State adoption and ratification;  
2) convening, and facilitating consensus ("One voice") on matters regarding nutrition security in Africa;  
3) advocating and promoting implementation of nutrition security policies and programs; and  
4) establishing an architecture of decision-making on the implementation of the ARNS 2015 – 2025.

In terms of implementation strategy, the ARNS aligns as much as possible with the SUN movement by recognizing that “SUN has well-established implementation processes and reporting mechanisms that the SUN countries have adopted”.

The revised ARNS incorporates new information on the management of the disease burden, defines the strategic role of the African Union (AU) and Member States in nutrition and presents a framework for action to this end, including the ARNS contribution to the regional integration agenda through Regional Economic Communities (RECs). The plan of action also focuses on the role of nutrition-sensitive actions as identified in the Lancet 2013 publication and describes the role of agriculture, WASH, social protection and education in reducing malnutrition. The ARNS 2015-2015 was adopted by the AU member states in 2015 and was launched with the support of the African Task Force on Food and Nutrition Development (ATFFND).

The ARNS 2015-2025 thus builds upon previous policy documents and integrates many relevant developments (SUN, WHA, Lancet, ARISE, COHA) of importance to join forces and align policies in the perspective of reduction of undernutrition in Africa. However, it does not clearly distinguish in countries that have already become a SUN member and have updated their policies, coordination and scaling-up

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\(^\text{17}\) With additional financial support from the World Food Programme, who also used the opportunity to highlight key findings from the Cost of Hunger in Africa (COHA) studies.
for nutrition security and those that are clearly lagging behind. The ARNS could have integrated such a strategic objective as obviously the situation with regard to the elimination of undernutrition and hunger is very diverse on the continent.

**Malabo Declaration**

In the Malabo Declaration on Accelerated Agricultural Growth and Transformation for Shared Prosperity and Improved Livelihoods (in short the ‘Malabo Declaration’) made at the AU Summit held in Malabo, Equatorial Guinea in 2014, “Ending Hunger in Africa” has been formulated as one of its seven commitments. During this meeting, African Heads of State committed to ending hunger and reducing stunting to 10 per cent by 2025\(^\text{18}\) in appreciation of the importance of food and nutrition for the development agenda in Africa.

The Malabo Declaration recognizes that “hunger and malnutrition are major causes of poverty and underdevelopment in Africa by causing poor health, low levels of energy, and mental impairment, all leading to low productivity and low educational attainment all of which can in turn lead to even greater hunger and malnutrition, thereby creating a viscous cycle.” As part of its commitment to End Hunger in Africa it intends “to improve nutritional status, and in particular, the elimination of child under-nutrition in Africa with a view to bringing down stunting to 10% and underweight to 5% by 2025.” Besides, in order to End Hunger, the Declaration also calls for increased agricultural production and a reduction of post-harvest losses and social protection measures for vulnerable groups. One important element is the plea for investing in women to contribute effectively to the vision of a hunger-free Africa.

As the Malabo Declaration has been adopted by the Ministers of Agriculture it is of utmost importance for ANSP implementation in order to get the recognition from the Agricultural sector to get support for the role of nutrition in Ending Hunger in Africa.

**CAADP**

The NEPAD Comprehensive Africa Agriculture Development Programme (CAADP) was developed and endorsed in 2003 by the African leaders. CAADP identifies food insecurity, hunger and malnutrition as major problems in Africa that required immediate action. The CAADP Results Framework provides Africa and its partners with a set of goals and results to be pursued in the transformation of the agriculture sector. One of its impact goals (results area) is related to Improved Food and Nutrition Security with several nutrition related indicators as measurement of performance.

The programme is built around four pillars. Pillar 3 focuses on increasing food supply, reducing hunger and improving responses to food emergency crises. Under this pillar, a Framework for African Food Security (2009) was formulated. One of the flagship CAADP pillar 3 programmes is the Home Grown School Feeding Initiative (2012).

As part of the CAADP National Agriculture and Food Security Investment Plans (NAFSIPs) are being formulated by each subscribing African country. After the 2010 review of CAADP these Investment Plans were supposed to mainstream nutritional goals into the Agricultural Policies and Implementation plans. However, it was observed that only few CAADP IP had incorporated nutrition into their Agricultural sector plans and that most lacked concrete actions to ensure nutrition security. CAADP thus started three regional capacity development workshops to assist countries in mainstreaming nutrition in their CAADP process and investment plans and to ensure future investment plans addressing nutrition security. (source: NEPAD CAADP Nutrition Capacity Development Process WS 2013).

**ARISE**

Africa’s Renewed Initiative for Stunting Elimination or the ARISE 2025 Initiative (2013) is an initiative led by the Department of Social Affairs of the AUC (DSA/ AUC), to bring together regional efforts on the reduction of child undernutrition in Africa. Its goal is to support member states in the elimination of child undernutrition in Africa by the year 2025, through regional and national advocacy for the elimination of child undernutrition and by establishing support mechanisms to help improve the efficiency and effectiveness on nutrition interventions. An important source of inspiration of the ARISE initiative is the Cost of Hunger in Africa (COHA) Study.

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\(^{18}\) This commitment is different from the 2012 WHA target of reducing stunting by 40% in 2025. Possibly the Malabo goal is an overall one for Africa as a continent.
Cost of Hunger in Africa (COHA)

The Cost of Hunger in Africa (COHA) Study is a project led by the DSA/ AUC, and supported by the United Nations Economic Commission for Africa (UNECA), NEPAD Planning and Coordinating Agency (NPCA), and the World Food Programme (WFP). The COHA is a multi-country study aimed at estimating the economic and social impact of child undernutrition in Africa. The studies, launched in 2012, have been initiated in 4 countries (Egypt, Ethiopia, Swaziland and Uganda) and were further rolled out to six other countries (Burkina Faso, Chad, Ghana, Lesotho, Malawi, and Swaziland). Unfortunately, mainly due to lack of funding, the COHA studies have not been implemented in some other countries where its implementation was expected. The other reason is that COHA has served its purpose and put the economic and social costs of undernutrition on the table; thus playing its advocacy role towards policy makers and governments in Africa (source: pers. comm. AUC/DSA). Ten key findings have been formulated on the basis of the COHA studies, amongst which that “the annual costs associated with child undernutrition are estimated at 1.9 to 16.5% of the equivalent of the Gross Domestic Product” (source: COHA website).

Scaling Up Nutrition

The Scaling Up Nutrition (SUN) Movement is at the moment the most relevant global nutrition-related movement in the world. It started with the formulation of the 2010 SUN Framework for Action and the edition of A Road Map for Scaling Up Nutrition in the same year. In 2012 the Scaling Up Nutrition Movement Strategy (2012–2015) was formulated. While there were 14 sub-Saharan African countries that had joined the SUN Movement at the start of ANSP, in the course of the programme the number has almost tripled to 38. (Source: Yr 2 Interim report ANSP, September 2013; sunmovement.org). Thus almost two-thirds of the 56 (up from 45 since the MTE 2013) SUN countries are from Africa. Among the now 38 African member countries are all four ANSP countries. The NEPAD Planning and Coordinating Agency's (NPCA) Chief Executive Officer is a member of the SUN Lead Group whereas the NPCA’s Senior Food & Nutrition Security Advisor is one of the SUN Country Network Resource persons.

The SUN Movement's strategic objectives focus on increasing support for nutrition and demonstrating effectiveness through:

1) The creation of an enabling political environment, with strong in-country leadership, and a shared space (multi-stakeholder platforms) where stakeholders align their activities and take joint responsibility for scaling up nutrition;
2) The establishment of best practice for scaling up proven interventions, including the adoption of effective laws and policies;
3) The alignment of actions around high quality and well-costed country plans, with an agreed results frameworks and mutual accountability;
4) An increase in resources, directed towards coherent, aligned approaches.

As a movement, SUN is focusing on the developments in the member countries in relationship to the movement’s strategic objectives with a regular exchange of experiences between the different member countries. At regional level, a good number of workshops are organized to further develop capacities and share learnings how to advocate for the increase of support for nutrition. SUN thus aims at increasing the effectiveness of existing nutrition programmes by supporting national priorities, bringing together resources and fostering broad ownership and commitment to nutrition.

The ANSP programme is aligned with the Scaling up Nutrition (SUN) global initiative. Similar to the SUN initiative ANSP focuses on nutrition interventions during the so-called first 1000 days between the start of a woman’s pregnancy and her child’s second birthday. At country level UNICEF is one of the SUN donor network organisations and in many countries is considered one of the convenors of this network. In the context of ANSP, UNICEF has often provided technical and financial support for the organisation of SUN movement training workshops and meetings.
2 FINDINGS

2.1 Overall Relevance and Appropriateness

2.1.1 Programme design

After the MTE 2013 the ANSP team has done a thorough revision of the ANSP global logframe with a view to better demonstrate the multi-level linkages between the expected results. Table 3 in section 1.5.2 presents the revised logframe. Whereas the overall and specific objectives of the ANSP have remained the same, the new Logical Framework has been reformulated in order to provide a more systematic overview of expected results and to bring out the linkages between the different levels. For each of the four Result Areas a programme Outcome and Overall Outputs have been formulated. These outcomes and overall outputs have been translated into specific results for the different levels of implementation: continental, regional and country. And for each of the implementation levels specific indicators and targets have been formulated which are SMART formulated and verifiable.

The MTE 2013 emphasized a.o. the relevance of ANSP’s ‘First Thousand Days approach’, its multi-pillar approach, its complementarity and strengthening of UNICEF’s mainstay functions and its emphasis on the reduction of stunting. These observations are still valid with regard to the ETE 2015.

1. One of the strong points of the ANSP programme design has been its comprehensiveness, but also its flexibility to adjust to the specific context of operation. In the first place the ANSP programme includes complementarity at different levels: continental, regional and country level. This is intended to have cross-links between the different levels in particular to recognize the advocacy role at continental level and to promote the national policies in accordance with the overall Africa Nutrition Strategy ARNS 2015-2025. The regional level is complementary as it is supposed to provide technical backstopping to the individual countries of the respective regions, in particular to the ANSP target countries. Through documentation and exchange the programme set-up could cater for upward learning including non-ANSP countries.

Secondly, the comprehensiveness of the ANSP programme is articulated in the complementarity of the four different pillars, each of which are tackling relevant areas for the promotion of nutrition security at the country level: nutrition policy environment and governance, enhancement of capacities, nutrition data and knowledge and the practical implementation of nutrition interventions at the local level. Thus, the four pillar design simply was a logical one, as it enabled to combine the various levels and actors.

Thirdly, the ANSP focus to bring together different sectors, to contribute to nutrition interventions across sectors as well as multisectoral coordination by various stakeholders also contribute to its comprehensive character. The ANSP emphasis on Multi-Sectoral Nutrition (MSN) has been one of the backbones of the design of the programme.

Interestingly, the ANSP has combined the comprehensive approach with a great deal of flexibility, leaving space for UNICEF COs to implement according to national priorities and aligning with national policies and governance structures. This flexibility is a major asset of the programme which allows ANSP at country level to respond to new developments; the emergence of the SUN movement and the alignment of ANSP activities with its set-up is a case to be worth mentioning. In this way, ANSP was able to play an important catalytic role in the promotion of nutrition security not only in the four target countries but also at regional and continental levels.

This comprehensive and flexible approach clearly provided a sound basis to achieve the planned results as expressed in the revised ANSP logical framework. Whether the comprehensiveness and flexibility of the ANSP programme design have been effective will be addressed in the sections 2.3.-2.6 on Effectiveness.

2. ANSP is clearly founded on earlier research studies and assessments; however, formative research implemented in the course of ANSP implementation has unfortunately not contributed to further fine-tuning of the design.
The more specific question is if the ANSP design has been based on and benefited from earlier research, studies and assessments, in order to fine-tune programme design. Overall, it has been observed that ANSP was based on the latest findings and general consent how to tackle the issue of nutrition security. In particular its emphasis on the ‘Window of Opportunity of the First Thousand Days’ and its reference to the Lancet 2008 study has contributed to an up-to-date programme design relevant for the achievement of its objectives. Furthermore, ANSP also addressed the multisectoral dimensions of the nutrition security with reference and inclusion of the findings of the Lancet 2013 nutrition publication.

However, formative research undertaken in the course of ANSP implementation in Uganda, Mali, and Ethiopia has less served the purpose of fine-tuning programme design. The results of these studies have mostly become available at a very late stage - if not the final year of ANSP - which was too late to have a bearing on the programme.

3. The ANSP 2014 mid-term revision of its logframe, indicators and reporting structure has enabled a more coherent and transparent narrative of programme-specific added value.

The 2014 revision of the ANSP logframe was a response to the MTE 2013 observation that there was a disconnect between the formulated objectives and goals at the different levels of implementation and the indicators measuring progress. Secondly, the reporting framework has been adjusted to show not only the achievement of expected results, but also to highlight where and how achievements have differed from what was envisaged. A third adaptation was to more clearly indicate the role of partnerships in the above. The totality of the changes in both logframe, monitoring matrix and reports thus served to maintain the rigour and transparency expected of an externally funded programme but at the same time allowed the programme to respond to opportunities and challenges and so maintain its catalytic nature. With these revisions several critical comments of the MTE were addressed.

While the overall and specific objectives have remained the same, the expected results (outcome and outputs) have been reformulated to capture programme results and activities at the different levels. Also, the corresponding indicators have become a more realistic reflection of the programme’s expected outputs. As before these indicators – with a few exceptions - are expressed as numbers.

However, the ANSP logframe now includes a distinct level of “overall outputs”. It is not clear why this intermediate level has been included in the logframe, distinctly from the outcome level and the various output levels (continental, regional and country) which are supposed to contribute to the achievement of the specific objective. In the view of ETE 2015 the inclusion of the “overall outputs for each of the Results Area does not have an added value. For instance, the overall output for RA 1 includes the elements which are already included in the three-level outputs. The same applies to the RA 1 overall output Objectively Verifiable Indicator (OVI) which repeats similar OVI at continental and regional levels.

The revised ANSP logframe now includes the relevant progress indicators defined at the different levels and formulated as SMART OVI in a comprehensive framework making it possible to report in a systematic way on the progress of the programme. The new logframe now includes distinct OVI for the overall, continental and regional levels. These OVI differ substantially from the indicators as formulated in the original logframe. The OVI from the four countries, however, do reflect the original design and have only slightly been reformulated.

However, the indicators at outcome level lack a certain rigour to reflect progress towards achieving the overall goal of ‘contributing to a reduction in maternal and child undernutrition’. For instance the outcome OVI for RA 4 (Scaling-Up) is barely distinct from lower level output indicators, does not reflect the formulated outcome focussing on “access to quality nutrition specific and sensitive interventions”, and is more of an activity progress indicator than a higher level outcome indicator.

Finally, the original ANSP document refers to a target of one million children and 600,000 pregnant and lactating women to be reached. In the revised logframe there is no reference to these target levels, nor

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19 RA 1 Overall Output OVI reads: “Number of continental and regional policies that articulate a comprehensive multisectoral nutrition framework”
20 RA 4 Outcome OVI reads: “Number of focus countries that are implementing the scaling up of multisectoral nutrition programmes at community level”

any indicator trying to measure this goal. As a result there is no mention of number of children and women reached during ANSP project implementation in the ANSP 2015 Final Report.

4. ANSP has been careful not to phrase its overall objective in terms of reduction of stunting and anaemia. But impact at country levels has been formulated in this way and will thus be the basis for the assessment of ANSP impact.

The specific objective of the ANSP has been cautiously phrased: ‘to improve the institutional environment at continental, regional and national levels contributing to a reduction in maternal and child undernutrition in Africa’. This has been understood as to show progress towards an “improved nutrition governance” and the “scaling-up of high impact nutrition interventions for children and women” in the selected countries and regions. It is clear that ANSP is about the reduction of chronic malnutrition. In the ANSP project folder the UNICEF Executive Director is being cited that “the reduction of stunting and other manifestations of deficits in nutritional status of pregnant women and children can break the negative cycle of malnutrition, ...” Thus, stunting being the primary manifestation of chronic undernutrition in early childhood and even before birth (the “first thousand days”) and anaemia as an expression of a malnourished mother impacting on the foetal development, should therefore be considered key elements of the assessment of ANSP achievements.

The revised logframe has mainly emphasized ANSP’s support function to the reduction of stunting and anaemia. At focus district level targets for the reduction of stunting and anaemia have been set (text in the MTE 2013 refers for this discussion)21. The ANSP design includes an assessment of achievement towards these goals as it has incorporated a baseline-endline approach for the quantification of reduction of stunting and anaemia at the end of the programme in the selected districts.

In section 2.8 (Impact) the ETE therefore takes a different lens to look at ANSP impact. It will assess the ANSP overall programme results against the set targets for the reduction of stunting22 and will not assess impact as contribution towards ‘improved nutrition governance’ and ‘the scaling-up of nutrition interventions’ as they reflect the intermediate expected results at outcome level (respectively for RA 1, 2, 3; and RA 4)23.

5. Contrary to the ANSP design at country level, the design of the Continental component has put less emphasis to establish close(r) links to important nutrition-sensitive initiatives.

On the African continent and in the various regions several initiatives exist that pay attention to nutrition security from the perspective of social protection, WASH or - in particular - agriculture. Whereas the ANSP support to the African Union Commission (AUC) has mostly focussed on the formulation of the Africa Regional Nutrition Strategy 2015-2025, and has included references to CAADP, the continental programme has not been able to further a close collaboration with NEPAD/ CAADP24 in order to stress the multisectoral character of Nutrition Security. The CAADP Nutrition Initiative25 is an important programme under the NEPAD which is given wide recognition by national governments and international nutrition stakeholders. It has been suggested by several interviewees that the ANSP continental activities could have been better integrated with NEPAD as implementing body rather than with the AUC – which is more of a policy-making body (interviews EUD, NAS). A MoU which was planned between ANSP and NEPAD to allow for more collaboration was never finalized.

Likewise, the design of the second pillar of the Continental component has focussed on the support the Africa Task Force on Food and Nutrition Development (ATFFND) as a major continental coordination mechanism and the organisation of the African Day for Food and Nutrition Security (ADFNS). As examples, collaboration at the African level could have been enhanced through interesting initiatives relevant for Nutrition Security by FANRPAN, the CGIAR HarvestPlus on Bio-fortification or the IFPRI/Agriculture4Nutrition programme. These could have been a vehicle for further mainstreaming nutrition and agriculture in the context of MSN promotion; or at least to enhance understanding of the potential of agriculture-based nutrition interventions at country level. This would have enabled the

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21 The ETE 2015 Terms of Reference includes the question whether “the ANSP programme was appropriate to address the longer-term problems of stunting and anaemia in the targeted communities?” The MTE 2013 ToR had a similar phrase.
22 Anaemia will be excluded from this impact assessment (see Ch. 2.8 impact for an explanation)
23 The ANSP achievements (outputs and outcomes) for each of the Result Areas will be discussed in Ch 2.3 – 2.6
24 NEPAD is mentioned as a partner; this is confined to the organisation of the African Day for FNS by the AUC
25 UNICEF has participated in the West Africa CAADP Agriculture Nutrition Capacity Development Initiative in Nov 2011. Unfortunately no further collaboration has been reported.
continental programme to better link-up with the findings and results of Bio-fortification programmes based on nutritional enhancement of various staple crops such as cassava, rice, beans, etc.

6. The Pillar Four design of Scaling Up Nutrition has not sufficiently included the issue of how to address Scaling Up or Scaling Out from the focus areas to the national level

In the design of the Pillar four there has been insufficient attention how to Scale-Up nutrition interventions from the community level (country level output) to the Pillar 4 overall output of achieving ‘comprehensive nutrition programmes’. Whereas nutrition interventions in focus areas are relevant and often have been implemented in a coherent, coordinated manner and well aligned with local priorities, the translation of how to Scale Up to the national level, and to Scale Out to other non-ANSP focus areas, has insufficiently been addressed. In section 2.6 the ETE will show that only in Burkina Faso the Scale Up of the comprehensive programme to the national level has been addressed.

7. The interaction between region and countries is two-way with technical support and feedback mechanisms in place.

The Regional level outputs – in particular RA 3 and RA 4 – have been formulated with an emphasis on ‘support from regional resources’. This implies that the technical support to the individual countries is to come from the regional level. Many efforts including the Regional REACH support, the Cornell MSN capacity development, formative research or the SMART technical support provide good examples of the support by the Regional Offices to the ANSP countries. On the other hand, further interaction mechanisms have been designed to take place during the annual ANSP review meetings.

Technical support is not necessarily relevant for unknown topics such as the ins and outs of nutrition sensitivity and how to address these within the country-specific context. Respondents confirmed to the ETE the experience and conceptualizing must come from the countries. A related lesson, and this was emphasized in Burkina Faso, is that there is no ‘one-for-all ideal model’, but also that changes must come ‘one step at the time’. This model of learning by doing for this important topic was however not fully built into ANSP. For instance, for the pillar 4 challenge to come up with locally effective combinations of nutrition-specific and nutrition-sensitive interventions the regional offices missed an opportunity to draw the lessons these diverse experiences could have generated (see also 2.5.3).

2.1.2 Coherence, completeness and complementarity

SUN movement and REACH

8. The ETE appreciates the way in which UNICEF, through ANSP and other support, have guided the various governments in full harmony with REACH and SUN objectives and values.

As indicated above in section 1.6, the global nutrition community is uniting around the Scaling Up Nutrition (SUN) movement, which supports nationally driven processes for the reduction of stunting and other forms of undernutrition. Countries participating in the SUN movement have committed themselves to formulate and implement the right policies, to collaborate with partners in implementing both specific nutrition interventions and nutrition-sensitive approaches, and mobilizing resources to effectively scale up nutrition. Among the 56 SUN countries worldwide, 38 countries are from WCA and ESA Regions.

During the MTE 2013 it was observed that the complementarity with the REACH initiative and the SUN movement was rather limited as it was difficult to see “the added value of the ANSP as the programme was observed to be a source of funding of the country programme, not a programme with a distinct own identity”. However it turned out to be useful to have the ANSP programme that shares the same goals as SUN and REACH but could act relatively independent from other development partners. With further development of the SUN strategic framework and the re-orientation of REACH after its 2014 evaluation, the alignment of ANSP with these two relevant initiatives has become more explicit.

At country level

9. ANSP has adequately complemented nutrition interventions and developments in the four target countries in alignment with national policies.

In Ethiopia, ANSP aimed to strengthen the government’s capacity to improve and implement the National Nutrition Policy and to increase support to the national Community Based Nutrition (CBN) programme in 20 Woredas. The ANSP focus on stunting is in particular relevant in view of the revised NNP. This required capacity strengthening in multi-sectoral approaches and strengthening multi-
sectoral linkages, which benefitted from and supported internal coherence between the pillars. ANSP complemented routine CBN activities.

In Uganda, from the start, ANSP has been relevant, timely and well aligned with the SUN movement and the Uganda Nutrition Action Plan (UNAP). Through its four pillar design and multisectoral focus, ANSP has supported the national government to fill important gaps (notably on capacity development and communication/BCC) that were identified in the gap analysis undertaken as part of the UNAP development. The ANSP interventions in the five focus districts were very much in line with the national approach of the so-called SUN nutrition interventions.

In Mali, with regard to the rapidly changing context (SUN, REACH, AGIR, and the new government policies and strategies such as CAADP-IP), ANSP has been able to respond to the created opportunities in particular to strengthen the multi-sectoral coordination and action planning. UNICEF has been an active and visible partner in the process of alignment with the National Nutrition Policy priorities in particular as part of the ANSP activities.

In Burkina Faso, ANSP/UNICEF has established a close working relationship with the Nutrition Directorate in the Ministry of Health. Furthermore, the UNICEF Nutrition section has been able to establish close linkages with a wide range of Government partners and their technical and financial partners.

**African Union Commission**

10. The Continental component of the ANSP has mainly focused on policy development through support to the African Union Commission (AUC) and thus complemented continental priorities

At the intended start of the ANSP collaboration with the AUC it became clear that the latter was not sufficiently consulted during the actual formulation of activities and priorities which resulted in delays of the implementation and misunderstanding about programme priorities. It was also mentioned that due to internal procedures within the AUC, the institutional setting of the ANSP as partner of the AUC was rather weak. *(source: AUC interviews; EUD-AU interview)*. Only after a tripartite meeting at the end of 2013, roles and priorities became clearer and a pragmatic solution was found to step-up activities by seconding a UNICEF specialist to the AUC.

Once the UNICEF specialist had been positioned at the AUC, ANSP in many ways served as a catalyst to set in motion and support nutrition related lobbying and advocacy initiatives. One such initiative was the support to the African Nutrition Champion a role fulfilled by the King of Lesotho from 2013 to 2015. Furthermore, ANSP has played an important role in the technical and financial support of the African Task Force on Food and Nutrition Development (ATFFND) and in the development and launch of the Africa Regional Nutrition Strategy 2015-2025 through the active support of an external consultant and the UNICEF specialist.

2.1.3 Uptake of the ANSP mid-term evaluation lessons, conclusions and recommendations

11. MTE 2013 recommendations were partly accepted and partly rejected by the respective UNICEF COs, the latter often due to misinterpretation or because COs felt that they had already started work in line with the recommendation.

The Mid-Term Evaluation (MTE 2013) of the ANSP recommended that ANSP maintains its original programme design as it was articulated in the 2011 Project Document. However, the MTE also noted that the reporting should bring out where ANSP did more than was envisaged, with an emphasis on specific ANSP potential for added value. That is, combining pillars and/or levels in meaningful activities and their results, while relying on the actions of others. Where the ANSP had good reasons to deviate from what was planned, the evaluation also recommended that these be likewise reported. The ANSP has thus continued to follow the original concept laid out in the 2011 Project Document. The reporting was improved to better highlight areas where ANSP has done more than was envisaged.
With regard to the overall recommendations, UNICEF’s management response disagreed with the majority of the 10 MTE recommendations. Yet when these were discussed with the ETE it became clear that the disagreement was only partial and/or was because the recommendations were not deemed relevant in that particular country context or had already been taken up. The latter was often also the case with respect to the specific and detailed recommendations at country level of which some recommendations were already implemented. In some cases the formulation of the recommendations was not specific enough to be properly understood.

The following actions were undertaken by ANSP to address some of the recommendations that were accepted: 1) prepared a more explicit global logframe for the ANSP (see also sections 1.5.2 and 2.1.1); 2) prepared a monitoring matrix that can better show progress towards results (see 2.1.1); and 3) revised the evaluation framework for the final external evaluation to highlight where the ANSP has promoted and supported collaborative planning, learning and adaptation to accommodate the dynamic opportunities and challenges in the context at continental, regional and national levels. The revisions were submitted to the EU Delegation and to the African Union as an amendment to the action and were approved in November 2014. (source: ANSP Annual Report 2015).

### 2.2 Equity

#### 2.2.1 Equity focus of the strategies implemented

12. In its design ANSP has not explicitly addressed equity. The equity dimension has not been a visible element of programming and planning of the activities organized and supported by ANSP.

An equity focused approach requires UNICEF should prioritize worst-off groups. This implies, for example, targeting the poorer echelons within communities, the poorest districts within the target regions, female headed households or those areas with the largest number of poor and stunted children. In geographic terms, the selection of the focus areas in the four countries has been based more on pragmatic terms (previous activities, government priorities) and to some extent on high prevalence of stunting. In general, there has not been a systematic analysis of stunting, anaemia and poverty indicators which could have been used in the selection of the focus areas. Once these had been selected there has not been a deliberate attempt by ANSP to focus on the poorer echelons within communities in the focus areas.

No explicit equity target has been formulated on the basis of ethnicity or income differences based on wealth quintiles. In the Monitoring set-up there is no distinction between the different livelihood systems – agriculture, pastoral or fish-based –, ethnicity or wealth which all may have an important influence on nutritional status.

As has been argued in the case of Ethiopia, it is difficult to assess whether the selection of the 20 target Woredas (districts) was done with a particular set of criteria in mind – including equity criteria to target specific geographic areas, poorer echelons in terms of wealth and income or based on ethnic origin. At Regional level, equity issues are mentioned with respect to the IGAD situational analysis of the nutrition security in the eight IGAD member states but no further elaboration on this has been provided.

It cannot be concluded that ANSP has been implemented with an Equity focus in mind. Targeting in terms of geographic, poverty or ethnicity has not been applied. Gender targeting has of course played an important role in ANSP as it intends to include pregnant women, mothers of children under 2 and women of a reproductive age. But also in this respect, there has not been a deliberate attempt to target the poorer households within the target communities such as female headed households.

#### 2.2.2 Responsiveness to barriers and bottlenecks to inequalities

13. Access and coverage of key nutrition interventions has been enhanced in the course of ANSP implementation in order to address barriers and bottlenecks.
ANSP has implemented a number of activities to enhance effective coverage of nutrition-related services in particular at community level in order to increase participation of targeted mothers. This is in particular the case for the enhancement of the effective coverage of IYCF in all of the four ANSP target countries. All are solutions to the principal bottleneck that nutrition security requires inclusive, affordable and durable solutions at the community level. Most solutions are based on community level ‘systems’ that combine preventive activities with early detection of nutrition problems through CMAM. These solutions could have been singled out as a lesson learned for the entire programme.

In Uganda the principle of effective coverage through optimal use of government staff has been deliberately sought by singling out the Ministry of Local Government and Social Development (MLGSD) with sub-county level staff and a community-oriented agenda. In the last year of ANSP, Community Development Officers (CDOs) in MLGSD have been sensitized on nutrition and Early Child Development (ECD) in order to enhance community mobilisation for nutrition interventions.

In Burkina Faso a different, but equally ingenious solution has been found to work at community level. Here nutrition specific and nutrition sensitive approaches are combined and sequenced by a life cycle approach called ‘suivre la maman’ (‘follow the mother’). Pregnant women and mothers of under 2 children are group members divided in three phases of early motherhood and are participating in nutrition extension groups transferring messages relevant for their situation (pregnant, infant, young child). Here the groups are stable, but members change all the time as women enter and exit according to the phase they are in.

In Ethiopia, the five-to-one community mobilisation has been successfully promoted by the government in the Health Development Army which created an effective link between the rural households and the Health Centres through the Health Extension Workers (HEW) working closely with the different communities.

In Mali, the improvement of effective coverage has been implemented through the establishment of IYCF support group meetings, where health workers join with women to discuss in a participatory manner the issues related to appropriate care and feeding practices of infants and young children. Moreover, the study “Etude des determinants” has contributed to the understanding of certain bottlenecks at household level with regard to feeding practices and nutrition security. The study indicates that sanitation practices at household level are very poor and not applied at key moments. Moreover, the role of men is not fully considered in the sharing of information with regard to nutrition and behaviour change. These are considered important bottlenecks to improvement of nutrition security in the family.

**2.3 Effectiveness Pillar 1 Policy Development**

According to the ANSP revised logframe, for Pillar 1 ‘Upstream Policy Development and Nutrition Security Awareness’ the following expected result has been formulated at outcome level: “National policies are aligned to impact nutrition by integrating nutrition as a key objective across different sectors”.

This has been translated into four main focus areas of programme achievement:

1) Nutrition Governance at national level,
2) Development of Relevant National Nutrition Policies,
3) Strengthened Partnerships and Multisectoral Collaboration, and
4) Enhanced Integration of Nutrition in Other Sectors.

The following paragraphs will discuss the key achievements of each of these focus areas under Pillar 1 and further analyse the specific contribution of ANSP to these achievements, the conducive and/ or restraining factors as well as unexpected results.

At the end of the chapter on Effectiveness of the ANSP over the different Pillars, the synergy and coherence between the four Pillars will be analysed.
2.3.1 Nutrition governance

Table 4 gives an overview of the key achievements with regard to the support and contribution provided by ANSP in the period 2011-2015 subdivided in the first period (“Start (2011-2013)”) as reported in the MTE 2013 report and the second period (“End 2014-2015”) as observed during the ETE 2015 evaluation. At regional and continental level there is no relevant nutrition governing body so this level is not included in the overview of key achievements.

Table 4: Key achievements ANSP Nutrition Governance 2011-2015

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<tr>
<td>Burkina Faso</td>
<td>No major changes reported. In 2007 the National Nutrition Council (CNCN) - the multisectoral coordinating platform - was established and is still operational. The ANSP contribution was to organize intersectoral workshops on the multisectoral links between nutrition and food security with representatives from health and agriculture sectors. The role of the CNCN has been debated with different views from stakeholders.</td>
<td>ANSP has contributed to overcome the deadlock of Multisectoral coordination and supported the dialogue by putting together a business case approach that outlines the pros and cons of the different options. Together with other Development partners UNICEF provided a set of recommendations to accelerate the decision-making with a view to move towards a CNCN with a strong coordinating mandate. However, no final decision has been made by BF authorities.</td>
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<tr>
<td>Mali</td>
<td>Nutrition Governance has been greatly strengthened over the past few years. Mali has joined the SUN movement, a SUN focal point is in place and Mali is actively participating and contributing to the movement. Furthermore, REACH coordination - in which UNICEF is actively participating - is in place with a national and international facilitator and four UN focal points since the end of 2012 which has greatly improved support to the above mentioned policy making.</td>
<td>In terms of governance and coordination there has also been substantial changes. Three coordinating bodies for the implementation and supervision have been created: ANSP has advocated the creation of and paid for the position of National Nutrition Counsellor at the Ministry of Health.</td>
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<td>Ethiopia</td>
<td>UNICEF helped to revitalize the multi-sectoral National Nutrition Coordination Body (NNCB) and co-convened a core group for the revision of the National Nutrition Plan. ANSP funding furthermore helped establish multi-sectoral nutrition coordination committees at the regional level as a direct follow-up to the NNP launch.</td>
<td>ANSP supported in close collaboration with REACH, SUN and other development partners the establishment of a strong and institutionalized coordination structure for MSN which is country led and owned. These coordinating bodies (NNCB) and Technical Committees (NNTC) are functioning at all levels: federal, regional, zonal, Woreda and even Kebele (called the Kebele Cabinet).</td>
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<tr>
<td>Uganda</td>
<td>ANSP, by providing technical and financial support to stakeholders from various sectors and to the UNAP secretariat (OPM), has facilitated the involvement of key stakeholders in the implementation of the UNAP and the development of multi-sectoral plans.</td>
<td>ANSP support to governance included strengthening of the MSN capacities at different levels and initiation of district action planning for nutrition.</td>
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Source: MTE 2013 report and country Annexes; ETE 2015 country Annexes B-E

**Contribution ANSP**

14. ANSP has played an important role in order to strengthen Nutrition Governance, often in close relation with other Development Partners, REACH and SUN and in close collaboration with national authorities. Different modalities have been applied: advocacy and lobbying, technical assistance and funding. In some countries UNICEF was recognized as being the lead organisation for nutrition security.

The ETE received highly positive feedback on UNICEF’s support to nutrition policy formulation and improving nutrition governance. In some instances, ANSP went well beyond the planned outputs showing the flexibility of their response to requests and needs.

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26 This subdivision is not related to the design of the ANSP programme but it introduced here for presentation clarity of key achievements as reported in the MTE 2013 resp. ETE 2015 reports.

27 The key achievements are derived from the respective country, and regional/continental annexes from the MTE 2013 (“Start 2011-2013”) and ETE 2015 (for “End 2013-2015” reports. Following tables have the same origin.
In Ethiopia, the Agency was recognized as a valued partner and lead for nutrition, both among government and development partners. Supported by ANSP and other development partners a strong and institutionalized coordination structure for MSN has been created which is country led and owned. Through the sub-contract with Cornell, ANSP has supported the National Nutrition Coordination Body (NNCB) in organizing, developing and facilitating capacity building workshops for regional and sub-regional MSN structures.

In Uganda, ANSP supported Uganda where needed to create an enabling environment for nutrition thus responding to GoU needs and requests. Support to governance included strengthening the MSN capacities at different levels and initiation of district action planning for nutrition as described below. Beyond the planned outputs, ANSP also supported the development of the Comprehensive Micronutrient Guidelines; and together with WFP and WHO updated the IMAM (Integrated Management of Acute Malnutrition) guidelines.

In Mali, ANSP has advocated the creation of the position of National Nutrition Counsellor at the Ministry of Health which allowed to increase the influence of the Nutrition Division within the government. ANSP has financially contributed to the position up to the end of the programme in October 2015. Through different capacity building workshops for Technical Committee for Multisectoral Nutrition (CTIN) ANSP has further contributed to strengthen nutrition governance.

However, nutrition governance has been a sensitive topic in Burkina Faso. As noted in the 2015 Progress Report: ‘The country is debating on the institutional anchorage of the multisectoral coordinating platform - the CNCN - with views varying from the Ministry of Agriculture, Ministry of Health or the Office of the Prime Minister.’ ANSP has ‘supported this dialogue by putting together a business case approach that outlines the pros and cons of each option’. At the time of the ETE 2015, a final decision on the institutional anchoring had not yet been made.

**Conducive and restraining factors**

15. The political environment in which ANSP has been operating is a very important determining factor whether its support has contributed to the strengthening of national Nutrition Governance.

In Ethiopia, the national policy environment has been very conducive to realize major improvements in strengthening Nutrition Governance. The Government of Ethiopia (GoE) has developed its governance structure at the different levels (national, regional, zonal and Woreda) and requests development partners to abide with these structures and support them where needed. For the first time, the GoE has decided to make a specific budget line for nutrition available in 2016.

In Burkina Faso, the National Nutrition Council (CNCN) appeared to play a limited role in the coordination with regard to nutrition security governance and planning. Both Government and Development Partners agreed that the mandate of the Council should be revised in order to have a stronger role in the coordination. As indicated above, this revision is still in a deadlock as no agreement could be reached despite the active role of ANSP and other partners to lobby for a solution.

Likewise in Mali, where the nutrition governance structure has been formally approved in February 2014, at the end of 2015 the coordinator of the Nutrition Coordination Unit was not yet appointed nor were financial resources allocated in order to fulfil its role of coordinating at the national level and scaling-up of nutrition interventions. Also here the discussion was where the Nutrition Coordination should be positioned.

Interestingly, during the most recent WAHO conference in Lomé (November 2015) it was recommended that the overall Nutrition Coordination including advocacy, resource mobilisation, tracking, accountability and technical support would be coordinated by the highest governmental level possible including the Presidency, Prime Minister’s Office or the National Planning Ministry depending on the actual political preference; and not with a sectoral ministry - such as Health or Agriculture – as they are not expected to effectively coordinate nutrition interventions to be implemented by other ministries.

Among ANSP countries only in Uganda the nutrition coordination has been vested with the Prime Minister’s Office (PMO) while nutrition focal points have been identified in all relevant ministries who participate in the NNCB. In Ethiopia, the interesting approach to establish nutrition directorates within
key ministries (the Ministry of Health, Agriculture and Livestock, Industry and Education) has been recommended.

16. ANSP has carefully taken the opportunity to intensify collaboration with nutrition stakeholders on the basis of the SUN approach, REACH coordination mechanism and its close interaction with national governments. In all four countries, the ANSP support has often been in the context of the SUN movement and in close collaboration with the REACH coordinator. Together they have been able to intensively interact with national governments thus giving momentum to the strengthening of MSN governance structures and contributing to nutrition policy formulation. The collaboration has mostly – though not in all countries – given legitimacy to ANSP support.

2.3.2 Relevant policies developed and/or modified

Table 5 below gives an overview of the key achievements with regard to the formulation of relevant Nutrition Policies developed with support and contribution provided by ANSP in the period 2011-2015 subdivided in the first period (2011-2013) as reported in the MTE 2013 and the second period (2014-2015) as observed during this ETE 2015 evaluation.

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<td>Burkina Faso</td>
<td>Both the 2011-2015 Rural Sector National Programme (PNSR 2012) and the National Policy for Food Security and Nutrition (PNSAN 2013) have been completed. To further promote and advocate nutrition, a 3-day Nutrition Workshop attended by over 200 Parliamentarians was organised by ANSP in July 2013. More activities than were planned have effectively been implemented, an example is the SUN Road Map.</td>
<td>The long-awaited update of the Nutrition Policy has appeared in draft and is expected to be only endorsed in 2016. It is not known if and to what extent multisectoral experience has been included and how the issue of anchorage of the nutrition theme is addressed.</td>
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<tr>
<td>Mali</td>
<td>Since the start of ANSP, the National Nutrition Policy has been developed and approved in Jan 2013. UNICEF has contributed to the Policy formulation as one of the Technical and Financial Partners as part of their regular technical support.</td>
<td>UNICEF has actively contributed (technically and financially) to the development and operationalisation of the national Nutrition Multisectoral Action Plan 2014-2018 and its costing. Overall ANSP has contributed to the overall visibility of nutrition in policy-making as well to the dissemination of the Action Plan to regional and district levels.</td>
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<tr>
<td>Ethiopia</td>
<td>UNICEF supported the revision and implementation of the revised NNP. UNICEF pushed for a multi sector approach in the revised NNP. ANSP’s technical and financial support has been effective in influencing the GoE multi-sector strategies across the nine ministries. During 2013, a start was also made with supportive advocacy. UNICEF opted for the use of PROFILES as an advocacy tool for nutrition awareness.</td>
<td>ANSP has significantly contributed to the GoE commitment for MSN at all levels which is now firmly anchored in the national nutrition policy framework: revised NNP and NNP2 (2016-2020) and stunting as high level indicator in new Growth and Transformation Plan (GTP) 2016-2020. Moreover, ANSP has strongly advocated for the integration of nutrition in sectoral strategies and programmes and supported the important integration of nutrition in the PSNP.</td>
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<tr>
<td>Uganda</td>
<td>ANSP assisted with the operationalization of the Uganda Nutrition Action Plan 2011-2016 (UNAP) through the formulation of sector implementation plans - including costing - for the health/ nutrition, the education and the WASH sectors. Furthermore, technical and financial assistance was provided (through consultants) to the development of a Community Nutrition Implementation Guide. ANSP also supported the UNAP secretariat for the overall coordination through the Uganda Nutrition Coordination Forum.</td>
<td>ANSP supported the development of the new National Nutrition policy (2016-2026) and strategic plan (2016-2019) in close collaboration with other Development Partners. Consultations with stakeholders is still taking place; validation is not yet done.</td>
</tr>
<tr>
<td>Regional</td>
<td>UNICEF has played an important role in strengthening the integration of nutrition in national policy development in several WCA countries, by providing tailor-made and hands-on assistance. In particular in countries newly joining the SUN</td>
<td>ANSP in collaboration with other UN agencies has helped a good number of countries that have joined the SUN Movement to 36 African countries. Thirteen countries were supported on the formulation of nutrition interventions. At regional level, ANSP has focused on</td>
</tr>
</tbody>
</table>
movement and countries where Country Implementation Plans were to be made in the context of REACH.

IGAD and on ECOWAS/WAHO. The IGAD Nutrition Policy and Strategy has been validated by member states in 2015. For ECOWAS there are ongoing discussions to have a dedicated nutrition unit based in WAHO as well as a regional nutrition strategy. Furthermore, numerous regional events were organized or supported. Establishment of national networks of parliamentarians in West Africa, as well as a network of media agents reporting on nutrition.

| **Continental** | The most significant activity in policy development at continental level was the drafting of an African Nutrition Regional Strategy (ARNS) for the African Union Commission (AUC), complemented by advocacy for nutrition security at key high-level events. An African Nutrition Champion amongst the African Heads of State was nominated. | ANSP has played an important role in supporting and furthering the development of the Africa Regional Nutrition Strategy 2015-2025. ANSP provided technical and financial support for the development and launching of the ARNS. After many years of consultations, the ARNS was officially launched in July 2015. |

**Contribution ANSP**

17. ANSP has substantially contributed – often in collaboration with other Development Partners – to the formulation of comprehensive Nutrition Policies with a Multi-sectoral approach and – in some cases – associated with a (costed) Nutrition Action Plan. The main modality of the ANSP has been technical and financial assistance, but also advocacy and lobbying. This support has culminated in the formulation of MS Nutrition Policies at national (three out of four), regional (one out of three) and continental levels.

The major contributions of ANSP have been:

- the support to the formulation of wide-ranging Nutrition Policies and Nutrition Goals based on a thorough analysis of the nutrition situation and trends;
- better involving all relevant sectors reflecting a multisectoral approach; and
- introducing major attention to the ‘first thousand days’ approach to stunting reduction.

ANSP has also been instrumental to shift the paradigm from emergency to development nutrition in drought-striken countries such as Mali and Ethiopia. What has been important to achieve these results is the appropriate mix of technical and financial support to national governments and the advocacy strategy applied by ANSP of organising national, regional and continental events to lobby for more commitment to the reduction of stunting, for necessary policy changes and the formulation of clear national nutrition goals. As said, ANSP has been influential in promoting a multisectoral approach in the target countries but also lobbied for this approach at regional and continental levels.

The evidence of substantial support from three out of four ANSP countries is strong, but also activities at regional and continental levels have contributed to these key achievements.

**National**

- In Ethiopia, the commitment to nutrition has been greatly enhanced by involving relevant sectors introducing a multisectoral approach (MSN) and multisectoral coordination at all levels in the revised NNP2. The introduction of stunting as a main indicator in the national development plan 2016-2020 clearly reflects this commitment. Furthermore, with the launch of their Seqota Declaration in July 2015 it the GoE declared its ambition to end child malnutrition by 2030.
- In Mali, ANSP has provided substantial financial and technical support for the development, finalization, validation and costing of the Nutrition Multisectoral Action Plan 2014-18 (PAMN) following the revision and adoption of the National Nutrition Policy in 2013, which was also supported by ANSP. ANSP co-facilitated and contributed to several workshops related to the development of the PAMN and to the budgetisation of the PAMN.
- In Burkina Faso, ANSP has provided technical support for the drafting of relevant policy documents including the review of the National Nutrition Policy, which has been prepared with the Ministry of Health as coordinating body. The revised NNP is still awaiting final approval at government level as it needed to be aligned with the National Economic and Social Plan. The strong linkages between the Ministry of Health’s Nutrition Directorate and UNICEF/ANSP ensure close cooperation and continuous interaction.
• In Uganda, the ANSP support has gone a long way, as great progress was made towards the development of an agreed national approach for effective district action planning for nutrition. This has been realized in close collaboration with the Uganda Prime Minister’s Office. National Guidelines and a Manual for MSN District level Nutrition Action Planning were developed based on learning from the ANSP programme in 5 districts and similar exercises by other partners.

**Continental/ Regional**

• At Continental level the support to the formulation of the African Regional Nutrition Policy 2015-2015 is obvious, but also the contribution to the organisation of so many events including those targeting parliamentarians has brought the need for policy formulation and attention to the reduction of chronic undernutrition to the forelight in many African Countries. The appointment of the President of Lesotho as Nutrition Champion was also mentioned to have contributed to the attention for the setting of concrete nutrition goals.

• At regional level, in East Africa, the nutrition strategy for the IGAD countries was a major achievement; but only in 1 out of 3 regions a nutrition strategy has been developed.

• Furthermore in West and Central Africa the ANSP funded Regional REACH coordinator was able to support a good number of countries – beyond the ANSP target countries – in the formulation, review, update or adoption of their national nutrition policies including setting clear goals for the reduction of stunting.

18. **A number of achievements indicate that the impact of the ANSP has gone far beyond the four focus countries.**

The establishment of networks of parliamentarians (e.g in Chad and Namibia) has been one of these activities with substantial political impact beyond the four ANSP target countries. Interestingly, parliamentarians from Chad requested a refresher orientation to take place just before the parliamentarian session on the national budget in order to be able to lobby for more resources for nutrition.

At continental level a total of 18 regional events (WCAR and ESAR) on nutrition updates were (co-) organized during the period of the ANSP implementation. These regional events illustrate the flexibility and responsiveness of the ANSP programme which could not always be planned. The financial means made available to UNICEF to respond to specific requests and interests have made the contribution – either technical or financial – more relevant to the promotion of MSN throughout the African continent. Collaboration with the SUN coordinating unit in Rome and REACH secretariat (including the REACH West Africa coordinator based in the UNICEF WCAR Office in Dakar and paid for by ANSP – see MTE 2013) has been important in this respect. The UNICEF technical support has been provided in close collaboration with the nutrition focal points of the other UN agencies (WFP, WHO and FAO) and the national REACH facilitators.

**Conducive and restraining factors**

19. **Participation of stakeholders including regional/ provincial and district levels as well as various sectors has been a very important element of the formulation and acceptance of a national formulated Nutrition Policy and in particular the accompanying Plan of Action.**

Creating an enabling environment for comprehensive multisectoral nutrition policy implies wide-range support and acceptance at various levels. This is necessary at the level of decision-makers to understand the issues at hand (e.g. Ethiopia, Uganda, Continental ARNS) and a deliberate effort to disseminate the content and approach of the Nutrition Policy (e.g. Mali) in order to create a better understanding and support for the policy.

In Ethiopia, for instance ANSP and other funding have contributed to a recent study visit of state ministers to Brazil and Uganda was highly successful in that respect and resulted in recommendations to elevate coordination of nutrition to the Office of the Prime Minister (OPM) and to establish nutrition directorates in all of the relevant ministries.

In Mali, good emphasis has been put at the dissemination of the Action Plan to regional and district levels to create support for the National Nutrition Policy and Action Plan. ANSP supported the first and
second national multisectoral coordination meeting of the Nutrition Intersectoral Technical Committee (CTIN) held in 2015 to discuss a.o. the communication strategy. At regional, district and communal levels the main emphasis has been on the establishment of commitment.

In Uganda, late 2015 national stakeholder consultations have taken place throughout the country to discuss the new UNAP 2, followed by sectoral consultations and possibly another round of consultations with religious and cultural leaders. Resulting comments will be considered and incorporated as appropriate in the new Nutrition Policy and Strategic Plan before the national validation workshop will take place.

At continental level, the revision of the African Regional Nutrition Strategy (ARNS) and the formulation of the accompanying implementation plan 2015-2025 has been preceded by a substantial dialogue between various experts from the regions. In particular the various reviews of the draft Strategy in the African Task Force on Food and Nutrition Development (ATFFND) has significantly contributed to the final acceptance by the African Union Heads of States meeting in July 2015.

20. The inclusion of a Common Results Framework as part of a multi-sectoral National Nutrition Policy is not without its problems.

In Burkina, the effort to come up with a Common Results Framework (CRF) for multisectoral interventions has been put on hold, pending the agreement of where the coordination mandate for nutrition security should be vested. This has created a deadlock situation where the different sectors are still working according to their own sectoral priorities. Contrary to this, in Mali, the Nutrition Multisectoral Action Plan includes a Common Results Framework which clearly indicates who is responsible for the implementation of the various interventions. However, in this case, an information system still needs to be designed and integrated as a monitoring tool for the Action Plan.

21. The results of many regional and continental events to which ANSP has contributed are not obvious as no consistent reporting exists on the development of Nutrition Policies.

At regional level, ANSP has organized or supported a total of 18 events on nutrition security during the duration of the ANSP implementation. However, it is difficult to ascertain how many of these would not have been there in the absence of ANSP funding. Nevertheless, the availability of funding certainly did make a difference.

At regional or continental level, ANSP has not consistently reported what the Nutrition Policy Development in the various countries has been in order to see the impact of its efforts over the period of implementation. This would have provided more detail whether regional and continental stakeholders on nutrition were increasingly inclined “to support increased political, technical and financial commitments towards scaling up nutrition”, as stipulated in the logframe. During the first two years, the ANSP funded REACH international coordinator has been able to provide substantial support to countries in WCAR in the process of becoming a member of the SUN movement including Sierra Leone, DR Congo, Guinea, Cameroon, Chad - and the countries where Country Implementation Plans were to be made in the context of REACH such as Mauritania, Niger, Ghana, Chad and Congo (MTE 2013 Annex E, Finding 16).

2.3.3 Strengthened partnerships and multisectoral collaboration

Continental/ Regional

22. At continental/ regional level, the ETE 2015 found that UNICEF/ ANSP often plays a facilitating and catalytic role as an enabler ‘leading from behind’ before, during and after regional and continental events on nutrition.

Various examples exist of the involvement of UNICEF staff with ANSP funding support. The recent WAHO seminar in Lomé in November 2015 is a good example (see Annex A Box 1) of the role where UNICEF supports technically and financially co-facilitated an important event at regional level. This was also the case for most of the 18 regional events on new “nutrition developments” which were organized during the period of the ANSP implementation. In Year 4 alone, seven regional events were organized or supported by the ANSP.
Many of these ANSP supported meetings were coordinated with the SUN Movement Secretariat. ANSP has contributed to discussions in the various Communities of Practice and in the transition towards the future face of the SUN Movement.

The ETE 2015 is aware of many more of these examples which have strengthened the collaboration with partners and enhanced multisectoral collaboration.

23. In the two respective regions (WCAR and ESAR) ANSP has predominantly worked with the Regional Nutrition Working Group (RNWG) but with a relative limited success. The MTE 2013 concluded that since 2008 in West Africa the RNWG had significantly contributed to the advocacy activities for policy formulation towards tackling (chronic) malnutrition in West and Central Africa. The RNWG had been able to advocate for the formulation of a long-term vision of improvement of the nutritional status in the countries of the region as well as at regional level through the ECOWAS bi-annual WAHO meetings.

However, at the time of the ETE 2015 visit the situation had changed. A certain indecisiveness translated into decreased interest of the most senior participants to attend the RNWG meetings. Apparently the RNWG had not been able to re-calibrate their role in view of changes in the context in which they operate, in particular in view of changing needs and expectations of RECs such as WAHO. In East Africa UNICEF has been leading the Nutrition Sub-Working Group under the Regional Food Security and Nutrition Working Group. Members of the RNWG told the ETE that the focus of the group at large had of necessity shifted to the emergency mode of humanitarian aid, with less emphasis on long term aspects of prevention of undernutrition.

This illustrates that the monitoring indicator from the ANSP logframe that ‘regional working groups have met’ is clearly insufficient as a reflection of the performance of such working groups.

24. ANSP has prioritized collaboration with a limited number of continental/ regional initiatives to establish multisectoral partnerships

The Comprehensive Africa Agriculture Development Programme (CAADP) subscribing countries have been requested to include nutrition in their agricultural policies. The CAADP Nutrition Initiative which started in 2011 and its follow-up programme – are addressing the formulation of concrete actions to ensure nutrition security; actions which were previously often lacking in the National Agriculture and Food Security Investment Plans (NAFSIP). ANSP’s continental programme has not been able to establish a closer collaboration with NEPAD/ CAADP in order to stress the multisectoral character of Nutrition Security (see above). It has been suggested that ANSP could have played – in collaboration with FAO and in the context of REACH – a facilitating role to support national governments to develop specific nutrition goals in the context of CAADP which has now not been the case. This is a missed opportunity to engage multisectoral partnerships in promoting nutrition-sensitive agriculture policymaking and action. The EU as donor also had requested ANSP to focus on a limited number of regional institutions such as IGAD and WAHO.

Another example is the Water and Sanitation Program (WSP). Remarkably ANSP has not initiated a closer collaboration with this interesting initiative which is closely related to UNICEFs mandate and ANSP objectives. The Water and Sanitation Programme includes a good number of important and relevant initiatives for the success of ANSP, such as Scaling Up Rural Sanitation, which includes actions to Scaling Up Hand Washing, improve practices around Disposal of Child Faeces, and Safe Sanitation for Children. Scaling Up Rural Sanitation builds on the promising approaches in Community-Led Total Sanitation (CLTS) – which is also being promoted by UNICEF - and Sanitation Marketing. Furthermore WSP has country teams in three of the four ANSP countries with whom collaboration could have been possible.

28 Other examples have been provided in Ch. 2.1.2 above
29 At least ANSP has not mentioned or highlighted any collaboration with the multi-donor and World Bank initiated World Sanitation Programme.
This lack of important strategic partnerships in the WASH sector is even more remarkable as sanitation has often been integrated in ANSP activities at community level such as in the successful CC10 model household approach in Uganda.

**National**

25. **At national level there has been an improvement of strengthened partnerships but barriers for better multisectoral coordination have remained. ANSP has worked closely together with REACH and SUN movement stakeholders (including other UN Agencies, Civil Society and Donors).**

In Ethiopia, ANSP has closely collaborated with the REACH coordinator who was positioned in the Ministry of Health and who is also the SUN national focal point (REACH and SUN reported jointly in Ethiopia). For ANSP supported activities MoUs have been signed by UNICEF with many partners including FAO and Alive & Thrive; and Collaboration Agreements with a number of organisations as RIPPLE, Orthodox Church, GAIN, DSW and the Addis Ababa University. These collaborations have strengthened the focus of UNICEF partnerships for multisectoral approaches to nutrition security. Collaboration with WHO and WFP (e.g. around CMAM implementation) exists under the UNDAF umbrella, while technical UN staff meets during the UNICEF chaired Nutrition Development Partners Group (NDPG). A long term partnership with Concern has culminated into a pilot which will support the implementation of the new nutrition-sensitive aspects of the national Productive Safety Net Program (PSNP)-4 programme, in which the nutrition, food security and social protection sectors converge.

In Uganda, efforts to establish improved relationships have been hampered by a lack of information sharing and teamwork despite the fact that there exist four committees on nutrition (all being chaired by the Permanent Secretary in the Prime Minister’s Office). Mistrust between partners led to a division in factions and the intention of synergy and added value did in the cases of REACH and Cornell insufficiently materialise. The position and timing of REACH was one of the contention factors. There were, however, also successful partnerships and positive examples in which the 4 UN agencies did work constructively together in Uganda. Examples include review of the IMAM guidelines and development of the new micronutrient guidelines.

In Mali, ANSP has been actively collaborating with the national and international REACH coordinators and other UN focal points. Together the REACH coordination team has played – and is playing – an important role in developing the technical dimension of the NNP and action plan, in particular by supporting the process of bringing together all relevant stakeholders and making a comprehensive multi-sectoral nutrition situation analysis.

In Burkina Faso, partnerships to enhance multisectoral collaboration at national level have been mainly confined to the Multisectoral Nutrition Coordination platform (CNCN) of which the institutional anchorage, composition and function are being debated for some time now. In the context of ANSP, Cornell has facilitated the formulation of a Common Results Framework by CNCN members as part of the NNP revision.

**Sub-national/ local**

26. **At sub-national levels, partnerships (or collaboration) evolved around decentralised coordination structures or has been through contractual arrangements for the implementation of Pillar four (scaling-up nutrition) activities either with NGOs or through support to local governments.**

A wide range of partnerships have been established in the four ANSP countries, either as a result of direct support to local government structures or through contractual arrangements with national NGOs.

In Ethiopia, a strong and institutionalized coordination structure for MSN has been created which is functioning at all levels: federal, regional, zonal, Woreda and even Kebele (where coordination takes place in the Kebele cabinets); in these coordinating bodies representatives of relevant ministries are present. This coordination structure is clearly country led and owned. At sub-national level ANSP has closely worked together with the zonal and Woreda levels, whereas the Kebele cabinets were participating in the capacity building efforts. Collaboration included technical advice, monitoring of
progress, capacity building as well as financial support to the Zones and Woredas for the implementation of nutrition-related activities.

In Mali, partnerships at sub-national level have been established through contractual arrangements, for instance with the national NGO ACDAP who has been involved in the scaling-up activities under Pillar four (see section 2.6) in the two target districts of Bankass and Yorosso but also the Regional authorities and staff in Mopti and Sikasso were closely involved. In particular regular interaction existed with the Regional, District and Communal Committees for Coordination and Monitoring of Development Actions.

In Burkina, the pillar four IYCF programme implemented in two Regions in the North and Centre of the country has had multiple partners and close working relationships between UNICEF and the implementing partners (NGOs and their CBOs). These partnerships have largely had the nature of contractual arrangements. Besides, close collaboration has been established with the provincial authorities in particular with regard to multisectoral collaboration.

In Uganda, strengthening nutrition partnerships took place through support to the district action planning process implemented by the District Nutrition Coordination Committee (DNCCs). Learning Platforms have been established under ANSP/Cornell support in the first half of 2015 which were perceived as useful to support MSN planning and implementation.

2.3.4 Enhanced integration of nutrition in other sectors

UNICEF

27. The ETE observed an increased integration between the UNICEF nutrition, WASH, Social Protection and health sections, as well as with Communication (C4D) and Early Childhood Development (ECD).

In all four ANSP target countries the ETE 2015 observed considerable progress and interest towards increased integration and collaboration between the different sections within UNICEF. This is an important development since the MTE 2013 as UNICEF brings together many “sectors” which are relevant for multisectoral nutrition sensitive planning and action. The ETE considers it a very positive development that “convergence” is fully carried forward in UNICEF, though much is still work in progress. The lack of this ‘internal’ collaboration was one of the criticisms of the MTE 2013.

In Ethiopia, WASH and nutrition now use common (nutrition) impact indicators and joined together in planning for the next Country Programme with the goal of stunting reduction. UNICEF suggested to take ECD on board in the UNICEF nutrition support requested by the office of the First Lady.

In Mali and Burkina Faso, the collaboration between the nutrition sections and WASH in particular with regard to the promotion of the Community-Led Total Sanitation (CLTS) has gained momentum, as they more and more target the same districts. In Burkina the same applies for UNICEF’s work on Education thus creating momentum for convergence of actions.

In Uganda, there has been a substantial integration of UNICEF sections: Nutrition, WASH, Health and HIV/AIDS are now under one section called Child Development and Protection. The convergent approach is recognized to be more cost-effective than vertical programmes. Various processes are set in motion to aim for a systems approach which empowers districts in multiple sectors (source UNICEF Uganda representative). The “Care for child development training package” has been rolled out jointly by the nutrition and education programmes to support the Ministry of Local Government and social Development (MLGSD) structures.

Other sectors: Agriculture, Education, Social protection

28. Through a wide range of activities (e.g. policy formulation, capacity building, introduction of MSN approaches at community level) ANSP has contributed to nutrition-sensitive policies. However, this contribution has its limitations.
In Ethiopia, ANSP supported integration of nutrition in a number of sectoral plans (health, education, agriculture), but also in the Productive Safety Net Programme (PSNP-4) and the National School Health and Nutrition Strategy which supports integration of nutrition in education materials for primary and secondary schools. In addition ANSP supported implementation of nutrition interventions using the school as a platform for BCC, deworming, food safety and WASH.

In Uganda, disappointingly, ETE 2015 found reluctance to move into FAO territory, while just linking the agricultural programmes to available MOH/UNICEF BCC and raising demand for nutrition specific services would have been so important.

In Mali and Burkina, through the lack of an effective functioning Multisectoral Nutrition Coordination body the integration of nutrition in sectoral policies has not materialized (see also section 2.3.1).

As indicated above, at regional and continental levels there is less evidence of enhancement of integration of nutrition in other sectors. Both the ARNS 2015-2025 and the IGAD Nutrition Policy and Strategy refer to multisectoral nutrition interventions but rather at an abstract level.

### 2.4 Effectiveness Pillar 2: Capacity Development

With regard to Pillar 2 ‘Institutional Development and Capacity Building’ the following expected results had been formulated in the ANSP revised logframe: “National nutrition programmes are strategic and have the capacity to adapt to changing contexts that influence nutrition programming in the country” (outcome) and “Strong strategic, managerial and technical capacity at country level to provide quality nutrition interventions across sectors” (overall output)

This has been translated into three main focus areas of Pillar 2 programme achievements:

1) Capacity enhancement of programme planners, decision-makers in effective nutrition planning,
2) Enhanced nutrition capacities of different sectors, and
3) Production of Nutrition training materials.

The following paragraphs will discuss the key achievements of each of these focus areas under Pillar 2 and further analyse the specific contribution of ANSP to these achievements, the conducive and/ or restraining factors as well as unexpected results with regard to Capacity Development.

#### 2.4.1 Capacity of programme planners and decision makers

The following table below provides an overview of the main activities undertaken and results achieved in Capacity Development towards effective nutrition decision-making and planning.

<table>
<thead>
<tr>
<th>Activities</th>
<th>ANSP Results (2015)</th>
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<tbody>
<tr>
<td><strong>Burkina Faso</strong></td>
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</tbody>
</table>
| Strengthen the capacity of the Matourkou Agricultural Training Centre to integrate nutrition into the curricula | 1) In the Matourkou Agricultural Training Center new modules for integrating nutrition into agriculture curricula were developed, validated and rolled-out.  
2) Seven branches of NSPH have revised their curriculum in order to better integrate nutrition into the existing curriculum. |
| Strengthen the capacity of the National School of Public Health (NSPH) to integrate nutrition into the curricula | |
| Document the process and impact of the integration of nutrition issues into the curricula of Matourkou Agricultural Training Centre | |
| **Mali** | | 
| Nutrition training materials and curricula for public health nurses, agronomists and medical doctors revised | 1) INFSS Nutrition Professional Course developed  
2) Nutrition Masters was launched in Jan 2015 with 26 students (of which 8 women) |
| Nutrition Masters Course curricula of the Faculty of Medicine (FMOS) finalized | |
**ANSP Final Evaluation, Volume 1: Main Report. October 2016**

### In-service training course materials to improve the capacity of nutrition, food security and social development focal points on nutrition strategies and interventions finalized

<table>
<thead>
<tr>
<th>Ethiopia</th>
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<tbody>
<tr>
<td>- Training of Health Extension Worker Supervisors to conduct regular and quality supportive supervision</td>
</tr>
<tr>
<td>- Medical and agricultural universities convening update seminars on nutrition security and stunting reduction</td>
</tr>
<tr>
<td>- Capacities of the National Nutrition Technical Committees at federal and regional level developed</td>
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<tr>
<td>- Four seminars were conducted in four universities to disseminate MSN learning and assess curriculum requirements in nutrition, health and agricultural courses for the integration of MSN.</td>
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<tr>
<td>- Study tour for high gov staff on coordination for MSN</td>
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<tr>
<td>- Integrated Refresher Training (IRT) updated and training of health staff supported</td>
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<tr>
<th>Uganda</th>
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<tbody>
<tr>
<td>- District Planning and Monitoring Tool for Nutrition developed</td>
</tr>
<tr>
<td>- Nutrition module and curricula for pre-service and in-service health tutors developed and rolled-out</td>
</tr>
<tr>
<td>- Learning Platforms for District Nutrition Action Planning established in target districts</td>
</tr>
<tr>
<td>- Strategic partnership established with the Mulago Tutors college to adapt curricula and train tutors; ToT at national level reaching out to 600 participants</td>
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<table>
<thead>
<tr>
<th>Regional</th>
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<tbody>
<tr>
<td>- Assess the nutrition learning needs and gaps in the region and discuss recommendations for curricula revision for pre-service and in-service training (WANCDI)</td>
</tr>
<tr>
<td>- Produce materials to address nutrition-sensitive approaches, leadership capacity and project management</td>
</tr>
<tr>
<td>- Strengthen the capacity for leadership and adaptive management of national nutrition programmes</td>
</tr>
<tr>
<td>- ANLP (SUNLEAD) has contributed to enhancing capacity for effective nutrition action in Uganda (2 districts)</td>
</tr>
<tr>
<td>- WANCDI has laid the foundation for effective nutrition workforce preparation and successful mainstreaming of updated training materials into existing nutrition training curricula in 16 countries in the WCA region</td>
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<table>
<thead>
<tr>
<th>Continental</th>
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<tbody>
<tr>
<td>- Support to the Africa Task Force on Food and Nutrition Development (ATFFND) as a major continental coordination mechanism in order to strengthen its work in implementing nutrition initiatives in Africa</td>
</tr>
<tr>
<td>- Capacity development limited to financial and technical support to the organisation of the annual ATFFND event</td>
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### ANSP contribution

ANSP has developed different strategies to further enhance capacities for effective nutrition planning 1) through training institutes at professional (in-service) and university levels; and 2) through leadership development at different levels (continental, national, sub-national, district)

### 29. The capacity development approach through training institutes has been effective and inclusive.

**Regional/ Continental**

In the first place, in the *West and Central African Region* (WCA region) the West African Nutrition Capacity Development Initiative programme has been instrumental to assess the capacity needs in 16 countries in the region which revealed important gaps and underscored the urgent need for a shift toward wider reforms for nutrition capacity development. The work done within the framework of this initiative has been recognized by the various countries as an important contribution (pers. comm. Mali CO and FMOS-Mali) to understand the issues related to effective mainstreaming and updating of nutrition curricula. The publication of a number of articles as a result of this assessment is being recognized in the region as an important step towards more attention to Nutrition training in higher education
institutions. These publications will ultimately contribute towards the development of a unified and nutrition capacity development strategy based on consensus that can be implemented across the continent. The recognition of the importance is also coming from the West African Health Organisation (WAHO) who has embraced the initiative and found new funding opportunities outside ANSP.

However not all initiatives to enhance nutrition professional training have been successful. In East and Southern Africa Region (ESA region) activities foreseen for the identification of training gaps and the development of generic modules for nutrition service providers have been stalled. A hired consultant appeared not be capable to provide the requested services and the contract was stopped by UNICEF.

At continental level, ANSP continued to support the African Task Force on Food and Nutrition Development (ATFFND), the technical body of experts from various organizations in the continent who meet annually to deliberate on how to support governments to prioritize food and nutrition security in national development. UNICEF has been able to remind participants of the ATFFND Annual Meetings of the importance of multisectoral nutrition approaches and the need to clarify the operationalisation of the concept both in countries and institutions.

**National**

At national level there have been some very interesting experiences:

In Burkina, the support to the CAP Matourkou Agricultural Training Institute (see MTE 2013 section 2.4.2 Box 8) as well as the National Public Health School College (NPHS) has resulted in a complete integration of nutrition in the respective curriculum. The approach and steps taken to integrate nutrition into the existing curricula by both CAP Matourkou and the NPHS colleges – from a first assessment, to a final evaluation - are virtually identical. Special is that the choice was made to not simply draft one separate additional nutrition module but to really integrate nutrition in all the different subject courses taught, by reviewing the relationship of the individual subject to nutrition.

In Mali, the FMOS has established a full 2-years Master Degree building upon two other Public Health Masters. Staff from the Ministry of Health and Regional Directorates are amongst the participants. The first group is supposed to graduate in the course of 2017.

In Ethiopia, as a full review of the existing curricula was not possible, ANSP contributed to the organisation of four seminars in four different universities where recommendations were formulated on MSN requirements for a curriculum revision. ANSP also assisted in the development of supplementary teaching materials to be used within existing modules.

In Uganda, the strategic partnership with Mulago Tutor’s College has culminated into the revision of the curricula for pre-service and in-service health tutors and the integration of MSN into the same.

With the exception of the Matourkou experience which was published in May 2016, it is regrettable that the process and impacts of the inclusive approach to nutrition curriculum development have not yet been properly recorded for sharing and learning. The rich available material for Burkina (NPHS) and Mali (FMOS, INFSS) could have been further interesting cases to be documented and shared.

**30. The effectiveness of the approach of leadership enhancement at the various levels is less visible.**

ANSP support to leadership enhancement at the continental level (ATFFND) has been mainly of financial and technical character to organize the annual meeting. It has been reported that the task force stakeholders made recommendations on how Continental Nutrition coordination and collaboration could improve, but it is not sure whether this is foremost an outcome of the ANSP support. It has been suggested that the ATFFND would be integrated in the SUN initiative in order to give more momentum to the Task Force (source: interview AUC).

In Ethiopia, Cornell supported the development of guidelines for multi-sectoral nutrition (MSN) and progress markers for multi-sectoral coordination which enhanced capacity with National and Regional Technical staff. This was followed by the development of a video on “bottom up MSN” at Woreda (district).

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level. Here the focus was on the Multisectoral approach to nutrition which was very visible in one region visited by the ETE where vertical leadership was present to support the MSN approach at lower levels.

In Uganda, the African Nutrition Leadership Programme (ANLP) training was on a pilot-basis for six months and has to some extent assisted the District Nutrition Coordination Committee to further the process of the planning of a District Nutrition Action Plan.

### 2.4.2 Enhanced nutrition capacities of different sectors

#### Table 7: Key achievements ANSP Multisectoral Nutrition Capacity Building of different sectors

<table>
<thead>
<tr>
<th>Country</th>
<th>Activities</th>
<th>Results (2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>• Strengthen capacity of the Matourkou Agricultural Training Centre</td>
<td>See above 2.4.1</td>
</tr>
</tbody>
</table>
| Mali        | • Capacity building of community resource persons in implementation of nutrition intervention. | 1) Capacity-building programme for members of the Intersectoral Technical Nutrition Committee (CTIN) realized.  
2) Regional MSN trainings realized in 2 target provinces: Mopti and Sikasso  
3) Local MSN coordination platforms established in 2 target districts and sub-district levels (cercle) with 71 participants |
| Ethiopia    | • Support to MOH with a roll-out and strengthening of nutrition capacities at all levels in the health system through Supportive Supervision and Integrated Refresher Trainings (IRT)  
• Support to MOA together with FAO | 1) Integrated Refresher Training: 1500 + 900 Health Extension Workers (HEW) trained  
2) 30,000 IRT modules and 1 Million Family Health Cards provided  
3) Multisectoral platforms established at sub-national levels, including woreda and kebele  
4) Orientation WS for agricultural development agents organized |
| Uganda      | • Cascade training of health staff, coaching and mentoring  
• Support to MoAgriculture and MGLSD  
• Support to District and Sub-county levels through Community Connectors | 1) MSN approach in national health sector training.  
2) ‘Care for child development’ training package has been rolled out to orient and support the Ministry of Gender, Labour and Social Development (MGLSD) at community level  
3) Multisectoral coordination with an MSN focus established at district and sub-county level  
4) Integration of agricultural staff and other sectors in District Nutrition Coordination Ctee through awareness raising and increased synergy with health sector |
| Regional    | Cornell training in four countries to introduce better understanding of MSN approach | 1) Creation of MSN platforms in Burkina and Mali  
2) Coordination committees in Ethiopia at national and zonal levels established |
| Continental | NWU-ANLP SUNLEAD leadership training programme                               | 1) Building upon the continental programme ANLP leadership training implemented in two districts in Uganda |
**ANSP contribution**

31. The overview above indicates that ANSP has been prominent to promote MSN approaches in the various countries through capacity development. ANSP has seized opportunities wherever and whenever they occurred.

The examples above indicate that there have been several approaches to introduce and enhance the MSN approach to other sectors than health. It is interesting to learn that ANSP has adopted an ‘opportunistic approach’ to further the MSN approach, and for quite good reasons. In addition, UNICEF has reached out to development partners to collaborate in sectors where they do not have their traditional strength.

In Ethiopia: ANSP, in partnership with FAO, has technically and financially supported the Ministry of Agriculture in organizing an orientation workshop for agricultural development agents on nutrition to strengthen nutrition sensitive interventions at the lowest level. Local multisectoral platforms have been established integrating agriculture and education staff at various levels. However, most of the training support has gone to the Health sector at various levels in the context of the national Community-Based Nutrition (CBN) programme.

In Burkina, the support to the Matourkou Agricultural Training Centre – which has been extensively reported in the MTE 2013 – has been undertaken in close collaboration with FAO, the Forestry Training Institute, and many other non-traditional partner organisations. Moreover, all seven branches of the National Public Health School (NPHS) have revised their curricula to better integrate nutrition. These are very interesting experiences to demonstrate the impact of curriculum reform in the long run for enhanced nutrition capacity in the country.

In Mali, capacity building has been focussed at the various levels including the national CTIN but also at Provincial and District levels. The training has included many sectors including local government, agriculture, livestock, education, women promotion, industry and commerce, but also organisations linked to micro-finance, Chamber of Commerce, and religious organisations.

In Uganda, ANSP contributed significantly to the nutrition awareness and integration of nutrition-sensitive interventions at community level, such as WASH, saving and microcredits, nutrition clubs and school gardens in schools, etc. However, the attempts to advocate for integration of nutrition in agriculture through the national ministry were not successful.

The diversity of the experience in the different countries shows that the UNICEF/ANSP has carefully assessed opportunities for the promotion of MSN approaches in the various countries and made use of these opportunities wherever and whenever they occurred. Collaboration with the Ugandan MGLSD, the support to Matourkou or the NWU ANLP SUNLEAD programme are exemplary in this.

**Cornell**

In all four ANSP countries training for Multisectoral Nutrition has been delivered through a regional sub-contract with Cornell University. In all countries a nationally seconded Cornell staff person has been responsible for the training activities with one person combining the activities in Burkina and Mali.

32. Overall, Cornell training has played an important role to further promote MSN and to better understand the practical implication. In all four countries stakeholders have expressed their appreciation and satisfaction with the MSN training as implemented, but overall it lacked the flexibility to adjust to the national conditions and realities.

As indicated in Annex A (continental and regional), in the four ANSP countries Cornell has worked with actors at relevant levels to introduce a ‘multisector’ approach to nutrition planning, coordination and decision/making (MSN) in the form of platforms. Cornell has been very good in translating abstract concepts in tools – diagrams, checklists, images – to bring the concept of multi-sectoriality home at the level of individuals at national, provincial and district levels. Several interviewed persons at provincial and district levels indicated their satisfaction with the Cornell introduction of the MSN approach (source: pers. comm. Provincial Directors of Health in Burkina and Mali; Deputy Mayor Yorosso; Deputy Director Regional Health Bureau).
The major disadvantage of the Cornell approach has been that it had based its approach on prescribed ‘requirements for an Effective MSN system’ which made it difficult to articulate the approach to local conditions and national policy environments. As a result Cornell has been strong in convincing individual actors, but has by and large not managed to introduce the system changes it sought to achieve. The fact that Cornell as an academic institution aimed to demonstrate its ‘proof of concept’ furthermore made it insufficiently open to draw and categorize the differences and commonalities in forms which audiences could readily appreciate (source: UNICEF CO staff of several ANSP countries).

**ANLP SUNLEAD**

A six-month pilot project with the North West University (NWU) from South Africa has been signed to implement the ANLP –SUNLEAD programme on leadership training to empower nutrition leaders by developing their leadership skills. The pilot project has been implemented on a modest scale in two out of the five target districts in one ANSP country (Uganda). In practice, District Nutrition Coordination Committee members have been trained to lead and coordinate the District Nutrition Action Planning. The training is expected to contribute to coordination and outcome of the DNCC.

**Unexpected results**

33. Making use of the opportunity to train non-traditional groups of stakeholders has contributed to promote multisectoral action.

A number of unplanned results with regard to capacity development of stakeholders for enhanced nutrition capacities can be recorded, such as:

- In Mali, the training of a broad range of stakeholders – including government staff of different sectors, churches and NGOs - at district and commune level resulted in the definition of engagement of every participating organisation to dedicate activities to nutrition enhancement. Regular monitoring and updating is taking place under the leadership of District Mayor.
- In Burkina Faso, the work of Cornell has contributed to the formation of a multisectoral nutrition forum in Yako District (Nord Region), initially bringing together 21 organisations (GO and NGO).
- In Ethiopia, a one-day workshop for 50 parliamentarians from nine standing committees contributed to their improved understanding of the need for Multisectoral coordination. They were also asked to enforce legislation in support of nutrition.
- In Uganda, ECD and Nutrition training for the MGLSD Community Development Officers (CDO) was not planned for but due to the collaboration with MGLSD became a success.

**2.4.3 Nutrition training materials**

34. ANSP/UNICEF has put significant effort in the design and production of training materials in support of Scaling-Up nutrition interventions.

The table below shows the results as observed by the ETE in the four target countries. In three countries (Burkina, Ethiopia and Uganda) the training material serves the purpose of standardised training material for health staff; and in Uganda for agriculture staff as well. In Ethiopia also integrated nutrition learning modules have been developed for higher level staff such as nurses and medical doctors.

The table shows as well a significant number of training, communication and advocacy materials developed. It is not possible to quantify the number of training materials developed but it is clear that in three of the four countries (Mali has been an exception) the production of Nutrition training materials was an important output of the ANSP programme.

<table>
<thead>
<tr>
<th>Collaborating Institution(s)</th>
<th>Results (2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>• Pillar 4 IYCF harmonized result-oriented training, communication and monitoring material and tools for health staff developed.</td>
</tr>
<tr>
<td>Mali</td>
<td>• None, only powerpoints used during Workshops</td>
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<tr>
<td></td>
<td>• Comic books</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>• Integrated Refresher Training Materials</td>
</tr>
</tbody>
</table>
Alive and Thrive | • Self-learning Module (DVD) for Health Workers to strengthen their supervisory work  
| • BCC materials with 7 steps for improved nutrition (posters, counselling cards)  
| • Integrated Nutrition Learning modules for nurses and Medical Doctors  
| • Training manual on Integrating Agriculture and Community-Based Nutrition (for Agriculture and Health agents)  

Uganda | GoU/ Ministry of Health with SUN, EU, USAID/ Community Connector and FANTA  
| GoU/ Office of the Prime Minister (OPM)  
| • National guideline for MSN district planning  
| • Booklet, posters and counseling cards with BCC messages on nutrition was developed  
| • Several well illustrated MSN materials to support community level BCC: Flipcharts in Local language, a Comic Book for schools, BCC messages booklet in English, leaflets on e.g. handwashing, safe drinking water, etc.  
| • Facilitator’s Manual for Results Based Nutrition Planning and Management at District level

The main collaborating organisation in most cases has been the Ministry of Health of the respective countries, but other organisations have been part of the production of training material as well.

35. One important element of the development of training material is that the national governments are more and more in the driving seat and make an appeal on various development partners to jointly contribute on the basis of their experience.

In Ethiopia, UNICEF has contributed to material principally developed by Alive and Thrive. It was a coordinated approach led by the Ministry of Health for the development of harmonized “blended” training material to be used throughout the country. The material includes evidence-based and field tested material presenting seven ‘excellent’ feeding actions to promote nutrition - including IYCF- at household level. The harmonized effort to produce such material on the basis of the various experiences and expertise of contributing organisations including UNICEF has been exemplary. The nation-wide implemented HDA (Women’s Development Army; community-based health volunteers supervised by HWs) are using the material.

In Uganda, national guidelines and a manual for district planning have been developed building on ANSP and FANTA experiences, which were upon request of the Ugandan government merged into one approach for District Nutrition Action Planning.

As matter of a deliberate policy, UNICEF is currently “de-branding” its contribution and putting less emphasis on their support to develop nutrition materials. Hence ownership is more vested with the national governments to whom the assistance has been provided.
2.5 Effectiveness Pillar 3: Information systems and knowledge sharing

With regard to Pillar 3 'Information Systems and Knowledge Sharing' the following expected results have been formulated in the ANSP revised logframe:

“Strong national oversight for nutrition with relevant and sustainable nutrition information systems available at all levels for decision-making” (outcome) and “Strengthened quality, relevance and institutionalization of continental, regional and national information systems to monitor results and track performance around nutrition” (overall output)

This has been translated into four main focus areas of Pillar 3 programme achievements:
1) Strengthened nutrition monitoring systems
2) Documentation of ANSP good practices and achievements
3) Knowledge sharing at ANSP programme level
4) Complementary studies to enhance understanding of nutrition practices

The following paragraphs will discuss the key achievements of each of these focus areas under Pillar 3 and further analyse the specific contribution of ANSP to these achievements, the conducive and/ or restraining factors as well as unexpected results with regard to Information Systems and Knowledge Sharing.

2.5.1 Strengthened nutrition monitoring systems

Strengthening of national nutrition monitoring is an important element of ANSP to enhance the oversight of trends and developments with regard to important nutrition indicators. This has often been translated into support for the introduction of nutrition indicators into the existing Health Management and Information Systems which have been introduced in many African countries with support of WHO. Initially the HMIS missed out some relevant nutrition indicators. Therefore the ANSP activity to strengthen Nutrition monitoring has been quite relevant.

<table>
<thead>
<tr>
<th>Table 9: Key achievements ANSP in Strengthening Nutrition monitoring</th>
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<tbody>
<tr>
<td><strong>Activities</strong></td>
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<tr>
<td>Burkina Faso</td>
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<td>Mali</td>
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<td>Ethiopia</td>
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</table>
Monitoring and Evaluation Framework for UNAP finalized

<table>
<thead>
<tr>
<th>Regional</th>
<th>Support to countries towards data collection, analysis or knowledge mgt publications, presentations, workshops, meetings and other means of documentation, horizontal learning and sharing of experiences</th>
<th>1) Support to 22 countries provided, in particular on application of SMART methodology 2) NutritionInfo website to present current and past nutrition conditions in Sub-Saharan Africa developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continental</td>
<td>Nutrition indicators in the AfricaInfo Database</td>
<td>AfricaInfo has not come off the ground.</td>
</tr>
</tbody>
</table>

**ANSP contribution**

36. The strengthening of nutrition monitoring has been an important achievement of ANSP.

In Ethiopia, the support to the CBN and CMAM monitoring is part of the NNP. UNICEF continued to support the MOH with a further roll out and strengthening of capacities for data management at all levels through Supportive Supervision, Refresher trainings and Review meetings. The roll-out of the CBN monitoring system reached out to 402 Woredas by early 2015, indirectly many more than the selected 20 ANSP Woredas. Data are collected and analysed on a monthly basis to provide feedback.

The ETE 2015 has observed that the monitoring data is widely recorded and used; however, in-depth analysis of CBN data is lacking, leaving certain trends overtime unexplained. Overall, GMP participation and performance data are well-kept and presented. The increase of participation in weighing in Ethiopia in the SNPP region (including ANSP target districts) is striking as is the decline in underweight of children under 2. Notwithstanding, the ETE 2015 observed a large discrepancy between service and survey data in the same region over the same period of time; a discrepancy which largely remained unexplained thus calling for a better analysis of the data at hand.

The support to the implementation of the SMART approach – 22 countries including the two West African ANSP countries received regional support for nutrition monitoring - has led to a well-thought-through monitoring system of relevant nutrition data with a high frequency (mostly on an annual basis) in Burkina Faso and Mali and possibly other SSA countries. This has led to a better quality, less costs and rapidly available data that are frequently used by nutrition development partners for their monitoring and planning purposes. This ANSP regional support has been quite successful to the extent that it has become institutionalized in several countries, resulting into more consensus between stakeholders on what data to collect. SMART has become part of the routine, relevant for nutrition practitioners.

At continental level, the AfricaInfo nutrition database is no longer operational. Due to lack of practical feasibility and insufficient funding it was decided not to give priority, support to individual countries has not gone beyond a first training.

37. Though not planned, UNICEF has been able to respond in a very flexible way to specific opportunities or requests for nutrition relevant support because ANSP funding made this possible. In particular the introduction of nutrition indicators in the national HMIS systems has been a success.

In Burkina Faso, ANSP went beyond logframe objectives by supporting inclusion of nutrition indicators into the national HMIS. While not planned under the ANSP, UNICEF accepted the Ministry’s request to review the HMIS for nutrition under the programme, in order to develop the required information system for nutrition programming. Again, a clear example how ANSP has responded to opportunities in a very flexible way which reflects the importance of the type of ANSP funding which allowed UNICEF to respond to this type of requests by governments or other stakeholders.

The same has happened in Uganda, where UNICEF accepted a request from the MoH to review the national HMIS in order to develop the required information system for nutrition programming. As a result 14 key nutrition indicators are now part of the revised Ugandan HMIS which has been rolled out since July 2015.
2.5.2  Documentation

Horizontal learning and sharing of experiences has been one of the goals under Pillar 3. Documentation of good practices and results was to serve this purpose.

38. One of the major shortcomings of ANSP has been the lack of documentation of good practices and achievements both during and at the end of the programme. ANSP has lacked a clear communication strategy on how to present their contribution to good practices and the key achievements they have realized. Some videos and stories have been produced but they are only available scattered over various UNICEF country websites. There is no consistent website which can be consulted to learn from the achievements and good practices of the ANSP programme. For instance, the UNICEF website on their partnership with the EU does not provide any detailed information on the ANSP results and good practices (see f.i. http://www.unicef.org/eu/unicef_eu.html). This has not only limited intra-programme learning between countries but also constrained learning by different nutrition stakeholders including other countries on the continent. This is a missed opportunity.

As mentioned elsewhere in the country annexes to this report, the ANSP staff themselves readily admit that the ANSP function of learning, documenting and sharing of lessons has been weak.

39. The collaboration with Cornell University on documentation of multisectoral nutrition coordination has not led to joint learning and sharing of lessons and should be considered a missed opportunity.

Next to technical support in MSN capacity development, Cornell has been “contracted” by the regional office ESARO to document lessons and experiences for external audiences on “Country efforts to operationalize multi-sectoral nutrition”, and “Experience working in/with complexity adaptive systems”. Part of the collaboration with Cornell was supposed to be the documentation of the lessons from building multisectoral coordination and change processes in the countries. With regard to the documentation part of the collaboration, a disconnect between UNICEF and Cornell University was observed in Ethiopia and Uganda. The lessons which were eventually produced were abstract and did not reflect the operational level in which nutrition programming in these countries had evolved.

It is remarkable that Cornell has given priority to the submission and publication of the synthesis findings from these partnership for future publication in a peer-reviewed journal. Cornell’s lessons were academic and drawn ex-post which raises the question whether their main objective or ambition was to develop academic articles rather than supporting programme implementation along the way. A summary of the findings has been presented in regional and global meetings aside from the ANSP Annual Review Meetings but did not contribute to involvement. UNICEF staff agreed that the synthesis of findings did not serve the purpose of joint learning and sharing of lessons and stated that it was published before even an agreement was reached.

The ETE 2015, having read the Cornell ANSP synthesis report (Nov 2015) and the report ‘MSN in action: Building a system in Ethiopia’ (Jan 2016), is of the same opinion that the reading is rather abstract based on a predetermined framework and barely describing the achievements realized. For instance the interesting MSN work in Mali at ‘Cercle’ (District) and ‘Commune’ (sub-county) levels where multiple stakeholders participate to identify their possible contribution to enhance nutrition security has not been elaborated as a lesson learned. Several findings and tables (e.g. table 7.1 and 7.2) rather emphasize the shortcomings of MSN introduction than the achievements realized in the course of the ANSP.

2.5.3  Knowledge sharing at programme level

40. Horizontal sharing of experiences has been mainly confined to a few platforms but did not provide sufficient scope for learning and adaptation. This could have been a stronger element of a continental programme covering several countries with a diverse background and experience.

There have been several platforms where knowledge sharing has taken place at ANSP programme level. In the absence of a repository such as an ANSP website collecting all relevant information, data and reports, these platforms have been the most relevant ones for sharing and learning. A few platforms which have an outlook beyond the national level in order to serve the purpose of horizontal learning are discussed here:
**ATFFND**

The Annual Meetings of the ATFFND provided the participants and stakeholders from all over the continent the opportunity to discuss nutrition issues such as governance, policy-making and priority-setting. In the context of ANSP, UNICEF has been able to remind participants at the Annual Meeting of the importance of multisectoral nutrition approaches and the need to clarify the operationalisation of the concept both in countries and institutions. This has mainly served the purpose of the formulation of the African Nutrition Regional Strategy for the years 2015-2025 but in not one of the ANSP countries there has been any reference by stakeholders to the outcome of the ATFFND meetings. Apparently there was a divide between the political purpose of this meeting for the continental agenda and the national nutrition agendas.

**RNWG**

In West Africa the Regional Nutrition Working Group (RNWG) has been established in 2008 from the formal alliance of 5 organisations (MI, UNICEF, HKI, FAO, and WFP). It was born from a common concern of these regional actors to have a long term perspective with regard to nutrition security in West Africa and Central Africa, as opposed to the prevailing emergency mode of nutrition-related interventions. The individual members of the RNWG have changed over the years, and so has the context, but, remarkably, the working group has remained active over a good period of time. However, more recently, it appeared that the RNWG has been running out of steam and has become less of a platform for strategic advocacy – for instance towards the WAHO nutrition conference – as it used to be. Learning and knowledge sharing has become less of an issue as well (source: RNWG members Nov 2015).

**ANSP Annual Review meetings**

Many UNICEF staff but also other participants – such as government staff - mentioned the relevance of the annual ANSP review meetings where all four countries, AUC, UNICEF regional staff, EU and many others have met to discuss the progress of the ANSP work. Many of the interviewed persons indicated that the meetings had been well organized in addressing the issues at stake and had given participants enough food for thought. However, they seldom expressed that the review efforts sufficiently provided practitioners with digestible ‘take home messages’ that could be used in their own country work. Apparently, they were not encouraged to use the findings of the review meetings for their own purpose and to experiment with relevant experiences from other ANSP countries. Whereas stimulating examples do exist such as the Matourkou Agricultural Training Centre from Burkina, the stakeholders’ platform engagement in Mali, the Community Connectors programme in Uganda, or the Health Development Army under the CBN programme in Ethiopia.

### 2.5.4 Endline Studies

41. **Indicators to assess the ANSP objective of reduction of stunting in the intervention areas in three out of four target countries (Uganda being the exception) have not been collected in a systematic way (baseline-endline) and cannot be used to assess the impact of ANSP.**

In the four ANSP countries there have been various approaches to assess impact of the ANSP scaling-up interventions (under Pillar 4). Whereas in all countries stunting reduction and anaemia were identified as the main impact indicators, the main focus has been on stunting reduction (only Uganda has included anaemia).

In Burkina Faso, the IYCF programme has a long term horizon of implementation reaching out to 2025 when ultimately the programme will be rolled out completely. Targets have thus been set in accordance with the phased design: a reduction by 40% in 2025 as proposed by the WHO and replicated in the ARNS 2025. The intermediate goal for the two target provinces is a reduction of 10 percent point, down from 39% in 2010 to 29% in 2015. Anaemia has not been included in the baseline-endline design. The annual SMART surveys have not been implemented at the level of the target districts, but data are available for the provinces Nord and Plateau Central where the ANSP has focussed its interventions (though at an alternate frequency). The original design was for project level surveys, but in an effort to align with the national SMART surveys this approach was discarded.
In Ethiopia, the MTE 2013 already indicated that “the combination of NNP targets already having been achieved and incomplete base-line data makes it impossible to attribute any effect to the ANSP. Additional mid-line and end-line surveys are planned for mid-2013 and mid-2015, but without a complete set of base-line data (...) these surveys will not be able to measure the effectiveness of the CBN let alone any added value of the ANSP.” The ETE 2015 observes that the available data used – DHS 2011 as baseline and the mini-DHS 2014 as endline, only have representative data up to regional level, and not specific for the 20 ANSP target Woredas. This makes it impossible to assess the impact of ANSP at the Woreda level. On the other hand, the ANSP activities have been fully integrated into the national CBN programme which has covered more than 400 districts (Woreda) in the country and received funding from many more sources. To single out the 20 Woredas for a specific impact analysis would thus have been less relevant.

In Mali, baseline data are based on the SMART survey of 2011. Data for the two target districts Yorosso and Bankass are available but have been collected at a different time than the National and Provincial data for 2011 as the former have been part of the SMART survey of 2012. The endline which is based on the SMART 2015 survey does not include data collection for the two target districts so a comparison baseline-endline is not possible for the target districts but only at national and provincial levels. The available data from the MICS 2015 provides only national data (April 2016).

In Uganda, ANSP has systematically assessed the Food and Nutrition Security situation in the five target districts on an annual basis. This was done through a PCA with the School of Public Health of the Makerere University. There is, however, no national data to compare the endline results with the ANSP target districts which makes it difficult to assess whether there has been a national trend in stunting and anaemia reduction or not. Overall, it is clear that ANSP has not given a determined attention to quantify in a systematic way the impact of the Pillar 4 Scaling Up activities at the target level. In Ethiopia, ANSP being part of the national CBN programme, it was politically and financially not acceptable to undertake a separate survey. In Mali and BF, the conditions were more favourable as the SMART surveys are implemented on an annual basis – and in Mali baseline data was collected – but it was decided for practical, political and financial reasons to abandon this option. Again this lack of attention will make it difficult to address the issue of ANSP impact in a quantitative way, moreover, because the approach has been different from one country to another.

31 The final ANSP report does make a comparison to national data but these have not been shared with the ETC team, nor has their source or date of collection, despite several requests: “Underweight in the ANSP districts is at 9% compared to 14% nationally, Exclusive breastfeeding at 82% compared to 75% at start of ANSP and 63% national. The Minimum Acceptable Diet (MAD) in the ANSP districts was at 30% compared to 5.6% national (…)”
2.6 Effectiveness Pillar 4: Scaling-Up

In the ANSP revised logframe 2014 under Pillar 4 ‘Scaling-Up Interventions” the following expected results have been formulated:

Outcome: “Communities, families, mothers and children in focus areas have access to quality nutrition-specific and nutrition-sensitive interventions”; and

Overall output: “Comprehensive nutrition programmes implemented in coherent, coordinated manner involving multiple sectors and stakeholders in focus areas”

At country level, the expected output is ‘comprehensive nutrition interventions are available at community level in focus areas’

In order to assess the key achievements (effectiveness) of the Scaling Up of Nutrition Interventions, the following criteria will be used to analyse programme achievements under Pillar 4:

1) Coverage and quality of nutrition interventions
2) Partnerships established to Scale Up Nutrition
3) Good practices for Scaling Up Nutrition that have emerged
4) Cross-pillar strengthening, synergy and coherence in support of Scale-Up

The following paragraphs will discuss the key achievements with regard to each of these criteria under Pillar 4 which together constitute an assessment of the effectiveness of the Scaling Up of Nutrition interventions. All ANSP countries have developed their own indicators for successful Scaling Up.

2.6.1 Coverage and quality of interventions

Table 10: Activities and coverage of Nutrition interventions; key results of Scaling Up

<table>
<thead>
<tr>
<th>Activities</th>
<th>Coverage</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>Two focus regions: Central Plateau and Nord (both partially); Since 2013 IYCF approaches have been adopted by new projects in 5 more regions.</td>
<td>Central Plateau and Nord Regions: 816 health service providers and 1900 CHW trained 75% (PC) and 90% (N) attendance of women in IYCF group sessions From SMART surveys (2012-2015): EB initiation: PC: 63% (+75% since 2012) N: 51% (+112%); national 47% (+62%) EBF: PC: 34% (-35% since 2012); N: 42% (-47%); national 47% (+22%) Minimum Acceptable Diet: PC: 6% (+570%); N: 11,2% (+1100%); national: 14,1% (+4,4%)</td>
</tr>
<tr>
<td>• Develop integrated IYCF package and BCC</td>
<td></td>
<td></td>
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<tr>
<td>Mali</td>
<td>Two health zones (‘district sanitaire’): Bankass and Yorosso</td>
<td>MSN platforms established at district and communal levels and operational; Replication of MSN platforms in three other districts Yorosso: 94 IYCF support groups with 820 members established; regular supervision Cereal banks established by village leaders MNP: distribution in 90 villages; 2 times SAM: Bankass: no significant changes; Yorosso: minus 36% MAM: Bankass: minus 54%; Yorosso minus 76%</td>
</tr>
<tr>
<td>• Multisectoral coordination of 4 sectors</td>
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<tr>
<td>• Access to and quality of preventive nutrition actions improved through IYCF, C4D, delivery of MNPs Management of Acute Malnutrition</td>
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<td></td>
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<tr>
<td>Ethiopia</td>
<td>20 target Woredas in three Regions (Amhara, Oromia, and SNNP)</td>
<td>GMP (CBN routine data*): 52 % participation (up from 40% in 2010)</td>
</tr>
<tr>
<td>• Capacity strengthening of CBN interventions (Growth Monitoring Promotion and another nutrition-specific)</td>
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</table>
42. The approach chosen with regard to the Scaling Up Nutrition interventions has differed from one ANSP country to another, from full integration nation-wide to pilot scale.

In terms of scope and coverage the ANSP approach has differed substantially between countries. The UNICEF approach to work in close collaboration with national government to strengthen and implement their policies is being reflected here. Hence the remarkable difference in nature and character of the Pillar 4 scaling up interventions which is contrary to an often applied “one size fits all approach”

On the one end, a full integration of ANSP scaling up interventions into the existing government-led Community-Based Nutrition (CBN) programme can be observed in Ethiopia. Here with support from various donors and technical partners – including the EU funded ANSP – the national CBN programme which originally started on a moderate scale in 2009 has been expanded to more than 500 districts (Woreda) covering two-thirds of the country. ANSP has been fully aligned with the programme and contributed with financial and technical support to its introduction and/or strengthening in 20 Woredas in three regions.

In Burkina Faso the approach to implement comprehensive nutrition interventions has been very much aligned with the government to introduce and disseminate an integrated package of IYCF services and behaviour change communication. The overall ANSP approach to reach this purpose has been the consistent and thorough technical support to develop a 10-years IYCF scaling up plan as a model of IYCF programming. The roll-out of this programme is even faster than expected as five regions – outside of the ANSP two target regions Plateau Central and Nord – have started to replicate the IYCF approach based on the UNICEF material provided.

43. No strategy for further scaling up or scaling out to other provinces or regions has been developed in Mali or Uganda.

Contrary to BF and Ethiopia, in Mali and Uganda, the ANSP Pillar 4 interventions were mainly confined to the respective target districts. In Mali, there has been a strong effort to collaborate with the regional authorities in Mopti and Sikasso Regions. New districts in these two regions are picking up on the MSN approach as promoted by ANSP and often on demand of the local authorities who have learned about the pilot district experiences. UNICEF itself is working along similar lines to promote IYCF in Kayes Region.

In Uganda, the main scaling-up approach is to promote District Nutrition Coordination through the DNCC as part of the District Planning. At the time of the ETE nutrition action planning was on the way in the 5 target districts. MSN planning capacity will be developed using the newly developed MSN manual in another 45 new districts by UNICEF upon request by the government, as a spin off from ANSP.
44. The ETE has observed the difference between the chosen modalities and the implications for coverage and quality of in particular the nutrition sensitive aspects of pillar 4 interventions.

Main differences have been there in terms of the starting point, which in Burkina Faso, Ethiopia and Mali has been the health sector, whereas Uganda from the start sought to connect with a nutrition sensitive food security project (Community Connectors) in order to complement efforts in the health system. In doing so Uganda sought to reach out to the community level with hands-on support. The ETE notes a fundamental issue here which also came up in the MYCNSIA evaluation. For example in Ethiopia ‘the government is strictly adhering to the mandate of the UN organisations. While UNICEF to some extent can provide BCC on agriculture (as long as it relates to nutrition) it cannot provide agricultural inputs.’ The solution that remains then is to establish partnerships – as in Uganda and Ethiopia.

In Burkina Faso, in close collaboration with the Nutrition Directorate of the Ministry of Health, a comprehensive programme for the roll-out of IYCF interventions and Behavioural Change Communication (BCC) has been designed and – during ANSP – piloted in two regions, Plateau Central and Nord. The programme has been through national NGOs who have (or had) a contract with the MoH in the context of a World Bank programme. The national NGOs are all health-oriented and had therefore little experience with multisectoral approaches to nutrition security. In Mali, a similar approach was taken through the subcontracting of ASDAP. They also had to adapt and get used to preventive approaches to nutrition security in working together with other sectors. But the ETE 2015 observed that in both countries the health-oriented NGOs had made major strides towards bringing about the essence of the ANSP approach. Nutrition-sensitive activities emerged through the establishment of MSN platforms which included a wide variety of government institutions at the local level.

In Ethiopia, ANSP mainly supported the implementation of Scaling-Up nutrition activities through the existing government Health System, including the network of Health Extension Workers. The nutrition-sensitive activities were part of the district and lower MSN committees such as the Kebele Cabinets. Beyond the Health System other activities focussed on adolescent girls (DSW), curricula review (Addis Ababa University) and local food production (RIPPLE and GAIN) through subcontracts with NGOs, but often in collaboration with MSN committees.

45. Radio has played an interesting role in furthering the message of nutrition.

In Uganda, ANSP in close collaboration with the Community Connectors Programme (CC) had a strong BCC component targeting family life schools, other community groups, and entire communities through local drama groups which supported announcements and mobilization. Radio messages, plays and interviews were used for sensitization of the general public.

In Mali, sensitization of nutrition issues was done through rural radio broadcasting. Small listener’s groups of women were established to discuss the messages that were broadcasted. IYCF support group members were very positive about the additional information provided through the radio programmes.

46. Pillar 4 nutrition interventions have mainly focused on the ‘classical’ nutrition-specific interventions and Management of Acute Malnutrition. This has allowed the local level capacity to be strengthened.

In Uganda, ANSP introduced and optimized high-impact proven nutrition interventions in the health sector (BCC on Maternal IYCF, Vitamin A and deworming, IMAM). While Vitamin A and deworming were already existing national programmes at the start of ANSP, the IMAM programme has been introduced and became operational in the 5 ANSP districts.

In Mali and Uganda there has been an additional effort to implement Micro Nutrient Powder (MNP) pilots. In both countries these are the first pilots ever. Unfortunately, there is no separate assessment of the costs involved and the results for U2 children. It is hence not possible to analyse the additional impact nor the cost-effectiveness of the MNP pilots.

47. ANSP has contributed to an enhanced knowledge on good IYCF practices at community level

In qualitative terms, in all countries it has been mentioned that the knowledge of mothers and caregivers on IYCF practices has improved. In none of the four countries, however, a quantitative assessment of
the statement has been undertaken so it remains a likely result of the programme but without underpinning.

48. In all four countries nutrition-sensitive interventions have been developed and implemented; but their success and contribution to reduction of stunting remains a question-mark

In Ethiopia, agriculture interventions including diversification of crops with tubers, vegetables and fruits and animal rearing - have been promoted through the Agricultural extension workers. Moreover, nutrition has been widely integrated in the new Social Protection programme (PSNP-4; see Table 2 in Annex C Ethiopia section 2.3.2).

In Mali, the set-up of Multisectoral platforms at district and commune levels has created considerable momentum for nutrition-sensitive actions. The many stakeholders in the platforms –which go beyond government structures and include NGOs, religious leaders and business associations – have formulated specific targets for their own organisation and are monitoring regularly.

In Uganda, the collaboration with the Community Connectors was very much focussed on improving Food Security with capacity building for income-generating skills such as apiculture and a strong focus on agro-ecology. Drama groups are supported to improve their livelihoods, through food security related or other income generating activities. The same drama groups are also involved in BCC and community mobilization for nutrition.

In Burkina Faso, Nutrition-sensitive interventions in the IYCF context are still insignificant in terms of the population reached. Most efforts to link prevention of chronic malnutrition to the agricultural (and livestock) sector have taken place outside ANSP (the MTE 2013 report refers).

2.6.2 Partnerships to Scale Up Nutrition

49. Building capacity through partnerships to promote the Scale Up of Nutrition interventions comes at a cost; sustainable scale-up of interventions is a long-term investment beyond the ANSP funding period. This has been taken into consideration in Burkina Faso and Ethiopia

The implementation approach for the implementation of Pillar four Scaling-Up Nutrition interventions – again differs substantially from one country to another:

1. Through Non-Governmental Organisations (NGOs). While in the two West African countries the partnership to develop the programme has been with the respective Nutrition divisions under the Ministry of Health at national level, the actual implementation has been through collaboration with NGOs.

The outsourcing to NGOs comes with a cost. In the first place the subcontracting of health-oriented NGOs who had little experience with promotion of nutrition security and collaboration with other sectors. It took quite a while before the NGOs fully understood the new approach and new facilitators were recruited, trained and fielded. Once this was achieved, in both Mali and Burkina Faso the implementation appeared to be quite successful and efficient. The women IYCF support groups in both countries – despite the differences in approach – expressed their gratitude and interest through high participation rates. However, now that ANSP has come to an end there is a need to find new funding to continue at least some of the activities.

2. In close coloration with government institutions. In the two East African ANSP countries – Ethiopia and Uganda – the Scale Up was pursued through a close collaboration with government structures at the district level.

In Ethiopia, the main vehicles for Scaling Up Nutrition interventions at community level were the Kebele Cabinet (the MSN coordination structure in the Kebele) and the Women’s Development Army (WDA). These two structures appeared to give substantial impetus to behaviour change at household level, as both of them are reaching out to the targeted families seeking improvement of the nutritional status of their young children.
Under the so-called Kebele Cabinet, there are two Health Extension Workers (HEW), three Agriculture Development Agents, teachers and other sectoral representatives coordinated. Together they have a joint planning and monitoring mechanism and integrated implementation strategies enabling multisectoral nutrition services. In some Woredas this planning and monitoring function also included the production of Complementary Food (Rural Model).

The WDA is a system established at community level by deploying one volunteer for every five households (the 1-to-5 Network). For the Health Extension Worker the WDA are the entry point into the communities. About six 1-to-5 Network groups, catering to about 30 households, make up a Development Team. Their task is demand creation, community mobilization for services and promotion of positive nutrition and health practices at household level. The WDA system is of great help in assisting the very busy health extension workers, who regularly train the heads of the Development Teams. This system is being used for nutrition programmes to promote positive nutrition practices at household levels.

The effect of the MSN coordination at the lowest level through the Kebele Cabinet, as well as the close interaction with rural households through the HEW system working together on a regular basis with the WDA volunteers has created a momentum for the dissemination of nutrition messages which is unprecedented in Ethiopia. The investment by the GoE together with its development partners in the health sector for the outroll of the CBN programme has made a big difference in terms of reduction of underweight as has been shown in the national GMP monitoring. Also the Tulane University evaluation of previous phases report an impact of the CBN programme.

In Uganda, ANSP has pursued linkages and synergies with agriculture, food security, gender, livelihoods and WASH through the strategic partnership with the USAID Community Connector Programme. This synergy action assured the full engagement of District technical officers (health, agriculture, WaSH, gender) as well as planners in the nutrition action planning process (District Nutrition Action Plan). Besides, interventions by other stakeholders also contributed to improvement of nutritional status (stunting) such as the increased (MOH/UNICEF-Health) efforts to prevent malaria and vitamin A deficiency. As indicated above, the partnership with the Community Connectors programme in the five target districts has been very successful. It has created synergies and encouraged mutual learning. (see Annex E 2.6: Box 3).

Given the fact that the Scaling-Up programme has gone through government structures in Uganda and Ethiopia, there is a likely chance that continuity will be given beyond the ANSP funding. In BF and Mali, the continuation will depend more on other (external) sources of funding for nutrition security programmes.

### 2.6.3 Good Practices for Scaling Up Nutrition

#### 50. A number of good practices for Scaling Up Nutrition can be discerned from the experiences in the four ANSP target countries.

**Ethiopia:** The Women’s Development Army (WDA or HDA) is a system established at community level by deploying one volunteer for every five households (the 1-to-5 Network). About six 1-to-5 Network groups, catering to about 30 households, make up a Development Team. Their task is demand creation, community mobilization for services and promote positive nutrition and health practices at household level. The WDA system is of great help in assisting the busy health extension workers, who regularly train the heads of the Development Teams. This system is being used for nutrition programmes to promote positive nutrition practices at household levels. Through the training of HW and HEW workers the ANSP has been quite effective in reaching out to the local population through the WDA system. (see Annex C: Box 1).

**Mali:** The establishment of the MSN platforms for commitment and monitoring of actions at district (cercle) and sub-district (commune) levels has been very instrumental to include various stakeholders to commit and to monitor actions to promote nutrition in their respective work (see also 2.6.2 above). Each of the stakeholders was able to identify actions relevant for nutrition security and could mention the specific goals they were pursuing. This approach of the MSN platforms had been introduced through
the Cornell training in the district and was later on replicated to a number of communes. One other district requested support from ANSP for a similar set-up (see Annex D: Box 2)

Burkina Faso: The formulation of a national strategy for a comprehensive IYCF and BCC (beyond the ANSP pilots) programme has a deliberate goal right from the start of the ANSP. Total national coverage of pillar 4 IYCF interventions thus hinged on a national IYCF strategy which ANSP/UNICEF helped to generate. The ANSP focus was on developing the model and its scaling up. The development of a comprehensive set of nutrition training and information material has contributed to the Scaling-Up as well. The nutrition-sensitive component has been an add-on for selected households and is thus not significantly featuring in the IYCF national strategy. As said, the IYCF strategy has been implemented in one way or another in already five of the 13 national regions with full support of the national MoH thus gaining momentum in the country.

Uganda: The CC10 model household approach of supporting community groups to improve their homestead and livelihood through 10 goals, now widely known as the “CC10” is another good practice of how to reach communities with nutrition messages. It is here, ‘at the grassroots level’, where the action has been and should be. (Annex E Uganda Box 2 provides more details).

2.6.4 Cross-pillar strengthening, synergy and coherence

51. The emphasis on national policy development has given substantial momentum for action at the local levels
In most countries the national nutrition policies on IYCF and CMAM have given guidance and justification for implementation at the district and sub-district levels. In all countries the national nutrition policies have now included a Multisectoral approach to nutrition security which has greatly enhanced multisectoral collaboration at the local level.

In Ethiopia, the backbone of the NNP2 (2016-2020) is the Community-Based Nutrition approach which is currently being implemented in 500+ Woredas to which ANSP stunting focus and MSN values - aligned with SUN and REACH - stretch out.

In Uganda, District Authorities are to develop a District Nutrition Action Plan based on the national policy to integrate nutrition in the District Development Planning process. In the area of health strong cross-pillar synergy has supported the programme and policy development. For the CC10 nutrition sensitive interventions this was less apparent and there was no direct link to policy development. (See Annex E Box 3).

In Mali, the above mentioned MSN platforms have contributed significantly to joint planning and monitoring of nutrition actions. However, in Burkina Faso the MSN platforms have not succeeded in merging nutrition-sensitive actions with the core IYCF programme. The nutrition-sensitive elements have been ‘too few and far between’. The current arrangements for pillar 4 are still predominantly driven by and within the health sector.

52. The Capacity Development efforts by ANSP supported the Pillar Four activities (see also section 2.4).
Improved local Capacity of mainly health staff but also local authorities and other sectors has been promoted by ANSP. This has widened interest of local authorities and other sectors to work together for MSN (section 2.4 refers; as table in section 2.6.1). Many health workers have been trained in IYCF, CMAM and MSN approaches. Moreover, in all four ANSP countries many local stakeholders have participated in workshops on the introduction of MSN and the relevance of their sectors for nutrition with support of Cornell.

53. Unfortunately, the synergy with Pillar three Information and Knowledge development has been limited.
In the first place, documentation of good practices and experiences have not been shared between the different countries nor have they been incorporated from other countries. Secondly, the information gathered through annual surveys (SMART in Burkina and Mali) or routine monitoring data (CBN data in
Ethiopia) has not been analysed to the extent that effectiveness of pillar four interventions could be assessed. The possibility to assess impact has been even less the case as the baseline-endline efforts in three of the four countries have not provided the information to do so (see section 2.5.4).

2.7 Efficiency

2.7.1 Operational efficiency

54. Overall, the inputs and activities undertaken as part of the ANSP have been timely.
In all four countries and also during the interviews with regional partners the ETE has not been informed that major delays have taken place in the delivery of inputs (e.g. financial or technical) or in the start-up of the intended activities. The only case where there have been delays is in the collaboration with the AUC. Here activities have started only after two years into the ANSP due to differences in views on how the collaboration should be shaped. Only after a tripartite meeting at the end of 2013, roles and priorities became clear and a pragmatic solution was found to step-up activities by seconding a UNICEF advisor to the AUC from the first quarter of 2014 (ANSP MTE 2013 and Annex A Continental/ Regional).

55. Operational efficiency was enhanced by building on previous project experiences, responding to new emerging opportunities and by incorporating contributions and third party funding. Collaboration with other organisations also increased efficiency.
In the context of ANSP implementation UNICEF has decided to build on previous project experiences in the four target countries and as such it has been quick to respond to various opportunities emerging in terms of policy influencing as in the case of the SUN movement picking up. Through its relatively flexible funding and planning UNICEF has been able to react to several government requests as well as scaling-up activities. For instance in Mali and Burkina Faso, ANSP was able to incorporate MNP distribution as a result of gifts from other organisations. But in some instances also the contrary was observed: it has been hard to introduce additional interventions within the ANSP budget when they were expensive and not budgeted for at the beginning.

As will be seen in section 2.7.3 ANSP has been very successful in leveraging other sources of funding which shows the flexibility of responding to new opportunities. The deliberate strategy to use ANSP funding as a catalyst for long term, strategic interventions necessitating additional funds has been used, especially in pillars 2 and 4: as “strategic seed money”.

ANSP has also been efficient in complementing other sources of funding. For instance, in Ethiopia, ANSP funding was complementary to a multi-country nutrition programme supported by the Netherlands. The different funding sources thus reinforced the effectiveness of UNICEF activities in the field of nutrition.

Collaboration enhanced efficiency in several ways. In Uganda, the tandem with the Community Connectors was positive as it leveraged ANSP support to embrace nutrition sensitive interventions at the local level. The coordinated implementation and division of costs of interventions between the two projects contributed to efficiency. Likewise, the integration of ANSP in the Community-Based Nutrition (CBN) programme in Ethiopia provided many economies of scale: the system and monitoring set-up were all based on the experience of the CBN programme since 2009 as promoted and implemented by the Government and supported by multiple donors.

56. The ANSP approach of multi-pillar, multi-country, multi-level, multi-sectoral experience in support of nutrition mainstreaming in government structures has proven to be comprehensive to the extent that it also contributed to operational efficiency. However, the documentation and learning from this approach was insufficiently captured.
By working at different levels, ANSP has been able to contribute to changes at both continental, regional, national and local levels. This has been mutually reinforcing and provided legitimacy to the different actions and interventions. The Regional Offices as well as the annual ANSP review meetings strengthened the interaction between ANSP countries. Regional staff did visit the countries and advised them within the various country contexts.
However, the possibility under pillar 3 to document the relevant experiences across the countries and present it in regional fora was not sufficiently used. ANSP/UNICEF has relied too much on its partnership with Cornell which was assumed to bring out relevant lessons and share them in appropriate fora. Cornell did bring out lessons, but had its own design and thus did not derive its lessons from the multi-pillar, multi-level, multi-country ANSP design but rather focusing and reflecting on its own MSN framework. Moreover, these lessons came at the end of the program and could therefore not be of benefit to implementation of ANSP.

2.7.2 Financial efficiency

**ANSP budget expenditure**

57. ANSP budget expenditure was 50/50 between the four country programmes and the continental/regional allocations.

The total ANSP expenditure (Oct 2011-Oct 2015) was EUR 20,979,321 which is about 6.8% above the original budget. Figure 3 provides an overview of the expenditure per Programme Allocation (four countries, two regions, Continental AUC and UNICEF Liaison Office in Brussels). The two Continental allocations and the two regions (WCARO and ESARO) represent exactly half (50%) of the total ANSP expenditure, excluding the 7% overhead. This is slightly below the budgeted share which was 54%. The two regional offices WCARO and ESARO had the largest shares of the ANSP budget (resp. 20% and 21%); together the budget for the two regions represents nearly as much as the budget for the four target countries together.

![Figure 3: ANSP Expenditure 2011-2015 per Programme Allocation](source: ANSP Financial Report Nov 2015)

58. When analysing per expenditure category, staff costs are the largest expenditure item followed by sub-contracting and training.

Overall for the ANSP programme, 32% of total expenditure has gone to staff costs, followed by 22% for subcontracting and 14% for training activities. The hiring of consultants and support to local organisations – mainly government – are both 9% each. The remainder was for travel, workshops and conferences, a little for equipment and other expenditure.

When comparing the continental/regional allocations and the four target countries, the expenditure rates are quite different: staff costs are respectively 44% and 20% whereas sub-contracting, training and support costs are substantially higher at country level. As such this is an obvious consequence of the
nature of the different programme allocations (regional/continental and countries) though the staff allocation at regional/continental level is relatively high with almost half of their expenditure. Besides the Regional Offices were mainly covering the training, workshop, conference and related travel costs of the participants. ANSP activities were to be initiated, managed and monitored at country level.

**Figure 4: Expenditure for specified items subdivided**

![Graph showing expenditure subdivided by category](image)

Source: Calculations based on ANSP Financial Report Nov 2015

59. **ANSP expenditure has been slightly above budget (6.8%) mainly as a result of higher country programme expenditure.**

The expenditure rate in the four countries was relatively higher compared to the continental and regional expenditures. This implies – and has been confirmed during interviews with CO staff – that the budget in the four target countries was relatively smaller against planned activities than for the continental/ regional components. This situation should have called for an earlier adaptation of the budget provisions between countries on the one hand and continental/regional allocations on the other.

The extra expenditure was possible because ANSP has been able to leverage more funds than was intended at the start of the programme (33% against 28% planned; see also 2.7.3). The higher expenditure has mostly occurred in Burkina Faso and Uganda, also two countries with a high level of additional funding- and to some extent in Mali. Figure 5 gives the details per programme allocation.

**Figure 5: ANSP expenditure 2011-15 against budget**

![Graph showing expenditure against budget](image)

Source: Calculations based on ANSP Financial Report Nov 2015
2.7.3 Leverage of additional resources

60. ANSP has successfully advocated for inclusion of nutrition in national government budgets in Burkina Faso, Uganda and Ethiopia.

In Burkina Faso the Government has provided funds for the implementation of the SMART survey and for supplies under ANSP. Another eminent factor is that the number of staff in the Directorate of Nutrition has more than quadrupled.

In Uganda, one of the aims of ANSP to prompt the government for funding for nutrition - and eventually incorporate nutrition in the national budget - has been successful. As of the last quarter of 2013, two out of five districts had submitted a budget for nutrition to be included in next year’s national budget. In addition, the government contributes substantially in kind through staff and supplies.

In Ethiopia, for the first time a government budget line for nutrition has been included in the national budget, other than staff (perhaps this is only partly an ANSP contribution). The establishment of the five nutrition directorate will make a separate budget for nutrition also possible (source: MoH Director of Nutrition).

61. UNICEF has been very successful in leveraging other sources of funding complementary to the ANSP funding.

As per contract, UNICEF was supposed to source EUR 6.05 Million (or 28% of the total budget) in addition to the EU funding of EUR 14.95 Million thus making a total of EUR 21 Million (including 7% overhead) for the implementation of ANSP related activities. Through a wide range of funding sources (from national UNICEF committees to various donors) UNICEF has exceeded the planned co-funding by sourcing EUR 7.35 Million or 22% more than expected. Table 11 shows the details for the leveraging of funds for each of the programme components. Overall, the situation is that one-third of the ANSP has come from third funding sources and two-thirds from the EU. This is a major achievement of the EU-UNICEF partnership on Nutrition Security as each Euro donated by the EU has mobilized another 50 cents in addition thus creating more financial space to enhance the goals of stunting and anaemia reduction.

<table>
<thead>
<tr>
<th></th>
<th>EU funding</th>
<th>co-funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Continental Level (AU + Brussels)</td>
<td>84%</td>
<td>16%</td>
</tr>
<tr>
<td>At regional level - Eastern/Southern Africa</td>
<td>77%</td>
<td>23%</td>
</tr>
<tr>
<td>At regional level - West/Central Africa</td>
<td>68%</td>
<td>32%</td>
</tr>
<tr>
<td>At country level - Burkina Faso</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>At country level - Mali</td>
<td>68%</td>
<td>32%</td>
</tr>
<tr>
<td>At country level - Uganda</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>At country level - Ethiopia</td>
<td>55%</td>
<td>45%</td>
</tr>
<tr>
<td><strong>ANSP overall</strong></td>
<td><strong>67%</strong></td>
<td><strong>33%</strong></td>
</tr>
</tbody>
</table>

Source: Calculations based on ANSP Financial Report Nov 2015

Moreover, it is clear that in particular the four countries but also WCARO have been able to achieve the 28% co-funding target. In three countries, the co-funding was even above 40%. Many allocations of the co-funding have been earmarked for specific activities or staff positions but always complementary or in function of ANSP related activities. At regional level, the Worldbank has decided to contribute to a follow-up to the WANCDI initiative through the West African Health Organisation thus recognizing the importance of the UNICEF/ANSP component to support Nutrition curriculum strengthening in West and Central Africa.
2.8 Impact

Introduction

The ETE 2015 Terms of Reference requests the assessment of the impact of the ANSP programme to be primarily based on the results of the baseline/ endline surveys and other qualitative information.

Firstly, as discussed in the MTE 2013 (section 2.8.2) ANSP's main impact indicators are 1) stunting among young children U5 and 2) anaemia among children and pregnant women; both indicators measured at community level among food insecure groups targeted by the programme. However, it has proved to be impossible to capture the impact of the programme on the basis of the proposed impact indicators. This is in particular the case for anaemia reduction as anaemia has in most cases (in Mali it was) not been included in the baseline-endline assessments nor have any specific targets for this impact indicator been defined.

At the impact level of the ANSP programme, two more Indicators of achievement have been formulated (see ANSP Global Logframe 2011): 1) Improvement of Nutrition Governance and 2) Implementation of mechanisms to scale up high impact nutrition interventions.

The key results (at output and outcome levels) of Improvement of Nutrition Governance have been reported respectively in 2.3.2 (nutrition strategy/policies), 2.3.1 (nutrition coordination mechanism), and 2.5.1 (nutrition M&E system). The key results of the Implementation of Scaling Up nutrition interventions has been reported in 2.6.1.

Secondly, it is clear that the quantitative impact of ANSP interventions – in particular under Pillar 4 Scaling Up - is difficult to assess as this has not been addressed in a systematic way in baseline-endline surveys (with exception of Uganda). Therefore it is difficult to assess impact on reduction of stunting and anaemia in a systematic way. As discussed in 2.5.4 the endline surveys do not provide the required detailed information or have not been implemented at all. To some extent reduction of stunting is possible to assess as data at national level and sub-national (provinces or regions) are available through national SMART or other surveys. The available information is presented in table 12.

Thirdly, in all four countries, interventions by other stakeholders also contributed to improvement of nutritional status (stunting and anaemia reduction) in particular at national level, because ANSP has been part of a larger national programme (Ethiopia); but also in the ANSP target areas (Mali, Uganda). This makes it difficult to attribute any changes in stunting levels to the ANSP. However, as has been shown in section 2.6.1 it is certain that ANSP has contributed to the improvements observed.

32 This has been further detailed into a composite indicator: 1) adoption of a nutrition strategy; 2) implementation/ existence of a nutrition M&E system; and 3) existence of a multisectoral coordination mechanism
2.8.1 Reduction of stunting in the four ANSP Countries

Table 12: Summary of realization of stunting reduction

<table>
<thead>
<tr>
<th>Country</th>
<th>Baseline 2012</th>
<th>Target on stunting reduction</th>
<th>Realization 2015 stunting reduction</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>National 32.9% (NNS 2012)</td>
<td>Stunting prevalence amongst children under five in the North and Central Plateau regions has decreased from 39% in 2010 to 29% in 2015 (i.e. 10% points)</td>
<td>Stunting: National 30,2% Nord 32.8% (2015) Plateau Central 25,3% (2014)</td>
<td>NNS 2015 (with exception of Plateau Central)</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Baseline is 37% ; later corrected to 44% (national)</td>
<td>% stunting of 0-59 months old children reduced by 5 percentage points from the base-line.</td>
<td>Stunting: National 41% (2014)</td>
<td>miniDHS 2014</td>
</tr>
<tr>
<td>Mali</td>
<td>Stunting levels (SMART 2011): National 27,1% Mopti 32,2% Sikasso 39,5%</td>
<td>Stunting reduced by 4% points</td>
<td>Stunting: National 29,3% Mopti 24,8% Sikasso 35,5%</td>
<td>SMART May 2015</td>
</tr>
<tr>
<td></td>
<td>Target districts (SMART 2012): Bankass (Mopti) 21,7% ; Yorosso (Sikasso) 30,2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>Stunting levels (DHS 2011): National 33% ANSP (2012): Five target districts: 35%</td>
<td>Stunting reduced by 5% points</td>
<td>Stunting: National n/a Five target districts 28,8%</td>
<td>ANSP 2015 – Makerere University</td>
</tr>
</tbody>
</table>

62. The above table indicates that for all four ANSP countries improvements of stunting reduction are observed over the ANSP implementation period 2012-2015 (baselines data are mainly from 2012) either at national level or for the target areas.

In Burkina Faso, the National Nutrition Surveys 2012-2015 – based on the SMART approach – indicate a modest improvement at national level (stunting reduction of 2.7%) and in the Nord Region (1.2%). In Central Plateau Region there has been a more significant improvement of stunting levels with a reduction of 8.2% in four years. It is not possible to explain the difference in reduction on the basis of the actual data available.

In Ethiopia, only national data are available; the mini-DHS 2014 shows a reduction of 3% since 2011. However, the consistency of some of the data sources is not always ascertained making comparisons over the short period problematic.

In Mali, the NNS 2011-2015 show that there has not been an improvement of stunting levels at national level (a deterioration of 2.2%). The two ANSP target regions (Sikasso and Mopti) on the other hand show a considerable improvement of 4% and 7.4% respectively. Unfortunately, no detailed endline data are available for the two main target districts (Bankass and Yorosso). The data collection in Mali has been disturbed by the national unrest in the period 2011-2014. Therefore it is difficult to make any comparisons between the different regions. It is well-known that Sikasso Region always had the highest stunting levels.

In Uganda, the only ANSP target country with a consistent data collection at the target district level, the reduction at national level has not been assessed since the start of ANSP to the knowledge of ETE.

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33 For more details on key outputs and outcomes refer to the sections 2.8 in the respective Annexes A-E as well as to the tables of sections 2.3-2.6

34 Later in 2016 a more comprehensive assessment of the impact of the CBN programme is planned by the national government.
2015. The latest figure dates from 2011 on the basis of the Uganda DHS (Demographic and Health Survey). For the five target districts as a whole a reduction has been observed of 6.2% which is a good achievement of more than 1.5% reduction per year.

Overall, the levels of stunting reduction are still relatively low with less than 1% per year, well below the generally accepted 2% reduction rate per year that is required in most countries to reach the WHA 2011 targets of a 40% reduction of stunting in 2025. Also in most target areas (regions or districts) the level of two percent per year has not been reached despite the additional ANSP effort. On the other hand it should be realized that stunting reduction is a long-term investment which goes beyond the three year of pillar four activities.

2.8.2 Broader potential and unintended effects at the various levels of implementation

Building upon changes in programme context

Overall, the outcomes on institutional strengthening in terms of nutrition policy formulation and programming (not all of which were intended) are as significant as the mere anthropometric results that were aimed for in the logframe (refer to sections 2.3, 2.4 and 2.5.1). Moreover, in the four ANSP countries there is a wealth of nutrition-oriented projects and initiatives that have emerged during the past four years. ANSP was a hybrid between a project that aimed to achieve impact on nutritional status, and a programme that aimed to strengthen institutions over a longer period of time. The flexibility of the ANSP funding has made it possible to respond to emerging national (government) requests, opportunities and international developments with regard to increased attention for nutrition security (SUN movement and REACH).

The ‘first 1,000 days’ and ‘Multisectoral Nutrition’ approaches have become a focus of many governments in their national policies and many projects have aligned their approach accordingly (Burkina Faso, Uganda and Ethiopia provide clear examples). As a close ally and advisor to national governments UNICEF/ANSP has been able to advocate and provide technical advice in a changing context. The attention for the first 1,000 days and MSN approaches was greatly enhanced by ANSP but also as a result of the Lancet 2008 and 2013 publications, the SUN membership of all four countries and the establishment of REACH coordination amongst the different UN agencies. This has also given notable attention beyond the classical health sector for nutrition sensitive programming in all four countries. Partnerships with like-minded organisations have emerged beyond the SUN and REACH.

Also, at regional and continental levels, the impact of the advocacy for the first 1,000 days and MSN approaches have become apparent. SUN membership has arisen tremendously to 38 countries on the African continent, many countries outside ANSP have shown interest in one way or another, whereas the WANCDI approach has created momentum with many higher education institutions. ANSP has definitely contributed to this improved attention; for instance the regional REACH and WANCDI coordinators have been able to respond to many requests by respectively national governments and universities in the WCA region. Likewise the support to many regional conferences has contributed to raise the momentum.

This push towards more attention to nutrition security and its various dimensions – in particular the focus and approach – on the African continent has benefited from the ANSP both in financial as well as technical terms and is expected to enhance food and nutrition security further in the near future.
2.9 Sustainability

2.9.1 Capacities and ownership for sustained results

63. Through capacity building and development of nutrition action plans ownership has been promoted for ANSP values and objectives.

As indicated in section 2.4, capacity development through training institutes has been effective and inclusive and greatly enhanced curriculum development in both professional and higher education institutions. Furthermore, the efforts to train government staff at different levels and to introduce them to multisectoral nutrition has greatly influenced the appropriation of the ANSP values and objectives to combatting malnutrition. The many examples as given in table 6 of section 2.4.1 refer.

With respect to professional and higher education, an inventory of nutrition courses has been made through the West African Nutrition Capacity Development Initiative programme in 16 countries in West Africa making it possible to review national nutrition curricula. Furthermore in Burkina Faso, the support to the CAP Matourkou Agricultural Training Institute as well as the National Public Health School College (NPHS) has resulted in a complete integration of nutrition in the respective curricula. New graduates are about to be integrated in government programmes or recruited by NGOs active in the agricultural sector. In Mali, the FMOS has established a full 2-years Master Degree whereas professional health courses of the INFSS have included nutrition modules. Interestingly, staff from the Ministry of Health and Regional Directorates are amongst the participants of the Master thus creating enhanced capacity in the field of nutrition. In Uganda, the strategic partnership with Mulago Tutor’s College has contributed to a new generation of health tutors able to teach the updated curricula which will ultimately benefit the health sector.

The second level of capacity enhancement has been through the widely applied training and introduction of multisectoral approaches to nutrition security in the four countries. In all four countries the support by Cornell has contributed to promote MSN and to better understand the practical implication and application of MSN approaches at the sub-national level. In all four countries stakeholders from multiple sectors have been involved in planning, coordination and monitoring of nutrition-related (both specific and sensitive) activities. The example of Mali where nutrition platforms have been established even at sub-district level is illustrating this interest. However, it is questionable whether these platforms will continue once ANSP funding has ended as their operational costs were often covered by ANSP.

Advocacy and support for nutrition governance structures has further enhanced the continued interest and programming for nutrition, despite that, in three of the four countries there are debates over nutrition governance structures and their role in coordination.

64. ANSP’s function as a catalyst was appreciated and self-demonstrated in further external funding.

As illustrated in section 2.7.3, ANSP has been able to source a good part of co-funding for its activities. This reflects the interest of various donor agencies to provide additional external funding and continued support for nutrition security on the basis of early results or ‘proofs of concepts’ generated through ANSP. Moreover, the examples of Ethiopia and Uganda show that the continued UNICEF/ ANSP effort to lobby for nutrition has culminated in the provision of national budgets for nutrition. This indicates that ANSP initiatives at national level (as well as regional level) have catalysed increased and sustained interest in combating malnutrition.

65. At regional level, ANSP contributed to the SUN Communities of Practice.

ANSP has throughout its lifetime supported thematic meetings on topics that were selected for broader interest. Examples are the workshops on Country Engagement for the SUN Movement; on Costing and Financial Tracking; on Monitoring Implementation and Demonstrating Results; and on Strengthening Effective Engagement. All these were coordinated with the SUN Movement Secretariat. The workshops resulted in networks of national and global experts which in turn developed into the current SUN Movement Communities of Practice.
2.9.2 Integration in national (regional/continental) programmes and policies

66. Systems impact was achieved as interventions are anchored in policies and national programmes and the coordination thereof. The finalized National Nutrition Policies ensure that ANSP (and SUN and REACH) values and approach are taken forward in the four ANSP countries.

ANSP efforts contributed to an enabling environment for stunting reduction, which can also be described as systems impact. In the four years of ANSP implementation, its support to national policy development, action plans and dissemination/communication of these policies based on the promotion and establishment of MSN coordination mechanisms have clearly contributed to this enabling environment. This system development was further supported by capacity development (e.g. training of many stakeholders and new curricula for formal professional and higher education institutions) and advances in HMIS systems.

In Burkina Faso, since 2013/14 there is a national policy and three-year action plan on food and nutrition security which originates from the agricultural sector. The new National Nutrition Policy is reputed to have substantial emphasis on multisectoral aspects. With regard to nutrition security and combating malnutrition UNICEF/ANSP has succeeded in generating a comprehensive IYCF strategy including a plan to go to scale for the period 2013-2025, as well as a Plan to Combat Micro-Nutrient Deficiencies 2015-2020. The Nutrition Directorate of the Ministry of Health is the coordinator of these action plans and has been fully involved and engaged in their development. In five out of the thirteen regions, implementation of the IYCF strategy is underway with support from the national government and other funding and implementing agencies.

In Ethiopia, the launch of the Seqota Declaration in July 2015 and the introduction of stunting as a main indicator in the national development plan 2016-2020 clearly reflects the national commitment and ambition to end child malnutrition by 2030. Moreover, high level recommendations were made for the NNCE to report to the office of the Prime Minister and for key ministries to upgrade their nutrition focal point to a nutrition directorate. This findings chapter described how ANSP strengthened systems, capacities and supported MSN partnerships for stunting reduction in Ethiopia. The simultaneous MSN efforts and approach of the ‘first 1000 days’ are now well integrated in the national CBN Programme and within the Health Extension Programme (HEP). The MOH has developed a Comprehensive Integrated Nutrition Service (CINuS) package based on the original CBN model but expanded to both community-based and facility-based nutrition services. It is expected that the stunting reduction trend will continue in the coming years, especially now that in principle all households are targeted through the HEP/CBN. The realised decrease of 10% of underweight points at a positive rate of return of the HEP/CBN, thus making a strong case to sustain the CBN programme.

In Mali, the development of the national nutrition policy and multisectoral action plan 2014-2018 has set the basis for a renewed and enhanced effort to address the issue of chronic malnutrition. At National level, the newly created and formalized nutrition coordination structures will also contribute to a strong foundation for sustainability of this structure in time. However, the delay in appointing and strengthening the nutrition coordination structure may jeopardize the achievements realized so far. As a result, the national Nutrition Directorate has not yet been able to take the lead in nutrition programming and coordination. At sub-national level in the two target regions (Sikasso and Mopti), there is a significant interest and drive to do so as the regional directors of Health and Gender and Social Development are keen to coordinate nutrition interventions. At district level, local government (‘préfet’) are closely involved in the coordination of the multisectoral platforms in Yorosso and Bankass.

In Uganda, a comprehensive and multisectoral strategy will be captured in the forthcoming Uganda Nutrition Action Plan 2 (2016-2020) including an M&E framework for the monitoring of progress. The “National Guidelines and Manual for District Nutrition Action Planning” include elements of a comprehensive strategy to Scale-Up the inclusion of nutrition security in the District planning process throughout Uganda. However, the new Nutrition Policy (in draft at the time of reporting) is rather focussed on health. It includes WASH but no other nutrition-sensitive interventions which are required for a comprehensive multisectoral stunting reduction strategy. Meanwhile a draft Maternal Infant Young Child Feeding road map has been formulated whereas also the Nutrition Advocacy and Communication Strategy is focusing on prevention of stunting reduction. These policies and strategies are all national nutrition-related initiatives which have been developed in close collaboration with and coordinated by the relevant government structures.
Whether, the regional policies (e.g. IGAD) and continental (ARNS 2015-2025) will have the same impact of being taken forward and translated into concrete regional/continental programmes to combat malnutrition remains to be seen. This has not yet been the case so far.

2.9.3 Comprehensive and multi-sectoral stunting reduction strategies

67. The integration of a multisectoral approach and action planning is often based on a widely supported process of policy development.
In several ANSP countries the formulation of a multisectoral national nutrition policy appeared to be rather problematic. As nutrition is traditionally considered a matter of the health sector – in particular in those countries that have a long history of emergency interventions – the multi-dimensional character of nutrition is not well understood. Nutrition-sensitive programmes thus remain isolated interventions which are not mutually reinforcing or targeting different areas or communities.

The ANSP approach to advocate for and promote the multisectoral approach to combat malnutrition has been quite successful as it addressed multiple levels, multiple organisations and multiple stakeholders. Supported by other initiatives (SUN) this approach appeared to contribute to a better understanding and coordination at the different levels. Coordination structures integrating various sectors as promoted by ANSP at the national and sub-national levels have certainly contributed to a wide support for this approach and integration of nutrition in policies and programming.

68. The effort by ANSP to promote comprehensive MSN approaches in the various countries has contributed to momentum at the national and sub-national levels.
The core ANSP interventions promoting MSN approaches are fully integrated within existing national policies and programmes which benefit from full national ownership and high commitment by governments and other stakeholders. The continental (ARNS), regional (IGAD) and national policies have all incorporated the approach of multisectoral action to reduce stunting and anaemia often reflecting international targets such as the WHA 2011 global nutrition goals. These policies have been translated in the four target countries into nutrition governance structures, action plans and decentralized action which clearly reflect the intention to sustain nutrition security interventions. Many presented examples refer (2.3.2, 2.4.2, 2.6.1 and 2.9.1 and the country and regional Annexes).

2.10 Adaptability

2.10.1 Ability to adapt to new opportunities and challenges

Functional multisectoral platforms and partner alliances

69. ANSP has been very good at strengthening the partnerships it selected as its priorities.
UNICEF has been consistent and a true partner to other agencies supporting important events such as for instance African Day for Food and Nutrition Security (ADFNS) meetings at regional level, the RWNG functioning in West Africa, and many nutrition stakeholder events at national level whether in the context of nutrition governance (e.g. CTIN in Mali, CNCN in Burkina, Nutrition TWG in Uganda or National Nutrition Coordination Body in Ethiopia). In some countries UNICEF has been the Donor Convenor of a wide range of stakeholders providing assistance to national governments as in Burkina Faso.

ANSP partnership strengthening has been provided by giving complementary support, in terms of financial, technical and practical assistance. In setting the priorities it has been guided by the SUN agenda which has evolved over time since 2010 and by the realities (structures and routines) of the supported RECs and national governments. It has not, however, had a deliberate agenda of forging unity in the combination of nutrition specific and nutrition sensitive agendas at continental/regional
levels. The evidence is that these agendas are still separate and are dominated by the different mandates of the supporting agencies.

70. **UNICEF has wisely used the opportunity it had through ANSP funding to identify, explore and nurture new partnerships with potential to come to fruition and be emulated.**

Most of these opportunities were not foreseen at the time when ANSP was designed in 2010/2011. Programme staff interviewed were grateful for the manoeuvring room and relative freedom ANSP funding had given them to seek out partnerships that had the potential to make a difference even though this was yet to be proven. The cases of UNITLIFE for nutrition funding, Cornell for MSN capacity building, ANLP for Leadership in Nutrition refer at regional level; and Community Connectors in Uganda at country level.

**Reflection, learning and decisions in platforms and alliances**

71. **ANSP has only to a limited extent promoted reflection, learning and decisions at the level of the various platforms on the continent.**

ANSP has been able to share its experience for learning and reflection mainly in the various regional platforms it participated in or contributed to. In WCA region, this was for instance the case during the latest WAHO Nutrition Forum in November 2015. Another example is the pillar 2 WANCDCI Programme which contributed to the identification of requirements how Higher Education training institutes in the region could improve and what type of assistance is needed to improve their curricula.

However, overall ANSP has insufficiently profiled its own programmatic experience in the other pillars. Reflection could have taken place more in-depth from comparative assessments of ANSP’s pillar Four modalities chosen in the various countries, and their merits. As indicated in 2.5.2 and 2.5.3, the ETE 2015 found that Cornell’s work in this regard was insufficiently distinct and practical as a reflection of lessons learned and was on the whole not sufficiently accessible to appeal to actors interested in the ‘how to’ or ‘how else’ debate. Also the Pillar 3 Regional initiative of NutritionInfo could have been used to feed reflection in platforms and alliances on nutrition trends. These examples reflect a missed opportunity for evidence-based learning.

**Fostered common understanding of multisectoral nutrition**

72. **ANSP worked hard to achieve common understanding of multisectoral nutrition.**

The promotion of the need for multisectoral nutrition action and practical implications on how to realize this at various levels - from national to community level – has been hands-on through the collaboration of UNICEF with Cornell in all four countries. At country level ANSP has fostered common understanding and advocacy for multisectoral nutrition. It guided and supported other key actors in doing the same, as for example in Burkina Faso where the Nutrition Directorate staff based in the Ministry of Health have become articulate proponents of the multisectoral approach.

Furthermore, ANSP as partner in the SUN movement and as part of the REACH initiative in the four countries has closely collaborated with other development partners at the implementation level to promote multisectoral action. In all four countries examples of this role of ANSP exist, such as Yako District in Burkina Faso, in Yorosso and Bankass in Mali, the target Woredas in Ethiopia and in the five target districts in Uganda. Here ground-breaking work was done, which sometimes proved hard to ‘extrapolate’ to national and supra-national levels. ANSP did not compare the pros and cons of its own approaches, let alone include the multisectoral modalities of other programmes in such a comparison. Here the original ‘project approach’ of ANSP could be blamed where initially ANSP was set up to assess its own effects (impacts) with regard to stunting reduction.

**Clarified and promoted a common agenda**

73. **ANSP has been strong in clarifying and promoting a common agenda at the country level, and to some extent at the regional and continental levels as well.**

It has helped to ensure that national and regional level actors had a voice and could articulate their experiences in common fora. In terms of a common agenda it has focused more on the SUN agenda of ‘scaling up’ than on an agenda of ‘scaling up with a difference’, namely: by well-chosen and evidence-
based multisectoral approaches. It has served the SUN agenda but has not deliberately and pro-actively guided it as the mandate to do so belongs to national governments. In most of the national nutrition policies a Common Results Framework has been developed with support of ANSP, including a monitoring and evaluation framework.

At regional level, the support to the IGAD nutrition policy may be referred to as well as the WANCDI initiative and the ANSP support to RNWG and ECOWAS Nutrition meetings. At continental level ANSP has put a strong emphasis on the finalization of the ARNS 2015-2025. It remains to be seen to what extent the ARNS can provide an additional layer of guidance to African countries on nutrition policy formulation. In all of these forums ANSP has been exemplary in promoting the agenda for MSN. Unfortunately, closer collaboration with FAO supported CAADP or WASH initiatives (e.g. Scaling Up Rural Sanitation) has not sufficiently been pursued.

**Promoted greater alignment with the common agenda**

74. As noted in the MTE the ANSP has from the start been coherent and mutually reinforcing with the SUN movement. ANSP has in many ways supported the SUN Movement and has in doing so enabled participation of a large number of countries, beyond the 4 ANSP countries for instance by co-financing regional workshops. ANSP has supported the development of policies and governance structures in line with the SUN movement framework. This is the most relevant common approach to address Nutrition Security as the SUN Movement seeks to accelerate the scaling up of nutrition by strengthening the capacity of SUN countries to deliver improved nutrition.

Since April 2014, four Communities of Practice (CoP) have emerged as a method for ensuring that countries can access technical support more easily and share best practices. ANSP has supported and participated in these CoPs. However, the ANSP supported June 2015 CoP4 workshop ‘Strengthening Effective Engagement to Scale Up Nutrition in Action’ in Kenya did not showcase any of ANSP’s own experiences in Scaling Up Nutrition in the four countries. This is – as said before – also due to the lack of documentation, learning and sharing within the ANSP programme.

The relatively generous regional budget has enabled the programme to not only support SUN at country level, but to also deliberately and consistently provide support at regional and continental levels. ANSP has supported meetings - such as the Country Engagement for the SUN Movement, the Workshop on Costing and Financial Tracking, the Workshop on Monitoring Implementation and Demonstrating Results, and the Workshop on Strengthening Effective Engagement – which were all financially and technically supported and coordinated with the SUN Movement Secretariat. ANSP has contributed to discussions in the various Communities of Practice and in the transition towards the future face of the SUN Movement.

**Clarified roles and responsibilities of various sectors, structures and partners**

75. The ANSP programme has at country level enabled UNICEF to deliberately seek institutional solutions to the problem of undernutrition and in doing this to operate outside the set boundaries.

The Uganda example of the link with the Ministry of Gender, Labour and Social Development (MGLSD) is a case in point: this would not have happened were it not for the identified need for on-the-ground partnerships which could provide an interphase with community level work in food and nutrition security. Other countries have found different solutions: for instance the contracting of national NGOs in Burkina Faso who are part of a Worldbank funded collaboration with the national Ministry of Health; the somewhat similar collaboration with a health-oriented NGO (ASDAP) in Mali; or the use of the Health Development Army in Ethiopia based on the Health Extension Workers set-up. Each country has, in fact, sought to make the best of the available institutions knowing well that all institutions and the sectors they represent have their limitations. In one country (Uganda) the design has been from the start to link up with a donor-funded project, simply because it could offer something that UNICEF lacked (and vice versa). In Burkina Faso and Mali there was a sequential approach: start with the health sector organisations, introduce a nutrition specific focus, and then widen the scope to nutrition sensitive actions involving a wider range of district level stakeholders.
**Stimulated positive changes in strategy, planning and implementation**

76. There is overwhelming evidence that ANSP has stimulated positive changes in strategy, planning and implementation.

In the view of the ETE 2015 the ANSP encouragement worked best when there was a clear demand from the national government who sought UNICEF’s active support to become more nutrition-security oriented. The increased recognition of the importance of nutrition security made that follow-up funding has been found for some initiatives, based on the strength of the initial UNICEF/ANSP work, as with WANCID or IGAD. The latter REC which was supported by UNICEF/ANSP in its ambition to become more nutrition-security oriented subsequently received substantial funding from the African Development Bank. In all four countries ANSP has been able to find co-funding for many of its activities aiming at encouraging changes in policy formulation, planning and implementation.

**Promoted, established and/or supported an effective core implementation team**

77. UNICEF/ANSP established an effective core implementation team.

In particular in the two UNICEF Regional Offices (WCARO and ESARO) effective core teams to support ANSP implementation at national level and to support regional and continental initiatives have been established. This was partly due to short lines of communication within and between offices, and partly because one senior staff member has had the institutional memory of ANSP. Similarly, at country level effective nutrition sections have been responsible for the implementation of the ANSP. For instance, the rewrite of the logical framework after the 2013 MTE was led by ESARO, but essentially was a joint process with close involvement of the national country offices and the WCARO regional nutrition staff.

Within UNICEF/ANSP the actual group of nutritionists based in the various offices is relatively small. As several respondents said, ‘We all know each other, we know each other’s work, and we come across each other every so often in our regional meetings.’ The ANSP steering committee arrangement included annual meetings in which country and regional staff, EU Delegation staff, plus key government partners met every year. The March 2015 meetings was attended by some 20 persons. It is no exaggeration to state that this group in itself formed a team, with an overview role.

**Learnings on multisectoral nutrition generated and disseminated**

78. ANSP was supposed to generate and disseminate learnings on multisectoral nutrition for global, continental and country audiences as this is a main requirement in the MoU with Cornell. However, the ETE 2015 is of the opinion that ANSP has not delivered.

On the basis of its various country visits, subsequent interviews of key staff and reading of Cornell’s documentation, the ETE 2015 has strong reservations about the realization of the generation and dissemination of learning on MSN. The ETE 2015 has heard these reservations over and over again during country visits.

The reservations concern the model chosen by Cornell more than the quality of Cornell-appointed staff in the field, who were often praised for their skills as facilitators and their ability to convey abstract concepts. The main obstacle appears to have been that Cornell did not really embrace the ANSP four pillar concept and instead super-imposed its own concept. Any lessons learned had to fit in this pre-conceived concept of Adaptive Management. This has formed an unnecessary filter for the selection of lessons and has also proven a barrier for the lessons’ easy understanding. In addition the academic modality of publications, at or after project completion, by Cornell, has resulted in externalization of the process of learning lessons. To the ETE’s knowledge the publications planned are authored by members of the Cornell team.

**2.10.2 Added value of continental and regional approach**

79. ANSP was unique in its potential to gather and present evidence from down at the community level all the way up to political and decision making bodies and networks including the SUN movement.
As indicated in Annex A (Continental/ Regional) the rewrite of the logframe made the pathway from continental, to regional, to country level more logical, coherent and consistent. The robust four Pillar approach addressing Nutrition Security at different levels and through different approaches was visible and consistent throughout the programme.

This approach made it possible for the target countries and the regional offices to interact in a consistent and supportive way. The regional offices have therefore been able to draw from the country experiences and use that at regional fora such as the bi-annual ECOWAS Nutrition conferences (Annex A, Box 1), the regional REACH support, to advocate through the promotion of networks of parliamentarians and/or to initiate experiments and pilots.

ANSP supported the SUN movement by enabling countries to participate in co-organized Workshops such as the Nairobi June 2015 workshop on Strengthening Effective Engagement. Another example is the November 2013 Nutrition Costing Workshop which was co-organized with the SUN secretariat.

80. ANSP regional offices have been good at spotting opportunities resulting from, and building on, their earlier accomplishments.
Examples which have been given in Annex A (continental/ regional) relate to the UNITLIFE initiative, a South-to-South funding mechanism of natural resource rich countries to fund child nutrition programmes. Another one is the collaboration with the North West University (South Africa) programme to foster leadership by nutrition professionals through the Africa Nutrition Leadership Programme (ANLP) which has also been piloted in Uganda.

81. The ANSP Continental Programme has basically operated as a stand-alone programme with few links to the rest of the programme.
Overall we may conclude that the Continental level has more operated as a stand-alone programme with its emphasis on the ATFFNS, African Nutrition Champion and the African Union Commission. The main achievement has been bringing together continental nutrition (political) stakeholders and advocating for more interest, understanding, policy-making and action with regard to stunting reduction.

Throughout the ANSP programme the emphasis has been on political bodies and instruments such as strategies. It appears that the programme could have been even more productive if it would have deliberately profiled itself as a laboratory for multisectoral experience, for the sake of increased insight at the level of political continental, regional and national bodies. This experience is largely generated at the country level. This potential was not fully exploited partly because a choice was made for long term impact indicators which would take time to generate lessons. Also UNICEF/ANSP relied too much on Cornell University to take on this role of catalyst for lessons learning and sharing.
3 CONCLUSIONS

3.1 Overall conclusions

20. ANSP has in many ways served as a catalyst to promote and advocate for integration of nutrition security in national policies in line with the SUN road map. This has happened not only at national level but also at continental (ARNS 2015-2025) and regional level (IGAD). Whilst acknowledging that not all endeavours set in motion, and supported, would come to fruition in a predictable way and at a predictable speed, the contribution of ANSP has been significant (2.1 Relevance)

21. The flexibility of the ANSP design to respond to national (and lower level) needs and requests as expressed by governments and local authorities is a tremendous asset of the ANSP intervention approach. This has been strengthened by the design of the mutually reinforcing four Pillars covering the relevant levels to advocate, enhance and practically implement approaches to nutrition security in a multisectoral way. (2.1 Relevance)

22. ANSP has not explicitly addressed equity in a systematic way. The equity dimension has not explicitly been a topic in most of the activities organized and supported by ANSP. In geographic terms, the ANSP target countries are amongst the ones with high stunting levels indicating for required intervention; however, at sub-national level there is no clear underpinning of the choice for target areas on the basis of equity considerations. Moreover, no explicit equity target has been formulated on the basis of ethnicity or income differences based on wealth quintiles. (2.2 Equity)

23. ANSP has been able to enhance effective coverage of nutrition-related services in particular at community level in order to increase participation of targeted mothers. In all four target countries, solutions to the principal bottleneck that nutrition security requires inclusive, affordable and durable solutions at the community level, have been supported (2.2 Equity)

24. ANSP has substantially contributed – often in collaboration with other Development Partners – to the formulation of comprehensive Nutrition Policies with a Multi-sectoral approach and – in some cases – associated with an (costed) Nutrition Action Plan. In most ANSP countries UNICEF was recognized as being the lead organisation for nutrition security. Alignment with the SUN movement framework has been actively pursued by ANSP. (2.3 Policy Development)

25. At Regional and Continental levels, the realization of the ARNS 2015-2025 and the IGAD regional nutrition policy are major and visible achievements based on comprehensive debate by all stakeholders; however, their ultimate use and impact may be questionable as there is relatively little new for countries who have already developed their nutrition policies – often the SUN movement member countries; and no active follow-up (lobby) for those countries who have not yet developed their nutrition policies. (2.3 Policy Development)

26. In terms of Capacity Building ANSP has significantly contributed to enhanced capacities at the various levels. The substantial support to curriculum development for professional education and universities has contributed to the integration and mainstreaming of nutrition security into national education. The regional WANCDI initiative and the Matourkou Agricultural curriculum review are exemplary for ANSP’s efforts. Training materials developed with ANSP support are widely used. (2.4 Capacity Building)

27. ANSP has been very prominent in the promotion of MSN approaches in the various countries through capacity development (in close collaboration with Cornell), both at national level and sub-national levels, and in the translation of MSN approaches to practical implementation through the establishment of MSN platforms at the local levels (provincial, district, community). (2.4 Capacity Building)

28. The strengthening of nutrition monitoring is one of the major achievements of the ANSP: SMART survey fine-tuning and the further development of NutritionInfo are good examples; but foremost the introduction of nutrition indicators into the national HMIS systems has been an important key result. (2.5 Information and Knowledge)
29. ANSP has been disappointing in its efforts to make use of and sharing good practices from one country to another. Cross-country learning and international sharing (e.g. SUN movement) has been given less priority. There have been numerous opportunities of sharing the approaches and results between ANSP countries and within the respective regions: unfortunately the documentation of results and lessons learned has not received sufficient attention in the course of the ANSP implementation. (2.7 Operational Efficiency).

30. The original set-up to be able to assess impact through a baseline-endline quantitative study has not come off the ground (with exception of Uganda) amongst others due to a lack of an agreed and well-thought through approach to quantification. (2.5 Information and Knowledge)

31. Overall, ANSP scaling up activities have had a good coverage and quality with a great variation in response to different national priorities and contexts. Implementation of scaling-up activities have substantially differed from a fully integrated approach (Ethiopia) to a support through a subcontracted national non-governmental organisation (Mali). Different means of communication of nutrition messages have been applied (Mali and Uganda). In only two countries (Burkina Faso and Ethiopia) a contribution has been made for a national strategy to scale-up the nutrition interventions (2.6 Scale-Up).

32. The emphasis on national policy development together with the efforts of capacity development of multiple stakeholders at national and sub-national levels has given substantial momentum for action at the local levels. The momentum was further strengthened by the promotion of the MSN approach which included different sectors and stakeholders for local coordination and implementation of nutrition-specific and sensitive activities. In this way ANSP has contributed to a potential comprehensive approach to scaling-up nutrition interventions (2.6 Scale Up).

33. UNICEF has implemented most of the ANSP actions in a timely and efficient manner; the main exception being the delay of the programme component at continental level(2.7.1 Operational Efficiency).

34. Learning and sharing: UNICEF/ ANSP has paid insufficient attention to cross-country learning and sharing of ANSP results, findings and lessons learned.

35. UNICEF has been quite efficient with the funds made available through EU/ANSP funding and additional funding from other sources; the Agency has been very effective in leveraging more additional funds than expected in particular in the four target countries (2.7.2 and 2.7.3 Financial Efficiency).

36. In all four ANSP countries improvements of stunting reduction are observed over the ANSP implementation period 2012-2015 with a likely contribution by ANSP; attribution to ANSP is impossible to ascertain. However, the observed annual rate of stunting reduction is not enough to reach the 2025 WHA target of 40% reduction which requires at least a 2% annual reduction rate (2.8 Impact).

37. ANSP has significantly contributed to increased capacity and ownership in the target countries with regard to the values and approach of combating malnutrition. The development of national policies, actions plans and improved monitoring systems provide clear evidence of systems impact. The contribution to revised curricula of nutrition professional and higher education institutions will definitely enhance capacity for the future thus contributing to sustainability of ANSP efforts. Moreover, comprehensive multisectoral approaches have proven to be accepted and adopted at the sub-national levels providing clear examples of effective scaling-up nutrition interventions replicable in other areas. (2.9 Sustainability).

38. Visibility: the visibility of ANSP as a programme has been largely insufficient. Information about ANSP results and lessons is scattered, incomplete and not actively communicated to the wider audience. This is a missed opportunity.

More detailed conclusions can be found in the respective regional/continental country annexes A-E.
4 LESSONS LEARNED

The ETE team clustered the lessons in four categories as follows:

• Programme design;
• Equity/effective coverage;
• Nutrition specific/sensitive linkages (convergence and/or mainstreaming); and
• Programme monitoring systems.

All lessons exemplify and illustrate this report’s findings and conclusions (chapters 2 and 3).

A: Programme design

UNICEF/ANSP flexible approach to be able to respond to emerging opportunities and government requests are definitely a strength which have greatly contributed to the recognition of UNICEF as a lead partner in nutrition security promotion (2.1.1, 2.5.1 and 2.7.1; conclusion 2)

The role of UNICEF/ANSP as a catalyst to advocate and promote changes in policies and programming for long term, strategic nutrition interventions has resulted in increased interest not only by other donors (than the EU) but also in the incorporation of nutrition in national budgets (2.7.3; conclusion 15)

The capacity and ownership for sustained results is growing as a result of participation of national and regional actors in multiple processes. The process can be accelerated if the different actors are consciously consulted and invited to report accordingly (2.1.1; conclusion 5 and 6).

In the revision of its logframe ANSP has gone further in concentrating on the programme’s support function, and reporting on activities only. Yet at country level the baseline/endline studies were maintained and were intended to demonstrate ANSP impact in the sense of improvement on key indicators, including anthropometric indicators. Between these 2 extremes there ought to be a middle road. Here the support function is upheld, but includes the pillar 3 function of data collection and analysis. The overall objective would be to help governments decide on evidence-based combinations of nutrition specific and nutrition sensitive packages which are suited to the circumstances. (2.5.4, 2.8.1; conclusion 10)

ANSP in Uganda and Mali have shown the importance of using multiple channels for BCC. Development of BCC messages together with the target group laid the foundation for successful communication

• Media targeted at national and local level
• Media training package developed and journalists trained
• Use of rural radio and radio spots developed
• Sessions for radio talk-shows and inclusion of radio listeners groups
• Traditional ways of communication: drama-groups, choirs etc. (2.1.2, 2.3.4, and 2.6.1; conclusion 11)

A main issue for lesson learning is the speed at which lessons are generated and the way in which lessons are shared. The ANSP design of having a baseline and endline for pillar 4 achievements has made for a slow lesson. There are, however, multiple other lessons to be had from the programme, including lessons that could be drawn while the programme was still under implementation. Research and studies are not always necessary for lesson learning (2.5.2 and 2.5.3; conclusion 10)

B: Equity

UNICEF’s instrument to address equity (MoRES) offers an opportunity for nutrition specific and nutrition sensitive programming based on analysis and could be taken up in an explicit way by applying the principles and terminology of ‘effective coverage’. Effective coverage should address the issue of geographic coverage, ethnicity, and wealth differences in the design. In this way addressing barriers and bottlenecks of nutrition programming will become part of the design in a more natural way (2.2; conclusion 3)

Nutrition sensitive programming to combat malnutrition must address the issue of wealth and livelihood
at the household level. Once this is recognized the equity dimension of UNICEF/ANSP’s scaling-up work and the bottlenecks to be addressed, become more evident. The ‘art’ then is to generate linkages between the health system, community-level food security and social protection programmes in such a way that poorer segments of society are identified and prioritized. A general, overall approach to cover the whole population is not enough to address structural causes of chronic malnutrition (2.2.2; conclusion 4).

C. Nutrition specific/sensitive linkages – convergence and/or mainstreaming

ANSP has been able to overcome the divide between nutrition-specific and nutrition-sensitive interventions at the implementation level of scaling-up through the promotion of Multisectoral nutrition. At the national level this was also possible where it targeted groups of influential persons – such as parliamentarians – whose work does not have such a sectoral divide. But ANSP has also been confronted with divides which run all the way in the host or partner offices and between the multilateral agencies. The divide is not overcome unless a programme’s design is to deliberately address this.

Multi-sectoral coordination at all levels is important, including district levels and below, as it is at this level where the lives of women and children evolve and where ultimately MSN policies should be implemented. Ethiopia shows that a government that is firmly in the driver’s seat at all levels and a comprehensive national nutrition programme are important factors for success. Uganda shows that the integration of nutrition in District Planning also may contribute to enhanced attention for chronic malnutrition by all sectors (2.3.3, 2.6.1; conclusion 12)

At both country and regional level there has been a common trend to take existing partner organizations as a starting point and ‘mainstream’ multisectoral nutrition in their work. It has the advantage of a more intuitive understanding and ownership of what mainstreaming of nutrition security implies. (2.4.2; 2.4.3; conclusions 7 and 8)

Creative and strategic thinking and planning can leverage existing human resources for multisectoral nutrition approaches as the experience with involvement of organisations or teams from the health sector show; but also associations with other partners such as social development, education, churches, agriculture or small-scale enterprise promotion – contribute to community mobilisation for nutrition security through the establishment of multisectoral platforms (2.6.2; conclusion 8).

D. Programme monitoring systems

When applying an approach to implement a baseline-endline assessment of concrete nutrition security interventions UNICEF should make a deliberate choice to properly design and fund for such an assessment. The design of indicators, the possibility to measure them and to make conclusions with regard to impact in a systematic should be addressed at the start of a programme. In the case of ANSP this has been done half-heartedly: the baseline was implemented in the target areas in three of the four countries but the endline was only done in one country. Hence the question of attribution of impact to ANSP was not possible (2.5.4; conclusion 16)

There is need for evidence that is more immediate and appealing than the stunting and anaemia impact level indicators measured in ANSP, that are both plausible intermediary indicators in the causal chain and are fast to respond to interventions and have predictive value (2.5.1 and 2.10.2; conclusion 16).

In several countries, a tremendous amount of routine data are being collected. However, these data are not always analysed for trends and long-terms effects of interventions. Improved attention to the overwhelming source of data could contribute to a better understanding of effective programming of nutrition interventions (2.5.1 and 2.10.1; conclusion 9).
5 RECOMMENDATIONS FOR FUTURE NUTRITION PROGRAMMING

Key Strategic recommendations

The following strategic recommendations to improve future programming are based on the findings, conclusions and lessons learned presented in the preceding chapters.

To UNICEF

14. (Programme design) The flexible design of ANSP should be applied on a regular basis for organisations such as UNICEF who are supposed to be responsive to national government and/or regional priorities.

15. (Convergence) In the context of promoting Multisectoral Nutrition coordination, programming and action, UNICEF should be more sensitive to establish collaboration with non-traditional partners beyond their usual partners; in particular non-traditional partnerships at regional and/or continental level could leverage the lobbying and advocacy efforts towards the plight of nutrition security to be included in national action. The SUN movement and partners provide a good environment and orientation towards this wider collaboration and contributing to the strengthening of the UNICEF role and mandate in enhancing nutrition security.

16. (Equity) In order to be able to prioritize nutrition relevant actions in terms of equity, UNICEF and its partners should include relevant criteria such as geographical differences, differences based on livelihood systems, differences in ethnic, cultural, educational or religious background, gender-based differences of head of household or household wealth differences; all of these factors are relevant for the understanding of the driving factors of nutrition security of children and women.

17. (Convergence) UNICEF should develop nutrition programmes based on its strength of bringing together its health focus (nutrition-specific) together with nutrition-sensitive actions in education (in particular of adolescents) and WASH. Also its experience in social protection and right-based focus on children should be more included in these nutrition programmes.

18. (Learning) The experience of the review nutrition curricula at various levels and institutions should be carefully documented, systematized and disseminated (examples are WANCDI, Matourkou, NPHS, FMOS, etc.).

19. (Learning) The experience of Cornell in promoting MSN approaches through the establishment of MSN platforms at district and lower levels should be systematized, analysed and documented (ex. Mali Bankass and Yorosso; Burkina: Yako district).

20. (Learning) UNICEF being recognized in many countries as a lead in the enhancement of nutrition security – in particular in national policies – should continue to capitalize on this position as a convener and promoter of learning of what approach works on the ground and what not.

21. (Monitoring) In terms of data management, UNICEF should sustain in (or improve) in making use of the wealth of available information through SMART, DHS, MCIS, HMIS, and other sources in order to better understand trends, changes and causes of undernutrition over time and over space. The current wealth of data becoming increasingly available will provide a good return on staff investment to analyse these sources. The timely results can in turn then be used for further nutrition programming.

22. (Learning) Lessons learning on the basis of a multi-country programme should be enhanced in the course of the implementation of the programme through the use of Annual Review Meetings (already done), but also through the use of multi-media (website, blogs, video’s, testimonies) and regular documentation of achievements.

23. (Learning) An important programme as ANSP should have a website which can be used as a repository of relevant programme documents, training materials, data, video’s etc. to disseminate its approach and achievements to a wider audience. Making relevant documents etc. available will greatly contribute to the advocacy and promotion of the inclusion of nutrition security in national programming.

To the European Union

24. The recognition of the fact that ANSP has played an important and successful role as catalyst in the enhancement of nutrition security through its multi-pillar, multisectoral and multi-country
approach should make a follow-up programme possible in a number of African countries interested in bringing further the SUN framework agenda in their country.

25. At national and possibly regional levels, collaboration should be sought with practical implementation organisations who can provide technical support for nutrition-specific and sensitive programming. Nutrition policy-making appears to be more effective at national level than at the higher levels.

26. The EU could make a fund available for the enhancement of reduction of undernutrition to which national governments in close collaboration with development partners such as UNICEF (and or other eligible organisations) could subscribe to; development partners will act as a consortium with clear responsibilities and tasks for each contributing partner.

Detailed recommendations have been formulated in each of the Annexes
ANNEXES

1.1 Terms of Reference ANSP ETE 2015
1.2 UNICEF Conceptual Framework for Nutrition Security
1.3 Evaluation Framework

VOLUME 2: ANNEXES

A. CONTINENTAL/ REGIONAL ANNEX
B. COUNTRY ANNEX Burkina Faso
C. COUNTRY ANNEX Ethiopia
D. COUNTRY ANNEX Mali
E. COUNTRY ANNEX Uganda