EXTERNAL EVALUATION OF THE EU/UNICEF PARTNERSHIP ON NUTRITION SECURITY

END-TERM EVALUATION

Africa Nutrition Security Partnership

Contract no: 43286576 ANSP

VOLUME 2 ANNEXES A – E

July 2016
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**Preface**

This Annex to the ETE report integrates the findings and conclusions of three major components of the ANSP programme: two regional programmes, one for the West and Central Africa Region (WCAR) as implemented by the UNICEF Regional Office in Dakar, one for the East and Southern Africa Region (ESAR) as implemented by the Regional Office in Nairobi and the Continental programme as implemented by the African Union based in Addis Ababa, Ethiopia, in close collaboration with the UNICEF Nairobi Regional Office.

The findings of this Annex are based on interviews held with the Dakar Regional Office staff in November 2015, in Nairobi in December 2015 as well as interviews with African Union staff in January 2016. In addition, Skype interviews were held with the Delegation of the European Union to the African Union and the Nutrition Advisory Service.

### 1 Introduction

#### 1.1 Key statistics

<table>
<thead>
<tr>
<th>Key geographic, economic, and social characteristics</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>445,530</td>
<td>453,128</td>
<td>937,495</td>
</tr>
<tr>
<td>Children under Age 5</td>
<td>76,721</td>
<td>71,883</td>
<td>154,434</td>
</tr>
<tr>
<td>Under-five mortality rate (infant mortality rate); 2013</td>
<td>109/72</td>
<td>74/50</td>
<td>121/76</td>
</tr>
<tr>
<td>Life expectancy at birth; 2013</td>
<td>54.0</td>
<td>59.4</td>
<td>56.9</td>
</tr>
<tr>
<td>GNI per capita (PPP); 2013, in USD</td>
<td>3377</td>
<td>3260</td>
<td>3280</td>
</tr>
<tr>
<td>% of population below international poverty line of USD</td>
<td>1.25 per day (2009-2013)</td>
<td>61.2</td>
<td>39.3</td>
</tr>
<tr>
<td>% of children early initiation of breastfeeding (2009-2013)</td>
<td>38.7</td>
<td>59.6</td>
<td>47.4</td>
</tr>
<tr>
<td>% of children who are exclusively breastfed (&lt;6 months)</td>
<td>25.0</td>
<td>51.2</td>
<td>36.1</td>
</tr>
<tr>
<td>(WHO threshold: &lt;50%); 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of children (2009-2013) introduced to solid, semi-solid</td>
<td>60.1</td>
<td>72.6</td>
<td>65.0</td>
</tr>
<tr>
<td>or soft foods (6-8 months)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care coverage at least once (at least four times); (2009-2013)</td>
<td>76/50</td>
<td>77/39</td>
<td>76/45</td>
</tr>
<tr>
<td>Vitamin A supplementation coverage rate (6-59 months), full coverage (%); 2013</td>
<td>84.9</td>
<td>66.7</td>
<td>73.1</td>
</tr>
<tr>
<td>% of households consuming iodized salt (2009-2013)</td>
<td>65.2</td>
<td>-</td>
<td>59.1</td>
</tr>
<tr>
<td>% of under-fives with anaemia; 2011</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of infants with low birth weight; (2009-2013)</td>
<td>14.2</td>
<td>11.2</td>
<td>13.0</td>
</tr>
<tr>
<td>% of under-fives suffering from underweight (WHO), moderate &amp; severe; 2012</td>
<td>23.2</td>
<td>17.8</td>
<td>21.1</td>
</tr>
</tbody>
</table>

1 This information is extracted from UNICEF SOWC 2015 xls-sheet; UNICEF Country statistics and GNR 2015
2 Findings
2.1 Overall relevance and appropriateness

2.1.1 Programme design

1. The programme’s mid-term revision of logframe, indicators and report structure has enabled a more coherent and transparent narrative of programme-specific added value.

After the 2013 MTE, the ANSP team did a thorough revision of the global logframe with a view to better demonstrate the multi-level linkages between the expected results. In addition the reporting frames were adjusted to show not only if expected results were achieved, 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 the 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.

2. While the overall objectives have remained the same the indicators have been reformulated to capture programme activities in the form of ‘support to’. The indicators have thus become a more limited reflection of the programme’s expected results and not the overall markers for assessing programme progress. As before, the indicators without exception are expressed as numbers.

To illustrate: Where formerly a pillar 1 indicator was ‘Number of countries with operational National Nutrition Plan’ this has now become ‘Number of countries supported in the formulation of nutrition strategies, policies, frameworks or action plans’. In pillar 4 the indicator has changed even more substantially, but in the same vein. Where formerly the indicator was at outcome level (e.g.: ‘[..] minimum dietary diversity has increased by at least 10 percentage points [..]’ the single remaining indicator now reads ‘Number of countries supported in implementation of scaling-up nutrition by sharing knowledge, international standards, experiences and technical expertise’. In the process the number of reportable indicators has been reduced from 22 to 10 thus simplifying the reporting format and also easing the reporting overall?

After the 2013 MTE the ANSP team did a thorough revision of the ANSP global logframe with a view to better demonstrate the multi-level linkages between the expected results. The Table 2 below shows the revised logframe for the continental and regional level at output level. (Details will be discussed in sections 2.3 through to 2.6.)

<table>
<thead>
<tr>
<th>Key geographic, economic, and social characteristics(^1)</th>
<th>West and Central Africa</th>
<th>East and Southern Africa</th>
<th>Sub-Saharan Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of under-fives suffering from: wasting (WHO), moderate &amp; severe (WHO public health problem: &gt;10%; 2012)</td>
<td>11.4</td>
<td>6.9</td>
<td>9.3</td>
</tr>
<tr>
<td>% of under-fives suffering from: stunting (WHO), moderate &amp; severe (WHO: public health problem &gt;30% moderate, &gt;40% severe), 2012</td>
<td>36.1</td>
<td>38.5</td>
<td>37.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ANSP outcomes</th>
<th>Result Area 1</th>
<th>Result Area 2</th>
<th>Result Area 3</th>
<th>Result Area 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>National policies are aligned to impact nutrition by integrating nutrition as a key objective across different sectors</td>
<td>National nutrition programmes are strategic and have the capacity to adapt to changing contexts that influence nutrition programming in the country</td>
<td>Strong national oversight for nutrition with relevant and sustainable nutrition information systems available at all levels for decision-making</td>
<td>Communities, families, mothers and children in focus areas have access to quality nutrition-specific and nutrition-sensitive interventions</td>
<td></td>
</tr>
</tbody>
</table>
In the above revision the structure of a four pillar programme was maintained. The pillars are defined as separate entities. Although the pillars are intended to be mutually reinforcing this does not clearly come out in the programme’s instruments – logframe and workplan. As mentioned in the MTE report ‘The basic concept, of a multi-level, multi-pillar programme that complements other actors is sound and could be distinctive.’ The post-MTE revisions have addressed the vertical coherence between the various levels, but have not really addressed the potential for ‘multi-pillar smart design’ (‘horizontal coherence’) which was highlighted in the MTE as examples of good practice.

For the sake of comparison: A more recent multi-country nutrition programme run by UNICEF has made the Theory of Change its mainstay and has in addition used it to maintain programme dynamics and coherence. Neither ANSP nor its sister programme MYCNSIA in Asia has had a Theory of Change. A more recent regional programme managed by ESARO has opted for a programme design of ‘filling the gaps’, which gaps remain up for revision in the course of the programme. This has apparently encouraged a dynamic Theory of Change that is deliberately responsive to opportunities and challenges as and when they occur at country level. Having a Theory of Change was also at the donor’s insistence. It enabled analysis of the programming logic for the interventions, and in addition was an instrument to do this on a continuous basis. (Source: ESARO staff member responsible for the above programme)

In comparison with ANSP’s sister programme MYCNSIA in Asia the emphasis on ‘scaling up and out’ – that is scaling up whilst including nutrition-sensitive dimensions in the scaling up – has been consistent in pillar 4. Both in the original and in the revised design there is a focus on both scaling up and inclusion of nutrition-sensitive dimensions in the scaling up. As is narrated in the ETE country annexes the actual strategies to concurrently achieve ‘scaling up and out’ have differed greatly between the various countries. The question on ANSP’s appropriateness to achieve its planned results must thus be seen in the country contexts. There is no evidence that the regional offices have ‘steered’ the Country Offices in making their design choices. Yet the regional offices did monitor and report on the results as is evident in trip reports.

The Continental component of the ANSP has mainly focused on the policy development through support of the African Union Commission (AUC). In its actual formulation of activities and priorities it became clear that at the start of the ANSP the AUC was not sufficiently consulted 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-

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2 Improving Child Nutrition in Four Countries in Sub-Saharan Africa. This four year project and partnership between the Government of the Netherlands and UNICEF (2013-2017) aims to contribute to an equitable and sustainable reduction of undernutrition in four countries in the Eastern and Southern Africa Region: Burundi, Ethiopia, Mozambique and Rwanda.
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 nutrition specialist to the AUC from the first quarter of 2014.

6. The design of the Continental component has not included as a priority to establish close(r) links to important nutrition-sensitive policy-making nor has it set out to enhance multi-stakeholder collaboration.

On the African continent and in the various regions several initiatives exist that pay attention to nutrition security from the perspective of other sectors such as social protection and in particular agriculture. The Pan African Nutrition Initiative under the NEPAD/Comprehensive Africa Agriculture Development Programme (CAADP) is such an important initiative for Food Security and Nutrition policy-making in Sub-Saharan Africa (SSA). CAADP has formulated strategies to integrate nutrition in the formulation of National Agricultural Investment Plans and included nutrition-specific indicators. Under CAADP subscribing countries have been requested to include nutrition in their agricultural policies. Whereas AUC has mostly focussed on the formulation of the Africa Regional Nutrition Strategy in which there are references to CAADP, the continental programme has not succeeded in its repeated attempts to further a close collaboration with NEPAD/ CAADP with a view to stress the multisectoral character of Nutrition Security. It has been suggested by several interviewees that the ANSP continental activities could have been better integrated with NEPAD as implementing body than with the AUC – which is more of a policy-making body (interviews EUD, NAS). This, as said above, was tried, but did not really come off the ground. Nevertheless, the ANSP supported re-establishment of the annual ATFFND meetings which provided a mechanism that allowed the RECs to interact with the AUC on food and nutrition security related matters.

The design of the second pillar of the Continental component has focused on support of the Africa Task Force on Food and Nutrition Development (ATFFND) as a major continental coordination mechanism. Interesting initiatives under the Forum for Agricultural Research in Africa (FARA) and the CGIAR could have been a vehicle for further mainstreaming of nutrition and collaboration at the African level as well. This would have enabled the 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. Finally, 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 AUD).³

7. The question on the appropriateness of the design to address the longer-term problems of stunting and anaemia in the targeted communities is a complex one.

For one, the answer to this question is known only after several years of programme implementation, notably of pillar 4. With the rewrite of the programme the expected results have shifted away from these long term results. Yet ANSP offers a unique opportunity to assess not only mid-term, but also long term results at impact level. As will be discussed in section 2.8 the impact level results for stunting and anaemia reduction have differed considerably between the ANSP countries. Lessons can be drawn from these regarding the appropriateness of the pillar 4 designs. Chapter 4 refers for these lessons.

8. The four pillar design was a logical one as it enabled to combine the various levels and actors. Although it was not directly derived from research, studies and assessments the design did reflect best practice as it was known at the time.⁴

The more specific question is if the regional offices have undertaken to support and benefit from research, studies and assessments, in order to fine-tune programme design. The only such study has been the formative research undertaken by WCARO.⁵ The results of this study have become available in the final year of ANSP which was too late to have a bearing on the programme.

9. An underlying assumption in programme design is that the interaction between region and countries is one-way, from region to country, with countries receiving technical support from regional experts.

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³ ESARO comments ‘We need to also acknowledge that the real impetus and progress in the AUC began from 2014 when a nutrition specialist was seconded there to drive the agenda – therefore the statements against achievements need to acknowledge that this is really only since that time.’

⁴ This was a question in the ETE’s ToRs, under relevance.

⁵ Etude des déterminants liés aux pratiques d’alimentation des enfants de moins de deux ans : cas de deux sites au Mali, UNICEF, Bureau Regionale, Senegal, Avril 2015.
It appears that the assumption holds for known technical topics, but not necessarily 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 that here the experience and conceptualizing must come from the countries. A related lesson, and this was emphasized in Burkina Faso, is that not only is there no ‘one-for-all-ideal model’, but also that changes must come ‘one step at the time’. This model of learning by doing was for this important topic not built in in 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. (Section 2.9.4 elaborates.)

2.2 Coherence, completeness and complementarity

10. It appears the tightened programme frame has not stopped the programme from identifying and undertaking new activities where opportunities came up.

The evidence is that despite the somewhat tighter post-MTE programme framework both regional offices continued to identify and respond to new opportunities as they presented themselves. For example, the ESARO office benefited from new funding for another regional programme, and used the opportunity to have the 2 regional programmes reinforce each other whilst avoiding duplication. WCARO’s Regional Nutrition Working Group moved away from defining its own activities and workplan and is in the process of redefining itself in support of the relevant REC – ECOWAS and more specifically the WAHO.

This is however, not so much the case for the Continental programme which continued on the same track their activities under Pillar 1 and 2 (and dropped Pillar 3; see below).

11. As noted in the MTE the ANSP has from the start been coherent and mutually reinforcing with the SUN movement.

Through ANSP support it has been possible to support country level capacity development initiatives related to SUN, including the establishment and functionality of multi-sectoral platforms at country level. The relatively generous regional budget has in addition enabled the programme to also deliberately and consistently support regional organizations, notably the RECs, which in turn have benefited from increased experience and competence at the country level. In the process the role of the supported RECs has changed, to an extent that it is increasingly the RECs themselves taking the lead, with UNICEF in a support role. ANSP funding has enabled UNICEF to play the role of ‘leading from behind’ as and where needed.

12. In the second half of the programme (2014-2015) the focus has consolidated on a smaller number of partners, notably the RECs, based on mutuality and on concrete demands for support.

Here the support has been strategic. A good example is ESARO’s support to IGAD where a concrete demand led to mainstreaming of nutrition in IGAD’s routines and specialized centres (section 2.3.2 elaborates). The ETE notes that this approach differs from the multisectoral approach at the country level, where it is essential that all, or at least a wide range of sectors is addressed. The natural entry point for regional organizations is the nature of the partner organization and its expressed needs: these determine to what extent the mainstreaming of nutrition has multisectoral dimensions. The expressed needs can of course be groomed as part of the partnership, as has happened with WAHO. Overall the number of active partnerships has eventually been limited to WAHO and IGAD. This was also at the request of the EU, Brussels, after the first annual report, because the project is focusing on East Africa and West Africa. (More on this below.)

13. In the course of the ANSP the routine of multilateral and INGO partner-organizations to jointly support important regional and continental events increased.

Examples are the ATFFND Meeting and the Africa Day for Food and Nutrition Security (ADFNS) which are organized in unison and for which UN partners and international NGOs each volunteer their share - knowledge, experiences, best practices - and contribute resources. ANSP funding enabled UNICEF to consistently participate in and support these events and made it a partner other organizations could rely on.
14. Yet the ETE observed that there still appears to be a divide between nutrition specific and nutrition sensitive partnerships. The Comprehensive Africa Agriculture Development Programme (CAADP) focus has an agriculture entry point as is clear in the main partner (FAO) and in the CAADP monitoring framework. While in the CAADP monitoring framework the Food and nutrition security indicators (stunting, wasting, etcetera) are but part of the indicators in the ARNS framework they are the overriding objectives and therefore expressed as targets (Box 2 below lists the ARNS objectives). The example demonstrates, again, that the entry point is key: without a specific agenda of merging nutrition specific and nutrition sensitive mainstreaming it is likely that one or the other will dominate. The IGAD partnership and its concrete demand for technical assistance appears an exception: here the request was for mainstreaming ('inclusion') of nutrition in ways that would be most meaningful, for the organization, without undue emphasis on whether the mainstreaming should be nutrition specific or nutrition sensitive.

**Monitoring and learning**

15. ANSP Programme meetings have been scheduled to attract wide participation from both regions.

The ANSP Annual Review Meeting has routinely been combined with the Steering Committee Meeting; both meetings have served to bring representatives of the 2 regional offices, country offices and partner organizations together. In addition the meetings are scheduled back-to-back with the ATFFND meeting thus creating added value and opportunity for key people of the RECs to meet and catch up and be updated on ANSP progress and achievements.

16. Throughout the duration of the ANSP progress has been reported on the ARNS, with a view to have the endorsed ARNS as a source of inspiration for the various RECs to design their regional equivalents.

With the benefit of hindsight this cascade model has been overtaken by events as some RECs have moved well ahead without awaiting endorsement of the 2015-2025 ARNS. Important appears to be the coherence that is currently had from having RECs learning from each other and emulating each other’s achievements and approaches. An example is a SADC workshop starting with the CAADP results framework for which it is expected that other RECs will follow suit. (This work is supported mostly by FAO.)

17. The main commonality in terms of coherence, completeness and complementarity is the mechanism of having various country experiences feeding the regional strategies at the level of the Regional Economic Communities (RECs).

A recent example is the Lomé WAHO conference in which all participating countries brought in their experiences and highlights and where national actors were clearly in the driving seat. UN agencies and international NGOs were assigned a support role out of the limelight. Box 1 refers for UNICEF’s role as an enabler ‘leading from behind’.

**Box 1: The 14th ECOWAS nutrition forum with UNICEF ‘leading from behind’**

<table>
<thead>
<tr>
<th>UNICEF WCARO supported the organization of the 14th ECOWAS nutrition forum, which was held in Lomé, Togo, from 16 to 18 November 2015. The overall objective of the ECOWAS nutrition forum is to provide a consultative platform for solving the nutrition problems in the ECOWAS region. The forum was attended by more than 150 participants from the 15 ECOWAS member states, regional bodies, UN agencies, International NGOs, civil society, and academics. UNICEF WCARO provided technical, financial, and logistical support to WAHO for the organization of the forum. This support was provided before, during and after the forum:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before the Forum: UNICEF WCARO: Participated in the elaboration of the agenda of the forum;</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>• Facilitated the technical preparation of the forum itself</td>
</tr>
<tr>
<td>• Proposed a methodological approach to be used during the forum</td>
</tr>
<tr>
<td>• Participated in the elaboration of the TOR for technical sessions, panel discussions, presentations and working groups</td>
</tr>
<tr>
<td>• Proposed an outline for country presentations and assisted in consolidating them</td>
</tr>
</tbody>
</table>

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6 ESARO commented ‘This is a dilemma that persists more globally and is not unique to the ANSP context partly because it is an area of evolving programming and one where learning by doing seems to be the order of the day. Yet there is tension of the results to be accrued from nutrition sensitive programming – there are constant questions in the nutrition sphere on “what does a successful nutrition sensitive programme look like?”’

7 [http://www.nepad.org/foodsecurity/agriculture/about](http://www.nepad.org/foodsecurity/agriculture/about)

18. The issue of multisectoral nutrition governance and how it should be addressed is complex. The consensus is that whilst countries can learn from each other there is no consistent recipe for success, as solutions should be sought in each country’s context. The 2015-2025 ARNS is convincing in its argument of ‘unity through diversity’. The diversity is a given: ‘It must be recognized and re-emphasized that there is no universal „solution” to the problems of malnutrition. The only universally applicable principle is to ensure that decision-makers starting from parents, community leaders, district/provincial officials, up to parliamentarians, ministers and other leaders all understand the problem of malnutrition well enough to enable them to make the right policy, program, project and activity decisions as and when needed.’ Unity is there in the ARNS’ emphasis on the importance of appropriate nutrition governance: ‘Nutrition governance – or rather the lack thereof – is increasingly seen as the main reason why much of nutrition efforts in the past have failed to result in significant and sustained improvements and in adoption of global targets.’

19. The 2015-2025 ARNS targets match the global targets of the 2011 WHA (Box 2 refers).

**Box 2: Objectives of the 2015-2025 ARNS**

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


20. The ambitions for stunting reduction have not been uniformly set, with discrepancy between ARNS (and WHA) targets and the recent Malabo Declaration which originates from the agricultural sectors.9 The fact that the 2014 Malabo Declaration is not aligned with the ARNS (and WHA) objectives illustrates the continued need for organizations such as UNICEF to support regional and continental endeavours across the sectors. At the same time it is encouraging to note that nowadays it is participants in regional meetings who comment on such discrepancies. A case in point is the 14th ECOWAS Forum where participants recommended to ‘Prendre en compte des réalités locales et des capacités des pays pour atteindre les cibles de manière réaliste. Par exemple, des contradictions entre les objectifs de l’Assemblée Mondiale de la Santé sur la nutrition et la déclaration de Malabo.’

2.2.2 Uptake of the MTE lessons, conclusions and recommendations

21. UNICEF’s management response disagreed with the majority of the 10 overall MTE recommendations. Yet when these were discussed with the ETE it became clear that the

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9 http://pages.au.int/sites/default/files/Malabo%20Declaration%202014_11%2026.pdf, which says, amongst other things ‘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.’
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.10

A case in point is the 5th recommendation (out of 10), on lack of internal mainstreaming of nutrition within UNICEF’s own programmes and routines. It read: “ANSP/UNICEF should seek and profile cases of mutual reinforcement between ANSP/UNICEF nutrition and other UNICEF interventions, notably in health, education, WASH and child protection. Of particular interest would be cases of mutual reinforcement between the sectors, where nutrition has been integrally included and/or has benefited from preceding efforts in the other sectors.” UNICEF WCARO staff argued that this is an ongoing debate within UNICEF, but that implementation is ‘easier said than done’. UNICEF thus felt that the recommendation did not do justice to the ongoing debate and therefore disagreed.

UNICEF’s management response combined MTE recommendations which made it somewhat hard to gauge and review the response to individual recommendations. The ETE in this report follows up on individual recommendations in the relevant sections.

2.3 Equity

2.3.1 Equity focus

22. The ANSP continental and regional programmes have not specifically focused on equity. The equity dimension is not singled out in the logframe nor has it been the topic in any of the conferences, workshops and fora organized and supported by ANSP. The MTE recommendation was disagreed with.

In its management response ANSP/UNICEF disagreed with the MTE recommendation for an increased focus on equity. The recommendation was ‘In order to effectively make a difference, ANSP/UNICEF should become more ambitious in its Pillar 4 programming: it should aim to both reduce chronic malnutrition and reduce the chronic malnutrition gap between the bottom and the top wealth quintiles. It should in addition seek to demonstrate how this can be done.’

In the continental context, African countries have with few exceptions (notably Angola, Eritrea, South Africa in the ESA region) subscribed to the SUN movement expressing their interest to focus policies and programmes on the “first thousand days” approach. In terms of equity it would have been of great interest if the Continental programme of ANSP had focused on countries which are having trouble in incorporating nutrition priorities in the national policy formulation.

23. The MTE argued that even though ANSP had no outspoken focus on equity the country programmes in pillar 4 effectively aimed for total coverage in the targeted areas and this of necessity included the poorer population segments.

The point made in the MTE still stands: if there is no deliberate focus on what is now called ‘effective coverage’ an opportunity is missed. Also, and ANSP endline data appear to confirm this, effective coverage is a must for outcome and impact indicators to improve (this is elaborated in the Uganda ETE report). ANSP in its unique configuration of pillars could have brought out determinants for effective coverage, starting with the IYCF behaviour indicators at the outcome levels – notably the minimal diet indicators. The point is thus not so much that ANSP neglected equity principles such as effective coverage, but that it was not made a reportable issue. Thereby the rather unique opportunity to make this part of the ANSP lessons was not exploited. The prompt to do this ought to have come from the regional offices.

2.3.2 Responsiveness to barriers and bottlenecks

24. Responsiveness to barriers and bottlenecks to inequalities is the essence of UNICEF’s MoRES principles.12 Although designed to address equity issues the MoRES concept of

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10 From this experience the ETE drew the lesson that all recommendations must be passed through UNICEF in order to iron out misunderstandings and arrive at texts which are both understood and mutually agreed. In the MTE this was done for the country level recommendations, but not for all overall recommendations.

11 The management response was that ‘The nature and aims of the partnership (to build systems and leverage other sectors) and the level of funding does not justify anthropometric or micronutrient indicators as impact results. In discussions with the EU, it was agreed that stunting should not be considered as an indicators in the ANSP given that the ANSP alone cannot influence such an indicator.’

12 MoRES: Monitoring Results for Equity System.
A relevant evaluation of MoRES: [http://www.unicef.org/evaldatabase/index_77905.html](http://www.unicef.org/evaldatabase/index_77905.html)
‘bottlenecks’ has wider use, as emphasized in the Workshop on Monitoring Implementation and Demonstrating Results.\textsuperscript{13} A relevant dimension of MoRES is that if offers a natural link between nutrition-specific and nutrition-sensitive programming as it operates on the principles of availability, access; and utilization, just like is usual for nutrition-sensitive programming.\textsuperscript{14} MoRES goes even further where it specifies utilization to next levels, of adequate and effective coverage.\textsuperscript{15} The principles are taken up in some of UNICEF’s nutrition (and health) programmes in Africa, but to the ETE’s knowledge not in ANSP countries. Although the regional offices have by and large been very good in spotting opportunities for the ANSP Programme and in selecting opportunities that are in line with UNICEF’s strengths this has not been the case for the topic of equity.

25. ANSP/UNICEF has insufficiently grasped the opportunity to collect and share evidence on effective coverage of nutrition interventions in its pillar 4 programmes. Pillar 3 was not designed to do this. This is partly explained by the nature of the pillar 3 evidence: outcome and impact level indicators, as in SMART surveys and in baseline/endline surveys, which must be assessed over time (‘trends’) in order to draw conclusions. Such evidence takes time. The MTE recommendation to demonstrate how to reduce the chronic malnutrition gap between the bottom and the top wealth quintiles was in that sense premature. It could, however, still be addressed on the basis of baseline/endline data in pillar 4 programme areas as compared to national survey trends.

2.3.3 Opportunities for mainstreaming nutrition with an equity lens

26. The choice of IGAD as a partner was by nature equity-focused. This is another example of ANSP/UNICEF programming where the programme got it right, but did not emphasize this for lack of reportable indicators. Prior to the ANSP/UNICEF-supported IGAD Nutrition Policy and Strategy, IGAD did not have a comprehensive nutrition policy that addresses the nutrition needs from a multisectoral approach for the sub-region. The new policy takes into consideration nutrition resilience building given the vulnerability of the IGAD member states to varying climatic conditions and food and nutrition insecurity. The case demonstrates that working with RECs on the topic of nutrition allows to focus on vulnerable populations as a matter of course.

27. In line with ANSP work done for and with IGAD there is need and potential to single out national and regional pro-poor routines and instruments – such as vulnerability assessments – for nutrition mainstreaming in partner organizations. Several respondents mentioned the need and opportunity to review the Regional (and National) Vulnerability Assessment (RVAA) instruments and add a fitting nutrition dimension to them. This would be relevant in SADC which has had a long duration RVAA programme.\textsuperscript{16} (The ETE mentions this as an example of potential follow through of ANSP – it has not been planned for under ANSP, partly because there was no defined equity dimension).\textsuperscript{17}

2.4 Effectiveness: Pillar 1 Policy development

Table 3: Pillar 1 Expected results continental and regional

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Strong commitment from political continental bodies that function to advocate, convene and promote implementation of nutrition scale-up</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1. Existence of revised African Regional Nutrition Strategy (target: one)</td>
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<tr>
<td></td>
<td>2. Formal appointment of African Nutrition Champion done (target: one)</td>
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<td></td>
<td>3. Number of high-level events supported (either organized, financed, coordinated, or participated in) where nutrition is in the agenda (target: 2/yr)</td>
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<tr>
<td></td>
<td>4. Number of advocacy materials on nutrition produced (target 1/yr)</td>
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\textsuperscript{13} \url{http://scalingupnutrition.org/wp-content/uploads/2014/08/1405-Monitoring-Implementation-Workshop.pdf}
\textsuperscript{14} \url{http://www.fao.org/docrep/013/al936e/al936e00.pdf}
\textsuperscript{17} ESARO commented: ‘Please let us know that UNICEF ESARO has now positioned a nutrition specialist in SADC to reinforce the incorporation of nutrition in the RVAA – so this is good progress and opens up lots of opportunities on joint food and nutrition security assessments’.
Yr 4 activities

Year 4 planned activities:
- Support the AUC and ATFFND to review and revise the ARNS with substantive inputs from RECs and nutrition stakeholders
- High-level events, dialogue, coordination meetings to advocate for nutrition at continental level
- Support the AUC and ATFFND in the nomination and appointment of the African Nutrition Champion, African Nutrition Ambassadors, as well as support the implementation of their nutrition advocacy work across Africa
- Production of communication, advocacy and strategy materials for nutrition

Regional

Strong alignment of regional stakeholders on nutrition to support increased political, technical and financial commitments towards scaling up nutrition

Indicators

For the 2 regions combined the indicators are:
1. Number of regional bodies supported with the development of a new, updated or revised nutrition policy, strategy or framework (target: 4)
2. Number of regional events, dialogue, workshops and meetings to advocate for and technically update on nutrition supported or organized (target: 2/yr)
3. Number of advocacy materials and key messages produced for nutrition (target: 2/yr)
4. Number of countries supported in the formulation of nutrition strategies, policies, frameworks or action plans (target: 2/yr)
5. Number of Regional Nutrition Working Group meetings held where coordinated multisectoral nutrition action is discussed (target: 1/yr)

Yr 4 activities

In the Yr 4 workplan the activities to achieve the above have been refined and specified as compared to Yr 3 workplan. For the 2 regions combined they are:
- Support regional bodies (RECs and health communities) in the formulation of nutrition strategies, policies, frameworks or action plans
- Regional events, dialogue, workshops and meetings to advocate for and technically update on nutrition
- Support countries in the formulation of nutrition strategies, policies, frameworks or action plans

2.4.1 Achievements against expected results

28. The current indicators are a direct reflection of the Year 4 workplan. The targets have been defined midway through the programme and thus with the benefit of hindsight.

It is not surprising that all targets for this pillar were met and in most cases were over-achieved as targets were formulated on the “safe side” (source: ANSP Final Progress Report, March 2016). A similar remark was made by the MTE (WCAR report, finding 10) concerning earlier targets. The tendency to set safe targets is thus a general phenomenon which affects the usefulness of reporting on achievements.

- Taking the example of indicator 2 above: Number of regional events, dialogue, workshops and meetings to advocate for and technically update on nutrition supported or organized (target: 2/yr): A total of 18 regional events on nutrition updates were organized during the period of the ANSP implementation. In Year 4 alone, seven regional events were organized or supported by the ANSP: (1) Costing Workshop for nutrition multisectoral action plans (November 2014 in Benin); (2 and 3) Tracking of Nutrition-Relevant Budget Allocations (April 2015 in Uganda and Cote d’Ivoire); (4) Regional Nutrition Orientations for Parliamentarians organized (May 2015 in Cameroon); (5) Workshop on Strengthening Effective Engagement (June 2015 in Kenya); (6) Special session done in the National Assembly to lobby parliamentarians to work for more resources for nutrition (June 2015 in Chad); (7) Southern African Development Community Inter-Parliamentarian Union Seminar on Child Nutrition (September 2015 in Namibia).

- At Continental level the same observation applies: the target of high-level events of 2 per year has been on the safe side as four events have been reported for Year 4. UNICEF has reported to have supported the organization of the African Day for Food and Nutrition Security (November 2014 in Congo DR); Nutrition symposium on Africa’s Indigenous Diets (November 2014 in Congo DR), participation and speech by the African Nutrition Champion in the ICN-2 (November 2014 in Rome, Italy); launching of the ARNS at a side-event during the Financing for Development meeting (Ethiopia, July 2015).

29. To the programme’s credit the indicators are without exception reported on in detail, as above. Yet fulfilment of the programme’s ambitions at the outcome level has remained somewhat obscure.
Taking the example of the expected result ‘Strong alignment of regional stakeholders on nutrition to support increased financial commitments towards scaling up nutrition’ it would have been noteworthy if the ANSP Workshop on Costing and Financial Tracking had in one way or another led to the desired results.  Here the programme’s choice to, firstly, be a catalyst only, and secondly, to report on activities in the form of ‘support to’ demonstrates its inherent limitations, begging the question if there would have been other options. This question is discussed in the section on sustainability.

**ANSP as a catalyst**

30. At continental and regional level, ANSP has in many ways served as a catalyst, whilst acknowledging implicitly that not all endeavours set in motion, and supported, would come to fruition in a predictable way and at a predictable speed.

A senior UNICEF staff member estimated that especially at regional level the function and added value of ANSP had been to initiate experiments and pilots, without being reassured beforehand if and when these would work out. This was not all that clear in the programme’s logframe and yet was seen as typical for ANSP. Senior staff appreciated the room ANSP gave to pursue high potential opportunities and follow them through to produce impact, eventually. It also allowed to benefit from typical strengths of regional offices. Typical examples of evidence of the ANSP catalytic role are:

At Continental level, ANSP has played an important role in supporting and furthering the development of the Africa Regional Nutrition Strategy 2015-2025. Through the active support of an external consultant and the UNICEF officer seconded to the AUC, the ANSP provided technical and financial support for the development and launching of the ARNS. The ARNS was launched at a high-level side-event on nutrition during the Third International Conference on Development Finance in Addis Ababa on 13 July 2015. (Source: ANSP Annual report Year 4.) Without this active support to develop, produce, launch and communicate the Continental Strategy it would have been much more difficult to get wide support and attention to the need to invest more in nutrition in the African Region.

Besides, UNICEF has been one of the proponents to nominate an African Nutrition Champion amongst the African Heads of State. In August 2013, the King of Lesotho was appointed as African Nutrition Champion for a duration of two years. Currently, the AUC together with UNICEF are identifying candidates for a successor for the next period.

A typical case in WCAR is the persistent support to parliamentarians and their networks. It is now, after 4 years, that results are becoming tangible. As noted in the ANSP Final Progress Report, March 2016: ‘Directly resulting from the advocacy and support from the ANSP, regional and national parliamentarians’ networks were created with the aim of pooling efforts to eradicate malnutrition in the region. A declaration calling for immediate action of governments, development partners, technical experts, civil society and the general population to address malnutrition was endorsed by parliamentarians’ networks in 8 countries in the region. The establishment of the parliamentarian networks, as well as network of media agents reporting on nutrition, can be seen as an impact of ANSP work on the understanding and mindset of very influential people who do not traditionally speak about nutrition. The parliamentarians from Chad specifically requested a refresher orientation to take place 2 weeks before the session on budget because they wanted to be prepared to influence budget allocation for nutrition. This shows that the impact of the ANSP has gone far beyond the four focus countries.’

31. 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.

Back-to-back arrangements have made for increased participation and cost-effectiveness of ANSP-supported meetings and fora. As noted in the ANSP Final Progress Report, March 2016: ‘The ANSP in partnership with the SUN Movement Secretariat and the SUN Business Network jointly organized the Workshop on Strengthening Effective Engagement on 10-12 June in Nairobi. The first day was a workshop on Understanding the Role of Business in Nutrition, followed by a two-day workshop focused on Functional Capacities for Scaling Up Nutrition in Action. The workshop was attended by 102 participants from 19 countries in Eastern and Southern Africa (Angola, Botswana, Burundi, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Somalia, South Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe).

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32. ANSP regional offices have been good at spotting opportunities resulting from, and building on, their earlier accomplishments. These have been rather region-specific, but in exceptional cases have also brought out inter-office linkages.

- A WCARO example is UNITLIFE, which is expected to be an innovative South-to-South funding mechanism.\(^{19}\) Under UNITLIFE, participating nations with abundant natural resources will invest a small portion of revenues derived from the sale of oil, gas and mining towards a UNICEF-hosted fund dedicated to improving child nutrition. For example, the Republic of Congo will contribute $0.10 per barrel of oil sold by its national state oil company. Here WCARO’s earlier work with parliamentarians is used as a leverage for national level advocacy, by countries’ own parliamentarians. The concept of UNITLIFE originates from UNITAID.\(^{20}\)

- An ESARO example is SUNLEAD, which had the South-Africa based North West University work with selected countries in the context of the existing Africa Nutrition Leadership Programme (ANLP).\(^{21}\) One of ANLP’s ambitions is to develop a Pan-African Nutrition Leadership Master Trainer Team (MATT) with the capacity to effectively facilitate and develop transformational leadership competencies with in-country nutrition teams. The initiative is being adopted by WANCDI in West Africa and in that sense is an example of an inter-office linkage.

- The November 2013 Costing Workshop for Nutrition Multisectoral Action Plans held in Nairobi is an example of an initiative that was replicated in Francophone Africa: at the request of Francophone countries it was a year later replicated in Benin.

2.4.2 Nutrition governance

33. ANSP/UNICEF has contributed to enhanced ownership of nutrition in policy-making. The programme’s reformulation in the form of ‘support to’ has correctly captured this. ANSP was a four year programme. In these years there has been a clear shift in terms of who is taking the initiative and who is in the driving seat. This is observable in meetings, fora and workshops. Nowadays it is countries themselves presenting their cases and knowing which lessons to share. UN agencies and INGOs still are important, but their role has changed towards ‘enabling’ more than ‘guiding’. This shift is subtle and hard to capture in a conventional logical framework.

34. The number of regional organizations which could be selected for ANSP support was, and still is, relatively limited. The choice to focus on RECs was self-evident from the start.

In concrete terms ANSP has focused on 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. These are yet to become concrete. With the exception of IGAD which undertook a mainstreaming exercise of relatively short duration the evidence is that establishing ‘new’ nutrition governance mechanisms in large and complex organizations is time-consuming and remains ‘work in progress’. Other Regional Commissions such as COMESA have shown less interest in developing a Regional Nutrition Strategy. As stated before (point 12) the EU, Brussels, requested after the first annual report to focus on only the two regional organisations ‘because the project is focusing on East Africa and West Africa’. (Source: personal communication senior staff member UNICEF)

Throughout the four-year implementation of the ANSP, technical support has been provided to the EAC Food Security and Nutrition Policy, the ECSA-HC Food Nutrition and Health Strategy, the SADC Strategic Framework for Food Safety, Food Security and Nutrition on their nutrition strategies and policies. In all these cases it appears that ANSP/UNICEF provided the support it usually does, but perhaps was not, or no longer, the main partner to provide such support. The ETE notes that ANSP has refrained from reporting on RECs which it has worked with, but not to an extent that the cooperation resulted in ‘finished products’. An example is the 2013 support by WCARO to the Global Alliance for Resilience in West Africa (AGIR) on the preparation of a roadmap to better include food and nutrition security.\(^{22}\) (More on this in later sections).


\(^{21}\) [http://www.africannutritionleadership.org/](http://www.africannutritionleadership.org/)

35. Numerous regional events were organized or supported. It is difficult to ascertain how many of these would not have been there in the absence of ANSP funding, but the availability of funding certainly did make a difference.

As reported in the final Progress Report a total of 18 regional events on nutrition updates were organized during the duration of the ANSP implementation. In Year 4 alone, seven regional events were organized or supported by the ANSP: (1) Costing Workshop for nutrition multisectoral action plans (November 2014 in Benin); (2 and 3) Tracking of Nutrition-Relevant Budget Allocations (April 2015 in Uganda and Cote d’Ivoire); (4) Regional Nutrition Orientations for Parliamentarians organized (May 2015 in Cameroon); (5) Workshop on Strengthening Effective Engagement (June 2015 in Kenya); (6) Special session done in the National Assembly to lobby parliamentarians to work for more resources for nutrition (June 2015 in Chad); (7) Southern African Development Community and Inter-Parliamentarian Union Seminar on Child Nutrition (September 2015 in Namibia).

36. Throughout the duration of the ANSP, a substantial number of countries in the continent have been supported in the formulation, review, update or adoption of their national nutrition policies.

In addition, joint missions with other UN agencies have helped increase the number of countries that have by March 2016 joined the SUN Movement to 36 African countries (from 15 initial African countries by September 2011). In the fourth year of ANSP implementation, five countries in East Africa (Burundi, Comoros, Ethiopia, Malawi and Rwanda) and eight countries in West Africa (Burkina Faso, Chad, Congo, Guinea, Guinea Bissau, Mali, Senegal and The Gambia) were supported in nutrition interventions. (Source: ANSP Final Progress Report 2016)

2.4.3 Partnerships and collaboration

37. By and large ANSP acted as a catalyst and so took up the initial stages of helping partners to mainstream nutrition.

A question posed to the ETE was ‘to assess multisectoral collaboration (health, nutrition, agriculture and water and sanitation, etcetera)’. As discussed earlier this has at the regional and continental level been a matter of ANSP selecting and supporting the appropriate partnerships. The selected partners were not necessarily limited to a specific sector, but they needed and welcomed UNICEF’s nutrition expertise in view of their mandate. The example of IGAD refers, but the same could be said for other RECs. In West Africa AGIR is a good example and WCARO indeed supported AGIR to start mainstreaming nutrition. Only rarely – as in the case of IGAD – was there a request to take mainstreaming to the level of finished products.

38. ANSP/UNICEF’s choice to focus on Government partners and include the various Inter-governmental and supra-governmental institutions in particular the SUN Movement has been clear from the start.

It also is in line with UNICEF’s tradition and acknowledged strengths. New for UNICEF was to combine all these levels in one programme and extend beyond business as usual: upwards to the continental level; and downwards to the household and community level. The downward extension has necessitated partnerships which clearly were out of UNICEF’s regular comfort zone, because here the nutrition-sensitive food security dimension had to take shape. Here the different Country Offices have opted for different modalities, ranging from a cooperation agreement with a food security project as in Uganda, to adding food security to the existing tasks of health sector NGOs as in Burkina Faso. The evidence is that these modalities were identified and implemented at the country level and were not steered by the regional offices.

39. The core network of national and global experts culled from ANSP supported meetings have reputedly formed the precursor for the current SUN Movement Communities of Practice.

ANSP 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 – 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.

23 The aim of AGIR is to help build resilience to the recurrent food and nutrition crises that affect the countries of the Sahel region. AGIR started from the premise that a sustained effort is needed to help people in the Sahel to better cope with recurrent crises, instead of continuous emergency assistance as a response to these crises.
40. The upward partnership at continental level was with the Department of Social Affairs of the African Union Commission (DSA/AUC) which was the obvious partner given UNICEF’s natural strengths. The partnership was eventually served by having a nutritionist posted to work with this office. It is noteworthy that for example FAO has a different partnership within the AUC, namely with the Rural Economy and Agriculture Department. ANSP/UNICEF has in its reporting not emphasized this difference in embeddedness of the various multilateral organizations nor has it indicated that efforts were undertaken to enhance closer collaboration. Yet the difference is fundamental. It appears to show that the divide between nutrition specific and nutrition sensitive partnerships runs all the way both in the host or partner office and in the multilateral agencies. There is no evidence to suggest that ANSP has set out to change this situation. On the other hand it must be recognized that also within the AUC the two Departments (Social Affairs and Rural Economy and Agriculture) have not been able to bridge the gap and come up with a joint effort towards a multisectoral approach.

41. In addition to the above ‘traditional partnerships’, ANSP/UNICEF has been creative and innovative in identifying and exploring new partnerships. ANSP funding has enabled UNICEF to groom potentially significant partnerships which would take a while to show results and where success could not be guaranteed upfront. Examples of potentially significant partnerships are UNITLIFE, SUNLEAD/ANLP and networks of parliamentarians (see 2.3.1. above).

42. The mechanism of new partnerships could potentially have played out in all pillars, at various levels, but has been more clear and deliberate in pillar 1 and pillar 2 partnerships. As also noted in the MTE reports the opportunity to use pillar 3 for description and distinction of innovative pillar 4 partnerships was there but was not taken up by the regional offices. Examples of innovative pillar 4 partnerships were there in all countries, where COs had to decide on how best to include nutrition-sensitive food and nutrition security dimensions in their programmes. The Uganda partnership with the Community Connectors project is a case in point. Another Uganda example is the strategic partnership sought and established with the Ministry of Gender, Labour and Social Development (MGLCD). In the opinion of the ETE the pros and cons of such special partnerships could have been singled out by the regional offices as cases to present in regional fora with a view to highlight the complexities and demands of nutrition-sensitive programming, based on ANSP’s own experience. This happened to a very limited extent in the Cornell presentations. The diversity of ANSP’s own Pillar 4 experience, and the new partnerships opted for, could have been more deliberately used to inspire pillar 1 fora at regional and continental level. Failing this the regional offices did not fully leverage ANSP’s multi-pillar set up.

43. The ‘internal partnership’ between UNICEF’s regional offices has been assumed, but has not received special attention. The ETE found relatively few instances of horizontal learning between the regional offices. These have occurred where one and the same person was involved in an activity in one region and saw opportunities to take it to the other region. Examples are there especially in pillar 2 (WANCDI taking up ANLP) and more recently have become apparent in pillar 3 (SMART surveys). Current opportunities are to deliberately support transfer of experience between the various RECs and also in UNITLIFE – Section 2.3.1 refers. ANSP’s revised design has given appropriate attention to vertical linkages (continental; regional; country), but has not emphasized the potential added value of deliberate transfer of experience and ideas between the regional offices.

44. In the ANSP progress reports the reported indicator is ‘support to’, but it is not identified to what levels of competence and institutional change the support ought to lead. (Example: ‘Number of regional bodies supported with the development of a new, updated or revised nutrition policy, strategy or framework’) Where the partnership went further – as in the case of IGAD – ANSP has thus underreported its achievements simply because its indicators were under-ambitious. The MTE likewise

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24 WCARO comments: ‘This is as ambitious as considering to change the setup of Ministries with Government in a country. Not sure it should even be recommended to step in the political affairs. The aim was to work with both departments.’

25 ESARO adds as a comment that ‘...though through the ADFNS commemorative learning sessions both directorates come together to review progress from their 2 perspectives.’

26 WCARO comments that ‘There were very regular consultations, sharing of challenges and their solutions between ESARO and WCARO as it is part of the day to day work, with or without ANSP. Regarding the 2 regions, the annual meetings were the privileged opportunities to learn from each region. To add, Cornell University has been working in the 2 regions and the experiences/findings were shared at each annual review meeting. The missing link is country to country visits.’
noted that ‘UNICEF-WCARO has played an active role during the formulation of the AGIR Roadmap, but it remains uncertain how UNICEF may contribute to AGIR’s further implementation’.

2.4.4 Integration of nutrition in other sectors

45. Integrating nutrition in sectors other than the health sector is a long term process. At regional level it has had to match the structure of the supported partners, notably the RECs.

Taking the example of the ECOWAS Nutrition Forum in Box 1 the actual support was to WAHO, as the Specialised ECOWAS Agency responsible for organizing the Forum. It is self-evident, but implicit, that the agenda of such a meeting has been within the WAHO boundaries even if the agenda was multisectoral. The WAHO setting could be seen as a limitation but in fact respondents saw it as an advantage where and in so far as WAHO has the strength and inclination to serve as a starting point for nutrition mainstreaming beyond its sectoral boundaries.

46. Networks of parliamentarians do not have such natural sectoral boundaries and are in that sense a bridge between the sectors particularly when the individual parliamentarians themselves see the cross-sectoral linkages and articulate these in their interactions with their peers.

The ETE has not received evidence which would show that this has been a focus of ANSP/UNICEF’s work with the parliamentarians. The focus has been on the importance of nutrition and on budgeting for nutrition in countries’ mainstream instruments. To the ETE’s knowledge it has not gone as far as ‘translating’ this in practical terms for the different sectors. This is another example of ANSP acting as a catalyst, with huge potential to take this further and solidify the potential gains.

The partnerships have taken a while to become vibrant and the time this would take has been underestimated. A limitation has been that the different partnerships were not planned to be incremental by design, by interlinking them. This has especially been so for (potential) multisectoral ramifications of existing partnerships. The ANSP’s own results have in that sense been underutilized, but it is also fair to acknowledge that these results have only recently become apparent. Examples are the interest for nutrition in WAHO/ECOWAS and in the networks of parliamentarians. Both are fed by country-level interests and results which they can in turn further emulate and stimulate now that there is a critical mass of eloquent actors. A big difference with the pre-ANSP situation is that these actors are part of the targeted organizations and can speak with authority from own experience. 27

2.5 Effectiveness: Pillar 2 Capacity development

<table>
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<th>Table 4: Pillar 2 Expected results</th>
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<tr>
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<td><strong>Regional</strong></td>
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<tr>
<td><strong>Indicators</strong></td>
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<td><strong>Yr 4 activities</strong></td>
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27 ESARO comments that ‘It would be good to acknowledge that MSP and partnerships and scalability of engagement takes time and whether indeed 4 years is sufficient when partners are joining and understanding the SUN movement and participation therein from totally different perspectives.’
2.5.1 Capacity development of planners and decision-makers

Continental level: African Task Force on Food and Nutrition Development

47. ANSP support to the ATFFND has been mainly confined to financial and technical support to the organization of their annual meeting.

The 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. The two most recent meetings since the MTE were the 6th Annual Meeting which took place in Nairobi in May 2014 and the 7th Annual Meeting in Johannesburg in March 2015. In an effort to coordinate nutrition initiatives on the continent, the task force stakeholders were given an opportunity to share their work and make recommendations on how coordination and collaboration could be improved. For instance around the revision of the African Regional Nutrition Strategy (ARNS) and the formulation of the accompanying implementation plan 2015-2025 substantial dialogue between experts has taken place. The Task Force is also supporting the work of the African Nutrition Champion, currently the King of Lesotho.

The Annual Meetings of the ATFFND give 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 of 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. It was also stressed that emphasis should be put on monitoring of the implementation process, using the right indicators, and not just monitoring impact of nutrition interventions. Further UNICEF has assisted in ensuring focus and structure to the meetings and continuity of efforts by reviewing commitments and actions from previous meetings.

Regional level: WANCDI and ANLP

48. ANSP has substantially contributed to enhancing capacity for effective nutrition action and mainstreaming of nutrition into existing curricula.

The ANSP Progress reports single out WANCDI and ANLP (SUNLEAD) for pillar 2 work, as follows:

- The ANSP work (through Programme Cooperation Agreements between UNICEF and Cornell University and the NWU-ANLP) has substantially contributed to the global discussions on and direction of Functional Capacity among multisectoral nutrition platforms. This work has directed the thinking behind the SUN Movement Community of Practice on Functional Capacities for Effective and Coordinated Scaling Up Nutrition in Action. This work has allowed the harmonization of efforts of multiple stakeholders and highlighted the need to make real time adjustments in advocacy, policy development and monitoring of implementation. The work in the ANSP focus countries has provided examples to other countries in the continent and beyond that are formulating effective coordination mechanisms and platforms for scaling up nutrition.

- The ANSP has contributed to the work of the West African Nutrition Capacity Development Initiative (WANCDI) whose assessment of the capacity needs in the region 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 lays the foundation for more effective nutrition workforce preparation and successful mainstreaming of updated training materials into existing nutrition training curricula. The key findings of the assessment have been published in a number of papers and will ultimately contribute towards the development of a unified and consensual nutrition capacity development strategy that can be implemented across the continent.

49. Activities foreseen for development of generic modules have not been further pursued.

As described in the MTE Activities carried out during the first two years of the implementation of the ANSP included among others an assessment on the capacity of mid-level nutrition professionals in Kenya, Tanzania and Uganda jointly initiated by UNICEF, the World Bank and Helen Keller International. The assessment identified the following needs: (i) standard curricula for nutrition service providers; (ii) quality standards for performance-based appraisal; (iii) systems for the collection analysis and interpretation of nutrition indicators and: (iv) guidance for districts to plan, budget and manage nutrition activities at district level. In response, ANSP under pillar 2 seeks to strengthen the capacity of nutrition professionals in the region. The first step was to develop a ToR and hire a consultant to map learning needs and gaps among policy makers, implementers and development workers in the region and identify
training institutions to address these gaps. Next steps will include the developing of training modules and a package of advocacy and implementation modules.’ Two years later the ETE must conclude that work on this has been put to a halt due to illness of the consultant concerned. ECSA, however, has resumed work on this. (Source: ANSP Progress Report 2015)

50. **WANCDI has continued on its strategic path of capacity development, starting from capacity needs assessment in the 16 countries in the region.**

The results of the assessment revealed important capacity gaps and underscored the urgent need for a shift toward wider reforms for nutrition capacity development. The key findings of the assessment have been published in a series of three papers in the Global Health Action Journal (in January 2014, 16 July 2014, and 30 July 2014). The findings have been widely shared in the 3rd World Congress of Public Health Nutrition in Las Palmas de Gran Canaria, Spain in November 2014 as well as during the Federation of Africa Nutrition Societies (FANUS) Workshop in Arusha in June 2015. WANCDI has since embarked on the development of prototype pre-service and in-service nutrition curricula, which will be made available for e-learning through the internet. Another important product will be a unified and consensual nutrition capacity development strategy for the West African region. WANCDI has received funding from the African Development Bank to continue and expand on the work it started as an ANSP-funded pilot programme. As also discussed in the MTE WANCDI has been a typical example of catalytic funding by ANSP. Or, in the words of the senior staff member in charge ‘Without ANSP there would have been no WANCDI’.

51. **The work of Cornell has been conceptual and has concentrated on the requirements for multisectoral systems.**

Cornell has in the four countries worked with actors at relevant levels to introduce ‘multisectorality’ in the form of platforms. Cornell has been very good in translating abstract concepts in tools – diagrams, checklists, images – to bring the concept of multisectorality home at the level of individuals. Cornell has rightly emphasized that the results of such work are not predictable in the form of guaranteed and timely outputs and are highly context-dependent. Cornell has been strong in convincing individual actors, but has by and large not managed to introduce the system changes it sought to achieve. Cornell’s work could possibly have benefited from changes in fast-responding indicators, which could have helped to distinguish effective approaches from less effective ones. Such indicators were not part of the ANSP pillar 3 set-up (section 2.5.3 elaborates) and were also not introduced by Cornell itself. In the absence of convincing evidence that multisectoral approaches have added value the work of Cornell remained somewhat distant for actors that were not exposed to it. 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. (This comment was uttered time and again, especially at country level.)
52. ANSP ESARO has had a 6 months contract with ANLP – the SUNLEAD programme. This has been a pilot project in which one ANSP country (Uganda) has been involved, in a modest way (2 districts).

As reported in ANSP’s progress report: ‘A new Programme Cooperation Agreement with the NWU-ANLP with UNICEF with funds from the ANSP builds on NWU-ANLP’s extensive work and wide ranging experience in leadership training and development in Africa since 2002. The mission of the NWU-ANLP is to empower early and mid-career nutrition leaders, by developing their leadership capabilities, thereby becoming part of a pan-African network of transformational nutrition leaders who will be influential change agents and contribute significantly to the alleviation of malnutrition on the African continent. This is the only organization of its kind on the continent and has a long and credible track record. Through its leadership programmes, the NWU-ANLP has built an influential pan-African network of some 330 nutrition related professionals across 34 African countries who have been influential at an implementation as well as policy level in their fields of work. The core group of 20 master trainers were selected from the 330 alumni of the 10-day African Nutrition Leadership Programme who have undergone initial leadership development and all individuals have committed to being part of this initiative.’

2.6 Effectiveness: Pillar 3 Information systems and knowledge sharing

<table>
<thead>
<tr>
<th>Table 5: Pillar 3 Expected results</th>
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<tbody>
<tr>
<td>Continental Indicators</td>
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<tr>
<td>Monitoring system with nutrition indicators is in place at continental level</td>
</tr>
<tr>
<td>Inclusion of nutrition indicators in the AfricalInfo Database</td>
</tr>
<tr>
<td>Support the inclusion of nutrition indicators into the AfricalInfo Database</td>
</tr>
<tr>
<td>Regional Indicators</td>
</tr>
<tr>
<td>Strengthened monitoring and implementation at country level through direct country support from regional resources and horizontal learning from experiences, lessons learnt or innovations of other countries</td>
</tr>
<tr>
<td>For the 2 regions combined the indicators are:</td>
</tr>
<tr>
<td>- Number of countries supported towards data collection, analysis or knowledge management</td>
</tr>
</tbody>
</table>
2.6.1 Strengthened nutrition monitoring systems

The ETE team notes that in the above the original hierarchy of regional offices supporting country offices has been maintained. Also the concept of a monitoring system with nutrition indicators at continental level has been adhered to. Added has been the concept of horizontal learning and cross-country knowledge sharing of country experiences. This was a recommendation of the 2013 MTE which ANSP/UNICEF agreed with.

53. Unchanged is that ANSP in its Pillar 3 has a combined purpose of information systems management and knowledge sharing; the actual combination is, however, not visible in the workplans and activities.

As noted in the MTE: ‘The fact that documentation of the implementation and results of nutrition interventions is among the pillar 3 outputs suggests a certain connection between (better) data management and documentation. The same applies to the making of an appropriate baseline which needs not only to include a quantitative description of nutritional status but also a qualitative assessment of the livelihoods, and institutional and organizational context. The latter point is, however, not clear from the various workplans and planned activities. Yet it would make eminent sense to use pillar 3 for an appropriate baseline and the documentation of achievements in all pillars, supported by data generated in surveys such as SMART – also pillar 3.’

A general comment made by an ETE key respondent (NEPAD) was that ‘In fact a main problem is no longer the fact that data are lacking, but rather that there is insufficient interest on the part of decision makers in data and what the data can tell us’.28

28 WCARO commented: ‘This is not always true. Decision makers are most of the time politicians. They welcome the data and what it tells us when it is going to the positive direction, but they are reluctant when it tells us there are problems. One way to overcome that is not to point the finger at them, but to show possible actions - what was done and what is remaining to be done.’

Continental level system: AfricalInfo

54. The AfricalInfo nutrition database is no longer deemed a priority, for lack of practical feasibility and insufficient funding. It is not operational anymore.

Following the AU Heads of States and Governments’ request (March 2012) to mobilize resources for an Africa wide database (AfricalInfo) integrating both economic and social indicators, the ANSP committed technical and financial assistance to develop the harmonized tool and build capacity to manage this data-base. As part of efforts to promote the database, a number of materials were produced, including CDs, posters, factsheets and brochures. Citing the MTE report: ‘The envisaged output for pillar 3 during the first year of the ANSP consisted of the collection and analysis of authoritative nutrition data available in Africa for dissemination including the development of a tool for harmonized data collection.’

After 2013, there has been no further development and ESARO staff interviewed by the ETE expressed doubts on the added value of a continental database as compared to more pressing priorities. In addition the AUC staff interviewed indicated that "AfricalInfo was left stranded; it slowly died". There was a lack of institutional responsibility: the maintenance of the database appeared to be a major issue as the AUC was not able to support it, individual countries did not have the capacity to contribute and no financial means were available to run the information system. Apart from some training at multi-country level and the distribution of the software package, no one has taken up the initiative, not at continental, nor at regional and not at all at country level. Apparently there has not been anyone interested to sustain the initiative.
**Regional systems: CAADP monitoring framework and NutritionInfo**

55. The CAADP monitoring framework developed for regional bodies is relatively new; NEPAD is a driving force and is currently advocating for RECs to adopt it. An effort has been made to align the CAADP framework with the 7 main targets adopted in the Malabo Declaration. All these have a strong focus on agricultural production although indicators for food and nutrition security have been included. The principal signatories have been the Ministers of Agriculture. The current trend is to have countries sign up for the CAADP (40 countries have done this already) and work on so-called NAFSIPs: Integrating Nutrition in National Agriculture and Food Security Investment Plans. A trend led by NEPAD is to single out a selection of indicators – notably the Malabo targets – which are to be achieved by all countries.

The ARNS document which has recently been endorsed has a SUN focus and in that sense does not have its own indicators. Rather it monitors if AU Member States have updated their Common Results Frameworks on nutrition with budgets and M&E frameworks included. The overall objectives and targets are taken directly from the 2011 WHA (Box 2 refers).

56. NutritionInfo is providing valuable nutrition information for Sub-Saharan Africa.

With funding support from ANSP UNICEF has been able to develop the NutritionInfo Sub-Saharan Africa website to present current and past nutrition conditions at country level and below in a standardized manner. Originally built for WCAR, the NutritionInfo tool was developed to provide a Nutrition Dashboard to clearly present data on malnutrition across Sub-Saharan Africa using common global standards at the national and first administrative divisions (provinces, regions, states). Only data are presented which have been accepted by the country in question. Though it is still in its test phase the tool facilitates the review of national and sub-national conditions by seasonality and data quality, the use of accurate nutrition information in analysis process, and allows improved triangulation of nutrition information for immediate emergency responses and longer term planning (source: http://devinfo-live.info/nutritioninfo; pers. comm. WCARO database expert; ANSP interim Report 2014).

Though it is still ongoing work to further improve the tool, NutritionInfo provides a valuable basis to access nutrition data presented using the same standards and age groups from all over the continent. Once more surveys will be included the tool will deliver precious time series giving insight into the development of main nutrition indicators at sub-national level.

**National systems: support to SMART surveys**

57. The ANSP Programme has in its regional Pillar 3 activities focused on support to the implementation of SMART surveys at country level. This has evolved into a strong support for SMART surveys at national level.

Throughout the duration of the ANSP implementation, direct support was provided to 22 countries in both Eastern and Southern Africa and in West and Central Africa to the implementation of regional or national nutrition surveys, SMART methodologies or monitoring and evaluation frameworks. The SMART surveys have resulted into a higher frequency of data collection – as compared to DHS and MICS – relevant to understanding nutritional trends. This has improved the data quality as enumerators gain experience and are recruited more frequently. Moreover, there exists more consensus between various stakeholders about the type of data to be collected and the approach how to collect. Another advantage of the SMART survey approach is the speed of data collection and the dissemination of results, often within one month preliminary data are available. As such it is relatively less costly. The fact that 22 countries in the two regions have started to implement surveys following the SMART methodology give a good indication of the strong support for this approach. In Nigeria for instance the World Bank has indicated that they want to use SMART as a monitoring tool. Remaining issues, however, exist such as the development of “real-time learning, sharing and documentation of project experiences” as well as the issue of further integration of DHS and SMART. Though less of an issue, in some countries ‘open data access’ is still a point (source: UNICEF WCARO Nutrition data specialist interview; UNICEF CO BF and Mali).

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29 http://www.nepad.org/sites/default/files/CAADP%20Results%20Framework_English.pdf
30 http://pages.au.int/sites/default/files/Malabo%20Declaration%202014_11%2026.pdf
31 Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Cote d’Ivoire, Ethiopia, Ghana, Guinea Conakry, Liberia, Malawi, Mali, Mauritania, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Tanzania, The Gambia, Uganda
58. Country level CRFs in the opinion of the ETE are insufficiently focused on the balance of nutrition sensitive and nutrition specific approaches – the so-called multisectoral approach. With the benefit of hindsight ANSP could possibly have anticipated the need for country level data to feed the discourse on the ‘how to’ of multisectoral approaches. This would have been possible if trends in SMART survey data had been analysed and shared with a view to understand what works and what does not. ANSP’s own pillar 4 experience in the 4 ANSP countries together with evidence in other African countries could have fed this discourse. (More on this in section 2.8)

Innovations

59. The MTE observations on Nutrition RapidSMS still stand, but RapidSMS has meanwhile been evaluated in one country (Malawi).

The MTE reported in 2013 that Nutrition RapidSMS\(^{32}\) (or ‘RapidSMS for 1,000 days Application’) had not yet seen the light and was still in a development stage in particular to be customized for nutrition purposes. Since then, RapidSMS has further evolved and is now known as RapidPro. It has been applied in several SSA countries including the data collection on nutrition (a.o. Uganda, Rwanda, Nigeria, Mali, Niger). In Nigeria, RapidSMS has been applied for the M&E of management of SAM on mobile phones and the first national nutrition survey on mobile devices.

A recent evaluation of the RapidSMS pilot in Malawi brought to light a fundamental shortcoming in the concept, namely that the nature of the nutrition data did not warrant the rapidity of the sms mechanism. As users had to make a special effort they chose not to do this.\(^{33}\) The ETE notes that this is different in other countries, notably in situations where acute malnutrition is notifiable.\(^{34}\)

However, integrating mobile technologies will provide the opportunity to overcome issues of harmonized data collection which will enhance data quality and timeliness. It will make it possible to link community nutrition services and to monitor service delivery and results in a more cost-effective way.

### 2.6.2 Documentation and knowledge sharing

60. ANSP has been instrumental in supporting attendance of nutrition experts in important thematic meetings and in co-creating a common body of knowledge and expertise.

The actual community of nutrition experts working at regional and continental level is relatively small. As one respondent remarked ‘One meets the same persons everywhere; we know each other and are familiar with each other’s activities’. Where ANSP’s indicators prompted it to (co-)organize such meetings transfer of ANSP’s own programmatic experience appears to have been limited. The 2013 MTE noted that ‘sharing and horizontal learning would be particularly worthwhile for ANSP’s pillar 4 experience, be it generated in an ANSP country, or in any other country where pillar 4 is implemented in an innovative way’. This has not happened as a specific regional activity nor has it been brought in in SUN’s communities of practice.

The ARNS 2015-2025 poses that ‘What is new and extremely helpful is that, based on global research and knowledge sharing, there now exists a whole range of „tools”, specific interventions and policy research that can help the individual „nutrition actor” to know the options and to take the right decisions’. Here the ETE is not in agreement, particularly where it concerns the ‘how to’ of multisectoral strategies and their local implications. Section 2.5.1 and 2.5.2 above refer: the reference to multisectoral in both policy documents and in M&E tools (e.g. CAADP monitoring framework) is on the principles of multisectorality, but not on practicalities. Section 2.8.5 elaborates.

61. The collaboration with Cornell University on documentation of multisectoral nutrition coordination has not led to joint learning and sharing of lessons.

The ANSP Progress reports state that ‘The ANSP is working with Cornell University and the NWU-ANLP on strengthening functional capacities in multisectoral nutrition systems. Countries that are supported are able to make genuine strides towards an effective multisectoral platforms through interactive discussions with collaborative learning, fostering of common understanding and cross-fertilization by sharing of actions from different groups. Part of these collaborations is the documentation of the lessons from building multisectoral coordination and change processes in the countries. The findings from these

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\(^{32}\) UNICEF Innovation has been working with SMS systems since 2007, when it created an open source platform called RapidSMS with its partners to support ongoing data collection efforts (source: community.rapidpro.io)


\(^{34}\) See for example: https://nutritionrapidsms.wordpress.com/2016/03/06/cellphone-reporting-for-nutrition-in-mail/
partnerships have been submitted and published in a peer-reviewed journal and have been presented in regional and global meetings aside from the ANSP Annual Review Meetings.’ As mentioned elsewhere in this report and as ANSP staff themselves readily admit the ANSP function of learning, documenting and sharing of lessons has been weak.

62. The monitoring, review and evaluation efforts of ANSP/UNICEF have insufficiently focused on the need to offer readers digestible ‘take home messages’.
- ANSP has allowed UNICEF’s ESAR Office to learn from pilots which were innovative at the time, but which needed to be revised in the light of new evidence. In this way ANSP has saved money and effort. To the programme’s credit the regional office did not limit itself to the 4 ANSP countries, but instead selected pilots which would generate relevant lessons for the entire region. The ETE notes, however, that the write-up of this particular lesson (on Anthrowatch) was not in a form that was generalized for a broader audience and in that sense remained an internal lesson.
- The MTE recommendation to evaluate the Matourkou pillar 2 experience in Burkina Faso was followed through. It resulted in a rather ‘technical assessment’, with measures for increased knowledge of the students. The authors regretted shortcomings of this evaluation. The evaluation was not set up for readers to distil ‘take home messages’. (Yet) a paper was produced to capture the evaluation’s highlights and this paper is widely accessible.  
- Knowledge sharing based on the experienced of ANSP in Uganda has not yet materialized. Yet documenting the success would be highly relevant for UNICEF, the EU and the international nutrition community.

2.6.3 Use of UNICEF’s specific regional office experience
63. UNICEF’s regional offices have specific competences for which they are known and which come on top of the competences all regional offices have. ESARO’s ICT expertise was thus tapped for in depth evaluation of a pillar 3 nutrition endeavour in Malawi (Anthrowatch – see 2.5.2; 2.5.3). The objective was to learn the lessons of this pilot and apply them in more countries. Here ANSP funding was thus deliberately used to evaluate an innovative pilot and accelerate the learning. The learning in this case was that the pilot – called Anthrowatch – had design flaws and should be thoroughly revised. Likewise WCARO has had specific expertise on design and guidance of SMART surveys. The reverse also applies but is not openly acknowledged. The ETE postulates that horizontal learning and cross-country knowledge sharing of country experiences has been insufficient partly because the regional offices lacked the time, and to some extent the staff expertise and the agenda to do this. (Specifically: staff are there, but are assigned to a specific region.)

2.7 Effectiveness: Pillar 4 Scaling-up

| Continental | Country nutrition programmes have taken into account international standards, best practices and evidence-based high-impact nutrition interventions through direct technical country support from regional resources. |
| Regional | For the 2 regions combined the indicators are:  
- Number of countries supported in implementation of scaling-up nutrition by sharing knowledge, international standards, experiences and technical expertise |
| Indicators | In the Yr 4 workplan the activities to achieve the above have been refined and specified as compared to Yr 3 workplan. They are:  
- Support countries in translating policies into implementation by sharing knowledge, international standards, experiences and technical expertise through country missions, meetings or workshops |

2.7.1 Coverage and quality of interventions
64. It is possible that from the side of SUN there has been no forthright demand for the pillar 4 lessons ANSP had (and still has) to offer. Had there been appropriate documentation of

experiences in the four countries ANSP would have been better positioned to contribute to the SUN Community of Practice.\(^{36}\)

The ANSP programme has increasingly supported the SUN Movement. 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.\(^{37}\) ANSP has supported and participated in these CoPs and can even be seen as a forerunner. However, SUN is rather unspecific about what in ANSP is called pillar 4, which is hands-on experience at the implementation level to make multisectoral work. CoP4 (Functional Capacities for Coordinated and Effective Scaling Up Nutrition in actions) would come closest – see Box 3 below. However, the ANSP supported June 2015 CoP4 workshop ‘Strengthening Effective Engagement to Scale Up Nutrition in Action’ in Kenya did not showcase ANSP’s own experience.\(^{38}\)

**Box 3: SUN’s 4th CoP on paper overlaps with ANSP pillar 4**

<table>
<thead>
<tr>
<th>CoP 4: Functional Capacities for Coordinated and Effective Scaling Up Nutrition in actions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUN countries are increasingly expressing the need to optimise the functioning of multi-stakeholder mechanisms for scaling up nutrition, therefore the aim is to build the capacity of groups and individuals to function effectively across sectors, among multiple stakeholders and between many levels of government.</td>
</tr>
<tr>
<td><strong>2015 priorities included:</strong></td>
</tr>
<tr>
<td>• providing support to countries in their understanding, prevention and management of conflict of interest following the two-year Global Social Observatory and SUN Movement programme</td>
</tr>
<tr>
<td>• provide guidance to SUN countries in the area of functional capacities to scale up nutrition in action</td>
</tr>
<tr>
<td>• identifying resources to support functional capacity gaps in countries.</td>
</tr>
<tr>
<td>From 10-12 June 2015, a workshop was held in Kenya to further develop this area of work.’</td>
</tr>
</tbody>
</table>

The regional offices of course have no pillar 4 interventions themselves. They do, however, make monitoring visits to the ANSP countries. WCARO senior staff for example visited Burkina Faso and Mali and in their trip report gave their observations on the relative merits of the pillar 4 programmes in these 2 countries.

### 2.8 Efficiency

#### 2.8.1 Operational efficiency

65. The ETE has not seen evidence of comparative studies which would draw out cost-comparisons of the various pillar 4 modalities.

Only one country (Burkina Faso) has done this as suggested by an MTE member, and with a purpose to demonstrate that the Burkina model is an affordable one, also in the long run, as compared to typical externally funded project modalities. This type of study is what the MTE meant when it recommended for ANSP to be complementary to other actors: ‘An example of complementarity is the COHA (Cost of Hunger) study. What ANSP/UNICEF could bring to the table is, “offering a remedy” for the problem signalled in the COHA studies. In simple terms: COHA brings out what it costs when we do not pay attention to hunger. ANSP could concentrate on the next step: what does it cost when we do pay attention to prevention of chronic malnutrition, and what are the financial and other benefits?’

66. To the ETE’s knowledge the ANSP approach of multi-pillar, multi-country, multi-sectoral experience in support of nutrition mainstreaming in government structures has rarely been applied in programmes other than ANSP.

Regional staff did visit the countries and advised them within the various country contexts. But the possibility to use pillar 3 in order to document the extremely relevant pillar 4 experience across the countries and present it in regional fora was not used. ANSP/UNICEF has relied too much on its own design and thus did not derive its lessons from the multi-pillar, multi-level, multi-country ANSP design. This has been an opportunity missed in particular for pillar 4 where the challenge remains and where ANSP experience could advance the debate. As

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\(^{36}\) WCARO comments that ‘The way to assess ANSP contribution to the CoP should have been through the countries, not only the 4 countries, but all the countries where ANSP has extended its influence. Expecting the core team of ANSP to contribute everywhere is not the right way’.

\(^{37}\) [http://scalingupnutrition.org/about/how-is-the-movement-supported/strengthening-capacity-to-deliver](http://scalingupnutrition.org/about/how-is-the-movement-supported/strengthening-capacity-to-deliver)

2.8.2 Financial efficiency

67. Half of ANSP budget has been spent at the continental (project management, African Union and Brussels Liaison Office) and regional levels.

The Table 7 below demonstrates that 50% of the total ANSP budget with both regional offices catering for about one-fifth of the budget each (see Annex A3). Of the ANSP budget provided to the continental and regional components 44% consists of staff costs, 19% of consultants and contracts, and 19% of training and workshops/conferences (see Annex A2). The staff component varies from 33% for ESARO, 48% for WCARO and 70% for the continental component. In the latter case, one Nutrition Specialist has been seconded to directly support the African Union, whereas ANSP project management based at the ESARO office catered for about 7.5% of the Regional/Continental budget. The major part of the expenditure by the Brussels Office consisted of the production of promotion material including a multimedia package.

<table>
<thead>
<tr>
<th>Table 7: Expenditure 2011-2015 at continental and regional levels</th>
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<tbody>
<tr>
<td><strong>EURO</strong></td>
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<tr>
<td>At Continental Level (Project management, African Union + Brussels)</td>
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<tr>
<td>At regional level - Eastern/Southern Africa</td>
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<tr>
<td>At regional level - West/Central Africa</td>
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</tbody>
</table>

Note: Expenditure exclusive of 7% Administrative costs

Per Pillar the picture of the continental/regional expenditure is slightly confusing as Pillar 4 activities are almost absent for Regional offices and totally absent for the Continental part of ANSP (see Table 8 below). However, Pillar 4 activities constitute more than 20% of the assigned budget. The point is that staff, travel and other costs which cannot directly be attributed to a Result Area (Pillar) are equally distributed over the four pillars (25% each). This routine is not appropriate and should have been discarded.

<table>
<thead>
<tr>
<th>Table 8: Expenditure 2011-2015 at continental and regional levels per pillar</th>
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<tbody>
<tr>
<td><strong>Pillar 1</strong></td>
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<tr>
<td>At Continental Level (Project management, African Union + Brussels)</td>
</tr>
<tr>
<td>At regional level - Eastern/Southern Africa</td>
</tr>
<tr>
<td>At regional level - West/Central Africa</td>
</tr>
</tbody>
</table>

For the two regions there are only minor differences as the distribution over the pillars is concerned. ESA Region has a slightly higher expenditure level on Pillar 2 Capacity Development. This relates to contracts with individual consultants, NGO’s and/or specialized institutions on IYCF, Maternal Nutrition and/or micronutrient deficiency reduction and the review of University networks. In WCA Region there has been more attention for Pillar 3 Knowledge management, for instance their support to SMART surveys in the region.

2.8.3 Leverage of other resources

68. ANSP has been quite successful in leveraging other resources also at regional level.

The MTE 2013 already indicated that ‘Funding under the ANSP has thus been successfully used as “seed money”, to convince other donors that it’s possible – through a concerted effort at national, district and sub-county level – to deliver results worthwhile to be replicated.’ This has continued to be the case over the last two years of ANSP as well, in particular for the WCA Region. WCA Region managed to get about 32% of co-funding of their activities whereas the ESA Region managed to get 23%. This is substantial considering that not many funders would directly fund regional entities as opposed to direct country level support. On average it is only slightly below the co-funding levels for the individual countries and in absolute terms it is quite substantial for the programme as a whole. Co-funding has been arranged from a very wide range of donors including a number of national UNICEF committees.
2.9 Impact

2.9.1 Reduction of stunting and anaemia in the ANSP intervention areas

69. A positive trend in outcome and impact level indicators – preferably as compared to overall trends – is the best and most convincing evidence for pillar 4 effectiveness. Importantly it also enables to reflect and analyse on what it took to get these results. And vice versa: the absence of convincing results begs the question what more or what else could be done.

Anthropometric results still are the strongest evidence, but ANSP’s original minimal diet indicator is a solid indicator as well, particularly where it can be argued to be a necessary condition for reduction of stunting and anaemia. A word of caution on causal inferences is warranted, however: the minimal diet indicator measured for under two year olds will show in reduced stunting and anaemia in future time. And also, if stunting and anaemia levels have improved this can, strictly speaking, not be causally linked to a younger cohort’s improved IYCF indicators.

70. It is clear (in both MYCNSIA and ANSP) that the baseline/endline focus on impact level indicators has prevented learning-en-route: only at project completion can we see some trends, if at all.

As also expressed in the MTE one would ideally measure so-called SMART indicators. A preliminary conclusion is that programmes such as ANSP must concentrate on fast(er)-responding indicators which are in addition more sensitive (responsive) to what the programme has actually done (SMART). Ideally one would like to demonstrate that improvement of impact level indicators (anaemia; stunting) is backed up by improved IYCF indicators such as Minimum Acceptable Diet (MAD) in some form of causal chain. BUT: there is an issue here since the MAD and related indicators are of current time cohorts, while the impact level indicators reflect past MAD (and a host of other indicators’) improvement. The Uganda data are a rich resource to draw lessons on what is possible, desirable and meaningful in terms of data collection of this nature.

71. Reduction of stunting and anaemia has not been part of the ANSP objectives. Yet the original idea of having baselines and endlines in pillar 4 intervention areas has been maintained.

These have included outcome and impact level indicators. It is clear that the regional office has not been involved in assessing trends in stunting and anaemia in the ANSP countries. Notably in Uganda, where impact data were collected annually and this in combination with several key outcome level IYCF data it was possible to follow a positive trend. This could then have been interpreted to support the strategy chosen in that country’s pillar 4 districts, of not only pursuing health systems’ changes, but also having an NGO working at community level to give hands-on support to nutrition-sensitive and in particular food security interventions. If this trend had been followed and identified as noteworthy (which it was!) it could have constituted a lesson worth sharing in regional fora. The evidence is, however, that this did not happen. The same was observed in the country itself (personal communication staff member Makerere University, in charge of the annual studies). The ETE regards this as an opportunity missed, but at the same time acknowledges that positive trends in impact indicators take years to become observable and in the case of Uganda thus only became apparent at the very end of the ANSP programme.

Community level indicators exist of programme impact as experienced and expressed by communities themselves. Communities interviewed in field visits in Uganda, notably in a district that had just suffered a prolonged period of drought, said without exception that they were now able to bridge the hungry season. They squarely attributed this change to the work of the Community Connectors Project. A general observation was that seasons had become more unpredictable as a sign of climate change. A lesson learned is that future programmes should consider to concentrate on indicators which more rapidly respond to IYCF behaviour changes such as the minimal diet and diet diversity indicators.

2.9.2 Impact evidence: the 4 pillars and combinations thereof

72. The 2013 MTE was aware of the limitations of typical baseline/endline impact studies and recommended that ANSP/UNICEF should instead explore the short and medium term impact which would exemplify ANSP’s contribution as something out of the ordinary.

Examples were listed as:

1. Mix of pillars

39 ESARO comments that ‘Need to recall that the use of MAD is relatively new as a means of measuring adequacy of CF and that not many countries had this included in their data bases’.
2. Combination of levels
3. Sequencing of pillars, of levels
4. Use of ANSP as a catalyst, designed for scaling up
5. Use of ANSP as an enabler of multisectoral action (often in combination with 1, 2, 3, 4)
6. The correct institutional choices, with UNICEF support in the background
7. Responsiveness to contextual changes, and readiness to adapt accordingly. Similarly: using opportunities to rationalize resources through collaboration.

As noted in the MTE, ‘The above list, though not exhaustive, is suggested as a good starting point for ANSP to change its reporting style and make reports more interesting and meaningful. One goal of better reporting would be to profile ANSP as an entity that deserves continued funding. Another goal would be to have reports which enable to identify, document and possibly publish good practices. A third goal would simply be to optimally perform.’ The ETE notes that this recommendation was not entirely captured, but that nevertheless at implementation level ANSP continued to do this, at times. Strong examples are 4, 5, and 6 above. What ANSP did not do was to systematically collect evidence and report on this, as (documented) cases of good practice. In none of the above was there an explicit regional function of monitoring and/or guidance of the ANSP countries, or of encouraging countries to document their cases as good practices. Yet some experiences from the ANSP were included under lessons learned periodically in the overall UNICEF CO annual reports.

2.9.3 Impact in terms of the new logframe
73. The new logframe indicators have all been phrased and reported on at the activity level. This has prevented the ETE from drawing conclusions at overall or outcome level. In addition it is clear that other key players have been very important (FAO; WFP) for the aimed for higher result levels. At the same time there is no evidence that the divide between nutrition-specific and nutrition-sensitive has resolved.

74. Where ANSP has been demonstrably effective is in mainstreaming of nutrition in the RECs it has closely worked with – notably IGAD and WAHO. Here the nutrition specific/sensitive divide has been less relevant, because the starting point has been the REC and its instruments, and the need to ‘insert’ nutrition in them in meaningful ways. A formula for success appears to have been the shift of actorship to the member countries, as ‘informants’ of regional fora, as happened in the most recent WAHO Forum.

Box 4: IGAD’s Nutrition Policy and Framework; follow through requires continued vigilance*

IGAD’s 2015 Nutrition Policy and Framework has led to indicators for the organization’s nutrition-sensitivity, as a measure of good governance. One such indicator is that all strategy and policy documents are judged on being nutrition sensitive before they are passed. This requires a certain alertness of IGAD staff and a discipline to follow through.

*Source: IGAD staff

2.9.4 Broader potential effects at the various levels of implementation
75. The ETE notes that current monitoring frameworks – of both ARNS and CAADP and at country level the CRFs – are still largely phrased in rather generic terms; they emphasize goals and targets, but are unspecific about the ‘how to’ of achieving the targets. This is particularly so for the practice of multisectorality. Although there has been improvement in knowledge about the need for multisectoral approaches, this need is in all frameworks – ARNS, CAADP, the country level CRFs – still expressed in rather generic terms. For example the CAADP Results Framework has as its indicator ‘improved multisectoral coordination, partnerships and mutual accountability’. It is a big step to translate these generic terms in practical instructions at the local level. Yet hidden in ANSP’s data, where these have been consistently collected, there are indications on ‘what works where and why’.

76. The argument for multisectorality would gain from being evidence-based. In its current form it risks to become a slogan without data to support it. The answer to the question ‘what has worked, apparently’ is the most enlightening to support and inform the multisectoral argument. This requires smart indicators with an emphasis on the ‘t’ (timely) of smart. Anaemia and stunting are instructive indicators but they are slow to convincingly demonstrate positive
trends. Faster alternatives are required for trend analysis. An appetite for data is a requirement. 40 With the exception of Burkina Faso this appetite has missed in the later years of ANSP. (Unlike in the other ANSP countries the Burkina design was for a country-wide programme. There thus was a need to know if the ANSP pillar 4 approach worked in comparison to business as usual approaches, amongst other reasons because funding for the intended scaling up would depend on evident success.)

77. ANSP countries have generated important lessons learned on potential mechanisms of impact. These, however, still need to be confirmed, solidified and harvested. Based on the evidence that has become available in ANSP countries a post-ANSP effort could be made to do precisely that.

ANSP’s baseline/endline impact data in combination with the outcome level behaviour data for indicators such as the minimal acceptable diet seem to demonstrate a common sense lesson; that food and nutrition security makes the difference, but only when this becomes a reality at the community level. The big lesson of ANSP/UNICEF’s liaison with the Community Connectors (CC) project in Uganda is that this boils down to hands-on support for households to effectively access more and more diverse food, throughout the seasons, and thus: overcoming the hunger period. The CC groups formed in Uganda’s ANSP districts were all engaged in food security with a possibility to upgrade to income security – by selling the surplus of the food products grown, including semi-commercial products such as honey. This has involved a systematic process of, firstly, group formation and secondly, self-imposed group multiplication through horizontal learning from established groups to newly former groups. The link with the public services is made in the form of obligatory registration of the groups thus formed, which in Uganda is being realized through the Ministry of Gender, Labour and Social Development (MGLSD). If this is corroborated by complementary data and analysis ANSP could still make a substantial contribution to the discourse on multisectorality.

78. Like its twin programme MYCNSIA, ANSP started out as a hybrid between on the one hand a project with typical project objectives for its pillar 4 component and on the other hand a programme that acts as a change agent supporting Government initiatives to reduce undernutrition in a systemic way.

This begs the question if an ANSP successor could serve a more coherent purpose, in which the four pillar design plus well-documented data (trends) on stunting and anaemia would in combination have the support role, of helping governments to design and implement evidence-based programmes to effectively accelerate reduction of undernutrition. (Here we refer to the Theory of Change which the ETE drafted for MYCNSIA: If a judicious mix of nutrition specific and nutrition sensitive interventions is achieved … then accelerated reduction of chronic undernutrition (anaemia and stunting) is possible (Lancet 2008; 2013). The idea would be that the data trends could be linked to the mix of interventions so that over time the data would generate evidence on the interventions’ effectiveness.

79. Specifically, with the disaggregated baseline/endline data in hand more can be had from proper analysis than has been the case thus far.

The aimed for result should then not be if ‘ANSP has had a certain, desirable impact (significant reduction of anaemia and stunting),’ but rather: ‘are there lessons here for reduction of stunting and anaemia which have wider application for Governments that seek to find what ‘works’ in practice.’ This type of lessons could be channelled through the SUN mechanism and would, in concurrence with the spirit of the ARNS strategy, naturally feed and inspire UNICEF’s work with the RECs. UNICEF could draw these lessons from multiple countries and in doing so maintain its own specific added value.

Opportunities identified and used

80. ANSP has been inconsistent in pursuing the objective of anaemia reduction.

As noted in the MTE report ‘Anaemia reduction targets are missing in ANSP. The prevalence of anaemia among pre-school children in the four ANSP countries varies, but is generally high. Remarkably, in only one country (Mali) are targets for reduction of anaemia (under pillar 4), included, even though there was no baseline. In the other three countries there is no anaemia reduction target at all.’ In the period after the MTE there have been important shifts in UNICEF’s global mandate. In practical terms this means that not only the period of early childhood but also adolescence will receive more emphasis. The latter

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40 ESARO comments ‘Need to acknowledge that in some country contexts resistance from Governments to have parallel data systems could have hampered the ability for this data systems but on the other hand this again is demonstrable of governments’ role in leading this … Maybe saying institutionalisation of the data systems is key including through national academic/research entities - like Makerere – but routine health systems may not always include the expanse of high frequency nutrition indicators that are most desirable.
Opportunities thus not only come from changing contexts in the external environment, but also occur in the form of changes in UNICEF itself. One such opportunity is the stronger focus on adolescents in UNICEF’s mandate which enables its nutrition programmes to systematically tackle adolescent anaemia and so give more meaning to the life cycle approach. This opportunity is yet to be exploited.

In one country (Burkina Faso) there was a case of ‘serendipity’ in the form of an unexpected gift of MNPs which enabled the nutrition unit to act promptly and design a MNP pilot for under two’s which had not been budgeted for in ANSP. The Country Office was well prepared for this event and a nationally adopted MNP strategy was already in place, which facilitated approval and implementation of MNP pilot introduction.

2.10 Sustainability
2.10.1 Comment on design
81. The decision to change the ANSP design into that of an explicit support function has had both advantages and disadvantages.
An advantage was that the programme became accountable at the level of its activities and that its reports were easier to gauge and appreciate. A disadvantage was that it no longer needed to report on the higher level and longer term results. The multi-level dimensions were better captured, but the multi-pillar dimensions remained obscure. It is in the latter dimensions that the MTE saw the possibilities for the programme to stand out beyond ‘business as usual’. As remarked before, a proper Theory of Change is still missing. All this begs the question on programme design and how it could have better served sustainable results. A related question is if other regional programmes, with a different design, were better suited to achieve sustainable results. (The discussion in section 2.1.1 refers.)

82. The ANSP rewrite has made the programme easier to report on but has not brought out important dimensions of success, notably of impact and sustainability.
None of the higher level results at output and outcome level has been monitored. The original impact level objectives of reduced stunting and anaemia were discarded which made the baseline/endline survey exercise somewhat dissociated from the desired results. The MTE recommendation that ANSP/UNICEF should explore and document its programme-specific added value was partly followed, but left out the programme’s multi-pillar aspects that made it stand out.

In its rewrite of the ANSP programme UNICEF adhered to the original (overall) specific objective: To improve the institutional environment at continental, regional and national levels contributing to a reduction in maternal and child undernutrition in Africa. Although not exclusively future-oriented this definition comes closest to the concept of sustainability. Given that the programme is monitored and reported on at the activity and output level the above outcome can only be assessed in terms of what respondents answered. There certainly appears to be a more enabling political environment for nutrition with more committed and better informed continental, regional and national leadership. There is no evidence as yet of large scale or sustained multisectoral coordination and joint accountability, but the importance of these concepts is generally shared.

The ETE observes that the programme identified opportunities to partner with at least 2 RECs (WAHO and IGAD) and has given these organizations substantial and consistent support to mainstream nutrition in their routines and practices (IGAD) or is in the process of doing so (WAHO). In these 2 cases different approaches were used but in both cases the mainstreaming relied on country experience and appropriately so. Where the ETE is unsure is in the direction taken by other RECs and if possibly opportunities were missed to bring in a balance on nutrition specific and nutrition sensitive

41 Country Office staff in Burkina welcomed the ETE’s suggestions to this effect.
43 WCARO comments that ‘The concept of Theory of change in programme design is itself very recent, just like that of multisectorality. Theory of change would be central if the same programme was designed today.’
44 The recommendation was that ‘ANSP/UNICEF should explore and document where in its ANSP programmes mutual reinforcement, and acceleration, has taken place both between “pillars” and between national and sub-national levels within countries; and possibly also between the ANSP levels (continental; regional; country and the other way around).’
mainstreaming in institutions such as SADC and the EAC. The fact that over 40 countries have subscribed to the CAADP monitoring framework suggests a preponderance of an agricultural production focus, with a neglect of typical nutrition specific dimensions. If so, this would mean that ANSP has had a limited reach in its professed overall outputs and outcomes. This is not evident in the ANSP reports which report against modest targets.

At the ATFFND and Africa Food Security Day, ANSP has always shared its experience in the 4 countries and received comments from the entire audience. Cornell has extensively disseminated through communication in multiple fora, both regional and global. Yet it is fair to say that ANSP itself was not set up to draw the lessons that presented themselves in the ensemble of countries. ANSP had a rare opportunity to do this for multisectoral approaches and their comparative value, supported by data collected in pillar 3. As noted elsewhere in this report the opportunity to do so is still there.

**2.10.2 Capacities and ownership for sustained results**

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

An MTE recommendation was ‘that ANSP/UNICEF should seek to profile and report on the programme as a catalyst of essential, strategic interventions. Additional funds will need to be leveraged on the strength of proven (early) results.’ The evidence is that several initiatives have received further funding on the basis of early results or ‘proofs of concepts’ generated through ANSP. This applies to the WANCDI programme, but also to IGAD, which organization attributes further funding to the work done with ANSP.

84. ANSP’s function as a catalyst self-demonstrated in follow-through by SUN in the form of 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.

85. Although the regional and continental organizations UNICEF/ANSP has been dealing with may be large the actual group of nutritionists based in these organizations is relatively small. The nutrition-related mandates of the various regional organizations overlap and this has resulted in a relatively tight community of regional actors. 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.’ It is thus impossible to say that a specific programme has had a specific result as learning has been incremental and to a large extent joint. Yet as one senior UNICEF staff member remarked in response to the activities listed by ANSP Country Offices: ‘It would be good to know what came out from these meetings and what ANSP explicitly did, apart from funding and organizing. We need to provide the intellect, and I know COs are doing this, but it never comes out explicitly. Please articulate that.’ (Source: 2016 draft final ANSP report.)

86. UNICEF/ANSP has been but one of the actors; a new CAADP Nutrition Capacity Development initiative is launched by NEPAD.

NEPAD is leading a new initiative centred on knowledge management. It is taking place in 5 pilot countries in southern Africa. The concept is to create a SADC platform based on country experiences and to eventually extend the lessons to other RECs including ECOWAS. Judging from the CAADP monitoring framework the focus of this initiative will be on agricultural production even though 1 of the 9 monitoring categories is reserved for food and nutrition security and has key ARNS indicators as part of what is to be achieved. The ETE in this respect notes a difference between CAADP and ARNS: the ARNS has the indicators listed in Box 2 of this report as overall indicators while for the CAADP they are a category, without set targets.

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45 WCARO comments that ‘The importance on these 2 RECs was a choice by the EU. We started with much more RECS during year 1, then we were to restrict following EU communication.’


47 CAADP indicators are a)Prevalence of underweight; b)Prevalence of stunting; c)Prevalence of wasting; d)Minimum dietary diversity – women; e)Minimum acceptable diet for 6-23 months old infants
87. ANSP/UNICEF has concentrated on partnerships with potential for long term linkages.
The reformulation of ANSP has not been conducive to implement an MTE recommendation that 'At all levels, but particularly at continental and regional level, ANSP/UNICEF should profile itself more as a “programme with a long term vision” and use the lessons learned in the ensemble of countries and regions. This should include links between the 2 regions. ANSP/UNICEF should do so operating from UNICEF’s core strengths and meanwhile complement the endeavours of other actors.' In its management response UNICEF disagreed with the recommendation. It is possible that the choice to opt for a limited number of close partners was in fact a way for UNICEF to operate from its strengths and consolidate existing relationships in MoUs.

88. ANSP’s nature of a catalyst programme has been appreciated, but the implication that follow-through would be a necessity has not in all cases been fully grasped. This is especially so for short-duration capacity building programmes such as ANLP (SUNLEAD).

SUNLEAD was a short duration (6 months) programme, with a pilot nature. An important component was training of Master Trainers. Use of these trainers in their capacity of master trainers was recognized as a necessity for the initiative to generate sustained capacity of the master trainers. It is, however, unclear how the master trainers will be used eventually, and how the initiative can be self-organizing in the sense of generating sustained demand. At country level the ETE saw a similar trend, as in Burkina Faso and Uganda, where much work was done to create multisectoral platforms at district and sub-district level. In the absence of tangible work and demand for the platforms such institutions risk to get stale.

89. A change of role in the regional nutrition working groups as a vehicle for ‘support to’ is yet to be decided on.

Already during the MTE it was clear that the Regional Nutrition Working Group in West Africa had reached a point at which it needed an update of its mandate. At the time of the ETE visit no decision as yet had been taken. A certain indeciseniveness translated among other things in decreased interest of the most senior participants to attend the meetings. In East Africa UNICEF has been heading the Nutrition Sub-Working Group under the Regional Food Security and Nutrition Working Group. Informants 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. The indicator reported on for ANSP was ‘Number of Regional Nutrition Working Group meetings held where coordinated multisectoral nutrition action is discussed’, with a target of 1 per year.

The ETE was asked to assess to what extent systems, capacities and partnerships serving the most disadvantaged were established. For this discussion we refer to section 2.2 on equity and more specifically to the discussion on effective coverage where we concluded that ‘Nutrition sensitive programming for food security must play out in hands-on programmes at the community level. Once this is recognized the equity dimension of UNICEF/ANSP’s pillar 4 work, and the bottlenecks, become more evident. The “art” then is to generate seamless linkages between the health system and community-level food security (often in the form of projects – the ETE country reports refer). Seen in this light “nutrition” thus is an opportunity to bring the principles of effective coverage (equity) in practice.’

2.10.3 Comprehensive and inter-sectoral stunting and anaemia reduction strategies

90. In the course of ANSP implementation the relationship with RECs became more solid not least because the country level experience increased.

Country actors got more involved and more articulate not only in their own comprehension but also in their readiness to share and speak at relevant fora – both national and regional. The evidence is that countries themselves must take the lead, but that once they succeed they can offer at least some ingredients of recipes of replication. The 2105 Lome conference was a good example of a dynamic combination of process, actors and lessons learned. Countries were showcasing their best experiences on different aspects of inclusion of nutrition. In this way active learning and ownership of lessons is shaping up, helped by the fact that there simply are many more lessons and good practices than a few

48 ESARO comments that ‘Actually the SUN Lead group has since returned to Rwanda and the demands for their approach and services continue on the continent subsequent to the end of the ANSP support.’
years ago. To the knowledge of the ETE there still are no comprehensive and intersectoral stunting reduction strategies, however, in any of the ANSP countries.49

91. As noted in the MTE specific attention for anaemia appears to have been minimal, or remained implicit, or has faced difficulties.

In the course of ANSP and as also noted in the MTE the explicit attention for anaemia reduction has decreased. It is not reported on nor is it measured in the baseline/endline surveys in 3 of the 4 ANSP countries. Where anaemia was recognized as a priority and yet it was not included in the original design it was left to countries to come up with practical solutions. Taking the example of Burkina Faso: Here ANSP has been flexible to include new outputs and leave out old ones (either because they were completed or because they were no longer relevant). Pillar 3 is an example where this happened. However, for the objective of decreasing anaemia there had been insufficient attention in the original logframe and workplans and as a consequence it was not reflected in the budget. This meant that piloting MNP’s for home fortification had to wait for an external opportunity – section 2.8.4 refers.

2.10.4 Impact measures which reflect sustainability – the ANSP legacy UNICEF’s way of working: continuum of learning by doing and of exploring new opportunities

92. The ETE noted that UNICEF’s way of working has inherent elements of striving for impact in an ongoing learning-by-doing approach. Learning by doing is not a special legacy of ANSP, but deserves to be mentioned as a special UNICEF quality, the more so where it is not found in routine reporting. The quality is evident at the country level mostly. In ESARO it has been evident in a parallel regional nutrition programme, dubbed ‘the Dutch funded programme’ which deliberately seeks to learn through trial and error, for sustained effectiveness. ANSP examples are described in country annexes of this report. Taking the case of Uganda, for example:

- The first batch of family counselling cards is now being improved by inserting pictures that better reflect the Uganda reality.
- The District Nutrition Action Plans are undergoing a second round in which the frame is adapted to include lessons learnt of the earlier round and in which all partners’ lessons are taken up.

UNICEF is constantly seeking to identify and explore new opportunities – in any form, but mostly in partnerships that serve a new and desirable purpose which is best served by a specific new partner. This is something UNICEF would do in any case, also without external funding. ANSP has enlarged the possibilities to do this without a guarantee of immediate success. The current exploration with UNITLIFE is a good example: it requires patience, diplomacy, and use of existing networks, including the network of parliamentarians which WCARO has groomed for many years. There is no guarantee that the UNITLIFE initiative will succeed and how long it will take for this to happen. If it were to succeed the result would be far more than additional funding for nutrition. The type of high level partnership, for a valued purpose, is something that suits UNICEF and its corporate identity.50

Lessons that are implicit, but which need more substance

Although the ETE has argued that ANSP’s multi-pillar design has inherent added value, there also are good practices and lessons to be had in the individual pillars, as part of ANSP’s legacy. A selection of important pillar-specific lessons is presented below. All require more work and some require stronger evidence.

Pillar 3: The many advantages of SMART surveys; SMART gold standards

The ETE notes that there is room for more positive publicity for the SMART surveys including the smart ways in which they are conducted.

- Cost is known and is a function of the design – thus no surprises in terms of cost overrun
- Speed – data are immediately digestible
- Smart use of technology and rapid feedback mechanisms (real time submission of data and check up by supervisor, through iPhone/iPad)

49 This is different for UNICEF itself: In ESARO stunting reduction has since 2014 been a regional priority and this includes a focus on MSP and systems – see ESARO regional priority document. This means that in all that is done in the 21 countries they need to focus on stunting reduction.

50 http://www.unicef.org/media/media_85667.html
• And thus: Guarantee of quality data provided the above is done
Gold standards:
• small teams of same people, year after year – leading to reliable in-country expertise. This is an
invaluable resource which merits more publicity
• regular surveys, at least once a year – leading to option of trend analysis (as in Uganda)
Ideally – and this was recommended in Uganda – this would lead to an ongoing discourse. It could be
a participatory learning event for a wider group with an agenda of ‘learning from evidence, as we are
going’.

Pillar 3: The many advantages of technological innovations; can they wet the appetite for data?
Several persons interviewed – e.g. at NEPAD – noted that ‘A main problem is that there is insufficient
interest in nutrition data and what the data can tell the potential users, notably decisions makers.’ This
is regarded a big problem which cannot be addressed solely by the provision of quality data – which
often actually are available, but are not accessed. It requires ‘a certain appetite for data’. The ETE heard
similar comments at country level, as in Uganda. It begs the question if technological innovation and
especially faster availability of data (e.g. through the SMART surveys) can help to ‘wet the appetite’ for
data and data trends.

Pillar 4: Preliminary conclusions of ANSP’s pillar 4 work in the 4 countries have implications for
ANSP’s potential legacy as a game changer – the importance of community level groups. The
ETE did not have access as yet to all endline data and therefore cannot give a comparative analysis of
the merits of the different solutions for pillar 4 packages. It can, though, narrate some commonalities
and differences in the solutions. All countries grappled with the approach and how it could both offer
nutrition-specific elements and make the link with nutrition sensitive interventions. All countries opted
for the formation of community level groups and for linkages with existing government systems. Different
models resulted for formation and sustenance of the groups. Table 9 summarizes for 2 countries.

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<th><strong>Table 9: Pillar 4 modalities for community level groups</strong></th>
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<td><strong>Groups</strong></td>
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<td>Burkina Faso ('suivre la maman')</td>
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<tr>
<td>Nutrition sensitive</td>
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<td>Link with Government system</td>
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<td>Sustainability elements</td>
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It appears that both the Burkina Faso and the Uganda model can work but the evidence thus far is most convincing for Uganda which is the only ANSP country where outcome behaviour indicators have significantly improved which can plausibly be attributed to the uptake of nutrition–sensitive interventions offered at the actual parish/community level, in addition to the nutrition-specific interventions embedded in the health system. Something which merits further study is that the indicators have improved for an entire district even though the CC interventions targeted only one fifth of a district as in Nebbi.

Evidence from Ethiopia reconfirms that in Ethiopia ‘the GoE is strictly adhering to the mandate of the UN organizations. While UNICEF can to some extent provide BCC on agriculture (as long as it relates to nutrition) it cannot provide agricultural inputs.’ The ETE found the same in the MYCNSIA programme. The solution that remains then is to establish partnerships – as in Uganda and Ethiopia.

2.11 Adaptability: Collaborative planning, Learning, action and Adaptation

2.11.1 Norms and practices of collaborative planning, learning, action and adaptation

93. A characteristic that came out in most ETE interviews conducted with regional partners is UNICEF’s reliability as a partner on which one could always rely for technical advice.

Individual staff were described as hard-working people who are ready to provide feedback at short notice and with whom it is a pleasure to work. Another important characteristic described was the absence of ulterior motives and a readiness to move a common agenda.

94. ANSP has been very good at strengthening the partnerships it selected as its priorities.

Here it has used its ‘leading from behind’ approach to advantage. It has been consistent and a true partner to other agencies supporting important events such as the ADFNS meetings, in the sense of giving joint support, both financially and in terms of technical and practical assistance. In setting the priorities it has been guided by the SUN agenda and by the realities (structures and routines) of the supported RECs. 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.

95. 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 unforeseen at the time ANSP was designed. 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 case of UNITLIFE refers.

Promoted and supported reflection, learning and decisions in platforms and alliances

96. ANSP has promoted reflection, learning and decisions at the level of the various platforms, the more so where increasingly country experience can be harvested and presented by the countries themselves.

This was for instance the case during the latest WAHO Nutrition Forum in November 2015. With the exception of pillar 2 experience, notably of the WANCDI Programme, ANSP has insufficiently profiled its own programmatic experience in the other pillars. Reflection could have been had from comparative assessments of ANSP’s pillar 4 modalities chosen in the various countries, and their merits. The ETE

51 ESARO comments that ‘This has been implicit in moving ahead the focus on MSP and systems strengthening – without naming this explicitly sensitive or specific domains.’
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.

As discussed in sections 2.2 and 2.5 the pillar 3 ANSP data could have been used to feed reflection in platforms and alliances, but this did not happen, partly because the chosen indicators (stunting and anaemia reduction) have a time-lag.

**Fostered common understanding of multisectoral nutrition**

97. ANSP worked hard to achieve common understanding of multisectoral nutrition.

This was hands-on by Cornell and other partners at the implementation level, as, for example, in Yako District in Burkina Faso, in Yorosso and Bankass in Mali and in the 6 pillar 4 districts in Uganda. Here ground-breaking work was done, which, however, 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.) At the same time it is also true that ANSP at country level fostered common understanding. Not only did it advocate for multisectoral nutrition. It also guided and supported other key actors in doing the same, as for example in Burkina Faso where the Nutrition Direction staff based in the Ministry of Health have become articulate proponents of the multisectoral approach.

**Clarified and promoted a common agenda**

98. ANSP has been strong in clarifying and promoting a common agenda at the country level.

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. Yet in its nature of a catalyst programme it has stood at the cradle of various important SUN initiatives, such as the Community of Practice modality.

99. The strong emphasis on the ARNS has made UNICEF/ANSP a major proponent of a continental level common strategy. It remains to be seen to what extent the ARNS can provide an additional layer of guidance to RECs and countries.

Its main usefulness is likely to be in its monitoring function and role as a guardian of countries’ adherence to SUN. Key indicators are:

- Proportion of AU Member States
- which have joined the SUN movement
- with established and functional multisectoral coordinating bodies and multi-stakeholder „platforms”
- with multisectoral nutrition policies/frameworks and plan of action.
- which have implemented a multi-sectoral nutrition policies/frameworks/plan of action
- that have current (updated as per implementation period indicated) Common Results Framework on nutrition with budget and M&E framework included
- that have systems in place to allow continuous tracking of activity implementation and expenditures according to agreed Common Results Frameworks on nutrition.

As earlier described a risk remains that ‘multisectorality’ becomes an item persé that is dissociated from its purpose. The same applies to Common Results Frameworks where these are not evidence-based. Here there is need to not only have a common agenda, but to seek to clarify and address it as updated evidence suggests. The Burkina Faso Country Annex refers.

**Promoted greater alignment with the common agenda**

100. The ETE has noted that at this point in time there is not really a common agenda to which all actors subscribe and adhere. The nutrition realm is still work in progress.

Where UNICEF/ANSP has been most effective, it appears, is in using its leverage to make the different actors see the differences in each other’s approaches and as a consequence, be enabled to make informed decisions. Thus far there has not been a culture of demonstrating ‘what works best, under which circumstances’. UNICEF is to be applauded for its attitude of ‘leading from behind’, but is has thereby not fully wielded its own comparative advantage, of demonstrating ‘what works where, and why and what then are the implications’. This has enabled a culture of ‘let a thousand flowers bloom’ in which
actors may find it difficult to identify the ‘take home messages’. The ARNS has well captured this dilemma where it emphasizes that there is no universal „solution” to the problems of malnutrition – see 2.1.2.

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

101. 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. Each country has, in fact, sought to make the best of the available institutions knowing full 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 there was a sequential approach: start with the health sector and a nutrition specific focus, and then widen the scope to nutrition sensitivity. Yet from the start make this sequence known and thus select the partners that are up to both focuses.

102. In each country ANSP has clarified roles and responsibilities of various sectors, structures and partners in its pillar 4 domain. With the exception of Burkina Faso it has not, however, used this experience to nourish this debate at the policy level.

(In Burkina Faso the pillar 4 design from the start was for total coverage and the pillar 4 thus rested on a national IYCF strategy which ANSP helped to generate.) It has also not used the individual countries’ experiences to serve as generic lessons which could have helped to clarify the roles and responsibilities of various sectors, structures and partners at the regional level. (This is where the ARNS points at the diversity in the modalities and at the same time attempts to maintain the unity of having the same goals.)

**Stimulated positive changes in strategy, planning and implementation**

103. There is overwhelming evidence that UNICEF/ANSP stimulated positive changes in strategy, planning and implementation.

In the view of the ETE this stimulation worked best when there was a clear demand from an organization that sought UNICEF’s help to become nutrition-inclusive. The increased recognition of the importance of nutrition made that follow-up funding has been found for some initiatives, on the strength of the initial UNICEF/ANSP work, as with WANCDI. IGAD, the REC which was supported by UNICEF/ANSP in its ambition to become nutrition-inclusive subsequently received substantial funding from the African Development Bank which it would otherwise not have received. It is too early to say to what extent initial positive changes (as a result of ANSP support) prompted further changes. Also the work with WAHO has only recently reached a point which may eventually turn out to have been a tipping point.

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

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

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 both MYCNSIA and ANSP and within ANSP of the 2 regional offices. Where in MYCNSIA there was a typical PMU in Bangkok in ANSP the set-up was to get countries to give their input in the ANSP narrative reports and the report writing was a back and forth process.

105. The rewrite of the logical framework after the 2013 MTE was led by ESARO, but essentially was a joint process.

Even so it is noteworthy that the choices made for implementation of the pillars were thoroughly different for the 2 regional ANSP offices. The commonality thus largely laid in the offices’ frame of mind: to make use of existing resources, networks and acquaintances, plus the factor of proximity. The fact that a UNICEF WCAR staff member has since the start of the pillar 2 WANCDI programme been based in the WAHO office made for a natural link between WCAR and WAHO/ECOWAS. Another not unimportant factor is the fact that although the regional and continental organizations UNICEF/ANSP has been dealing with may be large the actual group of nutritionists based in these organizations 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.’ Lastly the ANSP steering committee arrangement has made for annual meetings in which country and regional staff, EU Delegation staff, plus key
government partners met, year after 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.

106. Although UNICEF is a large organization the nutrition teams in the regional offices are small and of necessity are constrained in terms of the available time and expertise. The actual support to countries is a function of the staff expertise that is available at the regional offices. It follows that the interpretation of logframes and workplans gets skewed towards the available expertise, which is in turn skewed towards UNICEF’s natural strengths and competences. UNICEF in addition has special expertise in its regional offices (section 2.5.4 refers for ICT expertise in ESARO and for SMART survey expertise in WCARO).

**Generated and disseminated learnings on multisectoral nutrition for global, continental and country audiences**

107. ANSP did generate and will disseminate learnings on multisectoral nutrition for global, continental and country audiences as this is a main requirement in the MoU with Cornell. Just like the MTE the ETE has reservations about this and has heard the same reservations over and over again during country visits. (At the time of the MTE only one Cornell staff had started work; eventually 3 staff were appointed to cover the 4 countries.) 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.

2.11.2 **Benefit from continental/regional approach**

108. ANSP was unique in its potential to gather and present evidence from down at the community level all the way up to the political and decision making bodies. The ANSP programme has gained in coherence and consistency in the rewrite of the logframe. The rewrite made the pathway from continental, to regional, to country level more logical. The rewrite left the 4 pillar structure intact and thereby did not bring out the added value that could have been had from wielding each pillar to another pillar’s advantage, in the form of combinations of the 4 pillars in parallel, or over time. It appears that the programme could have been 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. Also UNICEF/ANSP relied too much on Cornell University to take on this role of catalyst of lessons learning and sharing.
3 Conclusions

3.1 Overall conclusions continental and regional components
(Numbers refer to sections in chapter 2: Findings)

(2.3) ANSP/UNICEF has focused on some partnerships, but not on others. Other multilateral agencies have done the same. It appears that where there is an agreed monitoring framework – as for CAADP – this has become a driving force and also reveals the extent of alignment. The focus of the CAADP remains agriculture-oriented whereas the ARNS has a focus on SUN and on countries’ membership of SUN. It appears that the multilateral agencies have not attempted to align their efforts.

(2.3) ANSP has supported partners to take part in various thematic meetings but has not been proactive in sharing its own outstanding programmatic experience which could be had from its rather unique multi-pillar design. Recommendations made by the MTE in this regard were disagreed with in UNICEF’s management response. 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.

(2.8) 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. A middle road between these 2 extremes appears feasible (chapter 4 refers).

(2.10) The programme has strongly promoted and supported the norms and practices of collaborative planning, learning, action and adaptation. In doing this it has chosen a select number and type of partners, notably the RECs with which a strong partnership could be had through proximity (IGAD; WAHO/ECOWAS). The ETE cannot judge to what extent more RECs could have been ‘covered’. It appears that NEPAD through CAADP has taken the lead in mainstreaming nutrition and that this implies an agriculture-oriented approach.

(2.6; 2.8; 2.10) UNICEF/ANSP has had a vision to engage and support institutional structures at the continental and regional levels, but has not squarely addressed alignment of the various instruments, notably the CAADP monitoring instrument and the ARNS strategy. UNICEF/ANSP has not fully used the extra-ordinary opportunities it had to portray and profile the ANSP programme’s own achievements, notably in the ‘how to’ of its pillar 4: meaningful combinations of nutrition sensitive and nutrition specific approaches.

3.2 Detailed conclusions

Relevance and appropriateness

(2.1.1) The four-pillar design of the programme was innovative and appropriate. It was not exploited to the full of its potential, which would have included a Theory of Change that makes smart use of all pillars.

(2.1.1; 2.1.2) The programme’s midterm rewrite has especially served to align continental, regional and country priorities and so increase programme coherence. At the same time the rewrite made some activities fall outside the frame leading to some under-reporting of achievements.

(2.1.2) Coherence of nutrition specific and nutrition sensitive approaches has proven difficult to achieve at the regional level unless the approach was to mainstream nutrition in partners’ routines, as was the case for IGAD. For other RECs the evidence is that mainstreaming nutrition has to a large extent been determined by the focus and nature of a REC’s preferred partner. ANSP/UNICEF has not been designed

52 WCARO comments that ‘The reality is that the ANSP has worked on systems and mechanism, and so it is more programme strengthening, NOT programme support’.

53 WCARO comments that ‘The restriction was a deliberate option by the EU-Brussels’.

54 WCARO comments that ‘If CAADP was also aligned to the common recognized worldwide Movement, ie SUN, it would have been aligned to the ARNS.’
to offer its mainstreaming support in concurrence with multilateral partners such as FAO, as there has been no clear agenda to offer support in combinations that would promote true multisectorality.

Equity focus

(2.2.1) Equity principles such as effective coverage were in practice taken up, but were not made a reportable issue. Thus the rather unique opportunity to make equity and more specifically effective coverage part of the ANSP lessons was not leveraged. (A similar conclusion was drawn for the MYCNSIA Programme.)

(2.2.2) Although the regional offices have by and large been very good in spotting opportunities for the ANSP Programme and in selecting opportunities that are in line with UNICEF’s strengths this has not been the case for the topic of equity. Equity was not included as a reporting commitment.

(2.2.2) Specifically: The notion of equity in nutrition programming goes further than selection of focus sites. Effective nutrition programming must include equity and UNICEF’s MoRES instruments are suited to do this, in locally adapted combinations of nutrition specific and nutrition sensitive approaches. This was not explicitly taken up even though in practice this is what the country programmes did, each in their own context-specific way.

(2.2.2) ANSP/UNICEF has insufficiently grasped the opportunity to collect and share pillar 3 evidence on effective coverage of nutrition interventions in its pillar 4 programmes.

Effectiveness: Pillar 1

(2.3.1) ANSP pillar 1 over-achieved the targets set at the level of programme activities. Fulfilment of the programme’s higher level ambitions has not been reported on and where this happened can also not be attributed to ANSP/UNICEF.

(2.3.1) ANSP has in many ways served as a catalyst, whilst acknowledging implicitly that not all endeavours set in motion, and supported, would come to fruition in a predictable way and at a predictable speed.

(2.3.1; 2.3.3) ANSP regional offices have been good at spotting opportunities resulting from, and building on, their earlier accomplishments. These have been rather region-specific, but in exceptional cases have also brought out synergy between the regional offices.

(2.3.3) The ‘internal partnership’ between UNICEF’s regional offices has been assumed, but has not received special attention. ANSP’s revised design has given appropriate attention to vertical linkages (continental; regional; country), but has overlooked the potential added value of transfer of experience and ideas between the regional offices. The evidence is that there have nevertheless been cases of such transfer.

(2.3.2) ANSP/UNICEF has refrained from reporting on RECs where the cooperation did not result in ‘finished products’. At country level the pillar 1 achievements have been more visible: throughout the duration of the ANSP nearly all countries in the continent have been supported in the formulation, review, update or adoption of their national nutrition policies.

(2.3.2) Numerous regional events were organized or supported. It is difficult to ascertain how many of these events would not have been there in the absence of ANSP funding, but the availability of funding certainly did make a difference.

(2.3.3) ANSP supported meetings at the start of the programme have been the precursor for the current SUN Movement Communities of Practice. The meetings have helped to generate a network of national and global experts.

(2.3.3) ANSP has in its reporting much emphasized the partnerships it supported through vertical links from the country level upwards, to regional and continental level. The downward extension to the community level has necessitated partnerships which clearly were out of UNICEF’s regular comfort zone, because here the nutrition-sensitive food security dimension had to take shape. Here the different Country Offices have opted for different modalities, ranging from a cooperation agreement with a food
security project as in Uganda, to adding food security to the existing tasks of health sector NGOs as in Burkina Faso. The evidence is that these modalities were identified and implemented at the country level and were not steered or monitored by the regional offices.

(2.3.3) Specifically: the diversity of ANSP’s own Pillar 4 experience, and the new partnerships opted for, could have been more deliberately used to inspire pillar 1 fora at regional and continental level. Failing this the regional offices did not fully leverage ANSP’s multi-pillar set up.

(2.3.3) ANSP/UNICEF has in its reporting not emphasized that different multilateral organizations have had different entry points and thus different partnerships notably with the AU. It appears to show that the divide between nutrition specific and nutrition sensitive partnerships runs all the way both in the host or partner office and between the multilateral agencies. There is no evidence to suggest that ANSP has set out to change this situation.

(2.3.4) ANSP/UNICEF has focused on some partnerships, but not on others. Other multilateral agencies have done the same. It appears that where there now is an agreed monitoring framework – as for CAADP – this has become a driving force. There is no evidence that the multilateral agencies have attempted to align their efforts. The focus of the CAADP is particularly agriculture-oriented whereas the ARNS has a focus on SUN and on countries’ membership of SUN. Although these perspectives do not clash they are also not self-evidently complementary.

**Effectiveness: Pillar 2**

(2.4.1) Given the different interpretations of capacity development in the 4 ANSP countries it is debatable if ‘one-for-all capacity development modules’ are the most appropriate way to achieve the multisectoral objectives. This is implicitly acknowledged in the current trend of regional and national level fora in which participants present and discuss the solutions they have found, and the problems they have come across, in making nutrition ‘work’ for them and for their organizations. In practice participants learn from active sharing of own experiences.

(2.4.2) ANSP pillar 2 regional work has been productive and strategic in the WANCDI programme in West Africa. An important determinant of WANCDI’s success was that it had a strong leader who moreover has been based throughout in the WAHO office, with a clear pillar 2 mandate. Such a mandate and ditto institutional grounding was missing in East and Southern Africa. In the opinion of the ETE Cornell found itself ‘between a rock and a hard place’ where there was a divide between the realities on the ground and the Cornell ambition to mould these in Cornell’s generic proof of concept. Cornell’s considerable expertise did not come to full fruition. The ANLP initiative appears promising but has come late and has been very modest in scope. There have also been no working relationships between Cornell and ANLP.

**Effectiveness: Pillar 3**

(2.5.1-3) A main problem noted by respondents is that there is insufficient interest in nutrition data and what the data can tell the potential users, notably decisions makers. (The ETE noted the same for the pillar 4 survey data) This issue is not addressed by the provision of quality data. It requires what some respondents called a ‘hunger for data’.

(2.5.2) The case of the CAADP monitoring framework suggests that ANSP has not extended its support to regional level monitoring frameworks with a view to bring a balance between nutrition sensitive and nutrition specific approaches.

(2.5.3) Although evidence-based work is one of UNICEF acknowledged strengths it has at the regional ANSP level not come to full fruition. This is particularly so for lessons to be learned and documented in the course of programme implementation. This applies to all pillars with the exception of the WANCDI part of pillar 2.

(2.5.1-4) Horizontal learning and cross-country knowledge sharing of country experiences has been insufficient partly because the regional offices did not have the staff expertise and the appetite for data to do this. (Specifically: staff are there, but are assigned to a specific region.) The competence to in addition capture complex nutrition data into take home messages appears a rare (but much needed) skill.
(2.5.3) The MTE recommendation for pillar 3 still stands, namely that 'ANSP should do more to act as a channel for horizontal learning and sharing. Priorities would be, firstly, pillar 4 “models of good practice”; secondly, outstanding “multi-pillar experiences” (these could originate both from within and from outside the ANSP framework).'

**Effectiveness: Pillar 4**

(2.6.1) The programme's rewrite helped to make the programme easier to grasp and report on. It did not help to bring out the nuances of nutrition sensitive programming as they were explored in the 4 ANSP countries under pillar 4. ANSP’s multi-country set-up could have acted as an accelerator with pillar 4 as a ‘laboratory’ for the lessons to be learned. Pillar 4 lessons would have fitted under SUN’s CoP4. It would presumably have been possible for ANSP to demand Cornell to do this and push for presentation in relevant fora.

(2.6.1; 2.10.1) In ANSP (and also in the sister programme MYCNSIA) there has been a tendency to learn lessons at the very end of the programme, in line with the concept of having baseline/endline studies to support the lessons. For all pillars, but particularly for pillar 4, early lessons and sharing of lessons during the programme would have been more appropriate. Indicators to this effect would have helped as a prompt to do this. This is another example where pillars 2, 3 and 4 could have been combined, to the benefit of pillar 1 at the policy level.

**Efficiency**

(2.7.1) The ETE has not seen evidence of comparative studies which would draw out cost-comparisons of the various pillar 4 modalities. Only one country (Burkina Faso) has done this as suggested by an MTE member, and with a purpose to demonstrate that the Burkina model is an affordable one, also in the long run, as compared to typical externally funded project modalities.

**Impact**

(2.5.1; 2.8.1; 2.8.4) ANSP originally saw its baseline/endline surveys as an obligation to demonstrate its own impact, as if it were a project. Later it removed the outcome and impact level indicators from its logframe, but at the same time missed the opportunity to draw lessons from the baseline/endline studies that assessed these indicators. This opportunity remained and is in fact still there once data have come in from all 4 countries. Analysis could be enlightening for comparison of the different pillar 4 modalities and their effectiveness.

(2.8.2) The MTE recommendation to monitor and report on ANSP-specific added value in terms of horizontal linkages between the ANSP pillars and on smart sequencing of pillars was not captured. There thus was no explicit regional function of monitoring and/or guiding the ANSP countries to document such cases as good practices.

(2.8.4) Current monitoring frameworks – of both ARNS and CAADP and at country level the CRFs – are still largely phrased in rather generic terms; they emphasize goals and targets, but are unspecific about the ‘how to’ of achieving the targets. This is particularly so for the practice of multisectorality. For example the CAADP Results Framework has as its indicator ‘improved multisectoral coordination, partnerships and mutual accountability’. It is a big step to translate these generic terms in practical instructions at the local level. Yet hidden in ANSP’s data, where these have been consistently collected, there are indications on ‘what works where and why’.

(2.5.1; 2.8.4) The argument for multisectorality needs to remain evidence-based. In its current form it risks to become a slogan without data to support it. The answer to the question ‘what has worked, apparently’ is the most enlightening to support and inform the multisectoral argument. This requires smart indicators with an emphasis on the ‘t’ (timely) of smart. Anaemia and stunting are instructive indicators but they are slow to convincingly demonstrate positive trends. Faster alternatives are required for trend analysis. An appetite for data is a requirement.

(2.8.4) Opportunities for scaling up nutrition in meaningful ways not only come from changing contexts in the external environment, but also occur in the form of changes in UNICEF itself. One such opportunity is the stronger focus on adolescents in UNICEF’s mandate which enables its nutrition programmes to
systematically tackle adolescent anaemia and so give more meaning to the life cycle approach. This opportunity is yet to be exploited.\textsuperscript{55}

**Sustainability**

(2.9.1) The ANSP rewrite has made the programme easier to report on but has not brought out important dimensions of success, notably of impact and sustainability.

(2.9.1) There certainly appears to be a more enabling political environment for nutrition with more committed and better informed continental, regional and national leadership. There is no evidence as yet of large scale or sustained multisectoral coordination and joint accountability, even though the importance of these concepts is generally shared.

(2.9.2) The role played by UNICEF/ANSP actors has gradually shifted from technical assistance, to assistance in the background. National level actors have become far more confident to speak from own experience. A next step would be to interpret any experience for its relevance in one’s own situation.

(2.9.2) ANSP’s nature of a catalyst programme has been appreciated, but the implication that follow-through would be a necessity has not in all cases been fully grasped. This is especially so for short-duration capacity building programmes such as ANLP.

(2.9.3) As noted in the MTE specific attention for anaemia appears to have been be minimal, or remained implicit, or has faced difficulties.

(2.9.4) UNICEF’s way of working at country level has inherent elements of striving for impact in an ongoing learning-by-doing approach. This good practice is insufficiently captured in ANSP’s monitoring instruments and yet it is what UNICEF is appreciated for.

(2.6.2; 2.9.4) Preliminary conclusions of ANSP’s pillar 4 work in the 4 countries have implications for ANSP’s potential legacy as a game changer.

**Adaptability**

(2.10.1) ANSP has promoted reflection, learning and decisions at the level of the various platforms, the more so where increasingly country experience can be harvested and presented by the countries themselves.

(2.10.1) The Cornell component has been regarded as an additional component or even as a separate project. The integration of the Cornell staff member in the UNICEF country offices has been slow or absent, partly because the staff members arrived midway or even later in the course of the programme. This has everything to do with the design of the Cornell component. The individual competence of Cornell staff was in several countries undisputed and staff were in fact highly praised.

(2.10.1) In the opinion of the ETE ANSP insufficiently used its pillar 3 opportunity to review and report on achievements in the other pillars, notably pillar 4. Multisectoral work thereby risked to be dissociated from its ultimate purpose of reducing stunting and anaemia even though this purpose has by now become generally accepted as a higher level impact to be achieved, also by other sectors. ANSP missed to become the evidence-generating programme it could have been and for which UNICEF is known.\textsuperscript{56}

(2.10.1) At this point in time there is not really a common agenda to which all actors subscribe and adhere. The nutrition realm is still work in progress. With the benefit of hindsight a common agenda is typically a long term ambition.

(2.10.1) 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. Each country has, in fact, sought to make the best of the available institutions knowing full well that all institutions and the sectors they represent have their limitations.

\textsuperscript{55} Also see: http://www.developmenthorizons.com/2016/02/anaemia-amnesia-why-does-no-one-seem-to.html?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+DevelopmentHorizons+%28Development+Horizons%29

\textsuperscript{56} Also see http://www.developmenthorizons.com/2015/06/unicef-and-nutrition-what-do-we-want.html
In each country ANSP has clarified roles and responsibilities of various sectors, structures and partners in its pillar 4 domain. With the exception of Burkina Faso it has not, however, used this experience to nourish this debate at the policy level.

The ETE has not seen evidence of comparative studies which would draw out cost-comparisons of the various pillar 4 modalities. This could have been a welcome, since practice-led, exercise feeding national and regional debates.

The speed and extent of ANSP-initiated positive change has been overestimated in the ANSP design phase just like the difficulties and red tape were underestimated. The ARNS is a case in point. It is possible that at this point in time a tipping point has been reached so that subsequent changes will be faster and will benefit from the foundation laid.

The Cornell frame for ANSP lessons did not do justice to the type, number, range and appeal of the lessons which ANSP could have generated. This truly is an opportunity missed especially for the multisectoral core of the ANSP programme where precious lessons could have been generated and documented.

ANSP was unique in its potential to gather and present evidence from down at the community level all the way up to the political and decision making bodies. This potential was not fully exploited. Also UNICEF/ANSP relied too much on Cornell University to take on this role of catalyst of lessons learning and sharing.

Lessons learned and good practices

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

- Programme design;
- Equity/effective coverage;
- Nutrition specific/sensitive linkages (convergence and/or mainstreaming);
- Programme monitoring systems; and
- Learning with and for Governments, with design implications for future programmes.

All lessons exemplify and illustrate this report’s findings and conclusions (chapters 2 and 3). The lessons have implications for future programming, and the recommendations are compiled in chapter 5.

Design

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.

UNICEF’s ‘leading from behind approach’ is a strength, but makes reporting on changes to which it contributed somewhat difficult. Examples are the nutrition governance mechanisms at the level of regional organizations.

For the benefit of programme coherence special expertise in regional offices could be strategically used to benefit an entire programme and at the same time increase inter-regional linkages. (ICT experience in ESARO and SMART survey expertise in WCARO refer; more examples are available)

Regionally offices must be pro-active in identifying what their own programmes have to offer. Lesson learning while a programme is still under way is interesting particularly when the programme has an innovative design. It could also help to solicit wider ownership and interest beyond the programme countries. (The ETE noted that the ESAR Office has published a call for lessons learning in a regional nutrition programme which has started more recently than ANSP.)
(2.9.2) The capacity and ownership for sustained results is growing as a result of participation of national and regional actors in multiple processes. It is not something that happens as per prescription; it just grows, but this process can be accelerated if the different actors consciously pursue it and are required to report on it. (Note MYCNSIA: Lesson 16 Tailored and hands-on support to nutrition governance is a role UNICEF can play by being there when needed but withdrawing when other strong actors are prepared to take over. The changing role of UNICEF itself and the shift to Government ownership is a monitoring issue. It requires a type of indicators that surpasses the activity level.)

(2.7.1) The issue of cost-effectiveness deserves more attention than it was given in ANSP (and MYCNSIA). It ought to have a double focus. Firstly, there would be cost-effectiveness of ANSP’s 4 pillar design as compared to typical projects with conventional logframes and attributable results. Even though ANSP, unlike such projects, cannot easily generate a one-for-all unit cost, the argument should be made that the design is intrinsically cost-effective, also in the long run. Secondly, and related to the above, there is the cost-effectiveness of products generated by ANSP, and more specifically the ‘meaningful combinations of nutrition specific and nutrition sensitive programming’ that have proven their worth. Here there could be a true ANSP legacy and one that is unique since such evidence is rare and is not usually geared to bring out affordability. The ETE notes that it would be a welcome alternative to overall costing exercises of multisectoral approaches; these have by and large not generated the clarity decision makers require.

(2.8.1) 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. (Ideally such combinations would also be demonstrably cost-effective – section 2.7 refers.)

(2.9.2) Pilot projects and endeavours must be assessed on their likelihood of follow-through and the conditions for this to happen as much as possible inbuilt in the design. Where pilot initiatives have generated a lot of publicity (both formal and informal) follow-through appears to have been more readily available.

Box 5: A case of Good Practice in Burkina Faso*

| ANSP has had a flexible design to an extent that changes in workplans could be accommodated. Flexibility has been less for the budgetary allocations. Thus a theme such as MNPs could in Burkina Faso during the first years not be taken up. Yet the Country Office had together with the Direction de Nutrition arranged for an adopted Action Plan.** When an opportunity arose anemia could still be addressed, at short notice.

The case of MNPs in Burkina Faso illustrates the lesson that once the goal is clear and the need identified opportunities that arise are more readily spotted and used, but only if the necessary preparations are made. This could have been a good practice for the entire ANSP programme but to the ETE’s knowledge it was not as such identified.

* Sections 2.8.5; 2.9.3 in this report refer.

Equity

(2.2.2) UNICEF’s MoRES instrument offers an opportunity for nutrition specific and nutrition sensitive programming to be taken up together in a natural way, by applying the principles and terminology of ‘effective coverage’. Effective coverage addresses the principal bottleneck of nutrition programming: that food and nutrition security requires inclusive, affordable and durable solutions at the community level. This could have been singled out as a lesson learned for the entire programme, starting from the regional offices.

(2.2.2) Specifically: Nutrition sensitive programming for food security must play out in hands-on programmes at the community level. Once this is recognized the equity dimension of UNICEF/ANSP’s pillar 4 work, and the bottlenecks, become more evident. The ‘art’ then is to generate seamless linkages between the health system and community-level food security (often in the form of projects – the ETE
country reports refer). Seen in this light ‘nutrition’ thus is an opportunity to bring the principles of effective coverage (equity) in practice.

**Nutrition specific/sensitive linkages – convergence and/or mainstreaming**

(2.3.3) The divide between nutrition specific and nutrition sensitive partnerships runs all the way both in the host or partner office and between the multilateral agencies. The divide is not overcome unless a programme’s design is to deliberately address this. ANSP has overcome this where it targeted groups of influential persons – such as parliamentarians – whose work does not have such a sectoral divide. This is another example of ANSP acting as a catalyst, with huge potential to take this further and solidify the potential gains.

(2.1.2; 2.5.2; 2.8.1) An overall results framework with defined indicators is helpful to focus and so accelerate the process of nutrition mainstreaming – as is now being pursued by NEPAD for the CAADP Results Framework, with FAO funding. Yet the opportunity of mainstreaming is lost – or diluted – when there are so many indicators that the concept of convergence is lost – as in the CAADP framework. Some IYCF outcome level indicators – such as the minimal diet – are pertinent for multiple sectors, including agriculture/food security. This could be used as a leverage for bringing sectors under one and the same frame. Another argument to do this is that the minimal diet indicator is such a critical outcome level indicator.

(2.1.2; 2.8.3) At both country and regional level there has been a common trend to take existing instruments and routines of partner organizations as a starting point and ‘insert’ nutrition in them. Work on the IGAD Nutrition Strategy exemplifies this type of ‘direct mainstreaming’. It has the advantage of a more intuitive understanding and ownership of what mainstreaming means. The debate on differences between nutrition specific and nutrition sensitive is circumvented since the starting point is what the organization is about and how its routines could better relate to nutrition in any form that is relevant.

(2.3.3) Mainstreaming nutrition in RECs routines and instruments has been a worthwhile endeavour in which appropriate use was made of UNICEF’s superior expertise. The ANSP indicators insufficiently captured the fact that support to nutrition mainstreaming is a process over time and that a catalyst function, although important, more often than not requires structured follow-through.

(2.5.2; 2.8.4; 2.10.2) There still is much to be learned on the do’s and don’ts of multisectoral approaches. ANSP’s baseline/endline surveys are a rare resource to nourish this discourse with evidence, particularly where the same data have been collected every year by the same researcher allowing for trend analysis, as in ANSP Uganda.

**Programme monitoring systems**

(2.2.2) The ANSP endline data suggest that in the absence of effective coverage improved outcome and impact is not achieved. (The same was concluded for the MYCNSIA programme.) The requirements of effective coverage are likely to differ from one sector to another, and this is another intricacy which deserves further study.

(2.5.1; 2.10.2) There is need for evidence that is more immediate and appealing than the stunting and anaemia impact level indicators measured in ANSP. This in itself merits study. Which indicators are both plausible intermediary indicators in the causal chain and are fast to respond to interventions and have predictive value? (The ETE team heard a good example in Nebbi District in Uganda. Groups visited consistently gave as a main impact of the project that ‘they had learned how to address and overcome the hunger period, long and distressing as it was (in 2015), plus they felt confident they could do the same in future years’.)

(2.8.1) Specifically: Future programmes should consider to concentrate on indicators which more rapidly respond to IYCF behaviour changes such as the minimal diet and diet diversity indicators. A salient indicator could be a qualitative one, as observed by the ETE in Uganda: the expressed confidence of communities to bridge the hunger season. In drought prone areas this would have the added advantage of a natural link between development approaches and emergency work – also see below.

(2.9.2) UNICEF/ANSP was not set up to address acute situations of undernutrition. Yet emergencies keep creeping up and time and again take priority over all other work. ANSP has not established meaningful linkages with such programmes and yet there are at country level indications that a structural
approach to prevention of undernutrition – as in ANSP Uganda – has the potential to make this linkage. In the absence of appropriate indicators this opportunity risks to remain unnoticed.

(2.9.4) UNICEF’s way of working routinely seeks to improve on earlier practices, for the sake of effectiveness. If this is sustained over time and done in partnership with other actors this heralds sustainability. An externally funded programme could formalize this approach and include indicators to this effect as happened in the Dutch funded nutrition programme. Essentially the approach is to monitor and improve on the Theory of Change, based on evidence as it emerges. As stated above this does not always require formal studies and lengthy research.

(2.9.2) Institutions such as regional working groups need regular re-calibration of their role in view of changes in the contexts in which they operate. The changes can be slow and structural as in the changing needs and expectations of RECs, or they can be acute and overwhelming as in emergency situations. The indicator that ‘regional working groups have met’ is clearly insufficient as a reflection of the performance of such working groups.

*Learning with and for governments, with design implications for future programmes*

(2.3.3; 2.6.2; 2.8.4; 2.9.4) The novelty of having a multi-level programme was much appreciated by UNICEF, but could have more explicitly extended down to the community level. Lessons then would have been generated on the type of partnerships at the community level which lessons could in turn have fed the discourse at country level and above, feeding into SUN Communities of Practice.

(2.3.3; 2.5) Specifically: The quest for meaningful combinations of nutrition specific and nutrition sensitive programming prompted new and innovative partnerships, notably at the pillar 4 level. The regional offices did not single this out as programme experience to share in regional fora. Given the rarity of such experience this constitutes an opportunity missed. It could also have been an opportunity to show-case experience of the 2 regions together. The ETE notes that it is not too late to do this, and use the endline data as concrete evidence to support the pillar 4 partnership choices made.

(2.10.1) Baseline/endline data have only recently become available and this in itself constitutes a lesson: that evidence in the form of impact level trends takes too long for most programmes to draw timely lessons. ANSP’s evidence base has taken long to become apparent but could nevertheless be exploited for its potential as an ANSP legacy: a resource for future programmes in terms of ‘what works where and why’ (and reversely: what does not work and why not). This discussion should be had with those who did the interventions and who know the contexts. With the data in hand that discussion will gain in depth, and will raise new questions. Other programmes that have generated such lessons should be included for the sake of wider scope and ownership.

(2.8.4) ANSP has from the start avoided to portray its pillar 4 surveys as an exercise in impact measurement and attribution. Yet with the disaggregated data in hand more can be had from proper analysis than has been the case thus far. The aimed for result should then indeed not be if ANSP has had a certain, desirable outcome and impact, but rather: are there lessons here for reduction of stunting and anaemia which have wider application for Governments that seek to find what ‘works’ in practice. This type of lessons could be channelled through the SUN mechanism and would, in concurrence with the spirit of the ARNS strategy, naturally feed and inspire UNICEF’s work with the RECs. UNICEF could draw these lessons from multiple countries and in doing so maintain its reputation as an organization that is evidence-led.
5 Recommendations

5.1 Strategic recommendations

Design

(2.5.3) Evidence-based work is one of UNICEF acknowledged strengths and should be more explicitly exploited. The emphasis should be on ‘take home messages’.

(2.5.4; 2.10.1) For the benefit of programme coherence special expertise in regional offices should be strategically used to benefit an entire programme and at the same time increase inter-regional linkages. (ICT experience in ESARO and SMART survey expertise in WCARO refer; more examples are available.)

(2.10.1) Given the rarity of proper impact level data future programmes should aim to draw the design lessons from past experience of all relevant programmes that have gone to the extent of measuring and documenting their results.

Equity

(2.2.2) Effective coverage addresses the principal bottleneck of nutrition programming: that food and nutrition security requires inclusive, affordable and durable solutions at the community level. This should in future regional programmes be prompted and monitored by the regional offices with a view to have more countries benefit from the lessons.

Nutrition specific/sensitive linkages – convergence and/or mainstreaming

(2.1.2; 2.5.2) Some IYCF outcome level indicators – such as the minimal adequate diet (MAD) – are relatively new composite indicators but pertinent for multiple sectors, including agriculture/food security. This should be used as a leverage for bringing sectors under one and the same frame. (Another argument to do this is that the minimal diet indicator is such a critical outcome level indicator.)

(2.10.1) In future programmes retain the link between the need for multisectorality and the effects multisectorality should achieve. In this manner provide the evidence for governments that are keen to know what they should do differently in order to make the difference in the higher level indicators of reduced stunting and anaemia. Avoid that ‘multisectorality’ becomes a ‘prescription per se’ without the guidance on what forms of multisectorality have proven their worth, in what situations. (As narrated in this report the evidence is that not only is it important that different sectors cooperate and include nutrition in their routines, but that in addition this must extend down to the community level. The evidence for this is most salient in the Uganda ANSP pillar 4 experience.)

Programme monitoring systems

(2.9.2) In future programmes structures such as regional working groups should be monitored on their responsiveness to new and challenging situations.

Learning with and for Governments, with design implications for future programmes

(2.7.1) For UNICEF/ANSP to calculate unit costs of combined nutrition sensitive – and specific approaches. The work in Burkina Faso on unit costs of the IYCF programme should be extended to include the programme’s outcome and impact data. Here there could be a true ANSP legacy and one that is unique since such evidence is rare and is not usually geared to bring out affordability.

(2.8.4) ANSP countries have generated important lessons learned on potential mechanisms of impact. These, however, still need to be confirmed, solidified and harvested. Based on the evidence that has become available in ANSP countries a post-ANSP effort should be made to do precisely that.

(2.10.1) Further acceleration would benefit from a sound evidence base (‘what worked where, and why?’) which would need to do justice to the large variety of country contexts.

(2.8.4) The search for this specific type of knowledge could be a binding factor in a regional programme with multiple countries. This would mean that countries in a future programme are selected on their self-

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57 Also see http://www.developmenthorizons.com/2015/06/unicef-and-nutrition-what-do-we-want.html
evident interest and need to address persistent and mal-understood chronic undernutrition. The binding factor then would be their need to know, for better programming. This could be labelled as capacity building, but would be driven by a common and unifying purpose. It appears the new EC funded initiative of National Information Platforms on Nutrition (NIPN) would be a proper conduit.\textsuperscript{58}

Acronyms

AARA  Regional Food Security and Agriculture Agency
AGIR  Global Alliance for Resilience Initiative - Sahel
ANSP  Africa Nutrition Security Partnership
ARNS  African Regional Nutrition Strategy
ATFFND  African Task Force on Food and Nutrition Development
AUC  African Union Commission
AUC-DSA  African Union Commission Department of Social Affairs
CAADP  Comprehensive African Agriculture Development Program
CMAM  Community Managed Treatment of Acute Malnutrition
CO  Country Office
CoP  Communities of Practice
EAPRO  East Asia and Pacific Regional Office (UNICEF)
ECOWAP  Regional Agricultural Policy for West Africa
ECOWAS  Economic Community of West Africa States
ESARO  Eastern and Southern Africa Regional Office (UNICEF)
EU  European Union
EF  Evaluation Framework
ERG  Evaluation Reference Group
ESARO  Eastern and Southern Africa Regional Office (UNICEF)
FAO  Food and Agricultural Organization
FSNWG  Food Security and Nutrition Working Group (Nairobi)
FIF  Feed the Future (USAID)
GAIN  Global Alliance for Improved Nutrition
IGAD  Intergovernmental Authority on Development, incl. Horn of Africa
IMCI  Integrated Management of Childhood Illnesses
IYCF  Infant and Young Child Feeding
MICN  Maternal and Infant and Young Child Nutrition
MNP  Micro Nutrient Powders
MSP  Multi-Stakeholder Processes
MTE  Mid Term Evaluation
MYCNSIA  Maternal and Young Child Nutrition Security Initiative
NAS  Nutrition Advisory Services
NEPAD  New Partnership for Africa’s Development
PMU  Programme Management Unit
REACH  Renewed Efforts to End Child Hunger and Undernutrition
REC  Regional Economic Community
RNWG  Regional Nutrition Working Group
SC  Steering Committee
SUN  Scaling up Nutrition
ToR  Terms of Reference
ToT  Training of Trainers
UNECA  United Nations Economic Commission for Africa
UNICEF  United Nations’ Children Fund
UNICEF LO  UNICEF Liaison Office to the AU and UNECA
WAHO  West African Health Organisation
WASH  Water, Sanitation and Hygiene
WCARO  West and Central Africa Regional Office (UNICEF)
WHO  World Health Organization
Annexes

Annex A1. List of persons / organizations met / interviewed

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<thead>
<tr>
<th>Time</th>
<th>Venue</th>
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<tr>
<td>9:00 am</td>
<td>Arrival - F201</td>
<td>Dr. Joan Matji</td>
</tr>
<tr>
<td>12:30 pm – 13:30 pm</td>
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<tr>
<td>14:00 pm – 15:00 pm</td>
<td>RD’s meeting</td>
<td>Ms. Leila Pakkala- Regional Director - ESARO</td>
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<tr>
<td></td>
<td>reading</td>
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<td>16:00-17:00</td>
<td>Skype call</td>
<td>Johann Jerling NWU SA</td>
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<tr>
<td>17:15-18:15</td>
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<td>Ms. Pura Rayco and Dr. Joan Matji</td>
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<td>Ms. Marietta Muwanga-Ssevume</td>
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<td>Ms. Rosemary Mwaisaka- ECSA</td>
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<td>Mr. Shadrack Oiye- IGAD</td>
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<td>11:00 am – 11:30 am</td>
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<td>Dr. Joan Matji</td>
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04/01/2015: Patrick Codjia, ESARO, by Skype
06/01/2016: Ms. Kefilwe Moalosi- NEPAD, by Skype
Team visit ESARO January 22nd, 2016: Dr. Edward Addai

### ESARO Expenditure 2011-2015 per budget item

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<tr>
<th>Budget item</th>
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<td>3 Contracts</td>
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<td>4 Workshop/Conferences</td>
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<td>5 Training</td>
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<td>6 Support</td>
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<td>7 Travel</td>
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<tr>
<td>8 Equipment</td>
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<tr>
<td>9 Other</td>
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### WCARO Expenditure 2011-2015 per budget item

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<td>2 Consultants</td>
<td>832,467</td>
<td>20%</td>
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<td>3 Contracts</td>
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<td>4 Workshop/Conferences</td>
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<td>5 Training</td>
<td>225,635</td>
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<td>6 Support</td>
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<td>7 Travel</td>
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<td>8 Equipment</td>
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### ESA/AU Expenditure 2011-2015 per budget item

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<td>6 Support</td>
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<td>7 Travel</td>
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### Brussels Office Expenditure 2011-2015 per budget item

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<tr>
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<td>7 Travel</td>
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<td>9 Other</td>
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<td><strong>Total Brussels Office</strong></td>
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### Total Expenditure Continental/Regional per Budget Item

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<td>2  Consultants</td>
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<td>3  Contracts</td>
<td>1,170,212</td>
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<td>4  Workshop/Conferences</td>
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<td>5  Training</td>
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<td>6  Support</td>
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<td>7  Travel</td>
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<td>8  Equipment</td>
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<tr>
<td>9  Other</td>
<td>709,687</td>
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<td><strong>Total Continental/Regional</strong></td>
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### Annex A3. Expenditure ANSP per geographic area

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<th>Area</th>
<th>Expenditure %</th>
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<tbody>
<tr>
<td>At Continental Level (African Union + Brussels)</td>
<td>9%</td>
</tr>
<tr>
<td>At regional level - Eastern/Southern Africa</td>
<td>21%</td>
</tr>
<tr>
<td>At regional level - West/Central Africa</td>
<td>20%</td>
</tr>
<tr>
<td>At country level - Burkina Faso</td>
<td>16%</td>
</tr>
<tr>
<td>At country level - Mali</td>
<td>11%</td>
</tr>
<tr>
<td>At country level - Ethiopia</td>
<td>15%</td>
</tr>
<tr>
<td>At country level - Uganda</td>
<td>9%</td>
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100%
### Annex A4. Co-funding ANSP (share EU funding and other sources)

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<th>Category</th>
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<th>Co-funding</th>
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<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 - Ethiopia</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>At country level - Uganda</td>
<td>55%</td>
<td>45%</td>
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<tr>
<td><strong>ANSP overall</strong></td>
<td><strong>67%</strong></td>
<td><strong>33%</strong></td>
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1 Introduction

Preface
The country visit of the external end term evaluation (ETE) was conducted in November 2015. It builds upon the 2013 mid-term evaluation (MTE). Mid-term and end term were conducted by the same team of 2 consultants. The report is one of the 5 annexes of the main ETE report. The format of all 6 reports is identical and is very similar to that of the MTE. All 6 reports have been guided by the set of questions provided in the evaluation’s Terms of Reference.

1.1 Key national statistics

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<th>Key geographic, economic, and social characteristics</th>
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<th>Sub-Saharan Africa</th>
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<td>Total population (2014)</td>
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<td>937,495 (2013)</td>
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<tr>
<td>Children under Age 5</td>
<td>2,983</td>
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<tr>
<td>Under-five mortality rate (infant mortality rate); 2013</td>
<td>98/64</td>
<td>121/76</td>
</tr>
<tr>
<td>Life expectancy at birth; 2013</td>
<td>56,3</td>
<td>56,9</td>
</tr>
<tr>
<td>GNI per capita (PPP); 2013, in USD</td>
<td>1560</td>
<td>3280</td>
</tr>
<tr>
<td>% of population below international poverty line of US$ 1.25 per day (2009-2013)</td>
<td>44,6</td>
<td>47,3</td>
</tr>
<tr>
<td>% of children early initiation of breastfeeding (2009-2013)</td>
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<td>47,4</td>
</tr>
<tr>
<td>% of children who are exclusively breastfed (&lt;6 months) (WHO threshold: &lt;50%); 2014</td>
<td>50,1</td>
<td>36,1</td>
</tr>
<tr>
<td>% of children (2009-2013) introduced to solid, semi-solid or soft foods (6-8 months)</td>
<td>57,4</td>
<td>65,0</td>
</tr>
<tr>
<td>Antenatal care coverage at least once (at least four times); (2009-2013)</td>
<td>94/34</td>
<td>76/45</td>
</tr>
<tr>
<td>Vitamin A supplementation coverage rate (6-59 months), full coverage (%); 2013</td>
<td>99,0</td>
<td>73,1</td>
</tr>
<tr>
<td>% of households consuming iodized salt (2009-2013)</td>
<td>33,7</td>
<td>59,1</td>
</tr>
<tr>
<td>% of under-fives with anaemia (2014)</td>
<td>83,4</td>
<td></td>
</tr>
<tr>
<td>% of infants with low birth weight; (2009-2013)</td>
<td>14,1</td>
<td>13,0</td>
</tr>
<tr>
<td>% of under-fives suffering from underweight (WHO), moderate &amp; severe; 2012</td>
<td>24,4</td>
<td>21,1</td>
</tr>
<tr>
<td>% of under-fives suffering from: wasting (WHO), moderate &amp; severe (WHO public health problem: &gt;10%; 2012</td>
<td>10,9</td>
<td>9,3</td>
</tr>
<tr>
<td>% of under-fives suffering from: stunting (WHO), moderate &amp; severe (WHO public health problem &gt;30% moderate, &gt;40% severe), 2012</td>
<td>32,9</td>
<td>37,3</td>
</tr>
</tbody>
</table>

59 This information is extracted from UNICEF SOWC 2015 xls sheet; UNICEF Country statistics and GNR 2015
60 Enquête Nationale de l’iode et d’Anémie au Burkina Faso 2014, known as ENIAB 2014
61 SMART survey 2015, Rapport Provisoire: 30.2% (Confidence Interval 29.2-31.3)
Recent publications
At the time of the MTE the so-called Cost of Hunger (COHA) studies were performed in several African countries, including Burkina Faso. Highlights for Burkina Faso are listed in Box 1 below.

Box 1: 10 Résultats issus de l’étude sur le coût de la faim au Burkina Faso*

1. Aujourd'hui, il y a plus d’enfants qui souffrent d’un retard de croissance au Burkina Faso qu'il y a 10 ans
2. Seul un enfant sur trois souffrant de sous-nutrition a reçu une attention médicale adéquate
3. La plupart des coûts de santé liés à la sous-nutrition se produisent avant que l'enfant n’atteigne l’âge de un an
4. 40% des mortalités infantiles au Burkina Faso sont associées à la sous-nutrition.
5. Les enfants souffrant d'un retard de croissance ont un taux de redoublement de 11,5% contre seulement 8,5% pour ceux n’ayant pas souffert de retard de croissance.
6. Les enfants souffrant d’un retard de croissance achèvent en moyenne 0,3 années en moins de scolarité.
7. La mortalité infantile associée à la sous-nutrition a réduit de 13,6% la population active du Burkina Faso.
8. 52% de la population adulte au Burkina Faso a souffert de retard de croissance durant leur enfance.
9. Les coûts annuels associés à la sous-nutrition chez l’enfant sont estimés à 409 milliards de FCFA, ce qui correspond à 7,7% du PIB.
10. Éliminer le retard de croissance au Burkina Faso est une étape nécessaire pour le développement inclusif du pays.


1.2 National Policy Framework in Nutrition Security

Burkina Faso has detailed specific nutrition policies and strategies. The national level Nutrition Directorate was created within the Ministry of Health as early as 2002. In the same year the first National Strategy for Food Security was published. The National Nutrition Policy (PNN) followed in 2007. At the time of the ETE visit a next version was in its final phase. In 2007 the Conseil national de concertation en nutrition (CNCN) was established to be followed, in 2010, by publication of the Plan Stratégique Nutrition (PSN) 2010-2015. These national plans and policies address improvement of the envisaged nutrition interventions and especially their integration in the health systems. Nutrition has also been integrated, to some extent, in the Stratégie de croissance accélérée et de développement durable (SCADD 2011-2015) and likewise in the Plan National de Développement Sanitaire (PNDS 2011-2020).

In 2012 another important policy document was completed and adopted: the 2011-2015 Programme National du Secteur Rural (PNSR). Towards the end of 2013 the Politique Nationale de Sécurité Alimentaire et Nutritionelle (PNSAN) came out. While the PNSR is a long term rural development plan, in which nutrition has to some extent been woven in, the PNSAN rather has a food security lens with a focus on food deficiencies at times of crisis. PNSR and PNSAN are not by nature complementary, which is a criticisms voiced by several respondents, and also in a 2013 ACF study.62 (ACF has in addition screened the PNSR for integration of nutrition, and found substantial gaps. To name but one of the gaps identified: the potential role for agriculture to address micronutrient deficiencies.) PNSR and PNSAN are steered by different councils, both based in the Ministry of Agriculture.

1.3 Technical and financial partners in Nutrition Security

This section is partly a repetition of the MTE text.

SUN membership and partnership arrangements

Burkina Faso joined the SUN Movement in 2011 and is still making progress in setting up the policies and programming required to scale up nutrition. The CNCN (see above) is the convening body. It is located within the Ministry of Health. The Director of Nutrition, also based in the Ministry of Health, is the SUN Country Focal Point. She is assisted by vice presidents of the Ministry of Agriculture and Food Security, the Ministry of Hydraulics and Sanitation, the Ministry of Social Action and National Solidarity

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and the Ministry of Economics and Finances. The Donor Convener is a UNICEF representative. Donors providing assistance for national plans include UNICEF, WHO, WFP, FAO, EU, ECHO, OFDA, USAID, World Bank and several NGOs. The development partners have their own separate platform called the Group of Technical and Financial Partners for Nutrition Security (PTF). This platform is divided into four sub-groups: Acute Malnutrition Management, Infant and Young Child Feeding, Food Security, and Advocacy and Political Dialogue.63

Since the MTE there has been further progress in implementation of the SUN Road Map – see Table 2 below.

<table>
<thead>
<tr>
<th>Pillars</th>
<th>Measures foreseen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition-specific</strong></td>
<td>Elaboration of Plan to Scale Up IYCF</td>
</tr>
<tr>
<td></td>
<td>Elaboration of Plan to Scale Up Management of Moderate Acute Malnutrition (MAM)</td>
</tr>
<tr>
<td></td>
<td>Elaboration of Plan to address micronutrient deficiencies</td>
</tr>
<tr>
<td><strong>Nutrition-sensitive</strong></td>
<td>Elaboration of the national Food and Nutrition Security Policy</td>
</tr>
<tr>
<td></td>
<td>Elaboration of Strategy for school canteens</td>
</tr>
<tr>
<td></td>
<td>Elaboration of BCC Plan for food and nutrition security</td>
</tr>
<tr>
<td></td>
<td>Training of health agents and community health workers on IMAM and IYCF at the national level (2 health agents per health facility, at least 2 CHWs per village) as part of the IYCF and SAM management scaling-up plans</td>
</tr>
<tr>
<td><strong>Capacity building</strong></td>
<td>Integration of nutrition in the Human Resource Development Plan of the Ministry of Health</td>
</tr>
<tr>
<td></td>
<td>Revision of curricula to include nutrition (Health; Agriculture)</td>
</tr>
<tr>
<td><strong>Governance &amp; Coordination</strong></td>
<td>Reinforcement of intersectoral cooperation regarding nutrition, at central (CNCN), regional and provincial level</td>
</tr>
<tr>
<td></td>
<td>Adoption and use of common results framework (CRF) for multisectoral interventions.</td>
</tr>
<tr>
<td></td>
<td>Update 2015: this is still work in progress, pending a more mature CRF</td>
</tr>
<tr>
<td></td>
<td>Establishment of biannual monitoring of inclusion of nutrition (mainstreaming) in all sectors. Update 2015: This depends on an updated version of the CRF, which is likely to require continuous attention.</td>
</tr>
<tr>
<td><strong>Mobilisation of funds</strong></td>
<td>Estimate the funds required for scaling up all nutrition interventions. Update 2015: Tracking has been done with support of several development partners. Exercise yet to be completed</td>
</tr>
<tr>
<td></td>
<td>Increased mobilisation of internal and external funding for nutrition. Update 2015: Through lengthy advocacy with the National Assembly nutrition now to be an obligatory part of all legislation (Plan de Developpement)</td>
</tr>
<tr>
<td></td>
<td>Monitor the financial allocations for nutrition, of Government and Partners, in the health and agriculture budgets Update 2015: consultant team starting work on this</td>
</tr>
</tbody>
</table>

* Source: [http://scalingupnutrition.org/sun-countries/burkina-faso](http://scalingupnutrition.org/sun-countries/burkina-faso)

While the MTE wrote that the activities in the last row of the table – mobilisation of funds – were yet to be addressed these are now all under way. UNICEF/ANSP has continued to support further progress and consolidation of earlier achievements. In partnership with the National Nutrition Directorate it has, for example, guided World Bank consultant teams to prioritize nutrition in a meaningful way in recent Social Protection (Politique Sociale). Some of these processes, especially those involving legislation, have taken several years.

**Special (and positive) features in the Burkina Faso setting**

A country-wide network of pre-selected NGOs and CBOs provided a foundation for health-related prevention endeavours64

63 Source: [http://scalingupnutrition.org/sun-countries/burkina-faso](http://scalingupnutrition.org/sun-countries/burkina-faso)

64 Comment of Country Office: ‘Contracts with NGOs expired in December 2015. Instead of contracting with NGOs and OBCE, the government decided to set up community health by recruiting two community-based health agents (ASBC) per village across the national territory. The main roles of ASBC are: health promotion, prevention of disease, and curative care for certain diseases.’
In the context of the *Programme d’Appui au Développement Sanitaire* (PADS), the Ministry of Health contracted a network of Community Based Organisations (CBO/OBCE) to deliver the health and nutrition services at community level. The aim was to achieve equitable access to prevention services all over the country. The country’s 63 health districts were to this effect divided in 21 lots, with an NGO ‘renforcement de capacité’ (Rencap) in charge of the selected CBOs in each lot. The Rencap NGOs were themselves also contracted and as such formed a network of (19) pre-selected partners of the Ministry. The network was in existence since 2008/2009. Thus in Burkina there has been a strong institutional foundation of NGOs and CBOs which were both vertically and horizontally linked and which had already worked on matters of prevention in the regions and districts they were based in. The local population knows them for their previous work; likewise any new work – such as the IYCF intervention package - could be grafted on previous work. In the course of 2012 a National Policy for community health was developed with ANSP/UNICEF technical assistance. The IYCF package by nature falls within the implementation of this policy.

**Strong linkages between the Ministry’s Nutrition Directorate and UNICEF’s nutrition unit ensure close cooperation; nutrition is firmly situated in the health sector**

The ties between the Ministry’s Nutrition Directorate and UNICEF’s nutrition unit were at the time of the MTE described as ‘historical’. This has not changed and if anything the ties have become even stronger. “We are family” as staff members expressed it and this is no exaggeration given that UNICEF’s most senior nutrition officer is the predecessor of the current director while another member of the UNICEF équipe and the Director are former classmates. This proximity shows in close working ties and continuous interaction. However, it is also still true that the institutional setting of nutrition in the Ministry of Health, together with the close links with UNICEF, have automatically led to nutrition being health-led, even though the staff of the Nutrition Directorate are staunch supporters and advocates for a multisectoral approach. In 2013 the Ministry of Agriculture re-named one of its existing units to be the main entry point for nutrition.

**A clear division of work within UNICEF’s nutrition unit has created space for one staff member to focus exclusively on ANSP’s pillar 4: the IYCF programme**

ANSP Pillar 4, the IYCF programme, has been planned and strategized in minute detail. This has been possible as one staff member has since his arrival in 2012 (and until his departure at the end of 2015) devoted all his time to it. Work on the other 3 pillars has been integrated in the duties of the other team members.

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65 [http://www.pads-burkina.org/index.php?option=com_contact&view=contact&id=1&Itemid=6](http://www.pads-burkina.org/index.php?option=com_contact&view=contact&id=1&Itemid=6)


67 The name is: Direction de l’Alimentation et de la Promotion de la Qualité Nutritionnelle (DAQPN)

68 The Country Office commented: ‘Following the reading of the new texts of CNCN, proposals for CNCN institutional inking were made to the government. For the moment no decision has yet been taken and CNCN is still under the Ministry of Health.’
2 Findings

2.1 Overall Relevance and Appropriateness

1.  2.1.1 Programme design

The 2011-2015 programme has aimed at 7 results under 4 result areas (“pillars”), summarized in the figure below. In 2013 the entire ANSP programme was redefined which included alignment of the programmes in the 4 ANSP countries. This has had implications for the phrasing of the 4 result areas as will be detailed in later sections of this report.

The programme in Burkina Faso has availed of a total budget of €2,401,800 excluding administrative costs. The budget for the individual pillars has since 2013 been redistributed: R1: €318,500 (was €528,246); R2: €70,000 (was €234,554); R3: €512,300 (was €580,000); R4: €1,501,000 (was €1,059,000). The budget for the 4th result area has thus substantially increased (to 62% of the total budget) while that of the other result areas, especially pillar 1 and 2, has decreased.

Figure 1: ANSP Burkina Faso, original

The 4 result areas have largely fitted with the priorities listed in Table 2 – the SUN Road Map. Something which is not clearly included in the above is the institutional anchorage of the nutrition coordination body - the Conseil National de Concertation en Nutrition (CNCN). This has been the topic of much debate which at the time of the ETE visit was still unresolved. The debate concerns the question if the CNCN should remain under the wings of the Ministry of Health or should rather be under the Prime Minister’s Office. (Respondents interviewed were largely in favour of the latter option.) Important steps foreseen in the Road Map (Table 2 above), including the finalization of a common results framework (CRF) for multisectoral interventions, had thus come to a halt. 69

69 The Country Office comments that ‘The MOH continue to ensure the lead but text related to the CNCN has been revised giving more room and responsibility to other sectors’.

The design and implementation of the 4th Result Area – setting a model for a country-wide IYCF programme - has apparently not suffered from the above uncertainties. The R4 results have been defined for 2 (out of 13) regions, which regions have been the cradle of a nation-wide plan. ANSP pillar 4 has effectively funded the test phase, taking place in these 2 regions. This is exceptional when we compare R4 in Burkina with the other 3 ANSP countries. In Burkina the phrase "scaling up" has been interpreted in the literal sense, by design.

(However,) the question on the appropriateness of the design to address the longer-term problems of stunting and anaemia in the targeted communities is a complex one. For one, the answer to this question is known only after several years of programme implementation, notably of pillar 4. This requires repeated surveys in the intervention areas in the 2 regions (more on this in section 2.8).

With the rewrite of the programme (see above) the expected results have shifted away from these long term results. Yet ANSP has offered a unique opportunity to assess not only mid-term, but also long term results at impact level. As will be discussed in section 2.8 the impact level results for stunting and anaemia reduction have differed considerably between the ANSP countries. Lessons can be drawn from these regarding the appropriateness of the pillar 4 designs. Chapter 4 in the regional and main reports refers for these lessons.

The Burkina Faso ANSP programme has had an unusual and very productive cooperation arrangement with the University of Montpellier. Throughout the ANSP life time MSc students have come and explored pertinent questions as they came up. The ANSP four pillar design for the entire programme was a logical one, as it enabled to combine the various levels and actors. It was not built upon appropriate research, studies and assessments that had already been conducted. Burkina Faso has been exceptional among the 4 ANSP countries where it benefited from a WCARO partnership programme between UNICEF and the Institut de Recherche pour le Development (IRD). This enabled the Country Office to get in depth and relatively fast replies to the design questions that came up during ANSP implementation. Questions could be in any pillar domain, but often concerned pillar 4 and especially the implications of going to scale. For example, in the Nord Region the model of IYCF community intervention was studied, in order to inform the extension phase. The MNP pilot was the topic of another MSc thesis.

2. 2.1.2 Coherence, completeness and complementarity to other initiatives

Close links with the Ministry of Health and the NGOs Rencap

ANSP/UNICEF has found a national embedding in the first place with the Nutrition Directorate in the Ministry of Health. This coherence not only applies for work in the ANSP context, but also for work on, for example, activities related to CMAM. The UNICEF Nutrition section has been able to establish close linkages with a wide range of Government partners and their technical and financial partners, most of whom take part in the above-mentioned PTF.

3. 2.1.3 Uptake of the ANSP mid-term evaluation lessons, conclusions and recommendations

Uptake of the MTE lessons, conclusions and recommendations
UNICEF’s management response disagreed with the majority of the MTE recommendations. Yet when these were discussed with the ETE it became clear that the disagreement was only partial. In Burkina Faso the response was in several cases that ‘the full achievement of the recommendation would be beyond the scope and timeline of the ANSP’ A case in point is the recommendation on ‘internal mainstreaming’ of nutrition in UNICEF’s own sectors, notably health, education, WASH and child protection. The MTE specified that ‘Of particular interest would be cases of mutual reinforcement between the sectors, where nutrition has been integrally included and/or has benefited from preceding efforts in the other sectors.’ Although the management response disagreed it appears that the Country Office has meanwhile seen fit to take this up in a new programme in the Sahel Region (section 2.10.1 elaborates).

The ETE discusses individual recommendations in relevant sections in the main text of this report. This will be done both for recommendations that appear to still be relevant and for recommendations that

70 Institut de Recherche pour le Développement (IRD), Montpellier

71 From this experience the ETE drew the lesson that all recommendations must be passed through UNICEF in order to iron out misunderstandings and arrive at texts which are both understood and mutually agreed.
have been overtaken by events. The full management response for Burkina Faso is presented in Annex B-2 of this report.

4.  

5. 2.1.4 Partnership with EU in practice  
There has been little interaction with the EU Delegation other than occasional exchanges during the regular PTF platform meetings. The Country Office used the opportunity of the ETE visit for a joint visit to the Delegation, also to meet newly arrived staff and discuss how working relationships could be established and possibly link with a future programme. Even so it is clear that there has been no formal such interaction during the latter years of the ANSP programme – something which both the Delegation and the Country Office regretted.

2.2 Equity Focus  

6. 2.2.1 Equity focus of the strategies implemented for the reduction of stunting and anaemia  
Geographic, gender, age, income and ethnic origin, etcetera
Food insecurity is wide-spread, pointing to the need for country-wide programming
The map below signifies a well known problem of targeting nutrition insecurity that arises from food insecurity: often pockets are spread all over the country even though some regions are clearly worse off.

Figure 2: Vulnerability in terms of food insecurity

72 Source: ANSP/UNICEF staff at the Country Office
There is ample evidence that, although “lack of knowledge” plays a role, poverty is a main cause for poor diets.
The earlier quoted multi-country ACF study has put the issue of access to balanced diets in an equity perspective: the poorest strata simply lack the money for a properly balanced diet.\(^73\) Figure 3 refers.

![Figure 3: Cost of a balanced diet surpasses poor people's income *](image)

\(^*\)Source: Save the Children (2012) Cost of Diet Analysis, Kaya Province, Burkina Faso

The links between food (in)security and (mal)nutrition are context specific.
As noted in the ACF case study, certain regions of relative food security show high malnutrition rates. This phenomenon is commonly known as the paradox: of having both high productivity, and yet poverty and malnutrition. In Burkina Faso the paradox applies to the Cascade region in the West, just like it does for the neighbouring Sikasso region in Mali (note: in the Mali ANSP programme this region has been selected as one of the 2 pillar 4 regions). Reasons cited are amongst other the heavy workload of women, inadequate nutrition practices, and above all: low income due to unfair pricing of the crops produced.

The “best” sequence to achieve full coverage is to some extent arbitrary. In reality the sequence has depended on the plans of funding agencies and projects to incorporate IYCF in the design of new projects. The sequence as proposed for introduction of the IYCF programme – see figure below - is apparently based on multiple arguments, including poverty and malnutrition prevalence. Given the data, however, there is ample reason to argue that IYCF is meaningful throughout the country, and that, given the plan to go full-scale, the actual sequence is not all that important. In reality the sequence has depended on the plans of funding agencies and projects to incorporate IYCF in the design of new projects. At the time of the ETE this had happened in altogether 5 ‘new’ regions. As stated in the latest Progress Report as a Year 4 achievement: ‘... an integrated package of IYCF services through the life cycle for the extension to 5 others regions (Cascades, Est, Centre Nord, Boucle du Mouhoun, Sahel).’ (More on this in later sections)

\(^73\) ACF-International (2013) Étude De Cas Réconcilier l’Agriculture et la Nutrition; Étude de cas sur les politiques agricoles et la nutrition au Burkina Faso.
[www.actioncontrelafaim.org/en/content/seeds-of-good-nutrition](http://www.actioncontrelafaim.org/en/content/seeds-of-good-nutrition) (English) and [www.actioncontrelafaim.org/fr/content/graines-bonne-nutrition](http://www.actioncontrelafaim.org/fr/content/graines-bonne-nutrition) (French)
Narrowing the nutrition security gap between the wealth strata is not a self-evident part of ANSP’s pillar 4 IYCF plan; yet this ought to be a possibility for Burkina’s IYCF programme.

Chronic malnutrition in Burkina has been increasing from 30% in 1993 to 39% in 2003 and has since been decreasing gradually, to 30.2% in 2015. However, the decrease started earlier (in 1998) for the wealthiest quintile as compared to the other four quintiles. Although the rapidity of the decline appears the same for the five quintiles, the earlier start of the decline in the wealthiest quintile has resulted in a larger gap between the rich (prevalence 18%) and the poorest quintile (prevalence 42%), in 2010. The above suggests that the success of the IYCF programme should not only be measured in the regular anthropometric indicators that are part of the SMART surveys, but should also contain an assessment of the programme’s uptake among the poorest quintiles. Ideally, the programme should ascertain if it has succeeded in narrowing the gap between poor and better-off households. It is conceivable that future evaluations undertake to do this. It is also conceivable that the mothers’ groups (Groupes d’Apprentissage et de Suivi des Pratiques d’ANJE (IYCF), or GASPA) at village level commit to ensuring that every expectant mother enters the routine of the GASPA groups, and stays in it, until the baby reaches the age of two years.

The 2013 MTE made a recommendation to this effect, that: ‘The IYCF programme will need to prove itself in terms of access to, and use of, both nutrition-specific interventions and nutrition-sensitive interventions. If it manages to do the latter and document that all strata (wealth quintiles) access and profit equally from the programme, it has the potential of a model programme.’ The management response rejected the recommendation arguing that ‘full achievement of this recommendation will be beyond the scope and timeline of the ANSP’.

7. 2.2.2 Responsiveness to barriers and bottlenecks

Inequalities in access and coverage of key nutrition interventions

The MTE argued that ‘the IYCF programme eventually will address the entire country and will thereby avoid inherent inequity problems.’

At the time of the MTE the coverage for addressing cases of acute malnutrition was 7 out of 13 regions. The IYCF programme is set to address this inequity, not by better or more equitable care for

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75 ACF (2013), Étude de Cas, Réconcilier l’agriculture et la nutrition; Étude de cas sur les politiques agricoles et la nutrition au Burkina Faso
76 UNICEF, presentation by Biram Ndiaye, April 2013. No data as yet for 2015.
malnourished children, but by community level ‘systems’ which prevent malnutrition from happening and which will, hopefully, thereby also include early identification of, and care for, children with acute malnutrition. It is hoped that the IYCF programme will eventually be country-wide. The programme design starts from coverage norms that are feasible, in the sense that individual health workers and CBO staff have manageable targets which he or she can be expected to achieve. This implies a certain proximity to the catchment area population, including all wealth strata. There thus is a possibility for this programme to be by nature equitable. For the Nord Region and for Plateau Central the coverage aimed for at the time of completion of ANSP is 85%. The ultimate coverage aimed for is 90%, for all regions.78

There is a dilemma of having good solutions for nutrition sensitive interventions, which, however, cannot be rolled out as a recipe, over an entire country. This is the case for increasing access to, and use of, complementary foods.79 Regarding access to complementary foods there are several approaches, which complement each other. A recent development are the locally produced fortified flour varieties (Misola, Yonhama), of good quality, with support of specialised NGOs. There now are some 30 production units spread over the country. However, the products are still insufficiently known and marketed. The experience of GRET shows that with proper sensibilisation 30% of the mothers in two eastern provinces now regularly buy these fortified flours. Obstacles to do so are both cultural (lack of habit; perception that there is no need) and economic. Innovations to sell ready-made baby porridge in kiosks in poor neighbourhoods are under test. Most partner NGOs promote improved recipes based on locally available cereals – millet, sorghum, maize - and there also is a large variety of existing recipes, published by the Nutrition Directorate. These serve to work with what is feasible, but do not necessarily cover all nutritional requirements, notably for micronutrients. Some NGOs therefore specifically promote for households to grow micronutrient-rich foods themselves. (More on Micro Nutrient Powders in later sections)

The above dilemma is not solved in the current approach of ‘adding' nutrition sensitive interventions for selected households; some 3% of the IYCF target group has been offered this support.

The 2015 ANSP Progress report states for Burkina Faso that ‘The IYCF community based platforms in the two ANSP’s focus regions have offered a demonstrated model of integration with nutrition sensitive interventions (homestead food production, WASH, nutrition at school).’ The ETE observed that this is indeed the case, but is not an integral part of the IYCF intervention. The nutrition-specific interventions are for the entire population (the target group of mothers and their under two year old children). Here a coverage of 75-90% is achieved (Attendance of women to the mother to mother group IYCF session – see Table 9 in section 2.8.1). The nutrition-sensitive component has been an add-on for selected households. These have consisted, firstly, of model homes selecting households that could be seen as exemplary (379 in the Komni Ribo project area; 300 in the AMMIE project). Secondly, there were poor activities offering a small ‘menu’ of options. In the Komni Ribo project areas altogether some 500 mothers benefited from either poultry (412), or micro-gardening (37) or a combination (31). In the AMMIE area 615 mothers benefited from this type of support; the majority (612 mothers) opted for poultry; 3 mothers chose the option of orange flesh sweet potatoes while none opted for micro-gardens. These 1115 mothers represent just over 3% of the approximately 33,500 women and their households which accessed the IYCF nutrition specific component of the project in the Nord Region.80

A recent development is the introduction of home fortification using the mother peer support group as a delivery mechanism. This has been introduced (and is being evaluated) in the Nord Region to address anaemia among young children.

Section 2.6 refers for further discussion of this pilot.

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78 IBFAN/PAIB/Action chant des femmes (ACF) (2013) Documentation des bonnes pratiques (Promotion des pratiques optimales d’ANJE à travers un partenariat avec des organisations communautaires de base au niveau de la région du Plateau Central). (Draft 1 avant évaluation finale)
79 Ministere de la Sante : Plan de passage à l’échelle des interventions d’Alimentation du nourrisson et du jeune enfant. The plan was adopted in April 2014 after extensive review.
80 The 2015 ANSP Progress report states: ‘In the Nord Region, ANSP supported two IYCF promotion projects named KomnEEBA (beautiful children) and Kombi Ribo (Feeding toddlers) through a two-year Programme Cooperation Agreements with two local CSOs, Appui Moral, Materiel et Intellectuel a l’Enfant (AMMIE) and Solidarité et Entraide Mutuelle au Sahel (SEMUS). Through these programs, 33,500 pregnant women and 67,200 of children under 2 years of age and their caregivers have received IYCF services through community-based interventions in the Nord Region.’
2.3 Effectiveness Pillar 1: Policy Development

Table 4: Pillar 1 Expected Results

<table>
<thead>
<tr>
<th>Continent</th>
<th>Expected Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continental</td>
<td>Strong commitment from political continental bodies that function to advocate,</td>
</tr>
<tr>
<td></td>
<td>convene and promote implementation of nutrition scale-up</td>
</tr>
<tr>
<td>Regional</td>
<td>Strong alignment of regional stakeholders on nutrition to support increased</td>
</tr>
<tr>
<td></td>
<td>political, technical and financial commitments towards scaling up nutrition</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Outcome: National policies are aligned to impact nutrition by integrating nutrition</td>
</tr>
<tr>
<td></td>
<td>as a key objective across different sectors</td>
</tr>
<tr>
<td></td>
<td>Output: Strong national nutrition leadership and ownership and coordination to</td>
</tr>
<tr>
<td></td>
<td>support scale-up of nutrition programmes across sectors</td>
</tr>
<tr>
<td>Indicators</td>
<td>• Existence of finalized National Food Security Policy which includes nutrition</td>
</tr>
<tr>
<td></td>
<td>issues</td>
</tr>
<tr>
<td></td>
<td>• Existence of finalized Multisectoral Nutrition Coordination body (CNCN) policy</td>
</tr>
<tr>
<td></td>
<td>documents in line with the multisectoral approach to address stunting</td>
</tr>
<tr>
<td>Yr 4 workplan</td>
<td>In the Yr 4 workplan the activities to achieve the above have remained the same</td>
</tr>
<tr>
<td></td>
<td>as they were defined in the Yr 3 workplan. They are:</td>
</tr>
<tr>
<td></td>
<td>• Support the inclusion of nutrition in the National Food Security Policy and to</td>
</tr>
<tr>
<td></td>
<td>operationalize an action plan</td>
</tr>
<tr>
<td></td>
<td>• Support the organization of the coordination meetings of the National</td>
</tr>
<tr>
<td></td>
<td>Consultative Council for Nutrition (NCNC) and regional coordinating committees</td>
</tr>
<tr>
<td></td>
<td>• Provide technical support to the Nutrition Directorate (MOH) to strengthen the</td>
</tr>
<tr>
<td></td>
<td>multisectoral approach to address stunting (through a workshop on May 2014 and</td>
</tr>
<tr>
<td></td>
<td>support in implementing key commendations)</td>
</tr>
</tbody>
</table>

In the Yr 4 workplan the activities to achieve the above have remained the same as they were defined in the Yr 3 workplan. The activities, although relevant, cannot by themselves be expected to achieve the desired results.

8. 2.3.1 Nutrition Governance

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 indeed ‘supported this dialogue by putting together a business case approach that outlines the pros and cons of each option’. Part of this task was assigned to Cornell University as is described in section 2.8.2 of this report. In December 2014 the PTF produced a set of recommendations to accelerate the decision making with a view to move towards a coordinating CNCN (instead of a ‘Conseil National de Concertation en Nutrition’).

At the time of the ETE the SUN website for Burkina Faso was not updated. REACH staff have been hosted in the WFP Country Office. An initial task of REACH has been to make an elaborate inventory of nutrition-related activities in the country. REACH also worked together with Cornell on concept and exploration of multisectoral fora – both at national and at decentralized level.

9. 2.3.2 Policies developed and/or modified

The evidence is that all planned-for activities have been implemented, but these activities were already completed in 2013. As mentioned earlier both the 2011-2015 Programme National du Secteur Rural (PNSR, in 2012) and the Politique Nationale de Sécurité Alimentaire et Nutritionnelle (PNSAN, in 2013) have been completed. Yet the activities and achievements listed in the Progress Report concern earlier years.

The long-awaited update of the Nutrition Policy has appeared in draft and is expected to be endorsed early in 2016. The ETE does not know if and to what extent multisectoral experience has been included and how the issue of anchorage of the nutrition theme is addressed. At the time of writing

82. The Country Office comments that ‘The new National Nutrition Policy and multisectoral strategic plan 2016-2020 have been developed but not yet adopted. Indeed, the Government requested that all strategic development documents are revisited to comply with the PNDES. The PNDES (National Plan of economic and social development) is the new standard that replaces SCADD. However, adoption is expected by the end of 2016.'
this report the nutrition theme was still assigned to the Ministry of Health. Remarkably, the senior staff of the Nutrition Directorate have themselves become the strongest proponents of a multisectoral arrangement.

It is noteworthy that more activities than were listed above have effectively been implemented, not least because of the close partnership with the Ministry’s Nutrition Unit. Examples are tasks listed in the SUN Road Map – table 2 refers. Yet it is also true that the lack of institutional anchoring of a multisectoral approach has been a structural obstacle for progress.

10. 2.3.3 Partnerships and multi-sectoral collaboration

Unlike in Mali ANSP Burkina Faso did not have a steering committee where all stakeholders meet and keep others up to date on progress, challenges and accomplishments. The pillar 4 IYCF programme 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

11. 2.3.4 Integration of nutrition in (programmes of) other sectors making them nutrition-sensitive

Despite concerted and joint efforts of the Nutrition Directorate and the UNICEF Country Office there has been an absence of ‘Strong national nutrition leadership and ownership and coordination to support scale-up of nutrition programmes across sectors’. At the same time the Ministry of Health and notably the Nutrition Directorate worked hard to ‘mainstream’ nutrition in the health systems. As will be described under pillar 2 below this went as far as teaching nutrition to the staff of the National School of Public Health (NPHS) and helping them to incorporate nutrition in all relevant course curricula of the students.

2.4 Effectiveness Pillar 2: Capacity Development

Table 5: Pillar 2 Expected Results

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continental</td>
<td>Functional continental and regional bodies that provide guidance, frameworks, norms or standards on nutrition to their Member States</td>
</tr>
<tr>
<td>Regional</td>
<td>Strengthened strategic, leadership and technical capacity at national and sub-national level that supports multisectoral coordination in nutrition</td>
</tr>
</tbody>
</table>
| Burkina Faso   | • Outcome: National nutrition programmes are strategic and have the capacity to adapt to changing contexts that influence nutrition programming in the country  
• Output: Availability of skilled and capable workforce across sectors that can provide quality nutrition interventions and services. |
| Indicators     | The indicators have become more precise. They are for Burkina:  
• Number of branches of the Matourkou Agricultural Training Centre that have integrated nutrition into the curricula  
• Number of branches of the National School of Public Health (NPHS) that have integrated nutrition into the curricula |
| Yr 4 workplan | In the Yr 4 workplan the activities to achieve the above have been updated as compared to the Yr 3 workplan. They are:  
• Strengthen the capacity of the Matourkou Agricultural Training Centre to integrate nutrition into the curricula  
• Strengthen the capacity of the National School of Public Health (NPHS) 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 |

**ANSP as a catalyst**

In the Yr 4 workplan the activities to achieve the above have been updated as compared to the Yr 3 workplan. The indicators reflect the activities. As noted before, the activities, although relevant, cannot by themselves be expected to achieve the desired results. The gap between activities and output is large as is the gap between output and outcome. There is, in other words, much more needed to achieve the desired results. **ANSP has served as a catalyst for all that is yet to happen.** (Section 2.9 will elaborate.)
With technical and financial support from the ANSP, the Matourkou Agricultural Training Center and the Burkina Faso National School for Public Health have revised the training curricula for health workers and learning outcomes for nutrition, health and agricultural sciences. This was extensively discussed in the MTE.

In the Matourkou Agricultural Training Center new modules for integrating nutrition into agriculture curricula were developed, validated and rolled-out. ANSP (with both the UNICEF Burkina Faso Country Office and WCARO) provided extensive technical support and financial resources for these activities. Five branches of Matourkou Agricultural Training Center (CAPM) have effectively integrated nutrition into the curricula: 1) Agricultural Technical Agents; 2) Senior Agricultural Technicians; 3) Senior Technicians in Soil Science; 4) Councilors of Agriculture; and, 5) Engineers of Agriculture. The lessons using the new curriculum started in September 2013.

In the NPHS 7 branches in which nutrition would be relevant have been addressed. Under the National School of Public Health (NPHS), three branches were targeted: 1) nursing graduates of state; 2) midwives; and, 3) the specialist nurses in pediatrics. Due to increased awareness, seven branches (the outreach health workers, midwives’ assistants, mid-level graduate health workers, principal health workers, principal midwives, pediatric assistants, and obstetrics and gynecology assistants) have revised their curricula to better integrate nutrition. The new lessons were started in September 2013.53 (Section 2.9 elaborates)

ANSP has done far more than the above in terms of capacity development. The work of Cornell, though not listed under pillar 2, has been an across-the-levels exercise in capacity development specifically for ‘mainstreaming nutrition’. The ANSP design has not been ideal to showcase the work of Cornell. It has taken place with existing institutions as the CNCN at national level and has gone as far as revamping or even creating new institutions – a multisectoral nutrition forum in a district (Yako District) in one of the pillar 4 pilot regions (the Nord Region). Box 5 summarizes.

Also the work done at national level, for example to draft Common Result Frameworks with the CNCN participants can be seen as capacity development. The fact that the guidance of this type of work has come entirely from national-level actors, without any need for external technical assistance is telling. In that sense the hierarchy suggested in table 5 above is misleading. In Burkina Faso (and in other ANSP countries) the national level actors have experiences which regional actors can learn from. (More on this below)

12. 2.4.1 Capacity of programme planners and decision-makers
As also described in the MTE, there has been coherence between national and supra national level capacity building
The capacity building outputs and activities in Burkina Faso have been entirely consistent with the regional WANCDI initiative – regional ETE Annex A refers. In WANCDI the aims were to 1) identify research and training institutions that can be further supported to move forward the nutrition agenda in the region; 2) develop prototypes of curricula in public health nutrition at the bachelor, masters, doctoral and allied medical levels; 3) enable closer ties between research, training and programmes; and, 4) technically assist in the field of public health nutrition. This last aim operated through through WAHO in creating an enabling environment, assisting countries to join the SUN Movement, and in leadership development for national nutrition focal points.84 The UNICEF staff member who has steered WANCDI has been based in Ouagadougou which has facilitated interaction with the UNICEF Country Office and with selected national programmes such as with CAP Matourkou.

The identical formulation for Matourkou Agricultural Training Centre and the National School of Public Health (NPHS) has been the start of a model approach for curricular reform.
The steps taken 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 a nutrition module but to really integrate nutrition in all the different subject courses taught.

83 In the MTE NPHS staff indicated that 10 courses would be addressed, ranging from “agents itinérants de santé” (health assistants), to midwives, to (selected) academic level courses. 
13. **2.4.2 Enhanced nutrition capacities of different sectors**

The early evidence is that the approach – the process - to include nutrition in all relevant curricula has been successful. Despite a positive evaluation of CAP Matourkou the longer term effectiveness is yet to be established.

Points to the likelihood of success were:

- The process has been systematic and clear, to an extent that NPHS could easily emulate the Matourkou sequence of steps.
- Great ownership and facilitation by CAP/ Matourkou, also for the NPHS.
- Used the expertise of a large number of organisations (DN, FAO, DAPQN, ENSP-Bobo, etc).
- Validation by experts of 14 national organisations which in one way or another are implicated in higher education and/or agriculture, health and nutrition.
- The process has served as an example for WANCDI and FAO (FAO both at regional level – Accra and global level - Rome).
- ANSP/UNICEF - both the UNICEF Burkina Faso Country Office and the Ouagadougou based WCARO staff - provided extensive technical support and financial resources.

The ETE repeated its request at the NPHS to get to see the actual changes in the curricula, in order to compare “before and after”. In the one ‘before and after’ curriculum it received the changes were convincing.

The evaluation results of CAP Matourkou are discussed in section 2.9.

**Multisectoral coordination of nutrition -and food security has largely been supported in the form of meetings; unreported, however, is significant added value of multi-pillar linkages at decentralised levels**

ANSP/UNICEF has technically and financially supported meetings at national and regional levels, including the Regional Committees of the Nutrition Councils. As stated in the 2015 interim progress reports “These meetings are opportunities to discuss linkages between nutrition and other sectors, especially nutrition and agriculture. Next steps include implementation and monitoring of recommendations from the annual meetings.” In addition, and on a practical note, the meetings in the Northern region, which is the first of two test phase regions for pillar 4, have also served to discuss the pillar 4 IYCF programme. Master trainers required for pillar 4 were, for example, identified through these contacts.

14. **2.4.3 Nutrition training materials; standardised training for health staff**

ANSP/UNICEF has put significant effort in design and production of training materials for its pillar 4 IYCF programme. The materials reflect the enormous effort and expertise that went into the IYCF programme. The ensemble of materials is strong foundation for community level IYCF. A good example of a tool that is meant to ‘mainstream’ nutrition into the daily routines of health staff is the ‘Aide Memoire’ which is a beautifully designed and practical instrument. As the programme is implemented by NGOs the involvement of health centre staff is somewhat indirect. The ETE has not been able to establish wider use of the instruments. It is noteworthy that Burkina Faso has not reported on this aspect of capacity development in its progress reports. Figure 6 below presents a selection.
2.5 Effectiveness Pillar 3: Information systems and knowledge

Table 6: Pillar 3 Expected Results

<table>
<thead>
<tr>
<th>Continental</th>
<th>Monitoring system with nutrition indicators is in place at continental level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional</td>
<td>Strengthened monitoring and implementation at country level through direct country support from regional resources and horizontal learning from experiences, lessons learnt or innovations of other countries</td>
</tr>
</tbody>
</table>
| Burkina Faso| Outcome: Strong national oversight for nutrition with relevant and sustainable nutrition information systems available at all levels for decision-making  
Output: Oversight, decision-making and programme implementation have access to relevant and timely nutrition information |

Indicators

Thanks to the redrafting exercise of the entire programme the indicators have become more precise. They are for Burkina:
- Number of annual systematized SMART reports providing national nutritional situation and key infant and young child feeding (IYCF) indicators
- Number of studies to document the implementation of multisectoral community interventions aimed at reducing chronic malnutrition among children

Yr 4 workplan

In the Yr 4 workplan the activities to achieve the above have been refined and specified as compared to the original logframe. The activities remaining are:
- Introduce and systematize into the SMART survey platform the determination of the key IYCF indicators
- Document the process of implementation of multisectoral community interventions aimed at reducing chronic malnutrition among children

In the Yr 4 workplan the activities to achieve the above have been curtailed as compared to the Yr 3 workplan, which went beyond the ANSP domain. The indicators reflect the activities. The ambition level has been very modest both for the SMART surveys and for the documentation function.

15. **2.5.1 Strengthened nutrition monitoring systems**

Annual nutrition surveys using SMART tools have been institutionalized in Burkina Faso since 2009. Initially they only included anthropometric indicators. Infant and young child feeding indicators and determinants of chronic malnutrition were included since 2012, with technical and financial support from ANSP). The interest of other users in the SMART data is well established. USAID has committed to
support the SMART surveys now that ANSP funding has finished. The usual period of data collection is from July to October, but the 2015 survey has been delayed. There is no evidence that ANSP/UNICEF has used the availability of the annual data to bring out lessons on the effectiveness, or lack of it, of different intervention packages (this had been a MTE recommendation). As will be discussed in section 2.8 the SMART survey sampling strata have not allowed to do this. **It appears that in fact there has since 2012 not been further development on more creative use of the SMART surveys, notably to draw in important users.** (The 2013 MTE had recommended this at the regional level.)

**Underreported achievements under pillar 3**

ANSP went beyond logframe objectives in support of nutrition monitoring systems by supporting inclusion of nutrition 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. Currently 10 key nutrition indicators are included. The system is being rolled out since 2015 and uses the advanced DHS2. Box 2 refers.

### Box 2: Development of an integrated National Health Information System (SNIS) in Burkina Faso *

To strengthen the national health information system (SNIS) the Ministry of Health began in 2012 the development of an integrated management of health information (ENDOS). In collaboration with the Nutrition Directorate actions have been taken to integrate consensual nutrition indicators in the NHIS and to harmonize tools for nutritional data collection in the field. Since January 2015 the inclusion of nutrition indicators in ENDOS has become a reality.

Il faut dire que le processus de prise en compte des indicateurs de nutrition a été un processus qui a nécessité:

- de faire la situation des outils de collecte de la nutrition utilisés au niveau des formations sanitaires et au niveau communautaire
- d’apprécier le circuit de transmission des données de nutrition
- d’apprécier le système actuel de gestion des données de la nutrition
- de définir les indicateurs de nutrition à prendre en compte
- de proposer un système efficace de gestion des données de la nutrition
- de paramétrer les indicateurs dans ENDOS

*Source: Sylvestre Tapsoba, Country Office

UNICEF/ANSP has drafted 5 M&E tools for its pillar 4 IYCF programme. Use of these tools was a contractual obligation for all partners engaged in PCAs with ANSP/UNICEF. They are all registers. The registers effectively have been core to the programme’s routines and reporting. CBOs engaged by the NGO partners thus filled them out on the spot as proof of the work at community level. The registers concern:

1. Mother-to-mother support group
2. Community dialogue
3. Exclusive breastfeeding monitoring
4. Triple A’s register for adequate complementary feeding practices
5. Home-based food fortification (MNP pilot in Nord Region)

Together the tools have formed an administrative system which enabled the NGOs to report to ANSP/UNICEF.

### 16. 2.5.2 Documentation

Most but not all activities have been implemented – see above.

The SMART activities have been prominent in the progress reports. It should be added that Burkina Faso is one among a host of countries where SMART surveys have been supported and executed. The incremental design – IYCF/behaviour indicators have been included since 2012 – is likewise no exception. Like in other countries there has been positive feedback at all levels on both precision and rapidity of SMART. The regional (WCARO) role of validation / quality assurance has remained necessary. A special feature in Burkina Faso is that over the years a competent pool of ‘SMART enquêteurs’ has been formed, who are well distributed over the country, and who can be called upon for new adaptations and applications. This has been a positive side-effect of regular SMART surveys and is now considered a pre-condition for sustained accuracy of the surveys. (Source: UNICEF WCARO, personal communication)
The MTE wrote that ‘Given that SMART surveys are done annually there is in theory a possibility to use the SMART regional and provincial level data as counterfactuals for IYCF district data, over time, and so measure a difference between the 2 trends. This technique, the so-called Difference in Difference can save costs and simply be good practice to properly establish impact. A condition would be that the IYCF data collection follows the SMART format and indicators. Since then, however, the original Enquêtes de couverture de base studies were eventually no further pursued and this possibility has thus been lost. Section 2.8 elaborates.

**Although evidence-based work is one of UNICEF acknowledged strengths it has not come to full fruition.** Evidence based documentation would in principle have been possible (and needed) to review pillar 4 effectiveness, which in turn have required a monitoring system at outcome level and above. As described above this has not happened. The pillar 4 monitoring process for the implementing NGOs has in addition been very much at the level of activities. There has been no ‘bridge’ between the activities and the desired outcomes and impact.

Reporting and documentation of the project has with one exception not had the function of learning evidence-based lessons. It has not helped that the Cornell function of documentation has been somewhat ‘externalized’, as if it were a project by itself. (Section 2.8.2 elaborates) Evaluation of the CAP Matourkou experience has happened and has also resulted in a publication for wider readership.86

### 2.6 Effectiveness Pillar 4: Scaling-Up

The pillar 4 programme has had an exclusive focus on prevention. The programme has since 2013 stabilized and expanded in accordance with the elaborate scaling-up plan

The choice in Burkina for its pillar 4 programme to focus exclusively on prevention is clear in the logframes and workplans.

<table>
<thead>
<tr>
<th>Table 7: Pillar 4 Expected Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Continental</strong> Country nutrition programmes have taken into account international standards, best practices and evidence-based high-impact nutrition interventions through direct technical country support from regional resources.</td>
</tr>
<tr>
<td><strong>Regional</strong> Outcome: Communities, families, mothers and children in focus areas have access to quality nutrition-specific and nutrition-sensitive interventions Output: Comprehensive nutrition interventions are available at community level in focus areas</td>
</tr>
<tr>
<td><strong>Burkina Faso</strong> In the Yr 4 workplan the activities to achieve the above have remained as they were defined for Yr 3. They are:</td>
</tr>
<tr>
<td><strong>Indicators</strong> In the Yr 4 workplan the activities to achieve the above have remained as they were defined for Yr 3. They are:</td>
</tr>
<tr>
<td>% of health facilities with at least two agents trained on IYCF and behavior change communication</td>
</tr>
<tr>
<td>% of community health workers trained on the integrated package of IYCF services</td>
</tr>
<tr>
<td>Attendance of women to the mother to mother group session</td>
</tr>
<tr>
<td>Early breastfeeding initiation rate in focus regions (Central Plateau and Nord Regions)</td>
</tr>
<tr>
<td>Exclusive breastfeeding rate of children under 6 months in focus regions</td>
</tr>
<tr>
<td>% of children aged 6 to 23 months in the focus regions having minimum adequate diet</td>
</tr>
<tr>
<td><strong>Yr 4 workplan</strong> Provide technical support to the IBFAN/APAIB/ACF Consortium (Central Plateau region) to develop a new technical proposal based on the IYCF promotional model as spelled out in the scaling up plan. Provide supportive supervision and monitoring to local NGO (AMMIE and SEMUS) for the implementation of IYCF interventions based on life cycle approach. Conduct support field visit to improve the quality of nutrition service delivery as part of the implementation of the existing Project cooperation agreements (PCAs) related to IYCF.</td>
</tr>
</tbody>
</table>

86[Sodjinou R et al, Towards making agriculture education systems more nutrition-sensitive: integration of nutrition into the training curricula of the Matourkou Agricultural Centre in Burkina Faso. Data were collected between August and October 2015.](http://en.wikipedia.org/wiki/Difference_in_differences)
Contrary to the other pillars the programme has for pillar 4 defined indicators at the output level (health workers trained) and at outcome level (changed behaviour: all other indicators). The output and outcome are defined rather vaguely, but the precision in the indicators makes up for that. Annual surveys measure the indicators, but give the required level of detail only every other year – section 2.8 refers.

The Yr 4 activities have remained the same as they were defined for Yr 3. They all concern activities of UNICEF/ANSP staff in their capacity of pillar 4 oversight. They are:
- To provide technical support to the IBFAN/APAIB/ACF Consortium (Central Plateau region) to develop a new technical proposal based on the IYCF promotional model as spelled out in the scaling up plan
- To provide supportive supervision and monitoring to local NGO (AMMIE and SEMUS) for the implementation of IYCF interventions based on life cycle approach
- Conduct support field visit to improve the quality of nutrition service delivery as part of the implementation of the existing Project cooperation agreements (PCAs) related to IYCF.
- To provide technical support to the MOH for developing, validating and printing an IYCF training kit.
- Conduct IYCF training sessions for health workers as part of the implementation of the IYCF scaling up plan

The above support may be summarized as the real pillar 4 output: consistent and thorough technical support to develop a 10-years Infant and Young Child Feeding (IYCF) scaling up plan as a model of IYCF programming. This is the ANSP contribution and vice versa: without ANSP this would not have been there. Burkina Faso is the only ANSP country where total coverage, that is of the entire country, has from the start been the objective.

17. 2.6.1 Coverage and quality of interventions

Coverage
Whereas the expected result (Table 7 refers) is limited to certain regions, the ambitions over time were in fact to cover the entire country, eventually
The evidence in programme design and in the process chosen to give the programme an institutional basis in the health system demonstrate that the programme is set to become institutionalised as part of the Ministry’s routines. This is a typical example of use of ANSP funding as a catalyst and “seed-money” for a country-wide programme. It also is a good example of using ANSP funding in the way it was originally meant. Since 2013 IYCF approaches as defined in the Ministry’s Plan de passage à l’échelle des interventions d’Alimentation du nourrisson et du jeune enfant have been adopted by new projects in 5 more regions. (Source: Country Office and ANSP Progress Report)

Quality
A mother-focused life cycle approach has been selected
As described in the MTE the design has been for a life-cycle approach, to follow the mother (“Suivre la maman’’). It is noteworthy that the focus on the life cycle of individual women (mothers in the course of their reproductive life) outweighs the multi-sectoral focus depicted in this pillar’s regional level expected result (Table 7 refers). The multi-sectoral focus has, as it were, become subservient to the personal appeal of the life cycle and the IYCF behaviour changes. (The programme could thus have been named MIYCF where the M stands for mother.)
The approach has been detailed in a set of 7 power point presentations accompanied by training manuals, using the cascade approach. The pyramid is captured as follows:

[Diagram of a pyramid with different levels labeled: CSPS, ONG Partenaires, OBCE, Agents communautaires - Personnes ressources volontaires, Groupes d’Apprentissage et de Suivi des Pratiques d’ANJE (GASPA).

**IYCF is set for an ambitious arrangement of total coverage that is both feasible and features 3 consecutive categories of mothers and their babies**

Remarkably, the entire ‘system’ is set up from a calculation of what would be feasible at the bottom of the pyramid: the Groupes d’Apprentissage et de Suivi des Pratiques d’ANJE (IYCF), or GASPA. GASPAs each exist of some 15 women. The GASPAs are distinguished in 3 categories, of, firstly, pregnant women; secondly, mothers and their 0-6 months old infants; and thirdly, mothers and their 6-23 months old children. Monthly meetings of each GASPA are foreseen. Agents de Santé à Base Communautaire (ASBC: second layer) each have been expected to successfully guide some 5 GASPAs. ASB Cs thus each cover some 50 children aged 0-23 months and an average 31 pregnant women. The above-mentioned modules and manuals follow the categorisation in the 3 strata: pregnant mothers; mothers with infants; mothers with young children.

**A situational analysis, at community level, has had the double purpose of generating both a locally relevant inventory and ownership of its outcome.**

The IYCF programme has been formulated on the basis of extensive orientation and study on the current situation. The obstacles that inhibit optimal IYCF practices are considerable. Taboos and harmful practices were most often cited, in addition to, or in combination with, poverty. They included:

- Strong and negative influence of influential persons such as husband, grandmother, village heads, traditional healers
- Traditional practices which inhibit exclusive breastfeeding
- The perception that children, including infants, must drink water
- The perception that breast milk does not suffice during the first 6 months and that complementary feeding is necessary
- Use of poor nutritional value porridge
- Food taboos regarding eggs, liver, milk
- Poor access to complementary food suiting the needs of 6-23 months old children
- Insufficient knowledge how to properly prepare complementary meals
- Poor involvement of the husbands/fathers
- Unstructured set-up and implementation of sensibilisation programmes

Gaps identified in the health system have been addressed in the course of the ANSP programme. Noteworthy gaps noted in the MTE were firstly the absence of IYCF indicators in the routine HMIS – this was resolved in the course of 2014/2015 (section 2.5.1 refers). Secondly, the lack of a national strategy to address complementary feeding of 6-23 months old children was addressed with the adoption of the Plan de passage à l’échelle.87 A third gap - no promotion for fortified flour nor for Micro Nutrient Powders for use at home – has been partly addressed (elaborated below).

Structural ‘gaps’ listed in the MTE are yet to be addressed although here as well there is some headway. Structural issues mentioned in the MTE were that IYCF is not integrated in the emergency plans that deal with crises nor are the main actors trained to do so. In addition there are of course

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87 Ministere de la Sante : Plan de passage à l’échelle des interventions d’Alimentation du nourrisson et du jeune enfant. The plan was adopted in April 2014 after extensive review
structural problems such as the precarious food security; the annual period of the hunger gap (*la soudure*); and problematic access to drinking water. In view of the complexity and the risk for a IYCF programme to become too broad and ambitious and thereby lose its focus the programme has from the start aimed for standardization.

**A domain which was from the start seen as a necessity is anaemia reduction. Targets, however were missing and micronutrients were not budgeted for.** Apparently there are no recent data on anaemia. A recent publication still quotes the 2010 data, of a 88% prevalence among children 6-59 months, 94% among children 6-23 mois and 49% among women of childbearing age, with substantial differences between the regions. As stated in the MTE Burkina Faso had in 2010 with 92% anaemia among pre-school children the highest anaemia prevalence of the 4 ANSP countries.

Anaemia does not feature in SMART surveys. In children it is not routinely monitored. One reason for that is practical: it involves taking blood samples. There thus is a risk that anaemia remains a hidden phenomenon even though the consequences are severe and even thought it is closely associated with malnutrition. The MTE noted that SUN has included anaemia targets (: 50% reduction of anaemia in women of reproductive age), in conformity with the global targets set by the 2012 World Health Assembly. Anaemia prevalence among women was 54% in 2003 and had in 2010 slightly decreased, to 49% (DHS 2003,2010). In the group of pregnant women, anemia dropped 10 points, but it was with 58% still very high (DHS 2010). The recent ENIAB survey gave for under-fives a prevalence of 83.4%. Remarkably, the prevalence for the wealthiest quintile was found to be as high as 76.4% - 10% below the poorest quintile (86.1%). Regional differences were there, but in the region with the lowest prevalence (Plateau Central) the anemia prevalence still was found to be as high as 74.8%, which is some 20% below the prevalence of Cascades (94.6%). The survey generated other very worthwhile information. For example: severe anemia was found in 0.9% of the 6-8 months old, to rise to 7.1% in the age group of the 9-11 months old (!). Anemia clearly is an enormous public health problem which certainly deserves more and more structured attention.

In Burkina Faso there was a case of ‘serendipity’ in the form of an unexpected gift of MNPs which enabled the nutrition unit to act promptly and design a MNP pilot for under two’s. Although this had not been budgeted for in ANSP the Country Office was well prepared for this event and a nationally adopted MNP strategy was already in place, which facilitated approval and implementation of MNP pilot studies. The IYCF community based platforms in the two ANSP's focus regions offered opportunity to introduce home food fortification using the Mother- to Mother group platforms as delivery mechanism. Over 25,000 under-two’s were reached. UNICEF itself supplied the additional funds required to provide two full rounds of MNPs to these children. The pilot was evaluated midway in its implementation.

**Nutrition sensitive interventions not only are desirable; to achieve the envisaged targets they are essential**

An earlier thesis of a MSc student attached to UNICEF’s nutrition section presented calculations which indicated that the envisaged reduction of chronic malnutrition will only be achievable if the intervention package includes not only nutrition-specific, but also nutrition-sensitive interventions (assuming that fertility will remain at current high levels).

**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 report refers). As discussed in section 2.2 ANSP has grappled with the nutrition sensitive dimensions of its pillar 4 programme. Table 8 refers for discussion.

88 Ministere de la Sante : Plan de Renforcement de la Lutte contre les Carences en Micronutriments 2015-2020
91 Manon Danober (Université de Montpellier): Evaluation des capacites et faiblesses d’un programme pilote de fortification a domicile en milieu rural au Burkina Faso.
92 Aïssata TRAORE, Comment accelerer la reduction de la malnutrition chronique chez les enfants de moins de 5 ans au Burkina Faso avec une approche pro-equité. Master 2 Sciences, Technologies, Santé, Septembre 2013, Université Montpellier.
18. **2.6.2 Results at outcome level Scaling-up activities: What has worked and what not?**

Here we refer to section 2.8.1.

19. **2.6.3 Embedding at decentralized levels (province/ district); multi-sectoral approach**

The current arrangements for pillar 4 are still predominantly driven by and within the health sector. The MTE applied a list of criteria for inclusion of nutrition in agriculture. These criteria have since become ‘gold standards’; as stated in the MTE ‘the format may also help as a checklist for the programme itself’. Table 8 refers for the MTE’s screening of Burkina Faso’s IYCF programme, with 2015 updates inserted. **The partial address of nutrition sensitive elements in the programme still is its main weakness.**

**Table 8: CAADP/FAO criteria applied to ANSP’s IYCF in Burkina Faso, as a measure of expected effectiveness** *

<table>
<thead>
<tr>
<th>What does mainstreaming nutrition in agriculture mean practically?</th>
<th>Applied to Burkina Faso IYCF pillar 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Incorporate explicit nutrition objectives and indicators into the design of programmes and investments, and track and mitigate potential harms</td>
<td>Yes, apart from potential harms. A conceivable harm which merits to be tracked is lack of access and/or exclusion of vulnerable households.</td>
</tr>
<tr>
<td>2. Assess the context at the local level to address the types and causes of malnutrition</td>
<td>Yes, this is included in the “autodiagnostics communautaires”</td>
</tr>
<tr>
<td>3. Target the vulnerable and improve equity</td>
<td>2015 update (Nord Region): part of the target households have been selected for the nutrition-sensitive component – section 2.2.2 refers. (model homes; poultry, micro-gardening or a combination). These 1115 mothers represent just over 3% of the approximately 33,500 women and their households which accessed the IYCF nutrition specific component of the project in the Nord Region.</td>
</tr>
<tr>
<td>4. Collaborate and coordinate with other sectors and programmes</td>
<td>Yet to be implemented.</td>
</tr>
<tr>
<td>5. Maintain or improve the natural resource base (water, soil, air, climate, biodiversity)</td>
<td>No, in so far as documented at this point in time.</td>
</tr>
<tr>
<td>6. Empower women</td>
<td>Yes: this is the foundation of the approach (dialogue communautaire) – by including husbands and grandmothers; local leaders, religious leaders.</td>
</tr>
<tr>
<td>7. Facilitate production diversification, and increase production of nutrient-dense crops and small-scale livestock</td>
<td>This is the principle but it is pursued for a small part of the target group only (see above)</td>
</tr>
<tr>
<td>8. Improve processing, storage and preservation</td>
<td>No - as above</td>
</tr>
<tr>
<td>9. Expand markets and market access for vulnerable groups, particularly for nutritious foods</td>
<td>No - as above</td>
</tr>
<tr>
<td>10. Incorporate nutrition promotion and education around food and sustainable food systems</td>
<td>As above</td>
</tr>
</tbody>
</table>

* Source: CAADP Agriculture Nutrition Capacity Development Initiative East and Central Africa Workshop, Guiding Principles for integrating Nutrition and Agriculture. March 2013, Dar es Salaam

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93 Charlotte Dufour: Mainstreaming nutrition in agriculture investment plans - Lessons learnt, challenges and opportunities. FAO Nutrition Division, October 2013

94 The list is very similar to CAADP Agriculture Nutrition Capacity Development Initiative East and Central Africa Workshop, Guiding Principles for integrating Nutrition and Agriculture. 25th February – 1st March 2013, Dar-Es-Salaam, Tanzania
2.7 Efficiency

20. 2.7.1 Operational efficiency
As mentioned in the MTE the ANSP programme in Burkina has had several elements of ‘operational efficiency’. It has built on previous project experience (such as PADS NGOs) and it has been quick to respond to an opportunity such as the MNP gift by the Micronutrient Initiative (section 2.6.1). The MNP example also demonstrates that it has been hard to introduce additional interventions when they were both expensive and not budgeted for.

The MTE saw little evidence on paper, or in the original design, of a deliberate strategy to use ANSP as a catalyst for long term, strategic interventions necessitating additional funds. And yet, this is how ANSP funds have been used, especially in pillars 2 and 4: as “strategic seed money”, driven by particularly motivated teams, or even individuals. As will be discussed in section 2.9 there has, however, not in all cases been a clear notion of the need for follow-through of what essentially were pilot programmes.

21. 2.7.2 Financial efficiency
As mentioned in section 2.1.1 the programme in Burkina Faso has availed of a total budget of €2,401,800 excluding administrative costs. The budget for the individual pillars has since 2013 been redistributed: R1: €318,500 (was €528,246); R2: €70,000 (was €234,554); R3: €512,300 (was €580,000); R4: €1,501,000 (was €1,059,000). The budget for the 4th result area has thus substantially increased (to 62% of the total budget) while that of the other result areas, especially pillar 1 and 2, has decreased.

The ANSP Burkina budget has been subdivided in 30% staffing costs, 50% contracts and surveys, and 20% for a range of other activities including workshops/ conferences, training, equipment, etc. This has not changed since the MTE. See Figure 7.

Figure 7: ANSP Burkina Faso budget

Figure 8 below gives the actual budget expenditure per pillar.
Figure 8: Expenditure by pillar
2.8 Impact

22. **2.8.1 Reduction of stunting and anaemia in the ANSP intervention areas (pillar 4)**

The indicators for Burkina have been set at the start of the pilot phase, after extensive deliberations with the Nutrition Directorate. They are:

- % of health facilities with at least two agents trained on IYCF and behavior change communication
- % of community health workers trained on the integrated package of IYCF services
- Attendance of women to the mother to mother group session
- Early breastfeeding initiation rate in focus regions (Central Plateau and Nord Regions)
- Exclusive breastfeeding rate of children under 6 months in focus regions
- % of children aged 6 to 23 months in the focus regions having minimum adequate diet
There have been annual SMART surveys in which some of the above (the IYCF indicators) have been measured. The surveys have been country-wide and are not set to sample on the basis of project coverage. Moreover the sampling is arranged such that only every other year a province is included as a stratum. Thus in 2013 the survey consisted of 30 strata 23 of which were at provincial level. For ANSP pillar 4 ideally the subprovincial (department) level should have been taken as a stratum since ANSP does not address entire provinces. (ANSP coverage has been the sum of the catchment areas of the contracted NGO, amounting to altogether 59% of the Nord Region; the NGOs’ catchment areas are not defined by province.)

Table 9: Programme indicators 2012-2015 — combination of ANSP and SMART survey data

<table>
<thead>
<tr>
<th>ANSP: Programme indicators in focus regions Plateau Central (PC) and Nord</th>
<th>2012 baseline</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of health facilities with at least two agents trained on IYCF and behaviour change communication.</td>
<td>0%</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>o Target: 100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of community health workers trained on the integrated package of IYCF services</td>
<td>0%</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>o Target: 100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance of women to the mother to mother group session.</td>
<td>0%</td>
<td>75%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>o Target (2015) 75% (PC &amp; Nord)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SMART survey: IYCF/behaviour indicators in focus regions Plateau Central (PC) and Nord

<table>
<thead>
<tr>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early breastfeeding initiation rate. Target (2015):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o PC 50%; Nord 36%</td>
<td>36%</td>
<td>41%</td>
<td>42%</td>
</tr>
<tr>
<td>o Nord 36%</td>
<td>24%</td>
<td>39%</td>
<td>39%</td>
</tr>
<tr>
<td>Exclusive breastfeeding rate of children under 6 months. Target (2015):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o PC 62%; Nord 65%</td>
<td>46%</td>
<td>66%</td>
<td>47%</td>
</tr>
<tr>
<td>o Nord 65%</td>
<td>62%</td>
<td>40%</td>
<td>55%</td>
</tr>
<tr>
<td>% of children aged 6 to 23 months having minimum adequate diet. Target (2015):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o PC:10%; Nord: 10%</td>
<td>0.9%</td>
<td>21.1%</td>
<td>6.4%</td>
</tr>
<tr>
<td>o Nord: 10%</td>
<td>0%</td>
<td>4.5%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Details Oct 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PC: 260 Health services providers trained. Nord: 556 Health services providers trained.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PC : 550 CHW trained Nord : 1364 CHW trained</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comparison with national statistics

- National average has gradually increased, from 29.2% in 2012, to 47.1% in 2015.
- National average has gradually increased, from 38.2% in 2012, to 46.7% in 2015. Note: The 2013 data for PC appear a fluke.
- National average has gradually increased, from 3.2% in 2012, to 14.1% in 2015. Note: The 2013 data for PC appear a fluke.

*Combined data Region du Nord and Plateau Central (PC)

The SMART survey results of necessity reflect a combination of intervention and non-intervention areas; a further constraint is that these results can only be compared every other year. The 2015 SMART survey results are provisional. In Table 9 above the limitations of the sampling approach are evident. The 2012 and 2014 data for the Nord Region are at the highly aggregated level of the entire region while the 2013 and 2015 data are for the slightly less aggregated level of the provinces. For the Plateau Central (PC) the reverse applies. The deviant Plateau Central data for 2013 can thus be ignored as can the 2012 and 2014 data for the Nord Region.

The SMART data are useful where they can demonstrate longer term patterns, as possibly for Plateau Central.

It is difficult to see patterns in the current data sets also because for 2015 the report is still provisional and thus incomplete. Ideally one should be able to make the link with outcome level indicators such as

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95 The original design was for project level surveys, which would possibly have generated real time evidence on the various indicators. In an effort to align with the country level SMART surveys this concept was discarded.

96 Excerpt SMART survey 2013: Le Burkina Faso compte 13 régions administratives composées de 45 provinces. L’enquête a eu une couverture nationale avec une représentativité régionale dans 07 régions (Boucle du Mouhoun, Centre, Centre est, Centre nord, Centre sud, Hauts bassins, Plateau central) et provinciale dans les 06 autres (Cascades, Centre ouest, Est, Nord, Sahel, Sud-ouest). Les régions à représentativité provinciale renfermaient au total 23 provinces. Chaque niveau de représentativité constituait une strate, ce qui donne 30 strates pour cette enquête.
the minimal diet. This is not possible now. In the Nord Region the minimal diet indicator has gradually improved, but stunting has not. In Plateau Central it is the reverse.

The SMART survey results for stunting have the same limitations as for the outcome level indicators; in Plateau Central there is a clearer pattern of decrease than in the Nord Region. The national data only show minimal improvement.

In the table below the data in brackets are the aggregated regional data which do insufficiently reflect IYCF programme impact, as explained above. In Plateau Central it appears chronic malnutrition is decreasing, from 33.5% in 2012, to 25.3% in 2014. The trend is hopefully confirmed in the 2016 data. In the Nord Region there is no such trend apparent as stunting was the same in 2013 (32.5%) as in 2015 (32.8%). At national level there is minimal improvement; stunting now stands at 30.2% while it was 32.9% in 2012. It should be remembered, however, that if one looks over the longer term, there is in fact improvement. In 2006 stunting stood at 42%, and had by 2011 come down to 34% (GNR, national data) and have now further decreased to 30.2%. There thus is a decrease but one should look over long time periods.

<table>
<thead>
<tr>
<th></th>
<th>NNS 2012</th>
<th>NNS 2013</th>
<th>NNS 2014</th>
<th>NNS 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>32.9%</td>
<td>31.5%</td>
<td>29.1%</td>
<td>30.2%</td>
</tr>
<tr>
<td>Plateau Central</td>
<td>33.5%</td>
<td>(32.4%)</td>
<td>25.3%</td>
<td>(27.6%)</td>
</tr>
<tr>
<td>Nord</td>
<td>(30.6%)</td>
<td>32.5%</td>
<td>(33.2%)</td>
<td>32.8%</td>
</tr>
</tbody>
</table>

For the country at large the differences between the regions remain the most striking. For stunting these vary from 13.1% in the Central Region, to 46.6% in the Sahel Region. Where there are long term data available it seems worthwhile to judge for every region, or even province, what has been the trend and thus to compare the region (or province) with itself. This would have been a possibility for the ANSP programme but it has not happened and was also inhibited by the sampling arrangement (explained in footnote 32 above).

The data for acute malnutrition are also not encouraging; here as well Plateau Central has done better than Nord Region and the country at large.

In the table below the data in brackets are the aggregated regional data which do insufficiently reflect IYCF programme impact, as explained above.

<table>
<thead>
<tr>
<th></th>
<th>NNS 2012</th>
<th>NNS 2013</th>
<th>NNS 2014</th>
<th>NNS 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>10.9%</td>
<td>8.2%</td>
<td>8.6%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Plateau Central</td>
<td>10.7%</td>
<td>(9.1%)</td>
<td>7.6%</td>
<td>(7.8%)</td>
</tr>
<tr>
<td>Nord</td>
<td>(12.2%)</td>
<td>9.5%</td>
<td>(11.8%)</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

Anaemia reduction targets have not been defined nor have they been pursued

Contrary to what was stated in the Inception Report there are no anaemia reduction targets in ANSP. Section 2.6.1 refers for a discussion on MNPs which have belatedly been introduced (piloted) in the ANSP programme and which are now routinely included in at least some new IYCF projects in other regions.

23. 2.8.2 Broader potential & unintended effects at the various levels of implementation

Here we discuss the potential impact of the Cornell interventions as these do not neatly fit any of the individual pillars and have also not been reported on as part of the ANSP progress reports. Cornell did report and Cornell staff readily agreed to be interviewed by the ETE.

Use of standardized participatory tools – added value of external facilitators

Persons interviewed by the ETE described as one of the main contributions of Cornell the insights they had achieved on conditions for multi-sectorality to become effective. This involved the use of tools which were applied in a participatory way and which participants could also use by
themselves on later occasions. A tool which Cornell staff used to good effect, and which lends itself to use at different levels is presented in Box 3 below. In Burkina Faso a main result was ‘awareness’ on the pros and cons of the CNCN’s anchoring in view of requirements to give guidance to multisectoral processes. Although this is not in itself ‘impact’ the tool is presented here as a typical added value and the role an external agency (Cornell) can undertake in situations where a common opinion is needed on a sensitive topic. Cornell introduced a range of tools.

Box 3: 13 requirements for an Effective Multi-sectoral Nutrition System

This is one of the Cornell discussion tools used in Burkina Faso. For example: to weigh pros and cons of different CNCN scenarios to fulfil the requirements

1. **Strategic Capacities and Adaptive Management at National & Sub-National Levels**
   This refers to the collective capacity of people and organizations to align around the full set of requirements presented here. This requires formal and informal collaboration and a national core of leaders, champions, supporters from many organizations.

2. **Common Understanding and Communication**
   Stakeholders from national to community levels often have widely divergent views of nutrition problems and solutions. Diverse, frequent and regular communication strategies are needed, to promote and reinforce an integrated and balanced “food, health & care” view of nutrition determinants at all levels and in all sectors.

3. **Coherent and authoritative policies & strategies & guidelines**
   A coherent and authoritative set of policies and strategies are fundamental and enable all of the other issues in this list to be secured. Nutrition plans, programs and guidelines often are intermediate steps but ultimately legislative support is needed to ensure stable budgetary support and protection during political transitions.

4. **Consensus on actions**
   Disagreements on nutrition-specific interventions, nutrition-sensitive policies within sectors and implementation strategies can greatly impede progress. Strong guidelines are needed, along with formal and informal mechanisms for forging consensus when disagreements arise.

5. **Common Results Framework (CRF)**
   Detailing objectives, roles and responsibilities, expected results, targets, indicators and data sources.

6. **High-Level Commitment, System Commitment and Leadership at all Levels**
   High level commitment and leadership is necessary but not sufficient. It must also exist at all levels within each sector, from managerial to frontline, and in development partners, civil society and private sector as well as government (“system commitment”).

7. **Clear Roles & Responsibilities**
   Defining clear roles and responsibilities for all sectors and focal points at all levels. Collaboration improves when the roles of individual team members are clearly defined, well understood and reinforced with incentives and accountability.

8. **Consistent Incentives & Accountability**
   Roles and responsibilities at all levels in each sector and for the coordination structures must be communicated, incentivized and enforced in order to be effective. This often requires reconciling contradictions or inconsistencies between traditional sectoral roles & incentives versus nutrition sensitive ones, as well as revised job descriptions and performance metrics.

9. **Coordinated M&E, Operations Research, Learning Platforms**
   The CRF should be the basis for the M&E system within and across sectors. Major reforms in these systems may be needed and this may require the attention and authority from the high level coordination platform. A system for efficiently tracking and resolving implementation bottlenecks is needed at all levels and in all sectors. A culture of routinely adjusting program implementation at each level in response to M&E, operations research and learning is required.

10. **Community, NGO, Partner & Private Sector Alignment**
    The public sector cannot succeed alone. Each of these sectors, along with development partners, has key roles to play and must be engaged in appropriate ways at each level of the system.

11. **Capacities, Facilities, Tools Equipment**
    A strong capacity development plan with short, medium and long-term objectives, financing and results framework should be created as a high priority. Proper facilities, equipment and tools should be in place.

12. **Consistent Financing**
    As nutrition becomes mainstreamed in sectoral work plans and national and sub-national levels the financing must follow suit. Government and partner financing must be consistent, stable from year to year and aligned with these plans and the CRF.

13. **Coordination**
    A high level platform with a strong anchorage is needed, as well as a technical platform, committed focal points from each sector and effective working groups. Attendance and progress must be enforced from the high level platform. Appropriate structures and mechanisms are needed at subnational levels as well. Essential, but not maximal, coordination is the objective.
Limitations of external facilitators

Cornell in its synthesis report listed results and accomplishments which it attributed to its own work. For Burkina Faso it overstated some of its results although it is fair to say that Cornell certainly contributed. Figure 10 below exemplifies. In the view of the ETE external agents can claim that activities have taken place (as was the case – see above), but not that they have had the desired impact. More specifically: positive changes as a result of Cornell’s work tend to be described at the individual level – as increased awareness – but these do not necessarily translate in lasting institutional change. This has remained a weakness of the arrangement with Cornell in their capacity of external facilitators, useful as Cornell staff have apparently been in their role of catalysts. Cornell itself has not made this distinction and has instead given the impression that certain activities – such as listed in Box 3 above - would have a positive outcome, as if it were a causal chain.

Figure 10: Burkina Faso System Accomplishments, according to Cornell*97

<table>
<thead>
<tr>
<th>1. Strengthening the Enabling Environment</th>
<th>Burkina Faso System Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Buy-in and commitment in government for MSN NNP &amp; NSP multisectoral</td>
<td>- CNSN reaffirmed to improve functionality and enhance coordination power</td>
</tr>
<tr>
<td>- National food and nutrition security policy adopted</td>
<td>- Strengthening nutrition sensitivity of sectoral policies in progress</td>
</tr>
<tr>
<td>- Common Result Framework in process</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Cascading to Sub-National Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Scaling up of RTCF with a multisectoral approach</td>
</tr>
<tr>
<td>- Pilot MSN platform formed in Yako district</td>
</tr>
<tr>
<td>- Subnational MSN platform operationalization in progress</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Alignment of Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>- PTF nutrition security reformed and expanded to other nutrition sensitive sectors</td>
</tr>
<tr>
<td>- SUN national network (Civil Society, Academia) established</td>
</tr>
<tr>
<td>- Inclusive (all sector &amp; all actors) and transparent policy reform process ongoing</td>
</tr>
<tr>
<td>- Stakeholders and interventions mapped to inform MSN planning and implementation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Learning and Adaptive Management (a cross-cutting theme)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Collaborative assessment and management of coordination gaps</td>
</tr>
<tr>
<td>- SWOT analysis of the CNSN performed</td>
</tr>
<tr>
<td>- MSN implementation gaps and needs identified and managed through strategic reflection and retreats</td>
</tr>
<tr>
<td>- SUN academic platform created to support learning and adaptive management</td>
</tr>
</tbody>
</table>

2.9 Sustainability

24. 2.9.1 Capacities and ownership for sustained results

The pillar 2 interventions of mainstreaming nutrition in the curricula of all courses where this is pertinent are in principle sustainable; the Matourkou evaluation, however, has given incomplete reassurance that this is the case.

The inclusion and address of nutrition at the level of curricula is in principle systematic. As noted in the MTE there are some conditions for this to be so. See Table 12:

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97 The Cornell/ANSP Team, excerpt from Presentation at the ANSP Annual Meeting, Kampala, Uganda, October 27, 2015
Table 12: Longer term results and considerations pillar 2 - Matourkou and NPHS

<table>
<thead>
<tr>
<th>Concerns raised by MTE</th>
<th>Findings Matourkou Agricultural Training Centre* and National School of Public Health (NPHS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The teachers/lecturers must themselves be trained, and must have a natural affinity with the topics.</td>
<td>• The NPHS reports that 50 out of 160 teachers have been trained. NPHS management demands that the entire pool of 160 teachers be included.</td>
</tr>
<tr>
<td>• Nutrition should be taken seriously and thus figure in exams.</td>
<td>• This is an important achievement which has been under-reported. NPHS staff told the ETE that the exams have been adapted to include nutrition and this affects all students, including the private colleges.</td>
</tr>
<tr>
<td>• Preferably the students are given opportunity to do nutrition specific/sensitive practicals “in the field” and Write their dissertations on themes that are taken up in real life work environments.</td>
<td>• This was identified as an important constraint in both Matourkou and the NPHS. The materials for practicals were lacking and there were no practicals in the field. • A shift in dissertation themes has not been documented</td>
</tr>
</tbody>
</table>

The fact that curricula are mainstreamed does not necessarily mean that the persons taking these courses will also have incorporated the knowledge in ways that will make them use their knowledge in practice. The Matourkou evaluation did not address this concern. Box 4 refers for the results.

Box 4: Integration of nutrition into the training curricula of the Matourkou Agricultural Centre in Burkina Faso *

Results (abbreviated, ETE):

- An iterative and multi-stakeholder process was used by CAP/Matourkou to integrate nutrition into its existing curricula.
- Nutrition mainstreaming occurred at two levels: i) longitudinal integration through which stand-alone nutrition courses were added to the curriculum for agricultural engineers, higher level technicians and agricultural agents and ii) vertical integration where nutrition was embedded into relevant agriculture-specific subjects (13 subjects in the curriculum for agricultural engineers, 3 for higher level technicians, and 2 for agricultural agents).
- This resulted in a short-term improvement in students’ knowledge in nutrition. Students who received nutrition instruction under the revised curricula scored significantly higher than those that did not (mean score: 53.2±10.0 vs. 45.7±10.8, P<0.01). However, the vast majority of them (62.5%) scored around the average (50-59%) for the knowledge test, indicating the need for increased training and exposure to nutrition.
- The most frequently reported strengths were the use of a structured approach and a great ownership of the process by CAP/Matourkou.
- Lack of internal communication about the process, insufficient training of faculty members in nutrition, and lack of nutrition courses emphasizing practical hands-on knowledge emerged as the major weaknesses.

Conclusions: Nutrition was effectively mainstreamed into the training curricula of CAP/Matourkou in Burkina Faso. However,

- Efforts should be made to expand students’ knowledge in nutrition. It is important to expose them to nutrition courses that emphasize practical knowledge.
- Opportunities should also be created for faculty members to upgrade their capacity to teach nutrition courses.
- Key technical partners should continue to provide a multi-level support to the process. This will ensure the sustainability of the approach and make the training programs offered by CAP/Matourkou more nutrition-sensitive.

* Source: Sodjinou R et al, Towards making agriculture education systems more nutrition-sensitive: integration of nutrition into the training curricula of the Matourkou Agricultural Centre in Burkina Faso. Data were collected between August and October 2015. Also see http://www.capmatourkou.bf/

25. 2.9.2 Comprehensive and inter-sectoral stunting reduction strategies

There is since 2013/14 a national policy on food and nutrition security, but this originates from the agricultural sector. It includes a three-year action plan for implementation. All in all UNICEF/ANSP has not succeeded in generating a comprehensive and inter-sectoral stunting strategy. Yet UNICEF/ANSP has done its utmost to walk the official channels and get both the IYCF strategy and the Plan de Renforcement de la Lutte contre les Carences en Micronutriments 2015-2020 approved. The

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98 Sodjinou R et al, Towards making agriculture education systems more nutrition-sensitive: integration of nutrition into the training curricula of the Matourkou Agricultural Centre in Burkina Faso. Data were collected between August and October 2015.
new National Nutrition Policy is reputed to have substantial emphasis on intersectoral aspects (source: staff of Nutrition Directorate and UNICEF Country Office staff).

IYCF has potential to bring a routine of preventing malnutrition, by aiming for “beaux enfants”, and in that way can be a bridge between the emergency and the development agenda. The MTE noted that “[..] In countries such as Burkina Faso, with a history of drought and failed harvests, it is common for government and aid organisations to be geared to crisis. In practical terms this means that the focus is on detection of disease and acute malnutrition rather than on control for health. This partly explains the lack of focus on growth monitoring promotion (GMP), as a tool to maintain health and take pride in healthy babies. Rather, the focus is on quarterly screening routines that are initiated by Government, assisted by development partners. Organisations such as DG ECHO even have targets for the numbers of acutely malnourished children they should reach.’

The ETE noted that the UNICEF team has attempted to tap the emergency modality of short term funding for continued support of the IYCF programme. The argument that such a programme would be a worthy recipient of emergency funding is not fully developed and is reputedly difficult to pull off as the main funding modality remains that of emergencies and is by nature short term. (personal communications, CO staff)

There is need to generate convincing data, also for potential funders

The MTE also wrote that ‘It is well known that the relative risk for SAM children to die is 8-10 times the risk of healthy children, and that the cost of treating SAM and MAM children is high. The argument in favour of prevention of MAM and SAM is convincing, on paper: it will be both cost-saving and it will reduce under-5 mortality. Yet, as mentioned by several respondents, it is hard to get donors to engage in prevention programmes. Reasons given were that “Donors tend to think they are funding nutrition when they put their money in programmes for malnourished children, while in reality these programmes do little or nothing for children above the cut-off points”. It is conceivable that a more rousing prevention angle (“Beaux bébés” / Prevention is better than cure / More healthy babies / Lower population growth / Multisectoral approaches therefore a must .. ) could be used to advantage.

(However), there is as yet no convincing evidence of the current programme’s effectiveness. The ETE attributes this to the weak and partial nutrition sensitive component, which in turn is at least partly due to lack of a truly multi-sectoral approach.

The IYCF programme has from the start been geared and designed to go to scale. The programme has thus worked hard on a standardized monitoring component, but this has taken the characteristics of ‘oversight’ involving quantification of activities and attendance of the various meetings (section 2.5; 2.6 and 2.8 refer). In the process the programme increasingly acquired the characteristics of a project rather than becoming part of government programmes.

The conclusion of the MTE still stands, that ‘It will be imperative for the IYCF programme to generate convincing data that prevention pays off, also in monetary terms.’ The fact that the IYCF programme has been adopted in (parts of) 5 more of Burkina Faso’s 13 regions regions is an achievement which is partly thanks to the very structured and standardized IYCF approach in the 2 ANSP regions where the approach was piloted. Yet with the benefit of hindsight the endline data beg the question if the approach has been overly rigid and has precluded a trial-and-error approach. The ANSP programme has been open to review and self-assessment but these have taken place within the confines of the predefined approach, without options for out-of-the box learning. There has, for example, not been an arrangement for comparison with other approaches, notably inclusive nutrition-sensitive approaches and their costs. It is unfortunate that the SMART survey results have been difficult to interpret but this could have been foreseen given the sampling. (The original design was for project level surveys, which would possibly have generated real time evidence on the various indicators. In an effort to align with the country level SMART surveys this concept was discarded.)

Another MTE conclusion was that ‘There is need for more responsive indicators that allow a programme to draw lessons more rapidly’. The MTE made a plea for more concentration on outcome level indicators, notably the minimal diet. The argument was that this indicator is a) central in the causal chain and b) in Burkina scores exceptionally low, and c) can be expected to respond more rapidly than impact level indicators such a stunting and anaemia. The SMART surveys did include this and other IYCF indicators, starting from 2013. The good news is that some IYCF indicators, including the minimal

99 Also see http://www.ifpri.org/blog/healthy-growth-breeds-healthy-growth
100 PLAN DE PASSAGE A L’ECHELLE DE LA PROMOTION DES PRATIQUES OPTIMALES D’ALIMENTATION DU NOURRISSON ET DU JEUNE ENFANT AU BURKINA FASO (2013 – 2025)
diet indicator, are improving, especially in the North. A weakness is the fact that provincial level data are only collected once every 2 years and that improvements cannot easily be linked to the IYCF interventions.

The MTE recommendation for population level visual indicators such as ‘a communal growth chart’ was rejected. The MTE wrote ‘Use of a growth chart will have the added advantage that trends become visible and can be recognised and interpreted by (groups of) parents.’ At some point in time a growth chart was planned for as an integral part of the GASPA’s package of service in addition to the use of MUAC. The concept was that in the IYCF setting use of the growth chart would make parents natural promoters of good practice, for other parents to follow suit. The ETE repeats the recommendation to more involve parents and use every conceivable means to make the IYCF intervention community-owned.

2.10 Adaptability: Collaborative Planning, Learning, Action and Adaptation

26. 2.10.1 Ability to adapt to new opportunities and challenges

Created and/or strengthened functional multisectoral platforms and partner alliances

A characteristic that came out in ETE interviews conducted with partners is UNICEF’s reliability as a partner on which one could always rely for technical advice. Individual staff were described as hard-working people who are ready to provide feedback at short notice and with whom it is a pleasure to work. Another important characteristic described was the absence of ulterior motives and a readiness to move a common agenda. The bond with the Nutrition Directorate has been exceptionally strong. By making optimal use of the different roles of UNICEF and the Directorate the partnership has been a typical case of ‘win-win’.

The issue of the multisectoral platform at national level has been left ‘hanging’ until the political order would be restored. It was a typical case of a sensitive decision which requires stable times to be resolved. The issue no longer is ‘lack of awareness’ and neither is there disagreement on the constraints of leaving the situation as it is. The brainstorming work and the reflections guided by Cornell at the national level apparently have been much appreciated. Cornell also guided the more hands-on process in the North Region. The ETE saw no evidence that this work for platforms at the decentralized level has in any way ‘fed’ the national discourse.

The issue of the multisectoral platform at decentralized level, notably at Yako, has been difficult for the ETE to assess. The ETE had demanded to meet persons involved in the establishment of the multisectoral platform, in follow up of the atelier conducted in September 2014. See Box 5.

Box 5: Start of a multi-sectoral forum in Yako, Region du Nord


Source: Abel Nanema, Dia Sanou: Atelier D’orientation des Acteurs Du District De Yako sur la Multisectoralité en Nutrition, Decembre 2014

101 The section headings follow the list of questions posed to the ETE on the topic of ‘adaptability’
The ETE was informed that the work at the regional level could not be pursued due to political unrest. Some of the work started at the time of the MTE with regional committees of the Nutrition Council (CRCN) has been stalled. As remarked by participants in the atelier held at Yako in September 2014 ‘Toutefois, comme l’a dit un acteur, le plus grand défi reste la concrétisation des engagements pris et l’opérationnalisation effective de la plateforme qui sera mis en place. Ce qui requiert non seulement un engagement des acteurs locaux, mais aussi un leadership et un appui des autorités locales ainsi que de la hiérarchie au niveau régional et national.’ These conditions were not fulfilled.

**UNICEF has had a partnership with GRET and GRET has agreed to be in step with the contractual obligations just like other pillar 4 NGO partners.**

The MTE recommended UNICEF to ‘Document how the IYCF model applies in different circumstances, guided by different NGOs Rencap, and compare effectiveness at impact level. [...] Use the SMART survey results as counterfactuals (stepped wedge design).’ The CO responded that ‘While the recommendation is interesting, the complicated research design is beyond the scope and timeline of the ANSP and has the potential to distract priority aspects of the implementation. We will focus on the evaluation of the model in the first targeted areas in the Nord Region and improve its design based on lessons learnt. The improved model will then be implemented at scale in other regions as we continue learning in different implementation settings.’ The partnership with GRET was thus not singled out as a way to see if better results could be had by an NGO with a strong and practical focus on community level fortification of food.

**Promoted and supported reflection, learning and decisions in platforms and alliances**

**ANSP/UNICEF has promoted reflection and learning at the level of the various platforms**

In Burkina Faso a start was made with talking through the requirements for multisectoral fora, as in Yako, and also at national level. These discussions were fruitful as learning exercises but were taking place ‘in between’ existing structures and could not in themselves lead to adaptation of these structures. (As the Regional Director Health told the ETE ‘We cannot tell our agriculture colleagues what to do differently, nor can we force them to attend meetings’.) All this was analysed and identified as constraints in the various meetings in which Cornell participated or even had the lead. There were simply no conceivable solutions. In Burkina Faso it did not help that UNICEF itself saw the Cornell project as an ‘action research project’ taking place in the ANSP domain, but not being part of it ((personal communication, staff member CO) This is also clear from the fact that in the ANSP Progress reports there is for Burkina Faso no Cornell component.

**Fostered common understandings of multisectoral nutrition**

ANSP/UNICEF worked hard to achieve common understanding of multisectoral nutrition. This was hands-on by Cornell and other partners at the implementation level, as, for example, in Yako District. Although participants to these meetings were involved in the pillar 4 IYCF programme the meetings were not used to assess the pros and cons of the ANSP 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.) At the same time it is also true that ANSP at country level fostered common understanding. Not only did it advocate for multisectoral nutrition. It also guided and supported other key actors in doing the same. The Nutrition Direction staff based in the Ministry of Health have become articulate proponents of the multisectoral approach.

The Pillar 4 search for an optimal IYCF programme took place within set boundaries and contractual obligations. Within these boundaries the participating organisations were encouraged to contact each other and monitor each other’s performance. To illustrate: ‘In order to document the process of effectively implementing a multisectoral community nutrition intervention programme in the Nord and Plateau-Central Regions, ANSP organized two workshop sessions in February 2013 with the consortium of the International Baby Food Action Network (IBFAN), Association pour la promotion de l’alimentation infantile au Burkina (APAIB), and Action Contre la Faim (ACF); the Solidarité et Entraide Mutuelle au Sahel (SEMUS), a local NGO and implementing partner in three health districts in the Nord Region; and the Appui Moral, Matériel et Intellectuel à l’Enfant (AMMIE), a local NGO and implementing partner in two health districts in the Nord Region. These workshop sessions

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defined the concept, framework and process of documentation for an integrated knowledge management among partners. As a result, in the first quarter of 2014, the ANSP financially supported joint monitoring missions to the 13 regions of the country involving the government and nutrition partners as part of the national strategy to monitor nutrition information related to the management of acute malnutrition.’

UNICEF/ANSP has been strong in clarifying and promoting a common agenda at the country level. This has been especially so for the pillar 4 work. Even so the ETE has seen no evidence that there was room to articulate different experience and opinions in common fora on the basis of evidence. The MTE had suggested that ‘The IYCF programme will need to prove itself in terms of access to, and use of, both nutrition-specific interventions and nutrition-sensitive interventions. If it manages to do the latter and document that all strata (wealth quintiles) access and profit equally from the programme, it has the potential of a model programme.’ The recommendation was found to be beyond the scope and timeline of the ANSP.

Unlike Mali ANSP Burkina Faso did not have a steering committee where all stakeholders meet and keep others up to date on progress, challenges and accomplishments. (In Mali there was an "Atelier bilan de l'ANSP" where all stakeholders (national and sub-national level) came together and presented their accomplishments, challenges and way forward before the official closing of the project and the final evaluation.)

**Clarified and promoted a common agenda**

As earlier described a risk remains that ‘multi-sectorality’ becomes an item persé that is dissociated from its purpose. Work on jointly agreed instruments such as a Common Results Frameworks (CRF) helps to set common standards. The Common Results Framework shown to the ETE in November 2015 was a very early version as was evident from the nature of some of the results proposed. This is but one example of the difficulty to move a common agenda when the overall governance framework – the composition, organisation and anchoring of the CNCN - remains uncertain.

Promoted greater alignment with the common agenda

At this point in time there is not really a common agenda to which all actors subscribe and adhere. The nutrition realm is still work in progress. Where UNICEF/ANSP has been most effective, it appears, is in using its leverage to make the different actors see the differences in each other’s approaches and as a consequence, be enabled to make informed decisions. Thus far there has not been a culture of demonstrating 'what works best, under which circumstances'. For pillar 4 ANSP/UNICEF has designed and introduced a large number of tools. Use of these tools, especially the monitoring tools for M&E of GASPA attendance, has been obligatory for all contractual partners. The same tools are also taken in use in the (5) regions in which new projects and their funding agencies have taken up IYCF. For pillar 4 there is alignment in the sense of use of the same tools, notably for monitoring purposes.

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

In Burkina Faso the programme has not gone as far as effectively involving sectors other than the health sector. This has given the nutrition-sensitive aspects the nature of project type activities the more so where they are being implemented by the NGOs (CBOs) that also implement the IYCF interventions. In Burkina Faso there was a sequential approach: start with the health sector and a nutrition specific focus, and then widen the scope to nutrition sensitivity. The programme has not gone as far as effectively involving sectors other than the health sector. This has given the nutrition-sensitive aspects the nature of project type activities the more so where they are being implemented by the NGOs (CBOs) that also implement the IYCF interventions. At the time of the ETE a multi-sectoral project was about to start in the Sahel region. Here the anchor will be the education sector, led by UNICEF, with other sectors, including nutrition, fitting in. This is a joint UNICEF, WFP, FAO project.

In Burkina Faso the pillar 4 design from the start was for total coverage and the pillar 4 thus hinged on a national IYCF strategy which ANSP/UNICEF helped to generate. The ANSP focus

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103 CADRE COMMUN DE RÉSULTATS ACTUALISE: Première session 2015 du Conseil national de Concertation en nutrition, Ouagadougou, le 28 juillet 2015
104 The Country Office comments that ‘The common framework has been validated and it is on this basis that the multisectoral plan activities are defined.’
was on developing the model and its scaling up. The nutrition-sensitive component has been an add-on for selected households.

As one respondent put it ‘The approach is holistic rather than multi-sectoral since only the health sector is involved. There is need for involvement of the agriculture sector to provide technical support and even seeds to home gardening and small livestock farming so that at the end of the day government can continue the process. If not, it will remain donor and NGO driven. The health sector cannot fund livestock farming or home gardening in their budget.’ The ETE indeed observed that the nutrition sensitive components had the characteristics of conventional NGO-executed projects, for a small selection of households. It appears that in the course of pillar 4 implementation the programme moved away from multi-sectorality.

**Stimulated positive changes in strategy, planning and implementation**

There is overwhelming evidence that UNICEF/ANSP did what it could to stimulate positive changes in strategy, planning and implementation. There has been a tendency, however, to operate the pillar 4 programme as if it were a project rather than to make it exemplary for a multi-sectoral arrangement. Also the other pillars were not leveraged to get the maximum out of the multi-pillar arrangement. In addition the stalemate position of the CNCN was an obstacle that stood in the way of productive discussion at the national level. The Cornell input was widely regarded as useful, but was not rooted in existing structures nor was there active demand from these structures. This was different at the time of the MTE when there was an expectation that the regional equivalents of the CNCN (the CRCNs) would be energetic structures at the regional level and would as it were link the pillars at that level (the MTE report refers).

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

UNICEF/ANSP established an effective core implementation team at country level. As noted before the lines of communication between the Nutrition Directorate and the UNICEF nutrition team are very short. Country Office staff have consistently participated in overall Annual Steering Committee meetings of the ANSP where staff interacted with staff of other COs and with regional offices. The ETE cannot judge from the minutes of these meetings if this amounted to an ‘effective core implementation team’. The impression is that all were aware, by and large, of what was happening in the various countries. Apart from the Steering Committee meetings there was no apparent concerted effort to govern the programme beyond the joint reporting requirements which all Country Offices had to adhere to, prompted by ESARO.

**Generated and disseminated learnings on multisectoral nutrition for global, continental and country audiences**

ANSP did generate and will disseminate learnings on multisectoral nutrition for global, continental and country audiences as this is a main requirement in the MoU with Cornell. Just like the MTE the ETE has reservations about this and has heard the same reservations during the country visit to Burkina Faso. 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. 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.

**27. 2.10.2 Added value of continental and regional approach**

The ANSP programme has gained in coherence and consistency in the rewrite of the logframe. The rewrite made the pathway from continental, to regional, to country level more logical. The rewrite left the 4 pillar structure intact and thereby did not bring out the added value that could have been had from wielding each pillar to another pillar’s advantage, in the form of combinations of the 4 pillars in parallel, or over time. Also the emphasis has throughout the ANSP programme 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 national and even regional bodies.
3 Conclusions

3.1 Overall conclusions

Pillar 1. Although this is not measurable in quantitative indicators the harmony and cooperation between the National Nutrition Directorate and UNICEF’s nutrition department have been exemplary. The issue of nutrition governance has remained undecided and this has stood in the way of active interest in joint multi-sectoral approaches involving different government sectors. Despite concerted and joint efforts of the Nutrition Directorate and the UNICEF Country Office there has been an absence of ‘Strong national nutrition leadership and ownership and coordination to support scale-up of nutrition programmes across sectors’.

Pillar 2. The concept of mainstreaming nutrition in teaching curricula for both health and agriculture, and pairing of the two processes, has been unique. As a catalyst, however, the concept could have been better leveraged and included practical use of the skills and knowledge of the students, both before and after graduation.

Pillar 3. More publicity including ‘take-away messages’ for readers of the various papers documenting pillar 2 and 4 would have been warranted. ANSP insufficiently used its pillar 3 opportunity to review and report on achievements in the other pillars, notably pillar 4. Work on inclusion of nutrition indicators in the HMIS was not reported on and yet it was an important achievement.

Pillar 4. The ANSP legacy is especially clear in pillar 4. There now is a structured IYCF approach which includes a full range of tools and routines and which has at least partly been adopted in new projects in 5 regions in addition to the 2 ANSP regions (Nord and Plateau Central). The ETE has reservations, however, about the fact that the approach is somewhat over-systematic and very intensive in its M&E requirements. This has created a tendency for the implementing NGOs to focus on numbers and targets, without proper attention to also explore and document alternative approaches with more community ownership. Other reservations are that the Ministry of Agriculture has had no active role in the programme, and that the implementation operates through NGOs and CBOs. In addition the nutrition-sensitive component has only targeted a small proportion (some 3%) of the target population. All these factors together, as narrated above, have given pillar 4 the character of a set of NGO-driven projects.

The SMART survey data do not enable to draw firm conclusions on the effectiveness of the pillar 4 IYCF approach. Yet the results are not encouraging, especially when they are compared with national trends. Indicators that have improved across the board (in the country and in the 2 ANSP pilot regions) are the early breastfeeding initiation rate and the minimal diet indicator. The data do not allow to make inferences on added value of the IYCF approach. It is tempting to attribute this lack of evidence to the weakness of the nutrition sensitive component. It will be important to see if 2016 SMART data can confirm a decrease in stunting and wasting in Plateau Central.

Recent data reconfirm that anemia is an enormous public health problem which deserves more and more structured attention than it received in ANSP. Prevalences in under-fives range from 75% to 95%, with a shocking average of 83% (ENIAB 2014). Severe anemia steeply increases in infants, occurring in 7% of the 9-11 months olds, coming from less than 1% in 6-8 months olds.

All pillars. It appears that the pillar 4 IYCF programme could have been even more productive if it would have deliberately profiled itself as a laboratory for multisectoral experience, also for the sake of increased insight - at the level of national and even regional bodies. This would have required readily available outcome level data – such as the minimal diet - for the project intervention areas plus a concerted effort to explore the data implications in terms of the effectiveness of the interventions.
3.2 Detailed conclusions

Numbers refer to sections of this report.

Relevance
(2.1.1) The cooperation agreement with IRD in Montpellier has been an apparent win-win both for IRD and its students and for UNICEF/ANSP. It has provided the opportunity to draw lessons at the time they were needed and could be applied. It has also given credibility to what started as pilot interventions. Working with the students called for a certain academic rigour and enhanced regular discourse among the staff and with partner organizations. Currently the possibility to partner with a national university and have students operate in pairs with IRD is being discussed.

Equity
(2.2.2) The sequence of introduction of the programme has taken poverty and stunting prevalence into account, to some extent. These criteria are less important than in other countries given that in Burkina Faso the IYCF intervention package is planned for total coverage, in the entire country. However, there is a marked difference between the coverage for nutrition specific interventions (75%-90%\textsuperscript{105}) and the interventions which have been added later, which may be summarized as food-security oriented interventions (3%).

The MTE remarked, ‘The programme will need to prove itself in terms of access to, and use of, both nutrition-specific interventions and nutrition-sensitive interventions. If it manages to do the latter and document that all strata (wealth quintiles) access and profit equally from the programme, it has the potential of a model programme.’ This recommendation was rejected in the management response as being ‘beyond the scope and timeline of the ANSP’.

Effectiveness
(2.3.1; 2.3.2) The lack of institutional anchoring of a multisectoral approach has been a structural obstacle for constructive interaction between the various government actors and their departments. This has played out at all levels, including the subnational levels.

(2.4.3) A foundation has been laid for systemic linkages with the health sector and for other projects and programmes intending to implement a community level IYCF programme. This could conceivably include the agriculture sector. However, there is no evidence that the link with the Matourkou and the NPHS pillar 2 programmes has been made. This appears an opportunity missed. For example, follow up of pillar 2 could have included use and usefulness of the materials developed, as part of the curricula, or as internship opportunities in CAP Matourkou and the NPHS.

(2.5.1; 2.5.2; 2.10.1) For pillar 4 ANSP/UNICEF has designed and introduced a large number of tools. Use of these tools, especially the monitoring tools for M&E of GASPA attendance, has been obligatory for all contractual partners. The same tools are also taken in use in the (5) regions in which new projects and their funding agencies have taken up IYCF. For pillar 4 there is in that sense alignment.

(2.6.1; 2.6.3; 2.10.1) In Burkina Faso the pillar 4 design from the start was for total coverage and the pillar 4 thus rested on a national IYCF strategy which ANSP/UNICEF helped to generate. The energy went into the model and its scaling up. The nutrition-sensitive component has been an add-on for selected households.

(2.6.1; 2.6.3) In view of the complexity and the risk for a IYCF programme to become too broad and ambitious and thereby lose its focus the pillar 4 IYCF programme has from the start aimed for standardization. However, the IYCF programme has not succeeded in merging the nutrition-sensitive interventions with the core IYCF programme. The nutrition-sensitive elements have been ‘too few and far between’. As also stated in the 2015 Progress report ‘nutrition sensitives interventions to create enabling environment required additional resources’.

(2.6.1) In Burkina Faso there was a case of ‘serendipity’ in the form of an unexpected gift of MNPs which enabled the nutrition unit to act promptly and design and implement a MNP pilot covering some 25,500 under two’s in the Nord Region.

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\textsuperscript{105} Expressed as Attendance of women to the mother to mother group IYCF session. Target (2015) 75% (PC & Nord).
Impact
(2.8.1) The SMART survey results for stunting have the same limitations as for the outcome level indicators; in Plateau Central there is a clearer pattern of decrease than in the Nord Region. The national data only show minimal improvement.

(2.8.1) The SMART survey data do not enable to draw firm conclusions on the effectiveness of the pillar 4 IYCF approach. Yet the results are not encouraging, especially when they are compared with national trends. Indicators that have improved across the board (in the country and in the 2 ANSP pilot regions) are the early breastfeeding initiation rate and the minimal diet indicator (the latter includes diet diversity which has also improved). The data do not allow to make inferences on added value of the ANSP IYCF approach. It is tempting to attribute this lack of positive evidence to the weakness of the nutrition sensitive component. It will be important to see if 2016 SMART data can confirm a decrease in stunting and wasting in Plateau Central.

Sustainability
(2.9.1) ANSP’s nature of a catalyst programme has been appreciated, but the need for follow-through has not in all cases been fully grasped. This is especially so for short-duration capacity building programmes such as CAP Matourkou (agriculture) and NPHS (health). The MTE recommendation was that ‘The CAP Matourkou/NPHS experience should be evaluated particularly for the difference it has made for (future) graduates to apply it in their work. Opportunities to expose students to the IYCF programme – and within IYCF especially to nutrition-sensitive intervention packages – should be created and exploited.’ The first part of this recommendation was partly followed up.

(2.9.2) The conclusion of the MTE still stands, that ‘It will be imperative for the IYCF programme to generate convincing data that prevention pays off, also in monetary terms.’

Adaptability
(2.10.1) The Cornell component has in Burkina Faso been regarded as an additional component or even as a separate project. The integration of the Cornell staff member in the UNICEF country offices has been slow or absent, partly because the staff member arrived midway or even later in the course of the programme. The individual competence of Cornell staff was undisputed.

(2.10.1) The Cornell frame for ANSP lessons did not do justice to the type, number, range and appeal of the lessons which ANSP could have generated. This truly is an opportunity missed especially for the multi-sectoral core of the ANSP programme where precious lessons could have been generated and documented.

(2.10.1) The establishment of national level multisectoral fora has been stalled due to circumstances beyond the control of UNICEF/ANSP. The establishment of district level multisectoral fora (notably in Yako) was piloted but follow-through is uncertain.

(2.10.1) At this point in time there is not really a common agenda to which all actors subscribe and adhere. The nutrition realm is still work in progress. Where UNICEF/ANSP has been most effective, it appears, is in using its leverage to make the different actors see the differences in each other’s approaches and as a consequence, be enabled to make informed decisions. Thus far there has not been a culture of demonstrating ‘what works best, under which circumstances’.

(2.8; 2.10.1) ANSP insufficiently used its pillar 3 opportunity to review and report on achievements in the other pillars, notably pillar 4. Multisectoral work thereby risked to be dissociated from its ultimate purpose of reducing stunting and anaemia even though this purpose has by now become generally accepted as a higher level impact to be achieved, also by other sectors. In that sense ANSP missed to become the evidence-generating programme it could have been and for which UNICEF is known.106

(2.8; 2.10.2) ANSP was unique in its potential to gather and present evidence from down at the community level all the way up to the political and decision making bodies. This potential was not fully exploited. Also UNICEF/ANSP relied too much on Cornell University to take on this role of catalyst of lessons learning and sharing.

106 Also see http://www.developmenthorizons.com/2015/06/unicef-and-nutrition-what-do-we-want.html
4 Lessons Learned and Good Practices

(2.2.2) With the benefit of hindsight the MTE made an error of judgement when it concluded that the IYCF programme as it is implemented in Burkina Faso is by nature equitable given that the entire population of ‘mamans’ is targeted in the “Suivre la maman” approach. The distinction between nutrition specific and nutrition sensitive coverage reveals a different reality, of 75-90% (nutrition specific coverage) versus 3% (nutrition sensitive interventions, notably food security). As remarked in the ETE regional report the ANSP countries have all tried to solve this puzzle, each in its own way.

(2.4.1) For the type of work done by Cornell it would have been helpful to design and profile it as both multi-pillar and multi-level. Cornell was criticized for being too abstract (too ‘academic’) but its work on the ground was much appreciated. A clearer link with the ANSP design could have been the link which Cornell missed and could also have helped to more clearly document lessons learned (pillar 3).

(2.6.1) MNPs have been an issue in all four ANSP countries. Part of the issue is their cost, and with it, the long term burden that countries ought to commit to once MNPs have become part of the prevention package. To illustrate this: in the proposal for “adoption de la fortification à domicile au Burkina Faso” procurement of MNPs takes up 80% of the budget.107 A long term structural nutrition sensitive solution is preferred as was argued in the MTE (but disagreed by the Country Office). Long term solutions may of course include a temporary ‘short-term’ MNP intervention.

Box 6: A case of Good Practice in Burkina Faso*
ANSP has had a flexible design to an extent that changes in workplans could be accommodated. Flexibility has been less for the budgetary allocations. Thus a theme such as MNPs could in Burkina Faso during the first years not be taken up. Yet the Country Office had together with the Direction de Nutrition arranged for an adopted Action Plan.** When an opportunity arose anaemia could still be addressed, at short notice.

The case of MNPs in Burkina Faso illustrates the lesson that once the goal is clear and the need identified opportunities that arise are more readily spotted and used, but only if the necessary preparations are made.

* Section 2.6.1 in this report refers.

(2.8.1) (Country level trend in chronic malnutrition) If one looks over the longer term, there is in fact improvement in chronic malnutrition. In 2006 stunting stood at 42%, and had by 2011 come down to 34% (GNR, national data) and has now further decreased to 30.2%. There thus is a decrease but one should look over long time periods.

(2.8.1) For the country at large the differences between the regions remain the most striking. For stunting these vary from 13.1% in the Central Region, to 46.6% in the Sahel Region. Where there are long term data available it seems worthwhile to judge for every region, or even province, what has been the trend and thus to compare the region (or province) with itself. This would have been a possibility for the ANSP programme but it has not happened and was also inhibited by the sampling arrangement (explained in footnote 32).

(2.10.1) Work on jointly agreed instruments such as a Common Results Frameworks (CRF) helps to set common standards. The Common Results Framework shown to the ETE in November 2015 was a very early version as was evident from the nature of some of the results proposed. This is but one example of the difficulty to move a common agenda when the overall governance framework – the composition, organisation and anchoring of the CNCN - remains uncertain.

(2.5; 2.8; 2.10.2) There still is much to be learned on the dos and don’ts of multisectoral approaches. Annual SMART surveys are a rare resource to nourish this discourse with evidence, particularly where the same data have been collected every year by the same researchers and following the same

107 Ibid.
methodology. In Burkina Faso trend analysis has been hampered by the sampling procedures which made it impossible to draw timely inferences and lessons for the pillar 4 IYCF programme. This lack of positive and convincing evidence has been an opportunity missed particularly where the going-to-scale ambition would have been served by convincing data on the ANSP pilots.

(2.8.1) As also concluded in other ANSP countries there is need for evidence that is more immediate and appealing than the stunting and anaemia impact level indicators measured in ANSP. This in itself merits study. Which indicators are both plausible intermediary indicators in the causal chain and are fast to respond to interventions and in addition have predictive value for longer term impact?

(2.8; 2.10.1) Baseline/end line data have only recently become available and this in itself constitutes a lesson: that evidence in the form of impact level trends takes too long for most programmes to draw timely lessons. ANSP’s evidence base has taken long to become apparent but could nevertheless be exploited for its potential as an ANSP legacy: a resource for future programmes in terms of ‘what works where and why’ (and reversely: what does not work and why not). This discussion should be had with those who did the interventions and who know the contexts. With the data in hand that discussion will gain in depth, and will raise new questions.

5 Recommendations

This list could be elaborated in concurrence with the CO’s priorities. One such priority was discussed in the ETE debriefing – the opportunity to seriously and structurally address anemia.

(2.6.1) Opportunities for scaling up nutrition in meaningful ways not only come from changing contexts in the external environment, but also occur in the form of changes in UNICEF itself. One such opportunity is the stronger focus on adolescents in UNICEF’s mandate which enables its nutrition programmes to systematically tackle adolescent anaemia and so give more meaning to the life cycle approach. This opportunity is extremely relevant for Burkina Faso and should be exploited with urgency.108

(2.8; 2.10.1) Given the rarity of proper impact level data future programmes should aim to draw the design lessons from past experience of all relevant programmes that have gone to the extent of measuring and documenting their results.

(2.9.2) The ETE repeats the recommendation to more involve parents and use every conceivable means to make the IYCF intervention community-owned.

(2.10.1) In future programmes retain the link between the need for multisectorality and the effects multisectorality should achieve. In this manner provide the evidence for governments that are keen to know what they should do differently in order to make the difference in the higher level indicators of reduced stunting and anaemia. Avoid that ‘multi-sectorality’ becomes a ‘prescription per se’ without the guidance on what forms of multisectorality have proven their worth, in what situations.

Annexes

Annex B-1: List of persons/organisations contacted

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# Projet Agenda Mission des consultants du projet ANSP au Burkina Faso

<table>
<thead>
<tr>
<th>Date</th>
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<th>Activité</th>
<th>Lieu</th>
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<td></td>
<td>12h20</td>
<td>Consultant 1&amp;2 - Arrivé de Consultants</td>
<td>Aéroport de Ouagadougou</td>
<td>Service Voyage (Drissa Konate)</td>
</tr>
<tr>
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<td>13h30-15h00</td>
<td>Consultant 1&amp;2 - Revue du projet d’agenda de la mission avec les consultants</td>
<td>UNICEF</td>
<td>Sylvestre Tapsoba Tel : (226) 70271561</td>
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<tr>
<td></td>
<td>15h00-15h30</td>
<td>Consultant 1&amp;2 - Rencontre avec Monsieur le Représentant</td>
<td>UNICEF</td>
<td>Responsable sécurité Unicef SOME Armand</td>
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<td>15h30-16h00</td>
<td>Consultant 1&amp;2 - Briefing sécurité</td>
<td>UNICEF</td>
<td>Chef Nutrition (Denis Garnier) 64051630</td>
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<tr>
<td></td>
<td>16h00-16h30</td>
<td>Consultant 1&amp;2 - Rencontre avec Education Chef de la section Tomoko Shibuya</td>
<td>UNICEF</td>
<td>Sylvestre Tapsoba Tel : (226) 70271561</td>
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<td>Consultant 1&amp;2 - Rencontre avec l’équipe de Nutrition</td>
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<td>Chef unité nutrition Denis Garnier 64051630</td>
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<td><strong>Mardi 17/11/2015</strong></td>
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<td>Ministère de la santé</td>
<td>Sylvestre Tapsoba Tel : (226) 70271561</td>
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<td>09h30-09h30</td>
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<td>Me Ouaro Bertine : (226) 70260197</td>
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<td></td>
<td>11h15-12h45</td>
<td>Consultant 1&amp;2 - Rencontre avec la DGESS (Ouaga)</td>
<td>Ministère de la santé</td>
<td>Sylvestre Tapsoba Tel : (226) 70271561</td>
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<td>11h15-12h45</td>
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<td>(Ouagadougou) Me Bonou (DG) (226) 70232020</td>
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<td>15h 00-16h00</td>
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<td>Rencontre avec le Cadre de coordination en Nutrition du System UN</td>
<td>UNICEF</td>
<td>Chef unité nutrition Denis Garnier</td>
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<tr>
<td>16h30-17h00</td>
<td></td>
<td></td>
<td>Djibril Cissé</td>
<td>Tel : (226) 73203196</td>
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<td>Mercredi 18/11/2015</td>
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<td>Consultant 1 &amp; 2 - Départ pour la Région du Nord (Yako) et l'ONG SEMUS</td>
<td>Ouagadougou-Yako</td>
<td>Tel : (226) 70722164</td>
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<td>- Départ pour Ouahigou</td>
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<td>Djibril Cissé</td>
<td>Tel : (226) 73203196</td>
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<tr>
<td>Jeudi 19/11/2015</td>
<td>08h00-16h00</td>
<td>Consultant 1 &amp; 2 - Visite des interventions de l'ONG AMMIE</td>
<td>Ouagadougou-Yako</td>
<td>Tel : (226) 70722164</td>
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<td>Djibril Cissé</td>
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<tr>
<td>Vendredi 20</td>
<td>07h00-</td>
<td>Consultant 1 - Départ pour la Région du Plateau Central et les interventions avec le Consortium des IBFAN/APAIB/ACF - Retour sur Ouagadougou</td>
<td>Ouagadougou-Zorgo</td>
<td>Tel : (226) 70722164</td>
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<td>Mr Zerbo</td>
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<td>Me Bakiono</td>
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<td>8h30-9h30</td>
<td>Consultant 2 - Rencontre avec le GRET</td>
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<td>UNICEF</td>
<td>Sylvestre Tapsoba Tel : (226) 70271561</td>
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<td>15h00-17h00</td>
<td>Consultant 2 - Si besoin d’autres rencontres</td>
<td>Lieux à Déterminer</td>
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<td>Consultant 1 &amp; 2 - Rencontre avec BR Unicef/OOAS (WAHO) Roger Sodjinou</td>
<td>Ouagadougou</td>
<td>Roger Sodjinou (226) 65245151</td>
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<td></td>
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<td>Consultant 1 &amp; 2 - Rencontre avec le Secrétariat exécutif du Conseil national de sécurité alimentaire (SE/CNSA) à Ouaga</td>
<td>Ministère de l’Agriculture et de la sécurité alimentaire (SE/CNSA)</td>
<td>Sylvestre Tapsoba Tel : (226) 70271561</td>
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<td>Chef unité nutrition Denis Garnier</td>
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<td>16h30-17h30</td>
<td>Consultant 1 &amp; 2 - Rencontre avec Consultant ayant effectué la documentation de la prise en compte de la nutrition dans les curricula</td>
<td>Ouagadougou</td>
<td>Roger Sodjinou et Sylvestre Tapsoba Tel : (226) 70271561</td>
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<tr>
<td>Mardi 24/11/2015</td>
<td>08.00 Consultant 1 Revue du projet (pour s’informer sur les ‘trous’ – last check)</td>
<td>UNICEF</td>
<td>Sylvestre Tapsoba Tel : (226) 70271561</td>
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<td>14h00-16h00</td>
<td>Consultant 1 &amp; 2 - Débriefing avec chef de section santé/ nutrition et équipe nutrition</td>
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### Equity Focus (Burkina)

- The IYCF programme will need to prove itself in terms of access to, and use of, both nutrition-specific interventions and nutrition-sensitive interventions. If it manages to do the latter, and document that all strata (wealth quintiles) access and profit equally from the programme, it has the potential of a model programme.

### Relevance and Design (this is a recommendation for the entire programme)

- ANSP/UNICEF should make amendments for its lack of attention to “internal mainstreaming” of nutrition in UNICEF’s own sectors, notably health, education, WASH and child protection. Of particular interest would be cases of mutual reinforcement between the sectors, where nutrition has been integrally included and/or has benefited from preceding efforts in the other sectors.

### Pillar 2: Capacity Development: Effectiveness (partly a recommendation for the entire programme)

- **CAP Matourkou/NPHS:** The entire exercise and notably the process has the potential of a good practice and should be treated as such. For future reference and for the sake of replication UNICEF CO should encourage Matourkou and NPHS to document not only the process but also the changes in the curricula. Just like for WANCDI programmatic activities are published and thereby have become accessible to a wide audience publication could, possibly with WANCDI assistance, also be considered for the Matourkou/NPHS experience.  

### Pillar 3: Information systems and knowledge sharing: Effectiveness (Burkina)

- Document how the IYCF model applies in different circumstances, guided by different NGOs Recnap, and compare effectiveness at impact level. (Note: Partially Agree)

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### Recommendation MTE

part of this is foreseen in the design). In addition include a cost comparison in this documentation, answering the question if and what type of pre-existing projects allow accelerated IYCF introduction, at lower cost. Use the SMART survey results as counterfactuals (stepped wedge design).

### Response (Burkina CO)

in the first targeted areas in the Nord Region and improve its design based on lessons learnt. The improved model will then be implemented at scale in other regions as we continue learning in different implementation settings.

### Pillar 4: Scaling-Up: Relevance and appropriateness (this is partly a recommendation to the entire programme)

- Take up anaemia in pre-school children as a measure of success of programme interventions. And thus:
  - Introduction of MNPs is the preferred strategy and should be included according to plan.
  - As a first measure ANSP could consider to align with SUN indicators for reduction in anaemia, referenced by the global targets established by the 2012 World Health Assembly.
  - Images used in the MYCNSIA programme (notably, Nepal) could be adapted for inclusion in the “Boite a images” used in IYCF programmes. (The Nepal images are closely linked to brain performance.\(^{110}\))

- Explore if MNPs could be introduced as a temporary measure, while at the same time a start is made with more structural (and cheaper) alternatives, such as commercial fortification, home gardens, and combinations thereof.

### Pillar 4: Scaling-Up: Effectiveness (this is primarily a recommendation to the entire programme)

- ANSP/UNICEF, firstly, to maintain the ambition of generating a model that is locally effective and affordable, and that is deliberately set to feed the national scaling up agenda. In these models there will need to be attention for both nutrition-specific and nutrition-sensitive interventions. Secondly, for the regional offices to take up the task of accelerator, as announced in the ANSP logframe, and do this in ways that will also benefit other countries in their region. An appropriate way would be to use the REACH channel and the SUN movement. Publications in the form of (comparative) case studies of good practice and lessons learnt should be considered. Thirdly, and in the context of the second recommendation, all pillar 4 programmes should be screened for their alignment with the combination of the ten basic mainstreaming principles (of nutrition in agriculture\(^{111}\)). It is conceivable that, fourthly, similar lists are used for synergy with other sectors – mainstreaming – as announced in the global result for pillar 4.

### Response (Burkina CO)

- Disagree

UNICEF have already been advocating for an overall strategy for addressing micronutrient deficiencies (including MNPs as one component) in line with the strategic nutrition plan of the Nutrition Directorate. A workshop was held in March 2014 in order to discuss and review the first draft of the scaling up plan for addressing micronutrient deficiencies. The full achievement of these plans will go beyond the timeline of the ANSP. In the short term, UNICEF will continue to work with government counterparts and Micronutrient Initiative for a funding proposal to evaluate the pilot phase in the Nord Region.

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\(^{110}\) Suitable local materials may already exist; the MTE did not check this.

\(^{111}\) Charlotte Dufour: Mainstreaming nutrition in agriculture investment plans- Lessons learnt, challenges and opportunities. FAO Nutrition Division, October 2013
<table>
<thead>
<tr>
<th>Recommendation MTE</th>
<th>Response (Burkina CQ)</th>
</tr>
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<tbody>
<tr>
<td><strong>Operational efficiency</strong> (this is also a recommendation to the entire programme)</td>
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<tr>
<td>➢ For ANSP/UNICEF to profile the programme as a set of strategic interventions, and leverage additional funding on the strength of proven results. It would be all the more convincing if such additional funds would be generated from external donors. The EU could consider to make this a condition for continued funding in the post-ANSP period.</td>
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<tr>
<td>Disagree (: already done)</td>
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<tr>
<td><strong>Impact - Feasibility of achieving programme impact targets for reduction of anaemia and stunting</strong> (this is also a recommendation to all IYCF programmes)</td>
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<tr>
<td>➢ For ANSP/UNICEF: consider to monitor fertility. Here again it stands to reason that wealthier quintiles of the population make the decision to have fewer children earlier than do the poorest households. This typically could be an issue for the qualitative part of the KAP studies planned during the course of the programme, with the possibility to compare intervention areas with yet to be covered areas (the so-called stepped wedge design that suits sequential roll out of an intervention as is the plan for IYCF in Burkina).</td>
<td></td>
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<tr>
<td>Disagree</td>
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<td>Fertility monitoring was never within the scope of ANSP. There is thus no data on this within the baseline and no plans to include this in the endline monitoring or evaluations.</td>
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<td><strong>Sustainability: Capacities and ownership for sustained results (Burkina)</strong></td>
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<td>➢ The CAP Matourkou/NPHS experience should be evaluated particularly for the difference it has made for (future) graduates to apply it in their work. Opportunities to expose students to the IYCF programme – and within IYCF especially to nutrition-sensitive intervention packages – should be created and exploited.</td>
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<td><strong>Sustainability: Comprehensive and inter-sectoral stunting reduction strategies (Burkina)</strong></td>
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<tr>
<td>➢ Consider to portray IYCF in Burkina Faso as the case for babies that are healthy, lively and well-fed (“beaux bébés”). This “prevention is better than cure angle” could be a distinction from the usual care-oriented programmes and as such be used for prevention advocacy and fund raising.</td>
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<tr>
<td>Disagree Based on lessons learnt and limitations, nutritional services in Burkina Faso has stopped focusing on GMP. The MUAC tool is being used to monitor the nutritional status of children aged 0 to 23 months of age. In the community component of the IYCF plan, GASPA (mother-to-mother support groups) can be used as a contact to reach children with several health and nutrition services including nutritional status. The implementation of the IMAM plan includes quarterly screening of acute malnutrition at community level with MUAC among under-five children.</td>
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<tr>
<td>➢ A routine could be brought about of Growth Monitoring Promotion (GMP), starting from birth, for example by piggy-backing with the vitamin A campaigns.</td>
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Preface

The ETE field visit was conducted in January 2016, at the time when Ethiopia was faced with the effects of a severe drought related to the El Nino phenomenon. The Humanitarian Requirements Document\(^1\) (HRD) had just been presented in December 2015 estimating that 10.1 million people will need food assistance requiring 1.1 billion USD of which 97 million USD had been allocated by the Government of Ethiopia (GoE).

At the same time there was unrest related to the so called Master Plan for expansion of the capital city in Oromia and Amhara, two of the regions in which the ANSP project was implemented. The ETE visit was therefore guided to the third SNNP region. SNNPR (Southern Nations, Nationalities and Peoples) region had also experienced failed spring/belg and poor summer/kiremt rains according to the HRD. Newspaper “Capital” reported on January 17, 2016 when the evaluation team had returned from the field, that the Master plan was dropped because of the disagreement by the local population. “Fortune” Newspaper of the same date reported in its front-page article that “the disaster response to alleviate the conditions of people most severely affected by the drought seem to be working well” so that “Once there are signs of malnutrition in children affected early treatment can begin”. During the visit various sources confirmed that Ethiopia’s health system is well prepared to face the emergency this time.

As of December 2015, 16 out of the 20 ANSP Woredas were classified as hotspot (hotspot priority 1: 7 Woredas, under priority 2: 6 Woredas and under priority 3: 3 Woredas) indicating alarming levels of acute food insecurity. By December 2015 the total number of hotspot Woredas rose to 186, from 49 in January 2015.

1 Introduction

1.1 Key national statistics

<table>
<thead>
<tr>
<th>Key geographic, economic, and social characteristics</th>
<th>Ethiopia MTE (2007-2011)(^2)</th>
<th>Ethiopia ETE (2009-2013)(^3)</th>
<th>East and Southern Africa</th>
<th>Sub-Saharan Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (2014)</td>
<td>84,734</td>
<td>96,506</td>
<td>453,128</td>
<td>855,273</td>
</tr>
<tr>
<td>Children under Age 5</td>
<td>17,770(^4)</td>
<td>14,249</td>
<td>71,883</td>
<td>154,434</td>
</tr>
<tr>
<td>Under-five mortality rate (infant mortality rate); 2013</td>
<td>77/52</td>
<td>66/44</td>
<td>74/50</td>
<td>121/76</td>
</tr>
<tr>
<td>Life expectancy at birth; 2013</td>
<td>59</td>
<td>63.6</td>
<td>59.4</td>
<td>56.9</td>
</tr>
<tr>
<td>GNI per capita (PPP): 2013, in USD</td>
<td>1110</td>
<td>1540</td>
<td>3260</td>
<td>3280</td>
</tr>
<tr>
<td>% of population below international poverty line of USD</td>
<td>39</td>
<td>30.7</td>
<td>39.3</td>
<td>47.3</td>
</tr>
<tr>
<td>% of children early initiation of breastfeeding (2009-2013)</td>
<td>52</td>
<td>51.5</td>
<td>59.6</td>
<td>47.4</td>
</tr>
<tr>
<td>% of children who are exclusively breastfed (&lt;6 months) (WHO threshold: &lt;50%); 2014</td>
<td>52</td>
<td>52.0</td>
<td>51.2</td>
<td>36.1</td>
</tr>
</tbody>
</table>

\(^3\) Extracted from UNICEF SOWC 2015 xls-sheet; UNICEF Country Statistics and GNR 2015; with exception of underweight, wasting and stunting data: these are extracted from the Mini DHS 2014
Key geographic, economic, and social characteristics

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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>% of children (2009-2013)</td>
<td>55</td>
<td>49.0</td>
<td>72.6</td>
<td>65.0</td>
</tr>
<tr>
<td>introduced to solid, semi-solid or soft foods (6-8 months)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care coverage at least once (at least four times); (2009-2013)</td>
<td>19</td>
<td>42/19</td>
<td>77/39</td>
<td>76/45</td>
</tr>
<tr>
<td>Vitamin A supplementation coverage rate (6-59 months), full coverage (%); 2013</td>
<td>71</td>
<td>79.0</td>
<td>66.7</td>
<td>73.1</td>
</tr>
<tr>
<td>% of households consuming iodized salt (2009-2013)</td>
<td>15</td>
<td>19.9</td>
<td></td>
<td>59.1</td>
</tr>
<tr>
<td>% of under-fives with anaemia; 2011</td>
<td></td>
<td></td>
<td>19.2</td>
<td></td>
</tr>
<tr>
<td>% of infants with low birth weight; (2009-2013)</td>
<td>20</td>
<td>20.0</td>
<td>11.2</td>
<td>13.0</td>
</tr>
<tr>
<td>% of under-fives suffering from underweight (WHO), moderate &amp; severe; 2012</td>
<td>29</td>
<td>25.2</td>
<td>17.8</td>
<td>21.1</td>
</tr>
<tr>
<td>% of under-fives suffering from: wasting (WHO), moderate &amp; severe (WHO public health problem: &gt;10%; 2012</td>
<td>10</td>
<td>8.7</td>
<td>6.9</td>
<td>9.3</td>
</tr>
<tr>
<td>% of under-fives suffering from: stunting (WHO), moderate &amp; severe (WHO: public health problem: &gt;30% moderate, &gt;40% severe), 2012</td>
<td>44</td>
<td>40.4</td>
<td>38.5</td>
<td>37.3</td>
</tr>
</tbody>
</table>

From the above table it is clear that most indicators show that the situation in Ethiopia – in particular those relevant for nutrition – in most cases is slightly worse as compared to East and Southern Africa and to Sub-Saharan Africa as a whole. Though exceptions exist: Vitamin A supplementation and Exclusive Breastfeeding (EBF) are a positive exception. With regard to the relevant nutrition indicators – underweight, wasting and stunting – the above table indicates that Ethiopia is still lagging behind the ESA region and to SSA as a whole (only wasting is slightly below the SSA average).

On a positive note, the main nutrition indicators show that there has been an improvement from the moment of the MTE (data DHS 2011) to the situation as observed during the ETE (data mDHS 2014). The figure below shows that the trends for stunting and underweight are developing positively in a rather consistent way since 2000, whereas the observed level of wasting is more gradually coming down.

**Figure 1: Trends in nutritional status of children under five; 2000-2014**

Source: Ethiopian Mini DHS 2014

### 1.2 National Policy Framework development 2013-2015

The national policy framework was well described in the MTE report (Volume 2, Annex G). Updates are included under Pillar 1 Policy development.2.3.2.

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5 No new data available for main nutrition indicators as compared to data available during MTE 2013
6 Source: Ethiopia mini DHS 2014
1.3 Development partners in nutrition

Ethiopia has historically benefitted from support to food and nutrition security by many partners. Main donors still include the EU, the World Bank, USAID, Irish Aid, Canada (CIDA), Japan (JICA), the Netherlands, and the Bill and Melinda Gates Foundation, while DFID and UNICEF are still co-donor-conveners for SUN. Save the Children is the CSO convener in SUN. In the latest progress report also Australian Aid and Italian Cooperation were mentioned. According to the recent analysis of the nutrition sector by Tulane University there was 64 million USD donor funding for nutrition for Ethiopia in 2015. Tulane also reviewed the Community Based Nutrition (CBN) programme in 2012 and again in 2015.

2 Findings

2.1 Overall relevance and appropriateness

2.1.1 Programme design

1. ANSP’s four-pillar structure was conducive to supporting upstream policy development and enabled UNICEF to play its role as technical nutrition lead organization in support of GoE. There have not been substantial changes in the ANSP programme since the MTE. Until the end of implementation ANSP retained its relevance as it supported the development of the new nutrition programme and policy (2016-2020).

The ETE noted that ANSP support was fully embedded in the GoE nutrition programme as reflected in the revised NNP (and as of 2016 in the NNP2) which ANSP helped to take shape under pillar 1. GoE does not allow development partners to do any alternative programming for nutrition in the country but is open for evidence based approaches to improve the national programme which could be explored under the four pillar structure.

2.1.2 Coherence, completeness and complementarity

2. The ETE appreciates the way in which UNICEF, through ANSP and other support, guided the GoE in full harmony with REACH and SUN objectives and values. The MTE on the contrary “had difficulties to see the added value of the ANSP (as ANSP seemed to be a source of funding of the country programme, not a programme with a distinct own identity)”.

ANSP adequately complemented nutrition interventions and developments in Ethiopia. ANSP aimed to strengthen GoE capacity to improve and implement the NNP 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 ensured internal coherence between the pillars. ANSP complemented routine CBN activities.

The ETE observed that alignment with continental and regional plans is highly interactive. At all levels the MDG and WHA goals were adopted. However, countries and programmes are not just following regional and continental plans, but also set examples to guide regional and continental bodies in developing sound approaches to advancing food and nutrition security. While Ethiopia was renowned for the effective CBN programme at community level, other ANSP countries guided the way on coordination or BCC.

2.1.3 Uptake of the MTE lessons, conclusions and recommendations

3. Most MTE recommendations were rejected by the CO for various reasons. Once it was related to the complicated formulation of the recommendation. Another recommendation was deemed unjustified as the suggested action was already planned or taking place. Others were simply not accepted because they were not applicable at country level, or not feasible under the limited room to manoeuvre within the NNP (like the recommendation on additional indicators on anaemia, and on additional analysis of CBN data for ANSP Woredas).

The recommendation to expand the CBN to the Developing Regions (DR) in view of equity was disagreed because of lack of evidence that these regions were worse off. This is further discussed under 2.2.

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7 Analysis of the Nutrition Sector in Ethiopia, Tulane School of Public Health and Tropical Medicine, 2015
As in most ANSP countries’ the management response to MTE’s recommendations for further UNICEF/ANSP efforts to integrate nutrition in the agricultural sector were disagreed with reference to UNICEF’s comparative advantage. It became clear to the ETE team that the GoE is strictly adhering to the mandate of the UN organizations. While UNICEF to some extent can provide BCC on agriculture (as long as it relates to nutrition) it cannot provide agricultural inputs. To overcome this barrier, partnerships have been established with organizations who can provide such direct agricultural support where required (for instance IFPRI or FAO).

2.2 Equity focus

2.2.1 Equity focus

4. It would require a separate assessment for the ETE to include sound and evidence based statements on equity in nutrition programming in the developing regions.

During the MTE 2013 it has been observed that the geographical concentration of pillar 4 interventions is in 20 Woredas, which were selected by the government of Ethiopia (GoE) because of their high levels of stunting and food insecurity (selection criteria for the CBN program). During the ETE 2015 this was still the case. Whether the selection of 20 Woredas 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 – is therefore not possible to assess.

However, as in other countries ANSP has a natural built in focus on women and children. It has supported Ethiopia to transition from a pure emergency and curative nutrition focus to a developmental and preventive focus with a view to strengthening resilience of food insecure households.

ANSP supported a major achievement of the nutrition partners in Ethiopia which led to the integration of nutrition in the agricultural sector’s largest programme, and the famous social protection programme PSNP (2.3.2 refers).

The absence of the CBN in the developing regions of Affar and Somali where the population is largely pastoralist and nomadic may be of concern in regard to equity. The management response to the MTE recommendations stated that there is no evidence that their populations are worse off. However, the mini DHS of 2014 shows that Tigray and Affar have the highest stunting levels and Affar and Somali regions have the highest wasting levels. Tulane University expressed its concern on the high prevalence of wasting in these two pastoralist regions which they estimated to be above the emergency threshold of 20%8. In these regions an alternative approach is implemented which follows groups through flexible outreach which offers most CBN services, except GMP, along with mother to mother support groups.

BCC materials have been translated in the main local languages and are highly pictorial. The transition to the Health Development Army system (Box 1 refers in 2.5) ensures that each and every household is targeted by CBN and other health extension services.

2.2.2 Responsiveness to barriers and bottlenecks

ANSP has enabled the GoE to strengthen the CBN as a national MSN programme and supported its implementation, along with establishment of MSN coordination mechanisms to many more than the 20 ANSP Woredas through the cascading of Multi-Sectoral Nutrition (MSN) trainings.

MoRES is applied by UNICEF Ethiopia at different levels. At federal level trends are analysed from national surveys as well as performance of GMP participation and underweight rates at various levels. Woreda and zonal level also analyse routine service data for immediate corrective action, or scale up of programmes through the health bureaus.

The MTE described that some of the earlier obstacles for MSN programming were overcome by assigning nutrition focal points in the eight ministries represented in the NNCB (2.3.1 refers).

In the ANSP Final report an important statement has been made with regard to the rapidly deteriorating emergency situation in Ethiopia following two years of drought in many parts of the North and East of the country. This situation is impacting on UNICEF efforts to enhance multisectoral coordination for

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8 Analysis of the Nutrition Sector in Ethiopia. A report to UNICEF and EU Tulane School of Public Health and Tropical Medicine Department of Community Health and Behavioral Sciences New Orleans, John B Mason et al
stunting reduction. “The current humanitarian situation may continue until the end of 2016. This could further impact the multisectoral coordination as the focus will be more on emergency response, giving less time and attention for other development nutrition programs. In order to minimize this risk, UNICEF is recruiting two additional human resource professionals for the Ministry of Health that will deal with emergency so that there will be enough capacity to continue development nutrition programs.” (Source: ANSP Final Narrative Progress Report March 2016.)

2.3 Effectiveness: Pillar 1 Policy development

| Continental | Strong commitment from political continental bodies that function to advocate, convene and promote implementation of nutrition scale-up |
| Regional | Strong alignment of regional stakeholders on nutrition to support increased political, technical and financial commitments towards scaling up nutrition |
| Ethiopia | Outcome: National policies are aligned to impact nutrition by integrating nutrition as a key objective across different sectors*  
Output: Strong national nutrition leadership and ownership and coordination to support scale-up of nutrition programmes across sectors |
| Indicators | • A multisectoral National Nutrition Plan adopted  
• Number of inter-sectoral coordination meetings and workshops for planning and updates held  
• Number of advocacy events, dialogues and meetings on nutrition security for media and other partners held  
• Number of coordination meetings of the National Nutrition Coordination Body (NNCB) and regional coordinating committees held |
| Yr 4 workplan | Note: UNICEF Ethiopia does not work with Annual Work Plans for any specific funding or project in Ethiopia. All project based activities found in the various project documents are integrated in consolidated national and regional workplans. |

2.3.1 Nutrition governance

5. Supported by REACH, SUN, ANSP and other development partners a strong and institutionalized coordination structure for MSN has been created which is country led and owned. The MTE adequately described the newly established MSN coordination structures, these were still in place during the ETE.

According to the former REACH coordinator, who is also the SUN focal point (REACH and SUN reported jointly in Ethiopia) and nutrition advisor to the Minister of Health, REACH has met its objectives in Ethiopia. The contract with REACH had just ended, however DFID funds are available to continue support to the SUN movement in Ethiopia, which is fully integrated in the national coordination structure.

6. MSN coordinating bodies (NNCB) and Technical Committees (NNTC) are functioning at all levels: federal, regional, zonal, Woreda and even Kebele. Moreover, for the first time GoE has made a budget line for nutrition (other than for staff) in the 2016 budget10.

Cornell has supported UNICEF and the NNCB/GoE in organizing, developing and facilitating capacity building workshops for regional and sub-regional MSN structures. They provided guidance on strengthening sub-regional level multisectoral coordination mechanisms in all regions. Multisectoral performance evaluation and update meetings were subsequently conducted in all 20 ANSP-focus Woredas. The Woredas have conducted NNP familiarization meetings and have integrated multisectoral nutrition within their annual Woreda-based planning and evaluation meetings. Other ANSP countries were just starting with nutrition action planning at district level. Participants of the Woreda-level meetings included representatives from the Woreda administration and finance offices, Woreda-level sectoral offices, and focal persons from partner organizations.

Also in non-ANSP Woredas NCBs and NTCs have been set up. At Kebele level Kebele Cabinets have been established (School principal, Agricultural Development Agents (DA) and Health Extension Worker

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9 The coordination structures headed by the National Nutrition Coordinating Body (NNCB) in which eight ministers participate are still in place as described in detail in the MTE report Annex G in Volume 2, 1.3 on Technical and Financial stakeholders, some developments are discussed under Pillar 1: in 2.3.1 Nutrition Governance. The focal points of these ministries meet in the National Nutrition Technical Committee.

10 ANSP final multi-country Progress report, UNICEF
(HEW) to monitor and coordinate MSN. Kebeles that received ANSP support met once per week, this was twice per month in a non-ANSP Kebele visited in the same region.

7. The ETE received highly positive feedback on UNICEF’ support to nutrition, the organization was recognized as a valued partner and lead for nutrition, both among government and development partners. According to the final ANSP Narrative Progress report: “UNICEF and Cornell University were instrumental in providing technical support for coordination of NNP at federal and regional levels. The main partners for coordination are REACH UN Partners, USAID/ENGINE and DFID.”

UNICEF is closely collaborating with Government (exemplified by their participation in the NNCB to represent the UN alongside with eight ministries, and USAID representing donors). The SUN and (former) REACH coordinator emphasized UNICEF’s focus on evidence based solutions and capacity strengthening. For the future he recommends to focus on increasing GMP participation and BCC for both agriculture and health, as key areas to further improve the quality CBN, which is the backbone of the NNP2. According to the EU delegation to Ethiopia “no one is better positioned to contribute to nutrition than UNICEF” In the context of the UNDAF shared framework UNICEF is coordinating UNDAF Pillar 3 Basic Social Services (a.o. WASH, Health, Education) and according to the same source “they are doing a good job”. Also NGO partners expressed their appreciation of UNICEF’s role as lead agency for nutrition.

Focal points assigned in the eight ministries represented in the NNCB were reported to overcome some of the earlier obstacles for MSN programming in the MTE11. Recently a high profile recommendation (resulting from the Brazil/Uganda study visit described below in 2.3.2) was made to link the coordination, or at least the reporting of the NNCB to the OPM, in order to support mobilization of sectoral ministries which are not accountable to each other but are to OPM. The ambitious Seqota declaration12 aims to abolish malnutrition in 15 years and recommends a nutrition directorate in the 5 key ministries. This recommendation still needs to be adopted by parliament.

UNICEF has a close link to the nutrition coordinator in the MOH and to the Emergency Nutrition Coordination Unit (ENCU) in the Disaster Risk Management and Food Security Section (DRMFSS) of the Ministry of Agriculture which is the equivalent to the nutrition cluster13 coordination unit and financially supported by UNICEF. This ministry is now being restructured into two new ministries and a high level commission.

2.3.2 At the national level relevant policies have been developed and/or modified

8. ANSP has significantly contributed to the GoE commitment for MSN at all levels which is now firmly anchored in the policy framework (revised NNP and NNP2 and stunting as high level indicator in new GTP).

ANSP supported the policy framework through:

- Support to the development of NNP II (2016-2020)
- Support to the corresponding Nutrition Policy formulation
- Strong advocacy for GoE commitment and ownership
- Strong advocacy for integration of nutrition in sectoral strategies and programmes

Earlier the MTE had credited UNICEF for the paradigm shift from emergency to development nutrition, introducing multi-sectoral approach (MSN) in the revised NNP and multisectoral coordination at all levels: Kebele, Woreda, zonal, regional and federal. In Ethiopia government has complete ownership of health and nutrition programmes and acts based on evidence. It is because of GoE ownership combined with the tendency to standardise all good approaches and integrate them in the National Nutrition

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11 MTE Annex G: 2.3.2 and 2.3.3: MoH reported that bureaucratic bottlenecks in communication between the ministries have now been removed allowing more effective programming. Multi-sector information flows between the nine ministries involved in developing multi-sector approaches are now more efficient, effective and timely as they communicate directly with their counterparts in different ministries.


13 In times of emergencies the UN coordinates nutrition activities under the Global Nutrition Cluster, for which UNICEF is the lead.
Programme that ANSP efforts in Pillar one were so far reaching. Stunting has been included as a high level development indicator in the new GTP (2016 – 2020).

At the same time, it does require a strong and concentrated to mobilize GoE for changes based on proven interventions. ANSP and other funding have enabled UNICEF to continue their effective advocacy efforts at national level. The 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. This is yet to be endorsed. In the new set up of the Ministry of Agriculture (MOA; now divided in 2 separate ministries) establishment of nutrition directorates has already started. The visit also contributed to the important improvements towards integration of nutrition in the social protection programme PSNP (2.3.2 refers).

UNICEF also supports the First Lady of Ethiopia, who is an advocate for Food and Nutrition Security and is seen as a nutrition champion. She requested a UNICEF nutrition staff member to be seconded to her office.

9. ANSP values and strategies are fully integrated in the NNCB and NNTC and embedded in the revised NNP (since 2016 NNP2) GoE programme of which Community Based Nutrition Programme (CBN) is the backbone. The MTE described ANSP’s support to the revision of the NNP, which guides the implementation of the CBN. As the national CBN programme is currently implemented in 370 districts, ANSP support reached out to most of the country. Of the 370 districts, 20 were directly supported by ANSP for capacity development and review meetings. The MTE called the endorsement of Ethiopia’s NNP in June 2013 a success story for the ANSP and UNICEF and described how ANSP supported the establishment of regional NNCB and the dissemination of the revised NNP.

10. Advocacy and capacity development for decision-makers culminated in the Seqota declaration, and inclusion of stunting as a new high level indicator in the new GTP (2016-2020), and the first budget line for nutrition. The MTE described how ANSP contributed to commitment for stunting in Ethiopia. Most influential was the ANSP support to the revision of the NNP, to become a strong multisectoral nutrition programme which now fully incorporates ANSP MSN objectives and values and is taken further in the new NNP 2 (2016 – 2020). NNP2 maintains the five strategic objectives but focuses more on MSN operationalisation and the role of the private sector. During the ETE the NNP2 summary was published and shared, while the full document and corresponding nutrition policy document were still in draft. The CBN remains the backbone of the NNP and is currently implemented in 370 Woredas to which ANSP stunting focus and MSN values stretch out. On 15th July 2015, Ethiopia declared to end child malnutrition by 2030 with the launch of the Seqota Declaration. UNICEF/ANSP had advocated for an increased financial Government contribution for nutrition programmes. In 2015, for the first time, GoE made a small contribution in addition to staff cost for about 40,000 HEWs, another sign of their commitment to support nutrition intervention activities in the country.

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14 Report of Ethiopia’s high level delegation visit on nutrition and food security to Brazil and WFP Centre of Excellence to fight Hunger, July 20 – 28, 2015; and: Ethiopian Delegates Experience sharing Visit to Uganda, Mission report, July 2015
15 “The NNP addresses topics including policy framework, regulatory frame-work, multi-sectoral coordination and capacity building, nutrition communication and gender dimensions. The revised NNP is headed by the Government of Federal Democratic Republic Ethiopia and signed by nine State Ministries (Health, Education, Industry, Water and Energy, Trade, Agriculture, Labour and Social Affairs, Finance and Economic Development and Women, Children and Youth affairs). The revised accountability and results matrix illustrates how each sector can contribute to better nutritional outcomes. This is major change from the previous NNP, which was led by MoH.” ETC ANSP MTE report Annex G (1.2)
16 ETC ANSP MTE report Annex G (2.3.1)
17 MTE Annex G: 2.3.2: ANSP support has also contributed to putting stunting on the agenda. Reducing stunting from 44% to 30% by 2015 is one of the three core performance indicators of the NNP19. In addition, the revision has been effective in aligning the NNP with the prevailing policy environment; it compliments SUN and REACH, and is coherent with contemporary emergency programming, in particular multi-sector resilience building.
18 The revised NNP includes the first 1000 days window of opportunity and focuses on stunting reduction through five strategic objectives. They focus on adolescents, women nutrition, IYCN and strengthening nutrition sensitive interventions. The NNP also includes a comprehensive Nutrition Communication section that deal with policy and public dialogue, as well as behavior change communication (BCC). Source: Final ANSP narrative report.
11. Another major achievement is the integration of multi-sectoral nutrition in sectoral plans (health, education, agriculture), especially the integration in the Productive Safety Net Programme (PSNP-4) because of its relevant targeting and wide coverage.

Multisectoral nutrition objectives have been integrated in new sectoral plans, e.g.:
- Agriculture Transformation Plan (2016 – 2020)
- Health Transformation Plan (2016 – 2020)
- National School Health and Nutrition Strategy (finalized and endorsed in 2013)

PSNP-4 became effective mid-2015, it reaches out to 8 million food insecure households and aims to expand to 10 million in the coming years and offers therefore a great nutrition sensitive potential. It is a laudable accomplishment of UNICEF and others united in the National Nutrition Technical Sub Committee on Social Protection that pregnant and lactating women, and mothers of SAM children are exempted from public work. Moreover BCC on MSN nutrition will be provided and childcare will be organized during the days of public work as is presented in Table 2.
In recent years there is a strengthened emphasis on Food Fortification, e.g. iodization of salt which has become more prominent in the new NNP2. Main actors under the NNCB in this area are the Ministry of Trade and Industry, WFP and GAIN.

### Partnerships and collaboration

12. The strong partnership with the GoE through the NNCB and NNTC at federal and decentralised levels contributed to the successful implementation of ANSP and its achievements. Vice versa the national nutrition programme and its coordination was strengthened by ANSP support across the four pillars.

The collaboration between UNICEF, GoE and other nutrition stakeholders was described under 2.3.1.

13. Collaboration with other stakeholders was successful and contributed to an enabling environment for MSN and stunting reduction.

For ANSP supported activities MOUs were signed by UNICEF with FAO and Alive & Thrive and PCAs with RI Ripple, Orthodox Church, DSW and the Addis Ababa University. The content of this collaboration will be elaborated on under the relevant pillars below, like the Technical collaboration with Cornell and FAO. Collaboration with WHO and WFP (e.g. around CMAM implementation) is guided by UNDAF, while the technical UN staff meets during the UNICEF chaired Nutrition Development Partners Group (NDPG) and interacts with all nutrition partners in the National Nutrition Technical Committee (NNTC).

The partnership with Cornell contributed to MSN capacity building but did not work out for documentation as described (see further under 2.5.2).

UNICEF and Concern just celebrated 30 years of collaboration in Ethiopia. Their collaboration in nutrition has historically been mostly emergency focussed. Recently a pilot has started under a PCA which will support implementation of the new nutrition-sensitive aspects of PSNP-4, in which the nutrition, food security and social protection sectors converge²¹.

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²¹ “Piloting the PSNP4 and Nutrition Linkages in two districts of SNNPR, Ethiopia” (completed PCA template) document
2.3.4 Integration of nutrition in other sectors

14. 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). An example on convergence: WASH and nutrition use common (nutrition) impact indicators and joined together in planning for the next CP, with the goal of stunting reduction. UNICEF suggested to take ECD on board for the UNICEF nutrition support requested by the office of the First Lady (source: personal communication CO).

Under 2.3.1 “governance” the MSN coordination structure at the various government levels was explained. ANSP strengthened these MSN capacities cascading from federal, to regional to zonal levels to reach the selected Woredas. MSN coordination at the lowest administrative level, in the Kebele (village) was recently established in the Kebele Cabinet, a bottom up coordination mechanism through which HEWs, DAs and School Principals meet on a weekly or bi-weekly basis.

ANSP supported integration of nutrition in the above mentioned sectoral plans (2.3.2 refers), in PSNP 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 platform for BCC, deworming, food safety and WASH. Other training materials included IRT, the agriculture nutrition manual for DAs and HEWs and others for higher education courses as is described under the respective pillars.

2.4 Effectiveness: Pillar 2 Capacity development

Table 3: Pillar 2 Expected results

<table>
<thead>
<tr>
<th>Continental</th>
<th>Functional continental and regional bodies that provide guidance, frameworks, norms or standards on nutrition to their Member States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional</td>
<td>Strengthened strategic, leadership and technical capacity at national and sub-national level that supports multisectoral coordination in nutrition</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Outcome: National nutrition programmes are strategic and have the capacity to adapt to changing contexts that influence nutrition programming in the country Output: Availability of skilled and capable workforce across sectors that can provide quality nutrition interventions and services</td>
</tr>
<tr>
<td>Indicators</td>
<td>Number of Health Extension Worker Supervisors trained to conduct regular and quality supportive supervision Number of medical and agricultural universities convening update seminars on nutrition security and stunting reduction at least once a year</td>
</tr>
<tr>
<td>Yr 4 workplan</td>
<td>UNICEF Ethiopia does not work with Annual Work Plans for any specific funding or project in Ethiopia. All project based activities found in the various project documents are integrated in consolidated national and regional workplans.</td>
</tr>
</tbody>
</table>

2.4.1 Capacity of planners and decision-makers

15. Continued MSN Review Meetings at different levels strengthened the established decentralized multi-sectoral coordination mechanism.

Capacity of programme planners and decision makers in effective MSN planning was developed with support from ANSP in the first two years. Cornell University assisted UNICEF in capacity development of the NNTC at federal and regional level. The Cornell staff was fully embedded in UNICEF, which resulted in a valuable partnership during ANSP. Support included the development of the guidelines for multi-sectoral nutrition, progress markers for multi-sectoral coordination and development of a video on “bottom up MSN” at Woreda level.

16. High level advocacy for MSN effectively built capacities and engaged decision makers.

Before the study visit of 2015 (2.3.2 refers) another high profile capacity development event supported by ANSP took place in March 2014: “Invest in Nutrition for National Development”. During the event awareness was raised on MSN during a one-day workshop for 50 parliamentarians from nine standing committees (agriculture, trade, human resource, social affairs, budget and finance, pastoralist, natural resource, industry, mothers’ ambassador). They were acquainted with nutrition challenges of the country and engaged in facilitation of multisectoral coordination of the National Nutrition Programme by asking their support in enforcing legislation such as the Code of Marketing of Breast-milk Substitute and the...
mandatory fortification of flour and oil with vitamins and minerals. A flyer: “What can YOU do to improve nutrition” printed by MOH for Parliamentarians and Policy makers was shared at the event.

To influence both decision-makers and the general public ANSP supported training and awareness raising among the media on nutrition challenges and opportunities.

2.4.2 Capacity building in different sectors

17. ANSP/UNICEF supported MOH with a further roll-out and strengthening of nutrition capacities at all levels in the health system through Supportive Supervision and Integrated Refresher Trainings (IRT), simultaneously ANSP engaged universities, schools and agricultural extension in MSN and stunting reduction.

Adequate cascading of capacity development in the health system continued for over 900 HEWs during the last two years in which ANSP supported the Integrated Refreshment Training (IRT). This is in addition to the 1500 HEWs who had been trained at the time of the MTE. The IRT is a standardized GoE package which fully integrates all 16 nutrition and health extension packages developed with ANSP support in 2011 described in the MTE report22. In addition, ANSP has provided 30,000 IRT Modules and 1,000,000 counselling books (Family Health Cards). According to the last ANSP progress report the IRT had been rolled out to over 560 Woredas in the four major regions of the country through 192 national master trainers and 1,911 regional trainers that reached over 31,000 HEWs for which also other partners provided financial support (e.g. Netherlands Embassy, DFATD, JSI/L10K, IFHP, GAIN, and MI) according to the ANSP Final Narrative report. HEWs are required to follow the IRT course every 2 years.

To enhance nutrition capacities within different sectors four seminars were conducted in four universities (Bahir Dar, Axum, Haromaya and Hawassa) to disseminate MSN learning and assess curriculum requirements in nutrition, health and agricultural courses for the integration of MSN. As UNICEF’s mandate does not extend to full curriculum revision (which has its own protracted dynamics within the education sector) recommendations were made on how to fill identified gaps. A total of 250 participants attended the seminars which were targeting influential staff involved in decision making on either curriculum revision or preparation of supplementary materials. This was taken further by the development of supplementary teaching materials which are ready to be used within existing modules. As the MTE outlined care was taken not to replicate Save the Children’s efforts for MSN capacity building in higher education courses23.

ANSP, in partnership with FAO, 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 level24.

2.4.3 Nutrition training materials

18. ANSP has contributed to the development and dissemination of nutrition training materials.

The Nutrition training materials to which ANSP has contributed include:

1. The above presented Integrated Refresher Training materials for the health extension programme
2. A DVD based self-learning module called AMIYEN which was developed for HWs to strengthen their supervisory capacities as they oversee the Health Extension Programme executed by the HEWs. Four DVD based Blended Integrated Nutrition Learning modules were developed for nurses and medical doctors for which online exams can be taken which result in certificates that should be followed up by face to face exams. The content of the modules is on: Micronutrients, AMIYCN (Adolescent Maternal Infant and Young Child Nutrition), Management of acute malnutrition, Nutrition services for communicable and non-communicable/life-style related diseases.
3. Before the MTE, Cornell used presentations using the “Voltage drop” metaphor to explain the multi-sectoral needs required to achieve a positive impact on nutrition at federal, regional and zonal level.
4. The “Integrating Agriculture and Community based Nutrition (CBN) to improve nutrition; A training manual for Agriculture Development Agents and Health Extension Workers” was published under the logo of UNICEF in January 2014. It was used to train HEWs and DAs to join forces for MSN at Kebele level, for a bottom-up line starting at grassroots level to connect with the top-down MSN

22 MTE Volume 2, Annex G 2.4.1: The IRT manual was translated in local languages, duplicated for the TOT and distributed to all Regions with financial support from the ANSP. (...) During the first two years of implementation, the ANSP provided Regional and Zonal level Master Training/Trainer of Trainers to health professionals who cascade training down to Woreda level.
23 MTE Volume 2, Annex G, paragraph 2.4.2
24 Source: Final Narrative Report ANSP
coordination that reaches Woreda level after zonal, regional and federal Nutrition Coordination Bodies and Technical Committees (NCB and NTC). The content of the manual focuses on food groups and their nutrients, improved household nutrition practices, mainstreaming nutrition interventions into the agriculture policy and community based complementary food production. As MTE recommended under 2.4.2 this was coordinated with and built upon Save the Children training materials for DAs.

5. ANSP supported (by financing the consultative workshop for) the development of the so-called “blended” training module II, a self-learning DVD based module for HEW supervisors with MSN learning content and messages. Corresponding BCC materials had been developed by Alive and Thrive with inputs from UNICEF (posters with 7 steps, counselling cards).

The logo of GoE is usually the only logo displayed on the materials, showing that GoE is firmly in the driver’s seat. Sometimes UNICEF’s logo was visible (e.g. in the integrated DA/HEW manual) but not the EU logo. The EU delegation expressed satisfaction regarding visibility in general.

### 2.5 Effectiveness: Pillar 3 Information systems and knowledge sharing

Table 4: Pillar 3 Expected results

<table>
<thead>
<tr>
<th>Continental</th>
<th>Monitoring system with nutrition indicators is in place at continental level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional</td>
<td>Strengthened monitoring and implementation at country level through direct country support from regional resources and horizontal learning from experiences, lessons learnt or innovations of other countries</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Outcome: Strong national oversight for nutrition with relevant and sustainable nutrition information systems available at all levels for decision-making. Output: Oversight, decision-making and programme implementation have access to relevant and timely nutrition information</td>
</tr>
<tr>
<td>Indicators</td>
<td>Number of Woredas with a consolidated community-based nutrition programme database</td>
</tr>
<tr>
<td>Yr 4 workplan</td>
<td>UNICEF Ethiopia does not work with Annual Work Plans for any specific funding or project in Ethiopia. All project based activities found in the various project documents are integrated in consolidated national and regional workplans.</td>
</tr>
</tbody>
</table>

#### 2.5.1 Strengthened nutrition monitoring systems

19. ANSP surpassed the modest target of establishing a consolidated community-based nutrition programme database in the 20 target Woredas. Like all ANSP support in the regions, this effort was firmly integrated in the NNP and cascaded down from federal level thus reaching out to many more Woredas in the targeted regions.

Ethiopia was advanced in data systems for nutrition at the time that ANSP started in 2011 as the CBN and CMAM databases were already functioning but not in all Woredas. The CBN database includes routine data for GMP participation, underweight, total numbers of children weighed, distribution of Vitamin A, Iron, Folic Acid and deworming. The CMAM database records the integrated Outpatient Therapeutic Programme (OTP), Targeted Supplementary Feeding Programme (TSFP) and Stabilisation Centre (SC) interventions per Woreda, for which every child can be tracked with their unique SAM number. Each month Woredas collect nutrition data from all Kebeles to enter into the databases. Data is analysed and used to provide feedback to HEWs during supportive supervision and quarterly review meetings, but also as an indicator for early warning to assess the need for scaling up community level management of malnutrition.

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25 Update received from CO in May 2016: “Ministry of Agriculture already took the initiative to developed Government owned standardized training material for DAs. A working group was established and they completed mapping of existing materials and they are working on updating. SC, UNICEF, FAO and other partners are members of the technical working group. The material will be finalized and endorsed in a couple months.”
ANSP/UNICEF continued to support MOH with a further role out and strengthening of capacities for data management at all levels through Supportive Supervision, Refresher trainings and Review meetings as presented under pillar 2. This top down approach reached much more than the selected 20 ANSP Woredas. By early 2015 the total number of Woredas implementing and reporting on CBN had risen from 110 in January 2011 to 402 according to the NNP evaluation. In addition to UNICEF, this expansion was also supported by other development partners.

20. ANSP has supported inclusion of additional indicators in HMIS: GMP participation and underweight were included in addition to the three main CMAM indicators: cure-, death- and defaulter rates.

ANSP had supported the improvement of timely data collection and analysis in the Woredas by establishing a nutrition information system that captures growth monitoring data and has allowed tracking of underweight and acute malnutrition (including severe acute malnutrition admission and treatment data) in children every month since December 2012. This data was transmitted from the Woreda health offices to Regional Health Bureaus for analysis and action.

In 2015, GMP data has become part of the HMIS, according to the presentation prepared for the ETE briefing. This was also seen as another step to ensure programme sustainability. The ANSP Final Narrative Report indicates that Government is taking full ownership of the CBN programme as one of their priority nutrition programmes in the health sector.

21. GMP trend analysis show a consistent decline in underweight in the ANSP Woredas from as well as for the regions where they are located; The participation rate showed a steep decline during the six months before the ETE visit of January 2016.

The following Figure 2 shows GMP performance data from mid-July 2015, at the onset of the current emergency.

![Figure 2: GMP participation and underweight of ANSP Woredas](image)

The drop in participation (as shown in Figure 3 for SNNP Region) was explained by the shift to monthly screening instead of the usual quarterly screening by HEWs. This tends to replace GMP during emergencies because of the high workload of HEWs which causes a drop in monitoring data for underweight as wasting is given priority in times of emergency. Depending on the logistics (anthropometric measurements for GMP and screening are usually done outside of the health posts) it may be worthwhile to combine GMP with monthly screening, instead of replacing it to maintain consistency in data collection and detect growth faltering before there is wasting.

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26 Before the MTE: In the first two years ANSP technically and financially supported the completion of an integrated package of Nutrition Information System (NIS) Training of Trainers on data quality assurance, analysis, utilization and reporting for 30 regional-level master trainers. This was cascaded to 380 health staff as well as Early Warning System (EWS) staff under the Ministry of Agriculture Disaster Risk Management and Food Security Sector at Woreda level. Training on nutrition data analysis and report writing using this new nutrition information system by the Federal Emergency Nutrition Cluster Unit (FENCU) was also supported by the ANSP. This training was completed in October 2013. (Source: Final Narrative Report for ANSP).


28 Accomplishment Ethiopia for Endline 12Jan2016, powerpoint UNICEF Ethiopia
22. The ETE observed a large discrepancy between the service and survey data in Ethiopia over the same period for SNNPR, which can only be partly explained by the different age groups: surveys focus on children < 5 years, service data on < 2 years. Service or routine data are not usually considered for impact evaluations because of obvious sampling bias. IN SNNPR routine service data for underweight among children < 2 in the first half of 2015 were down to 3.89%. This is far lower than national survey prevalence data for SNNPR of 19.5% in the NNP evaluation\(^{29}\) (data collection in March 2015) and 25.7% reported for the same region in the mini DHS\(^{30}\) conducted in 2014.

In order to improve access to the various types of nutrition data from health and other sectors a concept note has been presented to MOH for development of a comprehensive NNP Tool that reflects progress beyond the health system. Development of this tool has been included in the MOH nutrition workplan according to the Final ANSP Narrative report.

2.5.2 Documentation

23. The documentation by Cornell resulted in a “disconnect” with realities on the ground and a missed opportunity to draw and use lessons learned during implementation. The CBN and NNP reviews to some extent fill the documentation gap.

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”. The ETE assessed two resulting reports:

2. Multi-sectoral Nutrition in Action: Building a system in Ethiopia; Jan 2016 (first draft)

Firstly the Cornell reports appear to be highly abstract, and secondly they are not accurately reflecting progress made towards operationalizing MSN in Ethiopia with a focus on ‘shortcomings’ rather than on

\(^{29}\) Powerpoint Presentation Dec 2015 “Ethiopian NNP I - End Line Survey”, Slide 8: Nutritional status by region

\(^{30}\) Ethiopia Mini Demographic and Health Survey 2014 Central Statistical Agency Addis Ababa, Ethiopia, August 2014
achievements. The ETE did observe many achievements and milestones and does not agree with a standard set of “requirements” which suggests that there is only one pathway to achieve MSN.

Cornell’s involvement resulted in a missed opportunity of drawing lessons learned on MSN at regular intervals to be shared and used in the context of ANSP implementation. 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. This may be a matter of ill-design of ANSP and/or of insufficient explicit wording in the MOU/TOR managed by ESARO.

Instead, the recent NNP review and the CBN evaluation in 2012 (reported in 2013) were supported by UNICEF and to take stock and strategize for the NNP2, in addition to the comprehensive study recently submitted by Tulane University. The CBN survey in 2013 included some lessons learned that are reflected in the corresponding section of this report as well learning from the adolescent nutrition pilot and the study on local production of complementary feeding.

### 2.6 Effectiveness: Pillar 4 Scaling-up

<table>
<thead>
<tr>
<th>Continental</th>
<th>Regional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country nutrition programmes have taken into account international standards, best practices and evidence-based high-impact nutrition interventions through direct technical country support from regional resources.</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Ethiopia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome: Communities, families, mothers and children in focus areas have access to quality nutrition-specific and nutrition-sensitive interventions</td>
</tr>
<tr>
<td>Output: Comprehensive nutrition interventions are available at community level in focus areas</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of children under-2 in CBN implementing Woredas participating in Growth Monitoring and Promotion (GMP)</td>
</tr>
<tr>
<td>% of child under-2 participating in GMP in CBN implementing Woredas whose weight-for-age standard deviation falls below -2 standard deviations</td>
</tr>
<tr>
<td>% of 0-59 mo olds falling below minus 2 standard deviations from the median height-for-age of the reference population</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Yr 4 workplan</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF Ethiopia does not work with Annual Work Plans for any specific funding or project in Ethiopia. All project based activities found in the various project documents are integrated in consolidated national and regional workplans.</td>
</tr>
</tbody>
</table>

**Box 1: Good practice Multisectoral Work in Kebeles**

In Ethiopia, the Health Extension Workers in each Kebele provide nutrition-specific services to the community such as maternal nutrition and IYCF counselling, vitamin A supplementation, deworming, iron supplementation, CMAM and other Integrated Community Case Management services. Among the nutrition-sensitive interventions being implemented are agricultural developments programmes such as diversification of crops with tubers, vegetables and fruits and animal rearing.

The community level multi-sectoral coordination structure is the Kebele Cabinet. For each Kebele, there are two Health Extension Workers, three Agriculture Development Agents, teachers and other sectoral representatives coordinated under the cabinet. The Kebele Cabinet have joint planning and monitoring mechanisms and integrated implementation strategies thus enabling multisectoral nutrition services.

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 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.

Source: Adapted from ANSP Final Narrative Report

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31 Powerpoint Presentation Dec 2015 “Ethiopian National Nutrition Program - I End Line Survey”, Slide 8: Nutritional status by region

32 Analysis of the Nutrition Sector in Ethiopia, A report to UNICEF and EU, Tulane University Dec 2015
2.6.1 Key results

24. Pillar 4 ANSP activities were fully embedded in the GoE NNP programme and OVIs targets set for pillar 4 have been achieved in target Woredas and their regions (see 2.7 on impact of GMP and underweight). The revised NNP\textsuperscript{33} guides the implementation of the Community Based Nutrition Programme (CBN) which is currently implemented in 370 districts. 20 Woredas were supported by ANSP for capacity development, supportive supervision, monitoring and review meetings, all contributing to system strengthening which started at regional and zonal level. In other Woredas GoE mobilized other funding for CBN implementation and system strengthening. While positive, this does eliminate the opportunity of a counterfactual comparison. At central and decentralized levels of government UNICEF interacts with all sectors through the established NCBs and NTCs. Under the CBN HEWS and DAs provided nutrition interventions which included maternal and IYCN, GMP, vitamin A supplementation, universal salt iodization, CMAM, hygiene and sanitation, school health and nutrition programmes and support to farmers and schools for nutrition sensitive agriculture/school gardens.

25. The CBN is a strong programme and ANSP targets have been achieved, further improvement of CBN performance is needed (especially GMP participation, Vitamin A and deworming).

According to the Final Narrative Report Vitamin A and deworming coverage has declined in 2015 compared to the previous years as a result of the transition from Community Health Days (CHD) to routine implementation. Vitamin A supplementation for children 6-59 months was only 46% while deworming for children 24-59 months was 38%. For iodine excellent progress was recorded between EDHS 2011 and the Micronutrient Survey in 2014, from 15% households that consumed iodised salt to 89%. This was achieved through enforcement of legislation for mandatory salt iodization by the Ethiopian Food Medicine and Health Care Administration and Control Authority (FMHACA) as well as BCC by HEWS and HDAs. The CBN programme is an example for community level nutrition interventions and has been the subject of study visits by other countries in recent years\textsuperscript{34}.

Halfway ANSP implementation the outreach started to transition to the Health Development Army (HDA) see Box 1. The HDA operates at a ratio of 1 HDA to 5 households, with one leader for a cluster of 6 times 5 households (30) receiving regular training by HEWs. The HDA maximized the reach and coverage of BCC for both health and nutrition topics, including active case finding for acute malnutrition and its follow up and mobilization for GMP. As discussed under pillar 3 the GMP participation increased until well above target (from less than 30% to more than 70% during the first two years of ANSP implementation) until it dropped as a result of the current emergency. GMP is inclusive of age- and situation-specific counselling for parents and caretakers.

26. Working across pillars and operationalizing cross-pillar linkages enabled ANSP/UNICEF to assess and address gaps required for an enabling MSN environment. Capacity building on both the health and nutrition extension packages through the IRT and on establishing MSN coordination structures in line with the revised NNP (under pillar 1) was used to strengthen the system and human resources. Training and updated BCC materials were made available (pillar 2) as well as funds and oversight for review meetings and supportive supervision (pillar 4) in the selected ANSP Woredas. In combination this strengthened nutrition services in the country and especially in target Woredas.

27. ANSP strengthened MSN linkages and capacities and piloted innovative high potential MSN strategies to 1) improve adolescent nutrition and 2) explore modalities for local production of complementary food in which HEWs became increasingly engaged in nutrition sensitive interventions

To develop the capacity of the Food and Nutrition team in the Ministry of Agriculture an annual workplan was signed between UNICEF and the Regional Agriculture Bureaus of the three ANSP beneficiary regions for implementation of the revised NNP in 2014. This was repeated in 2015 and 2016 and was implemented in collaboration with the Ministry of Agriculture and FAO\textsuperscript{35}. DAs and HEWS were trained based on the “Training manual for Agriculture Development Agents and Health Extension Workers”. The NNP review presented opportunities for bio-fortification (discussed during ETE debriefing session).

School gardening was promoted through School Health and Nutrition clubs in Primary Schools for which a ToT was held among 145 participants from regional and Woreda education and health offices.

\textsuperscript{33} No stunting data is available for the 20 Woredas

\textsuperscript{34} Personal communication UNICEF Ethiopia

and nutrition focal persons. These trainers subsequently trained school teachers and members of Parent-Teacher-Associations (PTA) in SNNP and Amhara regions. In total 80 School Health and Nutrition clubs have been established in 10 districts. Three to four nutrition sessions were held in participating schools, using the SHN teachers’ guide. This activity was implemented through a PCA with John Snow Incorporation/Last Ten Kilometres (JSI/L10K). In each Woreda teams were set up with six members from Woreda health and education offices to supervise the intervention. The ETE did not visit schools as the evaluation was conducted during the holiday period. This information is based on the MTE report and the ANSP Final Narrative Report.

In 8 of the 20 Woredas ANSP implementation was integrated with UNICEF Water Supply Sanitation and Health (MCH) activities. Only for inclusion of WASH in BCC materials ANSP funding was used. There is currently much attention for WASH and GoE supports the Community Led Total Sanitation approach benefiting households to gain access to and use self-constructed basic household toilets (personal communication UNICEF WASH and Nutrition Sections).

Collaboration with DSW piloted an innovative approach to reach adolescent girls through in- and out of school nutrition clubs which engage both girls and boys in improving nutrition with a focus on micronutrients (especially Iron). This included distribution of placards containing four different messages (4,000 copies) and posters (5,000 copies), two runs of monthly newspapers (with 80,000 copies in Amharic and Afan Oromo), this was complemented by edutainment and radio messages in the same languages. Results and learning are described the Adolescent Nutrition Support Programme Best Practices booklet and set an example for implementation of the adolescent nutrition goals of the NNP2.

As the absence of special complementary foods was identified as one of the causes of growth faltering among infants > 6 months ANSP funding was employed to pilot production of complementary feeding. Recipes for instant porridge based on locally available ingredients were developed by the University of Addis Ababa and field tested. Two models were piloted: rural and semi-urban for which PCAs were signed with Orthodox Church, Ripple and GAIN, while MI was engaged to develop BCC and social marketing aspects. The ETE visited both models and held further discussions with GAIN, Ripple and UNICEF.

28. The rural bartering model for the production of complementary foods was found not to function as a self-sustaining or break-even business model but it turned out to be valuable for training and awareness raising. Under the rural bartering model mothers would receive 3 kg of the blended instant porridge flour mix (2/3 grain, 1/3 pulses) for contributing 2 kg of cereals. At the time of the ETE there were food shortages and not enough mothers participated, therefore the activity was stopped in the Kebele visited. However, the pilot had reached most mothers of children < 2 years in the Kebele and there was anecdotal evidence that mothers replicated the production at home.

29. The semi-urban complementary food production model has potential to become a sound business. There was initial interest by consumers to buy the mix and once the already installed power connection is activated (beyond control of the project) the women group aims to increase production which currently stood at only 50 kg/month as it had to be taken to a commercial miller. A rough estimate learns that for a break-even point at least 1,000 kg/month should be produced. Quality control is still under the University of Addis Ababa for which samples are taken periodically. It will be interesting to assess whether sufficient market potential is accessed so that also the relatively high investment costs of 200K Br/10,000 USD can be recovered, making it a viable business model for replication elsewhere. GAIN assists women groups in setting the price and developed labels. It also pilots fortification of the porridge through inclusion of a micronutrient premix, using local blenders.

2.6.2 Coverage and quality of interventions

30. Results indicate a good quality of interventions, which include innovative approaches and a strategic choice of nutrition sensitive efforts towards existing large scale interventions, which will further enlarge coverage of MSN.

While ANSP targeted only 20 Woredas, it supported also the regional bureaus and contributed to wider system strengthening for MSN. The ANSP target of increased GMP participation aimed to increase coverage of the CBN. Achieving 100% coverage of nutrition services is one of the most important
pathways for MOH to further improve nutrition, especially when bridging to agricultural interventions which was also recommended by the SUN coordinator/advisor to the minister.

2.7 Efficiency

2.7.1 Operational Efficiency

31. ANSP funding was timely as Ethiopia had just joined the SUN movement and simultaneously became a REACH country. ANSP funding was used to mainstream the First 1000 days approach, stunting reduction and MSN focus in which each ANSP pillar supported the process at another level. ANSP funding was highly catalytic and supported UNICEF and GoE to operationalise MSN mainstreaming in different sectors, through policy development and capacity development for newly installed coordination mechanisms, and various multi-sectoral partnerships (source: MTE 2013 report and feedback from stakeholders during ETE 2015).

32. UNICEF efficiently supported implementation of project activities from their regional sub-offices in the country. Sequencing of support under the different pillars was efficient and supported cross-pillar synergy. For example, after the NNP was revised, MSN training materials were developed and trainings were implemented. These were followed up during supportive supervision and review meetings in which health and nutrition oversight is integrated.

Most of pillar 4 activities were integrated in the health system and therefore efficient in terms of not using additional costs and efforts for design and in terms of avoiding duplication, or creation of parallel systems. Cascading capacity development resulted in wider coverage of MSN support than the selected Woredas alone. Pilots implemented under pillar 4 were well designed, monitored/analysed and documented with a view to possible scaling up.

33. While many other development partners provided support for CBN implementation, ANSP's focus on developing and strengthening an MSN enabling system (pillar 1, 2, 3) was timely and appropriate in relation to the targets set. ANSP was part of a large nutrition budget in UNICEF Ethiopia, which next to emergency support included funding under another multi-country nutrition programme supported by the Netherlands. These different funding sources were highly complementary and thus reinforced the effectiveness of UNICEF activities in the field of nutrition.

2.7.2 Financial Efficiency

34. Budget expenditure in Ethiopia has been according to plans. As the MTE reported the ANSP budget for Ethiopia was EUR 3,068,280 excluding administrative costs. The budget for the individual pillars was R1: EUR 257,200; R2: EUR 624,000; R3: EUR 394,480; R4: EUR 1,792,600. By September 2015 the total budget had been used. UNICEF's own resources contributed beyond the co-funding agreement with the EU. The figure below indicates the expenditure (ETE 2015) as compared to the planned budget (MTE 2013). There are no significant changes.

36 Global Nutrition Report 2014, chapter 5: “The coverage of nutrition specific interventions needs to improve”.
When looking at the expenditure over the full ANSP funding period it can be observed that the most significant budget item has been the Training at various levels (44% of total expenditure). A substantial part (almost EUR 1 million) has been spent on the training of HEW supervisors on CBN and data utilization as well as refresher trainings in all 20 target districts.

Where ANSP questioned value for money under Pillar 4, the ETE recognised the wider effect of cascading the capacity development interventions in the health system, which to some extent benefitted entire regions and zones. It was also under pillar 4 that most PCAs were signed (JSI/L10K, GAIN, OC, Ripple, University of Addis Ababa) taking up 11% of the total budget and a substantial part of the support to planning, supportive supervision etc. for the 20 target Woredas took place, taking up 28% of the total budget.

2.7.3 Leverage of other resources for reduction of stunting and anaemia
35. While no external funding was leveraged to implement the ANSP programme, additional GoE and development partners budget has been mobilised for nutrition through mainstreaming of MSN. UNICEF has leveraged an additional EURO 1.32 million beyond the agreed EU co-funding amount (or 43%) at the time that ANSP funding ended in September 2015. UNICEF has included continued support to the ANSP Woredas in the next CP.

Turning the largest African safety net, the PSNP into a nutrition sensitive programme leveraged most resources towards improved nutrition for the most vulnerable households. In addition, nutrition sensitive interventions in schools, agriculture (e.g. integration of TSFP with health/CMAM, training of DAs) and...
WASH leveraged sectoral budgets for nutrition. Next to that the mobilization of external partners like DSW, OC and Ripple, which were engaged under PCAs, simultaneously served to build their MSN capacities. In UNICEF increased convergence with WASH, social protection and ECD is expected to benefit nutrition in the next CP.

### 2.8 Impact

36. For ANSP Ethiopia it is difficult to establish attribution of impact, as more funding sources were used to support the same objectives. In addition these objectives were fully aligned with SUN and REACH. During a technical discussion with the UNICEF ESARO evaluation office as part of the ETE debriefing it was concluded that it is impossible to determine impact on stunting. This is even more difficult for ANSP as it integrates MSN values of SUN and REACH. Where does ANSP start and where is it SUN or REACH impact? In Ethiopia an additional complication in determining impact is that ANSP funds were used to support implementation of the NNP, a programme also implemented elsewhere in the country, with additional funding from other donors thus leaving ANSP without a counter factual. Moreover ANSP funding was often used as a contribution to pooled funding, e.g. for revision of NNP, development of new NNP2 and corresponding workshops, consultations and capacity development.

#### 2.8.1 Reduction of stunting in the ANSP intervention areas?

38. When comparing the 2011 DHS with the 2014 mini DHS used as respectively ANSP base- and endline, the targeted reduction in stunting has been achieved at national level. But the data are not suitable to assess the impact of the ANSP nutrition interventions at Woreda level. ANSP had no targeted baseline-, nor endline data specific for ANSP Woredas, as the choice was made to use the 2011 DHS as baseline, and the mini 2014 DHS as endline. Both DHS surveys have representative data only up to regional level. As regions in Ethiopia are large (for example SNNPR has around 15 million inhabitants) and divided in many and distinctive zones and Woredas, these data are not useful for measuring ANSP impact. While the CO had requested GoE for additional data collection to support the evaluation of ANSP at Woreda or zonal level, this was not granted due to cost efficiency concerns.

In the 3-years interval between the 2011 DHS and the 2014 mini DHS a 4% points reduction was achieved. As it is likely that this trend continued for another year it may be assumed that ANSP achieved the targeted 5% points reduction. Figure 1 (see 1.1 national statistics) displays a longer term trend: of stunting reduction of about 1.3% per year (considered adequate progress by international standards) and wasting of about 0.2% in Ethiopia since 2000. This confirms that indeed the target was not very ambitious, as the MTE noted. ANSP was not able to accelerate this longer term stunting reduction rate in the first 3 years, but this may have happened in 2015 or 2016. The mini EDHS did not present data on anaemia in children.

Looking at the regions where ANSP districts are located, only in Amhara progress was above the national average as stunting reduced from 52% to a stunning 42% between the two DHS surveys, while in SNNPR no progress was observed between 2011 and 2014 and in Oromya about 3% reduction was recorded. The NNP endline in 2015 presented that 29.5% of households in SNNPR were severely and 16% moderately food insecure, placing SNNPR among the 3 most food insecure regions at that time.

38. GMP participation and underweight targets were selected as objectively verifiable indicators in ANSP Ethiopia and have been achieved in the 20 ANSP Woredas.

In 2014 52% of children < 2 in the ANSP Woredas participated in GMP while the baseline was 40% and target 50%. The percentage of child under-2 participating in GMP in CBN implementing Woredas whose weight-for-age standard deviation fall below -2 standard deviations was only 7% in 2015, while the baseline was 20% and the target had been set at 15%. The ETE noted that in SNNPR the non ANSP Woredas fared even better for these two service based indicators in 2015. This indicates that indeed most food insecure Woredas were chosen, and/or that the cascading approach of capacity building at regional and zonal level indeed reached out to far more than the ANSP Woredas. Almost all ANSP Woredas in the three regions had been selected as hotspot at the time of the ETE.

Service or routine data are not usually considered for impact evaluations because of obvious sampling bias. In 2.5.1 large discrepancies between national survey and routine service data were discussed.
Table 6: Ethiopia: Anthropometric indicators (‘impact’)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2011</th>
<th>Target</th>
<th>Endline 2014</th>
</tr>
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<tbody>
<tr>
<td><strong>Nutritional status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height-for-age z-score children 0-59 months</td>
<td></td>
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<tr>
<td>(i) Stunted (&lt;-2 SD) (Stunting) (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderately stunted (-3SD to &lt;-2SD) %</td>
<td>44</td>
<td>40</td>
<td>40*</td>
</tr>
<tr>
<td><strong>Participation in GMP children aged 0-24 months</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of children under-2 in CBN implementing Woredas participating in Growth Monitoring and Promotion (GMP)</td>
<td>40</td>
<td>50</td>
<td>52</td>
</tr>
<tr>
<td><strong>Underweight in children aged 0-24 months in GMP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) % of child under-2 participating in GMP in CBN implementing Woredas whose weight-for-age standard deviation falls below -2 standard deviations</td>
<td>20</td>
<td>15</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: DHS 2010, Mini-EDHS 2014 and GMP service data

* measured in 2014, one year before ANSP was completed

39. The NNP End-line survey December 2015 (EPHI) shows progress almost across the board compared to the 2009 baseline. Prevalence of stunting and underweight have reduced, but wasting did not change.

Next to the DHS there are two other types of data that were collected during ANSP implementation: the NNP baseline 2009 compared to the NNP endline in 2015 conducted by the Ethiopia Public Health Institute (EPHI) and routine data for GMP monitoring from 2011-2015. The NNP endline survey showed improvements in IYCF practices: Early Introduction of Breastfeeding, Exclusive Breastfeeding until 6 months and timely introduction of Complementary Feeding. However minimum dietary diversity deteriorated over the period for children, while for women there was increased dietary diversity. Interestingly, there was no significant difference between food secure and insecure households on consumption of diversified food.

2.8.2 Broader potential and unintended effects

40. Mainstreaming nutrition in the health extension programme led to broader capacity development in other sectors than nutrition through Integrated Refresher Trainings (IRT), Supportive Supervision and Review Meetings. Not only nutrition capacities were strengthened, as nutrition is fully integrated with health and WASH. Data management and reporting capacities were also supported, contributing to system strengthening in the target Woredas. As the presentation “Accomplishments Ethiopia for Endline 12 Jan. 2016 put it: “ANSP supports the government’s structures and strengthens its systems in order to ensure harmonization and sustainability”.

Moreover, the cascading of capacity development reached also the other zones in the regions, and the other Woredas in the zones of the targeted Woredas.

2.9 Sustainability

2.9.1 Capacities and ownership for sustained results

41. The almost finalised NNP2 ensures that ANSP (and SUN and REACH) values and learning are taken forward under the coordination of the NNCB. High level recommendations were made for the NNCB 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.

Because of simultaneous MSN efforts and since the CBN Programme is well integrated with the Government Health Extension Programme (HEP) it is expected that the stunting reduction trend will continue in the coming years, especially now that all households are individually targeted through the HDA. The realised decrease of 10% of underweight points to a positive rate of return of the HEP/CBN, indicating that programme investment costs have been recovered by a reduction in SAM and MAM treatment costs. Along with available data on the rate of return of nutrition investments on a country’s GDP (GNR 2014 and 2015) this would make a strong case to sustain the CBN programme.
42. As the current emergency illustrates: challenges remain as food insecurity caused by unpredictable rainfall patterns is recurrent and may increase in the future as a result of climate change. Ethiopia faces recurrent droughts and is currently seriously affected by El Nino. The constrained food security environment faces not only unpredictable rains, also soil depletion and erosion (related to insufficient soil conservation management and in some areas to the relatively high animal density and over population) play a role. Like for health there is increased government commitment for agricultural support at Kebele level. Currently each Kebele has three (3) DAs to support family farmers.

2.9.2 Comprehensive and intersectoral stunting reduction strategies

43. One of the main contributions of ANSP is the development of a comprehensive national nutrition policy, as was described in detail under pillar 1. ANSP further strengthened the CBN, through its support to revising the NNP and developing NNP2. The NNP2 which will become effective in 2016 includes 5 strategic objectives which imply a comprehensive and intersectoral stunting reduction strategy:

1. Improve the nutritional status of women and adolescents
2. Improve the nutritional status of infants, young children and children under ten
3. Improve the delivery of nutrition services for communicable and non-communicable/lifestyle related diseases
4. Strengthen implementation of nutrition sensitive interventions across sectors
5. Improve multi-sectoral nutrition coordination and capacity building to ensure NNP implementation

Strategic objective 1, 2, 4 and 5 are especially relevant to stunting reduction.

In Ethiopia no minimum package for nutrition was developed. Instead the MOH has developed a Comprehensive Integrated Nutrition Service (CINuS) package\(^\text{37}\) based on the original Community Based Nutrition (CBN) model but expanded to both community-based and facility-based nutrition services. CINuS takes into account the nutrition-specific and nutrition-sensitive programme packages that have been implemented in the ANSP focus areas with the objective to define a list of interventions which will be implemented at all levels.

2.9.3 Impact measures which reflect sustainability – the ANSP legacy

45. The core ANSP interventions are fully integrated within existing national programmes which benefit from full national ownership and high commitment by both GoE and other stakeholders who meet regularly in the NNCB and NNTC.

As demonstrated under pillar 1 GoE commitment is exemplified by 1) inclusion of stunting as a high level development indicator in the GTP, 2) first release of a GoE budget for nutrition in 2015 (other than salaries for HEWs), 3) Seqota declaration. The recent decision to expand the number of HEWs from 2, to 3 per Kebele is another indicator of GoE commitment.

Other development partners support implementation of the CBN in other regions. However, this should not be seen as replication of ANSP but rather as support to GoE policy, which is fully integrated with SUN and REACH objectives.

The ANSP supported adolescent nutrition pilot project has potential for scale up and is considered as part of the NNP2 if funding is available. Initial results of the local production of complementary food project as a business model show that this may be replicable elsewhere, once the units become fully operational.

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1. \(^\text{37}\) Explanation by CO: “CINuS is a document which is still under development. The aim is to define nutrition services at different levels including Health post, health centres and Hospital. It also aim to reduce missed opportunities and ensure provision of integrated nutrition services when a child and mother visit any level of health facility for any reason. There is more focus on children and pregnant and lactating women through promoting optimal care and feeding practices; and utilization of key nutrition interventions in sustainable manner. This New approaches will also bring all the nutrition services as a package: CBN, EOS, CHD, CMAM/ICCM, AM/UCYN.”
2.10 Adaptability: Collaborative planning, learning, action and adaptation

As described in pillar 1 ANSP did contribute to most of the evaluation questions specified under the “Adaptability” criteria. As member of the NNCB, ANSP:

a. Created and/or strengthened functional multisectoral platforms and partner alliances
b. Promoted and supported reflection, learning and decisions in these platforms and alliances
c. Fostered common understandings of multisectoral nutrition
d. Clarified and promoted a common agenda
e. Promoted greater alignment with the common agenda
f. Clarified the roles and responsibilities of various sectors, structures and partners
g. Stimulated positive changes in strategy, planning and implementation
h. Promoted, established and/or supported an effective core implementation team (for CBN and NNP and the pilots under pillar 4)
i. Generated and disseminated learnings on multisectoral nutrition for global, continental and country audiences (with the limitations as discussed under 2.4.2)

45. As part of the national coordination for MSN, UNICEF/ANSP adequately adapted to challenges and opportunities as presented in surveys, reviews and evaluations. This is discussed in the list above which derives directly from the ETE TOR. Especially in the design of its advocacy efforts ANSP and its NNCB partners were innovative, going beyond the common approach of studies, reports and presentations by sending state ministers and high level politicians on a study tour.

3 Conclusions

3.1 Overall conclusions for the country analysis

Pillar 1

1. Establishment of MSN coordinating structures and achievements in policy development resulted from a harmonized process in which contributions by SUN, REACH and support from UNICEF/ANSP are difficult to distinguish – which is a good thing (finding 9).
2. The ETE recognizes UNICEF’s contribution to an effective MSN policy framework for stunting reduction and strong GoE commitment, exemplified by the anchoring of stunting reduction in the national development policy framework: the Growth and Transformation Plan (GTP) and the new budget line for nutrition (finding 2, 5, 7, 8, 9, 10).

Pillar 2

3. ANSP effectively strengthened MSN capacities of decision makers, and government staff of different sectors and at various levels (national, regional, and Woreda), and contributed to inclusion of MSN in relevant academic courses (finding 15, 16, 17).
4. Cascading capacity development in the health sector was both efficient and effective for full integration of preventive and curative nutrition, however CBN needs continuous strengthening to further improve performance (finding 17, 24, 25).

Pillar 3

5. ANSP effectively strengthened data systems and built capacities resulting in collection of relevant data, some issues were observed:
   - large discrepancy between survey and service data has been observed
   - no thorough analysis of available CBN M&E data is being done
   - regular monitoring of stunting: annual or every 2 years to track national indicator and keep trained teams active
   - data use for programme targeting, is full potential used?
   - declining GMP participation during emergencies
   - (finding 19, 20, 21, 22)
6. Cornell support in Ethiopia was effective for MSN capacity development but a missed opportunity for documentation of the process (finding 23).

Pillar 4

7. Impact attribution for nutrition progress is hard to establish in general, however ANSP achieved all set targets (finding 36, 37, 38, 39).
8. ANSP undoubtedly attributed to systems impact by adequately complementing mainstreaming of MSN and stunting reduction in policies with support to establishing coordination structures, capacity development and data management (finding 2, 5, 9, 24, 26, 35, 36, 37, 38, 39, 41).

### 3.2 Detailed conclusions

9. ANSP was well used to further strengthen MSN in the GoE system for nutrition, both policy and programme development, coordination and capacity development (finding 2, 5, 9).

10. Nutrition integration in the PNSP is a major policy achievement which boosts equity and links, health/nutrition with agriculture/food security and social protection. It reaches far beyond the ANSP target Woredas: the poorest 8 -10 million households will receive age specific nutrition services (finding 10).

11. UNICEF as the lead organization for nutrition in Ethiopia is capable and effective in supporting an enabling environment for stunting reduction through MSN and was able to leverage resources for MSN (finding 7, 14, 17, 32, 33, 35).

12. The MSN coordination structure enhanced integration of nutrition in other sectors and will contribute to achieving the new high level development goal on stunting reduction (finding 14+40).

13. Mutual enforcement: ANSP both contributed to the establishment of an enabling environment and benefited from MSN partnerships and coordination that resulted from it (finding 12, 13).

14. The reduction in SAM and MAM cases undoubtedly diminished NNP expenditures on treatment (estimated at 100-200 USD/SAM child and 25 USD/MAM Child) (finding 21).

15. Interesting new MSN approaches have been piloted under pillar 4 and firm steps towards MSN implementation were achieved (PSNP4, integrated “blended” materials and training manual, adolescent nutrition, MSN coordination at all levels) (finding 27, 28, 29).

16. ANSP Ethiopia successfully supported nutrition sensitive interventions in multiple sectors; good progress was made in linking agriculture to nutrition; As agriculture is the main livelihood base in the country, and both food insecurity and stunting is more prevalent in rural areas, nutrition sensitive agriculture is a key MSN priority (finding 11, 17, 27, 28, 29).

17. ETE observed that cross-pillar linkages have contributed to the effectiveness of system strengthening for MSN (finding 1, 24, 26).

18. The ETE was not able to sufficiently assess progress in the so called developing regions where the CBN is not fully implemented. These were not ANSP focus areas. (finding 4).

19. ANSP supported valuable learning on local complementary feeding production with potential for scaling up (finding 29, 28).

20. The established MSN enabling environment and demonstrated systems impact contributes to sustainability of ANSP values and results (finding 40, 42).

21. The increased GoE focus on food security and agriculture provides opportunities for MSN through nutrition sensitive agriculture (finding 41).

### 4 Recommendations

#### 4.1 Strategic recommendations

1. More frequent stunting monitoring is required as stunting has been included as a high level development indicator in the new GTP (2016 – 2020). Current plans for mid line surveys work out to an interval of 2.5 years, which does not allow data collection at the same month of the year required to avoid the effect of seasonal differences. The Global Nutrition Report 2014 includes a study in Mali which pleads for annual collection of stunting data. (C2, finding 8)

#### 4.2 Operational recommendations to UNICEF Ethiopia and partners

2. Further support for capacity development is key to structurally integrate nutrition in key sectors:
   - Academic courses need further support to integrate MSN values, strategies, knowledge and skills.
   - Pre service trainings in both health and agriculture needs to integrate MSN.
   - Supportive supervision needs to continue to consolidate and improve MSN capacities and support the recent HEW involvement in nutrition sensitive interventions (esp. education, agriculture and PSNP).

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• The transition to the new PNSP 4 requires capacity development at decentralized levels which is an important investment in MSN that will benefit the poorest households. The current PCA with Concern will inform this. (C4)

3. Continue strengthening capacities for improved data collection, management and use, for accountability and programming:
   • Encourage monthly GMP and reporting also during emergencies.
   • At least every other year collection on stunting is recommended to track national progress and in order to maintain capacities in enumerators for accurate measurements.
   • Consider mobile devices for HMIS and entry of survey data.
   • Analyse longitudinal GMP data at regional level to target increased support and/or supervision. (C10)

Assess the financial rate of return of the investment in the CBN (training for HEWs, HDAs, supplies) for advocacy purposes to support sustained government funding (C13).

4. The next step in capitalizing on the 1,000 days window of opportunity is to focus on adolescents: valuable learning based on a viable model was demonstrated in the adolescents nutrition pilot. Next to nutrition and the prevention of early marriage and pregnancies, also family planning should be integrated. (C14)

5. Further explore opportunities for local complementary feeding production:
   • Current rural model to engaging and train mothers for home production.
   • Semi urban model: either as a viable business opportunity (if depreciation of investment costs are included in price) that can be replicated elsewhere, or as a worthwhile income generating project for women groups that benefits IYCF beyond the group in the wider area (C14,18).

6. Further strengthen linkages to agricultural sector to improve food and nutrition security resilience: Capitalize further on established coordination on the ground, consider:
   • Targeting men for BCC on M-IYCF through their own 1 to 5 ADA groups with increased focus on e.g. WASH, Diversification of Agricultural Production, Dietary Diversity, and Complementary Feeding.
   • Scale up training for DAs on supplementary training materials for nutrition to support this.
   • Encourage bio-fortification, not only for quality protein maize but also orange fleshed sweet potato (recommended in NNP review) but also other crops that match with prevailing micronutrient deficiencies and potential in agro-ecological zones. (C15)
   • Invest in Kebele cabinets through scaling up joined training? (C15)

7. The four pillar design is recommended for replication in complex development programmes like MSN and other integrated development. (C16)

8. Technical support from international knowledge institutes should bring sufficient experience and background in development cooperation and need to be fully embedded in national universities. (C6)

9. For equity purposes UNICEF and NNCB should ensure that the alternative CBN model used in the developing regions provides sufficient coverage and ensures optimal access to services. Tulane identified both Afar and Somali as priority regions for CBN. If their recent review, the NNP evaluation, and NNP2 consultations do not sufficiently shed light on this, a separate in-depth NNP evaluation in these regions is recommended. (C17)

10. Now efficient structures and policies have been developed, while simultaneously national income is increasing, it is recommended that the GoE will take increasing responsibility for the annual nutrition budget to consolidate important achievements. (C10,11)

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39 Discussion already ongoing at national level the ETE team learned during the debriefing with the nutrition team
40 According to the presentation by Tulane both Afar and Somali are priority A for implementation of CBN. This is based on 2011 DHS data (highest needs) and a 2014 REACH map on nutrition programme density. Presentation 1: "Analysis of the Nutrition Sector in Ethiopia, Summary" based on the Tulane Tulane School of Public Health and Tropical Medicine report with the same name.
11. It is key to maintain the positive momentum and consolidate coordination structures for MSN. Periodically taking stock, celebrating achievements and strategizing (like the Seqota declaration) is important to reflect, inspire and keep commitment of GoE and MSN stakeholders, (C1, 2, 19)

12. Maintaining momentum for MSN now that both health and agriculture sector efforts are intensified is key for stunting reduction (C22). Next to mainstreaming nutrition in agriculture, also family planning and climate change prevention and mitigation should be firmly taken on board at local level. (C20)

4.3 Recommendations to the EU

13. UNICEF is the lead international agency to support stunting reduction and full operationalization of MSN in Ethiopia and should be financially enabled to consolidate and advance on recent achievements in support of NNCB and SUN. (C5)

14. Timely funding for MSN with flexibility to address prevailing gaps (across pillars) can substantially improve stunting reduction through comprehensive intersectoral strategies; full operationalization of MSN through policy dev, coordination, and MSN capacity development is crucial. (C5, 6, 8)

15. Technical support from international knowledge institutes should bring sufficient experience and background in development cooperation and need to be fully embedded in national universities. (C22)

16. The four pillar design is recommended for replication in complex development programmes like MSN and other integrated development. (C16)

17. Continued support for UNICEF to harmonize and cross-pollinate emergency and development nutrition interventions is recommended. (22)
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AMIYCN</td>
<td>Adolescent Maternal Infant and Young Child Nutrition</td>
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<tr>
<td>BCC</td>
<td>Behaviour Change Communication</td>
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<tr>
<td>CBN</td>
<td>Community Based Nutrition</td>
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<tr>
<td>CMAM</td>
<td>Community Based Management of Acute Malnutrition</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
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<tr>
<td>DA</td>
<td>Development Agent</td>
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<tr>
<td>DFID</td>
<td>Department For International Development (UK)</td>
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<td>DHA</td>
<td>Development Health Army</td>
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<td>DRMFSS</td>
<td>Disaster Relief Management and Food Security Secretariat</td>
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<td>EBF</td>
<td>Exclusive Breastfeeding</td>
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<td>EC</td>
<td>European Commission</td>
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<td>EDHS</td>
<td>Ethiopian Demographic and Health Survey</td>
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<td>ENCU</td>
<td>Emergency Nutrition Coordination Unit</td>
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<td>EOS</td>
<td>Enhanced Outreach Strategy for child survival</td>
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<td>EU</td>
<td>European Union</td>
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<td>EWS</td>
<td>Early Warning System</td>
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<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>MOH</td>
<td>Federal Ministry of Health</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GMP</td>
<td>Growth Monitoring and Promotion</td>
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<td>GoE</td>
<td>Government of Ethiopia</td>
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<td>HEW</td>
<td>Health Extension Worker</td>
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<td>Health Management Information System</td>
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<td>Iron Deficiency Anaemia</td>
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<td>Iodine Deficiency Disorder</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>IMAM</td>
<td>Integrated Management of Acute Malnutrition</td>
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<td>Monitoring Results for Equity System</td>
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<td>Mid-Upper Arm Circumference</td>
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<td>MTE</td>
<td>Mid-Term Evaluation</td>
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<td>National Nutrition Coordination Body</td>
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<td>Nutrition Information System</td>
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<td>National Nutrition Strategy</td>
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<td>Outpatient Therapeutic Programme</td>
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<td>Pregnant and Lactating Women</td>
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<td>Productive Safety Nets Programme</td>
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<td>Regional Health Bureau</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WASH</td>
<td>Water and Sanitation</td>
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<td>WFP</td>
<td>World Food Program</td>
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<td>World Health Organization</td>
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Annexes
Annex B1. List of persons / organizations met / interviewed plus itineraries

UNICEF Ethiopia
Gillian Mellsop, UNICEF Representative to Ethiopia
Eric Alain Ategbo, Chief of Nutrition Section, UNICEF Addis
Zewduit Negash, Head of Policy and Multi-sectoral Coordination Unit, UNICEF Addis
Selamawit Negash, Head of Community-based Nutrition (CBN) Unit, UNICEF Addis
Kiyeon Yoon, Nutrition M&E Officer, UNICEF Addis
Fana Minwuyelet, C4D specialist for nutrition
Edward Adiada, Head M&E
Emiru Gebisa, Nutrition Officer, UNICEF Oromia
Wondayferam, Nutrition Officer, UNICEF SNNPR

ENCU
Dr. Javed Khan, Team Leader, Emergency Nutrition Coordination Unit (ENCU)
Mathewos Tamiru, Information Manager, ENCU

MOH
Birare Moelesse, Nutrition Team Coordinator
Ferew Lemma Feyissa, Senior Advisor Office of the Minister, SUN (and former REACH) coordinator
Tareke Aga, Focal person nutrition MOA
Kaleab Baye, Assistant Professor of Human Nutrition, Addis Ababa University
Fikadu Reta Alemayehu, Director of the School of Nutrition, Hawassa University
Alem Hadera Abay, Country Manager GAIN Ethiopia

German Foundation for World Population (DSW)
Feyera Assefa, Country Director
Fekadu Jaleta
Nigus Simone

Concern Worldwide Addis
Lulseged Tolla, Health and nutrition Coordinator
Yewesew Abebe, Technical Director Nutrition, Alive & Thrive Ethiopia
Girma Habtamu, Nutrition expert Oromia Health Bureau
Tuguma Uta, Nutrition expert Oromeya Health Bureau

Field Visit SNNPR
Sinditi Tesfaye, RIPPLE
Anbessaw Wolde, Coordinator Wolayita Sodo Health Office
Yohannes Sanato, Head of Ofa Woreda Health Bureau
Gizaw Giya, Nutrition focal point Ofa Woreda Health Bureau
Boltano, Vice Head Boloso Sore Woreda Health Bureau
Titukolof Teshume, Agricultural Officer Woreda Boloso Sore
Habite Abiso, Nutrition Focal Point Woreda Boloso Sore
HEW and supervisor, Health Centre Chamakendicho Kebele
Women Group, Aleta Chuko Woreda (semi urban complementary food production)
Rural Grainbank, Korke Kebele
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<td>Arrive Addis Ababa</td>
<td>Arrive Addis</td>
<td>10 Jan</td>
<td>08:00-12:00</td>
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</tr>
<tr>
<td>Consultation with Key Partners</td>
<td>Discussion with UNICEF Representative Meeting with Nutrition Section including ENCU</td>
<td>11 Jan</td>
<td>09:00-10:00</td>
<td>Confirmed</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>10:00-12:30</td>
<td>Confirmed</td>
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<tr>
<td></td>
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<td></td>
<td>14:00-15:00</td>
<td>Confirmed</td>
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<td></td>
<td></td>
<td></td>
<td>15:30-17:00</td>
<td>Confirmed</td>
</tr>
<tr>
<td></td>
<td>Discussion with UNICEF Oromia MOH, MOE, MOA (NNTC members)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Discussion with Key Partners Alive and Thrive GAIN</td>
<td>12 Jan</td>
<td>08:30-09:30</td>
<td>Confirmed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10:00-11:00</td>
<td>Confirmed</td>
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<td></td>
<td></td>
<td></td>
<td>11:30-12:00</td>
<td>Confirmed</td>
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<td></td>
<td></td>
<td></td>
<td>14:00-15:30</td>
<td>Confirmed</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>15:30-16:30</td>
<td>Confirmed</td>
</tr>
<tr>
<td>Field trip to SNNP</td>
<td>Travel to Hawassa</td>
<td>13 Jan</td>
<td>08:00-12:00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>14:00-19:00</td>
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<td></td>
<td></td>
<td></td>
<td>16:00-17:00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Travel to Wolayita Sodo</td>
<td>14 Jan</td>
<td>07:00-10:00</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>10:00-11:00</td>
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<td>14:00-15:00</td>
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<td>15:00-17:00</td>
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<tr>
<td></td>
<td>Travel back to Wolayita Sodo</td>
<td>15 Jan</td>
<td>07:00-10:00</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>08:00-09:00</td>
<td></td>
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<tr>
<td></td>
<td>Travel to Boloso Soro</td>
<td>16 Jan</td>
<td>08:00-12:00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Write up</td>
<td></td>
<td></td>
<td>17 Jan</td>
</tr>
<tr>
<td>Work with EU / UNICEF delegations and AU</td>
<td></td>
<td>18 Jan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work with EU / UNICEF delegations and AU</td>
<td></td>
<td>19 Jan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meet Key Partners / preparation debrief USAID ENGINE TBC</td>
<td></td>
<td>20 Jan</td>
<td></td>
<td>TBC</td>
</tr>
<tr>
<td>Debriefing UNICEF, Eth: PM travel to Nairobi</td>
<td></td>
<td>21 Jan</td>
<td></td>
<td>Time for debriefing TBC</td>
</tr>
<tr>
<td>Debriefing UNICEF Reg. Office, Nairobi: travel back</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Annex B2. Recommendations MTE ANSP-Ethiopia and management response

<table>
<thead>
<tr>
<th>Recommendation MTE</th>
<th>Response (Ethiopia)</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Evaluation Recommendation or Issue 12:</td>
<td>Disagree</td>
</tr>
<tr>
<td>(equity focus) UNICEF can make use of the new opportunity of the roll out of the</td>
<td>The conclusion is not supported with evidence. If we look at the DHS data on</td>
</tr>
<tr>
<td>CBN Programme to broaden the equity focus of its support. Operational research</td>
<td>stunting and underweight the developing regions are not necessarily worse off</td>
</tr>
<tr>
<td>may be required to enable ANSP Pillar 2 and 4 to function in Ethiopia’s developing</td>
<td>than the other regions. More to the point, UNICEF is already following an equity</td>
</tr>
<tr>
<td>regions.</td>
<td>based strategy. UNICEF and the Government are currently rolling out community</td>
</tr>
<tr>
<td></td>
<td>IYCF, CMAM, VAS and Deworming programmes in developing regions. The roll out of the</td>
</tr>
<tr>
<td></td>
<td>CBN as a package cannot be in developing regions, because it requires a strong</td>
</tr>
<tr>
<td></td>
<td>Health Extension Programme that currently is not the case in the developing regions.</td>
</tr>
<tr>
<td></td>
<td>Interventions are implemented in these developing regions using mobile and</td>
</tr>
<tr>
<td></td>
<td>campaign approaches (e.g. CMAM, Vitamin A supplementation, Deworming) with equal</td>
</tr>
<tr>
<td></td>
<td>if not better results. For community IYCF rollout, UNICEF, in partnership with</td>
</tr>
<tr>
<td></td>
<td>other NGOs will conduct operations research to identify the barriers and ways to</td>
</tr>
<tr>
<td></td>
<td>address them. A draft a Programme Cooperation Agreement or Memorandum of</td>
</tr>
<tr>
<td></td>
<td>understanding with partners to conduct an operations research for barriers to</td>
</tr>
<tr>
<td></td>
<td>optimal IYCF practices is already being finalized.</td>
</tr>
<tr>
<td>➢ Evaluation Recommendation or Issue 13:</td>
<td>Disagree</td>
</tr>
<tr>
<td>(capacity development) As of MTR, capacity building and training had focused on</td>
<td>The UN agency with the comparative strength needed to support agriculture is</td>
</tr>
<tr>
<td>UNICEF’s traditional partners only – health, education and WASH. UNICEF should use</td>
<td>not UNICEF. That is why UNICEF is partnering with FAO and other NGOs like</td>
</tr>
<tr>
<td>its comparative strength in nutrition to extend capacity building to MoA. UNICEF</td>
<td>CASCAPE, Orthodox Church, and RIPLL to support the agricultural sector. UNICEF</td>
</tr>
<tr>
<td>could support the placement of technical assistance as part of the REACH mechanism</td>
<td>has supported agriculture through the multisectoral coordination mechanisms and</td>
</tr>
<tr>
<td>in the new nutrition unit to be established in MOA for mainstreaming nutrition in</td>
<td>NNP implementation through capacity building. The Capacity Building workshop was</td>
</tr>
<tr>
<td>agriculture and livestock. For ANSP/UNICEF to document the process of practical</td>
<td>conducted for the NNP implementing sectors including agriculture (report Attached).</td>
</tr>
<tr>
<td>multi-pillar linkages – notably pillars 1, 2 and 4, at the country’s sub-national</td>
<td>Documentation of multi-pillar linkages for pillar 1, 2 and 4 is already being done</td>
</tr>
<tr>
<td>levels. A particular interest would be what in this report is called increased</td>
<td>with the help of Cornell University. In Ethiopia, Cornell University will team up</td>
</tr>
<tr>
<td>“operational efficiency” – a phenomenon that occurs when people engage and their</td>
<td>with a local university for documentation and action research. The result will be</td>
</tr>
<tr>
<td>transaction costs decrease in the process.</td>
<td>presented to show the logical link between the pillars.</td>
</tr>
<tr>
<td>➢ Evaluation Recommendation or Issue 14:</td>
<td>Partially Agree</td>
</tr>
<tr>
<td>(information systems and knowledge sharing) Document how increased support and</td>
<td>Comparisons of effectiveness and attribution with ANSP is technically</td>
</tr>
<tr>
<td>supervision strengthens the CBN model in different circumstances, guided by different</td>
<td>impossible. This is because other Woredas are also implementing NNP</td>
</tr>
<tr>
<td>NGOs and compare effectiveness at impact level.</td>
<td>supported by other partners. The presence of various other development</td>
</tr>
<tr>
<td>➢ The extract for the baseline is incomplete and makes it difficult to attribute</td>
<td>programmes prevent us from making high level result attribution with ANSP.</td>
</tr>
<tr>
<td>outcomes to the ANSP. The CO should consider to use instead the data from the</td>
<td>Further analysis of CBN data is possible as long as it is against the whole</td>
</tr>
<tr>
<td>CBN evaluation, complemented with data from other sources (e.g. on anaemia from the</td>
<td>universe of CBN not just ANSP. As the endline survey, we will use more</td>
</tr>
<tr>
<td>DHS) and set realistic targets. Mid- and end-line surveys should be adjusted to</td>
<td>information from DHS and other relevant sources and will include relevant</td>
</tr>
<tr>
<td>include all relevant indicators.</td>
<td>indicators. UNICEF will conduct documentation on increased support and supervision</td>
</tr>
<tr>
<td>➢ Evaluation Recommendation or Issue 15:</td>
<td>to strengthen CBN model within the frame of the Government Integrated</td>
</tr>
<tr>
<td>(scaling-up: relevance and appropriateness) Take up anaemia in pregnant women,</td>
<td>Supportive Supervision (ISS) System. The fieldwork for this will be completed in</td>
</tr>
<tr>
<td>adolescents (in and out-school), school children and under-fives as a measure of</td>
<td>November.</td>
</tr>
<tr>
<td>success of programme interventions. And thus:</td>
<td>Disagree</td>
</tr>
<tr>
<td>➢ As a first measure ANSP could consider to align with SUN indicators for</td>
<td>Currently, available surveys do not contain anaemia data. The inclusion of</td>
</tr>
<tr>
<td>reduction in anaemia, referenced</td>
<td>anaemia in the programme depends on government policies and the NNP, which</td>
</tr>
<tr>
<td></td>
<td>takes time to influence. Anaemia monitoring is included in the national surveys</td>
</tr>
<tr>
<td></td>
<td>(DHS) and a micronutrient survey will be conducted late 2014 which will include</td>
</tr>
<tr>
<td></td>
<td>all iron indicators which is more informative than anaemia because of other</td>
</tr>
<tr>
<td></td>
<td>prevalent causes of anaemia. The data for anaemia in children under five and</td>
</tr>
<tr>
<td></td>
<td>women of reproductive age group will be</td>
</tr>
<tr>
<td>Recommendation MTE</td>
<td>Response (Ethiopia)</td>
</tr>
<tr>
<td>-------------------</td>
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</tr>
<tr>
<td>by the global targets established by the 2012 World Health Assembly.</td>
<td>be taken from DHS 2015. The advocacy for and implementation of MNP is underway (UNICEF is supporting a pilot). It will be used in food secure areas, not in food insecure areas (where other interventions will be more appropriate).</td>
</tr>
<tr>
<td>Include the measurement of anaemia in all CBN related surveys. Advocate through the appropriate platform for a standardized approach in this.</td>
<td></td>
</tr>
<tr>
<td>UNICEF through REACH and other mechanism should increase advocacy for MNP distribution, at least as a temporary measure in food-insecure areas, while at the same time a community-based complementary food production is further developed and scaled up.</td>
<td></td>
</tr>
<tr>
<td>Evaluation Recommendation or Issue 16: (scaling up: effectiveness) ANSP/UNICEF, firstly, to maintain the ambition of generating a model that is locally effective and affordable, and that is deliberately set to feed the national scaling up agenda. In these models there will need to be attention for both nutrition-specific and nutrition-sensitive interventions. Secondly, for the regional offices to take up the task of accelerator, as announced in the ANSP logframe, and do this in ways that will also benefit other countries in their region. An appropriate way would be to use the REACH channel and the SUN movement. Publications in the form of (comparative) case studies of good practice and lessons learnt should be considered. Thirdly, and in the context of the second recommendation, all pillar 4 programmes should be screened for their alignment with the ten basic mainstreaming principles (of nutrition in agriculture). It is conceivable that, fourthly, similar lists are used for synergy with other sectors - mainstreaming - as announced in the global result for pillar 4.</td>
<td>Disagree ETHIOPIA is already one of the SUN countries. In fact the NNP is in line with the SUN framework. The REACH mechanism is already established, both REACH and SUN are supporting multisectoral coordination. FMOH has established a Nutrition unit and FMOE is in the process of establishing nutrition Unit as well. Other sector Ministries have assigned focal persons. Documentation on best practices for lessons learned and scale up is already under way with support from Cornell University.</td>
</tr>
<tr>
<td>Evaluation Recommendation or Issue 17: (operational efficiency) While pillar 4 appears to have value addition in the health sector, it is also noted that Ethiopia’s pillar 4 towers above all other pillar 4 in terms of funding available. This raises some questions regarding value for money for Ethiopia’s Pillar 4. A shift in focus from the health sector towards multisectoral linkages on the ground could possibly increase impact and thus cost-effectiveness.</td>
<td>Disagree There is no question of value for money for Ethiopia Pillar 4. And there is no need for refocusing. Under pillar 4 we have interventions through the health sector as well as on multisectoral linkages like capacity building for agriculture sector and education sector.</td>
</tr>
<tr>
<td>Evaluation Recommendation or Issue 18: (sustainability) The combination of support to the Ministry of Education (MoE) at federal level (the finalization of the School Health and Nutrition Strategy) and nutrition capacity building of teachers at district level is a great success story, perhaps not least because it effectively combines pillar 1, 2 and 4 activities which has contributed to sustained ownership and impact from within the MoE. New opportunities for multi-sectoral support should systematically explore which mix of activities is best suited to accelerate ownership.</td>
<td>Disagree UNICEF is using all opportunities for multisectoral support under the NNP multisectoral coordination framework. Implementation of School health and Nutrition Strategy is under the leadership and full ownership of Ministry of Education so that sustainability is ensured.</td>
</tr>
<tr>
<td>Evaluation Recommendation or Issue 19: (sustainability) Consider to systematically document the strengths and weaknesses of various models used for the community based production of complementary food. In particular aspects of cost-effectiveness and sustainability (and the relation between these) need to be better</td>
<td>Disagree The strengths and weaknesses of the project already being documented through a formative research conducted that includes cost effectiveness and sustainability. The local complementary Food Production Project is in agrarian regions where cereals and legumes are predominantly consumed unlike with the pastoralist where access to livestock is good. Therefore is it not a matter of</td>
</tr>
<tr>
<td>Recommendation MTE</td>
<td>Response (Ethiopia)</td>
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<tr>
<td>monitored (from the start) and evaluated, also several years after the end of the programme. This information could also be used to assess whether the use of locally produced cereals and pulses is more sustainable and cost/effective than alternatives such as livestock interventions.</td>
<td>choice between the two. Addis Ababa University is already contracted to document strength and weaknesses. The process was started in 2013 and will continue until 2015.</td>
</tr>
</tbody>
</table>
INTRODUCTION

Key national statistics
In table 1 the latest key national nutrition statistics for Mali are being presented as made available by UNICEF online. The table intends to visualize the development since the Mid-Term Evaluation (MTE) 2013 and the situation as compared to the West African Region and Sub-Saharan Africa.

Table 1: Key statistics Mali MTE and ETE compared with WCAR and SSA (latest figures)

<table>
<thead>
<tr>
<th>Key geographic, economic, and social characteristics</th>
<th>Mali MTE (2007-11)(^1)</th>
<th>Mali ETE (2009-13)(^2)</th>
<th>West and Central Africa</th>
<th>Sub-Saharan Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (2014)</td>
<td>15,480</td>
<td>15,302</td>
<td>445,530</td>
<td>937,495</td>
</tr>
<tr>
<td>Children under Age 5</td>
<td></td>
<td>2,951</td>
<td>76,721</td>
<td>154,435</td>
</tr>
<tr>
<td>GNI per capita (PPP); 2013, in USD</td>
<td></td>
<td>1540</td>
<td>3377</td>
<td>3280</td>
</tr>
<tr>
<td>% of population below international poverty line of US$ 1.25 per day (2009-2013)</td>
<td>50</td>
<td>50</td>
<td>61,2</td>
<td>47,3</td>
</tr>
<tr>
<td>Life expectancy at birth; 2013</td>
<td>51</td>
<td>55,0</td>
<td>54,0</td>
<td>56,9</td>
</tr>
<tr>
<td>Under-five mortality rate (infant mortality rate); 2013</td>
<td>176/98</td>
<td>123/78</td>
<td>109/72</td>
<td>92/31</td>
</tr>
<tr>
<td>% of children early initiation of breastfeeding (2009-2013)</td>
<td>46</td>
<td>57,1</td>
<td>38,7</td>
<td>47,4</td>
</tr>
<tr>
<td>% of children who are exclusively breastfed (&lt;6 months) (WHO threshold: &lt;50%); 2014</td>
<td>38</td>
<td>20,4</td>
<td>25,0</td>
<td>36,1</td>
</tr>
<tr>
<td>% of children (2009-2013) introduced to solid, semi-solid or soft foods (6-8 months)</td>
<td>25</td>
<td>27,1</td>
<td>60,1</td>
<td>65,0</td>
</tr>
<tr>
<td>Antenatal care coverage at least once (at least four times); (2009-2013)</td>
<td>70/35</td>
<td>75/35</td>
<td>76/50</td>
<td>76/45</td>
</tr>
<tr>
<td>Vitamin A supplementation coverage rate (6-59 months), full coverage (%); 2013</td>
<td>96</td>
<td>98,0</td>
<td>84,9</td>
<td>73,1</td>
</tr>
<tr>
<td>% of households consuming iodized salt (2009-2013)</td>
<td>79</td>
<td>74,4</td>
<td>65,2</td>
<td>59,1</td>
</tr>
<tr>
<td>% of under-fives with anaemia; 2011</td>
<td></td>
<td></td>
<td>56,2</td>
<td></td>
</tr>
<tr>
<td>% of infants with low birth weight; (2009-2013)</td>
<td>19</td>
<td>18,0</td>
<td>14,2</td>
<td>13,0</td>
</tr>
<tr>
<td>% of under-fives suffering from underweight (WHO), moderate &amp; severe; 2012</td>
<td>27</td>
<td>27,9</td>
<td>23,2</td>
<td>21,1</td>
</tr>
<tr>
<td>% of under-fives suffering from: wasting (WHO), moderate &amp; severe (WHO public health problem: &gt;10%; 2012)</td>
<td>15</td>
<td>15,3</td>
<td>11,4</td>
<td>9,3</td>
</tr>
<tr>
<td>% of under-fives suffering from: stunting (WHO), moderate &amp; severe (WHO: public health problem &gt;30% moderate, &gt;40% severe), 2012</td>
<td>38</td>
<td>38,5</td>
<td>36,1</td>
<td>37,3</td>
</tr>
</tbody>
</table>


\(^2\) This information is extracted from UNICEF SOWC 2015 xls-sheet; UNICEF Country statistics and GNR 2015
Over the five past years the average annual food production in Mali (most important crops are rice, millet, sorghum, and maize) and the corresponding food availability per capita has been globally sufficient despite the fact that food insecurity still exists with one million hungry people located in 166 communes. However nutrition insecurity is still widespread as is shown by the above presented figures.

The observed food and nutrition insecurity worsened as a result of the 2012 socio-political crisis and its aftermath that led to displacement of people and rendered difficult food movement towards the northern regions of Tombouctou, Gao and Kidal.

**Nutritional status**

The most recent UNICEF data (source: SOWC 2015) indicate that with regard to some indicators progress has been observed over the two latest years that data is available (ETE 2013 vs MTE 2011). With regard to most health (care) indicators there has been progress in particular under-five mortality. However, with regard to the main nutrition indicators (wasting, underweight and stunting) there has not been any significant progress. Also the indicators related to the underlying factors such as exclusive breastfeeding (EBF), antenatal care, or iodized salt consumption indicate that there has not been improvement. Only the early initiation of breastfeeding shows a substantial increase.

Within the regional context of West and Central Africa, it is clear that the situation in Mali is still comparable with the rest of the Region for most of the presented indicators though two important IYCF indicators (EBF, and introduction of solid, semi-solid or soft foods) are still lagging behind. However, with regard to supplementation of Vitamin A and the consumption of iodized salt Mali is standing out as compared to the regional average. Also in the continental context of Sub-Saharan Africa (SSA) Mali lags behind on most indicators including the main nutrition indicators. Additional data indicate that only 7.7% of Infants and Young Children (6-23 month) have a minimum acceptable diet (MAD) and 21.6% achieve a minimum diet diversity (MDD) (source: UNICEF cited in SUN movement compendium Mali 2014).

It has also been reported that 8% of women of reproductive age (between 15 and 49 years) are underweight, 20% overweight, 68% suffer from anaemia and 51% are deficient in vitamin A.

**Trends**

The figure below provides the trend of the three main nutrition indicators (wasting, stunting and underweight) based on the SMART surveys in the period 2011-2015 (Source SMART survey 2015). It is clear that over the past five years there has not been any significant improvement in nutritional status of under-five children. On the contrary, there is an observed deterioration of the underweight and wasting indicators over the past two years. This may be related to the situation of political turmoil and insecurity situation in large parts of the country in particular the North3. Also the figures for stunting indicate that there has not been any improvement in this period.

**Figure 1: Prevalence of Stunting, Underweight and Wasting 0-59 months 2011-2015**

Source: SMART Mali 2015; MAG: wasting (Global Acute Malnutrition); RC: stunting; IP: underweight

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3 Due to the political turmoil the region of Kidal has not been included in the SMART surveys.
The SMART 2015 study also provides detailed information with regard to regional differences as far as wasting and stunting is concerned. From the figure 2 below it appears that the situation with regard to acute malnutrition has indeed most deteriorated in the two provinces of the North (Tomboctou and Gao), Kayes in the West and one province in the South (Sikasso). The first two provinces have most suffered from the internal strife and national unrest and conflict. To some extent the Region of Kayes has also been affected, but the strong deterioration of the level of acute malnutrition in Sikasso Region is not related to the conflicts in the North. So what has caused the increase of wasting against the trend in the South and Centre of the country remains uncertain.

**Figure 2: Prevalence of Wasting 0-59 months per Region (2014 and 2015)**

The stunting prevalence significantly differs from region to region in Mali. In total more than one million children under-five are stunted with the five southern regions (“Mali-Sud”) accounting for more than 92% of the national total. Sikasso Region stands out with the highest percentage of stunted children – more than one out of three children under-five – and with a caseload of about a quarter million. The situation has slightly deteriorated compared to the 2013 figures: from 32,8% in 2013 to 35,5% in 2015 (Source: SMART 2013 and 2015). In the MTE 2013 report it was already observed that stunting levels in Sikasso were higher than the average of the five southern regions. On several occasions this has been referred to as the “Sikasso paradox”. Substantial agricultural production is concomitant with widespread child malnutrition (IRD Delarue et al, 2009; CIRAD, Dure et al, 2012). It clearly indicates that just increasing food production is not enough to improve the food and nutrition security. In Sikasso it is argued that the high level of stunting, is "linked to less diversified food consumption and probably to a lack of care, as a result of an overload of agricultural labor". (CIRAD 2012).

**Figure 3: Prevalence of Stunting 0-59 months per Region (May 2015)**

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Overall, the trend of reduction of stunting which was visible from 2001 till 2011 (from ca. 40% to 28%) is less noticeable if not stagnant since the latter year. However as has been indicated in the Global Nutrition Report 2015/ Panel 9.4 the data collection in Mali is quite confusing with nutrition data being collected from different sources which are not always comparable (MICS, DHS, SMART). However, as argued above the situation has not improved since 2011 as has been shown from the SMART surveys implemented on an annual basis since 2011.

**National Policy Framework Development 2013-2015**

**Policy Framework**

The national policy framework in to promote Nutrition Security has significantly changed as compared to the situation described in the MTE. After the adoption of the National Nutrition Policy (NNP) by the Government in January 2013, the consecutive period (2013-2015) was mostly dedicated by putting in place the accompanying multi-sectoral plan of action to implement the NNP and the costing of the implementation plan. In June 2014 this 2014-2018 multi-sectoral nutrition action plan was launched (see further Ch. 2.3 Policy Development).

Nutrition has also become an integral part of 2012-2017 Strategic framework for growth, employment and poverty reduction (CSCERP). Besides, nutrition has been incorporated into the new ten-year health and social development plan (2014-2023), the social and health development programme (2014-2018), the agriculture development policy (2012-2020) or the educational development programme. For instance, the Plan National d’Investissement Prioritaires du Secteur Agricole (PNIP-SA), which is Mali’s CAADP investment plan, includes a strategy to enhance Food and nutrition security. This strategy aims at “Ensuring food and nutrition security for Mali’s population by covering all the nation’s food and nutrition needs by 2020” although there are no concrete consumption-related objectives mentioned. It does, however, include a phrase about strengthening Nutrition education as a cross-cutting theme.

**Nutrition Governance and Coordination**

In terms of governance and coordination there has also been substantial changes. Three coordinating bodies for the implementation and supervision have been created by a Ministerial Decision (Arrêté Ministériel No 2014/292) of 7 February 2014 related to the functioning of the organs to put into action the National Nutrition Policy (Source: Arrêté Ministériel CNN CTIN Febr. 2014):

- National Nutrition Council (Conseil National de Nutrition; CNN), presided by the Minister of Health. It is responsible for the planning and coordination of the NNP; the CNN will convened once a year.
- Inter-sectoral Technical Nutrition Committee (Comité Technique Intersectoriel de Nutrition; CTIN) in charge of steering and monitoring the PNN; the CTIN is presided by the Secretary General of the Ministry of Health and includes besides relevant Ministries representatives from NGOs, Academe, Private sector, and Development Partners.
- A Technical Secretariat (ST) is in charge of facilitating and preparing meetings of the CTIN. (see also MTE 2013 report)

In order to further reinforce the coordination process, a Nutrition Coordination Unit has been created within the Ministry of Health by decree of the Prime Minister in 2015 (No 2015/208 of 30 March 2015). However, at the end of 2015 the coordinator of this 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.

Mali has joined the SUN Movement in March 2011. A SUN Government Focal Point has been nominated at the Ministry of Health and has been actively promoting and monitoring nutrition related activities based on a well-defined ToR since early 2011. The SUN focal point works closely together with development partners in the field of nutrition. The four relevant UN agencies including UNICEF have organized the facilitation of their coordination under the REACH partnership (Renewed Efforts Against Child Hunger).

Civil society is more active in the humanitarian sector but is also collaborating within a national alliance and three regional alliances that have been established. The Nutrition Cluster includes national and international NGOs and was established in February 2012 to coordinate the humanitarian response in nutrition. Civil society participates in meetings of the Core Group of the United Nations Nutrition Cluster,
Development partners in Nutrition

There are no major changes with regard to the situation as described in the MTE 2013.

One important new initiative, however, is the AGIR - Building resilience in the Sahel & West Africa Initiative. Though not directly aiming at the reduction of chronic malnutrition the AGIR – Sahel Initiative aims at achieving ‘Zero Hunger’ om the West Africa Sahel Region (16 countries including Mali) by 2032. The European Union is one of the development partners to this Initiative. (source: EU ECHO Factsheet AGIR Sahel 2015).

FINDINGS

Overall Relevance and Appropriateness

2.1.1. Programme design

1. The Mali ANSP programme has continued to follow the overall ANSP framework as developed by the ANSP programme management in 2014 and which integrated the ANSP Logical Framework and related indicators and activities. Stunting reduction has however fallen through the cracks.

The 2014 review of the ANSP Logframe has led to a mainstreaming of the overall expected results per pillar, the related indicators and the according activity planning. This has been consolidated in Results Framework which has been applied for monitoring and reporting purposes as well, both at country level as well at ANSP programme level. This is a major achievement as compared to the original programme design where the formulated monitoring indicators were disconnected from the expected results.

The new ANSP Mali Logframe 2014 has been rephrased in such a way there is mainly continuation of the original programme design. When comparing the formulation of the original expected outputs, indicators and activities with the new one – as presented in the 2014 Results Framework – there have been major changes with regard to Pillar 4 (Nutrition Interventions at Community Level) where the indicators have been reformulated.

Under Pillar 4 the original focus was on stunting and anaemia reduction as well as the number of caretakers applying optimal IYCF practices at target district level. After the revision of 2014 five indicators - including their baseline and targets – have been stipulated which do not include stunting reduction anymore – which is the main scope of the ANSP – and have more detailed IYCF indicators including BF initiation, EBF and attendance rate to at least one IYCF support group meeting. However, the activities under Pillar four still remain valid to stunting reduction with its focus on improved IYCF practices. Strangely, the overall objectives as formulated in the terms of reference of the sub-contract with ASDAP – the implementing NGO for activities under Pillar four – clearly point at a “a reduction of the mortality and morbidity rate linked to chronic and acute malnutrition, and anaemia…”.

2.1.2. Coherence, completeness and complementarity

2. As the basic Theory of Change underpinning the UNICEF activities has not changed, the observations made in the MTE 2013 report are still valid.

Two observations were made in the MTE 2013 report:
1. The ANSP programme in Mali is very relevant to respond to the need to reduce chronic malnutrition in the country.
2. ANSP-Mali builds upon previous activities in the country and is based on a wide network of development and emergency partners.
These observations are in the context of the ETE 2015 still valid.
With regard to the rapidly changing context in Mali (SUN, REACH, AGIR, and new GoM policies and strategies such as CAADP), ANSP has been able to strengthen the collaboration and respond to the created opportunities in particular to strengthen the multi-sectoral coordination and action planning (see also 2.3 Pillar 1 and 2.10 Adaptability).

3. ANSP has been implemented in coherence with the national NNP and complementary to other nutrition initiatives in the country

From its start ANSP has closely worked together with government at different levels (national, regional and district). At the district level (cercle), ANSP has subcontracts the national NGO ASDAP to implement nutrition interventions in close collaboration with the District Health Authorities (District Sanitaire) of Yorosso and Bankass (see also MTE 2013). As one of the Development partners UNICEF has been able to work closely and coordinate activities in the context of REACH with other UN agencies and under the SUN coordination umbrella. In Mali the SUN coordination has been able to bring together different constituencies with the intention to align their programmes in line with the NNP. UNICEF has been an active and visible partner in this process in particular as part of the ANSP activities.

4. In terms of completeness and complementarity, the ANSP-Mali programme (Pillar 4) has been less active in the fields of reducing Micronutrient deficiencies and developing delivery platforms.

The main focus of the Pillar 4 Nutrition Interventions have been on the dissemination and communication of community nutrition-based interventions promoting good IYCF practices. Less emphasis has been given to nutrition-specific interventions which have also proven to have a major impact on reduction of stunting and anaemia, such as Micronutrient supplementation and the promotion of service delivery platforms. On the one hand, the supply of IFA, Vitamin A, iron and zinc are part of regular Public Health programme as implemented at the health centres, further approaches such as iron supplementation for adolescent girls or MNPs provision has not been pursued. In this sense ANSP Mali has not fully exploited evidence developed in other countries how to tackle the issue of micronutrient deficiencies as observed in Mali.

Also with regard to the delivery platforms promoting nutrition-sensitive strategies such as food fortification, nutrition education, cash transfers or diet diversity through agricultural diversification, these have not been on the priority list of ANSP-Mali. These strategies are elements which are explicitly mentioned in the NNP. Examples from other countries including ANSP target countries could have provided good examples of ANSP could have promoted or contributed to one or more of these strategies. The main delivery platform in Mali has remained the IYCF support group with mothers discussing appropriate feeding practices.

Furthermore, ANSP Mali has implemented a number of relevant studies (VAMU, CAP, Etude des déterminants liés aux pratiques d’alimentation). However, these studies have been reported in 2014 and 2015 making it quite complicated to translate the results into action. The insights developed in these studies have thus not been included into further programming and strategizing.

5. The ANSP Mali Results Framework is now consistent and coherent.

The MTE 2013 had concluded that the ANSP-Mali logical model and logframe at that time “was not always consistent and coherent to present a comprehensive framework for Monitoring and Evaluation”. The ETE 2015 observes that the new results framework has made it possible to assess progress on the formulated indicators and related targeted in order to achieve the expected outputs for each of the four programme Pillars.

2.1.3. Uptake of the MTE lessons, conclusions and recommendations

6. The ETE 2015 found that with exception of the last recommendation, UNICEF has re-oriented its programme in line with most of the strategic recommendations.

The main strategic recommendations for the implementation of the ANSP programme in Mali were formulated by the MTE 2013 as follows:

The Mali context has changed; there is a need for re-orientation and re-strategizing:

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There is an urgent need to make a renewed implementation strategy based on the changed context including the availability of the 2013 Nutrition Policy and draft Plan of Action.

In the context of NNP, SUN and REACH the ANSP support activities need to be formulated in alignment with the NNP goals and the 14 specific objectives (Strategic axes). UNICEF in close collaboration with the Government (‘comité restreint’) and other stakeholders (REACH facilitators, SUN focal point, INGOs) need to reformulate ANSP activities in line with relevant specific activities.

Review of achievements, activities and context for Pillars 1, 2 and 3.

Develop a comprehensive set of nutrition-specific and nutrition-sensitive activities including improved sanitation (e.g. CLTS) and hand washing, consumption of bio-fortified or animal foods, supplementation with MNPs, the establishment of linkages with social protection schemes; promotion of school feeding schemes.

In the context of the IASC National Nutrition Cluster establish a Chronic Malnutrition Working Group which is open for actors active in Health, Food Security, WASH and Social Protection.

The ANSP management response of July 2015 indicated that UNICEF-Mali “overall is in agreement with the findings of the evaluation and is pleased with the planned changes to the ANSP programme for the country. The process of the evaluation was participatory and the outcome is generally adapted to the context and understanding of the situation. However, it should be noted that certain recommendations, although interesting and pertinent, are not adapted to UNICEF’s role or to the stage of the current evaluation, with insufficient time remaining before the end of the grant to make major changes.” Four out of five recommendations have been taken up or were already in the process of being reviewed. Only the last recommendation with regard to the establishment of a Chronic Malnutrition Working Group was not followed.

As indicated above the Mali Logframe has been reviewed and reformulated according to the overall ANSP logframe. These adaptations are to a large extent in line with the recommendation to adapt strategies and activities in Mali in line with the changing policy environment. ANSP has contributed to the costing and implementation of the Malian NNP and multi-sectoral plan of action in close collaboration with other Development partners and is closely working together with the SUN national facilitator and the REACH coordinator.

2.2 Equity

2.2.1 Equity focus

7. As far as equity is concerned no major changes have been observed compared to the situation during the MTE 2013.

The ANSP equity approach has remained the same in terms of geographic selection as well as the attention for women (pregnant and lactating) and children under two years. No explicit 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. Monitoring is only done at regional level and to some extent at district level (see further 2.5.1 Smart surveys).

2.2.2 Responsiveness to barriers and bottlenecks

8. Responsiveness to barriers and bottlenecks is still not explicit. Some important elements to overcome bottlenecks have not been sufficiently taken into consideration.

Similar to the finding of the MTE 2013 the ETE 2015 observes that “responsiveness to barriers and bottlenecks are not explicitly integrated in the design and implementation of the ANSP-Mali activities.” Implicitly, the Pillar 4 activities related to the scale-up of IYCF interventions are intended to increase coverage of nutrition-specific activities and to improve access to information and behaviour change (see 2.6 IYCF). 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.
However, certain related key nutrition-sensitive interventions such as for instance appropriate attention to Sanitation practices have insufficiently been taken into consideration. The ANSP induced study “Etude des determinants” has contributed to the understanding of certain bottlenecks at household level with regard to feeding practices and nutrition security. As the study indicates, the sanitation practices at household level are very poor and not applied at key moments. Moreover, the role of men are not fully considered in the sharing of information with regard to nutrition and behaviour change. These are considered important bottlenecks to the improvement of nutrition security in the family. (source: Lauren Blum April 2015).

2.3 Effectiveness: Pillar 1 Policy Development

<table>
<thead>
<tr>
<th>Pillar 1: Up-stream policy development and nutrition security awareness</th>
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<tr>
<td><strong>Expected Result 1:</strong></td>
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<tr>
<td><em>Original 2012:</em> Africa's key policy-makers &amp; leaders of civil society committed to review Plan of Action on Nutrition ensuring that adequate support is provided to implement nutrition action plan for an effective and sustainable socio-economic development*</td>
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<tr>
<td><em>New 2014:</em> Strong national nutrition leadership and ownership and coordination to support scale-up of nutrition programmes across sectors*</td>
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<tr>
<th><strong>Expected outputs:</strong></th>
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<tr>
<td><strong>Original 2012:</strong></td>
</tr>
<tr>
<td>1.1 Elaboration of a costed national nutrition multi sectoral action plan.</td>
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<tr>
<td>1.2 Development and dissemination of nutrition advocacy tools.</td>
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<tr>
<td>1.3 Support the National Multi-sectoral development of nutrition committee and the Technical Committee</td>
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<tr>
<td><strong>New 2014:</strong></td>
</tr>
<tr>
<td>1.1 The multisectoral nutrition action plan validated</td>
</tr>
<tr>
<td>1.2 Number of meetings of the multisectoral nutrition coordination committee held</td>
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<tr>
<td>1.3 Number of advocacy events, dialogues, meetings, tools and materials on nutrition security produced</td>
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<tr>
<th><strong>Activities Yr 3 and Yr 4</strong></th>
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<tbody>
<tr>
<td>1.1 Participate in elaboration of multisectorial action plan</td>
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<tr>
<td>1.2 Finalize and validate the multisectoral nutrition action plan</td>
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<tr>
<td>1.3 Organize and convene the multisectoral nutrition coordination committee</td>
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<tr>
<td>1.4 Support to the National Multi-sectoral nutrition coordination committee including national facilitator (Support the post of Nutrition Adviser/ focal point in the Office of the Minister at Ministry of Health)</td>
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<tr>
<td>1.5 Organisation of intersectorial workshop with linkages between Nutrition and Food security</td>
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<tr>
<td>1.6 Produce advocacy events, tools and materials on nutrition security</td>
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<tr>
<td>1.7 Support annual meeting of the national multisectoral nutrition committee</td>
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Source: ANSP Mali Country Summary sheet; ANSP Workplan 2013 (original Logframe 2012)
ANSP Revised Logframe Mali vsJan2015 (new 2014)

2.3.1. Relevant national policies developed and/or modified

9. ANSP has actively contributed to the development and operationalisation of the national Nutrition Multisectoral Action Plan 2014-2018. Overall ANSP has contributed to the overall visibility of nutrition in policy-making.

Following the revision and adoption of the National Nutrition Policy in 2013, ANSP has provided financial support to the Ministry of Health for the development, finalization and validation of the Mali Nutrition Multisectoral Action Plan 2014-18 (PAMN) and its costing. 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 REACH facilitators.

The Nutrition Multisectoral Action Plan was officially launched in June 2014. The costing of ten key interventions indicates that the annual public investment would amount to USD 85 million per year. Six key sectors are involved in the formulation and implementation. The Action Plan includes a Common
Results Framework which clearly indicates who is responsible for the implementation of the various interventions. However, an information system needs to be designed and integrated as a monitoring tool for the Action Plan.

Good emphasis has been put at the dissemination of the Action Plan to regional and district levels. 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. Furthermore, 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.

Though many programmes managed by the Ministries of Health and Agriculture – in conformity to their sectoral plans and strategies - have their emphasis on the response to emergency situations, the ANSP has clearly increased the vision of nutrition in Mali, in particular the importance of the reduction of chronic malnutrition. As a result the government intends to increase its contribution for nutrition budget beyond the staff costs of the department of Nutrition under the Ministry of Health.

ANSP has been instrumental to shift the paradigm from emergency to development nutrition. Over the past decades in a drought-stricken country like Mali most attention used to be with emergency nutrition, in particular the response to acute malnutrition. As staff of a partner organisation like ASDAP indicated the shifting attention to the reduction of chronic malnutrition was new to them. They were used to principally work on the treatment of acute malnutrition. This was confirmed by the regional and district (‘cercle’) directors of health in Sikasso Region who indicated that increased attention to reduce stunting has put them on the track of prevention of malnutrition in particular through the introduction of IYCF (source: SUN Mali; ASDAP and MoH interviews and UNICEF documentation).

2.3.2. Partnerships and collaboration

10. ANSP has closely collaborated with Nutrition stakeholders including other UN agencies and NGOs. No evidence was found of a strong collaboration with other sectors than health at national level.

The National Nutrition Policy of 2013 and the related Multisectoral Action Plan constitute a major transformation for stakeholders in the field of nutrition security. United Nations agencies and civil society stakeholders report that they are in the process of aligning their programmes to this National Nutrition Policy and Action Plan.

Furthermore, 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.

Besides the collaboration with the Ministry of Health and in particular the Nutrition Division, there was no clear sign of working together with other relevant ministries such as Agriculture or Social Affairs in the field of nutrition. The contacts with these ministries of relevance for the implementation of the National Nutrition Policy, were mainly through the formal meetings of the CTIN and the Technical Secretariat. Also the collaboration with the Ministry of Health was not simple, as in the ASNP implementation period 2011-2015, four different Ministers of Health have been appointed and nine different General Secretaries. This instability within the Ministry made it difficult to implement a consistent and joint programme to promote the prevention of chronic malnutrition.

At regional and district levels the main emphasis has been on the establishment of commitment. Partnerships at sub-national level have been 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. It was reported that 39 district level meetings were held in the three target Regions: Sikasso, Kayes and Mopti regions.
2.3.3. Integration of nutrition in other sectors

11. ANSP has faced problems to integrate nutrition beyond health; internally it has been able to increase collaboration for nutrition security between sections

As indicated above, the ANSP-Mali programme has not been very successful in the advancement of the prevention of chronic malnutrition in other sectors and making them more nutrition-sensitive. The CTIN where all relevant sectors are meeting, has been relatively invisible. This is to some extent due to the internal instability within the government leading to many changes of high-level positions, but also to the fact that nutrition is still seen as a matter for the Ministry of Health. This is being reflected in the CNN, CTIN as well as the Nutrition Secretariat which are all presided or hosted by the Ministry of Health. This has certainly limited the interest and contribution of other sectors to integrate nutrition into their programmes. To a large extent this situation has been beyond the control of UNICEF.

Within UNICEF, 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 the sanitation sections is more and more targeting the same districts in particular in Mopti Region.
2.4 Effectiveness: Pillar 2 Capacity Development

Pillar 2: Institutional development and capacity development

Expected Result 2:

Original 2012: Departments and units strengthened at all levels with qualified practitioners in nutrition and coordination mechanisms involving African networking.

New 2014: Availability of skilled and capable workforce across sectors that can provide quality nutrition interventions and services

Expected outputs

Original 2012:

2.1 Nutrition Curricula and training material for nurses, medical doctors and agronomists revised.
2.2 Course on nutrition developed in the Faculty of Medicine.
2.3 Capacity of nutrition and food security focal persons strengthened.

New 2014:

2.1 Number of updated nutrition training materials and curricula for public health nurses, agronomists and medical doctors finalized
2.2 Existence of a Nutrition Masters Course curricula in the Faculty of Medicine in Bamako
2.3 In-service training course materials to improve the capacity of nutrition, food security and social development focal points on nutrition strategies and interventions finalized

Activities Yr 3 and Yr4

2.1 Finalize the assessment of the current status of inclusion of nutrition in the curricula of high school education (nurses, agronomists) and university level (medical doctors)
2.2 Update the nutrition training materials and curricula for public health nurses, agronomists and medical doctors
2.3 Finalize the design of a nutrition Masters Course with the Faculty of Medicine in Bamako
2.4 Develop in-service training course materials to improve the capacity of nutrition, food security and social development focal points on coordination, monitoring of nutrition strategies and interventions
2.5 Capacity building of community resource persons in implementation of nutrition intervention

Source: ANSP Mali Country Summary sheet 2012; ANSP Workplan 2013
ANSP Revised Logframe Mali vsJan2015 (new 2014)

2.4.1. Capacity of Planners and Decision-makers

12. ANSP has been instrumental in promoting the integration of nutrition security in relevant higher education (at Master level and professional level) through two interesting experiences

FMOS – Master course Public Health Nutrition

With financial support from the ANSP programme in Mali, the Faculty of Medicine (FMOS) of the University of Mali in Bamako (USTTB) in close collaboration with the Ministry responsible for Higher Education (MESRS) has developed a Master Course on Public Health Nutrition (PHN). Starting in 2014, in the course of two years a full Nutrition Master has been developed and introduced. The first Nutrition Master has started in January 2015. Previously there was no Nutrition Master in the country. Specific nutrition-relevant subjects matter courses (10) have been developed by an external consultant focusing on the prevention of malnutrition including epidemiology (including SMART), IYCF, CMAM, etc. and pedagogical tools. The course is mainly taught by external staff including international lecturers from West Africa, France and Belgium. The Nutrition Master is building upon a common trunk with the other two Master Studies in the Faculty of Medicine. Whereas in the first year 26 students (of which 8 women) have participated in the common programme, in the second year of specialisation a large majority of students (21) have opted to participate in the Nutrition Master of which six the epidemiology option. Most students are from the Ministry of Health at different levels, national, regional and some are subsidized by NGOs, WHO or UNICEF. Various stakeholders have been involved in the validation of the new Master including the Ministry of Health. The Public Health Nutrition Master is greeted by various stakeholders as a welcome course relevant for the context in Mali. The PHN graduates (18 out of 26...
who started) are expected to finish their studies early 2017 (source: interviews with FMOS coordinator, Ministry of Health/ Nutrition, Direction Régionale de la Santé Sikasso, ASDAP)

**INFSS – Nutrition Professional course**

A second important contribution by the ANSP has been its financial support to the National Institute for Health Science Training (INFSS). With the assistance of the same external consultant it has been possible to develop 10 new nutrition related modules and extend the courses for the training of midwives and nurses at the four schools for professional training in Health. Validation has taken place with a number of external stakeholders including the UNICEF expert at WAHO in December 2014. With the INFSS the focus has also been on the training of the teachers involved in the modules. This element was highly appreciated. The number of hours dedicated to nutrition has increased from only 20 hours in year 1 (previous curriculum 2002) to 60 hours in three years and 40 hours of practical work at a Nutrition Centre (URENI or URENAS) (curriculum 2015). In total around a 100 students were following the course which has become a specialisation at the INFSS. The INFSS staff consulted was highly appreciative of the changes made in the curriculum with respect to nutrition. The new modules are recognized to be much more detailed, be more explicit and clear. (source: interviews INFSS Bamako and Sikasso; Consultant final report Dec 2014)

**Other**

No courses for Agronomists have been developed as was planned.

**2.4.2. Capacity within different sectors**

13. ANSP has been focussed at the various levels including the national CTIN but also at Regional and District levels.

Another focus of ANSP in Mali has been on the training of various stakeholders with respect to the implementation and operationalization of multi-sectoral nutrition interventions. These capacity building efforts have taken place at various levels and involved many sectors including local government, agriculture, livestock, education, women promotion, industry and commerce.

**National: CTIN**

In September 2014, a week-long training workshop has been organized for the members of the Intersectoral Technical Nutrition Committee (CTIN), in particular for the nutrition focal points of the Ministries of Health, Agriculture, Social Development and Education from the national level and the regions. The objective of the capacity building was to enhance technical and operational competencies with respect to food and nutrition security and to promote a multisectoral approach to reduce malnutrition. A wide range of about 18 topics have been elaborated during the training WS, of which IYCF, C4D, M&E and MSN were considered the most relevant ones. A total of 53 persons have participated in the training. (source: Rapport Formation PFN Segou Sept 2014).

**Regional**

At the regional level two MSN trainings were realized in the target regions of Mopti and Sikasso regions in respectively Nov 2014 and Febr 2015. The participants were coming from the same sectors as at the national level but mainly from the regional and districts levels. The objectives and topics were similar to the ones introduced in the national Segou training workshop. One of the recommendations pointed at the integration of nutrition in the CLOCSAD (Local Committees for Development) meetings (source: PF Mopti and Sikasso reports).

**District**

In 2014, ASDAP has started to train Community Health Assistants (ASC) and Community Health Workers (CHW). In Yorosso 38 ASC and 378 CHW have been trained (with ASC once retrained). The training focussed on the creation of IYCF support groups and C4D.

In both of the ANSP-focus districts, Bankass and Yorosso, ANSP financially supported the creation, coordination and meetings of, and technically supported through advocacy and strategic discussions of the local district multisectoral coordination committees. The district coordination committees are focused on the implementation of the Multisectoral Action Plan and the active participation of all sectors involved.
Four coordination meetings have already been held at the two district levels in 2014 with ANSP financial support (source: interviews MS platforms Yorosso Cercle and Karangana Commune; Annual Report 2014).

In August 2015 two two-days training workshop have been given by the Ministry of Health/ DNS, ASDAP and Cornell in Bankass and Yorosso respectively in order to train a great number of district staff and representatives from the communal level. The workshop encompassed elements of nutrition monitoring, supervision, multisectoral approach, communication for development, CMAM etc. A total of 219 persons from the two districts including nutrition focal points from the four key sectors participated in the training.

In the context of the establishment of local MSN coordination platforms in the two target districts and sub-district levels of Bankass and Yorosso a total of 71 participants have been trained to orient them about the importance of nutrition and multisectoral action. These local platforms consist of a wide range of stakeholders including local government, agriculture, livestock, education, women promotion, industry and commerce, but also organisations linked to micro-finance, Chamber of Commerce, and religious organisations. The establishment of MSN platforms was an important step in the operationalisation of Mali’s multi-sectoral approach to nutrition at the local level. The platforms at district and commune levels 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. The training was carried out with Cornell University.

2.4.3. Nutrition training materials
In Mali no Nutrition training materials have been developed. Only PowerPoints which have been used during the above mentioned workshops have been developed.

2.5 Effectiveness: Pillar 3 Information systems and knowledge sharing

<table>
<thead>
<tr>
<th>Pillar 3: Access to relevant and timely nutrition information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expected Result 3:</strong></td>
</tr>
<tr>
<td>Original (2012): Sustainable nutrition information systems and knowledge management developed with strong linkages with other information systems such as food security; early warning systems and health management information systems.</td>
</tr>
<tr>
<td>NEW (2014): Oversight, decision-making and programme implementation have access to relevant and timely nutrition information</td>
</tr>
</tbody>
</table>

| Expected outputs (Original 2012):                             |
| 3.1 Support integration of nutrition indicators into the health information system and the food security early warning system |
| 3.2 Conduct national nutrition SMART survey                   |
| 3.3 Documentation of the implementation of nutrition interventions at scale |

| Expected outputs (New 2014):                                 |
| • Nutrition information available on regular and timely manner. |
| • Nutrition indicators integrated into the national health information system and the early warning system. |

| Activities originally proposed (logframe 2012):               |
| • Implementation of national nutrition surveys using SMART methodology. |
| • Implementation of food and nutrition vulnerability of urban population (VAMU) in 2 urban areas Bamako and Yorosso (Sikasso Region). |
| • Support the integration of nutrition indicators in the national health system |
| • Production of bi annual bulletins on nutrition and food security Early Warning System. |

| Activities NEW (Results Framework 2014)                      |
| 3.1 Implementation of national nutrition surveys using SMART methodology, |
| 3.2 Implementation of food and nutrition vulnerability assessment of population (VAMU) |
3.3 Finalize the formative research on current nutrition practices, obstacles and enablers to adequate nutrition in communities to inform the design of community based nutrition model in two targeted districts

3.4 Organize coordination meetings with other stakeholders in the two target districts (Yorosso and Bankass) and national meeting

3.5 Support integration of nutrition indicators into the health information system and the food security early warning system

3.6 Conduct district level training of district focal persons on food and nutrition security surveillance (data collection and analysis of nutrition information)

3.7 Document the implementation of nutrition interventions at scale


### 2.5.1. Strengthened nutrition monitoring systems

#### SMART surveys

14. Support to the National Nutrition Survey using the SMART methodology has had a positive outcome and is welcomed by the GoM.

In close collaboration with WFP, WHO and FAO, UNICEF has provided technical and financial assistance to the implementation of five National Nutrition Surveys using the SMART methodology. In the period 2011-2015 five surveys have been conducted by the National Statistical Institute INSTAT in close collaboration with the Nutrition Department of the Ministry of Health (see 1.1 trends figure 1 for a presentation of the main nutrition indicators); the next one is expected to be implemented in mid-2016.

SMART surveys usually focus on obtaining nutrition and anthropometric data (including mortality data) of under-five children and pregnant and lactating women. The annual undertaking of a NNS/SMART survey has major advantages for the collection of nutrition information. Annual NNS using the SMART methodology gives the opportunity to analyse the trends at a regular basis and compare with other nutrition data collection approaches (such as DHS and MICS). Besides the relative low costs of the implementation (USD 10-15,000 per survey domain), it is argued that the regular collection of data has substantial advantages: better trained enumerators who are gaining experience, rapid data processing and reporting, use of IT-technology and inclusion of other indicators is possible. The harmonization of data collection has proven to be another main advantage. One criticism which has been put forward against the “list-and-go” approach which is used to randomly select households for interviewing. However, an assessment of this selection approach has indicated that there is no bias in selection. The inclusion of stunting in the SMART survey methodology does not increase the costs of the implementation. In 2015 66 enumerators have been trained who have already been involved in earlier SMART surveys.

Overall, it is clear that the support and further promotion of the SMART survey has had clear positive outcomes for the collection of relevant Nutrition information in the context of Mali. The positive outcome has been realized in a context where it was very difficult to implement the survey in all regions of the country. The Nutrition Directorate and INSTAT both recognize the value and importance of the regular collection and in particular the harmonization of indicators and data collection approach which enhances the quality of collected information (source: MoH/DN; Bamako.com/news 25 juin 2014). Development partners in Mali including international NGOs and the contributing UN organisations are making widely use of the annual SMART reports for their planning and targeting of certain regions (source: MoH/DN).

The main limitation is, however, that the analysis is done at the regional level and that the context and interpretation of factors influencing the nutrition outcomes are difficult to address.

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5 See for example the GNR report 2015 Panel 9.4
6 Assessment done on the basis of the GPS pointers used to identify the position of Households interviewed
7 In 2012 the three Northern regions were not included because of insecurity; and in 2015 Kidal region could not be covered.
RapidSMS

15. A further positive development of the collection of nutrition data has been the successful pilot with RapidSMS in Mopti Region

In the context of data collection on SAM/ GAM cases the innovative approach of the RapidSMS was introduced in November 2014 making use of modern IT-technology for the collection, verification and uploading of in-service nutrition data. The UNICEF Mali office started a pilot of a mobile-based Health Management Information System (called SNISI) in the Mopti Region of Mali collecting weekly and monthly data. The tool collects data on cases treated from all age groups (< 6mo, 6-59mo, 59mo+) for SAM and GAM and pregnant and lactating women. Data entry is done on mobile phones with a dashboard providing overview and analysis of the collected data done on a monthly basis. For the IMAM program, the data comprehensively covers the activities and available stocks of the three different types of treatment sites: URENAS, URENI and URENAM. (Source: R. Johnston blog on www.Nutritionrapidssms).

Thus the RapidSMS has contributed to the further integration of nutrition indicators into the national nutrition information system. It is expected that the mobile-based system will be further developed.

2.5.2. Studies

In Mali, a number of assessment and in-depth studies have been implemented. These studies include an Urban Vulnerability Analysis Mapping (VAMU) in Sikasso town implemented by the Early Warning team (report August 2015); a Knowledge Attitude and Practice (KAP) study with regard to Breastfeeding and IYCF practices implemented in the two target districts of Bankass and Yorosso (report RESADE June 2014). Thirdly, a study on ‘the determining factors linked to feeding practices of Under 2 children’ has been undertaken in 2014 and reported in April 2015 (report Lauren Blum April 2015).

The results of the three studies have been shared with the major stakeholders in nutrition in the country. However, when asked whether the studies had any impact on the orientation of the programme at national or district levels, the reaction was that the studies were interesting but that they had come too late to influence the programming or planning of activities (source: interviews ASDAP Sikasso, UNICEF Sikasso and DS Yorosso).

Other activities

With respect to the other planned activities 3.5-3.7 no concrete activities have been identified.

2.5.3. Endline

16. No endline data have been collected which makes an baseline-endline possible.

The baseline data of the ANSP in the two target districts are based on the SMART survey of 2011. Data for the two 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 was supposed to be based on the SMART 2015 survey does however not include data collection for the two target districts. A comparison baseline-endline is therefore not possible for the target districts but only at national and provincial levels. The conditions were actually quite favourable as the SMART surveys are implemented on an annual basis since 2011– and the Mali baseline data was collected at district level– but unfortunately it was decided for practical, political and financial reasons to abandon this option to have an endline (source: UNICEF staff pers. comm.). The available data from the MICS 2015 provides only national data (April 2016).

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8 Also other data were collected, e.g. on malaria, reproductive health, EPI, bed net distribution, etc.
2.6 Effectiveness: Pillar 4 Scaling-Up

<table>
<thead>
<tr>
<th>Pillar 4: Scaling up interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected Result 4:</td>
</tr>
<tr>
<td>Original 2012: National comprehensive nutrition programmes implemented in coherent, coordinated and synergetic manner with other sectors such as food security; health, WASH and social protection.</td>
</tr>
<tr>
<td>New 2014: Comprehensive nutrition interventions are available at community level in focus areas</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expected outputs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original 2012:</td>
</tr>
<tr>
<td>4.1 Support to scaling up community-based nutrition interventions in two districts Yorosso (Sikasso region) and Bankass (Mopti region).</td>
</tr>
<tr>
<td>4.2 Integrated multi-media behaviour change communication strategy</td>
</tr>
<tr>
<td>4.3 Agree on a standard monitoring system to be put in place</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New 2014:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Early initiation of breast feeding rate in target area (Mopti and Sikasso Regions) increased by 5% points</td>
</tr>
<tr>
<td>4.2 80% of targeted mothers or caregivers who attended at least one IYCF support group meeting</td>
</tr>
<tr>
<td>4.3 Children with Anemia reduced by 10% points</td>
</tr>
<tr>
<td>4.4 Exclusive breast feeding rate increased by 20% points</td>
</tr>
<tr>
<td>4.5 Number of districts with communication strategy, materials developed and implemented</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activities Yr 3 and Yr 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Support field visits to review the implementation of community based model</td>
</tr>
<tr>
<td>4.2 Training in communication and counselling skills of health workers and community volunteers</td>
</tr>
<tr>
<td>4.3 Support to scaling up community-based nutrition interventions in two districts Yorosso (Sikasso region) and Bankass (Mopti region)</td>
</tr>
<tr>
<td>4.4 Develop, finalize and implement an integrated multi-media behaviour change communication (BCC) strategy</td>
</tr>
<tr>
<td>4.5 Work with national level to provide technical support for development of the IYCF / BCC strategy</td>
</tr>
<tr>
<td>4.6 Support dissemination of communication material at national and district levels</td>
</tr>
</tbody>
</table>

Source: ANSP Mali Country Summary sheet; ANSP Work plan 2013 (original) ANSP Revised Logframe Mali vsJan2015 (new 2014)

2.6.1. Coverage and quality of interventions

17. ANSP has contributed significantly to the improvement of the coverage and quality of nutrition interventions in the two focus districts.

In order to develop a package of comprehensive nutrition interventions in the context of ANSP, the NGO ASDAP has undertaken a support project to the two focus districts of Bankass and Yorosso from July 2014 till September 2015. The main aim of the support was to contribute to the reduction of the levels of mortality and morbidity caused by acute and chronic malnutrition and anaemia. The support envisaged to strengthen the capacity for multisectoral coordination and to improve access and the quality of preventive actions including the management of acute malnutrition. In order to do so ASDAP implemented the following activities (source: interviews ASDAP, DS Yorosso, MSN platforms Yorosso and Karangana, IYCF support group Koury, ASDAP final report T13 Oct2015, Logframe achievements Jul2015):

1) Establishment of MSN coordination committees (platforms) to coordinate nutrition at district and communal levels. In both districts one committee has been formed at district level who regularly organized community dialogues in close collaboration with the district leadership. As indicated earlier a wide range of stakeholders participate in the coordination committee. The results also indicate that eight MSN platforms have been established at communal level and operational; a total of 74 MSN coordination meetings have been held of which 5 at district level (DS district sanitaire) and 69 at commune level. Road maps with activities (‘engagements’) have been formulated in two communes in Yorosso (Karangana and Menamba communes). Village leaders in some communes have established cereal banks to be able to distribute to destitute families in case of need.
2) Replication of MSN platforms in three other districts on the basis of the experiences in the two original focus districts. In the Sikasso region, three additional districts are in process of implementing a multisectoral coordination committee. Interestingly, DS Yorosso was closely involved to the dissemination of the This improves the understanding of multisectoral problems of malnutrition among sectors and across the country.

3) Access to and quality of preventive nutrition actions has been improved through the establishment of IYCF support groups. In Yorosso 88 IYCF support groups with 820 members have been formed, of which the large majority were women. The IYCF members have been trained two times in IYCF principles and C4D. Specific The IYCF groups are regularly supervised by the health staff. To this purpose 114 district health staff in the two focus districts have been trained in IYCF and C4D. In addition – and based on separate funding – Micro Nutriments Powders (MNP) have been distributed two times in 90 villages.

2.6.2. Effectiveness Scale Up Nutrition

18. ANSP has been relatively effective in scaling-up nutrition interventions in the two focus districts

With ANSP support, the multisectoral approach has reached actors at district and commune level. In close collaboration with government structure ASDAP has been able to promote the quality and scale of nutrition related interventions targeting a reduction of acute and chronic malnutrition and improved EBF and IYCF practices.

In terms of effectiveness the following data are available to assess changes in SAM and MAM prevalence. In the first place both the DS of Yorosso and the DS Régionale indicate that there have less cases of SAM admissions since the start of the ASDAP support.

In terms of Management of Acute Malnutrition the following information was provided with regard to the reduction in the period 2013-2015 (Oct) (source: Bankass: PCIMA monthly reports; DS Yorosso, ASDAP workshop reports; DS Régionale Sikasso):

- SAM cases: Bankass: no significant changes; Yorosso: minus 36%
- MAM cases: Bankass: minus 54%; Yorosso: minus 76%

With respect to EBF (0-5 month) data for Yorosso and Bankass point at an increase from 36% to 55%. And IYCF practices (‘adequate complementary feeding’) have been doubled from 14,1% to 28,8%.

(source: ASDAP final report T13 Oct 2015)

No data are available with respect to stunting levels in the two focus districts.

2.6.3 Good Practices for Scaling Up Nutrition

19. One of the interesting good practices has been the establishment of MSN coordination platforms at district and commune levels.

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. 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.

In terms of cross-pillar strengthening, synergy or coherence, the MSN platforms have contributed significantly to joint planning and monitoring of nutrition actions at district and sub-district levels based on the national policy. The awareness of participants created, contributed significantly to the enthusiasm and willingness to formulate and monitor their MSN actions.

2.7 Efficiency
2.7.1. Operational Efficiency

20. Despite the slow start of the ANSP programme in Mali substantial progress has been made in the last two years of operation.

In the context of political uncertainty and insecurity in parts of the country, ANSP has known substantial delays in the beginning of the programme in 2011-2013 as reported in the MTE 2013. Despite this slow start in Mali, there have been significant improvements over the past two years of its implementation. Both the Pillar 2 FMOS and INFSS curriculum development renewal trajectories have been implemented and introduced in a relative short period of time. In 2015 the new INFSS curriculum has been introduced and the FMOS Master has started. Similarly, the late start of Pillar 4 activities in particular in Yorosso (July 2014) has not been a handicap to achieve substantial results in terms of capacity building, MSN coordination at various levels and the improvement of coverage and quality of nutrition interventions.

In terms of flexibility, ANSP has been able to incorporate the MNP distribution as a result of gifts from other organisations in Yorosso and Bankass. Furthermore, it has been possible to respond to requests from other districts in Sikasso and Mopti to contribute to MSN coordination. But in other instances it has also appeared to be hard to introduce additional interventions within the ANSP budget when they were expensive and not budgeted for at the beginning. For instance it was difficult to include in the programme some of the recommendations of the implemented studies (Lauren Blum, KAP).

2.7.2. Financial Efficiency

21. No exceptional budget deviations have been observed

In terms of expenditure rate figure 4 indicates that Pillar 4 activities of Scaling-Up Nutrition present by far the largest component with about 60% of the total country budget of EUR 2,261,601 with Pillar 3 a second (24%) and Pillar 2 third (10%) in terms of expenditure. Pillar 1 has clearly suffered from the delay in activities and political uncertainty whereas Pillar 4 has seen a higher expenditure that expected.

The figure 5 below presents the expenditure per budget item. The largest expenditure item by far was the sub-contracting of organisations (56%) to implement activities under different Pillars. Staff costs represent 36%. The other items are only 8% of the total country budget. However, the sub-contracts often included items which would otherwise have been included under items such as training, equipment or workshops.
2.7.3. Leverage of other resources

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

The total country expenditure is about 10% higher than budgeted for. This was possible because of the additional funds which UNICEF Country Office Mali has realized. The CO was able to raise 32% of co-funding from various sources. This is above the overall ANSP target of 30% as agreed in the EU funding agreement for the whole of the programme.
2.8 Impact

2.8.1. Stunting and other key outcomes

Impact level: Stunting

23. The results of ANSP in Mali cannot be assessed at impact level due to the lack of detailed endline data for stunting;

With regard to stunting in the absence of a comparable endline which provides data for the focus district level, the main source of information is the SMART survey of 2015 which gives details at regional level. The data for Mali when compared with the baseline data (SMART 2012) give a mixed picture. At national level the stunting has slightly increased from 27.1% in 2012 to 29.3% in 2015. For the two target regions a reduction has been observed: 7.5% for Mopti Region and 4% for Sikasso region. How to interpret these data remains an issue as there is no direct link with the ANSP programme.

Table 2: Stunting reduction 2012 and 2015

<table>
<thead>
<tr>
<th>Baseline 2012</th>
<th>Target on stunting reduction</th>
<th>Realization 2015 stunting reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting levels (SMART 2011):</td>
<td>Stunting reduced by 4% points</td>
<td>Stunting:</td>
</tr>
<tr>
<td>National</td>
<td>27.1%</td>
<td>National 29.3%</td>
</tr>
<tr>
<td>Mopti R.</td>
<td>32.2%</td>
<td>Mopti 24.8%</td>
</tr>
<tr>
<td>Sikasso R.</td>
<td>39.5%</td>
<td>Sikasso 35.5%</td>
</tr>
<tr>
<td>Target districts (SMART 2012):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bankass (Mopti)</td>
<td>21.7% ; Yorosso (Sikasso)</td>
<td></td>
</tr>
<tr>
<td>30.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: SMART surveys 2011, 2012 and 2015

Outcome level: SAM

With regard to SAM reduction data are available for both Bankass and Yorosso districts. Figure 6 shows the development of SAM admissions per month for the period Jan 2013- Oct 2015. From these data it is clear that the SAM incidence has not been reduced in Bankass during the period of ANSP implementation.

Figure 6: Admissions SAM 6-59 months; Bankass district 2013-15

Source: Rapport PCIMA Bankass Oct 2015

The results from Yorosso district for the same period Jan 2013- Oct 2015 however show a substantial decrease of SAM cases as well as SAM with complications.
### Table 3: Cases of MAM and SAM; Yorosso district 2013-2015

<table>
<thead>
<tr>
<th>Yorosso</th>
<th>2013</th>
<th>2014</th>
<th>2015 (Jan-Oct)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
<td>8997</td>
<td>9603</td>
<td>3089</td>
</tr>
<tr>
<td>Severe</td>
<td>2262</td>
<td>1952</td>
<td>1495</td>
</tr>
<tr>
<td>with complications</td>
<td>121</td>
<td>119</td>
<td>53</td>
</tr>
</tbody>
</table>

*Source: Médecin Chef Yorosso District 2015 pers communication*
2.9 Sustainability

2.9.1. Capacities and ownership for sustained results

24. There are some good signs that sustainability and ownership have improved in particular with respect to governance and capacity building; but some risks remain because of the absence of a plan for scaling-up and financial resources to build upon the positive ANSP experience.

In terms of sustainability, in Mali ANSP has set a basis for a multisectoral nutrition coordination and governance that is viable. At National level, nutrition governance has been substantially strengthened. The National Nutrition Council (NNC) was created by decree from the Prime Minister. The NNC includes all relevant ministries for nutrition-specific and nutrition-sensitive action. It is complemented by the Intersectoral Technical Nutrition Committee and a nutrition coordination cellule is in place within the Ministry of Health. This structure sets a strong foundation for sustainability and ownership in time. However, some key positions are still to be taken up and the NNC has not yet started meeting on a regular basis.

At the district level, decentralized nutrition coordination platforms have been established with the involvement of the local authorities (Préfet), as well as with the technical sectors (nutrition, social development, education, agriculture). This implication of local government and the different sectors allows for the multisectoral approach to be sustainable in time. In addition, these sectors have now good understanding of their contribution in the reduction of stunting at the district level which facilitates their continued engagement. (source Logframe achievements July 2015).

Moreover, it is expected that the Capacity Development efforts will greatly contribute to sustained capacity and expertise in the field of nutrition in the future. Both the FMOS Master as well as the INFSS professional training will produce an good number of graduates with intimate knowledge of nutrition in the context of Mali. Many of these graduates are already taking up positions relevant for nutrition planning and programming at national and regional levels. However, as most ad-hoc training at national and district levels was done by external parties (ASDAP and Cornell), there is not yet a core group of trainers that can implement a training of trainers course at various levels.

In terms of financial sustainability, the situation of nutrition funding remains unclear. There are no signs as yet that the government will increase their contribution to the Multisectoral PMAN 2014-2018. Almost all nutrition activities have been financed by the technical and financial partners in the country. It is also questionable whether the district coordination platforms will continue once ANSP funding has ended as their operational costs were often covered by ANSP.

The absence of a plan to Scale-Up the nutrition interventions and governance (district MSN platforms) at local level will put at risk the rich experiences from Yorosso and Bankass. The lack of a systematic plan will make it difficult to maintain the momentum and respond to the interest of so many local authorities and their development partners to strengthen capacity and improve the coverage and quality of nutrition interventions at district level.
3. CONCLUSIONS

3.1 Overall conclusions for the country analysis

The ANSP-Mali programme has a strong added value beyond the regular UNICEF programming as it focuses on the prevention of malnutrition and experiments with and builds upon complementary approaches as developed under the four pillar approach.

Relevance
1. The ANSP Mali has become a consistent and coherent programme which is in line with the overall ANSP logical framework.
2. However, the inclusion of stunting reduction as specific objective remains unclear. Most formulated activities in the programme point at stunting reduction including sub-contracts, but in the programme specific objective this has not been made explicit which makes assessment of ANSP results relatively complicated.
3. The Mali programme is well aligned with the national nutrition policy.
4. In the course of the last two years there has been a good balance between the four pillars of the ANSP in Mali.

Equity
5. With respect to responsiveness to barriers, no explicit reference has been made to the basic elements and drivers of chronic malnutrition at household level as have been analysed in studies undertaken in the context of ANSP.

Pillar 1
6. In terms of nutrition governance ANSP-Mali has made substantial progress with the formulation of the Multisectoral Nutrition Action Plan (PMAN) 2014-2018 which has given clear guidance to the establishment of nutrition governance structures.
7. ANSP has provided good technical and financial support to the further implementation and communication of the PMAN. This support has enhanced the visibility of multisectoral approaches to nutrition security in Mali and served as a catalyst.
8. ANSP has collaborated well with the various nutrition stakeholders, including national government, NGOs, academia, donors and other UN Agencies.
9. At national level, it appeared to be quite difficult to engage other sectors than health in the planning and programming of nutrition-sensitive interventions. In the context of Mali, nutrition is still mainly considered to be a health matter; this is reinforced by the institutional set-up of the various coordination and technical mechanisms which are all coordinated and hosted by the Ministry of Health.

Pillar 2
10. ANSP has been instrumental in promoting the integration of nutrition security in relevant higher education institutions. The establishment of a Public Health Nutrition Master and the revision of Professional Health curriculum have made a significant contribution to enhancing nutrition capacities in the country. However, no achievements have been realized with regard to the training of agronomists.
11. ANSP has made a substantial contribution to the training of MSN approaches and relevant nutrition interventions including IYCF at various levels. In particular the contribution to the establishment of coordination platforms at district level has created awareness and knowledge about the multisectoral dimension of reducing chronic malnutrition.

Pillar 3
12. The ANSP support to and further promotion of the SMART survey has had clear positive outcomes for the collection of relevant Nutrition information in the context of Mali.
13. Preliminary results of the Rapid SMS pilot indicate at a successful integration of nutrition indicators into the national nutrition information system.
14. The three studies undertaken in the context of ANSP (VAMU, KAP and Determinants) has yielded in interesting findings but due to their late completion and presentation have not led to adjustments in the ANSP programme orientation nor contributed to the formulation of specific actions.
15. The absence of an endline survey with results comparable to the baseline data, has made it impossible to make an assessment of impact or specific outcomes for the two focus districts. Only secondary data make an assessment possible at outcome level.
Pillar 4
16. ANSP has contributed significantly to the improvement of the coverage and quality of nutrition interventions in the two focus districts through its comprehensive approach of training, financial support, introduction of the MSN approach and the creation of multisectoral coordination platforms. A good number of IYCF groups were formed and operational.
17. The outcome data for certain indicators (MAM/ SAM incidence; EBF practice and IYCF practices) show that the ANSP approach of improving coverage and quality have shown positive results for both focus districts.
18. The establishment of MSN platforms at district and sub-district levels are a very good example of how to engage and make aware a wide range of stakeholders for nutrition relevant actions

Efficiency
19. After the slow start of the ANSP in Mali in the first two years, the programme has been able to deliver on all four pillars towards the end of the project period in an efficient way. The budget execution has been in line with planned expenditure. UNICEF Country Office has been very successful in leveraging additional funds for project implementation beyond the overall ANSP target.

Impact
20. The results of ANSP cannot be assessed at impact level due to the lack of detailed endline data for stunting.

Sustainability
21. Sustainability and ownership have improved in particular with respect to governance and capacity building. However, structures that have been set-up to better coordinate nutrition action and policy-making are not yet fully operational.
22. The absence of a plan to scale-up the nutrition interventions as developed and demonstrated to be effective in the focus districts will hamper their further spread to interested regions and districts.

4. RECOMMENDATIONS
The following recommendations are considered to be of relevance for the situation in Mali:
1. Lobby together with other technical and financial partners to ensure that the nutrition governance structures are becoming fully operational; consider financial support to do so.
2. Develop together with REACH and other UN agencies a strategy to better include other relevant sectors (agriculture, wash, education, social protection) in the implementation and operationalisation of the PMAN 2014-2018 to ensure their contribution to multisectoral action for stunting reduction.
3. Assure a proper documentation and analysis of the ANSP activities at the district level (Yorosso and Bankass) in particular the establishment of MSN coordination platforms. On the basis of this documentation a specific guide for nutrition MSN coordination and promotion at district level should be developed to be used in other districts.
4. Develop a trainer-of-trainers group which can be used for training programmes at regional and district level on the basis of the ANSP approach to enhance nutrition security.
5. Develop a plan of action for the scaling-up of the promotion of nutrition interventions to reach out to all regions and districts in the country according to the priorities with respect to stunting and wasting levels; involve as much as possible the relevant NGOs working in those regions and the CROCSAD respectively CLOCSAD for political support.
6. Document the interesting experiences of the FMOS Master curriculum development and the INFSS curriculum review to ensure learning across boundaries. Include as much as possible the experiences of involved staff, trained teaching staff and students who have followed the renewed courses.
7. Similar to the experience in Burkina Faso (Matourkou), UNICEF together with other relevant partners should promote the review of curricula of Agricultural Academic and Professional teaching in order to include nutrition relevant topics
8. UNICEF should as much as possible converge their nutrition-specific activities with nutrition-sensitive interventions in the field of WASH, education and social protection.
9. The long range of SMART data and other relevant surveys should be analysed in such a way that specific data will become available at district level. The sequence of at least five years will make it possible to make a more in-depth analysis of quantitative data at levels below the region.

10. The EU should facilitate funding for stakeholders to enhance stunting reduction in Mali.
## D.1 LIST OF PERSONS / ORGANISATIONS MET

### National

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF-Mali</td>
<td>Fulvia Bellingeri</td>
<td>Nutrition Specialist</td>
</tr>
<tr>
<td></td>
<td>Georges Tabbal</td>
<td>WASH Specialist</td>
</tr>
<tr>
<td>Ministry of Health</td>
<td>Pr Ousmane Doumbia</td>
<td>General Secretary</td>
</tr>
<tr>
<td></td>
<td>Dr Seybou Guindo</td>
<td>Directorate of Nutrition</td>
</tr>
<tr>
<td></td>
<td>Modibo Diarra</td>
<td>Focal Point Nutrition/ SUN</td>
</tr>
<tr>
<td>REACH</td>
<td>Amadou Fofana</td>
<td>REACH National Coordinator</td>
</tr>
<tr>
<td>FAO</td>
<td>Fatoumata Konate</td>
<td>Nutrition expert</td>
</tr>
<tr>
<td>FMOS</td>
<td>Prof Akory AG IKNANE</td>
<td>Head of Nutrition course</td>
</tr>
<tr>
<td>INFSS</td>
<td>Mme Dicko Fatoumata</td>
<td>National Coordinator Nutrition course</td>
</tr>
<tr>
<td>ASDAP</td>
<td>Dr Ousmane Traoré</td>
<td>Directeur Exécutif</td>
</tr>
<tr>
<td>EU Delegation</td>
<td>Céline Lhoste</td>
<td>Rural Development</td>
</tr>
</tbody>
</table>

### Sikasso

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Name</th>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td>UNICEF-Mali</td>
<td>M’Mbakwa Bienfait Eca</td>
<td>Nutrition Specialist Field Office</td>
</tr>
<tr>
<td>ASDAP</td>
<td>Raoul</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Touré</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>DRS</td>
<td>Dr Dramane Traoré</td>
<td>Direction Régionale de la Santé</td>
</tr>
<tr>
<td>DR DSES</td>
<td>Fatoumata Sawadogo</td>
<td>Direction Régionale de Développement Social et de l’Economie Solidaire</td>
</tr>
<tr>
<td>DR PME</td>
<td>Bacoum Guindo</td>
<td>Direction Régionale de la Promotion de la Femme et Enfant</td>
</tr>
<tr>
<td>INFSS</td>
<td>Dr Konika Thera</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mme Mafouné Traoré</td>
<td></td>
</tr>
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</table>

### Yorosso

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<tr>
<th>Organisation</th>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>District Hospital</td>
<td>Dr Kita Diarra</td>
<td>Chief Medical Doctor</td>
</tr>
<tr>
<td>ASDAP</td>
<td>staff members</td>
<td></td>
</tr>
</tbody>
</table>

### Sources

Documents provided by UNICEF-Mali/ Nutrition

IRD Delarue et al, 2009;
CIRAD, Dure et al, 2012
ANNEX E. UGANDA

External Evaluation
African Nutrition Security Partnership (ANSP)
Country Annex: Uganda

Preface
The country visit of the external end term evaluation (ETE) was conducted in December 2015. The report builds upon the 2013 mid-term evaluation (MTE). Mid-term and end term were conducted by ETC but with a different team of 2 consultants. This report is one of the 5 annexes of the main ETE report. The format of all 6 reports is identical and is very similar to that of the MTE. All 6 reports have been guided by the set of questions provided in the evaluation’s Terms of Reference.

The evaluation of ANSP in Uganda faced several challenges. It took place during the peak season for workshops and trainings and was affected by tensions between some of the national level partners. Not all documents were shared on time giving the impression that less progress was made than actually was the case. The well-attended debriefing session helped the team to get the full picture.

1 Introduction
1.1 Key national statistics

<table>
<thead>
<tr>
<th>Table 1: Key statistics</th>
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</table>
| **Key geographic, economic, and social characteristics**

<table>
<thead>
<tr>
<th></th>
<th>Uganda 2006-2010</th>
<th>Uganda 2009-2013²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>34,509</td>
<td>37,579</td>
</tr>
<tr>
<td>Under-five mortality rate (infant mortality rate), 2011 and 2013</td>
<td>90/58</td>
<td>66/44</td>
</tr>
<tr>
<td>Life expectancy at birth (2011 and 2013)</td>
<td>54</td>
<td>59</td>
</tr>
<tr>
<td>GNI per capita (PPP) USD</td>
<td>1,320</td>
<td>1370³</td>
</tr>
<tr>
<td>% of population below international poverty line of USD 1.25 per day (2006-2011)</td>
<td>38</td>
<td>38</td>
</tr>
<tr>
<td>% of children (2007-2011 and 2009-2013) who are exclusively breastfed (&lt;6 months) (WHO threshold: &lt;50%)</td>
<td>62</td>
<td>63</td>
</tr>
<tr>
<td>% of children (2007-2011 and 2009-2013) introduced to solid, semi-solid or soft foods (6-8 months)</td>
<td>75</td>
<td>67</td>
</tr>
<tr>
<td>Antenatal care coverage at least once / at least four times</td>
<td>48</td>
<td>98.3/48</td>
</tr>
<tr>
<td>Vitamin A supplementation coverage rate (6-59 months) 2011 and 2013, full coverage (%)</td>
<td>60</td>
<td>65</td>
</tr>
<tr>
<td>% of households consuming iodized salt (2007-2011 and 2009-2013)</td>
<td>96</td>
<td>87</td>
</tr>
<tr>
<td>% of infants with low birth weight (2007-2011 and 2009-2013)</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>% of under-fives (2007-2011 and 2009-2013) suffering from underweight (WHO) moderate and severe</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>% of under-fives (2007-2011 and 2009-2013) suffering from: wasting (WHO), moderate &amp; severe (WHO public health problem: &gt;10%)</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>% of under-fives (2007-2011 and 2009-2013) suffering from: stunting (WHO), moderate &amp; severe (WHO public health problem &gt;30% moderate, &gt;40% severe)</td>
<td>33</td>
<td>34</td>
</tr>
</tbody>
</table>

² This information is extracted from UNICEF (2015), the State of The World's Children 2015 Country Statistical tables; some of these data are from 2013, others from the period 2009-2013
³ 2013
The US and IMR improved considerably over the period between 2011 and 2013, and so did life expectancy at birth. For nutrition indicators no clear improvement can be noted, except for the reduction in LBW. The causes of young child malnutrition in Uganda range from “policy issues to immediate household conditions to underlying cultural and community factors”, as comprehensively summarized in the Uganda Nutrition Action Plan 2011-2016 (UNAP) on which the MTE reported in more detail.

1.2 National Policy Framework development

In Uganda, the policy framework for nutrition was guided by the 2003 Uganda Food and Nutrition Policy and is currently being updated In the UNAP: the Uganda Nutrition Action Plan (UNAP) 2011-2016 a multi-sectoral approach was embraced, as has been described in detail in the MTE report. In 2015 the development of a new National Nutrition Policy (with financial & technical support from UNICEF, WFP & USAID) was started. A series of stakeholder consultations were ongoing at the time of this evaluation. Both the policy and strategic plan are being developed, with the view of the strategic plan becoming the UNAP 2

The new National Development Plan (2015/16 – 2019/20) also includes stunting reduction as a high level indicator.

1.3 Development partners in Nutrition

Coordination for nutrition has been established in the Office of the Prime Minister (OPM) where the Permanent Secretary (PS) chairs the SUN and UNAP coordination unit, the Uganda Nutrition Coordination Forum, as well as the Food and Nutrition Council. The establishment of nutrition coordination in OPM has seen its challenges as the OPM did not have wide nutrition expertise and designated staff members have many other duties (according to interviews with nutrition partners). At the time of the ETE the OPM was in the process of recruiting a National Coordinator for Nutrition to support the PS in national coordination matters for nutrition.

At the more technical level the nutrition multi-sectoral technical coordination committee, also known as the Nutrition TWG (technical working group) advises government on technical aspects and coordination of nutrition support to the country. It comprises (representatives of) the eight implementing line ministries, the national planning authority, development partners, CSOs, academia and the private sector. This committee is chaired by the GoU SUN Focal Point, the current Permanent Secretary at the OPM, and coordinated by the head of the Policy Implementation and Coordination Unit in the OPM which also houses the UNAP Secretariat.

Active international partners in nutrition in the country include DFID (through UNICEF), USAID (through Feed the Future, SPRING and FANTA) while the EU is a donor with a keen interest to improve nutrition in the country. In the emergency districts various NGO partners are supporting GoU with livelihood programmes (in the drought stricken areas) and provide relief for refugees.

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4 The Uganda Nutrition Action Plan 2011-2016 (UNAP) was launched by the President himself and signed by eight ministers from the following Ministries: MOH, MAAIF, Ministry of Education and Sports (MOESS), Ministry of Local Government (MOLG), Ministry of Gender, Labour and Social Development (MGLSD), Ministry of Trade and Cooperatives (MTC), 2nd Deputy Prime Minister and Minister of Public Service and the Minister of State, Finance, Planning and Economic Development.

Representatives of nearly all these Ministries were also involved in the drafting of the UNAP. In addition, representatives of a number of institutions (Makerere School of Public Health, Regional centre for Quality of Health Care, Uganda National Academy of Sciences) and international organizations (IFPRI, UNICEF, WHO, WFP) participated as well as some experts.

The UNAP has five objectives and 12 key outcome indicators, including stunting, underweight, micro-nutrient deficiencies, LBW, exclusive breastfeeding, diet diversity score and average daily energy intake. The five objectives with matching strategies are


6 The UNAP coordination unit/secretariat in the Department of Policy Implementation and Coordination of the Office of the Prime Minister (OPM) is responsible for facilitating the actual coordination of the UNAP. The secretariat is also the SUN convening body. The SUN focal point is the permanent secretary and Accounting Officer in the OPM. The UNAP coordination unit/secretariat receives technical support from REACH, UNICEF, USAID and Irish Aid.

Policy coordination of the UNAP and nutrition programming at large is mainly done by the Food and Nutrition Council (FNC), which comprises the Permanent Secretaries of the 8 implementing Ministries. The FNC meets quarterly to review progress on the performance of key nutrition indicators, to analyse budget performance, to analyse constraints and to provide strategic direction.

The Uganda Nutrition Coordination Forum is responsible for the (bi-annual) review of the implementation of the UNAP. Another task of this Forum is to provide advice and advocacy for nutrition. Members include representatives from the OPM and the line ministries involved in the development of the UNAP as well as REACH facilitators including UNICEF, donors (including USAID, Irish Aid), as well as NGOs, civil society and the private sector, represented through the Private Sector Foundation Uganda (PSFU).

The Forum is chaired by the SUN focal point. (MTE report, ETC 2014).
2 Findings

2.1 Overall relevance and appropriateness

2.1.1 Programme design
After the MTE, ANSP continued to support GoU in modelling community-based models for nutrition and scaling up coverage of essential nutrition interventions, now with more attention for their sustainability. While there have been no significant changes in the ANSP approach nor in the interventions, some outputs have changed from one pillar to the next (e.g. the Communication and Advocacy Strategy moved from pillar 1 to 4; the M&E Framework from pillar 1 to 3). Yr 4 workplan outputs are presented per pillar below in relation to the logframe. With hindsight the design for outsourcing TA and documentation for multisectoral nutrition to Cornell was not well developed in the programme and should have been firmly embedded in national systems. Finding 21 and para. 2.5.2 refer.

2.1.2 Coherence, completeness and complementarity
1. From the start ANSP has been relevant, timely and well aligned with the SUN movement and UNAP. Through its four pillar design and multisectoral focus ANSP has supported GoU to fill important gaps (notably on communication/BCC) that were identified in the gap analysis undertaken as part of the UNAP development7. It started timely, soon after Uganda joined the SUN movement and supported the institutionalising of multisectoral nutrition (MSN) for which coordination had just been transferred to OPM.

The ETE observed the same completed outputs featuring in workplans of subsequent years. For example, under pillar 3 in year 3 and 4 still features “Conduct formative research on current nutrition practices, obstacles and enablers to adequate nutrition in communities to inform the design of community-based nutrition model” while the formative research was already completed before the MTE.

2.1.3 Uptake of the MTE lessons, conclusions and recommendations
2. The management response stated that overall UNICEF was in agreement with the findings of the MTE, however, UNICEF agreed with only two of the six recommendations. As presented in Annex 3 UNICEF agreed with 2 of the MTE recommendations, partially agreed with 2 and disagreed with another 2. Recommendations that were only partially agreed referred to areas where the CO felt that work had already started in that direction, so it was not seen as relevant or fair to formulate it as a recommendation. This was also the case where transcripts of focus group discussions were recommended where in fact a thorough bottom up process had been followed in order to develop BCC messages with and for community members that were understood, effective and appealing at that level.

Partially agreed was that “ANSP/UNICEF should make amendments for its lack of attention to “internal mainstreaming” of nutrition in UNICEF’s own sectors.”

This is a recurring issue in the ANSP and MYCNSIA evaluations, which will also be addressed under Integration of Nutrition in other sectors 2.3.4. Like in Indonesia, the office in Uganda is well equipped as nutrition, WASH, Health and HIV/AIDS are together in one section. The Management response did only agree to focus more on child protection as this is not sufficiently addressed by GoU (social protection interventions in Uganda target the elderly). A recent and positive development is that also ECD has been integrated firmly with the training on nutrition and ECD for Community Development Officers (CDOs) from all sub-counties (1900 CDOs). They were trained on mobilizing communities to adopt Key Family Practices as part of the national roll out of ECD for which the Ministry of Gender, Labour and Social Development (MGLSD) organized and conducted many workshops by region/sub-region. During the debriefing further plans for convergence in the CO were shared with the team.

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7 The gap analysis consisted of comparing recent performance in Uganda in addressing young child and maternal nutrition with potential and desired performance. Please refer to page 11 of the UNAP.
The CO felt that male involvement in nutrition was sufficiently covered but agreed to ensure this also for future activities and encourage it in other sectors (therefore: partially agreed). Indeed the nutrition unit went on to support the Ministry of Gender, Labour and Social Development (MGLSD) with their review of training and BCC materials.

3. Not agreed were the MTE’s last recommendations for ANSP to consider monitoring fertility and increasing the ambition for stunting reduction in 4 years to 10%. Fertility was not in the scope of the ANSP nor was it seen as part of UNICEF’s mandate. The MTE suggestion that 5% points reduction in stunting in 4 years was too modest is debatable. The 10% stunting reduction target proposed by the MTE8 (with reference to the COHA) may indeed have been too ambitious when compared to achievements in other countries. A 2013 article by WHO in Maternal and Child Nutrition refers9.

2.2 Equity focus

2.2.1 Equity focus

Equity focus of the strategies implemented for the reduction of stunting and anaemia: geographic, gender, age, income and ethnic origin, etcetera. The MTE described the built-in gender dimension and concurred with the selection of districts for ANSP Uganda. Both the UDHS 201110 and ANSP base-line data had indicated that the selected areas were well chosen in view of addressing needs of (some of) the worst off population groups. Firstly, the focus on rural areas is justified given the disparities in nutritional status, education and WASH indicators between rural and urban areas. Secondly, the 5 ANSP districts have poor nutrition indicators, as shown in a comparison between data from the UDHS 2011 and from the base-line survey11 carried out in these five districts. All 5 districts were purposively chosen because of the presence of the Community Connector (CC) programme12 which started simultaneously and in coordination with ANSP to support nutrition sensitive activities required for multisectoral nutrition (MSN) at community level (see 2.6). The tandem ANSP/CC became therefore from the outset part of the programme plan and design. Unlike most ANSP countries this in Uganda resulted in the selection of new districts, without an earlier UNICEF presence.

4. All households are potential beneficiaries, without discrimination on race, age or religion for both UNICEF’s nutrition specific interventions and the nutrition sensitive interventions of CC. Working with groups at the community level the CC ensured reaching out to all households, thus contributing to effective coverage13. This was facilitated by effective communication messages and channels at the local level. Messages were developed in a bottom up process with communities. They were tested and translated in the local languages and transmitted through all available channels (many of them local).

2.2.2 Responsiveness to barriers and bottlenecks

Responsiveness to barriers and bottlenecks to inequalities is part and parcel of MoRES which is integrated in UNICEF’s work in Uganda. On a regular basis UNICEF’s supports staff of selected districts

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8 MTE Annex J. 3 Conclusions: “The set goal of 5% in 4 years is too modest, and 10% as recommended by the COHA seems feasible. However, it will be impossible to attribute this to the ANSP.”
10 Uganda Demographic Health Survey 2011, Uganda Bureau of Statistics, Kampala, Uganda; MEASURE DHS, ICF International, Calverton, Maryland, USA, August 2012
11 Wamani, Dr H., Health, Nutrition and Food Security Assessment in Ibanda, Kabale, Kanungu and Pader Districts, Makerere University School of Public Health, Kampala January 2013
12 The USAID Community Connector (USAID CC) project is a five year (2011-2016) integrated agriculture and nutrition project funded by United States Agency for International Development (USAID). It aims at reducing poverty by enabling vulnerable households in Uganda to improve nutrition and achieve sustainable livelihood and food security at the community and household levels. The Project operates in 15 districts of Kabale, Ibanda, Kanungu, Kisoro, Kasasa, Kamwenge in Southwest and Pader, Agago, Oyam, Dokolo, Nebbi, Kiyandongo, Kole, Lira and Masindi in the North. USAID CC is implemented by a coalition of partners led by FHI360. The other partners include, Self Help Africa, Grameen Foundation, Communication for Development Foundation Uganda, BRAC and the two Universities of Gulu and Mbarara University of Science and Technology. USAID Community Connector 2013 Behaviour Change Communication Message Booklet. FHI360, Kampala Uganda. The development of this booklet was funded by USAID and UNICEF and coordinated by CDFU and the USAID CC team.
through a bottleneck analysis on access to and coverage of key nutrition interventions. In case bottlenecks are identified and addressed here the same will be applied in other districts if required.

5. A common bottleneck in nutrition interventions is keeping the motivation (with or without any remuneration) of volunteers or semi-volunteers working at the local level to support health facilities with screening, education and follow-up. The future CHEW programme aims to overcome this bottleneck.

In Uganda VHTs are working voluntarily for different programmes in support of activities at community level. Confusion between tasks and high workload was observed. The GoU and UNICEF are preparing a new approach in which qualified members of existing VHT teams will be formally employed by government as CHEWs (Community Health Extension Workers) thus enabling more effective supervision.

2.3 Effectiveness: Pillar 1 Policy development

<table>
<thead>
<tr>
<th>Pillar 1 Expected Results; linkages between the levels</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Continental</strong></td>
</tr>
<tr>
<td><strong>Regional</strong></td>
</tr>
</tbody>
</table>
| **Uganda** | Outcome: National policies are aligned to impact nutrition by integrating nutrition as a key objective across different sectors  
Output: Strong national nutrition leadership and ownership and coordination to support scale-up of nutrition programmes across sectors |
| **Indicators** | Thanks to the redrafting exercise of the entire programme the indicators have become more precise. They are for Uganda:  
Number of sector-specific costed plans in support of the Uganda Nutrition Action Plan finalized  
Number of coordination and monitoring meetings under the Office of the Prime Minister on the implementation of the Uganda Nutrition Action Plan held  
The Food and Nutrition Policy Framework endorsed  
The Food and Nutrition Bill and Strategy endorsed  
Existence of a learning platform at central and district level for multi-sectoral nutrition programming |
| **Yr 4 workplan** | In the Yr 4 workplan the activities to achieve the above have been refined and specified as compared to Yr 3 workplan. They are:  
Develop and finalize sector-specific costed plans in support of the Uganda Nutrition Action Plan  
Support the Office of the Prime Minister in coordinating and monitoring the implementation of the Uganda Nutrition Action Plan  
Revise, update and finalize the Food and Nutrition Policy Framework |

It is unclear why again in the Yr4 workplan the first item is listed, as the ANSP Final Narrative report states "costed sectoral plans were completed in 2013".

2.3.1 Nutrition governance

6a. Under Pillar 1, which was often referred to as “preparing an enabling environment for nutrition” the ETE observed that ANSP supported Uganda where needed; this support at times extended beyond the boundaries of the logframe.

ANSP has for example also strengthened the HMIS; supported the development of Comprehensive Micronutrient Guidelines; and together with WFP and WHO updated the IMAM (Integrated Management of Acute Malnutrition) guidelines. These had not been planned as ANSP outputs, nor were they reported in progress reports. However, the support was in all cases required to advance the nutrition agenda and responded 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.

2.3.2 At national level relevant policies were developed and/or modified


At the time of the ETE, national stakeholder consultations were taking place throughout the country, 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 policy and UNAP 2 before the national validation workshop scheduled for 2016. Therefore the status of the ANSP year 4
workplan output “The Food and Nutrition Policy Framework endorsed” was marked as partly achieved in the Final Narrative Report. The related output “Food and Nutrition Bill and Strategy endorsed” was dropped as these emanated from the old 2003 food and nutrition policy and were deemed not relevant in light of the new policy being formulated.

The M&E framework was completed (although it still includes some errors) and the Communication and Advocacy Strategy (sometimes presented by the CO under pillar 4) was launched during the commemoration of the 6th Africa Day for Food and Nutrition Security hosted by the Government of Uganda in October 2015. This strategy states to be aligned with UNAP 2, which was still in the making during the ETE and has not been shared. The strategy is the result of collaboration with USAID projects of SPRING and FANTA through a participatory effort with all relevant stakeholders. According to the foreword of the PS it is indeed “a reflection of the collaboration” but also of the “concerted effort required to effectively and sustainably implement the Uganda Nutrition Action Plan (UNAP), using the multi-sectoral approach.” It prioritizes broad actions for pro-nutrition behaviours for individuals and/or their caregivers, divided in nutrition specific and nutrition sensitive behaviours.

The Yr 3 output “periodic review of UNAP progress” referred to the UNAP coordination unit as it was deemed too early.

7. Under the output “Support the Office of the Prime Minister in coordinating and monitoring the implementation of the UNAP” great progress was made towards the development of an agreed national approach for effective district action planning for nutrition.

National Guidelines14 and a Manual for MSN district level nutrition action planning were developed based on learning from ANSP in 5 districts and similar exercises by other partners, notably USAID/FANTA. The July 2015 guidelines are a national product and are therefore presented without any logos. Like the new manual for district level MSN action planning15 published in Dec 2015 UNICEF supported this from its own resources to support other districts beyond the ANSP. The manual has been developed by UNICEF in coordination with OPM with inputs from USAID/FANTA and was subsequently approved by the Technical Working Group.

**District level**

The new District Nutrition Action Plan (DNAP) template corresponds with the Facilitator’s Manual. It has significantly improved compared to the first generation DNAPs that were developed in the ANSP districts. While the first plans had been costed and approved and led to some budget allocations for nutrition in the wider district plan (according to the ANSP Final Narrative Report), they were not sufficiently specific in their goals and were over-ambitious and appeared to be largely copied from the UNAP format. The new template distinguishes implementing actors/departments, levels/locations (e.g. which specific sub-county) which will avoid duplication of efforts. The ANSP Final Narrative report states that the district action planning will be scaled up to an additional 46 districts.

8. Districts still need support with prioritization of interventions, which should be customised based on the type of district at hand (e.g. food insecure, drought affected, high anaemia, presence of refugees) in order to develop the optimum essential package for that district.

The costing exercise that has been implemented under ANSP for the sectors health, education and WASH intends to support action planning in the districts. Results fed into the draft report “Cost of Implementing Nutrition in Uganda” that is being developed together with the World Bank, which costed 5 other sectors.

Following the development of the Kabale District Nutrition Action Plan (KNAP) the District Development Plan (DPP) of 2015/16 – 2019/20 now has included a 5th objective: “To prevent malnutrition and promote the nutrition of children and women in reproductive age and other vulnerable groups”.

9. As long as the indicators for nutrition have not been formalised in the Output Budgeting Tool (OBT) for District Local Governments, allocation of resources for nutrition at the district level would not be feasible hence the need to ensure the DNAPs are mainstreamed into the DDPs. While nutrition has been incorporated into sector investment plans, allocation of resources is yet to materialize. In the DDP of Kabale under 3.5 Sector Specific Development Outcomes, Outputs,

15 Facilitator’s Manual for Result Based Nutrition Planning & Management at District Level
Office of the Prime Minister (OPM) Dec. 2015
10. Following the establishment of the District Nutrition Coordinating Committee (DNCC) and the Learning Platform with ANSP support, the second round of planning was initiated too early. The district Nebbi was in the 2nd nutrition planning round during the ETE visit. The DNCC was trained again, now based on the new UNICEF/OPM manual for District Nutrition Planning (Dec 2015) and reported that this was an improvement compared to the 1st planning round. The ETE expressed concern over the limited experience with the first planning process and related budgeting, and lack of experience with actual implementation of these plans. Such experience would have benefited the development of the new manual and seems a logic requirement before scaling up to other districts.

In addition to these efforts the same DNCC members in Nebbi have benefited from the African Nutrition Leadership programme ANLP implemented by North West University, South Africa. The latter was not the case in Kabale, where the 2nd planning round would start early 2016. Requested feedback from a Kabale DNCC member on the Learning Platforms recently established by Cornell, following the ETE visit, was positive. Platforms planned to meet on a quarterly basis and were seen as useful to spread the decisions taken by the DNCC to a wider audience, and vice versa: as a channel to feed wider stakeholder inputs into the local planning process.

As noted in the MTE (Annex D 2.4.2 and Box 1) districts and sub-counties are considering to oblige their citizens to take action on WASH and other pro-nutrition interventions through By Laws and Ordinances. While local directives can support mobilization of communities for nutrition they could potentially be harmful if enforced too rigidly. ANSP has not actively supported this avenue, but the sensitization and establishment of DNCCs and SNCCs may have led to the announcement of new (or the revival of (parts of) old) ordinances in support of nutrition.

2.3.3 Partnerships and collaboration

11. There were successful partnerships and positive examples in which the 4 UN agencies did work constructively together. Examples include review of the IMAM guidelines and development of the new micronutrient guidelines. The arrival of the UNICEF senior international nutritionist was described by interviewees as an improvement both for the relations and for the productivity of the TWG meetings. Successful partnerships were witnessed with especially Community Connectors (FTF/USAID) described under pillar 4, but also with the MGLSD both described under 2.3.4 and 2.6, and the Ministry of Education (MoE). This was the first time that UNICEF Nutrition in Uganda worked with MoE (2.3.4 refers).

12. Tensions were observed that resulted in a lack of cooperation and transparency between some of the development partners in nutrition at the national level. Despite 4 committees on nutrition (all being chaired by the Permanent Secretary in the Prime Minister’s Office (OPM)) there was a lack of information sharing and teamwork. 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 which left available resources for nutrition (e.g. funding through REACH) untouched. Although the root causes remained obscure for the ETE team, they appeared to largely be ‘personality issues’ plus the timing and global “architecture” of REACH (including their location within the WFP office while the plan was in OPM). Unfortunately the issues were left implicit and so continued to cast a shadow over the working relationships.

13. Interaction with Cornell University in Uganda was compromised, and led to sub-optimal use of the available (funding for) TA. Also here timing and design issues were to blame, as well as the failure to introduce Cornell’s staff to the district level work environment and or to embed this component in a national knowledge institute. This should have prevented the observed disconnect between the rather abstract academic nature of the technical support and the realities at district and sub-county level. Moreover, in the absence of a constructive working relationship with Cornell the lessons learned from the district level process have not been drawn as planned.

2.3.4 Integration of nutrition in other sectors

14. The partnership with Community Connector successfully integrated the nutrition sensitive dimension at the community level linking the ANSP interventions to all other relevant sectors.
ANSP and CC worked almost as one programme in the 5 districts as described in more detail under 2.6 (finding 29).

15. In all ministries impacting on nutrition focal points have been appointed for MSN under UNAP; yet some ministries are more engaged in MSN than others.
While the MOA focal point actively participates in the TWG. UNICEF indicated that attempts to engage MOA in joint nutrition programming or nutrition sensitive agriculture had so far failed\footnote{The CO commented on the first draft of this report that 1) it is not a UNICEF mandate to engage in joint nutrition programming with the MoA where FAO is in country – our engagement is limited to working with the ministry on its national policies and strategies to make them nutrition-sensitive and 2) At decentralized level, it is, however, possible to work with the Agriculture sector as part of work done by the DNCC with UNICEF funding.} while other informants indicated that MOA seems to be open to collaboration if and when a concrete opportunity arises. The earlier plan to develop a syllabus on agriculture for use in primary schools did not materialise, according to interviews in the CO.

Next to the successful cooperation on Africa Day with schools in 2015 UNICEF Uganda established a strategic partnership with MoESTS for the 1\textsuperscript{st} time in 2013 and this has seen integration of nutrition in co-curricula and curriculum, e.g., in 2015 the national Music Dance and Drama theme nationally was on nutrition. This created mass awareness on nutrition across the whole country as schools competed from grassroots to national level.

16. ANSP encouraged integration of objectives from UNICEF’s wider Child Development section and involved relevant units in technical aspects of implementation.
In Uganda Nutrition, WASH, Health and HIV/AIDS are under one section called Child Development and Protection. ECD in the new Country Programme (CP) (2016-2020) will not only integrate nutrition but also protection, health and WASH. The “Care for child development training package” has been rolled out jointly by the nutrition and education programmes to support MGLSD structures.

It is positive that “convergence” is carried forward in UNICEF. The representative stated that a convergent approach is much more cost-effective than vertical programmes and that various processes are in motion which aim for a systems approach which empowers districts in multiple sectors. In the new CP ECD and adolescents are an important cross-sectoral priority. During the next CP all UNICEF sections will operate fully convergent in 11 districts.

17. The strategic cooperation with MGLSD was an example of how ANSP seized opportunities to advance nutrition in the country and thus an example of “adaptability”.
As CC was working at community level without any linkages to government except for the registration of community groups, there was concern regarding the sustainability and scaling up of achievements. In Uganda, MGLSD, department of community development and literacy is mandated with community mobilization of all government programmes. This mandate was reinforced with the approval of the 2015 National community development and empowerment policy. UNICEF has hence partnered with MGLSD to ensure linkages with the informal community groups under ANSP.

The above described ECD Nutrition training was therefore timely and strategic as it engages the Community Development Officers (CDOs) from MGLSD in MSN. They are working at both district and sub-county level, while the Parish Development Committees (PDCs) work at community level. The ETE team participated in part of the training in which sub-county CDOs reported on their assessment of IYCF practices based on interviews with mothers and they discussed the BCC messages they had provided. Participants were motivated and keen to acquire knowledge that they could directly apply in their interaction with community members and groups.
2.4 Effectiveness: Pillar 2 Capacity development

### Table 2: Pillar 2 Expected results

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continental</td>
<td>Functional continental and regional bodies that provide guidance, frameworks, norms or standards on nutrition to their Member States</td>
</tr>
<tr>
<td>Regional</td>
<td>Strengthened strategic, leadership and technical capacity at national and sub-national level that supports multisectoral coordination in nutrition</td>
</tr>
</tbody>
</table>
| Uganda     | Outcome: National nutrition programmes are strategic and have the capacity to adapt to changing contexts that influence nutrition programming in the country  
Output: Availability of skilled and capable workforce across sectors that can provide quality nutrition interventions and services |
| Indicators | Thanks to the redrafting exercise of the entire programme the indicators have become more precise. They are for Uganda:  
Existence of finalized District Planning and Monitoring Tool for Nutrition  
Existence of a nutrition module and curricula for pre-service and in-service health tutors |
| Yr 4 workplan | In the Yr 4 workplan the activities to achieve the above have been refined and specified as compared to Yr 3 workplan. They are:  
Develop a District Planning and Monitoring Tool for nutrition and build district capacity on the developed tools  
Nutrition module and curricula for pre-service and in-service health tutors developed and rolled-out |

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

The MTE described the cascade training on district nutrition action planning resulting in functioning DNCCs and subsequently village or Sub-county Nutrition Coordinating Committees (SNCCs)\(^{17}\). At the time of the ETE a second round of nutrition action planning was on the way (2.3.2 refers) for which the 5 DNCCs were being retrained using the newly developed MSN manual. MSN planning capacity will be developed in another 45 new districts by UNICEF on GoU request, as a spin off from ANSP.

18. DNCCs will now be supported by the Learning Platforms that have been established under ANSP/Cornell support in the first half of 2015.

While the ETE field visits were not introduced to these platforms, email correspondence with the Kabale district planning officer revealed that the platform had been established and was perceived as useful to support MSN planning and implementation.

19. The consultations on the new nutrition policy) kept the momentum for nutrition alive and further supported capacity development on nutrition until the end of ANSP.

While not reported as an output, the close collaboration with OPM around UNAP coordination (quarterly meetings) and in the development of the new nutrition policy and action plan (several ANSP supported workshops) has to some extent contributed to strengthened nutrition capacities at the highest level for nutrition coordination in the country. This is illustrated by Uganda’s first Nutrition Forum held in December 2013 hosted by the Prime Minister of the Republic of Uganda in which several development partners and donors participated and financial commitments were made to support the GoU in operationalizing the UNAP\(^{18}\).

#### 2.4.2 Capacity within different sectors

**Health sector**

20. Substantial capacity development was achieved in the health sector through cascading training within the health system (MTE refers); the strategic partnership with the Mulago Tutors college to adapt curricula and train tutors; and through employment of Nutrition Coaching and Mentoring Teams.

Collaboration with the Mulago Tutor’s college was a strategic choice in order to integrate multisectoral nutrition in the curricula of health workers (HW) in the entire country. As the MTE explained in more detail (Annex D 2.5.2) the Mulago Tutor’s college Htrained the Mulago staff on MSN after which they developed a nutrition manual with attention for nutrition throughout the life cycle, both on nutrition

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\(^{17}\) MTE Annex D 2.5.2  
\(^{18}\) ANSP progress report 2014
specific and sensitive aspects\textsuperscript{19}. Subsequent training involved a TOT at national level to reach all tutors employed by training institutions as well as those still enrolled in the institute (pre-service) to become a tutor reaching over 600 participants\textsuperscript{20}. ANSP also financially supported the Mulago Health Tutors College to revise its Primary Health Care (PHC) Tool to integrate nutrition.

21. **Nutrition Coaching and Mentoring Teams based in referral hospitals are leveraging existing resources for capacity development as they cover all districts for technical supervision.**

ANSP built capacities in the health sector on new interventions or guideline updates including IMAM, HMIS, Multi-sectoral Nutrition (MSN) and Multi Nutrient Powders (MNPs). As Uganda has a shortage of nutritionists in the country (26 in 112 districts) the nutritionists and other staff from the 14 referral hospitals were deployed in the Nutrition Coaching and Mentoring Teams which cover health services in the hospitals’ catchment area. This started with IMAM in Kabale, but has now become a national support structure for continuous on the job training on nutrition interventions (IMAM, HMIS, MNPs) covering all districts. Supportive supervision was also implemented in health facilities in ANSP districts.

**Other sectors**

22. **ANSP’s attempts to advocate for integration of nutrition in agriculture through the national ministry were not successful; agricultural interventions were supported at the local level through CC.**

The year 3 output to include nutrition-oriented training modules into curricula in the agriculture sector (agronomists, extension workers) was not achieved. The focus therefore changed to liaising with FAO which has better entry points to this ministry and is engaged in the TWG. At local level the production officers (agriculture, fisheries, and forestry) are part of the DNCC and SNCC.

Support to agriculture under CC included agro-ecological principles like soil conservation, recycling (composting) and crop diversity. Combined with “Saving With A Purpose” (SWAP, preferably used for productive assets) and promoting to keep a food stock for 3 months this improved peoples resilience to bridge the hungry season. In Nebbi the hungry season had been long and severe in 2015 as the visited communities mentioned, for which they had this time been better prepared. In Kabale the project emphasised the need for fruit trees that are useful as complementary food for children> 6 months, like avocado, mango and pawpaw.

According to the MOH ANSP greatly contributed to awareness on nutrition in other sectors and the new nutrition indicators in HMIS will further increase visibility. Through CC interventions from various other sectors were integrated at community level: WASH, saving and microcredits, nutrition clubs and school gardens in schools. VHT were often simultaneously active as CC Community Knowledge Workers increasing synergy between CC and health sector nutrition activities.

23. **The mentioned capacity development through the MGLSD not only strengthened capacities in gender, nutrition and ECD but aims to strengthen the multisectoral coordination with an MSN focus at sub-county level.**

Education has been engaged largely through integrating nutrition into co-curricula activities. Primary schools engaged in nutrition during the Africa Day 2015 on Food and Nutrition Security, as well as during the 2015 National Primary School Music Dance and Drama Festival. This festival has been supported by UNICEF since twelve years. The 2015 theme was “Stop child marriage and poor nutrition for quality learning”\textsuperscript{21}. In 2016 UNICEF aims to integrate nutrition in the scheduled curriculum update for primary schools.

In order to promote nutrition among the general public ANSP implemented media trainings (awareness on nutrition for reporters) and made use of radio broadcasts through 5 radio stations for which scripts were provided and interviews were scheduled.

\textsuperscript{19} Nutrition Module June 2014 MoE Health Tutors College in collaboration with College of Education and External Studies Makerere University, supported by UNICEF

\textsuperscript{20} According to the Health Tutors college Mulago report “Implementation of trainings and interventions by the ME and UNICEF”

\textsuperscript{21} Speech of the Minister of State for Primary Education
2.4.3 Nutrition Training Materials

As the MTE annex on Uganda explained in 2.6.1 formative research was conducted through a thorough bottom up process within the communities. Results were used to develop BCC messages and to inform the design of community-based nutrition programme interventions. In collaboration with CC a booklet, posters and counseling cards with BCC messages on nutrition were developed. The booklet was also made available in the local languages (Ruyakitara, Luo). All available media channels were used to convey nutrition messages, for which capacities were strengthened:

- Media training package developed and journalist trained
- Scripts and radio spots and sessions for radio talk-shows were prepared and contracts signed with five local radio stations
- Training of existing local drama/dance-groups, choirs etc. building on traditional communication

The MTE had observed that communication materials developed under the project consistently carried the logos of the main partners: the GoU, SUN, EU, USAID and UNICEF, illustrating that activities were undertaken in partnership. However, the ETE observed several newly developed well illustrated MSN materials to support community level BCC on which only UNICEF, GoU and USAID logos were displayed (Flipcharts in Local language, BCC messages booklet in English, leaflets on e.g. handwashing, safe drinking water).

The later developed national guideline for MSN district planning carried only the logo of GoU which is correct in view of the current “de-branding” approach in which TA is provided while GoU is visibly in the driver’s seat. The subsequently developed “Facilitator’s Manual for Results Based Nutrition Planning and Management at District level” is a publication of OPM which mentions on the cover “with support from UNICEF Uganda”. Both are considered post-ANSP products which build on learning under ANSP and the simultaneous district planning process that was supported by FANTA.

Mulago Tutors College developed the Nutrition Module and the Nutrition Trainer’s Manual (both dated June 2014) based on the nutrition needs survey carried out in July 2013 in collaboration with the TWG. The ECD/Nutrition workshop under MGLSD used the Participant Manual of the UNICEF/WHO TOT in Machakos on “Caring for the Child’s Healthy Growth and Development” which had been adapted for Uganda as well as the “Caring for Newborns in the Community” Family Counselling Cards “For the Child’s Healthy Growth and Development”. Only UNICEF and WHO logos were displayed on these shared materials.

Specifically for the CDOs the MGLSD developed a small guide book for community mobilisers: “Community mobilisation for food and nutrition security”. While FANTA is thanked in the Foreword and Acknowledgements, there is no mention of UNICEF’s involvement, while ANSP did provide technical support according to the ANSP Final Narrative Report.

A comic book was developed for schools before the MTE (which during the ETE visit still awaited approval and release by the MoEST) and drama groups were strengthened to deliver BCC messages in an appealing way to community members of all ages.

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22 USAID Community Connector, 2013. Behaviour Change Communication Message Booklet. FHI360, Kampala Uganda. The development of this booklet was funded by USAID and UNICEF and coordinated by CDFU and the USAID CC team.

2.5 Effectiveness: Pillar 3 Information systems and knowledge sharing

Table 3: Pillar 3 Expected results

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continental</td>
<td>Monitoring system with nutrition indicators is in place at continental level</td>
</tr>
<tr>
<td>Regional</td>
<td>Strengthened monitoring and implementation at country level through direct country support from regional resources and horizontal learning from experiences, lessons learnt or innovations of other countries</td>
</tr>
<tr>
<td>Uganda</td>
<td>Outcome: Strong national oversight for nutrition with relevant and sustainable nutrition information systems available at all levels for decision-making Output: Oversight, decision-making and programme implementation have access to relevant and timely nutrition information</td>
</tr>
<tr>
<td>Indicators</td>
<td>Thanks to the redrafting exercise of the entire programme the indicators have become more precise. They are for Uganda: Existence of qualitative data to guide analysis and adjustment of programming for scale up of nutrition services at local level Data on nutrition, health and food security of young children and women is collected periodically for programme action Existence of a finalized Monitoring and Evaluation Framework for UNAP</td>
</tr>
<tr>
<td>Yr 4 workplan</td>
<td>In the Yr 4 workplan the activities to achieve the above expanded with a third activity as compared to Yr 3 workplan. They are: Conduct formative research on current nutrition practices, obstacles and enablers to adequate nutrition in communities to inform the design of community-based nutrition model Conduct of food and nutrition security assessments in SUN pilot districts to document and monitor implementation of community-based nutrition model and support the Uganda nutrition national repository Centre (MAK/MoH) Develop a Monitoring and Evaluation Framework for UNAP</td>
</tr>
</tbody>
</table>

2.5.1 Strengthened nutrition monitoring systems

24. ANSP went beyond logframe objectives in support of nutrition monitoring systems in Uganda by expanding nutrition in HMIS; initial “teething” problems related to the new system are being addressed.

The MTE reported an absence of nutrition data in the HMIS. While not planned under the ANSP, UNICEF accepted the MOH request to review the HMIS for nutrition under the programme, in order to develop the required information system for nutrition programming. Currently 14 key nutrition indicators are part of HMIS.

The system is being rolled out since July 2015 and uses the advanced DHS2. Weekly data is sent by SMS, through which also 4200 HW can be reached with data, like campaign inputs, surveys. Through digitizing and facility based data entry it is expected that over-reporting will been corrected once the system has been fully rolled out. Then the main challenge will be data utilization. The ETE wondered however, why MUAC, Height and Weight was recorded for all patients including adults. Computing BMI for adults used precious time at health centres and has little added value for most patients. It also does not provide adequate population statistics, for which surveys with random samples are preferred.

To comply with new HMIS requirements an integrated nutrition register is used since July/August 2015 which includes nutrition data from OTP, SFP, ITC as well as those seen during outreach. ‘Teething problems’ with the use of the various new registers – and a related drop in reporting were mentioned. Mentoring and coaching teams from referral hospitals are addressing these.

Achieved planned outputs:
- Formative research using a bottom up approach was completed in 2012 and used to develop the BCC strategy and messages (refers 2.4.3).
- Data on nutrition, health and food security of young children and women was indeed collected annually during ANSP through an institutional contract with Makerere University School of Public Health. This is distinct from other countries where only baseline and endline surveys were conducted. Annual findings from the assessments have been used by districts to inform programme decision making.
With ANSP support OPM/UNAP Secretariat took the lead to achieve the output “Existence of a finalized Monitoring and Evaluation Framework for UNAP” which was achieved in 2014, and validated in July 2015. The framework guides the sectors on which nutrition indicators are important and encourages them to include these in their existing information systems. ANSP took this one step further and planned TA for the development of a nutrition information system in which the data from the different sectors will be combined and thus easily accessible. This was not foreseen in the logframe but highly relevant to keep the momentum for nutrition in Uganda alive and facilitate coordinated programming.

2.5.2 Documentation
25. Outsourcing the task of documentation of lessons learned to a foreign university was an unfortunate decision not least because it hampered internal learning during implementation.

A disconnect between UNICEF and Cornell University was observed which affected working relations. The lessons which were eventually produced were somewhat abstract and did not reflect the operational level in which nutrition programming in Uganda evolves. Cornell staff was based in the OPM but did not successfully connect and collaborate with the UNICEF staff responsible for ANSP implementation. Cornell was contracted by the regional office ESARO, leaving less grip on their engagement by the CO. The ETE observed difficulties in bridging the different worlds of academia (Cornell) and national programming (UNICEF, OPM and some other TWG partners), similar to what was seen in other ANSP countries.

Apart from this disconnect the evaluation team would have liked to see periodic reflections on lessons learnt to benefit other districts during the ANSP implementation period. On a more operational level this did take place as part of UNICEF’s MoRES approach (usually referred to as bottleneck analysis). This type of analysis however does not have the wider and strategic scope of drawing lessons.

2.6 Effectiveness: Pillar 4 Scaling-up

<table>
<thead>
<tr>
<th>Table 4: Pillar 4 Expected results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Continental</strong></td>
</tr>
<tr>
<td>Country nutrition programmes have taken into account international standards, best practices and evidence-based high-impact nutrition interventions through direct technical country support from regional resources.</td>
</tr>
<tr>
<td><strong>Regional</strong></td>
</tr>
<tr>
<td>Outcome: Communities, families, mothers and children in focus areas have access to quality nutrition-specific and nutrition-sensitive interventions</td>
</tr>
<tr>
<td>Output: Comprehensive nutrition interventions are available at community level in focus areas</td>
</tr>
<tr>
<td><strong>Uganda</strong></td>
</tr>
<tr>
<td><strong>Indicators</strong></td>
</tr>
<tr>
<td>Thanks to the redrafting exercise of the entire programme the indicators have become more precise. They are for Uganda:</td>
</tr>
<tr>
<td>% of children under 5 years of age stunted in SUN pilot districts</td>
</tr>
<tr>
<td>Exclusive breastfeeding rate in SUN pilot districts</td>
</tr>
<tr>
<td>% of children (6-59 months) with anaemia</td>
</tr>
<tr>
<td><strong>Yr 4 workplan</strong></td>
</tr>
<tr>
<td>In the Yr 4 workplan the activities to achieve the above have been refined and specified as compared to Yr 3 workplan. They are:</td>
</tr>
<tr>
<td>Strengthen local capacity for DNCCs to scale-up of SUN nutrition interventions in pilot districts*</td>
</tr>
<tr>
<td>Ensure support for behaviour change and communication activities that promote optimal nutrition behaviours including peer support groups in collaboration with USAID/FTF partner and district authorities**</td>
</tr>
<tr>
<td>Initiate home fortification using MNPs (feasibility, formative, operational research, SBCC, training, distribution, documentation)</td>
</tr>
<tr>
<td>Develop, finalize and disseminate National Nutrition Advocacy and communication strategy/plan for Uganda</td>
</tr>
</tbody>
</table>

The ETE visited Nebbi and Kabale districts while time did not allow a visit to Kunungu, Ibanda and Pader. The CO reported that implementation had been slow and problematic in Pader due to weak leadership in this district, while the other districts performed well. Activities listed in the workplan have all been implemented and ANSP Uganda reached its targets as will be discussed under 2.8 Impact. The Advocacy and Communication strategy was discussed under pillar 1.
26. Under pillar 4 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 national programmes at the start of ANSP IMAM has been introduced and became operational in the 5 ANSP districts. Maternal IYCF, IMAM, Vitamin A and deworming are now all fully integrated in the health programme (including in Outreach and Child Health Days).

27. There was high awareness and wide interest as well as support for MSN among district authorities. Improved nutrition indicators also resulted from interventions by other stakeholders. Linkages and synergies were pursued with agriculture, food security, gender, livelihoods and WASH through the strategic partnership with the USAID Community Connector Program. District management was aware of ANSP/CC interventions as technical officers for health, agriculture, WASH, gender as well as planners were engaged in the nutrition action planning process as discussed under pillar 1, in 2.3.2. Improvements in stunting in the first two years are likely to have benefited from the increased (MOH/UNICEF-Health) efforts to prevent malaria and vitamin A deficiency. ANSP supported the introduction of MNPs in Uganda. Supported by CDC, under a longer term partnership with the UNICEF Health Section, MNPs have been launched in the 5 ANSP districts in a collaborative pilot with WFP and USAID with good initial feedback from community members.

28. The partnership with Community Connector has been very successful, created synergies and encouraged mutual learning.

ANSP/CC had a strong BCC component targeting family life schools and other community groups, entire communities through drama groups which supported announcements and mobilization. Radio messages, plays and interviews were used for sensitization of the general public. Once connected through their savings the community groups will stay together and thus form an entry point for BCC but also for productive activities and mutual support. Initially, the savings component in CC was used by households mainly for Christmas and other special occasions. It has been adapted and is now known as SWAP: Saving With A Purpose and Saving Group members need to specify their goals in their saving booklets. Saving for productive assets is encouraged. Box 1 which originates from the MTE report describes the CC approach in more detail.

**Box 1: Mini Case study (related to the relevance of output 4.2) MTE**

**Partnership with CC**

The goal of the CC is to reduce poverty through improvement of nutrition outcomes and the livelihoods of the most vulnerable households in targeted districts. CC use the family life model to frame activities. Activities at community level are aimed at improving (i) livelihoods (establishing of and support to community groups for poultry, home-gardening, tree-nurseries); (ii) nutrition related behaviour through BCC and (iii): household hygiene practices (installation of drying racks, tippy taps (hygienic water “taps” made out of a plastic bottle and wood), pit-latrines and bath shelters, stimulation / facilitation of use of water harvesting, energy saving stoves). CC’s approach consists of organizing sensitization meetings for and by local leaders, nutrition and livelihood campaigns, community dialogue meetings aimed at community members. The programme is implemented by professional staff in close collaboration with volunteers. In each sub-county the work is coordinated by (paid) community connector officers (CCO) who rely on a network of community knowledge workers (mostly female) for work at community level (not paid, but receiving incentives). These in turn supervise community nutrition promoters (nearly all female) who serve as models for the community. The latter are unpaid, but CC supports income generating activities carried out by these promoters (providing seedlings at low costs that the promoters can sell with a little profit). CC also closely works with institutions: with schools to support school gardening, with health facilities for WASH.


29. ANSP/CC operated almost as one programme in the sub-counties of the 5 ANSP districts that were covered by CC thus effectively delivering nutrition sensitive interventions to community level.

There was close coordination and joint implementation between ANSP/CC activities, facilitated by staff members working for both the health system and CC in some occasions. CC supported community groups to improve their homestead and livelihood through 10 goals, now widely known as the “CC10” described in the MTE Box 3 above. It is here, ‘at the grassroots level’, where the action has been and should be. Because CC worked only in some of the subcounties in the 5 districts, UNICEF contracted a CBO: CDFU (Communication Development Foundation Uganda). CDFU worked through existing community groups and VHTs to implement the CC approach throughout the districts, while CC did employ Community Knowledge Workers and Promoters (often selected among VHT members).
### Box 2: Good Practice: Reaching out to households through Community Groups

**Engaging community groups in nutrition**

Existing groups are supported and new groups are formed by the ANSP partner project called Community Connectors. Groups are there to stay, helping communities (mostly, but not exclusively women) to not only learn but actually achieve a diverse diet for themselves and their families, with technical support by the project. As a group the beneficiaries walk a distinct trajectory in which they have to prove their interest and persistence. New groups started through the Family Life Schools which targeted pregnant women, mothers of children < 6 months and mothers of children between 6 and 24 months for BCC.

Nutrition sensitive: Food security is the crux of the CC project. Special features: fixed trajectory with a view to as a group gain income-making skills such as apiculture (in Nebbi District); strong focus on agro-ecology. Drama groups were trained on BCC for nutrition, on development of scripts and songs that conveyed BCC messages. They received lunch allowances for community mobilisation prior to-, and during outreach days and/or community dialogue meetings and were also called on by community members for festive occasions. Drama groups are supported to improve their livelihoods, through food security related or other income generating activities.

Sustainability: A milestone is when the group is ready to be registered, and this then is the link with the Government system, notably the Ministry of Gender, staff of which are based at sub-county level. Groups are encouraged to take their skills elsewhere, to sub-counties/parishes without the CC project, and so form new, or support existing groups (horizontal learning).

By partnering with the CC project there is vertical engagement on crucial nutrition sensitive aspects all the way down to the community level.

### 30. The spread of model households and community groups through interaction with the established groups is an admirable feature of the CC approach, which UNICEF/ANSP connected to local government.

Like the Family Life School groups, drama group members are supported with livelihood activities in which they engage as a group (e.g. food production on rented land, seedling production, purchasing small livestock through SWAP or the grant). Candidate new group members are interviewed by the group and need to pay a small fee to enter.

The same approach was implemented in the sub counties which were not covered by CC, except for the grant offered to groups that consisted of 100% model households. The grant was only provided after a group succeeded to meet high targets related to further nutrition promotion in their communities to support their savings and loans fund. UNICEF established the link between the CC programme with government through facilitating their participation in the DNCCs and SNCCs.

### 31. Capacity building effectively strengthened food and nutrition security resilience at community level.

In Nebbi the ETE witnessed a positive focus on techniques such as community dialogue. The CC food security / livelihoods component was based on agro-ecological principles. For example the choice for bee-keeping was both helping ‘nature’ and enabling families to obtain an income. The proactive approach to drought, including soil and water conservation techniques and the choice for drought-resistant crops combined with food storage techniques helped to overcome hunger periods. Community groups were familiar with MUAC and alert on early identification of malnutrition.

### 2.6.1 Coverage and quality of interventions

32 While no coverage surveys have been conducted for the nutrition interventions in ANSP districts the observed impact results suggest both a good quality of services and level of effective coverage for nutrition specific and/or sensitive interventions. UNICEF covers entire districts through their support to Health Centres and Outreach/VHT. CC only supports about one third of sub counties per district. The subcontract to a CBO (CDFU) under UNICEF during ANSP (see 2.6 above) enabled ANSP to reach out to more households at community level. Effective coverage is a requirement for impact, which also includes that people actually make use of available services (demand side). Interpretation of intermediate indicators suggests that this is the case (e.g. improvements in minimum diet, WASH (see 2.8)).

The high turn-over of VHT and health workers was already mentioned in the MTE report. The MOH, supported by UNICEF’s health section, is in the process of transforming the position of VHT member
into CHEW: Community Health Extension Worker through formal employment under the health system. This aims to reduce the high turn-over of VHT and to improve quality of services through continued capacity development.

33. In the area of health strong cross pillar synergy supported the programme and policy development. For the nutrition sensitive CC interventions this was less apparent and there was no direct link\textsuperscript{24} to policy development. (Box 3)

\textbf{Box 3: Good practice: four pillar design enabled coherent and flexible programming}

\begin{quote}
\textbf{Four pillar design enabled coherent and flexible programming}

ANSP funding supported UNICEF to play its natural role in developing and strengthening nutrition specific interventions through linking policy development (pillar 1), capacity development (pillar 2), strengthened monitoring systems (pillar 3) with scaling up and quality improvement through e.g. supportive supervision (pillar 4). Capacity development was initially related to the dissemination of the UNAP and to development and review of guidelines as described under pillar 1 and supported by updating of BCC materials and training.

Within ANSP nutrition sensitive avenues were explored and supported, both in tandem with CC and within the DNCC and SNCC action planning process, as well as by integrating MSN in curricula of health workers.

The budget line “support to OPM” was well appreciated as it gave ANSP sufficient flexibility to address occurring issues i.e. flexibility in operational vs technical support to OPM for the M & E framework, support to ANSP related meetings, OPM annual planning meetings, etc.

The four pillar design naturally linked practice and experience to policies, like the national guidelines and the recent manual and template for nutrition district action planning. The next step is to include nutrition sensitive agriculture and food security in agriculture curricula and to anchor related interventions (including those that tested positively in the CC approach) in the policy framework.
\end{quote}

\section*{2.7 Efficiency}

\subsection*{2.7.1 Operational efficiency}

While the funding was delayed it came at a crucial time when Uganda had just joined SUN and needed support to operationalise the multisectoral ambitions of UNAP. The tandem with CC was positive as it leveraged ANSP support not only at the national level, but also embrace nutrition sensitive interventions at the local level. The coordinated implementation and division of costs of interventions between the two projects contributed to efficiency.

Apart from the fast initiation of a second round of district level nutrition action planning (2.3.2 refers), ANSP activities seem to have been conducted in a timely and efficient manner. In the process ANSP optimised the limited human resource base for nutrition in the country.

\subsection*{2.7.2 Financial efficiency}

34. The total budget for ANSP in Uganda was modest compared to the other ANSP countries, but far reaching as it was used as catalytic funding to support an enabling environment for MSN.

Like the MTE stated: "The ANSP contribution is substantial, because of its scope (covering 4 sectors) and timelines (the process started soon after the overall supervision and coordination of the UNAP had been transferred to the OPM.)."

With less than 1.5 million Euro\textsuperscript{25} for 4 years the EU provided ANSP Uganda with minimal resources for a multi-pillar, multi-sectoral and multi-level programme of 4 years. This triggered UNICEF to expand their own co-funding budget, and to seek strategic partnerships which substantially contributed to the outcome. ANSP’s support to policy development and coordination for MSN contributed to an enabling MSN environment in Uganda. Under 2.7.3 the leverage is demonstrated of specific interventions. Funds expired by summer 2015 and were supplemented by additional UNICEF regular resources.

It is impressive to see the range of activities to which the modest EU funding contributed in Uganda. Some interviewees however, expressed their concern about the expenses of the high number of trainings for district and sub-county level government staff and the many consultation rounds on the new nutrition policy for which accommodation and travel expenses had to be provided to district and national staff.

\textsuperscript{24} Comment CO on first draft of this report: “CC by design acts at decentralized level and its contribution to Policy development is captured at regional consultations where DLGs are the main stakeholders. This is supported by the fact that the new draft policy has among its 5 objectives one on nutrition-sensitive programming.”

\textsuperscript{25} The total amount available from the EC/ANSP budget in Uganda is EUR 1,459,372. In addition, for the first two years UNICEF made available from its own resources EUR 115,925. MTE Annex J para 2.8.2
level staff. On the positive side, this was effectively used to sensitise different levels and sectors and built wide ownership of MSN in Uganda.

2.7.3 Leverage of other resources for reduction of stunting and anaemia

Table 5: ANSP As a Catalyst – adoption of approaches and instruments beyond the ANSP/early riser SUN districts

<table>
<thead>
<tr>
<th>Indicator: in all 5 early riser/SUN districts</th>
<th>Details/specification</th>
<th>Replication beyond the ANSP districts: extent; speed; nature</th>
<th>Efforts and resources invested (past/current/future)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-sectoral community nutrition programmes up and running</td>
<td>The multi-sectoral community nutrition program(^{26}) has been modelled and tested</td>
<td>Replicated in other parts (7 districts in North Uganda) of the country. In new CP in another 19 districts</td>
<td>Replication: non ANSP budget, UNICEF Other resources being used.</td>
</tr>
<tr>
<td>DNCCs and SNCCs established and functional</td>
<td>ANSP: 5 districts FANTA: 10 districts using a distinct but similar approach</td>
<td>Concept of DNCCs establishment has been scaled up across another 45 out of the 112 districts in the country.</td>
<td>Budget for training of the 45 districts. UNICEF Regular Resources and other resources (e.g. DFID for 7 Karamoja districts)</td>
</tr>
<tr>
<td>District Nutrition Action plans now available in the 5 ANSP districts</td>
<td>Nutrition has been reflected in District Development plans and some funds approved for nutrition in the 5 districts No experience as yet with implementation of the plans, in any of the districts</td>
<td>An additional 45 districts being supported to develop DNAPs. This process has been influenced by the learning from the ANSP districts. This will bring the total to 60, which is more than half of the total no. of 112 districts</td>
<td>Support to the additional 45 districts only started in November 2015: support to develop DNAPs, M &amp; E frameworks and operational plans. UNICEF other resources being used.</td>
</tr>
<tr>
<td>A multi-sectoral training manual for planning has been developed.</td>
<td>The new manual focuses on results based planning for nutrition. This has been informed by the national planning guidelines (2015) as well the learning from FANTA across the 10 districts</td>
<td>New manual being used in the 45 districts. The 5 ANSP districts to benefit from this process as well to ensure harmonization</td>
<td>Support to the 45 districts as explained above is from UNICEF other resources</td>
</tr>
<tr>
<td>Regional Nutrition Coaching and Mentoring Teams were 1(^{st}) started in the ANSP district of Kabale</td>
<td>Started with IMAM from referral hospital in Kabale. Now covers all nutrition interventions under the health system across the 14 regional referral hospitals</td>
<td>Extended to all (13) referral hospitals and their catchment districts</td>
<td>Budget: per diems and travel, paid for by UNICEF regular resources. Good example of cooperation between UNICEF ‘sectors’ (internal mainstreaming)</td>
</tr>
</tbody>
</table>

Source: ANSP reports and discussion with UNICEF CO Dec 2015

In addition to replication as presented in Table 5 UNICEF actively sought other donor support for OPM to finance the recent policy consultations (WFP and USAID responded positively). Other sectors will be enabled to allocate funding for nutrition, through a forthcoming amendment of the Output Budgeting Tool (OBT) indicators. This will enable multisectoral funding for nutrition at district level (see 2.3.2) which is required to operationalise district action planning. In addition some ANSP interventions are being integrated into the new CP:

- support to the 5 ANSP districts for the district nutrition planning process, supply and supervision for the IMAM programme

\(^{26}\) Multisectoral Community Nutrition programme: IMAM combined with the Community Connectors approach of Livelihoods support/Model Households executed by a CBO in districts and sub-counties without CC presence
the MNP pilot in the ANSP districts will be extended with one year with regular funding, after which the delivery model will be reviewed for national upscaling.

35. There was substantial leverage of ANSP funding and replication of ANSP learning. UNICEF integrated the CC model in their support to other districts and started scaling up district nutrition planning to over half of all districts in the country on GoU request. (See Table 5)

2.8 Impact

2.8.1 Reduction of stunting and anaemia in the ANSP intervention areas?

36. Impact data are positive and sound for ANSP in Uganda, where annual surveys were conducted during implementation. With 28.8% stunting in all 5 districts combined, ANSP reached its target for stunting reduction and exclusive breastfeeding, but not for anaemia – due to persistent high prevalence in Pader and Nebbi.

Stunting prevalence came down from 35.0% representing a statistically significant improvement as reported in the endline report27, reaching the high rate of 1.6 percentage point reduction per year. The most significant drop in stunting was reported for Kabale district from 42.0% in 2012 to 27.6% in 2015. Other nutrition indicators also improved, although not significantly: GAM from 3.5% to 2.7%, underweight from 11.6% to 9.1 in 2012 to 2015, respectively.

For anaemia in children 6 – 59 months the target set at a prevalence of 45% was achieved with 39%. However, in Nebbi and Pader the situation is still alarming with one out of two children assessed with anaemia. The exclusive breastfeeding rate in ANSP districts reached 82%, which is close to the 85% target which had been surpassed according to the 2014 assessment (91.1% for all districts combined)28. No explanation was provided for the reduction between 2014 and 2015. Being part of a community group was negatively associated with malnutrition according to the endline report.

Table 6 shows an overview of how the nutrition indicators progressed according to WHO classifications in the 5 districts during ANSP/CC implementation.

Table 6: (A comparative diagrammatic view of malnutrition expressed according to the WHO classification of prevalence of malnutrition in ANSP districts in 2012 and in 2015)

<table>
<thead>
<tr>
<th>District</th>
<th>Wasting</th>
<th>Status score in 2012</th>
<th>Status score in 2015</th>
<th>Underweight</th>
<th>Stunting</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibanda</td>
<td>Acceptable</td>
<td>Acceptable</td>
<td>Acceptable</td>
<td>Acceptable</td>
<td>Serious</td>
<td>Poor</td>
</tr>
<tr>
<td>Kabale</td>
<td>Acceptable</td>
<td>Critical</td>
<td>Acceptable</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Kanungu</td>
<td>Acceptable</td>
<td>Critical</td>
<td>Acceptable</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Nebbi</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Poor</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Pader</td>
<td>Acceptable</td>
<td>Serious</td>
<td>Poor</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Total</td>
<td>Acceptable</td>
<td>Serious</td>
<td>Poor</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Acceptable</td>
</tr>
</tbody>
</table>

Source: Final SUN Report 2015, Food Security and Nutrition Assessment in Ibanda, Kabale, Kanungu, Nebbi and Pader districts, Dr. Henry Wamani, Makerere University School of Public Health (dated March 2016)

To the knowledge of the ETE team there are no recent national data to compare the endline results with. The MTE report29 stated “The mainstreaming of “male gender” in nutrition, if further strengthened could well be a major contributing factor in increasing effectiveness and impact”. This may have contributed to the positive impact presented here.

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27 Source: Final SUN Report 2015, Food Security and Nutrition Assessment in Ibanda, Kabale, Kanungu, Nebbi and Pader districts, Dr. Henry Wamani, Makerere University School of Public Health (dated March 2016)

28 Source: Final SUN Report 2014, Food Security and Nutrition Assessment in Ibanda, Kabale, Kanungu, Nebbi and Pader districts, Dr. Henry Wamani, Makerere University School of Public Health

29 The importance of men in sharing the burden of women in child care, health seeking behaviour, home gardening and so on is a recurrent theme in all BCC activities ranging from the performances of the drama-groups and radio-messages to education materials (comic book) and work in support of policies/strategies (Social and Behaviour Change Communication Strategy (SBCC) and Plan 2013). Source: MTE Uganda Annex
Attribution of the positive impact on stunting cannot be solely related to ANSP/CC. Above reference was made to the strides made in malaria and Vitamin A prevention that positively impacted on nutrition, but also other factors like road works, more or less rainfall and seasonality (the endline survey was done earlier in the year than the other 3 surveys) may have influenced the results.

ANSP did not specifically target the poorest households. However, targeting all households (with nutrition specific services, tailored BCC and the model household approach) seems to have contributed to the impact achieved after 4 years of implementation (para 2.2.1 on effective coverage refers).

<table>
<thead>
<tr>
<th>Table 7: Uganda: Anthropometric indicators ('impact')</th>
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</thead>
<tbody>
<tr>
<td>Indicator</td>
</tr>
<tr>
<td>Stunted (&lt;-2 SD) (Stunting) (%)</td>
</tr>
<tr>
<td>Exclusive breastfeeding rate in SUN pilot districts</td>
</tr>
<tr>
<td>EBF in children &lt;6 months</td>
</tr>
<tr>
<td>% of children (6-59 months) with anemia</td>
</tr>
</tbody>
</table>

Source: Food Security and Nutrition Assessment in Ibanda, Kabale, Kanungu, Nebbi and Pader districts, Final SUN Report 2015, Dr. Henry Wamani, Makerere University School of Public Health (dated March 2016)

37. The ANSP surveys also tracked progress on more immediate results through intermediate indicators, like meal frequency and dietary diversity combined in MAD, duration of breastfeeding, preparation of drinking water which are important to build the evidence base, but the endline report did not display the trend over time. Quality of complementary feeding based on meal frequency and diet diversity is measured as Minimum Acceptable Diet (MAD): the combination of children 6-23 months who had minimum dietary diversity (MDD) and those who had minimum meal frequency (MMF). Results in the endline were better than the national average of 5.6% in all districts. In all ANSP districts improvements were observed compared to 2013 findings on MAD with the best results recorded in Kanungu 42.1% compared to 19.3% in 2013.

38. Substantial broader potential effects are expected to pay off in the future as ANSP positively impacted on the MSN policy framework, coordination structures and developed capacities. ANSP key outputs have been described under the pillars above and include the strides made in national level multisectoral coordination and policy development with the almost finalised UNAP 2 as key outcome as it incorporates ANSP (and UNAP/SUN) learning. Combined with capacity development at various levels in various sectors (including improved livelihoods and food security according to communities) this resulted in substantial impact on intermediate indicators and ANSP targets.

No adverse or unexpected results were observed. Unexpected opportunities were seized by the programme to strengthen MSN, as the support for MGLSD exemplifies.

Comparing ANSP results in sub counties with and without presence of Community Connectors will be interesting, as the core interventions implemented by a UNICEF sub-contracted CBO (without the additional grants that CC supports and working through VHT without additional ground level staff) may turn out to be more cost-effective and thus easier to scale up and sustain. The final SUN report did show that subcounties with CC presence had a significantly lower GAM prevalence (1%) than those without CC (3.4%) but a cost effectiveness comparison has not yet been conducted.

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30 The CC project had 24 million USD for 4 years for 15 districts in which about one quarter to one third of sub counties were covered, USAID Community Connector, 2013. Behaviour Change Communication Message Booklet. FHI360, Kampala Uganda. The development of this booklet was funded by USAID and UNICEF and coordinated by CDFU and the USAID CC team.
2.9 Sustainability

2.9.1 Capacities and ownership for sustained results
39. Through capacity building and development of nutrition action plans ownership has been promoted for ANSP values and objectives by government partners at district and sub-county level, although further support is still needed.

Other international partners are supporting the district planning process, either through UNICEF (DFID in Northern Uganda) or in parallel (FANTA) in other districts. The two different approaches now have culminated into one national approach. On request of the government UNICEF expanded the district planning to another 45 districts. For this second round of capacity development on district action planning the new national guidelines and manual are used. Ownership of nutrition was observed in documents, meeting reports and during ETE meetings and interviews at national and district level. Nutrition even featured in the election campaign speeches of the president during the ETE visit in 2015. However, sustainable mainstreaming nutrition at district and sub county level requires a long breath. As the ANSP Final Narrative Report update of March 2016 states “The sustainability of DNCCs/SNCCs beyond partner support is questionable. Discussions are ongoing to ensure that DNCCs are part of the TPC (Technical planning committees) and not a standalone committee.”

Integration of DNAPs in district plans is essential for mainstreaming MSN which may not have been achieved sufficiently in all districts in the first round of planning. Integrating (representatives of) DNCCs in district planning committees will be required to ensure this integration in subsequent rounds.

40. The recent MGLSD training resulted from a longer term vision on sustainability and scaling up and is expected to sustain support to community groups beyond the project.

The ECD and nutrition training for CDOs of MGLSD (see 2.3.4) aimed to support sustainability and replicability of community groups for MSN. The training prepared CDOs for identification of, and support to the disadvantaged and nutritionally vulnerable households and age groups. Both the health sector and CC programme targeted poor and non-poor community members alike and developed MSN systems and capacities at local level. Capacities of community groups developed so that they are now better equipped to prevent and identify malnutrition cases and to face droughts (according to ETE interviews with community members in Nebbi).

2.9.2 Comprehensive and intersectoral stunting reduction strategies
A comprehensive and intersectoral strategy was not presented to the team but may be captured in the UNAP2 for which no draft was available for sharing during the ETE.

41. Together with the M&E framework for UNAP and the “National Guidelines and Manual for District Nutrition Action Planning” at least elements of a comprehensive strategy are available in Uganda.

The new Nutrition Policy (in draft at the time of reporting) was rather focussed on health. It includes WASH but no other nutrition sensitive interventions which are required for a comprehensive intersectoral stunting reduction strategy. Meanwhile a “draft Maternal Infant Young Child feeding road map is now in place” according to the latest Final Narrative report (under result 4) and also the “Nutrition Advocacy and Communication Strategy “is focusing on prevention of stunting reduction.

2.9.3 Impact measures which reflect sustainability – the ANSP legacy
42. Systems impact was achieved as interventions are anchored in policies and national programmes and the coordination thereof.

ANSP efforts contributed to an enabling environment for stunting reduction, which can also be described as systems impact. In the first two years of ANSP the dissemination of UNAP and the establishment of MSN coordination mechanisms have contributed to this enabling environment. This was supported by capacity development (e.g. training and new curricula for the public health tutors) and newly established systems, like the Coaching and Mentoring teams which support nutrition in the health system country wide, the Nutrition Coordinating Committees at different levels and the advances in HMIS. Recent advances in the policy framework described under 2.9.2 should carry this forward.
2.10 Adaptability: Collaborative planning, learning, action and adaptation

43. ANSP scored positive on most of the adaptability aspects and ANSP incorporated recent technical advances in nutrition

ANSP did contribute to most of the evaluation questions specified under the “Adaptability” criteria, as was partly presented under pillar 1. ANSP supported UNICEF to play a leading role in the nutrition multi-sectoral technical coordination committee (or TWG) where UNICEF:

a. Created and/or strengthened functional multi-sectoral platforms and partner alliances
b. Promoted and supported reflection, learning and decisions in these platforms and alliances
c. Fostered common understandings of multi-sectoral nutrition (e.g. manuals for the MGLSD training were drawn from a recent WHO regional workshop on IYCF in the community).
d. Clarified and promoted a common agenda (UNAP dissemination)
e. Promoted greater alignment with the common agenda (e.g. dissemination of UNAP, facilitating consultations on the new nutrition policy and UNAP2)
f. Clarified the roles and responsibilities of various sectors, structures and partners (e.g. sector specific (costed) plans, operationalising new roles in support of MSN (Finding 17: MGLSD training)
g. Stimulated positive changes in strategy, planning and implementation. Implementation was supported by improved avenues for capacity development (e.g. the Nutrition Coaching and Mentoring Teams and the partnership with the Tutors College) on MSN at all levels and in all relevant sectors, notably through the strides made in district action planning (2.3.2)

h. Promoted, established and/or supported an effective core implementation team:
No substantial technical team had been assigned to ANSP, as there was only a small nutrition team without an international UNICEF nutritionist in the CO during most of the implementation period of ANSP. Fine tuning and updating of the design and the subsequent implementation of the programme was undertaken by capable national staff supported by CO management, and by partner organizations, especially CC which created synergy and mutual learning (finding 28).

i. Generated and disseminated learnings on multi-sectoral nutrition for global and country audiences
This took place to some extent. Examples include the SUN global meetings which in 2013, 2014 and 2015 featured a presentation of the nutrition costing exercises in Uganda. Under ANSP’s regional component annual meetings were organized in which country and regional staff, EU Delegation staff, plus key government partners met each year. The last meeting in March 2015 was attended by some 20 persons. In country this included presentations by Cornell on multi-sectoral nutrition and Uganda’s first Nutrition Forum held in December 2013. For the general public in Uganda radio messages were aired and the Africa Day for Food and Nutrition Security, supported by the GoU and its partners plus the AUC itself, was celebrated in schools.

3 Conclusions

3.1 Overall conclusions for the country analysis

Pillar 1
ANSP/UNICEF provide timely support for the implementation of UNAP: its dissemination and establishing decentralised coordination committees. ANSP/UNICEF provided technical support for the development of the new nutrition policy and supported GOU with related multi-sectoral and decentralised consultations.

Pillar 2
ANSP/UNICEF supported capacity development for MSN which contributed to an enabling environment for MSN/stunting reduction. Progress was seen especially in district nutrition action planning, nutrition education for the general public through various media and in updated courses for health professionals. At community level the CC10/model household approach strengthened livelihoods and family nutrition.

31 “Caring for the Child’s Healthy Growth and Development” which had been adapted for Uganda as well as the “Caring for Newborns in the Community” Family Counselling Cards for the Child’s Healthy Growth and Development by UNICEF and WHO 2014
**Pillar 3**

ANSP Uganda was unique in its consistent annual data collection which enabled close monitoring of progress in the ANSP districts. The Monitoring and Evaluation Framework for UNAP has been developed and beyond ANSP objectives additional nutrition indicators have been integrated in the HMIS.

**Pillar 4**

The partnership with Community Connector in the five ANSP districts resulted in an integrated approach which combined nutrition specific with nutrition sensitive activities which resulted in significantly improved nutrition indicators. Supported by community groups, communities were empowered to improve their livelihoods, face droughts and improve their nutrition- as well as hygiene and sanitation related practices.

### 3.2 Detailed conclusions

1. ANSP supported a coherent set of activities with a focus on MSN for which the timing was perfect: after the start of SUN in Uganda and soon after the overall supervision and coordination of the UNAP had been transferred to the OPM. (1)

2. ANSP four pillar design and funding allowed UNICEF to support the start of the Scaling Up Nutrition (SUN) movement and implementation of the UNAP in Uganda at all levels, playing its natural role as lead TA agency for nutrition. (6a)

3. ANSP contributed to building an enabling environment for MSN/stunting reduction, both within UNICEF and at national and district level. (14, 15, 16, 17)

4. External partnerships were well chosen and enabled development of a truly multisectoral nutrition programme. Both the choice for a partnership with CC, and connecting this successful tandem and its achievements to local government structures was highly strategic and could pave the way for integration in MSN policies. (14, 28, 29, 30, 33)

5. The intensive efforts at district level, starting from the orientation workshop and subsequent planning process has brought nutrition under the attention of the wider district management. The development of structures and plans, however, has not been matched by adequate support for prioritization nor an adequate budget for nutrition to ground the exercise. (7, 8, 9, 10)

6. ANSP successfully engaged other sectors in district level MSN planning and coordination. Resilience of communities in target districts increased as groups were trained in drought mitigation and nutrition sensitive agriculture, for home gardens as well as income generation. However, ANSP did not succeed to sufficiently engage the Ministry of Agriculture, nor integrate nutrition in agricultural curricula. (18, 22)

7. The ANSP/CC interventions including the tailored BCC component formed a coherent and synergistic approach at community level which contributed to GAM and stunting reduction, however the high anaemia prevalence in Pader and Nebbi remains a concern. (26, 28, 29, 36)

8. The training with MGLSD was an unexpected output with high potential for nutrition focussed synergy among sectors at the local level. The availability of CDOs for MGLSD in sub counties and trained DNCCs and SNCCs is likely to increase sustainability of development results beyond the ANSP and CC lifespans but will require further support. (8, 23, 39, 40)

9. ANSP showed adaptive capacity and made strategic use of arising opportunities for MSN from the onset (through the partnership with CC), and during implementation (e.g. Coaching and Mentoring teams and MGLSD training). (17, 28, 40, 43)

10. Besides reports of positive UN collaboration and fruitful external partnerships there was also lack of trust between nutrition partners which led to factions and suboptimal utilisation of partner resources that were available to the country through REACH. (11, 12, 13, 15).
11. A strategic choice of capacity development interventions maximised the use of available human resources for nutrition (updated curricula and in-service trainings in the health sector on MSN (partnership with Mulago Health Tutor’s College) and Coaching and Mentoring Teams). (20, 21)

12. ANSP provided tailored support to strengthen data systems, achieving all logframe outputs and moving further ahead towards integration of nutrition in HMIS and the development of a multisectoral nutrition information system. (24)

13. Knowledge sharing has not yet materialised while documenting the success would be highly relevant for UNICEF, the EU and the international nutrition community. This is possible as a wealth of data has been collected in the process (including intermediate indicators). (15, 25, 35, 37)

14. The modest budget of ANSP (1 million Euro for 4 years) was a blessing in disguise as it forced UNICEF to develop strategic partnerships to operationalize MSN. ANSP funding catalysed nutrition developments in Uganda. (22, 34, 35)

15. ANSP supported OPM to achieve substantial systems impact on MSN. Combined with demonstrated leveraging of ANSP through replication this raises expectations for further impact on stunting reduction in the near future. (35, 38, 42)

4 Recommendations

4.1 Strategic recommendations (policy level, regional approaches, future directions)

Related to conclusion 10 and 11:
Now nutrition specific interventions and MSN district action planning are firmly anchored in national policy through the national guidelines and in UNAP2 it is important to analyse how the CC10 model household approach can be integrated in future MSN policies and to identify funds for scaling out.

4.2 Operational recommendations to individual UNICEF Regional and Country Offices

Related to conclusion 4: Good experience from Ruanda shows that the longest serving representative can effectively chair multi-agency initiatives.

Relates to conclusion 11: A further investigation on persisting high anaemia prevalence in Pader and Nebbi is required.

Relates to conclusion 7: Agricultural extension services should embrace both nutrition and climate change mitigation and prevention and collaborate closely with VHTs/CHEWs.

UNICEF should intensify efforts to integrate nutrition sensitive approaches in the agricultural sector which has a wide reach and relevance to nutrition (Agricultural extension services should embrace both nutrition and climate change mitigation and prevention and collaborate closely with VHTs/CHEWs).

Related to conclusion 9: With a view to the substantial impact achieved during implementation it is important to document lessons learned on ANSP (district action planning, as well as the model household (CC10) approach):
1. For lessons on district planning this should not be limited to ANSP, but focus on “How did Uganda arrive where they are now?”

32 According to CO UNICEF, Uganda
33 Global Nutrition Report 2015: The nutrition and climate change communities should speak to each other and work together, in order to achieve a “Double Win for Sustainable Development”
34 Global Nutrition Report 2015: The nutrition and climate change communities should speak to each other and work together, in order to achieve a “Double Win for Sustainable Development”
2. Compare, analyse and document the CC10/model household approach without CC presence\textsuperscript{35} with a view to cost-effectiveness see 2.8.2.
3. Compare the CC10/model household approach between districts with and without UNICEF/ANSP presence
4. A further analysis of intermediate and community level indicators at base and end line would be suitable to develop the evidence base on what worked where and why? (finding 37)

Relates to conclusion 14: UNICEF Uganda should:
- consolidate the achievements made, e.g. the important district planning process needs further support on mainstreaming, prioritization and budgeting
- capitalise on the nutrition and ECD training of the MGLSD staff at sub county level.

\section*{4.3 Recommendations to the EU}

With a view to the significant impact achieved during implementation it is important to document lessons learned on ANSP (district action planning, as well as the model household (CC10) approach). For lessons on district planning this should not be limited to ANSP, but focus on “How did Uganda arrive where they are now?”

The ANSP Uganda experience shows that a modest budget for MSN when launched at the right time can have substantial systems impact. The EU is therefore encouraged to support other countries that have just joined SUN and/or embraced the multisectoral approach for stunting reduction to create an MSN enabling environment

The EU is advised to financially support UNICEF Uganda to:
- consolidate the achievements made, e.g. the important district planning process needs further support on mainstreaming, prioritization and budgeting (C 14)
- capitalise on the nutrition and ECD training of the MGLSD staff at sub county level (C 14)
- provide further support for integration of nutrition sensitive approaches in the agricultural sector which has a wide reach and high relevance to nutrition (Agricultural extension services should embrace both nutrition and climate change mitigation and prevention\textsuperscript{36} and collaborate closely with VHTs/CHEWs) (C 7)

\textsuperscript{35} ETC team had requested the CO to further analyse endline survey data in this respect which has been incorporated in the final draft.

\textsuperscript{36} Global Nutrition Report 2015: The nutrition and climate change communities should speak to each other and work together, in order to achieve a “Double Win for Sustainable Development”\textsuperscript{36}
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno-Deficiency Syndrome</td>
</tr>
<tr>
<td>CC</td>
<td>Community Connector (USAID/Feed the Future project)</td>
</tr>
<tr>
<td>CDC</td>
<td>Centre for Disease Control</td>
</tr>
<tr>
<td>CDO</td>
<td>Community Development Officer</td>
</tr>
<tr>
<td>CDFU</td>
<td>Communication Development Foundation Uganda</td>
</tr>
<tr>
<td>CHEWS</td>
<td>Community Health Extension Workers</td>
</tr>
<tr>
<td>CMAM</td>
<td>Community Based Management of Acute Malnutrition</td>
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<td>Cost of Hunger Africa</td>
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<td>DHT</td>
<td>District Health Team</td>
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<tr>
<td>DNAP</td>
<td>District Nutrition Action Plan</td>
</tr>
<tr>
<td>DNCC</td>
<td>District Nutrition Coordination Committees</td>
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<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
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<td>FANTA</td>
<td>Food and Nutrition technical Assistance project</td>
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<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>Family Planning</td>
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<td>GAM</td>
<td>Global Acute Malnutrition</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GoU</td>
<td>Government of Uganda</td>
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<tr>
<td>HC</td>
<td>Health Centre</td>
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<tr>
<td>HIV</td>
<td>Human Immuno-Deficiency Virus</td>
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<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
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<td>IMAM</td>
<td>Integrated Management of Acute Malnutrition</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>LBW</td>
<td>Low Birth Weight</td>
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<td>LC 5</td>
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<tr>
<td>MAAIF</td>
<td>Ministry of Agriculture, Animal Industry and Fisheries</td>
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<tr>
<td>MAD</td>
<td>Minimal Acceptable Diet</td>
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<tr>
<td>MCH</td>
<td>Maternal and Child Health</td>
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<td>MDG(s)</td>
<td>Millennium Development Goal(s)</td>
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<tr>
<td>MGLSD</td>
<td>Ministry of Gender, Labour and Social Development</td>
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<tr>
<td>MNCH</td>
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<tr>
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<tr>
<td>MoFPED</td>
<td>Ministry of Finance, Planning and Economic Development</td>
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<tr>
<td>MP</td>
<td>Member of Parliament</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<td>MSN</td>
<td>Multi-sectoral Nutrition</td>
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<td>MUAC</td>
<td>Mid-Upper Arm Circumference</td>
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<td>NDP</td>
<td>National Development Plan</td>
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<tr>
<td>NPA</td>
<td>National Planning Authority</td>
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<td>OPM</td>
<td>Office of the Prime Minister</td>
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<td>OVI</td>
<td>Objectively Verifiable Indicator</td>
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<td>PDC</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>PS</td>
<td>Permanent Secretary</td>
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<td>RDC</td>
<td>Resident District Coordinator</td>
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<td>REACH</td>
<td>Renewed Efforts Against Child Hunger</td>
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<td>RIJTF</td>
<td>Ready to Use Therapeutic Feeding</td>
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<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<td>SBCC</td>
<td>Social and Behaviour Change Communication Strategy</td>
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<td>SNCC</td>
<td>Sub-county Nutrition Coordination Committees</td>
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<tr>
<td>SUN</td>
<td>Scaling Up Nutrition</td>
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<tr>
<td>TWG</td>
<td>Technical Working Group</td>
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<td>UDHS</td>
<td>Uganda Demographic and Health Survey</td>
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<td>UGX</td>
<td>Ugandan Shillings</td>
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<td>UNAP</td>
<td>Uganda Nutrition Action Plan</td>
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<td>UNHS</td>
<td>Uganda National Household Survey</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>VHT</td>
<td>Village Health Team</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<td>---------</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WFP</td>
<td>World Food Programme</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</table>
Annexes
Annex E1. List of persons / organizations met / interviewed

UNICEF Uganda
Aida Girma, Country representative Uganda
Abiud Omwega, Nutrition manager
Esther Wamono, Nutrition specialist
Nelly Birundi, Nutrition specialist
Noreen Prendiville, Deputy country representative
Modibo Kassogue, Chief, keeping children & mothers alive
Sean Blaschke, Health system strengthening specialist
Philip Limlim, Health officer
Lucy (Consultant ECD)
Hajjar ECD

Agnes Baku Chandis, Former head of nutrition MOH

Tumwesigye Everist, Commissioner for Community Development and Literacy, MGLSD

Blaise Peccia-Galletto, Operations advisor EU

Robert Mwadime, Chief of party, Community Connector, USAID
Grace Kemirembe, Deputy chief of party, Community Connector, USAID

Siti Halati, WFP

Ellen Girerd-Barclay, REACH
Jackson Tumwine, Cornell University

Office of the Prime Minister (OPM)
Ssansa Mugenyi F.E., Agriculture director, coordination, monitoring & evaluation

Henry Wamani, Makerere University School of Public Health

HTC Mulago
Katumba James Davis, Dep. Director
Keren Carol Drateru Ayikobua, Principal
Harriet Nakawzgi
Nakaye Annet Omara
Kirumira Jimmy

Mwanamugimu nutrition unit, Mulago
Betty Lanyero, Paediatrician
Julie Wamala, Nutritionist

Fr Benedict Okweda, MGLSD, Principal Community Development Officer

Kabale district:

Everist Nigawabe, Planning Officer
Kasangaki Bernard, Assistant CAO
Imaculate Manderia, Nutrition focal point DNCC
Kansaame Rose, Sub-county Ikumbe Agricultural production Officer
Dalton Babukiika, Nutritionist Kabale referral hospital
Rosemary Kamaho, In-charge Rushdroza Health Centre IV
Harbert Bazirakiye, Chair Nyarurambi Drama Group

Nebbi District
Meeting Nebbi District DNCC members – briefing and debriefing (different members)  
Resident District Commissioner Bessie Alijong  
Josephine Aparo, standing in for Chief Admin Officer, Local Government  
Olley Ben Robinson, Chief District Planner  
Michael Oloya, Fisheries  
Winnifred Ngamita  
Bruno Oribi, Education (sports)  
District Health Officer  

**Parombo Sub County** nutrition coordination meeting (SNCC, comprising of 8 TPC members and CSO representative  
Oucha Nelson, Sub County Chief, Parombo  
William Kentho, Head Teacher Padel Primary School  
St Paul family life school  
Padel Primary School  
Padel North Parish, grant group Jupukok village – apiary learning site  

**Kucwiny Sub County** meeting SNCC members and CC  
Carolyn Acen, Kucwiny Sub County chief  
Richard Opargiu, Kucwiny HC III, in charge  
Akanyo women’s group, in charge CC  
Jupasonga family life school
### Annex E2. Recommendations ANSP Uganda and management response

<table>
<thead>
<tr>
<th>Recommendation MTE</th>
<th>Response (Uganda)</th>
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</thead>
<tbody>
<tr>
<td><strong>Equity Focus (Uganda)</strong></td>
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<tr>
<td>- Evaluation Recommendation or Issue 1: Relevance and Design (this is a recommendation for the entire programme)</td>
<td></td>
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<tr>
<td>- ANSP/UNICEF should make amendments for its lack of attention to “internal mainstreaming” of nutrition in UNICEF’s own sectors, notably health, education, WASH and child protection. Of particular interest would be cases of mutual reinforcement between the sectors, where nutrition has been integrally included and/or has benefited from preceding efforts in the other sectors.</td>
<td>(Partially agree) The EU nutrition programme is multi-sectoral in nature with a heavy focus on community level implementation to improve behaviour change communication with a focus on nutrition, food security, WASH, health seeking behaviors. All the BCC activities have been led by the UNICEF Uganda Communication team and materials developed are comprehensive covering all sectors. In addition within the same districts, health related interventions are being supported by UNICEF e.g. EPI, PMTCT, CHDs and hence facility level nutrition services (IMAM/IYCF) are being integrated into the routine health services. Nutrition programme has also been working very closely with the education team in UNICEF to support development of the comic book on nutrition for primary schools. However we do agree that ties with child protection need to be strengthened especially in light of linkages to social protection though not mentioned under the ANSP scope of work.</td>
</tr>
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</table>

<p>| <strong>Pillar 2: Capacity Development: Effectiveness</strong> | |
| - Capacity Development: Effectiveness through gender (male) mainstreaming (a recommendation for the entire programme). | (Partially Agree) All the community level BCC messages/materials do indeed recognize male involvement as key to child care and the important role males play in supporting women and reducing maternal workload. However what may be important is to see that the led UNAP sector of Gender ensures Male involvement in well reflected as part of their contribution. Ministry of Gender, Labour and social development is currently reviewing all its community level social mobilization materials to integrate nutrition. Efforts will be made by UNICEF Uganda to ensure all materials and planned capacity building indeed embrace male involvement. |
| - “The importance of men sharing the burden of women in child care, health seeking behaviour, home gardening and so on is a recurrent theme in BCC activities. This mainstreaming of male gender, if further strengthened could well be a major contributing factor in increasing effectiveness and impact. ANSP/UNICEF should scrutinize all materials used for capacity building for possibilities to emphasize the role and involvement of men; document evidence of successes and scale-up male involvement. | |
| - For ANSP/UNICEF to document the process of practical multi-pillar linkages – notably pillars 1, 2 and 4, at the country’s sub-national levels. A particular interest would be what in this report is called increased “operational efficiency” – a phenomenon that occurs when people engage and their transaction costs decrease in the process. | |
| - Evaluation Recommendation or Issue 3; Information on triggers / enablers complements information on factors that are not conducive for appropriate IYCF. Formative research to inform BCC has put emphasis on enablers and barriers and how to translate these latter in enablers. Consider to extract from focus group discussion transcripts information on role-models and triggers to formulate complementary messages and inform trials of improved practices. | (Disagree) The formative research that was conducted in the 5 supported EU districts was focused on enablers, barriers/inhibitors and triggers of action for IYCF and maternal nutrition. Indeed all BCC materials developed using a bottom up approach are hinged on stimulating the Triggers for action. |
| - ANSP/UNICEF, firstly, to maintain the ambition of generating a model that is locally effective and affordable, and that is deliberately set to feed the national scaling up agenda. In these models there will need to be attention for both nutrition-specific and nutrition-sensitive interventions. Secondly, for the regional offices to take up the task of accelerator, as announced in the ANSP logframe, and do this in ways that will also benefit other countries in their region. An appropriate way would be to use the REACH channel and the SUN movement. Publications in the form of (comparative) case studies of good practice and lessons learnt should be considered. Thirdly, and in the context of the second recommendation, all pillar 4 programmes should | (Agree) |</p>
<table>
<thead>
<tr>
<th>Recommendation MTE</th>
<th>Response (Uganda)</th>
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<tr>
<td>be screened for their alignment with the mainstreaming principles (of nutrition in agriculture162). It is conceivable that, fourthly, similar lists are used for synergy with other sectors – mainstreaming - as announced in the global result for pillar 4.</td>
<td></td>
</tr>
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</table>
| ➢ Operational efficiency  
➢ Collaboration between the GoU, the ANSP and the CC is positively impacting on the overall effectiveness of the ANSP: the added value of the sum of activities of the three partners is far greater than the impact/added value of the activities separately, in particular for pillar 4 activities. Pooling of resources has also reduced costs. UNICEF and partners should consider to better make visible what the substantial gains in cost-effectiveness (operational efficiency) are. | (Agree) Work is underway through Cornell university do document some of the good lessons learnt. |
| ➢ Impact - Feasibility of achieving programme impact targets for reduction of anaemia and stunting.  
➢ For ANSP/UNICEF: consider to monitor fertility. Here again it stands to reason that wealthier quintiles of the population make the decision to have fewer children earlier than do the poorest households. This typically could be an issue for the qualitative part of the KAP studies planned during the course of the programme, with the possibility to compare intervention areas with yet to be covered areas (this is a recommendation to all IYCF programmes).  
➢ The target of reducing stunting by 5% in four years is too modest in view of the broad scope of the programme. UNICEF should consider to set a more ambitious target of 10% as recommended by the COHA. | (Disagree) For ANSP/UNICEF: consider to monitor fertility. This is not in the scope of the ANSP but also not UNICEF area of mandate. More of a mandate for UNFPA.  
Reduction in stunting is complex and requires a range of well-coordinated multi-sectoral approaches. With only 1 year left to end of the ANSP Program, UNICEF Uganda does not think 10% reduction in stunting is achievable. |