EXTERNAL EVALUATION OF THE EU/UNICEF PARTNERSHIP ON NUTRITION SECURITY

MID-TERM EVALUATION

Africa Nutrition Security Partnership

Contract no: 43149769 ANSP

VOLUME 1 MAIN REPORT
final

May 2014
Ethical safeguards

This evaluation did not address contentious issues at the level of the final beneficiaries. Issues such as informed consent thus did not play out in this evaluation.
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PREFACE

This document is the final report of the mid-term external evaluation of the EU/UNICEF partnership on nutrition security in Africa. The work is set in the overall evaluation framework that was developed during the inception phase as guidance for a set of four evaluations: the Mid-Term and End-Term Evaluations of the two programmes under the EU/UNICEF partnership: MYCNSIA in Asia and ANSP in Africa.

In this second of the four assignments the evaluation team has benefited from the preceding experience during the MYCNSIA Mid-Term Evaluation which has led to some methodology adaptations, as lined out in our ANSP Inception Report, of October 2013. Adaptations were necessary and followed the ANSP Terms of Reference. Also, the ANSP has a somewhat different nature not least because it has two regions and a continental level. At the same time we kept the changes in the evaluation framework limited, for the sake of comparability between the two programmes.

Like in MYCNSIA, the team has tried to find a balance between country, regional and (in ANSP) continental (“global”) details and overall programmatic concerns. The build-up to the bigger picture is based on the documentation that was made available through the Evaluation Manager in the ANSP Programme Management Unit, the discussions with staff in Regional and Country Offices as well as meetings with the (continental) Liaison Office to the African Union and the United Nations Economic Commission for Africa. The meetings and observations during our one-week missions in each of the four countries under ANSP – Burkina Faso, Ethiopia, Mali and Uganda – have been valuable. We are grateful for all the support we received.

In this final version we have incorporated comments, queries and clarifications we received both from members of the Evaluation Reference Group and from the UNICEF Offices. In addition we have benefited from comments of (semi-) external stakeholders and partners which were presented and discussed in the April 2014 dissemination workshop in Entebbe.

At the beginning of this trajectory, one reviewer phrased her concerns as follows: “Is the programme actually contributing to the eradication of malnutrition, or is the effort only a drop in the ocean?” We hope that our report provides a solid foundation to answer this concern. As we also said for ANSP’s twin programme in Asia, this has proven a formidable, yet interesting task the results of which are reported here.

On behalf of the ETC team:
Joanne Harnmeijer, May 2014
**ACRONYMS**

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<tr>
<th>Acronym</th>
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<td>ACF</td>
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<td>Mid-Term Evaluation</td>
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<td>Nutritional Vulnerability in Urban Areas</td>
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EXECUTIVE SUMMARY

1. The EC/UNICEF partnership on nutrition security addresses two continents; the current report concerns the Africa Nutrition Security Partnership (ANSP)

Like its sister programme MYCNSIA in Asia the ANSP programme in Africa is based on the 1,000 days approach which promotes good nutrition for pregnant and lactating women and infants up to the age of two years as the best and most cost-efficient intervention for avoiding irreversible damage to physical growth and intellectual capacities from under-nutrition.

The European Union (EU) and the United Nations’ Children’s Fund (UNICEF) have entered into a partnership to improve nutrition security in Asia and Africa at regional level and in a total of nine target countries:

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

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

The activities as promoted under ANSP fall in two broad categories: (a) high impact nutrition interventions such as maternal and infant and young child feeding, micronutrient supplementation, fortification of staple foods and management of acute malnutrition; and (b) “mainstreaming” of nutrition through promotion of nutrition-sensitive strategies in agriculture, food security, social protection, gender, health and WASH, among others.
2. MYCNSIA and ANSP have a similar design; both have four result areas
   For MYCNSIA and ANSP, four pillars (results areas) have been defined. Although the pillars are defined as separate entities they are intended to be mutually reinforcing, for a common goal of nutrition security.

3. The objectives, scope and methodology of the mid term evaluations (MTEs) have been set to ensure comparability and also to inform policy-making and programming, both for UNICEF and for the EC
   UNICEF has entered into a Long-Term Agreement with ETC Netherlands for a series of external evaluations of the two programmes. The MYCNSIA MTE was completed in September 2013 and was immediately followed by the ANSP MTE reported here. Together with the two end-evaluations the MTEs serve accountability purposes towards the donor (the EC) and will contribute as input for future policy-making and programming. The methodology of the ANSP MTE has thus closely followed the one-for-all Evaluation Framework that was designed to serve the entire package of four evaluations. Yet separate Inception Reports were done to address the particulars of the two programmes and also to take up lessons learned in the course of the evaluation process. One such lesson was that in the ANSP MTE equity deserved more detailed attention than it had received in the MYCNSIA MTE. Field work for the ANSP MTE took place from the end of October till early December of 2013.

4. The ANSP programme is deemed highly relevant in terms of its objective, which is to “improve the institutional environment at continental, regional and national levels contributing to a reduction in maternal and child undernutrition in Africa”. The programme’s main justification is the persistently high level of chronic malnutrition, in combination with the significant needs to build capacity for a concerted effort to reduce malnutrition, through multi-sectoral approaches. In the project document the need for “a multi-sectoral approach linking nutrition to food security, agriculture and poverty alleviation” was textually and conceptually linked to the 1000 days window. This link has fallen away in the objectives, the logframe and the work plans; and concepts such as the multi-sectoral approach and the specific focus on chronic malnutrition are no longer anchored in the project design.

5. ANSP/UNICEF operates in a rapidly changing nutrition environment and context, which demands responsiveness and ability to adjust.
   The context in which ANSP is operating has rapidly changed since the ANSP programme was designed, in 2009/2010. ANSP has been designed as a response to the 2008 Lancet Series and the 2009 Food Crisis, which have renewed and strengthened the attention for Food and Nutrition Security. Since that time there has been a rapid succession of new initiatives and programmes, in particular SUN and REACH, the G8 New Alliance for Food Security & Nutrition to Fight Global Hunger, AGIR, ARISE, CAADP and more. Also at national level, the context is rapidly changing since the ANSP was designed. The Mali country programme in addition faced serious delays in the implementation process due to insecurity that affected the country throughout most of 2012.
   - At continental level ANSP/UNICEF has had to change tack on virtually all expected results, because they were from the start insufficiently aligned with priorities at AUC level.

6. ANSP programming is both a continuation of previous UNICEF activities and routines and a start of new and strategic activities and programmes
At regional and country level many ANSP/UNICEF activities are building on previous activities or are linked to earlier funding sources.

Yet here there are important exceptions, where ANSP funding is set to make the difference. This has especially been the case for strategic, long-term, interventions for which funding is not readily found and where ANSP has provided seed money. Examples at country level include the IYCF programme in Burkina Faso and the multi-sectoral partnership for nutrition promotion in Uganda. At regional level the WANCDI programme (pillar 2, WCARO) is set to become exemplary.

7. ANSP/UNICEF has in the various write-ups of the programme lost some of the original gist, and has also added new activities and outputs and dropped original ones. The basic concept, of a multi-level, multi-pillar programme that complements other actors is sound and could be distinctive.

The programme has been an amalgamation, firstly, of “business as usual” where ANSP served as core funding; and secondly, of the execution of work plans as in a typical project; and thirdly, indeed, of some very innovative endeavours at regional and country level. All in all the complexity of the design, coupled with amendments over time, have made for lack of transparency. In many ways the programme has only on paper been a programmatic entity. Where ANSP/UNICEF could be unique and distinctive, is in its combination of pillars and levels. The levels emphatically extend below the national level and go in ANSP’s pillar 4 programmes all the way to households and communities. ANSP/UNICEF has thus far insufficiently capitalized on this opportunity.

8. Although the expected results for the two regional programmes have been identical, in reality the interpretation, or rather: the priority setting, has been different. This is especially so for pillars 2 and 3. To illustrate this:

- **Pillar 2: capacity building** In WCARO the above-mentioned WANCDI programme has had a late start, but has since made impressive headway. Contrary to the ESARO equivalent, it is 1) based in WAHO (the health branch of ECOWAS); 2) has started with a thorough mapping exercise, which at the same time served to generate ownership; 3) is run by a UNICEF staff member based in the same country (Burkina Faso) as the WAHO office; 4) is part of the work plan of the Dakar-based RNWG. WANCDI thus is firmly rooted, and has already attracted attention for the processes it has set into motion. WANCDI, although focusing on the entire region, takes up country lessons such as mainstreaming of nutrition into agriculture and health curricula, and contributes to them. In contrast, the ESARO pillar 2 endeavour has experienced delay and does not have the above described institutional rooting, despite the availability of an appropriate partner (ECSA-HC).

- **Pillar 3: data analysis and knowledge sharing** ESARO has not used ANSP funding to support implementation of nutrition surveys in the region. The argument, for ESARO, is that many countries in Eastern Africa already have substantial experience with nutrition surveys, including surveys using the SMART methodology. By contrast, in WCARO the SMART surveys and their quality assurance has been the flagship of pillar 3. Here one of the lessons learned is that close guidance and scrutiny (validation) of the data is essential.

9. The regional offices have thus far not given sufficient systematic attention to the ANSP countries. ANSP has been designed to focus on the regional level, and has included just 2 countries in the 2 regions concerned, altogether 4 countries. With few exceptions, such as ESARO’s support to Ethiopia’s pillar 3, the regional offices have thus far not given systematic attention to the ANSP countries and have instead responded to demand from any country in the respective regions.

- There are a host of interesting activities and experiences to be gained from the non-ANSP countries, including experiences which in the ANSP frame belong to specific pillars. This begs the question on the added value generated in the ANSP countries, and how this could be shared with other countries in the regions. It appears 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. Reputed examples are programmes in Niger and Sierra Leone.

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10. There is a rather unique opportunity to address prevention of malnutrition in ways that respect equity and that signal deviations (“bottlenecks”); as shows the case of ANSP Burkina Faso

Narrowing the nutrition security gap between the wealth strata in terms of chronic malnutrition has not been an explicit ambition in any of the ANSP countries. Yet in Burkina Faso’s IYCF programme, given the way it is designed, there is a possibility to aim for this. In order to do so 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. In other ANSP countries, and also in most MYCNSIA countries, the equity dimension has been limited to applying criteria for selection of pillar 4 programme areas. These criteria are a combination of poverty and chronic malnutrition prevalence in rural areas plus the reference to the required gender dimensions of the programmes envisaged.

11. In pillar 1 (policy development) there are convincing examples of effectively combining both advocacy, technical and financial support and smart partnerships. ESARO is playing a significant role in bringing about regional consolidation through its focus on Regional Economic Commission (REC) alignment. At continental level this approach has been less effective in the absence of a clear prioritisation of activities and the delays in recruitment of a nutrition specialist in the UNICEF Liaison Office to the AU-UNECA. WCARO has provided substantial support to policy formulation in individual countries in the region. The RNWG group has been instrumental in this. In all countries ANSP/UNICEF has been a driving force in the development of national nutrition policies. In several countries, including non-ANSP countries, advocacy has included sensitization of Members of Parliament.

12. In pillar 2 (capacity development) effective use has been made of the cascade approach in multi-sectoral planning and programme implementation. Starting from central level the cascade has reached all the way down to subcounty level (Ethiopia and Uganda). In Burkina at provincial level also a team of trainers is being set-up to train the organisations working at field level. Although currently still in an initial stage this system is intended for country-wide replication. In Mali all activities for pillar 2 have been deferred to year 3 (2014).

13. In pillar 2 (capacity development) the approach to include nutrition in the curricula appears to have great potential. In Burkina Faso the support to mainstream nutrition in all relevant training modules and courses of the agricultural training centre (Matourkou in Bobo Dioulasso) has been exemplary for the health sector. It has also attracted international attention. In Uganda, the ANSP partners with the Ministry of Education in mainstreaming nutrition in curricula for health workers at all levels. ESARO supports a mapping exercise, consisting of an assessment of needs and an audit of existing curricula plus the drafting, validation and finalisation of a curriculum for pre- and in-service nutrition education for East Africa.

14. In pillar 3 (information systems and knowledge sharing) “documentation” as a mutual interaction between country and regional offices has yet to start.

In pillar 3 there is in the expected results a natural link between country experience and regional effort. In none of the four countries is there evidence that the regional office has started to prompt and assist the countries in doing this in a pro-active way. Yet ESARO’s technical support to Ethiopia for developing a comprehensive nutrition monitoring framework is a good example of strengthening data collection methodologies and support real time learning.

15. In pillar 4 the address of nutrition sensitive approaches has differed between countries; in 2 countries these are sequenced after the nutrition-specific interventions.

In Ethiopia, “UNICEF’s focus to date has been on its traditional sectoral partners. In year three, UNICEF with FAO will facilitate training in nutrition sensitive agriculture. This is likely to assist UNICEF to embrace the concept of multisectorality internally and will strengthen the added value of ANSP for Pillar 4.” Mali has a similar scenario in Mopti, the one project area where the programme is active. By contrast, in Uganda and Burkina Faso nutrition-sensitive planning is being included by design. In Uganda multi-sectoral plans have been costed at national level and in pilot districts all the way down to sub-counties. Implementation in Burkina is yet to start, while in

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2 With reference to “bottlenecks”: the equity-oriented MoRES tools were not in use in the ANSP countries.
Uganda implementation has started in areas where development partners provide technical and financial support.

16. In none of the four ANSP countries is there evidence of complementarity by design between ANSP/UNICEF nutrition and other UNICEF “sectors” – health, education, WASH and child protection. This, as UNICEF staff readily agreed, appears an opportunity missed. Particularly where partners are expected to implement multi-sectoral approaches UNICEF’s own multi-sectoral programming could be a source of innovative learning for evidence based models. In Ethiopia the country office made in its new country programme a first step in the form of a common framework for WASH, health and nutrition. One of the impact indicators is reduction of stunting.

17. Mainstreaming nutrition requires “awareness” at a personal level; this has programmatic implications, which ANSP’s multi-pillar programme is well suited to address

Mainstreaming nutrition is rarely something that is being taught: many respondents emphasised that “it just came to them”, as a revelation, and especially: when scrutinising their own work through “a nutrition lens”. As expressed by a WCARO staff member: “It is difficult for stakeholders to see that the core principles stay the same while the language may differ from one sector to another, and also from one level to another. Ils ont du mal a comprendre que tout ça fait partie de la même chose.” Advocacy aimed at increasing awareness has been an integral part of pillar 1, but opportunities at a more operational level (pillars 2, 3 and 4) have been insufficiently exploited. As argued in the main text of this report all pillars, either alone or in combination, are potential entry points for this special type of awareness. This has programmatic implications, which ANSP’s multi-pillar programme is well suited to address – as it has occasionally done.

18. Including nutrition in higher order policies and programmes is a long term process. The attempt to do so at national policy level usually is just a first, but crucial step.

ANSP provides a good opportunity to enhance nutrition policy development on the basis of interaction between different levels (regional – national; national – sub-national). The evidence is that thus far in Uganda and to a certain extent Ethiopia the national level and the sub-national level have started to interact: experiences at sub-national level “inspire” and inform the national level, which in turn adapts its policies, and so enables further adoption, and so on and so forth. A similar positive reinforcement has been observed where there has been interaction between, and combination of, the ANSP pillars. This appears to be the process set into motion in Uganda’s ANSP and also is a good possibility in Ethiopia and Burkina Faso.

19. Even when effectiveness cannot as yet be observed, helpful tools exist to make an informed judgement on likely effectiveness, including nutrition-sensitive programming

For pillar 4 programmes it is too early to demonstrate effectiveness in terms of observable results. Comprehensive country level monitoring and evaluation frameworks have been developed in which indicators from the conceptual framework are linked to the logic model. Progress against indicators is not (externally) reported. The MTE found it helpful to apply the SUN CRF criteria as a measure of expected effectiveness at a more strategic level.³ The same applies for “gold standards” to assess mainstreaming of nutrition in agriculture. Although these are still generic in nature, they are gradually being agreed upon and were found helpful for this evaluation.⁴

20. There has been considerable spin off beyond the 4 countries, but this cannot be distinguished from routine regional support

The indicators envisaged to demonstrate impact have varied, from typical “process indicators”, to impact level indicators in terms of reduced prevalence of chronic malnutrition. Both are problematic: they are not attributable and they do not reflect the potential impact of the programme as a whole, that is: the combination of the 4 pillars. Yet it was precisely this combined effect which was stressed both in the original project document and in the inception report.

³ http://scalingupnutrition.org/about/common-results-frameworks
⁴ Charlotte Dufour : Mainstreaming nutrition in agriculture investment plans- Lessons learnt, challenges and opportunities. FAO Nutrition Division, October 2013. 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
### Recommendations: summary tables

For a full overview of the recommendations that have been generated by this MTE, please refer to Chapter 5 of the report. In the summary tables below a distinction is made between strategic and operational recommendations. In the opinion of the MTE the “strategic” recommendations should be set in motion during the remainder of the ANSP programme.

<table>
<thead>
<tr>
<th>Recommendations for UNICEF - strategic, longer term; to be initiated during ANSP</th>
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<tbody>
<tr>
<td><strong>1.</strong> (relevance/design): ANSP/UNICEF should review its outputs and activities in view of the rapidly changing context in the 2 regions and 4 countries. In particular alignment with SUN, REACH and with the 2013 EC Nutrition Policy should be clarified and emphasized to reflect that ANSP/UNICEF is in fact a main contributor at regional and national levels.</td>
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<tr>
<td><strong>2.</strong> (equity) In order to effectively make a difference, ANSP/UNICEF should become much 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.</td>
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</table>
| **3.** (leverage external resources) 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.  
  - It would be all the more convincing if such additional funds would be generated from external donors, and better still, at the medium long term: from governments. The EC could consider to make this a condition for continued funding in the post-ANSP period. |
| **4.** (effectiveness/operational efficiency) 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).  
  - Examples seen by the MTE are listed in chapter 4 (lessons learned and good practices) and are presented in boxes throughout this report. Having such cases documented, and demonstrating that these are not one-off experiences, but are in fact a hallmark of ANSP, would be an excellent selling point for future ANSP programmes. (For the record: the concept is not new and was in fact strongly expressed in the original project document.) |
| **5.** (internal mainstreaming) 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. Here there are no lessons learned as the MTE has not found a single example in the ANSP countries. |
### Recommendations for UNICEF – operational, “priority actionable”

6. **(relevance / coherence)** 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.
   - 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?

7. **(relevance / M&E/ reporting)** ANSP should stick to its original concept which was admirably clear in the 2011 Project Document. Reporting should bring out where ANSP/UNICEF did more than was envisaged, with an emphasis on specific ANSP potential for added value. That is: combining pillars and / or levels in meaningful activities and their results, while relying on the actions of others. There where ANSP/UNICEF had good reasons to deviate from what was planned this should likewise be reported.

8. **(relevance / coherence)** 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).
   - A good example of the first would be the current pillar 4 programme in Uganda
   - A good example of the second would be the above mentioned COHA study and its results (combining pillars 1 and 3): these match the ANSP purpose and have proven meaningful for the participating countries.

   A third learning and sharing priority would be ANSP/UNICEF’s own multi-level experience (country – region - inter-region - continent; and vice versa). This should also serve to generate and test appropriate indicators for M&E of potential post-ANSP programmes.

9. **(effectiveness / pillar 4)** All pillar 4 programmes should be scrutinized for their inclusion of nutrition-sensitive programming. If the checklist used by the MTE proves useful it should become a routine, also for non-ANSP countries. (See Annex F: Burkina Faso for an example)

10. **(impact and its indicators)** ANSP/UNICEF should explore the short and medium term impact indicators discussed in the last chapters of this report. Where end-line measurement of anthropometric impact indicators is relevant, targets should be adjusted to align with the SUN/ WHA targets.

### Recommendations to the EU

**Strategic (longer term)**

11. **(partnership)** Continue the partnership with UNICEF for programmes on reducing undernutrition, with continuation of the focus on nutrition-specific interventions and increased attention for nutrition-sensitive interventions. To this effect, consider to make fulfilment of both operational and strategic recommendations a condition for post-ANSP funding.

**Operational (“priority actionable”)**

12. **(M&E/ reporting)** Demand that M&E and reporting is in line with the original project document and with the operational recommendations above.
RÉSUMÉ ANALYTIQUE

1. Le partenariat entre la CE et l’UNICEF sur la sécurité alimentaire aborde deux continents; le présent rapport concerne l’Africa Nutrition Security Partnership (ANSP). Comme son programme frère MYCNSIA en Asie, le programme ANSP est basé sur l’approche de 1,000 jour qui promeut une bonne nutrition pour les femmes enceintes et allaitantes et les enfants jusqu’à l’âge de deux ans comme l’intervention la plus rentable à éviter des dommages irréversibles de la croissance physique et des capacités intellectuelles causés par la sous-nutrition.

L’Union Européenne (UE) et le Fonds des Nations Unies pour l’enfance (UNICEF) ont noués un partenariat pour améliorer la sécurité alimentaire en Asie et en Afrique du niveau régional dans un total de neuf pays ciblés :


Les activités promus par l’ANSP se divisent dans deux catégories larges : (a) interventions d’impact élevé comme la nourriture des mères et des jeunes enfants, la supplémentation des micronutriments, le renforcement des produits de base et la gestion de la sous-nutrition réelle ; et (b) l’intégration de la nutrition par la promotion des stratégies sensibles de la nutrition entre autres dans les secteurs de l’agriculture, de la sécurité alimentaire, du genre, de la santé et du WASH.
2. **MYCNSIA et ANSP ont une conception similaire; les deux ils ont quatre domaines de résultat.**

Pour MYCNSIA et ANSP, quatre piliers (domaines de résultat) ont été défini. Bien que les piliers soient définis sous forme d’entités distinctes ils visent de se renforcer mutuellement pour atteindre leur objectif commun de la sécurité nutritionnelle.

![Diagramme des piliers de résultat](image.png)

3. **Les objectifs, la portée et la méthodologie des évaluations à mi-parcours (EMP’s) ont été établis pour assurer la comparabilité et aussi pour informer les décideurs des politiques et de la programmation, tant pour l’UNICEF et la CE.**


4. **L’objectif du programme ANSP, qui est d’améliorer l’environnement institutionnel aux niveaux continental, régional et national afin de contribuer à la réduction de la sous-nutrition infantile et maternelle en Afrique, est considéré comme hautement pertinent.**

La justification principale du programme est la prévalence élevée de malnutrition chronique qui reste élevée, ainsi que les besoins importants en termes de renforcement de capacités à agir d’une manière concertée dans la lutte contre la sous-nutrition. Dans le descriptif du projet, la nécessité d’une approche multisectorielle, liant la nutrition à la sécurité alimentaire, à l’agriculture et à la réduction de la pauvreté était liée textuellement et conceptuellement à la fenêtre de 1000 jours. Ce lien n’apparaît plus dans les objectifs, ni dans le cadre logique et les plans de travail; ainsi la nécessité d’une approche multisectorielle et l’accent sur la malnutrition chronique ne sont plus les concepts de base dans la conception du projet.

5. **ANSP/UNICEF agit dans un environnement et dans un contexte qui change rapidement, ce qui demande de la réactivité et une capacité à s’adapter.**

6. La programmation ANSP est à la fois une poursuite des activités programmes de routine de l’UNICEF et le début de nouvelles activités et de nouveaux programmes stratégiques
- Aux niveaux régional et national, plusieurs activités d’ANSP/UNICEF s’ancrent sur des activités existantes ou sont liées à d’autres sources de financement.
- Pourtant, il y a des exceptions importantes où le financement ANSP fait la différence. C’est particulièrement le cas pour des interventions stratégiques sur le long terme, pour lesquelles les fonds sont difficilement mobilisables, et pour lesquelles l’ANSP a fourni le capital de démarrage. Les exemples au niveau national incluent le programme ANJE au Burkina Faso et le partenariat multisectoriel pour la promotion de la nutrition en Ouganda. Au niveau régional le programme WANCDI (pilier 2, WCARO) devient exemplaire.

7. ANSP/UNICEF a, dans les différentes réévaluations, perdu un peu sa substance originale, ajouté des activités et des produits nouveaux, et abandonné des activités et des produits d’origine. Le concept de base, un programme à plusieurs niveaux, à plusieurs piliers, qui complète les autres acteurs, est solide et peut être distinctif.

Le programme a été une fusion premièrement de “business as usual”, avec l’ANSP comme ressource financière principale; deuxièmement de l’exécution des plans de travail comme un projet spécifique; et troisièmement, de plusieurs efforts innovants au niveau régional et national. Au final la complexité du design, couplée avec les modifications apportées au cours du temps, a abouti à une manque de transparence. A plusieurs égards le programme était seulement une entité programmatique sur papier. L’ANSP/UNICEF pourrait être unique et distinctive par la combinaison avec des piliers et des niveaux. Les niveaux s’étendaient catégoriquement sous le niveau national et grâce au pilier 4 de l’ANSP, atteignent jusqu’au sein des ménages et des communautés. Sur ce point ANSP/UNICEF a insuffisamment tiré profit de cette opportunité.

8. Bien que les résultats attendus pour les deux programmes régionaux aient été identiques, en réalité l’interprétation, où plutôt l’établissement des priorités était différent. C’est particulièrement le cas pour les piliers 2 et 3. Pour illustrer cette observation :
- **Pilier 2 : renforcement de capacité** A WCARO le programme WANCDI a commencé tardivement mais a réalisé depuis lors un progrès impressionnant. Contrairement à l’équivalent à ESARO WANCDI est 1) basé à la WAHO (la direction de santé de ECOWAS); 2) a commencé avec une cartographie approfondie, qui a également servi de générer l’appropriation du programme; 3) est géré par un membre de l’équipe UNICEF, basé dans le même pays (Burkina Faso) que le bureau WAHO; 4) fait partie du plan de travail de RNWG, basé à Dakar. WANCDI est donc solidement ancré institutionnellement et a déjà attiré de l’attention pour le processus qu’il a mis en œuvre. WANCDI, bien que se concentrant sur la région entière, reprends des leçons nationales comme l’intégration de la nutrition dans les programmes de santé et d’agriculture et les y contribue.

En revanche, l’effort du pilier 2 d’ESARO a connu du retard et n’a pas l’ancrage institutionnel décrit ci-dessus, malgré la disponibilité d’un partenaire approprié (ECSA-HC).
- **Pilier 3 : Analyse des données et partage de connaissances** ESARO n’a pas utilisé de financement ANSP pour soutenir l’implémentation des enquêtes nutritionnelles dans la région. Pour ESARO, la justification est que beaucoup des pays d’Afrique de l’Est ont déjà une vaste expérience avec les enquêtes nutritionnelles, y compris des enquêtes utilisant la méthodologie SMART. Par contre dans WCARO les enquêtes SMART et leur garantie de qualité étaient le programme phare du pilier 3. Ici un des enseignements tiré est que des directives strictes et le contrôle (validation) des données sont essentiels.

9. Les bureaux régionaux n’ont, jusqu’à présent, pas donné suffisamment d’attention systématique aux pays ANSP.

ANSP était conçu pour se concentrer sur les niveaux régionaux et n’a inclus que 2 pays dans les 2 régions concernées, au total 4 pays. Avec peu d’exceptions, comme le soutien de ESARO au pilier 3 de l’Ethiopie, les bureaux régionaux n’ont, jusqu’à présent, pas donné d’attention systématique aux pays ANSP et ont plutôt répondu aux demandes de n’importe quel pays dans les régions respectives.

- Il y a une foule d’activités intéressantes et des expériences à gagner des pays non-ANSP, y compris des expériences qui, dans le cadre ANSP appartiennent aux piliers spécifiques. Cela pose la question de la valeur additionnelle générée dans les pays ANSP et comment elle peut être partagée avec les autres pays de la région. Il semble que le partage et l’apprentissage horizontal seront particulièrement rentables pour l’expérience ANSP pilier 4...
que ce soit dans un pays ANSP ou dans n’importe quel pays où le pilier 4 est implémenté de façon novatrice. Des exemples réputés sont des programmes au Niger et au Sierra Leone.

10. Il y a une opportunité assez rare d’adresser la prévention de la malnutrition d’une façon qui respecte l’équité et qui signale les déviations (« goulets d’étranglement ») ; comme montré dans le cas de l’ANSP au Burkina Faso.
Réduire l’écart en termes de sécurité nutritionnelle qui existe entre différentes tranches de revenus en termes de malnutrition chronique n’a pas été, jusqu’alors, une ambition explicite dans les pays ANSP. Pourtant dans le programme ANJE au Burkina Faso, étant donné la façon dont il est conçu, il y a une possibilité d’y parvenir. Pour viser cela, le programme doit faire ses preuves en termes d’accès et d’usage, pour des interventions concernant la nutrition et des interventions sensibles à la nutrition. Si le programme y parvient et qu’il est possible de documenter que toutes les strates (quintiles de la richesse) accèdent et profitent également du programme, il a le potentiel de devenir un programme modèle. Dans les autres pays ANSP et aussi dans la plupart des pays MYCNSIA, la dimension d’équité était limitée à la fonction des critères de sélection pour les régions des programmes du pilier 4. Ces critères sont une combinaison de la pauvreté et de la prévalence de la malnutrition chronique dans les régions rurales, en addition des dimensions du genre exigées dans le programme concerné.

11. Dans le pilier 1, il y existe des exemples convaincants de combinaison efficace du plaidoyer, du soutien technique et financier, et de partenariats intelligents ESARO joue un rôle important pour amener la consolidation régionale par son accent sur l'alignement REC. Au niveau continental cette approche était moins efficace en l'absence d’une priorisation des activités claire et les retards dans le recrutement d’un expert de la nutrition au bureau de liaison à AU-UNECO d’UNICEF. WCARO a fourni un soutien substantiel à la formulation de règles dans les différents pays de la région. Le groupe RNWG a joué un rôle clé à cet égard. Dans tous les pays, ANSP/UNICEF était une force dirigeante pour le développement des politiques nationales de la nutrition. Dans plusieurs pays, y compris des pays non-ANSP, le plaidoyer a inclus la sensibilisation des députés du Parlement.

12. Dans le pilier 2 (développement des capacités) on a utilisé efficacement l'approche cascade pour la planification multisectorielle et l'implémentation des programmes. En commençant par le niveau central, la cascade a atteint le niveau sous-comté (l'Ethiopie et l'Ouganda). Au Burkina, au niveau provincial, une équipe de formateurs est actuellement mise en place pour former les organisations sur le terrain. Bien qu’actuellement dans un stade initial, ce système prévoit une réplication nationale. Au Mali, toutes les activités pour le pilier 2 ont été reportées à la troisième année (2014).

13. Dans le pilier 2 (développement des capacités) l’approche d’intégration de la nutrition dans les programmes scolaires semble avoir un grand potentiel. Au Burkina Faso, le soutien à l’intégration de la nutrition dans tous les modules et cours pertinents du centre de formation agricole (Matourkou à Bobo Dioulasso) était exemplaire pour le secteur de la santé. Cela a attiré l’attention internationale. En Ouganda, les partenaires ANSP coopèrent avec le Ministère de l’Education pour intégrer la nutrition dans les programmes de formation pour les professionnels de la santé à tous les niveaux. ESARO soutient une cartographie, composée d’une évaluation des besoins et d’un audit des programmes scolaires existants puis la rédaction, la validation et la finalisation d’un programme pour la formation préprofessionnelle et en cours de carrière de la nutrition en Afrique de l’Est.

14. Dans le pilier 3 (Systèmes d’information et de partage des connaissances) la « documentation » comme une interaction mutuelle entre les bureaux nationaux et les bureaux régionaux doit encore commencer.
Dans le pilier 3 il y a, dans les résultats attendus, un lien naturel entre l’expérience locale et l’effort régional. Dans aucun des quatre pays il n’y a d’évidence que le bureau régional a, d’une manière proactive, commencé à ‘inciter et à assister les pays à le faire. Pourtant, l’appui technique à l’Ethiopie pour développer un cadre de surveillance alimentaire complet est un bon exemple du renforcement des méthodologies pour la collecte des données et le soutien à l’apprentissage en temps réel.
15. Dans le pilier 4 la façon d'adresser les approches de nutrition sensitives était différente entre les pays; dans 2 pays ils étaient séquencés après les interventions spécifiques concernant la nutrition.
En Ethiopie, jusqu'à présent, l'UNICEF a mis l'accent sur ses partenaires sectoriels traditionnels. Au cours de la troisième année «l'UNICEF et le FAO vont faciliter la formation en agriculture sensible à la nutrition. Cette coopération va probablement aider à adopter le concept de multisectorialité en interne et va renforcer la valeur ajoutée de ANSP pour le pilier 4 ». Le Mali a un scenario comparable à Mopti, la seule région où le programme est actif. Cependant, en Ouganda et au Burkina Faso la planification sensible à la nutrition est incluse par conception. En Ouganda les coûts des plans multisectoriels ont été estimés au niveau national et dans les districts pilotes jusqu’aux sous-districts. L’implémentation au Burkina Faso doit encore commencer, alors qu’en Ouganda l’implémentation a commencé dans les régions où les partenaires du développement ont fourni l’assistance technique et le soutien financier.

Cela, et les membres de l’équipe UNICEF l’ont déjà admis, semble une occasion ratée. Particulièrement là où les partenaires doivent implémerter des approches multisectorielles, la propre programmation multisectorielle d’UNICEF pourrait être une source d’apprentissage innovatrice pour les modèles basés sur les données. En Ethiopie, le bureau national, dans son nouveau programme pays, fait un premier pas sous la forme d’un cadre commun pour le WASH, la santé et la nutrition. Un des indicateurs d’impact est le retard de la croissance.

17. L’intégration de la nutrition exige de la « conscience » au niveau individuel; cela a des implications programmatiques, le programme multi-pilier d’ANSP est bien adapté pour les aborder.
L’intégration de la nutrition est rarement quelque chose qui est enseigné: beaucoup des répondants ont souligné que « c’est simplement venu comme ça » comme une révélation, et surtout : d’un examen de leur propre travail selon une optique de la nutrition. Un membre de l’équipe WCARO l’exprime : « Pour les acteurs il est difficile de voir que les principes fondamentaux restent les mêmes alors que le langage peut différer d’un secteur à l’autre et aussi d’un niveau à un autre. Ils ont du mal à comprendre que tout cela fait partie de la même chose. » Un plaidoyer qui vise à accroître la sensibilisation était une partie intégrale du pilier 1, mais des opportunités à un niveau plus opérationnel (piliers 2, 3 et 4) ont été exploitées insuffisamment. Comme indiqué dans le texte principal de ce rapport, tous les piliers, autonomes ou en combinaison, sont des points d’entrée potentiels pour ce type de prise de conscience particulière. Cela a des implications programmatiques, que le programme multi-pilier d’ANSP peut bien adresser – comme il l’a fait déjà occasionnellement.

18. L’inclusion de la nutrition dans des politiques et des programmes plus élevés est un processus à long terme.
Les efforts entrepris pour y parvenir au niveau des politiques nationales ne sont qu’un premier pas, mais un pas crucial. L’ANSP offre une bonne occasion d’améliorer le développement des politiques de la nutrition, basé sur l’interaction entre les différents niveaux (régional - national - sous-national). L’évidence est que, jusqu’à présent, en Ouganda et dans une certaine mesure en Ethiopie le niveau national et le niveau sous-national ont commencé à interagir : des expériences sous-nationales ont « inspiré » et informé le niveau national, qui à son tour adapte ses politiques et rend possible l’adoption d’avantage, etcétera.

19. Même si on ne voit pas encore d’efficacité, il y a des outils utiles pour faire un jugement informé sur leur efficacité probable, y compris une programmation qui est sensible à la nutrition.
Pour les programmes du pilier 4, il est trop tôt pour démontrer leur efficacité en termes de résultats observables. Le contrôle compréhensif au niveau national et des cadres d’évaluation, dans lesquels les indicateurs du cadre conceptuel sont liés au modèle logique ont été élaborés. Les progrès contre les indicateurs ne sont pas rapportés (extérieurement). Le MTE a trouvé utile d’utiliser les critères SUN CRF comme une mesure d’efficacité attendue à un niveau plus stratégique. La même chose s’applique pour les « règles d’or » pour évaluer l’intégration de la
dimension de la nutrition dans l'agriculture. Bien qu'ils soient encore de nature générique, ils sont progressivement consentis et trouvés utiles pour cette évaluation.

20. Il y a eu une retombée considérable au-delà des 4 pays mais on ne peut pas distinguer cela de l'appui régional de routine.
Les indicateurs envisagés pour démontrer l'impact ont varié, des « indicateurs de processus » typiques aux indicateurs de niveau d’impact en termes de prévalence réduite de la malnutrition chronique. Ce sont les deux problématiques : ils ne sont pas attribuables et ils ne reflètent pas l'impact potentiel de l’ensemble du programme, c’est-à-dire : la combinaison des 4 piliers. Pourtant c’est exactement cet effet combiné qui a été accentué dans le document de projet original et le rapport initial.

Recommandations: tableaux récapitulatifs

Pour un aperçu complet des recommandations générées par cette MTE, s’il vous plait référez-vous au chapitre 5 du rapport. Dans les tableaux de synthèse ci-dessous, on a fait une distinction entre les recommandations stratégiques et opérationnelles. Dans l’avis du MTE les recommandations « stratégiques » devraient être mises en mouvement durant le restant du programme ANSP.

<table>
<thead>
<tr>
<th>Recommandations pour UNICEF - stratégiques, à plus longue terme; initié durant ANSP</th>
</tr>
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<tbody>
<tr>
<td>2. (égalité) Pour effectivement faire la différence, ANSP/UNICEF doit devenir beaucoup plus ambitieux dans sa programmation du pilier 4 : il devrait viser les deux, la réduction de la malnutrition chronique et la réduction de l’écart de malnutrition chronique entre les quintiles supérieur et inférieur de richesse. De plus la programmation doit essayer de démontrer de quelle manière cela peut être fait.</td>
</tr>
<tr>
<td>3. (effet de levier, ressources externes) ANSP/UNICEF doit établir le profil et le rapporter sur le programme comme un catalyseur des interventions stratégiques essentielles. Du financement additionnel doit être utilisé comme effet de levier basé sur la force des résultats avérés (précoce).</td>
</tr>
<tr>
<td>• Cela serait encore plus convainquant si ce genre de fonds additionnels était généré par des donateurs externes et, encore mieux, à moyen-long terme par des gouvernements. Le CE pourrait considérer transformer cela dans une condition pour le financement continu dans la période post-ANSP.</td>
</tr>
<tr>
<td>4. (efficacité/efficience opérationnelle) ANSP/UNICEF doit explorer et documenter où, dans ses programmes ANSP, ont eu lieu un renforcement mutuel et une accélération entre les «piliers» et entre les niveaux national et sous-national au sein des pays ; et si possible aussi entre les niveaux ANSP (continental ; régional ; national et vice versa).</td>
</tr>
<tr>
<td>• Les exemples vus par le MTE sont cotés dans chapitre 4 (enseignements tirés et bonnes pratiques) et sont présentés dans les encadres au long du rapport. La documentation des cas pareils et la démonstration que cela n’est pas une expérience sporadique mais en effet une marque de l’ANSP, sera un argument de vente excellent pour des futurs programmes d’ANSP. (Pour la bonne règle : le concept n’est pas neuf et était en effet clairement exprimé dans le document de projet original.)</td>
</tr>
<tr>
<td>5. (intégration interne) ANSP/UNICEF doit chercher et profiler des cas de renforcement mutuel entre les interventions de la nutrition d’ANSP/UNICEF et des autres interventions d’UNICEF notamment en santé, en éducation, en WASH et en protection de l’enfant. Ici I n’y a pas des enseignements tirés car l’EMP n’as pas trouvé aucune exemple dans les pays de l’ANSP.</td>
</tr>
</tbody>
</table>
### Recommandations pour UNICEF – opérationnel ; de priorité

   - L'étude COHA (Cost of Hunger) est un exemple. Ce que l'UNICEF peut mettre sur la table c'est « d'offrir un remède » pour le problème signalé dans les études COHA. En termes simples : COHA publie combien cela nous coûte si nous ne faisons pas attention à la faim. ANSP peut se concentrer sur le prochain pas : combien cela coûte-t-il si nous faisons attention à la prévention de la malnutrition et quels sont les bénéfices financiers et les autres avantages?

7. **(relevance / S&E/ rapport )** ANSP doit garder son concept original, ce qui était admirablement clair dans le document de projet de 2011. Le rapport doit sortir là où ANSP/UNICEF a fait plus qu'envisagé, avec un accent sur le potentiel spécifique d’ANSP pour la valeur ajoutée. C’est-à-dire : combinant les piliers et/ou les niveaux dans des activités significatives et leurs résultats, tout en se basant sur les actions des autres. Là où ANSP/UNICEF a eu des bonnes raisons pour dévier des plans originaux cela doit être rapporté de même.

   - Un bon exemple du premier sera le programme pilier 4 actuel en Ouganda.
   - Un bon exemple du dernier sera l’étude COHA susmentionné et ces résultats (combinant piliers 1 et 3) : ils correspondent à l’objectif ANSP et se sont révélés significatifs pour les pays participants.


9. **(efficacité / pilier 4)** Tous les programmes pilier 4 doivent être examiné pour leur inclusion de programmation nutrition-sensitive. Si la liste de vérification utilisé par le MTE s’avère utile, cela doit devenir une routine, aussi pour les pays non-ANSP.

10. **(impact et ses indicateurs)** ANSP/UNICEF doit explorer les indicateurs d’impact à court et moyen termes discutés dans les dernières chapitres de ce rapport. Là où la mesure finale des indicateurs anthropométriques d’impact est relevante, les objectifs doivent être ajusté pour s’aligner sur les objectifs SUN / WHA.

### Recommandations à l’UE

#### Stratégique (à plus longue terme)

11. ** Continuez le partenariat avec UNICEF pour les programmes de sous-nutrition, se concentrant sur des interventions concernant la nutrition. À cet effet,**
   - Considérez d’utiliser l’accomplissement des deux types de recommandations, opérationnel et stratégique, comme condition fixée pour le financement post-ANSP

#### Opérationnel

12. **(S&E/ rapportage)** Demandez que le S&E et le rapport correspondent avec le document de projet d’origine et avec les recommandations opérationnelles au-dessus.
1 INTRODUCTION

Note 1: In this introductory chapter there is considerable overlap with the October 2013 ANSP Inception Report.

Note 2: the MTE has for obvious reasons adhered to the term nutrition security – as this is where the ANSP programme got its name from.

1.1 The EC/UNICEF partnership on nutrition security

MYCNSIA and ANSP

The European Union (EU) and the United Nations’ Children’s Fund (UNICEF) have entered into a partnership to improve nutrition security in Asia and Africa at regional level and in a total of nine target countries:

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

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

1.1.1 UNICEF’s commitment to nutrition security

UNICEF is an agency with a very strong track record on nutrition, both in emergency settings and as part of development support. UNICEF traditionally has been a strong advocate on nutrition and an important technical partner on nutrition for many Governments worldwide. The UNICEF Annual Reports (State of the World’s Children) provide updated statistics on social and health conditions across the world that includes key nutrition indicators. Recently the agency published an Update on Global Nutrition which, among others, presented progress on SUN countries.\(^5\) There are at the time of writing this report 45 SUN countries of which 31 in Africa. All 4 ANSP countries have joined SUN.\(^6\)


\(^6\) http://scalingupnutrition.org/sun-countries.
Within its global focus area Child Survival and Development, UNICEF is engaging in a varied set of activities in many countries in the world that together form an integrated approach towards promotion of nutrition security. Core areas of work for UNICEF on nutrition are:

- Breastfeeding and appropriate complementary feeding (IYCF)
- Micronutrient supplementation (Micro Nutrient Powders, iron folate, multi micronutrients, Vitamin A)
- Food fortification (particularly salt iodization)
- Management of severe acute malnutrition, and community based approaches (CMAM)

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

1.1.2 EC commitment to nutrition security; the 1000 days window

Since 2011, there has been the EU Reference Document on Nutrition.7 In more recent years the European Union has increased its focus on and commitment to fight under-nutrition worldwide even more. This is among others because nutrition has become a priority on the international development agenda as it is related to several of the Millennium Development Goals (MDGs), especially MDG1 (Eradicate extreme poverty and hunger), MDG4 (Reduce child mortality) and MDG5 (Improve maternal health).8 In March 2013 the EU issued a Communication on Maternal and Child Nutrition which aims to achieve reduction of under-nutrition among children under five years of age, both stunting and wasting. Formulated strategic priorities are: (a) to enhance mobilisation and political commitment for nutrition; (b) to scale up actions at country level; and (c) to strengthen technical expertise on nutrition and knowledge on nutrition for decision-making.8 Box 1 refers.

### Box 1: EU targets and priorities for Maternal and Child Nutrition

The targets that are set in the 2013 EU Communication on Maternal and Child Nutrition on reduction of wasting and stunting concur with the global targets for 2025 that were set during the 2012 World Health Assembly (WHA):

- 40% reduction of the global number of children under five who are stunted (Note: implying a reduction in number of stunted children by more than 70 million 10)
- Reducing and maintaining wasting among children under five to less than 5%

Although the Communication acknowledges the importance of the 1,000 days, there is no explicit reference to other WHA targets on maternal and child nutrition,11 The three strategic priorities that were set are:

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

The 2013 Communication builds on the common framework for the EU and the Member States in combating malnutrition, which was provided in earlier EU communications on global health, food security and food assistance. As such it is a follow-up to the above-mentioned 2011 EuropeAid Reference document on under-nutrition which formed the background for the formulation of the

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7 EuropeAid (2011), Addressing undernutrition in external assistance, and integrated approach through sectors and aid modalities, Tools & Methods Series, Reference Document No. 13, Brussels, September 2011
8 On top of this, nutrition is also related to MDG2 (Universal primary education), MDG3 (Gender equality and empowerment of women) and MDG6 (Combat HIV/AIDS, malaria and other diseases).
10 Extrapolation of the currently achieved rate of reduction in global stunting is 1.8% per year on average means that by 2025 stunting will be alleviated for 40 million children. A rate of 3.9% reduction is required to reach the set target.
11 Other WHA targets are reduction of low birth weight (LBW) by 30%, reduction of anaemia among women of reproductive age by 50%, an increase in exclusive breastfeeding rates to reach a minimum of 50% globally, and zero increase in prevalence of child overweight.
MYCNSIA and ANSP programmes. In this Reference Document it is emphasized that, in line with SUN priorities, the period during pregnancy and from birth up to two years of age is the crucial window of opportunity to ensure optimal growth. By the first trimester of 2014 an Action Plan is expected that will explain how the EC will deliver on its commitments for nutrition.

1.2 MYCNSIA and ANSP

In collaboration with many Governments, UNICEF implements a package of interventions to give children a good start in life. One of the programmes on nutrition is the EU/UNICEF partnership on nutrition security. The programme was established within the overall context of the International Initiative on Scaling Up Nutrition (SUN; see Annex A of the Inception Report for further information). The EU/UNICEF partnership programme targets selected countries in Asia (MYCNSIA) and in Africa (ANSP). The diagram above refers.

In the two programmes, UNICEF works together with governments and other partners with the aim to reduce chronic malnutrition, in particular stunting and anaemia among women and young children. The target after four years of programme implementation is to achieve a 5% reduction of stunting, and a one-third reduction in anaemia among pregnant women and children. The approach is to use the 1000 days window of opportunity from the start of pregnancy to two years of age. The purpose of the MYCNSIA/ ANSP programmes is to position nutrition security on the Asian and Africa regional and national agendas while contributing to the overall achievement of the Millennium Development Goals (MDGs) 1, 4, 5 and 8 related to nutrition. The programmes are aimed at being convergent with the efforts of other UNICEF sectors and external (SUN) partners working in multiple sectors that contribute to reduction of undernutrition, including Mother and Child Health; Water, Sanitation and Hygiene (WASH); cash or social transfer programmes to alleviate poverty; and the agriculture sector (e.g. homestead food production). In each of the countries targeted by MYCNSIA or ANSP, there is a specific context setting, both in terms of the undernutrition profile and in terms of the institutional context.

Four result areas

For MYCNSIA and ANSP, four pillars (results areas) have been defined. Although the pillars are defined as separate entities they are intended to be mutually reinforcing, for a common goal of nutrition security.

12 [http://capacity4dev.ec.europa.eu/t-and-m-series/blog/reference-document-nr.13-%E2%80%93-addressing-undernutrition-external-assistance-%E2%80%93-integrated-approach-] also available in French, soon printed versions of Spanish, Portuguese and German are expected too.


14 UNICEF defines nutrition security as the outcome of good food security, good health, a healthy environment, and good caring practices. Ref. [http://www.unicef.org/nutrition/files/EU-UNICEF_Asia.pdf]

15 See: [http://scalingupnutrition.org/]

• **R1: Upstream policy and nutrition security awareness** (harmonization of policies, strategies and tools at regional and national level). ANSP aims at a situation in which Africa’s key policymakers and leaders of civil society are committed to review programmes on nutrition, ensuring that adequate support is provided to implement nutrition action plans for an effective and sustainable socio-economic development.

• **R2: Capacity development** (aimed at decision-makers and technical staff engaged in nutrition at regional, national and district levels). ANSP’s specific objective is to have departments and units strengthened at all levels, with qualified practitioners in nutrition, and coordination mechanisms involving African networking.

• **R3: Data analysis, information systems and knowledge sharing** (effective coordination\(^\text{17}\), strengthened M&E on nutrition within overall health management information systems etcetera.) Under ANSP this pillar aims at 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.

• **R4: Scaling up key direct interventions** country-specific sets of activities that build on what is already there: support for further roll-out of Infant and Young Child Feeding (IYCF) to promote exclusive breastfeeding and adequate complementary feeding at community level\(^\text{18}\), promotion of micronutrient-rich foods and/or micronutrient powders (MNP), cash transfer programmes, etcetera. In ANSP the emphasis is to have the above integrated in national comprehensive nutrition programmes which are implemented in a coherent, coordinated and synergistic manner with other sectors – such as food security, health, education, Water, Sanitation and Health (WASH) and social protection.

Although MYCNSIA and ANSP are in many ways similar there also are differences, which are partly explained by the fact that ANSP started later and has had the opportunity to learn from MYCNSIA experience. Both programmes are based on an integrated approach that brings together interventions on tackling required policy changes, on addressing planning challenges through well-tailored staff training, to build human capacity and through improvement of relevant data systems, on changing behaviour through education and communication and other activities in selected districts. Unlike MYCNSIA, the ANSP includes continental level objectives as captured in the global logical framework. ANSP has re-worked the logical frameworks at the country level and has given much attention to causal matrices, in which desired outputs and outcomes are logically (causally) linked to project components of the four pillars.

### 1.3 ANSP Scope, objectives and structures

The ANSP programme started October 2011 and is due to run for four years, until October 2015. At the time of the MTE ANSP has thus completed two years of implementation. The programme is being implemented in four countries of which two in West Africa (Burkina Faso and Mali) and two in East Africa (Ethiopia and Uganda). ANSP is designed as a partnership in which UNICEF works with governments and other partners including civil society. Targeted are 25 million children U5 (with 1 million in focus areas) and 5.5 millions pregnant and lactating women (with 600,000 in focus areas).

The scope of the ANSP programme has been defined as: (a) scaling up a number of selected high-impact and proven nutrition interventions that address chronic undernutrition (stunting and anaemia); (b) addressing multi-dimensional underlying causes of undernutrition through engagement with food programmes, WASH (Water, sanitation and hygiene), social protection, food fortification programmes, etcetera (e.g. national MNP programmes, fortification of Brenta, Family Planning and health sector initiatives).

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\(^{17}\) The approach is to build on REACH as the core international coordination mechanism on nutrition, plus regional initiatives like SAFANSI –South Asia Food and Nutrition Security Initiative- and SAARC –South Asian Association for Regional Cooperation- for Asia and the African Task Force for Food and Nutrition Development (ATFFND) and regional institutions like ECOWAS, IGAD, NEPAD, ECSA, SADC, WAHO and CILSS for Africa.

\(^{18}\) IN 2010, UNICEF developed a new set of generic tools for programming and capacity development on community based IYCF counselling. The set was updated in 2012; home fortification of complementary food was added as a new component. See: [http://www.unicef.org/nutrition/index_58362.html](http://www.unicef.org/nutrition/index_58362.html)
efforts, etc. at both national and decentralized levels; and (c) creation of an environment of pro-
nutrition policy development and programming.

The overall objective of ANSP is:
- to contribute to the achievement of the MDG 1, 4, 5 and 8 targets related to nutrition in West
  and East Africa ensuring that the rights of all children and women are protected from the
  adverse consequences of the volatile food prices.

The specific objective is:
- to improve the institutional environment at continental, regional and national levels contributing
  to a reduction in maternal and child undernutrition in Africa.

The overall conceptual framework for ANSP is taken from the Lancet 2008 Nutrition series:

Figure 1: Conceptual framework for ANSP

**ANSP organizational structure**

The overall management arrangements for ANSP are as follows:
- The ANSP programme **Steering Committee** which provides strategic guidance and overview of
  the programme consists of eight members representing the African Union Commission, the EU
  delegation to the AU, UNICEF Liaison Office to the AU/ECA, the African Task Force on Food and
  Nutrition Development, the two Regional Nutrition Advisors WCARO and ESARO, the
  Intergovernmental Authority on Development (IGAD) and the Economic Community of West
  African States (ECOWAS). They are accompanied by the ANSP Project Coordinator and a
  member of the EU Nutrition Advisory Service. The SC meets twice a year and is chaired by the
  representative of the African Union Commission.
- Also, ANSP established **Regional Nutrition Working Groups** in West Africa and East Africa with
  membership from the four most relevant UN agencies (UNICEF, WHO, WFP, FAO), REACH,
  regional academic institutions, NGOs and/ or donors, depending on the organisations present.
• In each of the four target countries, the UNICEF country office has a team of international and national nutrition advisors/ specialists who collaborate with the respective national Government, relevant Ministries and other stakeholders from academia or Civil Society. These teams directly submit their mid-year progress updates and narrative and financial annual reports to the responsible EU Delegation in Bangkok.

**ANSP alignment**

The ANSP programme is aligned with the Scaling up Nutrition (SUN) global initiative and aims at increasing the effectiveness of existing nutrition programmes by supporting national priorities, bringing together resources and fostering broad ownership and commitment to nutrition. The SUN initiative focuses on nutrition interventions during the 1000 days window of opportunity from the start of pregnancy to two years of age. ANSP emphasizes that nutrition issues have to be understood in a multi-sectoral approach. While there were 14 sub-Saharan African countries that had already joined the SUN Movement at the start of ANSP the number has in the course of the first two ANSP years doubled, to 28; at the time of writing this report, in January 2014, the number has further increased, to 31.19

In order to put nutrition security high on the continental development agenda, the ANSP is aligned with African regional and sub-regional priorities through its engagement with the African Union, with NPCA including the CAAPD mechanism, and the Regional Economic Communities (e.g. ECOWAS, IGAD, EAC).

1.4 Purpose, objectives, scope & management of the ANSP-MTE

1.4.1 Purpose and objectives of the ANSP-MTE


The first Mid-Term Evaluation of the programme in Asia has been implemented and reported to UNICEF. A dissemination Workshop to share the results with the five countries involved was held in September 2013. At a later stage, the two end-evaluations will serve accountability purposes towards the donor (EU) and will contribute as input for future policy-making and programming on nutrition security at various levels from continental/ regional levels to the district level.

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

**Objectives of the ANSP MTE evaluation**

Based on the Terms of Reference (ToR, see Annex C of the Inception Report), and building on the set of five well-established OECD-DAC evaluation criteria21, the objectives for the ANSP MTE have been formulated as follows:

1. To assess the relevance, efficiency, effectiveness, impact (to date), sustainability, and equity-focus of the ANSP;
2. To determine the appropriateness of the strategies in place for the achievement of the planned results;

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19 Source: Yr 2 Interim report ANSP, September 2013
20 http://scalingupnutrition.org/sun-countries
21 OECD-DAC criteria are relevance, efficiency, effectiveness, impact and sustainability. See: http://www.oecd.org/development/evaluationofdevelopmentprogrammes/dcdndep/41612905.pdf
3. To determine whether ANSP efforts in relation to all 4 Result Areas of the logframe have been implemented with sufficient quantity, quality and timeliness (i.e. adequacy of programme inputs, against the predefined targets);

4. To distill any Lessons Learned or Good Practices, and identify barriers to effective implementation, in order to make recommendations for modifications for the remainder of the ANSP implementation period;

5. To identify any broader consequences, positive or negative, intended or unintended, which have occurred as a result of the ANSP.

The ANSP MTE thus reviews the first two years of project implementation over the period September 2011 – September 2013.

1.4.2 Scope of the ANSP MTE

The scope of the mid-term evaluation is determined by the core evaluation framework (EF) that is guiding all four evaluations and that has been presented in the MYCNSIA inception report (April 2013). This approach allows cross-comparison of results, conclusions and recommendations between the Asia and Africa programmes and between the MTE and final evaluation within each region. Also, at a later stage during the final evaluation, the common framework will facilitate drawing ‘general lessons’ at strategic levels beyond country and regional experiences.

The EF for ANSP has been further developed on the basis of the Terms of Reference (ToR) and of a preliminary review of a set of documents on the ANSP programme made available to ETC Netherlands by UNICEF (in particular the ANSP progress reports for year 1 and 2). The approach has been to draw up an inventory of the key issues that need to be highlighted in the ANSP MTE, especially when different from the MYCNSIA programme. These items were then integrated in the existing Evaluation Framework with the six Evaluation Criteria (as presented in Annex 2 to the ToR). For each Evaluation Criterion, key evaluation questions were formulated which were then disaggregated into sets of sub-questions. Through this approach, it was ensured that the EF contains the OECD-DAC criteria plus the other evaluation criteria mentioned in the ToR. The intention behind the EF is to look at each question individually but also to analyze the linkages between the four result areas within each country and for the continent/regions as a whole. A summary of the EF is presented in the table below:

Table 1: Core structure Evaluation Framework

<table>
<thead>
<tr>
<th>Main evaluation criteria</th>
<th>Key Evaluation Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance and appropriateness</td>
<td>1. To what extent is the programme design (logical models, results matrices) relevant and appropriate for meeting overall and specific objectives and priorities at continental, regional and country-level? Is there sufficient internal cohesion in the programme? How does the programme complement other efforts to reduce undernutrition?</td>
</tr>
<tr>
<td></td>
<td>2. To what extent are the regional and country-level programme monitoring frameworks appropriate tools for tracking progress from inputs to results?</td>
</tr>
<tr>
<td>Equity</td>
<td>1. To what extent do the implemented strategies have an equity focus? (ie geographic, gender, income, ethnicity)?</td>
</tr>
<tr>
<td></td>
<td>2. Specifically, to what extent have programme design and implementation responded to barriers and bottlenecks to inequalities in access and coverage of key nutrition interventions?</td>
</tr>
<tr>
<td>Efficiency</td>
<td>1a. To what extent have UNICEF and its partners managed to implement the programme at continental, regional and national levels as per action plan (e.g. timeliness, use of funds, etcetera)? This criterion has been shortened, to, Operational Efficiency</td>
</tr>
<tr>
<td></td>
<td>1b. Is the overall financial expenditure rate consistent with the planned progress in the first 24 months of the programme? This criterion has been shortened, to, Financial Efficiency</td>
</tr>
<tr>
<td></td>
<td>2. Has the ANSP funding been instrumental in leveraging other resources (via UNICEF or via other partners) to contribute to the overall goals of stunting and anemia reduction? To</td>
</tr>
</tbody>
</table>
### Main Evaluation Criteria

<table>
<thead>
<tr>
<th>Effectiveness</th>
<th>Key Evaluation Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have resources and efforts been effective in terms of quantity, quality and timeliness to lead to the planned results?</td>
<td></td>
</tr>
<tr>
<td>2. To what extent are the 4 Result Areas’s outputs and outcomes synergistic and coherent to produce development results?</td>
<td></td>
</tr>
<tr>
<td>3. Can any unexpected results be foreseen?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Impact</th>
<th>Key Evaluation Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do programme impact targets on reducing anemia and stunting appear feasible taking into account the findings of the baseline survey and other qualitative information?</td>
<td></td>
</tr>
<tr>
<td>2. What have been broader unintended effects (positive or negative, direct or indirect), at any level of implementation, ranging from activities to impact? (environmental, economic, social, political, or technical)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sustainability</th>
<th>Key Evaluation Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What capacities and ownership have been created for sustained results? At which levels?</td>
<td></td>
</tr>
<tr>
<td>2. To what extent is the programme contributing to an enabling environment for comprehensive and inter-sectoral stunting reduction strategies?</td>
<td></td>
</tr>
</tbody>
</table>

As the set of activities is rather broad and varies from region to region and from country to country (sometimes even from district to district in cases where various types of packages of interventions are being piloted in different locations), it had to be ensured that, within the approach of a common overall evaluation framework, sufficient room is made for highlighting country-specific issues.

#### 1.4.3 Management of the Evaluation

Overall coordination for the evaluations has been done by ANSP Regional Nutrition Security Programme Coordinators in Nairobi and Dakar. The MTE for the ANSP is guided by the same Evaluation Reference Group (ERG) as the one guiding the MYCNSIA-MTE. The ERG consists of four UNICEF Nutrition Advisors (from EAPRO, ROSA, ESARO and WCARO), the UNICEF Evaluation Advisors (EAPRO and ESARO), the representatives of the EU Delegations in Bangkok (MYCNSIA) and in Addis Abeba (ANSP), and a person from the Nutrition Advisory Services (NAS) to the European Union.

A description of the coordination of the work flow and the roles and responsibilities within the team was given in Annex E of the Inception Report; Annex F of the same report gave the overall work plan and timeframe.

Regarding the 7 sub-reports (1 continental; 2 regional; 4 country reports) the two teams followed the ‘natural’ division between East Africa (including continental programme aspects) and West Africa.

It is expected that one team member of each of the two regional MTE teams will participate in the dissemination workshop at the end of the assignment for presentation and discussion on the results of the MTE at regional level. The dissemination workshop will include ample time for discussion and feedback from key stakeholders. A main aim is to build consensus and get commitment on actions to strengthen the programme.
1.5 Evaluation methodology for ANSP MTE

An elaborate description was given in the Inception Report.

1.5.1 Principles

Need to balance across both the four result areas and the four ANSP target countries plus the continental and regional levels

In all four target countries, the main starting point for the programme implementation are the four pillars as defined in the project document (see 1.1.) There are four well spelled out inter-related result areas (pillars) that range from policy development and advocacy, capacity development, nutrition information systems, to implementation of direct interventions at district and local levels. Each of these result areas have a set of specifically defined interventions, results and outcomes. For the first three pillars, implementation can (and should) be at various levels: from regional, national, district to local levels while interventions for pillar 4 are mainly at district level and below.

Aspiring for efficiency during the country visits

For the country-level field work two sub-teams were deployed each composed of two international evaluators. The considerations for having teams of two evaluation experts were the following:

- Possibility to interview a wide range of stakeholders in parallel sessions;
- Possibility to simultaneously visit different programme areas at local level;
- Ability to identify information and data gaps through direct joint exchange and analysis by country team members;
- The joint debriefing sessions at the Regional Office in Nairobi resp. Dakar will allow gathering of additional information with regard to the identified information and data gaps

Acknowledgement that field work has a small geographical coverage only

All four ANSP target countries have been visited by the evaluation team. However, the wide geographical spread of the programme at district level implies that during the field visits only a small proportion of the target areas was visited. Sampling was done on a purposive basis. First of all, the selection was based on feasibility within the short duration of the country visit. Within these limits, the evaluators went to areas with a particularly high level of advancement; where there is a good combination of interventions that can be witnessed; where there is a specific story on implementation of ANSP, etc. In order to cover a minimal amount of field work areas, the two-person country evaluation teams were split up so that each consultant could visit different target area(s).

Understanding of the risks and limitations (selection only)

It is well understood that the MTE has had to take certain limitations into account:

- A complicating factor is that Mali has been affected by an internal crisis which lasted till mid-2013. The ANSP programme in this country has experienced serious delays which needed to be taken into consideration when assessing achievements and results.
- There was relatively little time per country to interview all identified stakeholders and to get a comprehensive impression of the decentralized scaling-up activities; Skype calls have been made with relevant interviewees after completion of the country visits.
- Field work was done in two areas per country; in East Africa this implies that not all field implementation sites could be visited.
- For ANSP there is a substantial regional component including spin-off expected from ANSP countries and from regional activities to non-project countries in the regions. This was not verifiable as these countries were not visited by the MTE team.
- For the continental level objectives a similar limitation applied. The team could not ascertain their implementation other than in interviews and document review at the level of the African Union and the EU and UNICEF delegations to the AU.

A practical and realistic outlook on recommendations and other results

At the time of the MTE the ANSP programme the work plan for year 3 was already formulated. The MTE should come up with operational recommendations to UNICEF and its partners that are realistic
for the remaining programme period of ANSP, and in addition formulate strategic recommendation with a view towards the future, and possibly a next phase.

1.5.2 Methodological approach (selection)

**UNEG Norms and standards**

The UNEG norms and standards have formed the guiding framework for methods and methodology of this evaluation. The methodology is directly derived from the Evaluation Framework as the main skeleton on which the ANSP MTE is based. Based on the MYCNSIA experience the MTE team was aware that the MYCNSIA EF was rather ambitious with many key evaluation questions and specific evaluation questions to be answered. For ANSP, the MTE team has for its data collection used the same evaluation framework, but for its reporting has slightly adapted in order to better maintain the textual flow (details below). This is consistent with the original concept to have one and the same EF guiding the evaluation work at all levels in the five countries in Asia and the four countries in Africa plus the various regional levels involved (South East Asia, South Asia, East and Southern Africa, and Western and Central Africa).

**Equity analysis**

For ANSP the Terms of Reference have been expanded with respect to equity. We refer here to the question on barriers and bottlenecks which has now been included in our Evaluation Framework. Here we have explored in more detail to what extent ANSP has added value to effectively address equity – as compared to existing routines, and as compared to development partners.

**Lessons learned and good practices**

As agreed the MTE has attempted to capture some of the key issues in the form of lessons learned and good practices. It is evident that the ANSP has enabled UNICEF to collect substantial experience with integrated nutrition security programming. These experiences can serve as an important input for scaling up nutrition interventions beyond ANSP, either by UNICEF or by other nutrition stakeholders. Given that ANSP still is a young programme we have included potential lessons learned and potential good practices. These by nature touch on recommendations.

**Use of “mini case studies”**

One of the comments at the time of the MYCNSIA ERG feedback to the ETC tender offer was that it would be good to include a set of mini case studies for more in-depth analysis of some selected priority / representative interventions in each of the MYCNSIA / ANSP target countries. In the context of the MYCNSIA MTE this idea has been adopted by the evaluation team as a good method to complement the structured review of the programme (based on the set of questions in the EF) with a more detailed review of progress on selected specific activities (the sub-results in each country logframe). The evaluation team has done the same for the ANSP MTE. For ANSP we have in particular selected mini-case studies for issues which were not easy to capture in the evaluaton framework and also for so-called multi-pillar issues.

In line with the above, the mini case studies have been selected to generate a variety of observations on programme implementation. The most meaningful case studies have been presented as ‘boxes’ in the report. For the ANSP MTE 1-3 case studies have been produced in each annex report amounting to some 10-14 mini case studies. Criteria for the case studies were presented in the Inception Report.

**Tools for data collection**

Please refer to the Inception Report.

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22 To what extent has the programme design and implementation responded to barriers and bottlenecks to inequalities in access and coverage of key nutrition interventions. For instance, in the following aspects of the programme:

- Selection of the focus sites
- Roll-out of the interventions
- Monitoring log frame, systems and analysis
- Identification and level of participation of different stakeholders of deprived populations
- Communication strategies and community mobilization
1.5.3 Reporting standard

Application of the UNEG norms and standards

In line with the ToR, the ANSP MTE (and final evaluation) have been based on the norms and standards that have been elaborated by the UN Evaluation Group (UNEG). While all standards are pertinent, we want to stress that in particular standards 4.15 and 4.16 are adhered to:

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

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

The ANSP MTE report is prepared taking into account the UNICEF-Adapted UNEG Evaluation Report Standards (July 2010). These standards give clear guidance on the report structure (see Annex H of Inception Report) where findings are presented in direct correspondence to the evaluation criteria and questions (the EF), followed by a section with conclusions and lessons learned, and a chapter with recommendations.

A slight adaption to the OECD-DAC report frame

For the sake of coherence the MTE has slightly adapted the Table of Contents of the main report. The reason is that the main report has been distilled from the (7) underlying annexes. All 7+ 1 reports have been drafted in the same format, both for the sake of consistency, and for cross-referencing. In the opinion of the MTE the format is a good hybrid between the OECD-DAC (standard for evaluations) and the ANSP pillars. The agreed OECD-DAC format (as in Inception Report) has remained the foundation. For the summary the conventional OECD-DAC format has been maintained. The reporting format is consistent with the MYCNSIA MTE report even though MYCNSIA chapters 1-4 have in the ANSP report been combined into one introductory chapter.

1.5.4 Quality Assurance

The steps for quality assurance follow standard procedures. The first and final draft ANSP MTE reports are peer-reviewed before they are submitted to the client. This is a standard procedure within ETC as part of ISO 9000. The peer review process will be supervised by Joanne Harnmeijer, who is also responsible to assure coherence between the different sections of the report.

In this particular assignment there are several subsequent review rounds. The first round is peer review of the seven annexes (4 country annexes, 2 regional and 1 continental) by the different team members themselves. A second round of peer review is done by an experienced nutritionist/ evaluator with whom ETC is collaborating.

The next round of review by relevant UNICEF staff and the Evaluation Reference Group, is entirely external. The draft and final reports will be shared with UNICEF and partners in each of the seven offices. UNICEF, government and other partners will be given approximately one month to react to the first and final report. In particular the comments on the first draft report will assist the evaluation team to correct mistakes or misperceptions presented in the report.

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23 See: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=22
1.6 ANSP’s raison d’être: continuing need to reduce under-nutrition

1.6.1 Nutrition Situation: Key statistics

Table 2: Key statistics

<table>
<thead>
<tr>
<th>Key geographic, economic, and social characteristics&lt;sup&gt;25&lt;/sup&gt;</th>
<th>Africa</th>
<th>Sub-Saharan Africa</th>
<th>East and Southern</th>
<th>West and Central</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (2010) in thousands</td>
<td>1,020,650</td>
<td>855,273</td>
<td>398,968</td>
<td>411,864</td>
</tr>
<tr>
<td>Life expectancy at birth (2010)</td>
<td>57</td>
<td>54</td>
<td>55</td>
<td>53</td>
</tr>
<tr>
<td>GNI per capita (2010)</td>
<td>USD 1,483</td>
<td>USD 1,192</td>
<td>USD 1,486</td>
<td>USD 905</td>
</tr>
<tr>
<td>% of population below international poverty line of US$ 1.25 per day (2006-2010)</td>
<td>42</td>
<td>49</td>
<td>45</td>
<td>52</td>
</tr>
<tr>
<td>% of children (2006-2010) early initiation of breastfeeding</td>
<td>46</td>
<td>48</td>
<td>51</td>
<td>41</td>
</tr>
<tr>
<td>% of children (2006-2010) who are exclusively breastfed (&lt;6 months)</td>
<td>34</td>
<td>37</td>
<td>52</td>
<td>25</td>
</tr>
<tr>
<td>% of children (2006-2010) introduced to solid, semi-solid or soft foods (6-8 months)</td>
<td>68</td>
<td>71</td>
<td>84</td>
<td>65</td>
</tr>
<tr>
<td>Antenatal care coverage at least once / at least four times (%)</td>
<td>78/49</td>
<td>78/47</td>
<td>89/51</td>
<td>71/45</td>
</tr>
<tr>
<td>Vitamin A supplementation (full) coverage rate (6-59 months) (%)</td>
<td>86</td>
<td>78</td>
<td>72</td>
<td>83</td>
</tr>
<tr>
<td>% of households consuming iodized salt (2006-2010)</td>
<td>55</td>
<td>49</td>
<td>50</td>
<td>52</td>
</tr>
<tr>
<td>% of infants with low birth weight (2006-2010)</td>
<td>13</td>
<td>12</td>
<td>-</td>
<td>123</td>
</tr>
<tr>
<td>% of under-fives (2006-2010) suffering from underweight (WHO), moderate / severe</td>
<td>19/6</td>
<td>78</td>
<td>72</td>
<td>83</td>
</tr>
<tr>
<td>% of under-fives (2007-2010) suffering from wasting (WHO)</td>
<td>9</td>
<td>49</td>
<td>50</td>
<td>52</td>
</tr>
<tr>
<td>% of under-fives (2007-2011) suffering from stunting (WHO)</td>
<td>38</td>
<td>40</td>
<td>40</td>
<td>39</td>
</tr>
<tr>
<td>% of children under five suffering from anaemia 2007&lt;sup&gt;26&lt;/sup&gt;</td>
<td>59</td>
<td>63</td>
<td>64</td>
<td>62</td>
</tr>
<tr>
<td>% of non pregnant women (aged 15-45) suffering from anaemia 2007&lt;sup&gt;2&lt;/sup&gt;</td>
<td>43</td>
<td>45</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>% of pregnant women (aged 15-45) suffering from anaemia 2007&lt;sup&gt;2&lt;/sup&gt;</td>
<td>48</td>
<td>49</td>
<td>50</td>
<td>49</td>
</tr>
</tbody>
</table>

Food and nutrition security in Africa, in particular in Sub Saharan Africa (SSA) has hardly improved over the last decade, despite many initiatives at continental and regional level.<sup>27</sup> The latter include initiatives by the African Union Commission (AUC) such as the revision of the African Regional Nutrition Strategy (ARNS) and Africa’s Renewed Initiative for Stunting Elimination (ARISE 2025 Initiative), the Maputo Declaration and Lagos Plan of Action, and by the Comprehensive Africa Agriculture Development Programme (CAADP).

Malnutrition in Africa is at present one of the leading causes of mortality among children under five. Data indicate that malnutrition including foetal growth restriction, stunting, wasting and micronutrient


<sup>26</sup> 6th Report on the world nutrition situation, UNESCN, Geneva; weighted calculation from tables 17-19, p 38-40

<sup>27</sup> Draft factsheet 4: health and nutrition, African Union Commission, Department of Social Affairs, July 2013
deficiencies (of vitamin A, zinc, iron and others) contribute to up to 45% of all child deaths\textsuperscript{28} in Africa. In SSA this amounts to more than 1.5 million deaths annually.

Nine percent of children under-five in SSA are wasted. In the Sahel region, an estimated 1.4 million children were suffering from severe acute malnutrition (SAM) in 2013. Countries of concern include Nigeria, Chad, Niger, Mali, Burkina Faso, Cameroon, Mauritania, Gambia and Senegal. In DRC, about 1 million children under 5 suffered from SAM, while in Sudan and other countries in North Africa some 2 million children were affected by acute malnutrition (moderate or severe) in 2013\textsuperscript{29}. Acute malnutrition increases the risk of mortality due to infectious diseases. Children suffering from severe acute malnutrition are eight to ten times more likely to die from common illnesses including acute respiratory infections, diarrhoeal diseases and malaria than well-nourished children.

In SSA, 13 percent of babies are born with a low birth weight (less than 2.5 kg). More than a third of all children less than five years of age are stunted (an estimated 55 million children). Low birth weight and stunting are strongly associated with non communicable diseases such as diabetes and cardiovascular disease in adults\textsuperscript{30}. While in Asia the prevalence of stunting in children younger than five years decreased from 48% to 27% during the period 1990-2011, the prevalence in Africa decreased from 42% to 36% only. In Western Africa, stunting decreased marginally from 39% to 36%, while in Eastern and Southern Africa stunting declined from 51% to 42% and from 36% to 31% respectively\textsuperscript{31}. At present, 17 countries in Africa have stunting rates above 40% and 36 have rates above 30%\textsuperscript{32}. Figure 2 compares trends in stunting in Africa, Asia and globally over the last 25 years\textsuperscript{3}.

While in all developing countries together the total number of stunted children under five has declined from 248.4 million in 1990 to 159.7 million in 2011, the number in Africa has increased from 45.7 million to 56.3 million during this period in particular due to population growth in Eastern and Western Africa. In these regions the number of stunted children under five increased from 18 million to 22.8 million and from 12.8 to 18.9 million respectively.

Nearly half of all pregnant women and preschool children in SSA suffer from anaemia due to iron deficiency. Other micro-nutrient deficiencies, particularly of vitamin A, zinc and iodine, in children under five years of age remain a major problem as well, and progress in combating these deficiencies is slow. Iron deficient anaemia (IDA) and vitamin A deficiency increase morbidity and mortality in young children, while iodine and zinc deficiency are associated with impairment of mental and intellectual functions in children and adults. Countries in Africa lose an estimated to 2-3 percent of

\textsuperscript{28} Draft factsheet 4: health and nutrition, African Union Commission, Department of Social Affairs, July 2013
\textsuperscript{29} UNICEF Liaison Office to the AU and UN Economic Commission for Africa, press release on nutrition situation in Africa, Jan-August 2013
\textsuperscript{30} Low birth weight and/or stunting often result in catch-up growth, which in turn may lead to overweight.
\textsuperscript{32} See footnote 1.
their Gross Domestic Product each year due to malnutrition including micro-nutrient deficiencies, and in doing so extend the cycle of poverty and impede economic growth\textsuperscript{33}.

As elsewhere, the immediate causes of malnutrition in Africa are low dietary intake and diseases. Underlying causes include inadequate access to food and health services, an unhealthy environment (including unsafe water and inadequate sanitation) and poor child care practices.

Nearly half of the population of SSA (more than 400 million people) live below the poverty line of US $1.25 per person per day. Low purchasing power in combination with erratic weather/climate conditions negatively impact on households’ food security. Dietary intake, in terms of quantity and quality, is not improving in SSA relative to other regions of the world. While over the last twenty years in Asia the per capita availability of fruits and vegetables doubled from 300 to 600 grams (gross) per day, availability in SSA only increased by 10 grams per person per day. The consumption of fat and oil, vegetables, fruits and animal products in SSA is the lowest in the world\textsuperscript{34}. Dietary diversity, which is associated with child nutritional status\textsuperscript{35} and is also an indicator of micronutrient adequacy in the diet\textsuperscript{36} hardly improved in SSA during the last decade. Food insecurity in many countries in SSA has also deteriorated because of the high prevalence of HIV/AIDS, which not only heavily impacts on the burden of disease, but also has negative implications for the workforce and productivity. In addition manmade disasters including conflicts and (civil) strife, natural disasters such as recurrent droughts, floods as well as pests and locust invasions have exacerbated food insecurity.

![Figure 3: Proportion of urban population living in slums by region (2012) and Increase of total urban population (1990-2012)](image)

Lastly, although urbanisation and population growth are not unique to Africa, the pace and adverse effects on living conditions in SSA are larger than in other parts of the world. During the period 1990-2012, the proportion of people living in urban areas in SSA increased from 28% to 38%. In absolute numbers, the urban population increased from 146.6 million people to 345.6 million, an increase of 236%. Of these more than 60% live in slums. SSA has the highest proportion of urban slum dwellers in the world, twice the average (33%) in developing countries. Chronic malnutrition among children in slums is high, sometimes higher than in poor rural areas.

\textsuperscript{33} Cost of Hunger in Africa. Available from: [http://sa.au.int/en/content/cost-hunger-africa](http://sa.au.int/en/content/cost-hunger-africa)


1.7 Continental Policy Framework in Nutrition Security

The African Regional Nutrition Strategy (ARNS) 2005-2015 is the main continental strategy in nutrition. The strategy is being reviewed into a tool for analysis, planning and program delivery. The purpose of the revised ARNS is to sensitize Africa’s leaders about the essential role food and nutrition security plays in implementing strategies for socio-economic development. It re-emphasizes that nutrition is a basic input in poverty alleviation strategies and achieving the MDGs. The revised ARNS incorporates new information on the management of the disease burden, defines the strategic role of the African Union (AU) and Member States in nutrition and presents a framework for action to this end, including the ARNS contribution to the regional integration agenda through Regional Economic Communities (RECs). The plan of action sets out priority areas of action, objectives and strategies plus activities for achieving these objectives.

The New Partnership for Africa’s Development Planning and Coordinating Agency (NPAC 2001) is a programme of the AU, aimed at poverty eradication, promotion of sustainable growth and development and the empowerment of women through building genuine partnerships at country, regional and continental levels. NPCAD is a blueprint for Africa's development in the 21st century and aims to address challenges facing Africa including the attainment of the Millennium Development Goals (MDGs), the escalating poverty levels and underdevelopment of African countries and the continued marginalisation of Africa from the global economy. NPCA’s Health Strategy (2007-2015) includes (a very limited number of) recommendations on nutrition interventions. NPCA’s Ten Year Strategy for the Reduction of Vitamin and Mineral Deficiencies (VMD) draft Plan of Action 2008-2011 provides a strategic framework to combat VMD. Priorities include food based strategies, supplementation, fortification and (clinical) management of VMD. Pilot countries where the plan is implemented include Algeria, Burkina Faso, Ethiopia, DRC, Senegal and Zambia. The VMD Strategy is complementary to NPCA’s Agriculture and Food Security (FAFS) programme which focuses on helping African countries improve economic growth through agriculture-led development. The programme is guided by the CAADP framework.

The Comprehensive Africa Agriculture Development Programme (CAADP), developed and endorsed in 2003 by the African leaders, identifies food-insecurity, hunger and malnutrition as major problems in Africa that required immediate action. The programme is built around four pillars. Pillar 3 focuses on increasing food supply, reducing hunger and improving responses to food emergency crises. Under this pillar, a Framework for African Food Security (2009) was formulated. One of the flagship CAADP pillar 3 programmes is the Home Grown School Feeding Initiative (2012).

The Pan-African Nutrition Initiative (PANI), drafted through a multi-stakeholder consultative process in 2005 and further refined to finality in 2008, applies a multi-sectoral nutrition lens to ongoing CAADP and NPCA initiatives with a view to identify opportunities to scale up programmes that have high potential to positively impact on nutrition. The PANI is a tool for analysis, planning and program delivery. Subsequently in 2011, NPCA and the Global Alliance for Improved Nutrition (GAIN) signed an agreement to develop a five year joint program which fully integrates nutrition security into the (CAADP and helps to harmonize CAADP and nutrition interventions.

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

The Cost of Hunger Study in Africa (COHA) Study is a project led by the DSA/AUC, and supported by the United Nations Economic Commission for Africa (UNECA), NPCA Planning and Coordinating Agency, and the World Food Programme (WFP). The COHA is a multi-country study aimed at

37 For data at regional and country level we refer to the annexes
38 http://www.nepad.org/history
39 See: http://www.nepad.org/foodsecurity
40 5th Meeting of the ATFFND, Lesotho, July 2013.
estimating the economic and social impact of child undernutrition in Africa. The study, launched in 2012, has been initiated in 4 countries (Egypt, Ethiopia, Swaziland and Uganda) and will be rolled out to another eight countries (Botswana, Burkina Faso, Cameroon, Ghana, Kenya, Malawi, Mauritania and Rwanda).

More than half of the 45 Scaling Up Nutrition (SUN) countries are from Africa. Among the 28 African countries which have joined the SUN are all four ANSP countries. NPCA’s Chief Executive Officer is a member of the SUN Lead Group. NPCA’s Senior Food & Nutrition Security Advisor is one of the SUN Country Network Resource persons.

1.8 Continental stakeholders in Nutrition Security

The Department of Social Affairs of the African Union Commission (DSA/ AUC) is responsible for initiating, planning, coordinating, harmonising and monitoring accelerated and sustained continental policies, programmes and projects that promote human development and social justice and the well being of all Africans. The work of DSA/ AUC is based on the growing consensus that human development is important for economic and social progress. The department is responsible for health and nutrition, for social welfare including social protection, labour and employment as well as culture and sports. The Department also hosts the Secretariat of the African Committee of Experts on the Rights and Welfare of the Child. One of the core functions of the department, through the Division of Health, Nutrition and Population is focusing on nutrition security at household, community and national levels.

The objectives pursued by the Department of Rural Economy and Agriculture (DREA) of the African Union Commission (DREA/AUC) include (i) promoting agricultural and rural development; (ii) ensuring food security for Africans; (iii) achieving sustainable development and improved livelihoods for the population and; (iv) ensuring effective protection and development of the African environment (...) including disaster risk reduction and adaptation to climate change. The Division of Agriculture and Food Security coordinates among others continent-wide initiatives on food and nutrition security and facilitates –in collaboration with NPCA (see below) the implementation of the CAADP agenda.

The New Partnership for Africa’s Development Planning and Coordinating Agency (NPCA) is tasked with the implementation of the NEPAD Programme and the African Union Development agenda. The core mandate of the NPCA is to facilitate and coordinate the implementation of regional and continental priority programmes and projects and to push for partnerships, resource mobilisation and research and knowledge management. Since 2011 NEPAD has been fully integrated in the AUC structure.

The main coordinating body for nutrition in the AU is the African Task Force on Food and Nutrition Development (ATFFND) chaired by the DSA/ AUC. The ATFFND was established in 1987 by the OAU (the predecessor to the African Union) and UN agencies. ATFFND’s main objective was to advocate for and sensitize policy-makers in Africa on the role of food and nutrition security as a basic input in socio-economic development of the continent. After a period of inactivity, the ATFFND was reactivated in 2008 following the revision of the ARNS and acknowledgement that food and nutrition security are basic to health and need to be included in order to achieve MDG health targets. According to the TOR agreed on during the first meeting, the objective of the re-activated ATFFND is to assist African Union Member States in implementing the ARNS and achieving food and nutrition related MDGs for optimum health and development of all Africa’s Population throughout their life cycle. The specific objectives include the following: (i) to lobby and sensitize Africa’s policy-makers about the essential role of Food and Nutrition Security for socio-economic development at household, community and national levels; (ii) to support Member States to formulate their own national plans/strategies of nutrition; (iii) to work with RECs and other Regional Organizations to strengthen or establish social affairs desks with Food and Nutrition as a major component; (iv) to establish a network of sharing Food and Nutrition information on a regular basis; (v) to develop a progress report on the implementation of the ARNS Plan of Action by Member States and submit it to AU Summits on a regular basis; (vi) to support the

42 http://www.nepad.org/n pca
establishment of a network of Africa’s NGOs and CSOs that work with communities on food and nutrition issues; (vii) to liaise with relevant Universities in Africa on the promotion of research aimed at improving the status of Food and Nutrition Security on the continent and; (viii) to develop a Mechanism for Monitoring, Evaluation and Reporting on the Implementation of ARNS Plan of Action by Member States. An important task of the ATFFND is to review progress in the implementation of the ARNS. ATFFND also provides technical input into the COHA study.

UNICEF and WFP both have liaison offices (LO) to the AU. The UNICEF LO was formally established in 2009. Staff consists of a head of the liaison office – the special representative to the AU/ UNECA, a public affairs officer and administrative support staff. To support the implementation of EC/ ANSP funded activities UNICEF LO hired a consultant for six months (May – November 2012). Staff of the WFP LO also consists of a head of the liaison office, a public affairs officer and administrative support staff. In addition the WFP LO employs consultants for the COHA initiative. WHO and FAO have AU focal points within their Ethiopia country offices, while the Country Representative and the Regional Director for East Africa assume formal representation.

1.9 Increased momentum for nutrition security in Africa

Significant and rapid context changes – ESA

Since the development of the ANSP in 2010 and its approval in Sept 2011, integration of nutrition in the development agenda has gained significant momentum. Many countries now have political support for multi-sectoral coordinating mechanisms and frameworks for nutrition-sensitive development. Many countries also have joined global initiatives to advance nutrition. Taking the example of Eastern and Southern Africa, at present, 16 out of the 23 ESA countries are a member of the Scaling Up Nutrition (SUN) movement. Eight ESA countries are among the early risers which joined in 2010 or 2011, including Uganda. The ESA countries are sharing their experience in costing and tracking nutrition interventions among others through workshops.

Commitment to nutrition is also manifested by the relatively high number of ESA countries where REACH has been established. Five out of the thirteen REACH countries are in Eastern Africa (Ethiopia, Mozambique, Rwanda, Tanzania and Uganda). Other significant global initiatives for the region include the US government’s “Feed the Future” (FTF) initiative, which has selected seven (out of a total of 19) countries in Eastern Africa as partners. This initiative, focusing on among others inclusive agricultural sector growth, gender integration, improved nutrition, private sector engagement, research and capacity building provides opportunities to boost multi-sectoral approaches to reduce malnutrition and provides good opportunities for linking up with the ANSP. Collaboration between the ANSP and FTF in Uganda is an example in case.

Significant and rapid context changes – WCA

Also in West and Central Africa the context of ANSP is rapidly changing as new regional initiatives and programmes aiming at Nutrition Security have emerged since it was designed in 2010. This changing context is a result of new global and regional initiatives as well as strengthened national political commitment to control malnutrition.

• In the first place, the SUN movement has gained momentum with 17 out of the 24 WCA countries now having subscribed to its charter (13 countries in West Africa; 4 countries in Central Africa) and with two more (Togo and Liberia) about to join.

• Secondly, the Regional Economic Commission for West Africa (ECOWAS) Nutrition framework has been adopted calling more attention to MAM, IYCN, and Capacity Building.

• The REACH initiative has gained momentum in the region with joint UN programmes taking shape in several countries including Chad, Congo, Ghana, Mali, Mauretania, and Niger. UNICEF WCARO hosts with ANSP funding the post of the regional REACH facilitator.

45 Source: www.scalinguphenutrition.org/sun-countries (accessed 23 december 2013)
Through this position, ANSP is a crucial support to REACH and is contributing to its alignment. The support benefits current REACH countries and helps new countries to join REACH.

- In the West Africa region, the European Union together with other development partners have in 2012 taken the initiative to start the Global Alliance for Resilience Initiative (AGIR). This initiative is a response to the Sahel Hunger Crisis in 2012. 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. The inception has taken place with a workshop in Burkina Faso early 2013.

- The CAADP Nutrition Workshop for West Africa which was held in Dakar in November 2011 has given significant impetus to the integration of nutrition in the formulation of national agricultural policies.
2 FINDINGS

2.1 Overall Relevance and Appropriateness

2.1.1 Programme design

The 1000 days window of opportunity does not feature in ANSP’s logic model, logframe and workplans, so that concepts such as the multi-sectoral approach are no longer anchored in the project logic.

The original project document states: “This initiative will address maternal and child under-nutrition with a focus on the 1000 days window of opportunity (from conception period up to two years of life) in order to improve child survival, growth and development in the Africa region”. Remarkably, the focus on the 1000 days window is not re-iterated in the programme’s specific objective, which reads: “To improve the institutional environment at continental, regional and national levels contributing to a reduction in maternal and child under-nutrition in Africa”. In the project document the need for “a multi-sectoral approach linking nutrition to food security, agriculture and poverty alleviation” is textually and conceptually linked to the 1000 days window. This argument has fallen away in the logframe and in the workplans. Also, the 1000 days window does not feature in any of the four expected results, nor in the sub-results (the outputs). Yet at country level the emphasis is there in several pillar 4 programmes.

The Inception Report recaptured some of the original emphasis

The June 2012 final version of the Inception Report (IR) has been used to bring back some of the original gist of the project document. This is clear from texts such as “This project focuses on both achieving a high level policy level engagement and on evidence-based, cost-effective and high-impact interventions identified in the Lancet Nutrition Series, as well as in the SUN Movement framework, with a particular emphasis on linking with partners to address non-nutrition, non-health factors which contribute to the immediate and underlying causes of maternal and child under-nutrition. The project is operating at all levels (national, regional, district and community) to establish links with other sectors to address the multi-dimensional, underlying causes of undernutrition, and to create an environment of pro-nutrition policy and programmes, which is needed to sustain improvements in nutrition in the long term.”

ANSP has the potential to offer an alternative to the prevailing emergency “crisis” modality.

The need for a development approach is increasingly recognized.4647 It also is the raison d’être of the ANSP supported RNWG in East and West Africa (Box 2 refers). While ANSP has in institutional terms not been a recognisable entity – few respondents were aware that there is such a programme – there is scope for ANSP to profile itself as a programme that supports a visionary long term approach. For example, it is conceivable that the RNWG enables horizontal learning between IYCF programmes, including non-ANSP countries such as Sierra Leone.

Box 2: Regional Nutrition Working Group with a long term development focus

The Dakar based Regional Nutrition Working Group (RNWG) has been established in 2008 from the formal alliance of 5 organisations (MI, UNICEF, HKI, FAO, WFP). It was born from a common concern of these regional actors to have a long term perspective with regard to nutrition security in West Africa and Central Africa, as opposed to the prevailing emergency mode of nutrition-related interventions. The individual members of the RNWG have changed over the years, and so has the context, but, remarkably, the working group still exists and is steadily growing. There is apparent added value in having such a group, notably for initiatives that can only or best be done at regional level – such as the promotion of standards and norms for food fortification or the development of nutrition curricula (see pillar 2).

46 Also see http://www.ifpri.org/blog/healthy-growth-breeds-healthy-growth
The original project document argues the need for a comprehensive “multi-pillar” approach
The original project document gives a succinct summary for ANSP’s raison d’être: “The added value of
the proposed action is to bring a comprehensive approach that addresses key bottlenecks such as
limited institutional and technical capacity (result 2); low coverage of comprehensive nutrition
programmes (result 4) and strengthens support activities such as advocacy (result 1) and monitoring
and evaluation (result 3). It also has three components (continental, regional and country levels) that
will help to align strategies at all levels: strengthen linkages with regional organisations, ensure that
nutrition is kept in their agenda and foster cross fertilisation.” 48

The original emphasis of the project had both horizontal coherence between the pillars (see
above) and a clear sense of a multi-level approach, in which the regional level would be fed by
country-level action-on-the-ground.
Specifically, the original project document states that “The regional component is the main component
of the programme, supported by the continental institutional base and fed by national scaling-up
actions.”

At regional level ANSP complements, reinforces and exploits UNICEF’s mainstay functions
ANSP funds complement other UNICEF funding. The cumulative funds enable UNICEF to maintain a
good number of staff with an appropriate range of competences such that the regional office can play
the role that is expected and typical for a regional office. It is especially in the budget that ANSP can
be recognised as what may be described as core-funding enabling the regional offices to play their
role (financial details in section 2.7.2). This role is first and foremost that of support to countries in the
region. With a few exceptions support to countries does not single out ANSP countries. Rather, the
UNICEF regional office routine of responding to country requests is followed. There also is no
structured horizontal learning between the countries, with ANSP countries serving as “models”. Rather,
the regional staff themselves serve as learning conduits for good practice: whilst they are
taking up one assignment after another they apply the lessons they learned in the new situations they
encounter, from one country to the next. It is in this way that expertise is gained and maintained, to the
benefit of the four focus countries, the other countries and of UNICEF itself. (Sources: UNICEF
regional staff interviewed). Thus, although ANSP is formulated as a project with its own objectives and
set of pillars (result areas), these largely coincide with the routine tasks of the regional nutrition units.
As one WCARO staff member said: “These pillars are nothing new; this is what we do.”

ANSP/UNICEF has in several focus countries pursued the ambition to put the comprehensive
four-pillar package on the map, with an emphasis on reduction of stunting
ANSP/UNICEF is in Uganda making headway to put the comprehensive four-pillar package on the
map. In Ethiopia it is also set to do so, but has been slowed down because the revised National
Nutrition Policy has been delayed. In Burkina Faso the pillar 4 IYCF programme is set to become
exemplary for prevention of chronic malnutrition. In Mali the intention is there, but the combination of
pillars is yet to be implemented. Thus, despite the absence of objectives for stunting reduction, all four
countries have in fact made this their focus. Some countries have done this by making “smart” use of
the programme’s four pillars. (Details will follow in subsequent sections and boxes.)

2.1.2 Coherence, completeness and complementarity to other initiatives

Partnerships
An important strategy of ANSP is to enable and nurture multi-stakeholder partnerships at all
levels
In the original project document there is a strong emphasis on synergy: “Through improved synergy
with existing initiatives, this programme will aim at maximising nutritional benefits of food security
interventions.” 49 In its design, ANSP intends to enable and nurture partnerships at all levels. Examples
of this intention are:

- Continental: Support to the AUC and to the NPCA
- Regional: In East Africa, ESARO builds on regional initiatives (IGAD and other RECs, including
  EAC, COMESA and other regional bodies such as the International Conference on the Great
  Lakes Region (ICGLR), Economic Community of Great Lakes Countries (CEPGL). In West Africa,

48 Support to Nutrition Strategy in West and East Africa programme, CRIS 2011 / 274-032
49 ibid
WCARO is closely collaborating with ECOWAS and its health branch WAHO. WCARO has been one of the initiating members of the Regional Nutrition Working Group bringing together about 20 organisations working in the field of Nutrition Security in West Africa.

- At country level: see country annexes

**Existing linkages provide opportunities for the future**

Taking the example of ESARO, collaboration with ECSA-HC and NPCA/CAADP Pillar 1 provides a good opportunity for advocacy for and support to policies for high impact nutrition specific interventions in the health sector and nutrition sensitive programming in the agriculture/food security sector. In principle, the ANSP design also enables to link ANSP pillar 4 experience at country-level to ESARO pillar 1 work at regional level.

The original project document emphasises coherence and complementarity both out of necessity and for mutual benefit (“win-win”) In the original project document there is a strong emphasis on partnerships that are both complementary and give mutual benefit. This goes as far as using existing platforms: “The proposed action will ensure harmonisation with REACH and SUN [...] will use the coordination platforms developed by both initiatives for monitoring and feedback and will use the tools developed by REACH in countries that are not implementing this initiative (i.e. Burkina Faso) to strengthen result 1”. And also: “... The proposed action will build on outcomes (tools, processes and results) of other initiatives such as IYCF [...] and FTF [...]. For instance, FTF at country level does not have expertise in nutrition; therefore UNICEF and other partners will provide the technical expertise to ensure that FTF activities are aligned to the national strategies for food and nutrition security and embedded in all other partners’ initiatives such as SUN and REACH.”

Again taking the example of ESARO, ANSP is coherent and mutually reinforcing with the SUN movement. UNICEF coordinates with the SUN Secretariat for activities that can support the SUN Initiative for instance during meetings. In addition, the ANSP ESARO component is playing a significant role in bringing about continental consolidation through its focus on REC alignment. This could ultimately lead to a coherent nutrition frame-work across RECs and across Africa. The ANSP-ESARO complements activities in the context of REACH, notably in terms of facilitating processes, in particular coordination mechanisms such as the Regional Food Security and Nutrition Working Group.

**ANSP has at country level exploited the opportunity to be “complementary by design”, as envisaged in the original project document and also in the Inception Report**

Notably in Pillar 4 there has been opportunity to coordinate with other agencies, for the sake of coherence and cost effectiveness. This can go as far as in Uganda where it was from the start the intention to: “In collaboration with USAID/FTF partner and district authorities ensure support for BCC activities promoting nutrition” as phrased in the work plan. Box 13 refers for a description. This is in stark contrast with Mali regarding the pillar 4 design and implementation. In Sikasso, another agency had already since 2008 been active in the area selected by ANSP, with multiple interventions, including IMAM and IYCF. In Burkina Faso the IYCF programme is grafted on the work of local NGOs that have been active in the project areas under the MoH PADS programme (Annex F refers). Here IYCF will be a natural extension of what was done before, helped by the fact that it will be the same actors of the same NGOs and CBOs that will implement IYCF. The ANSP in Ethiopia is a multi-stakeholder partnership in which UNICEF, various universities and NGOs support GoE departments at federal and regional level as well as government structures (health facilities and schools) at woreda levels.

**Leverage of additional resources is sought, by using evidence generated in successful pilots**

The original project document has multiple references to complementarity, coordination and coherence – with existing initiatives, actors, tools etcetera. There is an implicit expectation that the project, by “ensuring that policy and strategy documents are evidence-based [...] will lead to a stronger political commitment and increased funding for nutrition security.” There is no mention of ANSP as a leverage to generate additional financial resources. Yet this is how in practice intervention packages, especially new initiatives with the nature of pilots, are conceived. A good example is the pillar 4 IYCF package in Burkina Faso, which in its current status is incomplete in two ways: it is yet to get funding for the Micro Nutrient Powder (MNP) component; and it is yet to get funding to go to scale, and cover the entire country, as envisaged. In fact, a main function of the current test phase is that it should...

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50 Support to Nutrition Strategy in West and East Africa programme, CRIS 2011 / 274-032
generate results which will leverage additional funding. The results of the current test phase should thus act as a catalyst. Section 2.7.3 elaborates how ANSP has both at country and at regional level had the function of a catalyst. This catalyst function has remained limited to defined pillars and within-pillar packages; there is no evidence that ANSP has profiled its combination of pillars, or its horizontal linkages between countries, as a leverage.

**Within-programme coherence**

A multitude of linkages, levels and activities make it difficult to see the wood for the trees

The MTE has in several countries drawn out how ANSP operates at several levels. In almost all programme components including ESARO, WCARO, Mali, to mention a few, it has been observed that the logical model, logframe, and activities lack consistency. On top of that the accompanying budgets do not correspond with the planned activities or refer to other activities which are not part of the logframe. Also activities in the workplans have been reformulated from year to year. Only in the Yr 3 workplan can some consistency be observed between the expected outputs according to the logframe and the planned activities. Altogether this situation is illustrative for both the complexity and the potential of ANSP.

**ANSP inter-country links and region-country links have remained “business as usual”**

In ESA the link with the focus countries seems rather negligible for all but one pillar. It is understood that ESARO UNICEF staff regularly supports advocacy at country level (all ESA countries) but this is part of its regular work, largely demand driven and not a deliberate strategy to maximize ANSP opportunities arising from work in the two focus countries. In WCA as well there was no evidence of inter-country links, other than the somewhat hidden links of regional staff functioning as itinerant experts taking experience from one country to another. Nor has specific attention been given to the ANSP countries.

**At country level ANSP/UNICEF risks to be mainly an extension of previous activities**

The strength of the ANSP design is its foundation on UNICEF’s existing nutrition activities when it comes to management of Acute Malnutrition, IYCF and contribution to the development of national policies. As lead of the Nutrition Cluster UNICEF interacts, coordinates and collaborates with a wide range of technical and financial partners including many national and international NGOs implementing nutrition emergency and development programmes. Vesting, however, the ANSP programme on previous activities and existing networks creates the risk that the new programme remains too much focused on these activities and lacks the dynamic re-orientation of reducing chronic malnutrition and anaemia.

The Cornell support is formulated as a project within a project: it has its own objectives, deliverables and outcomes without specifying how it will contribute to the overall ANSP specific objective.

The Cornell project essentially offers a recipe, in the form of three pre-defined cross-cutting strategies, but unclear is how these will fit in and/or complement existing structures and efforts. The Cornell support moreover aims to deliver the three strategies at multiple levels, which in the absence of an institutional base appears over-ambitious. Stakeholders interviewed at country level about the merits of Cornell support responded that for them the need for such support was unclear and had not been discussed. 51

**Completeness**

A counter-balance to the prevailing emphasis on crisis-related acute forms of malnutrition is highly relevant

Several of the activities listed under ANSP pillar 3 belong in the domain of early warning and emergency response. Although valuable in themselves these show the somewhat hybrid nature of ANSP where ANSP funding is used to continue emergency-related activities. It is well known that humanitarian interventions are both expensive and are under-funded. Given the more pressing and immediate needs the risk is that structural needs are not attended and that positive trends – a decline in chronic malnutrition – is not heralded as an achievement. Currently the nutrition data that are

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51 The MTE took place only six months after Cornell posted a staff member to Burkina Faso/Mali; staff posted to Ethiopia and Uganda arrived after the MTE.
routinely generated largely serve as an alert for occurrence of acute malnutrition. It is understandable that in countries which are used to handle crises, data use is primarily for early warning, and to identify areas requiring priority action. As the MTE noted for Burkina Faso: Thus far there has been no plan nor programme specifically devoted to IYCF, until the current (ANSP/UNICEF) programme which has started in 2013, through ANSP funding. This programme has the potential to counter-balance the prevailing emphasis on crisis-related acute forms of malnutrition, and will specifically address prevention of chronic malnutrition which has hitherto been neglected.

2.1.3 Programme design and M & E arrangement

Programme monitoring frameworks

As logframes and annual workplans lack coherence and workplans are not linked to budgets, it is difficult to properly monitor progress

As mentioned above, there are multiple weaknesses in the logframes and in their correspondence with the work plans. Just to name a few: firstly, the results have not been ‘logically’ and consistently translated into outputs. Secondly, the vertical coherence between results (and matching outputs) at different levels is largely missing. Thirdly, activities and outputs have been changed or even omitted during the course of the project without an appropriate clarification. Fourthly, the terms outputs and activities have been used indiscriminately, and thus no distinction was made between outputs and the activities needed to achieve them. Fifthly, and because of the above, there is little coherence between project document, logframes and work plans. The above weaknesses have not been the same across the programme. Whereas, for example, in the continental workplans the original coherence of outputs and activities decreased, the Uganda, Ethiopia and Burkina Faso workplans improved and were made more specific. The lack of coherence between logframes and annual work plans is extended into the budgets (section 2.7.2 in this report elaborates). For instance, in WCAR activities presented in the logframe do not have a budget and activities presented in the budget cannot be found in the logframe. For Mali the same holds true – as elaborated in the box below.

Box 3: the ANSP Mali logical model, logframe, annual work plans and budget lack coherence

The ANSP Mali country programme is based on the ANSP logical model including activities, outputs and outcomes, which should guide its monitoring and evaluation. As is the case with the other ANSP programme components – including WCARO – monitoring of progress is foremost based on the activities as formulated in the logframe and the overall ANSP progress indicators. However, the presentation of the Mali activities has changed over the years, which makes it difficult to assess progress and achievement of key indicators. Moreover, the logframe does not stipulate the partners which are also influencing the achievement of certain expected outputs, as is the case for instance with the development of the National Nutrition Policy, its plan of action and the costing of the Plan. UNICEF is one of the contributing co-facilitators in this process. The same applies to more or less extent to the other ANSP pillars and related expected outputs and outcomes. Furthermore, the two ANSP Interim Reports which report against the work plan of activities do not make clear what the contribution of the Mali programme has been towards achievement of the formulated indicators of progress.

As is the case with the WCARO programme component, the Mali logframe and annual work plans lack coherence with the annual budget: activities presented in the logframe do not have a budget and activities presented in the budget cannot be found in the logframe.

Efforts were made to use a logical model and derive indicators from it

ANSP/UNICEF has made efforts to capture the programme logic for each country in the form of logical models. The starting point of these models is the by now well-known diagram shown below. A similar diagram is used in ANSP’s sister programme MYCNSIA, in Asia.

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53 In this report the MTE has chosen to present the results and outputs as they have been presented in the Year 3 work plans, with comments in cases of drastic changes.
The model is specified by showing the interventions for each of the cells and the underlying assumptions for this to work as intended. The interventions (not shown here) are colour coded and in that sense give an indication of the level they need to address. Drafting the intervention logic in the above way has reputedly been helpful in the design phase, to put the ANSP programme in its context and be aware of assumptions. As such it has also helped to adjust the work plans. The model features in the interim reports of countries as part of the M& E frame-work. However, the country intervention logic as presented in the country programmes, are not always reflected in the logframe and the workplans (see above). Only in the Yr3 workplan has there been a serious attempt to link the logical model to expected outputs and planned activities.

The MTE has some observations regarding the model’s use in practice. Firstly, it depicts ANSP as if it is a typical stand-alone project while in reality ANSP is usually building on precursor projects or on parallel projects, or simply is part of existing routines. Secondly, and the same comment was made in the MYCNSIA programme: the cell for household food insecurity gets less attention in the full set of slides than do the other cells. The model, in other words, is in practice biased towards nutrition-specific interventions. Thirdly, the model is typical for a set of interventions describing what needs to be done to address nutrition insecurity. As described elsewhere in this report this is by now largely known. The current debate is rather on how the interventions should be put in place, as a coherent, multi-sectoral package that is tailored to the local context. Fourthly, it stands to reason that the nutritional status of communities will improve if the entire model is implemented, as a package. This is the main argument in the Lancet series (2008; 2013) and is also well documented in subsequent research. ANSP’s more specific added value is that it brings the perspective of preventing chronic malnutrition and thus focuses on the window of the first thousand days. Lastly, the model is limited to the country level and does not make the link between country and regional level, let alone with the continental level. Also the levels within countries, from national all the way down to community level are not brought out. As is discussed elsewhere in this report these links are important and are part of the ANSP identity.

The ANSP programme has “safe” targets which are easily achievable, or which have in some cases already been achieved or which lack meaning for other reasons

ANSP has generally expressed its targets in the form of numbers. Examples are “number of countries”. The numbers bear no relationship to the number of countries that make up the region. The argument for the targets is not known, but targets are largely modest suggesting they have been set at the safe side of the spectrum. The year 2 interim report, for example, states that for one indicator (the number of regional/country reports/data matrices showing links between nutrition information system and food security information system) the baseline is 0, the target is 3, and completed are 3 plus all 15 ECOWAS countries. It is thus not always clear whether the targets relate to the target countries only or to all countries at continental or regional level. Also not all activities are those of the ANSP (eg, WCAR 1.7 on Adoption of BMS Code Legislation). What is more: base-line indicators seem not to reflect the base-line reality nor do they reflect a comprehensive assessment of the start situation of early 2012. Lastly, baseline and target levels are not assessed at a realistic level (eg. WCAR 1.1 # of high level regional meetings).

The ANSP programme’s intention was to specifically monitor and evaluate for equity, following the MoRES framework

In the IR there is a description of the ‘MoRES or the CUP’ framework, consisting of 4 levels, starting with situational analysis and bottleneck analysis, specifically focusing on aspects of inequity, and how to address these. There has been no follow-up (under the ANSP) in terms of strengthening country capacities in monitoring and evaluation using MoRES. The system is not (yet) used in any of the 4 countries for monitoring pillar 4 activities. As mentioned before, respondents at the WCAR Office admitted that MoRES is not all that easy to apply in practice and is not in active use.

2.1.4 EU/ANSP Partnership in practice

Partnership with the EU

The partnership between the EU – respectively EU Delegations – and the ANSP Programme has yet to materialise in the full sense

The ANSP programme is named and profiled as a partnership with the EU: the EU/UNICEF Africa’s Nutrition Security Partnership. As described in one of UNICEF’s MoUs “The effective implementation of this action presents a unique opportunity to demonstrate that nutrition security can be adequately coordinated at continental, regional and country levels; comprehensive nutrition programmes can be implemented at scale if they are accompanied by appropriate policies and guidelines, strengthened capacity, and adequate coordination and synergy among sectors, donors and implementing CUs.”

One would expect that this would be of interest for the EC and indeed for EU Delegations which have been in the process of conceiving their new country programmes, including nutrition, for the post 2013 period. The EU itself has meanwhile made considerable pledges demonstrating commitment to the nutrition security agenda for years to come.

The ANSP programme, like the MYCNSIA programme, does feature in the website. In fact ANSP and MYCNSIA are the only two programmes portrayed for nutrition in this website. Here one gets the sense of a visibility agenda rather than of partnership – in the sense that partnerships are by nature mutual while visibility is a contractual requirement.

At country level the interaction with the Delegations has varied, also over time. In Burkina Faso, for example, there has been little interaction with the EU Delegation other than occasional exchanges.

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55 The 2013 Review Meeting emphasized that “ANSP is not just a project but a partnership whose goals include systems strengthening and sharing of lessons learned”.

56 Excerpt from the MoU with Cornell University

57 Since 2011, there is the EU Reference Document on Nutrition (http://capacity4dev.ec.europa.eu/land-m-series/blog/reference-document-nt-13-%E2%80%93-addressing-under-nutrition-external-assistance-%E2%80%93-integrated-approach) also available in French. Soon printed versions of Spanish, Portuguese and German are expected too.

58 In March 2013, the release of the EU Communication on nutrition, which is like a policy document (quite detailed so almost a strategy) http://ec.europa.eu/europeaid/documents/enhancing_maternal-child_nutrition_in_external_assistance_en.pdf


during the regular platform meetings of the Group of Technical and Financial Partners for Nutrition Security. Yet the former Head of the Delegation reputedly took a keen interest in the programme. As the ANSP programme is reported on at higher levels there is apparently no oversight role from the part of the national level EU Delegation. In Burkina the MTE did not get to meet the staff member of the EU Delegation, but did meet with DG ECHO. In ESAR and in the WCAR offices there was no evidence of close links with the Delegations. In Ethiopia the relationship was strong, both at country and at (ANSP) continental level. The MTE met several times with a number of members of the Delegation. The EC is also represented at key nutrition coordination fora. In Uganda the Delegation is well aware of the programme, but contacts had been minimal following some misunderstanding. The MTE was however able to meet with EC staff and relations between UNICEF and the Delegation have lately been strengthened.

Visibility

The MTE has little to report on ANSP visibility. Generally, the communication materials produced carried the logo’s of the partners that had produced them, and then also included the EU logo. For example in Uganda, communication materials developed under the project consistently carry the logo’s of the main partners: the GoU, SUN, EU, USAID and UNICEF, illustrating that activities are undertaken in partnership. An advantage of this way of working is that EC visibility is increased in line with requirements. A question remains how the production of materials could be a “win-win” in the sense that materials would not only satisfy visibility requirements, but would also serve the EU’s nutrition security agenda in a practical way, notably for programming purposes.

A general finding is that, as one UNICEF staff phrased it, “The time of arguing why nutrition security ought to be funded is over; the current debate is on how nutrition security ought to be implemented”. As reported elsewhere in this report the ANSP progress reports are insufficiently informative to serve this purpose. The texts on the [http://www.unicef.org/eu/](http://www.unicef.org/eu/) website are a good description of what it is that ANSP (and MYCNSIA) entail. There is to the MTE’s knowledge little if any information on lessons learned (that is; the how), nor is there information as to how lessons learned could possibly lead to renewed or additional funding.

The MTE was told repeatedly that funding for programmes with a long term vision has proven problematic. In fact one of the ANSP’s uses has been as a catalyst for programmes that by nature require long term funding (section 2.7.3 refers). In this respect ANSP would have special lessons to convey, for programmes aiming to strategically address chronic malnutrition.

Reporting

ANSP reports have had difficulty in conveying a clear picture of progress

ANSP has certain reporting obligations. The obligations are by all standards modest: ANSP only needs to deliver one combined annual progress report. The reports have not been well received. The EC criticised especially the lack of coherence between the various levels. The first year progress report, among other things, was judged to be “too long, very fragmented and difficult to read”. Similar criticisms were shared with the MTE at continental level. The MTE appreciates that reporting problems are inherent in a complex, multi-level programme. It is not surprising that progress reports were at the same time judged to be shallow and overly detailed. Such reports, in other words, are difficult to get right.

The notion that this is a multi-pillar, multi-level programme has apparently been hard to capture in standardized reporting frames. As noted before: ANSP has been categorized in 3 levels: continental, regional, and country; the reality is that also within country there are in actual fact “levels”. Thus outputs can be reported on as being on track, or even completed, simply because they were formulated as one-off achievements at one level while in reality they are part of a long term process at multiple levels. A related issue, reported above, is that targets have been insufficiently ambitious, which has made it all the easier to report that outputs were on track, or exceeded expectations.

59 Source: ANSP/UNICEF staff at the Country Office


61 EC’s response letter, December 2012
The MTE briefly looked into alternatives ways of reporting, especially for pillar 1, taking the SUN reports as an example. This type of reporting, in the opinion of the MTE, does not work out for ANSP. An alternative would be to center the reports on what is currently the last section: the summary of outputs, of which there are 44. There clearly is scope to improve and refine the rating of progress. The last report stated that “Out of the 44 planned outputs, 6 have been completed, 34 are ongoing, and 4 are delayed”. None were reported as “No progress” or “Discontinued”. (Section 2.7.1 gives details.)

2.2 Equity Focus

Equity focus of the strategies implemented for the reduction of stunting and anaemia: geographic, gender, age, income and ethnic origin, etcetera

“An equity focused approach requires UNICEF to be working in the poorest districts as well as those with the largest number of poor children”.62

In most countries visited by the MTE the rationale for selecting certain districts for their ANSP pillar 4 programmes has been a combination of poverty and poor indicators for malnutrition and especially stunting. The same was the case in most MYCNSIA countries. The sequence as proposed for introduction of the IYCF programme in Burkina Faso is apparently at least partly based on the same arguments. Since the plan is to go full-scale other arguments also play out.

Figure 5: Cost of a balanced diet surpasses poor people’s income *

Although “lack of knowledge” plays a role, poverty is a main cause for poor diets

A recent multi-country study by ACF in Burkina Faso has put the issue of access to balanced diets in an equity perspective.63 Figure 5 above refers. In Mali similar studies have been done in ANSP’s pillar 4 project area (Yorosso in Sikasso Province): the poorest strata simply lack the money for a properly balanced diet.64 As noted in the ACF case study “The maps of food insecurity and malnutrition only partly overlap: certain regions of relative food security show high malnutrition rates. This phenomenon is commonly known as the paradox: of having both high productivity, rich soils, and yet poverty and

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63 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 (English) and www.actioncontrelafaim.org/fr/content/graines-bonne-nutrition (French)
malnutrition. In Burkina Faso the paradox applies to the Cascade and Boucle du Mouhoun regions in the West, just like it does for the neighbouring Sikasso region in Mali (note: in the Mali programme this region has been selected as one of the two pillar 4 regions). Reasons cited are amongst other the heavy workload of women, inadequate nutrition practices, and above all: low income due to pricing of the crops produced.

Narrowing the chronic malnutrition 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 Faso has been increasing from 30% in 1993 to 39% in 2003 and has since been decreasing, to 32.9% in 2012. 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 that is about to take off should not only be measured in the regular anthropometric indicators that are part of the SMART surveys and of “Enquêtes de couverture de base”, 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.

Responsiveness to barriers and bottlenecks to inequalities in access and coverage of key nutrition interventions

The current address of moderate acute malnutrition (MAM) does not cover the entire country

In Burkina Faso the current coverage for MAM is 7 out of 13 regions. In Mali the coverage is likewise partial: of an estimated caseload of 660,000 under 5 children at risk to suffer from acute malnutrition the treatment target is 400,000 U5 children representing about 60% of the estimated caseload; in September 2013, 55 per cent of the annual target caseload had been treated (Source: UNICEF Mali Situational Report Sept 2013).

Country-wide prevention programmes are by nature more equitable than the emergency-related targeting

The IYCF programme in Burkina Faso is set to address the inequity issue, not by better or more equitable care for malnourished children, but by community level ‘systems’ which combine preventive activities with early detection. Its design starts from coverage norms that are feasible, in the sense that individual health workers and CBO staff have do-able coverage targets. This implies a certain proximity to the catchment area population, including all wealth strata. There is thus a possibility for this programme to be by nature equitable. The aimed for coverage for Plateau Central is ≥85% at the end of ANSP, and ≥90% for the entire country by 2025.

66 ACF (2013), Étude de Cas, Réconcilier l’agriculture et la nutrition; Étude de cas sur les politiques agricoles et la nutrition au Burkina Faso
67 UNICEF, presentation by Biram Ndiaye, April 2013
69 The MTE has seen tools such as MoRES. The MTE has seen little if anything on use of the MoRES tools. Section 2.1.3 refers. http://scalingupnutrition.org/wp-content/uploads/2012/10/FINAL_BURKINA-FASO-SUMMARY.pdf
70 IBFAN/APAIB/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)
2.3 Pillar 1: Policy Development

2.3.1 Relevance and appropriateness

Table 3: Pillar 1 Expected Results

<table>
<thead>
<tr>
<th>Continent</th>
<th>Expected Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continental</td>
<td>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: Yr 3 Workplan: 71</td>
</tr>
<tr>
<td></td>
<td>• Africa’s leaders committed to ensure adequate support provided to implement nutrition action plan for an effective and sustainable socio-development</td>
</tr>
<tr>
<td></td>
<td>• Policy dialogue, communication advocacy, continuous advocacy work with the AU to mainstream nutrition in development agenda</td>
</tr>
<tr>
<td>Regional</td>
<td>• Support the active participation of the RECs for the ARNS revision</td>
</tr>
<tr>
<td></td>
<td>• In line with continental advocacy strategy and policies, deliver technical support to RECs to mainstream nutrition in agenda of high level seminars and meetings at regional level involving heads of states, line ministers and key decision makers</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>• Inclusion of nutrition within rural sector policies becomes effective by 2015</td>
</tr>
<tr>
<td></td>
<td>• A national policy on food security and nutrition coupled with an operational action plan is finalized and adopted by the Government</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>• Revised multi-sectoral National Nutrition Plan endorsed to make nutrition security and stunting reduction a national priority</td>
</tr>
<tr>
<td></td>
<td>• Disseminate the revised multi-sectoral National Nutrition Plan in coordination with the REACH facilitators by June 2012</td>
</tr>
<tr>
<td>Mali</td>
<td>• Elaboration of a costed national nutrition multi-sectoral action plan</td>
</tr>
<tr>
<td></td>
<td>• Development and dissemination of nutrition advocacy tools</td>
</tr>
<tr>
<td></td>
<td>• Support the National Multi-sectoral development of nutrition committee and the Technical Committee</td>
</tr>
<tr>
<td>Uganda</td>
<td>Workplan Yr 3 (is a specification of the original logframe)</td>
</tr>
<tr>
<td></td>
<td>• Finalized sector-specific operational plans and community nutrition implementation guide inclusive of plans for nutrition / health, education, gender &amp; labour, water and sanitation and inclusive of progressive targets for budgeting in the nutrition sector</td>
</tr>
<tr>
<td></td>
<td>• Execute periodic reviews on progress made on UNAP implementation</td>
</tr>
<tr>
<td></td>
<td>• Revision and updating Food and Nutrition Policy Framework</td>
</tr>
</tbody>
</table>

**Continental**

The overall result for Pillar 1 (for all levels) is: “Africa's key policy-makers & 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”.

The African Regional Nutrition Strategy (ARNS) is the key African strategy for nutrition. It is UNICEF’s strategy to provide support to RECs to actively participate and contribute to the ARNS revision process which creates opportunities for harmonized approaches and strengthened comprehensive nutrition programming. This in principle contributes to a coherent nutrition frame-work across RECs and ultimately across Africa.

The regional component in the four year workplan has two related outputs: 1.1 ‘Support the active participation of the RECs for the ARNS revision’ and 1.2 “In line with continental advocacy strategy and policies, deliver technical support to RECs to mainstream nutrition in agenda of high level seminars and meetings at regional level involving heads of states, line ministries and key decision makers”.

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71 Please refer to Annex C for a description of the considerable deviations from the original project document and logframe.
ESARO

UNICEF and IGAD have signed a Memorandum of Agreement in April 2013 to formalize their partnership and to provide a situational analysis of the nutritional status in the Horn of Africa and the development of the IGAD Regional Nutrition Policy and Strategy. UNICEF ESARO also provides ongoing technical support to ECSA-HC to develop a regional food security and nutrition policy.

IGAD’s mandate regarding cross-border populations makes it ideally placed to address food and nutrition security across countries – and this more comprehensively than some other RECs which until recently had a tendency to focus on improving nutrition through harmonization of trade (e.g. food fortification, free trade of food crops). In addition, through Ethiopia, one of IGAD’s heavy weights (both due to its location, sharing borders with five out of its six fellow member states and its population size including very substantial numbers of pastoralists) IGAD has strong links with the AUC. ANSP’s partnership with IGAD is therefore highly appropriate, with potential for far reaching influence.

Box 4: ANSP/UNICEF’s role as an “accelerator” serving countries at request (WCARO)

One task of the Regional Office is to help countries which are considering to join SUN, or have just done so, to ‘fill’ (sic) the required profile. Requests for regional support range from formulation of policies, to designing of gap studies, to, emphatically: costing of nutrition strategies and action plans. It is here where UNICEF regional and country staff step in. One could say that staff act as accelerators of the process, by being there and then when needed. However, the regional office only acts at request. There is no pro-active form of support. This routine to a large extent explains the spin-off of ANSP as narrated in the annual progress reports. Examples are listed in section 2.8.

Source: interviews with WCARO staff

WCARO

For UNICEF WCARO the Regional Nutrition Working Group (Box 2 refers) is the main mechanism for regional work on ANSP’s pillar 1 (and pillar 2 and to a very limited extent pillar 4). The ANSP funding makes it possible to continue the RNWG work, to make it more professional (workplan, facilitator) and to provide finances for joint activities. The RNWG has an independent identity which does not come from ANSP or ANSP pillars. In terms of inputs and efforts ANSP/UNICEF has been one of the most prominent members. The RNWG provides a relevant and important platform to promote, support and coordinate ANSP nutrition security activities in the region. ANSP/UNICEF funds the RNWG facilitator, who also is the REACH regional facilitator – which is a good combination of functions. Box 4 refers for the type of assistance given, at countries’ request.

The second important activity under pillar 1 is the support and collaboration with the Regional Economic Committee for West African States, ECOWAS. UNICEF WCARO has a long history of engaging with the health branch of ECOWAS, the West African Health Organisation (WAHO). The ANSP funding makes it possible to continue UNICEF’s technical and financial support to the ECOWAS bi-annual Nutrition Forum. The Forum is said to contribute to the strengthening of national nutrition programs and the capacity of its participants through exchange and sharing of good practices. It also has to some extent contributed to the development of a common vision on nutrition in the West African region.

ANSP/UNICEF in terms of a model programme is meant to remain at the forefront of new developments with respect to policy development for nutrition security. This implies that UNICEF should continuously ask, ‘what next?’ when milestones have been reached. Given the highly dynamic context in which ANSP is operating in the WCA region, with new initiatives having emerged over the past few years (SUN, REACH, AGIR, ARISE, etc.) and nutrition policies now being in place in many countries, WCARO has not yet clearly positioned itself as to what complementary and supportive role to play in promoting nutrition security.

72 Ethiopia is the current chair of IGAD and according to various sources relations with the AU(C) are excellent with extremely short lines.
**ANSP countries**

Commonalities are apparent, but there are in fact significant differences between the ANSP approaches

Although there are considerable commonalities between the pillar 1 expected results – the table above refers – there are at the same time significant differences. Uganda has been most ambitious: its approach has been to ensure that, with a lot of support, mainstreaming nutrition becomes possible, through involvement of all relevant sectors and commitment at all levels, including embedding at the highest level, the Office of the Prime Minister.

Also and as demonstrated in the Burkina Faso report: there are large differences between the sectors; mainstreaming nutrition in agriculture, or rural development, is a formidable task. Phrases such as “Inclusion of nutrition within rural sector policies becomes effective by 2015” do not capture that truly effective mainstreaming is a long trajectory. This is to some extent acknowledged in the common phrase of “raising awareness”, as in earlier versions of the pillar 1 logframe.

Another dimension that is not evident in the pillar 1 descriptions is the role of ANSP to bring about a transition from the emergency mode, to a development mode. Multiple respondents, both in West Africa and in East Africa, emphasized the importance of such a transition. The very raison d’être of the RNWG in Dakar is rooted in this notion: that long term, prevention-oriented thinking should become more prominent and that the focus on emergencies, appealing and necessary as it is, has little future. For example, in Ethiopia ANSP/UNICEF is seeking to accelerate a policy paradigm shift from a focus on nutrition in emergencies, to one of nutrition in development. Ethiopia’s National Nutrition Policy’s (NNP) multisectoral accountability matrix table defines detailed activities, targets and responsibilities for each ministry which will strengthen sustainability of multisectoral linkages.

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**Box 5: Effectively up-streaming nutrition policy (ESARO output 1.1): Combining both advocacy, and technical and financial support, with smart partnerships**

The combination of advocacy with facilitating attendance by RECs, UNICEF nutrition staff (of both ANSP focus and non-focus countries) and other ANSP partners at coordination meetings and high level fora has accelerated RECs engagement in up-stream nutrition policies in Eastern Africa. By mid 2013, nearly all RECs, including those (like COMESA) which initially let other priorities prevail, were on board in terms of supporting the revision of the ARNS and strengthening work on regional nutrition policies. Through its MoU with IGAD and NPCA, UNICEF will ensure influence over complementary initiatives which the ANSP does not directly support. These include for instance a new initiative, the Programme on Food Security for Eastern Africa launched by the RECs and IGAD in August 2013, aimed at enhancing cooperation in the area of food and nutrition security. The programme aims to build on linkages between existing related interventions within the framework of the CAADP.

Eventually ESARO is likely to play a significant role in bringing about continental consolidation through its focus on REC alignment. In addition, involvement of RECs contributes to a strengthened institutional environment at regional level as well as at the level of individual countries. This is entirely in line with the specific objective of the ANSP.

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**Mainstreaming nutrition requires “awareness” at a personal level**

One of the positive aspects of generating new policies which incorporate nutrition is that this process can be used as an opportunity to scrutinize and update earlier documents of several sectors. The above in itself is an exercise to “start to think through a nutrition lens” and learn to apply it. Respondents, notably senior staff of the Ministry of Agriculture, as in Burkina Faso, related that this is a personal experience, which, once it has happened, will not go away. This is of course what advocacy is about: contributing to new policies generates advocates, and vice versa: advocacy supports (new and/or improved) policies. The same goes for taking policies to higher levels. Box 5 above refers how “upstreaming” is engineered (ESARO), while Box 6 below refers for a country-level example where an existing gender law has been “mainstreamed” into the new National Nutrition Policy (Ethiopia). The Ethiopia example offers an excellent demonstration of using the laws that are there to advance the cause of nutrition in an unforced way. Yet it can be difficult to see the wood for the trees. As expressed by a WCARO UNICEF staff member: “It is difficult for stakeholders to see that the core principles stay the same while the language may differ from one sector to another, and also from one level to another. Ils ont du mal a comprendre que tout ça fait partie de la meme chose.”

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Burkina Faso annex illustrates that “mainstreaming” nutrition in documents such as a National Rural Development Policy is a long and tortuous process.

Box 6: Strengthening nutrition through mainstreaming gender (Ethiopia output 1.1)

According to Ethiopian law, all sectoral ministries address women’s affairs in the preparation of policies, laws and development programmes and projects. The renewed National Nutrition Policy (NNP) highlights the gender dimensions of nutrition ranging from unequal gender based intra-household resource distribution and harmful practices to gender based violence and early marriage. NNP seeks to address gender inequity wherever possible. Interventions for improving the nutritional status for adolescents include promotion of girls education and the delay of early marriage till age 18 and first pregnancy after marriage. Supporting the involvement of women’s development groups in nutrition sensitive agriculture and livelihood programmes is one of the initiatives the NNP embraces as a means to improve the nutritional status of women. Organization of women’s groups and supporting the preparation of complementary food and improving access of women to self-help groups to grants and credits are other ones. Yet another output of the NNP is strengthened capacity of women based structures and associations at all levels for NNP implementation.

2.3.2 Effectiveness

ESARO

ANSP has made major efforts to support RECs in the ARNS review process but this appears to be a slow process

Under pillar 1, the ANSP ESARO provides ongoing technical support to ECSA-HC to develop a regional food security and nutrition policy. A stakeholder validation meeting was held during August 2013 in Nairobi74. Support is timely and appropriate given that this is the first priority in ECSA’s Food Security Action Plan (2011-2015)75. The ANSP also provides support to SADC for the finalization of the Strategic Framework for Food Safety, Food Security and Nutrition. A stakeholder validation meeting was held in Johannesburg in 2012. COMESA does not have a nutrition policy or strategy yet. ANSP continues to engage with them and involves them in multiple regional meetings, particularly those where other RECs are also participating in an effort to increase COMESA’s awareness on nutrition security.

ESARO is in the process of reviewing the African Regional Nutrition Strategy. The outcome of the review, i.e. a revised African Regional Nutrition Strategy will be another means by which to encourage RECs to adopt coherent regional strategies regarding nutrition. ESARO also closely collaborates with NPCA which collaboration has been institutionalized through a MOU. During the first two years of ANSP implementation ESARO has also supported high-level meetings in order to increase political awareness among African governments, to provide an opportunity for exchange among countries and global stakeholders and to support the RECs to advocate for nutrition. ESARO coordinates with the SUN Secretariat activities that can support the SUN Movement.

ESARO has also initiated/supported compilation of advocacy materials and accompanying tools. These include the Africa Regional Situational Analysis on Child Nutrition consisting of background and literature review, regional policy survey and an advocacy strategy paper. A complementary analytical paper on a multi-sectoral nutrition policy survey is being finalized. In addition the ANSP commissioned an in-depth analysis of maternal nutrition interventions and programmes.

Some of the challenges in working with RECs include increasing awareness on nutrition for development and translation of multi-sectoral dimensions into policy. The ANSP through its collaboration with NPCA, which manages the CAADP and IGAD, with its intergovernmental mandate targeting a substantial part of Eastern Africa, demonstrates that improved synergies facilitate multi-sectoral policy development. As a result, RECs interest to support the revision of the ARNS and regional policies has increased considerably.

74 The ECSA-HC website doesn’t acknowledge UNICEF as a partner however. Partners mentioned include among others USAID, World Bank, Family Health International (FHI) and the Commonwealth Secretariat (COMSEC). Information available from: http://www.ecsahc.org/links.php?id=154
Through ANSP continued efforts to help place nutrition on the agenda of high-level meetings, regional cohesiveness becomes ever stronger, e.g. the “Regional Discussion on Country Engagement and Way Forward in the SUN Movement” engaged 90 stakeholders from government partners, UN agencies, and regional organizations in dialogue, networking, and sharing of experiences to develop ways to reduce stunting within the context of resource constraints. The diversity of participants reinforces the notion that a broad-based partnership in terms of sectors and type of stakeholders is necessary for the reduction of stunting. Such meetings help promote political commitment to the SUN Framework across Eastern and Southern Africa.

**WCARO**

**ANSP has been instrumental in the continued support for the RNWG and ECOWAS Nutrition Forum**

The RNWG significantly contributes to the advocacy activities for policy formulation towards tackling (chronic) malnutrition in the region through its exchange of initiatives and insights, through its coordination activities, its representation at high-level meetings and through its pooling of technical expertise and – in some instances – financial contributions. The members of the RNWG have joined forces and, hence, have created synergies around the formulation of a long-term vision of improvement of the nutritional status in West and Central Africa. As such it is not only a coordination group but also a partnership for action through its pooling of expertise (and financial contributions) from the individual members. An important activity is the provision of technical assistance in the context of REACH and SUN. In general, the group is remarkably motivated to contribute to various regional activities.

Apparently, there is an added value in having a regional working group linking nutrition partners, notably for initiatives that can only or best be done at regional level. The RNWG creates synergy in the sense that it builds upon the strength of the individual members. As such the RNWG is able to respond to specific demands. Whenever a country makes a request soliciting specific expertise, the RNWG has been able to provide expertise from the best positioned member(s).

The direct effect of the ECOWAS Nutrition Forum is difficult to assess; but the Forum is said to contribute to the strengthening of national nutrition programs and to the capacity of its participants through exchange and sharing of good practices. It may also have contributed to the development of a common vision on nutrition in the West African region. However, (as yet) one cannot speak of the accomplishment of a West African Nutrition policy or strategy. There is no evidence that the ANSP contribution to the ECOWAS Nutrition Forum has had any outreach to the Central African Region, nor that it has contributed to the revision of the African Regional Nutrition Strategy as planned.

ANSP/UNICEF has made substantial efforts to include nutrition in the AGIR initiative and in the development of its “cadre harmonisé”. Advocacy led to inclusion of a nutrition pillar in the resilience agenda of ECOWAS. ANSP has also allowed UNICEF to support a very successful partnership with the UEMOA commission on food fortification.

Furthermore, WCARO is playing an important role in strengthening the integration of nutrition in national policy development in several WCA countries, by providing tailor-made and hands-on assistance, upon request. However, the progress on policy development and its implementation is not fully monitored; there is no systematic overview of the progress in the different countries apart from the SUN Movement road map monitoring. WCARO has also been prominently present at a wide range of high level meetings in order to advocate for nutrition policy development; how this translates into action is less clear.

**ANSP countries**

**Overall, ANSP support to nutrition policy development and the strengthening of nutrition governance has been quite successful in the four target countries**

Evidence from the four countries is summarized here:76

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76 More details are found in the respective country annexes under Pillar 1 - 2.3.2 effectiveness.
- In Mali nutrition policies are now in place, but new priorities and gaps are emerging. Since the start of ANSP, the National Nutrition Policy has been developed and approved in Jan 2013; a Multi-sectoral Nutrition Action Plan (2013-2017) on the basis of the NNP has been formulated (Final draft Sept 2013; still to be formerly approved), a costing plan is underway, and the remaining elements (such as a communication plan) are being developed. UNICEF has contributed to Policy formulation as one of the Technical and Financial Partners as part of their regular technical support.

  The Nutrition Governance in Mali has been greatly strengthened over the past few years. Mali has joined the SUN movement, a SUN focal point is in place and Mali is actively participating and contributing to the movement. Furthermore, REACH coordination – in which UNICEF is actively participating – is in place with a national and international facilitator and four UN focal points since the end of 2012 which has greatly improved support to the above mentioned policy making.

- For Burkina Faso, the evidence is that both the 2011-2015 Rural Sector National Programme (PNSR 2012) and the National Policy for Food Security and Nutrition (PNSAN 2013) have been completed. To further promote and advocate nutrition, a 3-day Nutrition Workshop attended by over 200 Parliamentarians was organised by ANSP in July 2013. It is noteworthy that more activities than were planned have effectively been implemented, not least because of the close partnership with the MoH Nutrition Unit. An example is the SUN Road Map.

- In Ethiopia UNICEF supported the revision and implementation of the revised NNP. During the first year of the implementation of the ANSP, UNICEF helped to revitalize the multi-sectoral National Nutrition Coordination Body (NNCB) and co-convened a core group for the revision of the National Nutrition Plan. UNICEF pushed for a multi sector approach in the revised NNP. ANSP’s technical and financial support has been effective in influencing the GoE multi-sector strategies across the nine ministries. ANSP funding furthermore helped establish multi-sectoral nutrition coordination committees at the regional level as a direct follow-up to the NNP launch. During 2013, a start was also made with supportive advocacy. UNICEF opted for the use of PROFILES as an advocacy tool for nutrition awareness.

- In Uganda, ANSP assisted with the operationalization of the Uganda Nutrition Action Plan 2011-2016 (UNAP) through the formulation of sector implementation plans – including costing – for the health/ nutrition, the education and the WASH sectors. Furthermore, technical and financial assistance was provided (through consultants) to the development of an orientation guide for District Nutrition Coordination Committees on the Uganda Nutrition Action Plan. ANSP also supported the UNAP secretariat for the overall coordination through the Uganda Nutrition Coordination Forum.

2.4 Pillar 2: Capacity Development

2.4.1 Relevance and appropriateness

<table>
<thead>
<tr>
<th>Continent</th>
<th>Expected Results</th>
</tr>
</thead>
</table>
| Continental | Departments and units **strengthened at all levels** with **qualified practitioners** in nutrition and coordination mechanisms involving **African networking**  
- Support to the Africa Task Force on Food and Nutrition Development (ATFFND) as a major continental coordination mechanism in order to strengthen its mission and work |
| Regional |  
- **Strengthening the regional networking of training and research institutions** based on understanding of progress, constraints and lessons learned |
| Burkina Faso |  
- The capacities of the Matourkou Agricultural Training Centre to integrate nutrition into the curricula are strengthened  
- The capacities of the National School of Public Health (NPHS) to integrate nutrition into the curricula are strengthened  
- The multisectoral coordination of nutrition and food security is strengthened |
| Ethiopia |  
- Health extension worker supervisors able to conduct regular and quality supportive supervision to build the capacity of health and agriculture extension workers to implement stunting reduction activities at kebele (sub district) level  
- **Medical and Agricultural universities** convening update seminars on nutrition security and stunting reduction |
**ESARO**

Result 2.1 seems to be a stand-alone output, unconnected to work done in the focus countries in terms of capacity development including the development of training modules (e.g. in Ethiopia) or in other countries in the region. There is virtually no complementarity to CAADP Pillar 3 activities (the designated pillar for nutrition and agriculture linkages) and the ANSP seems to lack a comprehensive approach in improving synergy with existing initiatives under pillar 2. The MTE found little evidence of concerted efforts either by the ANSP or in the context of REACH.

**WCARO**

**WANCDI project**

The first and foremost activity under pillar 2 Capacity Development is the West African Nutrition Capacity Development Initiative (WANCDI) which has started early 2013 with the recruitment of a UNICEF Technical Expert. The initiative is hosted by WAHO and based in Ouagadougou. It has been designed in such a way that it has a regional focus but provides country support to nutrition curriculum development.

The WANCDI initiative is highly relevant to respond to regional needs in nutrition capacity development – in particular in francophone and lusophone countries – as has emerged from the Nutrition Curricula mapping exercise. The WANCDI initiative is based on a long-term vision for nutrition capacity building in the region with four main strategies including a ‘situational analysis’.

ANSP funding to WANCDI has been essential to get it off the ground and has been used as a catalytic fund to start activities. Different actors close to the initiative have indicated – and this has been confirmed by the WANCDI coordinator – that ‘without ANSP there would have been no WANCDI’. For a long time, regional partners realized that a Nutrition capacity building programme was essential to improve technical and professional capacity in the region. RNWG members – including UNICEF – have actively contributed to prepare a proposal – or proposals (source: ACF) which were submitted to different donors. Finally funding appeared only to be possible under the ANSP. Though the ANSP contribution does not fully cover all the intended activities it has been an essential step towards the start-up of the Initiative.

**ANSP countries**

In all of the four ANSP countries, an important focus under the Capacity Development Pillar is the strengthening of capacities through the integration or improvement of nutrition curricula. In all countries, the main focus is on the training Centres or Universities relevant for nutrition instruction at different levels. Interestingly, the aim is to include both Agricultural and Medical institutions. Nutrition-oriented training modules are to be designed and mainstreamed into the curricula.

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77 All postponed to Yr 3
Another clear denominator is the focus on multi-stakeholder action. ANSP-Uganda has also included an expected result aiming at the training at district level (SUN target districts), whereas ANSP Ethiopia emphasises capacity building through supportive supervision activities of both health and agricultural staff. Also ANSP-BF intends to strengthen multi-sectoral coordination.

2.4.2 Effectiveness

**ESARO**

ANSP in ESA has thus far played a rather limited role in Capacity Development under Pillar 2

In Eastern and Southern Africa, activities carried out during the first two years of the implementation of the ANSP included among others an assessment jointly initiated by UNICEF, the World Bank and Helen Keller International on the capacity of mid-level nutrition professionals in Kenya, Tanzania and Uganda. Representatives from government, NGO and UN partners expressed time and again the lack of nutrition capacity and the added value the ANSP could have in nutrition capacity building. This induced ANSP to seek to strengthen the capacity of nutrition professionals in the region. So far, ESARO has been coordinating the work with institutions and individuals to address these capacity gaps. The results from these efforts could not be assessed at the time of the MTE because the work was still at an initial stage.

**WCARO**

The WANCDI initiative has proven to be a widely supported and highly appreciated initiative

In West and Central Africa, the West African Nutrition Capacity Development Initiative (WANCDI) stands out as one of the main achievements under Pillar 2 (WCARO output 2). The following box gives a more detailed description of the origin, objective and results so far. It should be noted that the WANCDI initiative has only been present for less than a year, since the beginning of 2013.

**Box 7: WANCDI: a regional initiative with a difference**

The West African Nutrition Capacity Development Initiative (WANCDI) is an initiative which has started early 2013. The initiative has been developed with support of UNICEF and other regional partners and is funded by ANSP. Support to the initiative for Public Health Nutrition Research and Training has been high on the agenda of WAHO and regional partners for a long-time. In March 2009 a Workshop was held in Dakar on Establishing a Regional Institute for Public Health Nutrition Research and Training in West Africa. It was recognized that the capacity gap in nutrition was still a major challenge in West Africa in particular the limited capacity to implement highly needed large-scale nutrition interventions.

The main objective of the Initiative is the « strengthening of nutrition training programmes which already exist in the region and their revision, and harmonisation of training curricula on the basis of regional standards developed by the WAHO » This approach is similar to the successful one which has been applied for improvement of curricula for the training of medical doctors in the region.

The first activity of the WANCDI has been the mapping and assessment of Nutrition Curricula in the region. This mapping has indicated that there are many gaps in Research and Training facilities for nutrition in the region. The Anglophone countries – in particular Nigeria and Ghana – are well ahead to the francophone and lusophone countries with the latter having no nutrition training capacity at all. Nigeria by itself constitutes about half of the training capacity in the region in particular at BSc, MSc and PhD levels. The initiative is clearly building around a number of capacity building principles such as: establishing norms and standards for nutrition capacity building for the region (building on a model used earlier for the training of medical doctors), the inclusion of nutrition across curricula and not just a nutrition module ‘add-on’, South-South integration of expertise (e.g. Mauritania being supported by Senegalese technical expertise in the field of epidemiology).

Furthermore, the WANCDI expertise is also being used for support to individual country requests for review and support. A number of individual technical support missions have been made under the WANCDI, including a technical review mission to Mali to assess the proposal for the establishment of a MSc on Nutrition.

**ANSP countries**

With the exception of Mali, there has been substantial progress in Capacity Development in the target countries.
The evidence from the different countries is summarized as follows:

- In Burkina Faso, nutrition modules have been mainstreamed in the course programme of the Matourkou Agricultural Training Centre; this development together with the nutrition modules developed for the National School of Public Health (NPHS) indicate a model approach for nutrition curricular reform. From the different achievements under Pillar 2, the nutrition mainstreaming in the agriculture course of the Matourkou Agricultural Training Centre in Burkina Faso stands out as an example for the integration of nutrition into the already existing modules being taught at the Training Centre. Box 8 below refers.

**Box 8: Nutrition mainstreaming at the Matourkou Agricultural Training Centre (Burkina Faso)**

A very interesting experience has been implemented to mainstream nutrition in the already existing curriculum of the Matourkou Agricultural Training Centre in Bobo Dioulasso. The Training Centre has about 250 students entering for a course of 2-4 years. In a sequence of six workshops held in the course of less than a year (July 2012 – May 2013) the existing curriculum for three levels of instructions of agricultural professionals including a BSc degree, higher level Technicians, and Agricultural Agents, has been reviewed, renewed, validated and finalized. The revision process started with a workshop orienting the teachers of the Training Centre on what is nutrition and what are its linkages to agriculture and food security and vice-versa. Interestingly, it was decided that no single nutrition module would be added to the already existing curriculum, but that nutrition would be mainstreamed into all 19 subjects being taught at Matourkou from forestry to biology right through to sociology.

Another remarkable feature has been the contribution by a large range of representatives of different institutions, including FAO, the National School for Public Health, the Forestry Training Institute, the MoH/Nutrition Directorate and many others. They have contributed throughout the process of review, redefining and validation. The latter was done by more than 50 persons from 14 institutions. All 27 teachers of the Matourkou School have been trained in the various aspects of nutrition in order to be better prepared for their teaching. The training included skills on interpersonal communication. Most teachers expressed that it was really a new domain and a very challenging topic to include in their teaching. It is expected that multi-sectoral working could be strengthened through the integrative concept of nutrition. The implementation of the new curriculum started in November 2013 with the new school year. Hence no reactions from students about the new curriculum have been recorded.

All over, it was considered a very fruitful process which has given many insights about the concept of nutrition and the different subjects taught. At a more personal level teachers acknowledged that for the first time they ‘really’ understood the relationship between nutrition and individual health.

Other training centres but also FAO at regional level and global level have shown interest to learn from the Matourkou experience acknowledging it is among the first Agricultural Training Centres to mainstream nutrition. The Training Centre has the intention to start a refresher course on nutrition for all of its over 5000 graduates working in the country.

- In Mali none of the planned activities under Pillar 2 have made substantial progress. All activities under this pillar have been deferred to 2014.

- In Ethiopia, under Pillar 2 ANSP aims to capacitate Health supervisors to conduct regular and quality supportive supervision to build the capacity of Health Extension Workers (HEW) and Agriculture Extension Workers (AEW) to implement stunting reduction activities. ANSP supported sensitization workshops from which trainings were cascaded down to 34,000 HEWs. The ANSP also supported the development of the in-service Integrated Refresher Training (IRT) modules for HEWs on Community Maternal, Newborn and Child Health (CMNCH) and the national and regional training of trainers. In 2012, 192 national and 1,911 regional trainers profited from IRT masters training (Training of Trainers or TOT). Subsequently, the IRT was rolled out to more than 560 woredas (including the 20 ANSP woredas) in the four regions targeted by the CBN, more than 31,000 HEW received IRT.

The MTE-team has further observed that training had almost exclusively focused on UNICEF’s traditional partners only – health, education and WASH. However, in alignment with the NNP a MOU is now being developed between UNICEF and FAO to support MOA for mainstreaming nutrition in agriculture and livestock sectors (including fishery, dairy and poultry), as well as supporting nutrition linkages in PSNP.

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78 more details are found in the respective country annexes under Pillar 2- 2.4.2 Effectiveness
In Uganda, various activities have been undertaken by the ANSP to strengthen capacity at national and district level (pilot districts) for the Scaling Up of nutrition interventions. The existing UNAP training package for local governments as developed by the Prime Minister’s Office, has been revised with ANSP support. In all five pilot districts nutrition coordination committees (DNCC) were established, whose members were also oriented on the UNAP. Also a training package and tools for pre-service and in-service health care providers has been developed.

In all 5 district DNCC consisting of 8 to 10 members have been trained in planning and implementing nutrition services in 2013. The use of the cascade mode according to stakeholders has been very effective for both trainers and trainees, as it strengthens mutual understanding and commitment towards the common goal of multi-sectoral efforts to reduce malnutrition. Nutrition coordination committees were said to be working well to the extent that in one district (Kabale District) the first-ever multi-sectoral plan (plus budget) for nutrition.

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

#### 2.5.1 Relevance and appropriateness

<table>
<thead>
<tr>
<th>Table 5: Pillar 3 Expected Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Continental</strong></td>
</tr>
<tr>
<td>In original project document:</td>
</tr>
<tr>
<td>• Support the collection and analysis of authoritative data available on nutrition in Africa for dissemination and use for advocacy and awareness raising purposes</td>
</tr>
<tr>
<td>Replaced and now reads as in Workplan Yr 3:</td>
</tr>
<tr>
<td>• Support the inclusion of Africa Regional Nutrition Strategy (ARNS) indicators into the AfricanInfo Database</td>
</tr>
<tr>
<td><strong>Regional</strong></td>
</tr>
<tr>
<td><strong>Burkina Faso</strong></td>
</tr>
<tr>
<td>• The process of implementation of multi-sectoral community interventions aimed at reducing chronic malnutrition among children is documented</td>
</tr>
<tr>
<td><strong>Ethiopia</strong></td>
</tr>
<tr>
<td><strong>Mali</strong></td>
</tr>
<tr>
<td>• Documentation of the implementation of nutrition interventions at scale</td>
</tr>
<tr>
<td><strong>Uganda</strong></td>
</tr>
<tr>
<td>• Formative research on current nutrition practices, obstacles and enablers to adequate nutrition in communities to inform the design of community-based nutrition model</td>
</tr>
<tr>
<td>• Conduct of food and nutrition security assessments (baseline and annual) in SUN pilot districts to support implementation of community-based nutrition model and support to Uganda nutrition national repository centre (MAK/MoH)</td>
</tr>
</tbody>
</table>

**Pillar 3 is mainly focusing on getting the nutrition information systems in place, with diverging priorities in the different regions**

Under the ANSP WCARO component, the main emphasis under this pillar has been the provision of support to country nutrition surveys and information systems through the introduction and strengthening of SMART methodology. Whereas the focus in ESA is also aiming at strengthening linkages with national and regional food security data collection and analysis processes (including FEWSNET and COHA), improvement of nutrition context analysis in relation to disparities and; improvement of data collection methods and trend-analysis.
Pillar 3 has a combined purpose of information systems management and knowledge sharing; the actual combination is, however, not visible in the work plans and activities. 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 organisational context. This is not, however, clear from the various work plans 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.

Early warning data collection and reporting have been included in ANSP in several countries. In 3 of the 4 ANSP countries pillar 3 activities have included: Production of bi-annual bulletins on nutrition and food security Early Warning System (Mali) and Assist in the production of quarterly reports on the detection and treatment of severe acute malnutrition for dissemination during meetings of the Early Alert System (Burkina Faso). These clearly belong in the domain of early warning and emergency response. Although valuable in themselves this shows the somewhat hybrid nature of ANSP where ANSP funding is used to continue emergency-related activities.

Pillar 3 endeavours for an AfricaInfo database, driven by the Continental Office, initially appeared relevant. 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. Following the AU Heads of States and Governments’ request (March 2012) to mobilize resources for an Africa wide database (AfricaInfo) 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. Combining of these two activities was relevant and appropriate.

A need observed by the MTE is standardized monitoring and evaluation of nutrition projects. Given the strong impetus on nutrition many organisations, notably NGOs, have started nutrition projects or have added nutrition components to existing projects. Also, as was observed in Mali, existing projects currently intend to go beyond the former approach of only screening and treatment for malnutrition, and are in the process of adding community-based prevention. An example is Save the Children in Sikasso Province in Mali.

The meaning of the phrase formative research is not self-evident. Formative research has in the Yr 2 progress report been described as “Among countries, outside of the four ANSP focus countries, technical and financial support towards conducting formative research on nutrition interventions were done for Benin. Preparation for the formative research on IYCF started in January 2013, data collection was completed in June 2013, and full analysis and results are expected to be disseminated in the first quarter of year 3.” This text appears to refer to the studies on determinants of child feeding practices in three francophone countries (Benin, Congo Brazzaville and Mali). In these countries the research did not have the explicit purpose to inform the design of pillar 4 projects, whereas in Uganda it did, in conformity with the usual interpretation of formative research.

New endeavours driven by other organisations. In the last 2 years many initiatives have been launched – platforms fora and websites – especially in the domain of food security. Typical purposes are “to be global Communities of Practice linking national, regional and global institutions as well as individual professionals with the aim of addressing the food security information needs of developing countries and regions by strengthening national networks and institutions; sharing standards, methods, tools, knowledge, news and capacity development opportunities”. Yet for quality data there are not that many websites. The NutritionInfo website – see below – in that sense is unique and ought to be profiled as such.

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79 A primary aim is to examine socio-cultural factors that influence child feeding practices in the settings where the research is carried out.

80 See, for example, http://156boom.wordpress.com/2011/02/11/what-is-the-difference-between-formative-research-and-summative-research-of-the-three-process-models-highlighted-which-one-can-you-relate-to-the-most-why/
New endeavours ANSP/UNICEF

NutritionInfo

This data-base aims to promote a standard comprehensive analysis of both prevalence and burden of malnutrition over time. WCARO has the lead in developing the software but it is supposed to serve the whole of Sub-Saharan Africa. It is widely realized that “A significant amount of data on nutrition are available”, but not always easily accessible and exploitable. Hence there is a need to improve the presentation and interpretation of nutrition data to gain a better understanding of conditions, needs and priorities. Through regular monitoring with better quality and representation of data, equitable progress in the nutrition conditions of children and women can be achieved. As access to nutrition data are often not at hand or are limited in the region, this project will develop and maintain a database and site – called NutritionInfo – with easy access to all available data on standard nutrition indicators in the region.

- Data on children and women – stunting, global and severe acute malnutrition, underweight, MUAC, bilateral oedema, in children and Low BMI, Low Height, acute malnutrition and obesity in women along with population counts and data quality scores
- Visualization options – table/graphs/ maps showing current status of the selected indicator, population counts and data quality scores
- Time series options – to review data at specific time period or view the evolution of conditions over time

The MTE observes that the development of an African wide web-based system for nutrition information is in principle an appropriate activity. However, this activity has provoked a lot of discussion already at its inception. The AUC expected ANSP to build a web-based system for all available nutrition data, accessible for all countries in Africa, while the ANSP intended to focus on nutrition survey data and links to existing nutrition resources systems.

RapidSMS Nutrition

The RapidSMS is still in the trial phase. It is included here because, like the NutritionInfo site, it is typically at the forefront of innovation and as such another example of a pillar 3 service function that goes far beyond the 4 ANSP countries. The envisaged advantages include standardized data collection and reporting and availability of real-time data. Two regional workshops were organized in

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81 Text of this section is from Robert F. Johnston, (formerly) at WCARO. See http://devinfolive.info/nutritioninfo/test/ for the NutritionInfo site that was launched November 2013.
Nairobi attended by staff from UNICEF Headquarters in New York to explore the possibility of using SMS technology to monitor and report on real-time nutrition indicators.

2.5.2 Effectiveness

Documentation as a mutual interaction between country and regional offices has yet to start

The MTE notes that in some of the above expected results there is, as it were, a natural link between country experience and regional effort. This is the case for “documentation”. In one of the 2 countries where documentation is an expected output (Mali and Burkina Faso), this has recently started, at the level of one of the Rencape NGOs. In none of the 4 countries is there evidence that the regional office has taken up the opportunity to prompt and assist the countries in doing this.

SMART surveys have been the most prominent part of pillar 3

The introduction of the SMART methodology started well before the ANSP programme in 2006. In WCARO ANSP funding has made it possible to continue the (technical and financial) support to an ever increasing number of countries (18 surveys in 14 countries). Indeed, SMART has rapidly become the method of choice for rapid, affordable and reliable nutrition data collection. It can be applied nation-wide – as is the strong preference of WCARO – and also in smaller-scale surveys, as in ANSP Uganda. Since such surveys have in most countries become a regular event, seasonal factors must be considered, so that data collected over consecutive years can be compared. The methodology has in several countries been incorporated in DHS (in 2013 in Gambia and Liberia) and MICS surveys (in 2013 in Benin and Sao Tome). SMART training at the request of national staff has continued (recent trainings took place in Cameroun, Liberia, Niger and Togo) and new requests for SMART technical assistance keep coming in (12 such requests to WCARO for 2013).

A feature that is adding to SMART’s appeal and also is a sign of good practice is that the competence and complexity is being built up “one step at the time”: SMART has started by making headway with anthropometric indicators and is now taking the next hurdle of also including IYCF behaviour indicators. In 15 out of 20 surveys in 2013, IYCF behaviour indicators were due to be included. In Burkina Faso this has been the case from 2012 onwards. In Mali IYCF indicators were introduced as from 2013. The WCARO staff has been heavily involved in 17 out of 20 SMART endeavours in 2013. The regional role is specialized and ranges from SMART planning; to training; to integration of the methodology in other formats such as MICS and DHS instruments; to analysis and validation; to evaluation of the inclusion of MNP and IYCF.

The SMART surveys have concentrated on the supply side rather than interpretation and use reliable provision of quality data. At regional level pillar 3 includes (3.1): Support towards quality data collection methods, trend analysis, knowledge management and institutional dissemination to relevant stakeholders. This clearly has happened and still is the mainstay of regional work on this pillar. The next step, however, to “Support real-time learning, sharing and documentation of project experiences” is less evident.

Guidance of the SMART surveys and especially data validation (see above) has been a considerable work burden for the WCAR office. To give just one example: in 2014 a SMART survey is planned for Nigeria, in the entire country. Returning to the ANSP countries: Pillar 3 outputs contain the intention to “Carry out research to document the process of implementation of multi-sectoral community interventions conducted in […] in order to reduce chronic malnutrition among children” (3.2: Burkina Faso), and “Documentation of the implementation of nutrition interventions at scale” (3.2: Mali). In both countries pillar 3 is thus expected to report on the process of pillar 4. This has not happened. Also under pillar 3 is the commitment to conduct national nutrition SMART surveys, in both countries. At the time these outputs were formulated the SMART surveys were in the WCA region not yet as widely implemented as they are now, nor did they contain the IYCF behaviour indicators, like they do now.

82) IBFAN/APAIB/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)
83) Fanny Cassard, WCARO: Rapport de Passation, Febr 2013
84) Fanny Cassard, WCARO, Rapport de Passation, Febr 2013
85) source: ex WCARO staff, personal communication
86) For details re: SMART see http://www.smartmethodology.org/
87) For more detail see http://www.nutritionsurveytoolkit.org/nutritionsurveylibrary/
Yet as is clear from the preceding paragraph SMART has meanwhile become a much appreciated routine in the majority of countries. The ANSP-specific added value could lie in use and especially innovative use of SMART data.

**The ESARO office has supported country driven innovations such as dash boards in one country (Ethiopia)**

ANSP ESARO provides technical support to Ethiopia (but not Uganda) for developing a comprehensive nutrition monitoring framework. The workshop in combination with ongoing technical support to Ethiopia is a good example of strengthening data collection methodologies and support real time learning. ANSP support to Ethiopia has been effective and resulted in, among others, a nutrition information system which is capturing and tracking monthly growth data for timely feedback and action at health posts – the so-called dash boards. In the same country support is ongoing regarding linkages with existing nutrition information collecting systems – including from emergency nutrition and eventually other sectors including agricultural.

**RapidSMS has not yet seen the light; NutritionInfo is still in a development stage**

With regard to RapidSMS, in WCA there is no evidence of any support to the roll out of the SMS-based system for programmes and survey data by WCARO office nor is it applied in the two target countries. In ESA, the feasibility of a “RapidSMS-based” system for stunting tracking was found to be too ambitious. Challenges include country ownership of the technology, maintenance, and sustainability; government’s willingness to share real-time data; and the interoperability and scalability of the systems within different sectors or institutions.

As far as NutritionInfo concerns, work is still in progress as the website has not yet been finalized. Only a preliminary version is showing the potential of the nutrition information system. It looks, however, very promising and the MTE was informed that “teething problems” are being overcome.

**Challenges to work on Pillar 3 at continental level**

During the second half of 2012, there were several challenges regarding the work on the tool for harmonized ARNS data collection. Firstly, the training in the use of the AfricaInfo base, which was scheduled to take place during the 6 months consultancy of the ANSP consultant, was postponed because equipment was not available (related to funding constraints). In addition, in view of the revision of the ARNS and the related Plan of Action, DSA/ AUC decided there was no need for the consultant to further work on defining indicators for the harmonized tool. Later, when the first COHA study preliminary results became available, DSA/ AUC decided that in 2013 work on nutrition indicators should be guided by the results of the COHA study. Further activities related to the development of a tool for harmonized ARNS data collection were therefore not formulated. The output under this pillar was limited to support the establishment the AfricaInfo data-base. This activity was completed (data were transferred from ESARO to the DEA, two expert workshops were organized, data base put in place in the said department and a focal point nominated in each of the 8 Departments of the AU Commission to work with the DEA). Support to capacity building for the development and maintenance of the AfricaInfo database consisted of capacity training, operationalization of AfricaInfo, training of AfricaInfo focal persons and ensuring collaboration through working with the African Development Bank and the UNECA.
2.5.3 Relevance and appropriateness

Table 6: Pillar 4 Expected Results

<table>
<thead>
<tr>
<th>Continent</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Continental</td>
<td>National comprehensive nutrition programmes implemented in coherent, coordinated and synergic manner with other sectors such as food security; health, WASH and social protection.</td>
</tr>
<tr>
<td>Regional</td>
<td>Support toward formative research on infant and young child feeding and community-based nutrition interventions and assessment of opportunities for minimum package of cost-effective and safe interventions</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>The coverage of infant and young child feeding (IYCF) interventions in the North and Central Plateau regions is increased in order to reduce chronic malnutrition</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Implement integrated Community Based Nutrition program for reduction of stunting and reduction of anaemia prevalence among pregnant and lactating women</td>
</tr>
<tr>
<td>Mali</td>
<td>Support to scaling up community-based nutrition interventions in two districts Yorosso (Sikasso region) and Bankass (Mopti region). The workplan says: Design a multi-sectoral community nutrition model to implement in the targeted areas.</td>
</tr>
<tr>
<td>Uganda</td>
<td>Comprehensive multi-sector community based nutrition model In the latest workplan this now reads as: 4.1: Creating local capacity for scale-up of SUN nutrition interventions in pilot districts and 4.2. In collaboration with USAID/FTF partner and district authorities ensure support for BCC activities to promote nutrition</td>
</tr>
</tbody>
</table>

ANSP under Pillar 4 is to develop or design a minimum yet comprehensive package (“a model”) of community-based nutrition interventions; these should be both cost-effective and based on multi-sectoral contributions.

In practice, however, the common purpose of the development of a model or package is not very well strategized or prioritized. In order to be effective, under Pillar 4 a good overview is necessary of what nutrition interventions are taking place at community level and what interventions (specific or sensitive) are needed to complement already existing activities. A model or package should have at least a description of the different options from which to make a choice. Maybe with the exception of Uganda the nutrition interventions to be implemented have not been identified at the design stage. Nor has an a-priori costing been made of the possible interventions. As such the LIST tool could have been applied to look at the different options and their costing. Or intermediate indicators of the success of current endeavours could be applied. The fact is that this important part of the programme is not undertaken: in none of the four countries is there evidence that there is an active search, supported by the regional offices, to arrive at the above-mentioned model approaches. Yet at country level this is what is expected and this is also why stakeholders at national level have agreed to establish high level project boards. (Source: senior staff Ministry of Health, Mali)

The distinction between nutrition-specific and nutrition-sensitive interventions is insufficiently visible

In none of the above stated expected results is the current distinction between nutrition-specific and nutrition-sensitive intervention packages visible. Rather, phrases such as ‘comprehensive’ and ‘multi-sectoral’ are used. It would be easy to find fault in the above table in terms of lack of vertical coherence between the different levels. Or to point out differences between the logframes and the work plans. More important, however, is to distil the common denominators. These are marked in bold. Noteworthy is that only in one country (Ethiopia) anaemia is included.

It appears that especially for nutrition-sensitive programming there are large differences between the four countries. In Mali this is still a very distant plan. In Burkina it is planned for in the second year of working with women groups (the first year is about to start). In Ethiopia the revised National Nutrition Plan spells out what, who and how nutrition-sensitive and specific activities are to be carried out. In Uganda multi-sectoral plans for mainstreaming nutrition (e.g. nutrition-sensitive programming) have been developed and costed at national and decentralised level, among others in ANSP supported districts. There are thus important initiatives at country level even though they do not reflect a joint search for models of good practice.

88 For the sake of simplicity we here refer to the original logframes. In some countries the workplans and their updates have included substantial changes. Where this has been the case they are included.
89 See for example [http://insights.ifpri.info/2013/11/a-bigger-toolbox](http://insights.ifpri.info/2013/11/a-bigger-toolbox)
Particularly slow, again with the exception of Uganda, has been the progress in inclusion of nutrition in agriculture. This is not surprising where UNICEF’s core strengths have always been the nutrition specific-interventions. Yet, although mainstreaming nutrition is by nature complex, it is also true that recently a lot of work has been done, and has been published. What is more: gold standards, although still generic in nature, are gradually agreed upon. (The MTE used them in one country and found it helpful.90)

The strategy to mainstream nutrition in agriculture has been poorly developed.
It is obvious that without a clear strategy to mainstream nutrition in agriculture (and other sectors) it will be difficult to achieve the overall goal of reducing chronic malnutrition at community level. There are a wide range of nutrition-sensitive actions possible in the field of agriculture and numerous ways to make nutrition objectives more visible within agriculture. The main problem within the agricultural sector is – and this is acknowledged by many agricultural professionals – that it is too much production and trade oriented. Product diversification and the production of nutrient-dense crops (and their processing, storage and preservation) or the promotion of small-scale livestock is often not included in agricultural programmes. Nutrition promotion and education around food and sustainable food systems is an important approach to be included in agricultural extension. ANSP could play an important role by strategizing the mainstreaming of nutrition in agriculture on the basis of lessons which by now are widely discussed and published.91

Growth monitoring promotion has been taken up in some but not all pillar 4 endeavours
Size at birth is an important determinant for a child’s future nutritional status. Growth Monitoring and Promotion (GMP) in combination with MUAC has in Uganda and Ethiopia been appropriate and has enabled early case finding and corrective action, including referral. In its national nutritional strategy Burkina Faso reconsidered its position about Growth Monitoring and Promotion and instead opted for MUAC for its quarterly screening and management of acute malnutrition. Yet the IYCF programme, through its mother-to-mother approach, could offer a relevant contact to monitor growth for corrective actions. In Mali the growth chart is not being used under the National Protocol for Acute Malnutrition.

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. The diagram below refers. Remarkably, in only one country (Mali) are targets for reduction of anaemia (under pillar 4), included, in a hidden way, as a baseline was apparently missing. In the other three countries there is no anaemia reduction target at all.

Source: UNICEF, N.Zagre, September 2013

90 Charlotte Dufour : Mainstreaming nutrition in agriculture investment plans - Lessons learnt, challenges and opportunities. FAO Nutrition Division, October 2013
91 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
Anaemia does not feature in WCA’s SMART surveys. In children it is not routinely monitored. One reason for that is practical: it involves taking blood. (DHS is using the hemocue which has the advantage of immediate results.) There thus is a risk that anaemia remains a hidden phenomenon even though the consequences are severe and even though it is closely associated with malnutrition (the vicious circle between anaemia, infectious diseases, acute malnutrition and intergenerational stunting). The MTE notes 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.\(^\text{92}\) Anaemia among pregnant women is high in the ANSP countries where this is known. In Mali prevalence ranges from 55% (pregnant women) to 60% ( lactating women).\(^\text{93}\) In Uganda the intra-country differences for anaemia among women 15-49 Yrs are remarkable, ranging from 25% to 92%(!). Also in Uganda anaemia for rural under-5s is higher (51%) than among urban children of the same age (38%).\(^\text{94}\)

A general observation is that specific attention for anaemia appears to be minimal, or remains implicit, or has faced difficulties.

**The case of MNPs\(^\text{95}\)**

Micro Nutrient Powders (MNPs) have been an issue in several 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 Burkina Faso in the proposal for “adoption de la fortification à domicile au Burkina Faso” procurement of MNPs takes up 80% of the MNP budget.\(^\text{96}\) The IYCF programme is about to take off, but does not contain provision of MNP. The proposal to do so has been written, but funding has yet to be found. The experts in the Burkina UNICEF CO judge that, in the absence of MNPs and given the very high (92%) prevalence of anaemia among pre-school children, the IYCF prevention programme is unlikely to fully achieve its potential. In Ethiopia, whilst ANSP had planned for the NNP-supported distribution of MNP for children under two, Government had not approved the importation of MNPs, despite intense advocacy efforts at the time of the review\(^\text{97}\). ANSP supports provision of IFA for women and is piloting IFA for female adolescents. In Uganda MNPs are planned for. In Mali small scale pilots are considered. The country’s Nutrition Division indicated its requirement for the formulation of a directive for the use of MNPs. (MoH/DN personal communication).

The MTE notes that the issue also played out in the MYCNSIA countries. For example in Nepal, MYCNSIA supported substantial pilots resulting in the Government decision to opt for scaling up under the multi-donor basket support to the health sector. In Bangladesh local production of MNPs has helped to adopt wider routine use.

The MYCNSIA report for Nepal included a graph, to visualize MNPs as one among a sequence of solutions which together address micronutrient deficiency. The graph, although still rudimentary, sketches the concept of combining interventions over time, that is: mixing those that have a speedy effect (but tend to be expensive) with those that kick in gradually. Each strategy fights malnutrition at its different levels of causality. Strategies thus differ in many ways, illustrating the difficulties of proper multi-sectoral planning and implementation. The implications for sustainability are that ideally, short, medium and long range interventions are judiciously combined, depending on the circumstances.


\(^{93}\) MICS 2010

\(^{94}\) Source: derived from the UDHS 2011.


\(^{96}\) Ministère de la Santé, Direction de la Nutrition, Processus d’introduction et d’adoption de la fortification à domicile au Burkina Faso, Oct 2013

\(^{97}\) GoE approved MNP distribution recently.
Solutions to increase access to nutritious complementary food exist. The solutions can, however, not be “rolled out” as predefined models.

As described in Burkina Faso’s IYCF plan “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), with support of specialized 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 sensibiliation 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. In Ethiopia UNICEF proposed to re programme part of the funds originally allocated to MNPs to support scaling up of community-based production of complementary food. Box 9 refers for a description. The piloting has provided a lot of lessons learned. Moreover, it has provided a good example how increasing multi-sectorality can increase effectiveness and sustainability.

Box 9: Community based production of complementary food (CF), backed by national research institutions (Ethiopia, output 4.1)

A number of models for CF production have been piloted by Addis Ababa University (AAU) and Bahir Dar University. The idea is simple: mix locally available ingredients with complementary nutrition value into a blended food which can be used to prepare a nutritious porridge suitable for children (from 9-10 months onwards). The mix typically consists of cereal flour (wheat or maize and teff), of flour from pulses (broad bean, pea, soy) and sugar. The first pilot conducted by AAU consisted of several steps. The first step was to identify locally consumed foods/recipes suitable for CF. The next step was to identify and analyze locally community-based structures suitable for the production and distribution at community level and provide recommendations for setting up a small scale operational pilot. Three production models were tested: CF preparation at health posts, CF produced centrally by women associations / cooperatives using ingredients from a (partially) revolving grain bank, and CF produced through small enterprises/mull owners/women associations (semi-urban model). Training manuals were prepared and training was provided in 12 kebeles (sub-counties) in Tigray, Amhara, Oromia and SNNPR. Training included IYCF issues such as the importance of supplementing the porridge with vegetables and fruits, responsive feeding and so on.

The pilot also included lab analysis of complementary food samples collected from 10% of 845 surveyed households in order to test to what extent composition and microbiological state of ingredients and blends were in line with the Codex Alimentarius specifications for complementary food. Some of the issues identified during the first pilot include (i) product safety; Addis Ababa University did find unacceptable levels of faecal E. Coli in several samples of the ingredients (due to contamination at household level); (ii) lack of an appropriate place to produce CF (mixing of ingredients was sometimes done outside in the open air with possible contamination threats from wind carried particles; (iii) availability of appropriate ingredients in the required amounts and; (iv) sustainability because participants were providing two kg of ingredients, whilst receiving three kg of blended food. During the trial carried out in Bahir Dar cleaning of ingredients and hygienic preparation were important issues in the training. The initial barter rate of two to three kg was changed to one to one. Also a home grown food crop component was added in order to increase access to fruit and vegetables. In some pilot areas this was complemented by income generation activities such as household animal production (poultry rearing, promotion of fishing and fish consumption, mushroom growing) and home-based food processing and preservation (drying, fermentation, soaking). These complementary activities with a focus on production provided a more sustainable option. All in all, the complementary food component is an important step in making nutritious complementary foods available to the mother at low cost when the child’s need for energy and nutrients exceeds what can be provided through breastfeeding. In the absence of policy support for MNPs this is an ingenious response.

Many IYCF indicators show poor results but some stand out as critical: questions regarding the minimal diet targets

Many nutrition indicators in the ANSP countries point at poor feeding practices, in particular for the indicator of diet diversity and thus for the composite indicator of minimal diet. Complementary foods are not introduced in a timely fashion for all children. In Ethiopia at 6-9 months only about half of children receive complementary foods. Taking the case of Burkina Faso the 2012 SMART survey indicated that on average only 1.44 food groups were consumed by children 6-23 months old. This has translated in an extremely low proportion of children receiving a minimal diet, with on average only 3.5% of all 6-23 months old children satisfying this criterion. It is noteworthy that the ambitions of ANSP in this regard appear modest, namely: to increase “The percentage of children aged 6 to 23 months (…) receiving complementary food containing at least 4 or more food groups from 2.2% in 2010 to 6% in 2015. The above begs the question, firstly, if the transition to ‘a proper minimal diet’ should be measured by its composite components (with OVI’s set for the three components). A second question is how realistic it is to expect impact indicators to significantly improve at project completion if by that time the basic requirements of a minimal diet are fulfilled for only 6% of the target population of children. (And inversely, if by 2015 the impact indicators would have improved whilst the minimal diet indicators were still at only 6% one would conclude that a less-than-minimal diet, although not optimal, still had made a difference.)

Encouragement of existing good practices would be appropriate

In all countries the evidence is that for some IYCF aspects good practices prevail: a large proportion of the population is already routinely adhering to them. Likewise significant progress has been made for some practices. Examples are increased rates of exclusive breastfeeding in Uganda, Ethiopia, Burkina Faso (and many other countries). For other practices this is not the case – the above example of complementary food refers. In Uganda the formative research on nutrition practices was a one-off exercise, primarily used to inform the BCC component of the ANSP pillar 4 programme. The chosen methodology, reviewing literature to first identify gaps in order to inform the survey is the standard
approach to this type of research. Results have been used mainly to inform the BCC process: the development of messages (filling knowledge gaps), choice for channels of communication (for instance, which radio stations) and the design (such as the importance of including husbands). In Burkina Faso a similar process has systematically looked at the various IYCF promotion interventions. The successful interventions have been assessed and their principles included in the IYCF strategy and plan of action.

The C4D component of ANSP is not readily visible; yet it does provide community-level coherence within and between sectoral activities

C4D – communication for development – employs three common principles across all approaches: it is evidence-based: participatory; and rights-based. 99 Both in the original logframe (Burkina Faso) and in the Yr 3 work plans (Uganda, Ethiopia, Mali) C4D is listed as an activity under pillar 4. Although C4D is not always readily visible in essence it provides the community-level coherence within and between sectoral activities: “C4D is about everything which is related to behaviour change apart from provision of services”. For each sector specific programmatic adaptations are made. Workplans indicate that C4D in ANSP countries has consisted of training in communication skills as well as counselling and support of health workers and community volunteers for behaviour, social change and community participation in pillar 4 areas of operation. C4D is intended to support IYCF and does so in for example Uganda where it is not as yet incorporated in country-wide IYCF training curricula for health workers. In Burkina Faso, as can be seen in the project document with NGO AMMIE’s IYCF programme, 8 of the 9 strategic axes are C4D strategies.

2.5.4 Effectiveness

The SUN Common Results Frameworks (CRFs) is useful to judge pillar 4 interventions around a single set of nutrition results. 100

In the country report for Burkina on pillar 4 the MTE deliberately used the criteria of the SUN Common Results Framework (CRF), both to demonstrate their usefulness and to facilitate future use and sharing, in practice. As mentioned in the SUN website “a CRF serves as the basis for developing, aligning and securing approval for nutrition-relevant plans which cover different sectors. An agreed CRF enables multiple stakeholders – including different government ministries and external stakeholders – to work towards common goals (or set of results) for the improvement of nutrition and to agree how responsibility for implementation and achievement of results will be shared by different sectors. The overall cost of the CRF will incorporate costs of multiple sectors and will reflect the overall financial requirements to successfully scale up nutrition.” As also noted in the SUN website: In practice, different forms of CRFs are being adopted by governments which are specific to that context. The Burkina Faso experience is just one example how ANSP could further integrate the SUN CRF in its monitoring framework.

Since most of the activities have only just started it is too early to assess effectiveness of the Pillar 4 Scaling-Up interventions.

Although it is too early to assess effectiveness, let alone impact, the MTE observes that it is very well possible to have a judgement on the pillar 4 endeavours’ relevance and on their likelihood to succeed. As a matter of fact, there is no common denominator for the four programmes: they each have their merits and their drawbacks and they operate in different contexts. Box 10 refers for the IYCF programme in Burkina Faso.

100 http://scalingupnutrition.org/about/common-results-frameworks. Also see http://ije.oxfordjournals.org/content/39/suppl_1.toc
Box 10: Burkina Faso’s IYCF programme a potential success story (Burkina Faso, pillar 4)

The Burkina IYCF programme is set to satisfy all CRF criteria, and more. Special for the programme is that it will be possible to compare its implementation and results in different in-country contexts, including the existence of preceding and/or parallel projects which will inevitably affect design and execution, as well as costs. A strict M&E plan has been designed which includes impact level indicators. The results of annual SMART surveys will be used as ‘controls’. It will thus be possible to determine factors of success (or failure) given actual results in different contexts. The MTE notes that this is different from modelled interventions and their effects, as in LiST.\(^{101}\) The IYCF programme in this country is an example of having different ANSP pillars combined for the sake of ANSP’s goal: to offer evidence-based models of good practice.

With regard to C4D, the MTE findings, though not extensive, are the following

- In Burkina Faso the topic was discussed and the prevailing opinion, shared by the MTE, was that the current IYCF plan has ample C4D built into the set of modules produced. C4D, in other words, is an integral part of IYCF, and rightly so.
- In Ethiopia support was provided to incorporate C4D in the revised National Nutrition Plan. Communication specialists from WCARO reviewed the nutrition communication component of the NNP and provided suggestions for further improvement which were incorporated in the final version.
- In Mali in Yorosso District (Sikasso Province) there have apparently been C4D activities, guided and implemented by regional level staff (source: Director of Social Development, Yorosso). However, in the absence of field activities under pillar 4 – or more precisely: in the absence of ANSP/UNICEF field activities – the C4D component has in this district been a stand-alone effort. In Bankass District C4D has been integrated in ASDAP’s programme.
- In Uganda formative research has been carried out to inform BCC. The BCC strategy in pillar 4 districts includes broadcasting of tailor-made programmes and messages in the local language and the training of local drama/dance/singing groups in communicating IYCF messages, again in the local language.

2.6 Efficiency

2.6.1 Operational efficiency

Operational efficiency as a concept of acceleration

ANSP’s multi-pillar, multi-level and multi-actor design appears an exceptional design

In the 4 countries visited the MTE did not come across projects that have the same multi-level, multi-pillar and multi-actor mix of ANSP. In that sense the ANSP arrangement is distinctive. But this has also generated expectations, as in Mali, where the national level steering committee expected that ANSP was set to generate a model: a minimum package of cost-effective interventions. ANSP did not routinely exploit the opportunity to be a distinct entity and yet this has occasionally happened. Below a list of qualities that made ANSP stand out, plus examples where this occurred. For the sake of brevity reference is made to more elaborate descriptions in the annexes. Boxes below exemplify the concept.

ANSP’s added value requires a keen eye to spot opportunities

The MTE has summarized the ways in which ANSP has been/can be distinctive as “acceleration” and has therefore listed examples under “operational efficiency”. All examples hinge on an intentional design to make a difference. And reversely, where such an intentional design was missing, the added value was also absent, or it was difficult to distinguish ANSP from business as usual. Boxes 11, 12 and 13 below exemplify.

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\(^{101}\) The Lives Saved Tool (LiST) uses estimates of the effects of interventions on cause-specific child mortality as a basis for generating projections of child lives that could be saved by increasing coverage of effective interventions. Estimates of intervention effects are an essential element of LiST, and need to reflect the best available scientific evidence.
Box 11: Operational efficiency - multi-pillar connections for ownership of nutritional issues (Burkina Faso)*

The current events in Burkina Faso show the possibility to connect the pillars and levels (and above all: people) in an organic way:

- **pillar 1**: Sub-national meetings of the Regional Committees of the Nutrition Councils, are used, among other things, to raise interest among participants
- **pillars 2&4**: From the above, selected persons are trained as IYCF master trainer, and subsequently act as a trainer of trainers (the well-known cascade model), in their own region.
- **across the sectors**: In the above, there is every possibility to include persons of different sectors, including agriculture, and, at a later stage, the graduates who have been taught the newly improved nutrition curricula (also pillar 2).
- **Across the country**: As more and more regions are getting enrolled in the IYCF scaling up, there will be veritable ownership also at the level of regional senior staff – attendants of the above meetings, amongst others – and this across the country.

In combination, this potentially will be an “organic” linkage between pillars 1, 2 and 4, at the decentralised levels; essentially it would be people being connected, and motivated. This effect, although not as such foreseen, nor mentioned, in the work plans and reports, could in itself become a model of good practice.

*Source: Annex F of this report*

Box 12: Operational efficiency - multi-level, multi-actor linkages act like accelerators and bode well for sustainability (Uganda)*

The ANSP is designed in such a way that many results are likely to be sustained well after the life span of the project.

- **ANSP** is a true multi-stakeholder partnership in which UNICEF, government, and the USAID/ Community Connector Project work closely together, all contributing financial and human resources towards the partnership.
- **ANSP** builds on and further ownership of multi-sectoral approaches for nutrition at all levels as intended (and formulated) in the UNAP.
- The work done under pillar 1 is potentially sustainable because
  - nutrition is being tackled through a multi-sectoral approach
  - it addresses important immediate causes of malnutrition (notable IYCF and poor WASH); and in addition
  - multi-sectoral plans (national, district and sub-county plans) are to be incorporated in Uganda’s national budget.

*Source: Annex I of this report*

It is possible to see a common mechanism for these “accelerators”. The MTE observed the following modalities which, alone, or more often in combination, have characterized positive examples of what may be summarized as “operational efficiency”. Some are still at an early stage. Most were not as such planned: they “happened”. Or rather, as explained by staff of the Burkina Faso Nutrition Directorate “We just started where we knew people were interested, and yes (et voilà), it worked!”

**A selection:**
1. Combination of pillars
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 multi-sectoral 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

There is clearly no “recipe” for what works – the opportunities are highly context-specific. Using the opportunities requires for them to be spotted. This has happened, as boxes throughout this report have shown (including Box 5: Effectively up-streaming nutrition policy – ESARO output 1.1), but it has been relatively rare. It also requires a degree of responsiveness to changing contexts, which can be difficult when outputs and activities are predefined.
Box 13: Rationalizing resources through collaboration (Uganda)

The collaboration between the Community Connectors (CC)/ FtF, ANSP and the GoU not only positively impacts on the overall effectiveness of the ANSP (the added value of the sum of activities of the three partners being far greater than the impact/ added value of the activities separately), but also on the cost-effectiveness (efficiency). There are many examples of how the partnership enables stakeholders to rationalize resources. Examples include the following:

(i) CC staff supports, supervises and monitors the work of various community volunteer groups such as community knowledge workers, growth promoters and drama groups and provides technical support to the sub county coordination committees (complementing governmental services)

(ii) UNICEF capacity development improves supervisory and monitoring skills of governmental staff, not only in nutrition but in other sectors as well (planning and budgeting, reporting) and;

(iii) GoU health staff supervises and monitors IMAM activities and reports on progress (on behalf of all partners).

In the three districts in South Western Uganda – new districts for UNICEF, where a sub-office has not yet been established, CC are UNICEF’s eyes and ears. CC collect data and reports, liaise with authorities at all levels, monitor progress of ANSP supported activities (activities supported by the ANSP only as well as activities supported by more partners including CC) and update UNICEF Kampala regularly.

Reporting

The reporting of ANSP/UNICEF has been rather weak. Reasons have been touched upon in section 2.1.4: it is difficult to properly report on a programme of this nature.

- A first reason is that ANSP is not a typical project nor has it been formulated as such. It is in fact hard, if not impossible to distinguish ANSP from UNICEF’s core tasks and roles. This problem is apparent in the reporting on the different Pillars

- Related to this is, secondly, that UNICEF/ANSP needs to be responsive to context changes; not all changes were foreseen, nor could they have been foreseen, at the time ANSP was conceived. Context changes have been significant, as is emphasized in several country annexes to this report, for example in Mali and also at continental level. It follows that by and large the activities with a long term vision still stand as envisaged and can as such be reported on. Other activities were ill-conceived in the first place or were already completed before the project started or have become redundant, for example because meanwhile other actors have taken over.

- Thirdly, and related to the above, there has been a tendency to only report on what did happen, omitting to report what did not happen and why not.

- Fourthly, and related to the above, there has in some cases been a tendency to report on activities that were not originally part of the logframe or which slipped in in an unusual interpretation, or in non-ANSP countries, without further explanation. An example is formative research in Benin and Congo Brazzaville.

- Fifthly, some activities were moved from one pillar to another instead of reporting they were delayed, and why.

- Lastly, the reports appear to have been skewed towards the positive. Specifically, the score “ongoing” has been used too readily. An example is the score for formative research (regional), while this to the MTE’s knowledge did not happen. Another example is the score “completed” for continental result 3.1 whereas in reality work on this result was largely unfinished.

An illustrative example is ESARO reporting on activities at regional level for pillar 4. The two activities reported in support of pillar 4 in the second interim report had actually featured under pillar 2 and 3 in the preceding interim report.

For all the above reasons the MTE has in this main report not reported on the (44) programmatic outputs in the way it is done in the ANSP progress reports. It has instead opted to summarize, in section 2.7.1 above, what would be alternative ways to make reports both meaningful and useful. For more standard-type reporting on operational efficiency the MTE refers to the annexes.
2.6.2 Financial efficiency

ANSP budget allocation

The ANSP budget (Oct 2011-Sept 2015) for the African continent (Continental) and the two regions (WCARO and ESARO) represents about 52% of the total ANSP budget of €19,633,218 (excluding the 7% overhead) available for implementation of activities. The budget for the four target countries together represents 46% of the total ANSP budget with the remainder (2%) being the budget for the Brussels liaison office to the European Commission. The two regional offices WCARO and ESARO were each allocated the largest shares of the ANSP budget (resp. 21% and 23%); together the budget for the two regions represents nearly as much as the budget for the four target countries together.

Allocation per Pillar

Obviously there is a substantial difference in the ANSP allocation of funds per Pillar when the ‘Regions’ (including Continental) are compared to the four target countries (see figure 6 below). Continental is more policy and advocacy oriented whereas the programmes in three out of the four target countries stand out for their focus on Pillar 4 Scaling Up interventions. The two regions have a well-spread allocation over the four pillars. Uganda is the only country where Pillar 2 Capacity Building has a substantial budget allocation. The allocation in Burkina Faso and Mali for Pillar 2 is very low (around 10%) as compared to the other countries (and the regions). It is noteworthy that both regional programmes have a fair share of their budget dedicated to Pillar 4 type of activities.

![Figure 6: ANSP budget allocation per Pillar](image)

Source: ANSP financial report Yr 1 and Yr 2

Allocation per expenditure category

Analyzing the budget per expenditure category of the total ANSP budget, staff costs are dominant, representing about 38% of the total budget (all countries and regions taken together; see figure 7 below). Categories such as training activities and contracts to implement activities – both 14% - and the hiring of consultants (8%) take significantly lower budgets. In most cases staff budgeted for are regular UNICEF staff. Hence, the use of the ANSP funding reinforces the MTE assessment that this is core funding more than project funding.

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102 The MTE has introduced its own categories on the basis of an analysis of the ANSP detailed budgets. Source was ANSP financial report Yr 1 and Yr 2. Categories are: staff, consultants, contracts, meetings (including workshops and conferences), training (events), support (to other organisations), (international) travel, equipment (mainly ICT), supplies, publications (and advocacy material), other.
When we are sub-dividing the same expenditure categories for each of the seven ANSP countries and regions, the picture becomes even clearer. Regarding staff expenditure, the Continental and WCARO programmes have over 50% of their budget allocated to staff expenditure, whereas on the other hand Ethiopia has only allocated 14% of its budget to staff expenses.

When it comes to sub-contracting of organisations (‘contracts’) Burkina Faso and Mali stand out for dedicating about half of their allocated budget. This is mainly due to the sub-contracting of NGOs for the implementation of Pillar 4 activities and the contribution to the implementation of national SMART surveys. Ethiopia – and to a lesser extent Uganda – which also have a large Pillar 4 budget, dedicate a large share of their budget to training, resp 44% and 31%. Ethiopia is the only country which invests in the procurement of supplies (deworming and micronutrients) representing 14% of their total ANSP budget. Publications and advocacy material are a substantial part of the Continental and ESARO programmes.
**ANSP budget expenditure rate**

The ANSP expenditure rate overall is 41% after two years of operation (up to Sept 2013). There are however substantial differences between countries and regions. Whereas the expenditure at continental level was only 22%, expenditure in Uganda was 71%. The relatively slow start of some countries is clearly reflected in the expenditure levels. For instance, expenditure in Mali was only 28%. The Inception workshop in Mali was late (February 2012) and activities under Pillar 2 and 4 were delayed because of the political crisis in the country which lasted from March 2012 till June 2013. At continental level the substantial delays in the recruitment of a nutrition specialist resulted in low expenditure for pillar 1, accounting for 65% of the continental budget.

The figure below shows the variation in expenditure for countries and pillars. Substantial underspending can be found for Pillar 2 in the two regions WCARO and ESARO. This is partly due to delays in the recruitment and appointment of the focal person for strategic capacity development. The expenditure rate of ANSP Uganda is quite high as compared to the other countries: Pillar 2, 3 and 4 are well above two-thirds of their allocated budget with Pillar 3 budget already being exhausted. The main reason for this is the relatively small budget made available to Uganda as compared to the other three countries. At this rate of expenditure there will be no funds left for year 4 in Uganda.

![Figure 9: ANSP expenditure rate per pillar and per country/region (Oct 2011-Sept 2013)](image)

When looking at the different pillars, it becomes clear that overall expenditure for Pillar 1, 3 and 4 is in line with the overall expenditure rate (with resp. 40, 45 and 47%). But the expenditure for capacity building is very low with only 28% being spent after two years. This is in particular the case for the two regions ESARO and WCARO, but also for Mali where 0% of the budget was spent on pillar 2.

### 2.6.3 Leverage of (new) resources

**General**

As mentioned before, leverage of new, additional resources has not been included in ANSP design. In fact, nothing is said about cost nor about cost-effectiveness in the original project document. In the IR there is a reference to “evidence-based, cost-effective and high-impact interventions as identified in the Lancet Nutrition Series”, but there has been no apparent intention to use ANSP to situate, specify and update country experience and use this for leverage of new resources. (The regional level expected result of “assessment of opportunities for a minimum package of cost-effective and safe interventions”, has thus far not been pursued.) Yet the topic has been given attention in at least one
high-profile presentation, by the Head of WCARO’s nutrition unit. Conclusions presented were that it is possible to increase funding for nutrition by:

- exploring different avenues: government; donors;
- private sector & household/community
- tracking/analysing budgets and expenditures
- ensuring better results for the funds available
- moving from activity-based budgeting to system-wide budgeting with a focus on results (outcomes & impact)

The above appears to be a prelude to the increasingly popular concept of results based financing (RBF), which has recently also been embraced by UNICEF HQ in line with UNICEF’s equity focus.

“When we invest in the areas of greatest need – the most disadvantaged communities – we achieve the greatest results,” says Anthony Lake, Executive Director of UNICEF. “Results-based financing can help us make better and smarter investments there. This is good for the most marginalized populations and it’s good for investors – all those who are putting their hard-earned resources into helping others.” The MTE has not seen linkages between funding for nutrition programmes and RBF of health facilities in the countries visited. Given the close links between successful prevention of chronic malnutrition and decrease in infant and under-5 mortality (the latter are key RBF indicators), it is only a matter of time for this to happen. The availability of quality nutrition data which allow to monitor trends over time – as generated in the SMART surveys – would be a crucial asset.

**External, country level**

**Predominance of external funding of nutrition at country level**

A recent study in Burkina assessed the sources of funding for nutrition in that country. The results show that in the period 2006-2011 the budget for the Nutrition Direction has been as low as 0.1% to 0.7% of the Ministry of Health budget. The predominance of external funding sources is also clear in other publications. Like in MYCNSIA countries such as Nepal, there are thus several problems. Firstly, the nutrition budget generally resorts under the Ministry of Health budget, of which it is a very small proportion. Increasing these proportions by a few percentage points will not solve the issue. Secondly, the high level political support as expressed, among other things, in SUN membership is not translated in national budgets. This has an inherent risk of nutrition becoming a donor-driven issue. Thirdly, the vast majority of funds goes to emergency nutrition programmes targeting children who are malnourished; this inadvertently suggests that “nutrition is receiving its fair share”. The MTE notes that increases in national nutrition budgets are not as yet part of SUN monitoring.

**Inclusion of nutrition in Go budgets is a specific aim of ANSP in Ethiopia and Uganda**

In Uganda one aim of ANSP is to prompt the GoU for funding for nutrition and eventually completely incorporate nutrition in the national budget. As of the last quarter of 2013, two out of five districts had submitted a budget for nutrition to be incorporated in next years GoU budget. In Ethiopia the government has committed to allocate additional domestic financing of USD $15m per year to nutrition, until 2020. In Burkina Faso the aim is expressed, but is at the same time acknowledged to be problematic. As the SUN website for Burkina says, “Tracking resources allocated for nutrition is an identified challenge in Burkina Faso. Currently, specific funding for nutrition is classified as a ‘sub-account’ within the mother and child health account within the national budget and only national account funding and expenditures can be tracked. The Government of Burkina Faso is planning to

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104 http://www.fao.org/fileadmin/user_upload/wa_workshop/ppt-caadp/2.8.3_Tchibindat_UNICEF_Innovative_Avenues_.pdf

105 http://www.unicef.org/media/media_70444.html


107 http://allafrica.com/stories/201312121085.html


establish a national budget line for nutrition. The SUN Government Focal Point has committed to mobilising both domestic and external resources for nutrition as one of his top three priorities in the 12-month period up to September 2013.”

**Internal, ANSP level**

**Resources to complement the EU contribution have at 28% been substantial, yet have to a large extent been from UNICEF’s own general resources**

In the UNICEF/EU website folder on ANSP it says “The European Union has provided a €15 million grant as a vital contribution to a wider multi-donor initiative, totalling €21 million.” The MTE found that the funds necessary to complement the EU contribution have to a large extent come from within UNICEF itself. The table below provides an overview of the contribution of non-EC funding (‘other sources’) as a percentage of the total expenditure in the course of ANSP implementation during the first two years. It appears that more than a quarter (28%) of the expenditure has been covered by other sources of funding – mostly, but not exclusively, UNICEF’s general resources. However, in particular the ESARO and Ethiopia programmes have sourced significant external funding for ANSP activities. For instance, in Yr 2 ESARO has been able to find substantial funding for a staff member under Pillar 2 and 2 major training events under Pillar 4 totalling more than €0.5M. Synergies with the ANSP pillars/outcomes were instrumental to attract new funding, such as for a Dutch grant. Also, UNICEF Ethiopia was able to source sizeable external amounts for ‘micro-planning/ review’, a ‘monitoring team’ and a training event under Pillar 2, totalling almost €0.5M.

<table>
<thead>
<tr>
<th>Expendediture Yr 1+2</th>
<th>WCARO</th>
<th>ESARO</th>
<th>Burkina Faso</th>
<th>Mali</th>
<th>Ethiopia</th>
<th>Uganda</th>
<th>Brussels</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continent</td>
<td>WCARO</td>
<td>ESARO</td>
<td>Burkina Faso</td>
<td>Mali</td>
<td>Ethiopia</td>
<td>Uganda</td>
<td>Brussels</td>
<td>Total</td>
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<tr>
<td></td>
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<tr>
<td>Continent</td>
<td>WCARO</td>
<td>ESARO</td>
<td>Burkina Faso</td>
<td>Mali</td>
<td>Ethiopia</td>
<td>Uganda</td>
<td>Brussels</td>
<td>Total</td>
</tr>
<tr>
<td>Expenditure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yr 1+2</td>
<td>359.031</td>
<td>1.562.268</td>
<td>2.097.921</td>
<td>879.138</td>
<td>585.569</td>
<td>1.359.016</td>
<td>1.032.018</td>
<td>133.712</td>
</tr>
<tr>
<td>Other sources</td>
<td>147.966</td>
<td>302.097</td>
<td>663.044</td>
<td>240.790</td>
<td>130.140</td>
<td>639.230</td>
<td>115.925</td>
<td>2.239.193</td>
</tr>
<tr>
<td>(non EC, incl UNICEF)</td>
<td>41%</td>
<td>19%</td>
<td>32%</td>
<td>27%</td>
<td>22%</td>
<td>47%</td>
<td>11%</td>
<td>28%</td>
</tr>
</tbody>
</table>

ANSP as a catalyst – providing seed money for strategic, long term funding

Occasionally the ANSP project has served by design as seed money, in particular for strategic, long term interventions, for which it has proven difficult to find funding. A potential example are Micro Nutrient Powders (MNP) in Mali. The strategy here, as explained by UNICEF staff in the WCAR office, is to have a small but properly designed pilot, and then, when the pilot has been shown to be effective, present it for larger scale funding. The WACDI initiative (pillar 2 WCAR) is another example of a strategic, long term intervention for which ANSP acted as a catalyst: it provided both the human resources and the funds for the all-important mapping study. ‘Without ANSP there would have been no WACDI’. One could say that UNICEF takes a calculated risk with starting projects in a small way, in the expectation that additional funding will be found when needed, in future. To mitigate the risk one would expect that UNICEF/ANSP, firstly, has an inbuilt strategy to design and profile such interventions in a way that will entice external funding agencies to take an interest, and secondly, to include leverage of additional resources for reduction of stunting and anaemia in its own monitoring and reporting.

- The MTE found evidence of this in Uganda where “... ANSP has been able to leverage funds for the roll out of the program into other districts. DFID has committed funds for the extension of the programme in the Karamoja region, the poorest region of Uganda with the worst levels of child and maternal undernutrition.” In Burkina Faso the design of the IYCF programme is clearly set for attracting additional funds; in fact, the IYCF programme being country-wide it can only succeed if it manages to do so. In West Africa the RNWG arrangement is one of shared commitments – both in terms of expertise, effort and finances of individual members – for activities planned in the joint workplan. The RNWG is considering to take up fundraising as a group, but has not yet done so. In

112 http://scalingupnutrition.org/sun-countries/burkina-faso/progress-and-impact/mobilizing-resources
East Africa, as mentioned above, funds have come from several external sources, but not necessarily, and deliberately, as “seed money”.

2.7 Impact

2.7.1 First indications of impact (foreseen and unforeseen)

There is considerable spin-off beyond the 4 countries, but this cannot be distinguished from routine regional support

As discussed earlier regional support to countries does not single out ANSP countries. Rather, the UNICEF regional office follows its routine of responding to country requests. There also is no structured horizontal learning between the countries, with ANSP countries serving as “models”. Rather, the regional staff themselves serve as learning conduits for good practice: whilst they are taking up one assignment after another they apply the lessons they learned in the new situations they encounter, from one country to the next. It is in this way that expertise is gained and maintained, to the benefit of both the countries and of UNICEF itself. (Sources: UNICEF regional staff interviewed).

The above mechanism is also typical for support to countries that are considering to join SUN, and/or which require a REACH arrangement. As the ANSP Yr 2 Interim Report correctly describes: “ANSP continues to play a key role in the SUN Movement with significant country support provided by both UNICEF Regional Offices and UNICEF Country Offices and their partners throughout the continent, both among and outside the four ANSP focus countries.” Examples are given of events, which have been “strongly supported (often with technical review of national nutrition policies), facilitated, organized or actively engaged in by ANSP partners” as part of the contribution to the ANSP Result Area 1. Box 14 refers.

<table>
<thead>
<tr>
<th>Box 14: Considerable spin off beyond the 4 countries – SUN support *</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Sierra Leone</strong>: The Office of the Vice President along with the National Coordinator for the SUN Movement held a meeting with the SUN Country Secretariat and stakeholders to finalize the Sierra Leone Food and Nutrition Policy Implementation Plan for which UNICEF provided technical review. Sierra Leone joined the SUN Movement in October 2012.</td>
</tr>
<tr>
<td>• <strong>South Sudan</strong>: In June 2013, Vice President Riek Machar has officially signed into commitment the leadership of the 21-month old Republic of South Sudan to join other SUN Movement countries in a concerted campaign against malnutrition. This was achieved after a series of meeting with relevant line Ministries, donors and technical partners and joint UN mission to South Sudan that included officials from UNICEF, WHO, FAO and WFP. South Sudan has also finalized a roadmap for which UNICEF provided technical support. UNICEF is currently working with South Sudan to move forward with this roadmap.</td>
</tr>
<tr>
<td>• <strong>Democratic Republic of Congo</strong>: The Democratic Republic of Congo committed to scale up nutrition and joined the SUN Movement on May 2013. The country is pursuing a multi-sectoral approach through programs in key sectors such as health, social protection and agriculture that aim to tackle both the direct and underlying factors of undernutrition. UNICEF is technically supporting this work, particularly on monitoring of results, which was accelerated after advocacy to government officials during the International Conference on Child Undernutrition in Paris.</td>
</tr>
<tr>
<td>• <strong>Guinea</strong>: In May 2013, the Ministers of Health and Agriculture as well as the Minister of Social Affairs and Women and Child Development have all pledged their commitment to the country’s participation in the SUN Movement. This was facilitated by UNICEF’s advocacy before, during and immediately following the International Conference on Child Undernutrition.</td>
</tr>
<tr>
<td>• <strong>Cameroon</strong>: In March 2013, the Minister of Health confirmed the country’s commitment to the SUN Movement. In the first two weeks of April, a regional interagency mission lead by UNICEF along with FAO, WFP and WHO supported the country to operationalize this commitment through a national roadmap and agreed-upon benchmarks.</td>
</tr>
<tr>
<td>• <strong>Chad</strong>: The Republic of Chad joined the SUN Movement on May 2013. Chad has committed to a multi-sectoral approach to nutrition and established the National Centre for Nutrition and Food Technology (CNNTA) of the Ministry of Public Health and the Committee for Food Security related Crises Management (CASAGC) within the</td>
</tr>
</tbody>
</table>
Ministry of Agriculture. The country’s commitment was reinforced by the advocacy done by UNICEF including during the International Conference on Child Undernutrition.

- Tanzania: In May 2013, President of Tanzania H. E. Dr. Jakaya Mrisho Kikwete launched a nationwide nutrition sensitization campaign: the Presidential Call for Action on Nutrition. The President stressed the importance of nutrition advocacy at all levels of government and urged the public sector to secure adequate budget for nutrition within their respective sectors. UNICEF strongly supported this launch technically and the UNICEF Tanzania Country Representative gave the speech to pledge support from the UN.

*Source: ANSP Year 2 Interim Report

There is as yet no active demand at policy level for pillar 4 “models”, but such demand can be expected

Examples of requests for assistance have varied, but have thus far largely focused on (ANSP) pillar 1 – as exemplified in Box 14 above. As most countries are in an early phase of SUN membership the regional support has largely focused on policy and strategy formulation (pillar 1). There has as yet been little demand from countries for support that would bring out pillar 4 lessons, let alone to share pillar 4 “operational lessons” between countries. It is likely that countries will in future demand such support and it is also something ANSP/UNICEF can encourage in the SUN and REACH context. Added value offered by ANSP/UNICEF could be the systematic design of pillar 4 approaches, including monitoring and reporting formats and distilling lessons. In countries with functioning REACH arrangements it is to be expected that the support will come from within-country. UNICEF regional offices could assist especially in countries without REACH.

In one country (Uganda) the ball has started rolling – Box 15 refers

**Box 15: Multi-sectoral policies taken into active use; the demand is for more ..* (Uganda)**

ANSP has enabled UNICEF to play an increasingly important role in upstreaming policy development in nutrition. UNICEF’s role has evolved from being one of the (many) stakeholders at the time the UNAP was drafted, to being a key partner in the further development of the UNAP and its actual implementation. By facilitating the development of multi-sectoral plans at central level and in (pilot) districts/subcounties, the ANSP may well have substantial long term impact on reducing malnutrition in Uganda through policy development (and the implementation thereof). The MTE heard time and again that the ANSP could further add value to the process by increasing its support towards the development of guidelines and of multi-sectoral plans in sectors which have not yet done so and by rolling out nutrition interventions in new districts and increasing capacity building (including support to refresher courses) and curriculum development, both of which would consolidate impact.

*Source: Annex II to this report

2.7.2 Feasibility of achieving programme impact targets for reduction of anaemia and stunting

Impact targets have differed across the countries and have yet to be aligned with SUN

The envisaged impact of ANSP has been described in different ways. The global logframe states for its Objectively Verifiable Indicators (OVI):

- (overall) MDG targets for MDGs 1, 4, 5, and 8 related to nutrition show progress in selected countries and regions
- (specific) Improvement of nutrition governance at continental, regional and national level (composite indicator): (1) adoption of nutrition strategy, (2) implementation/existence of nutrition M&E system, (3) existence of a multi-sectoral coordination mechanism
- (specific) Countries have implemented mechanisms to scale up nutrition high impact interventions for children and women

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114 SUN target is 40% reduction of the global number of children under five who are stunted, by 2025. This apparently refers to the future population, implying that in absolute terms the reduction will be more, depending on population growth.
115 Composite indicator: specific indicators adapted from the WHO Landscape Analysis.
116 Baselines and targets of the specific objective indicators to be defined during the inception phase.
However, the ANSP’s Inception Report noted that “The four focus countries discussed relevant impact and outcome indicators. It was agreed that stunting among young children and anemia among children and pregnant women at the community level among food insecure groups targeted by the programme will be the main impact variables. Various outcome indicators such as infant and young child feeding practices and coverage of various nutrition and health services (micronutrient supplementation, nutrition communication and education, and others) were also universally relevant”. At country level this has led to the following targets in countries’ logframes – Table 8.

In addition to shortcomings commented on in the above table, it is noteworthy that none of the envisaged impact measures would capture the impact of the programme as a whole, nor would any of the proposed OVI be attributable to ANSP. A similar observation was made for the MYCNSIA programme in Asia. In Ethiopia and Burkina Faso the attribution issue is addressed by also including outcome indicators with a known relation to impact (exclusive breast feeding, minimum diet, and so on).

### Table 8: Impact targets for the four ANSP focus countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Target re: stunting reduction</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>Stunting prevalence amongst children under five in the North and Central Plateau regions has decreased from 39% in 2010 to 29% in 2015, ie: by 10% points</td>
<td>In 2012 the prevalence was 34%(^\text{117}) resp. 35%(^\text{118}). At that time the pillar 4 IYCF activities were yet to start. Note: the 2015 envisaged reduction is only the beginning of a longer term process, with more ambitious indicators for 2025.</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>% of 0-59 months old children falling below minus 2 standard deviations from the median height-for-age of the reference population decreased by 5 percentage points from the base-line. Baseline is 37% therefore 32% is target.</td>
<td>To be measured by midline and endline surveys. Is reasonable in view of the fact that 37% is already an improvement from the three years before. NB: the NNP new target is 30%, by 2015, so this has now automatically become the ANSP target as well.</td>
</tr>
<tr>
<td>Mali</td>
<td>Baseline: National 27,1% stunting. (SMART 2011), Mopti 32,2% and Sikasso 39,5% (SMART 2011), Bankas (in Mopti) 21,7%; Yorosso (in Sikasso): 30,2% (SMART 2012) Target: stunting reduced by 4% points</td>
<td>To be measured through SMART surveys to be conducted each year. Data for the two target districts are available but have been collected at a different time than the National and Provincial data for 2011.</td>
</tr>
<tr>
<td>Uganda</td>
<td>Baseline: 46% stunting Target: stunting reduced by 5% points</td>
<td>Note 1: Base-line data indicate that in 2012 the prevalence of stunting was 35% (well below the planned reduction to 41%) in the five pilot districts. Note 2: The recommendation in Uganda’s Cost of Hunger in Africa study is to set aggressive targets for stunting and establish a goal of 10% reduction.</td>
</tr>
</tbody>
</table>

**IYCF targets, fertility and demographic transition can possibly be assessed in combination**

The arguments in favour of prevention programmes such as IYCF have been increasingly forceful. Off late they have become economical in nature: each dollar spent on prevention will bring a gain of 18 dollars.\(^\text{119}\) Although important for advocacy, bringing out this argument is not a core strength of UNICEF.

There is, however, another angle to this discussion, as was brought out in section 1.1.2 of this report and also in a recent study in Burkina Faso.\(^\text{120,121}\) In this country the targets of programme impact in

\(^\text{117}\) Burkina Faso Annex to First Interim Report, September 2012  
\(^\text{118}\) This information is extracted from UNICEF (2012), State of the World’s Children 2012  
\(^\text{119}\) See, for example: http://www.ifpri.org/blog/healthy-growth-breeds-healthy-growth  
\(^\text{120}\) 40% reduction of the global number of children under five who are stunted (Note: implying a reduction in number of stunted children by more than 70 million)
terms of reduction of chronic malnutrition are set as a proportion of the under-five population, decreasing from 39% in 2010, to 29% by 2015. A reduction of 40% by 2025, as proposed by WHO (and SUN) translates in a much higher reduction in terms of numbers, because of high fertility. The same argument applies to the ANSP target, of 29%. In simple terms: the higher the fertility, the more difficult it is to achieve reduction targets. The above-mentioned study has not looked into the effects of reduction of fertility, which reduction is not unlikely once parents have gained confidence in the survival of the children they already have. In fact, this confidence was brought out by parents in communities visited by the MTE and also is a well-known phenomenon in the public health literature: the demographic transition.

**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 for under-fives in the original ANSP logframes. Ethiopia has included an increase of 30% points from baseline in IFA coverage among pregnant women and 50% of households having received MNPs at least once in six months, but has not set any anaemia reduction targets.

2.7.3 **Broader potential and unintended effects at the various levels of implementation**

In this section the MTE discusses two topics on the basis of ‘cases’ that show effects which, although not explicit in the current programme, could be positive if the activities were designed to combine the natural linkages offered by the programme. The MTE sees such linkages as potential for ANSP to distinguish itself from other projects. Both “cases” are derived from observations in the field, and requests of respondents. By and large, ANSP could add value by increasing its support towards the development of guidelines; the development of multi-sectoral plans in sectors which have not yet done so; assisting in rolling out nutrition interventions in new districts; and increasing capacity development (including support to refresher courses) and curriculum development, both of which would consolidate impact. Box 15 refers for an example (Uganda) where such requests were posed.

**Case 1: Examples of studies which are currently undertaken with ANSP support**

- **Study of determinants of feeding practices of children (6-23 months)**

This study is an anthropological assessment on what determines the practices applied by mothers to feed their young children of 6-23 months. It is about to be implemented in the districts of Yorosso (Sikasso region) and Bankass (Mopti region). Use of the study results in Mopti is dubious, as there is no direct linkage with implementation of pillar 4 interventions. In Mopti, the IYCF help groups that assist the communities to improve IYCF practices, have already been trained. There is no apparent linkage with the KAP study that was implemented in the same district only two months before.

This is in contrast with use of studies in Uganda, where studies were emphatically done with a view to inform project design: R3.1 consisted of formative research to explore the triggers and enablers of improved nutrition and Infant and Young Child Feeding (IYCF) practices. The study aimed to (i) gain an appreciation of existing, knowledge, attitudes and practices (KAP) and beliefs community members have about nutritional practices; (ii) learn about the challenges mothers face that affect adequate nutrition practices and (iii) determine what would encourage mothers to start employing adequate practices, to learn how mothers can improve feeding practices, and to ascertain the support mothers

121 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-equite. Master 2 Sciences, Technologies, Santé, Septembre 2013, Université Montpellier.
124 As stated in section 1.1.2: Extrapolation of the currently achieved rate of reduction in global stunting, of an average 1.8% per year, means that by 2025 stunting will be alleviated for 40 million children. To reach the set WHA target the rate of reduction should more than double, to 3.9% per year.
125 The process by which a country moves from high birth and high death rates to low birth and low death rates with population growth in the interim”. The classic description of the demographic transition is based on observations from the West. It describes a falling death rate followed some time later by a decline in the birth rate. The transition in the developed countries took around 100 years and is classically attributed to improvement in socio-economic conditions which changed child survival rate and fertility preferences. (However), since 1960, the demographic transition in SOME developing countries has occurred much more rapidly than in developed countries. For example in Bangladesh this transition occurred in a span of 10 years.
126 Furthermore, in Bangladesh, birth rates have fallen without the simultaneous socio-economic improvement.
need to change their behaviour. The results of the research, carried out late 2012, were to inform the design of community-based nutrition programme interventions in particular the BCC component.

- **“Autodiagnostics communautaires” vis à vis KAP studies**
  In Burkina Faso there are for pillar 4, the IYCF programme, several kinds of studies, all with a specific purpose. There are, firstly, the “autodiagnostics communautaires” the main goal of which is to generate awareness of malnutrition as a veritable problem and so create ownership for the solutions, at community level. Secondly, there are the KAP studies which form a baseline for the IYCF behaviour indicators. Thirdly, there are the Enquêtes de couverture de base, which include intervention areas as well as control areas and which serve the ambition of determining impact. These studies thus also include anthropometric indicators.

- **Mapping studies**
  A good example is the WANCDI mapping study under pillar 2 in the WCA Region (see Box 7 in 2.4.2). The mapping served a triple purpose: generating an inventory; identifying gaps; and creating awareness of the problems identified as well as ownership for the solutions proposed. Since WANCDI is firmly placed under WAHO, a fourth aim is implicitly satisfied: reinforcing the appropriate institutional setting for such regional endeavours. Potentially there is a fifth aim: since the study has been published it has the potential to be emulated in other regions with an agenda of nutrition capacity building.

- **Studies on topics of interest**
  The RNWG has in the WCA Region chosen themes as a focus for its annual retreats. In 2012 the theme was ‘resilience’ and the agenda was for participants to formulate recommendations and concrete action points in order to improve resilience at population level. The WCAR Office took the opportunity to produce a French and an English version of the Resilience Practical Guide (“The Strengthening of Resilience into Nutrition Policies and Programmes”). This guide is in the opinion of the MTE of high quality and contains useful diagrams to explain the concept of resilience and put it in context. The guide is reputedly in use and is accessible on the web.127 It seems, however, that the Guide, useful as it is to better understand the concept of resilience, is at too high a level of abstraction to serve the original aim, of usefulness at population level, notably at community level.

- **Studies which happened to be of wider interest in the ANSP context**
  A good example of a study that has happened outside the ANSP frame is the MSc thesis of Ms Traore in Burkina.128 The study argues, amongst other things, that significant impact 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). The results of this study are likely to apply also in other countries. What is new about this study is that the author has attempted to calculate the effects of the nutrition-specific package and has so come to her conclusion. (Note: this potentially is an example of results that are worth sharing, which should be encouraged by the regional offices.)

**Case 2: A specific example - visual materials**

The visual materials produced could be described as “good efforts”

The MTE saw numerous visual materials, developed in-country or at the regional level. The visual materials screened by the MTE could be described as good efforts. Examples are the ‘boîte à images’ for the IYCF in Burkina Faso and the modules created for the training of journalists in July 2013 (WCARO).

The visual materials in use by and large have the nature of instructions

There is little if any material that facilitates the discourse that must lead to recognition, awareness and eventually ownership of the notion that malnutrition constitutes a veritable problem. Yet in the IYCF programme in Burkina the work with communities starts with this discourse, in the form of “autodiagnostics” (there are over 1500 of such autodiagnostics planned). The argument that this part of the IYCF programme is an essential starting point is convincing, but would gain in strength if appropriate visual material was used. Taking the above example of resilience, visualization could help

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128 Aïssata TRAORE, Comment accélérer la réduction 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
to bring sessions at community level to a higher and more conceptual plan, rather than only bringing factual information and instructions for behaviour change.

**No visual materials exist for reinforcement of existing good practices**
Visual materials could also be used, and possibly developed in addition to existing materials, to focus on existing good practices. In all countries the evidence is that at least for some IYCF aspects good practices prevail: a proportion of the population is already routinely adhering to them. Likewise significant progress has been made for some practices. An example is the steep increase in the exclusive breastfeeding indicator, also in ANSP countries. Such achievements can clearly be used for positive publicity, but also as a welcome change to the instruction modality.

### 2.8 Sustainability

#### 2.8.1 Capacities and ownership for sustained results

**ANSP funds support UNICEF competence**
ANSP funds complement other UNICEF funding. The cumulative funds enable UNICEF to maintain a good number of staff with an appropriate range of competences such that the regional office can play the role that is expected and typical for a regional office. It is especially in the budget that ANSP can be recognised as what may be described as core-funding enabling the Regional Office to play its role (details in section 2.7.2). This role is first and foremost that of support to countries in the region. It is in this way that expertise is gained and maintained, to the benefit of both the countries and of UNICEF itself.

**ANSP pillars overlap with UNICEF routines**
Although ANSP is formulated as a project with its own objectives and set of pillars (result areas), these largely coincide with the routine tasks of WCARO’s nutrition unit. As one staff member said: “These pillars are nothing new; this is what we do.” It is thus easy for unit staff to perform and report their regular activities under the umbrella of the ANSP project. Even so the ANSP has enabled to go further and take up activities which go beyond the routine, and especially: to take up long term plans, which have been difficult to fund through other channels. Good examples are activities under the RNWG described under pillar 1 in section 2.3.1 and the so-called WANCDI programme under pillar 2. In terms of sustainability both are special cases as they represent a long term vision.

**The sustainability of pillar 3 WCARO support is a concern**
Currently the function of WCARO for pillar 3 data guidance and validation remains necessary and is much sought after. There is no indication that this role is changing, or getting less intensive – in fact it is growing in volume and intensity. Also, the quality of the SMART surveys hinges on in-country expertise, which can be fickle. Taking the example of Mali: with the departure of the UNICEF expert it is by no means certain that the outstanding data quality of the past will continue in future. Yet in terms of sustainability it is appropriate to explore if the WCARO input remains necessary for what by now has become routine data collection – such as the SMART surveys. In the opinion of the MTE it would be preferable if WCARO can retain its function of innovator, driving new developments (section 2.5 refers). WCARO should thus not only monitor and report on its performance in terms of ‘what it does’, but also in terms of ‘support that is no longer needed, because countries manage by themselves’.

**Two special cases, WCARO**

1: The RNWG is a good example of a self-sustaining group; past results, however, are a guarantee for the future
The Regional Nutrition Working Group (Box 2 refers) has been active since 2008 (!). It was born from a common concern of regional level actors to have a long term perspective, as opposed to the prevailing emergency mode. The actors have changed over the years, and so has the context, but, remarkably, the group is still there and is steadily growing. Although the members all have regional jobs and thus often miss RNWG meetings, the group is remarkably motivated. Members are held together by a common concern and this is visible. There is apparent added value in having such a group, notably for initiatives that can only or best be done at regional level (eg standards for food fortification; idem standards for nutrition curricula (pillar 2). For UNICEF WCARO the RNWG clearly is a key mechanism for regional work on ANSP’s pillar 1 and 2 and to a limited extent on pillar 4. (Pillar 3
work is by nature in UNICEF’s realm and is not placed in the RNWG work plan.) ANSP is for UNICEF the funding mechanism that enables to continue the RNWG and make it more professional, with a workplan, a facilitator, and funds for joint activities. The identity of the RNWG is in line with ANSP’s objectives. UNICEF has in terms of inputs and efforts been the most prominent member. (Note: throughout this report suggestions have been made which the RNWG could consider to renew the group’s vigour; they result from the MTE’s interaction with the RNWG facilitator.)

2: The WANCDI programme is a typical example of ANSP funding that has served as seed money for what needs to be a long-term endeavour, of structured and strategic capacity building in the domain of nutrition

WANCDI (Box 7 refers) is an example of ANSP funding being available in a domain which other donors have been unwilling to fund. As such it is typical for an approach which may be described as taking a calculated risk (section 2.7.3 refers). As explained by a senior staff member “The way I like to introduce innovations is to have a small but properly designed pilot, and then, when it has been shown to be effective, present it for larger scale funding.” UNICEF/ANSP is to be recommended for this. It is noted that the WANCDI programme by nature has the elements of sustainability in it: where it manages to "insert" nutrition into mainstream curricula one may assume that such changes, once adopted and routinely implemented, have a long term effect. The deliberate choice to place WANCDI in WAHO and profile it as a regional programme serving the region is likewise strategic.

**ANSP countries**

(Burkina Faso) In Pillar 2 (capacity development) the approach to include nutrition in the curricula appears to have great potential. The support to mainstream nutrition in all relevant training modules and courses of the agricultural training centre (Matourkou in Bobo Dioulasso) has been exemplary for the health sector. There is a possibility that another sector (Education) will follow suit. The approach has also attracted international attention. Box 8 refers.

The design for the IYCF programme has the hallmarks of sustainability. Important elements are (Annex F refers):
- Life-cycle approach
- Participatory, ownership oriented – starting with autodiagnostics communautaires
- Building on pre-existing projects and efforts, but demanding their standardization (model)
- Each NGO operating from its own strength and history (e.g., WASH; women empowerment, including FG M) and yet: one IYCF model with uniform M&E and reporting
- Long term vision detailed for total coverage, by 2025 (literally: scaling up)
- Deliberately entirely prevention focused
- Possibility to address equity in a matter of course way
- ANSP as a catalytic fund, so programme of necessity set to achieve early and positive results

(Ethiopia) Community-based production of complementary food, backed by national research institutions (Ethiopia, output 4.1) can be seen as “sustainability-thinking out of the box”. In the absence of policy support for MNPs increased support of locally produced supplementary feeding through multi-sectoral collaboration is an innovative response. The complementary food component is an important step in making nutritious complementary foods available to the mother at low cost when the child’s need for energy and nutrients exceeds what can be provided through breastfeeding. Box 9 refers.

(Uganda) Many activities under pillar 4 have in-built mechanisms for potential sustainability. These include the implementation of multi-sectoral plans (under the budget of the GoU), capacity building of health staff and VHT in nutrition (providing districts continue to provide funds for supervision) and the work of community nutrition promotors (income generating activities in combination with BCC). Box12 refers.

(Uganda) ANSP has partnered with the Ministry of Education in mainstreaming nutrition in curricula for health workers at all levels.

(ESARO) ANSP supports a mapping exercise, consisting of an assessment of needs and an audit of existing curricula plus the drafting, validation and finalisation of a curriculum for pre- and in-service nutrition education for East Africa. Annex I refers.
2.8.2 Comprehensive and inter-sectoral stunting reduction strategies

Comprehensive and inter-sectoral stunting reduction strategies are a possibility in selected ANSP countries; more is needed to make pillar 4 a typical ANSP strength.

The case for the ANSP pillar 4 programmes to become exemplary as a comprehensive and inter-sectoral stunting reduction strategy has been elaborated in the country annexes. There are, however, a host of interesting activities and experiences to be gained from the non-ANSP countries. It appears 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. (A reputed example is the IYCF programme in Sierra Leone.)

2.8.3 Impact measures which reflect sustainability

Medium term measures which by nature reflect sustainability

Medium term measures of impact have advantages, also to advocate for sustainable solutions; this has not been incorporated in ANSP design.

Effects and expected impact of programmes that address prevention of chronic malnutrition take long to be established. Measures of effect and impact can be the well-known anthropometric indicators such as height for age. It is conceivable, though, that just as is the case at village level, decision makers will be more impressed by indicators with a more emotive appeal. We can take the “quick facts” generated in the COHA studies as examples of such indicators. Table 9 refers.

<table>
<thead>
<tr>
<th>Cost of Hunger (COHA) study</th>
<th>Cost and benefits of counteracting Hunger, through community-based prevention (IYCF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda data – “quick facts” *</td>
<td></td>
</tr>
<tr>
<td>• Today, 1 out of every 3 young children in Uganda are stunted</td>
<td></td>
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<tr>
<td>• As many as 82% of all cases of child under-nutrition and its related illnesses go untreated</td>
<td></td>
</tr>
<tr>
<td>• 44% of the health costs associated with under-nutrition occur before the child turns 1 year-old.</td>
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<tr>
<td>• 15% of all child mortality cases in Uganda are associated with under-nutrition.</td>
<td></td>
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<tr>
<td>• 7% of all repetitions in school are associated with stunting</td>
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<tr>
<td>• Stunted children achieve 1.2 years less in school education</td>
<td></td>
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<tr>
<td>• Child mortality associated with under-nutrition has reduced Uganda’s workforce by nearly 4%.</td>
<td></td>
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<tr>
<td>• 54% of the adult population in Uganda suffered from stunting as children</td>
<td></td>
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<tr>
<td>• The annual costs associated with child under-nutrition are estimated at 1.8 trillion UGX, which is equivalent to 5.6% of GDP</td>
<td></td>
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<tr>
<td>• Eliminating stunting in Uganda is a necessary step for sustained development in the country.</td>
<td></td>
</tr>
</tbody>
</table>
*Burkina Faso is next in line for this study

Note:

With the exception of stunting the effects in the left column, and more, were mentioned by parents in Yagma village, Plateau Central, Burkina Faso, after a substantial prevention programme, of WASH, followed by IYCF. Parents – both mothers and fathers – were brimming with confidence. Even the expected reduction in the number of children desired (fertility) was spontaneously brought forward. Most cited was the qualification ‘beau bébé’: a healthy, lively and playful child. In English one would say: a bouncing baby.

Source: The cost of hunger in Uganda; implications on national development and prosperity

Short term measures which bode well for sustainability

Alternative and shorter term measures of ANSP-specific spin-off are explicitly stated in the original design; if they occur they point to effects which have a likelihood to be sustainable.

Here we refer to earlier sections – section 2.7.1 and several boxes – and use these to underpin main conclusions, for the entire programme – on how ANSP could become more distinct as a programmatic entity. Chapter 4 follows through in examples of lessons learned and (potential) good practices.

3 CONCLUSIONS

3.1 Overall conclusions

The ANSP programme is deemed highly relevant in terms of its objective, which is to “improve the institutional environment at continental, regional and national levels contributing to a reduction in maternal and child undernutrition in Africa”. The programme’s main justification is the persistently high level of chronic malnutrition, in combination with the significant needs to build capacity for a concerted effort to reduce malnutrition, through multi-sectoral approaches. In the project document the need for “a multi-sectoral approach linking nutrition to food security, agriculture and poverty alleviation” was textually and conceptually linked to the 1000 days window. This link has fallen away in the objectives, the logframe and the work plans, and concepts such as the multi-sectoral approach and the specific focus on chronic malnutrition are no longer anchored in the project design.

ANSP/UNICEF operates in a rapidly changing nutrition environment and context, which demands responsiveness and ability to adjust.

The context in which ANSP is operating has rapidly changed since the ANSP programme was designed, in 2009/2010. ANSP has been designed as a response to the 2008 Lancet Series and the 2009 Food Crisis, which have renewed and strengthened the attention for Food and Nutrition Security. Since that time there has been a rapid succession of new initiatives and programmes, in particular SUN and REACH, the G8 New Alliance for Food Security & Nutrition to Fight Global Hunger, AGIR, ARISE, CAADP and more. Also at national level, the context is rapidly changing since the ANSP was designed. The Mali country programme in addition faced serious delays in the implementation process due to insecurity that affected the country throughout most of 2012.

- At continental level ANSP/UNICEF has had to change tack on virtually all expected results, because they were from the start insufficiently aligned with priorities at AU level.

ANSP programming is both a continuation of previous UNICEF activities and routines and a start of new and strategic activities and programmes

- At regional and country level many ANSP/UNICEF activities are building on previous activities or are linked to earlier funding sources.

- Yet here there are important exceptions, where ANSP funding is set to make the difference. This has especially been the case for strategic, long-term, interventions for which funding is not readily found and where ANSP has provided seed money. Examples at country level include the IYCF programme in Burkina Faso and the multi-sectoral partnership for nutrition promotion in Uganda. At regional level the WANCDI programme (pillar 2, WCARO) is set to become exemplary.

ANSP/UNICEF has in the various write-ups of the programme lost some of the original gist, and has also added new activities and outputs and dropped original ones. The basic concept, of a multi-level, multi-pillar programme, that complements other actors, is sound and could be distinctive.

The programme has been an amalgamation, firstly, of “business as usual” where ANSP served as core funding; and secondly, of the execution of work plans as in a typical project; and thirdly, indeed, of some very innovative endeavours at regional and country level. All in all the complexity of the design, coupled with amendments over time, have made for lack of transparency. In many ways the programme has only on paper been a programmatic entity. Where ANSP/UNICEF could be unique and distinctive, is in its combination of pillars and levels. The levels emphatically extend below the national level and go in ANSP’s pillar 4 programmes all the way to households and communities. ANSP/UNICEF has thus far insufficiently capitalized on this opportunity.

Although the expected results for the two regional programmes have been identical, in reality the interpretation, or rather: the priority setting, has been different. This is especially so for pillars 2 and 3. To illustrate this:

- **Pillar 2:** capacity building In WCARO the above-mentioned WANCDI programme has had a late start, but has since made impressive headway. Contrary to the ESARO equivalent, it is 1) based in WAHO (the health branch of ECOWAS); 2) has started with a thorough mapping exercise,

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130 This section is identical to conclusions 4-20 in the Executive Summary
which at the same time served to generate ownership; 3) is run by a UNICEF staff member based in the same country (Burkina Faso) as the WAHO office; 4) is part of the work plan of the Dakar-based RNWG. WANC Di thus is firmly rooted, and has already attracted attention for the processes it has set into motion.\textsuperscript{131} WANC Di, although focusing on the entire region, takes up country lessons such as mainstreaming of nutrition into agriculture and health curricula, and contributes to them. In contrast, the ESARO pillar 2 endeavour has experienced delay and does not have the above described institutional rooting, despite the availability of an appropriate partner (ECSA-HC).

- Pillar 3: data analysis and knowledge sharing ESARO has not used ANSP funding to support implementation of nutrition surveys in the region. The argument, for ESARO, is that many countries in Eastern Africa already have substantial experience with nutrition surveys, including surveys using the SMART methodology. By contrast, in WCARO the SMART surveys and their quality assurance has been the flagship of pillar 3. Here one of the lessons learned is that close guidance and scrutiny (validation) of the data is essential.

The regional offices have thus far not given sufficient systematic attention to the ANSP countries. ANSP has been designed to focus on the regional level, and has included just 2 countries in the 2 regions concerned, altogether 4 countries. With few exceptions, such as ESARO’s support to Ethiopia’s pillar 3, the regional offices have thus far not given systematic attention to the ANSP countries and have instead responded to demand from any country in the respective regions.

- There are a host of interesting activities and experiences to be gained from the non-ANSP countries, including experiences which in the ANSP frame belong to specific pillars. This begs the question on the added value generated in the ANSP countries, and how this could be shared with other countries in the regions. It appears 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. Reputed examples are programmes in Niger and Sierra Leone.

There is a rather unique opportunity to address prevention of malnutrition in ways that respect equity and that signal deviations (“bottlenecks”)\textsuperscript{132}; as shows the case of ANSP Burkina Faso

Narrowing the nutrition security gap between the wealth strata in terms of chronic malnutrition has not been an explicit ambition in any of the ANSP countries. Yet in Burkina Faso’s IYCF programme, given the way it is designed, there is a possibility to aim for this. In order to do so 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. In other ANSP countries, and also in most MYCNSIA countries, the equity dimension has been limited to applying criteria for selection of pillar 4 programme areas. These criteria are a combination of poverty and chronic malnutrition prevalence in rural areas plus the reference to the required gender dimensions of the programmes envisaged.

In pillar 1 (policy development) there are convincing examples of effectively combining both advocacy, technical and financial support and smart partnerships. ESARO is playing a significant role in bringing about regional consolidation through its focus on REC alignment. At continental level this approach has been less effective in the absence of a clear prioritisation of activities and the delays in recruitment of a nutrition specialist in the UNICEF Liaison Office to the AU-UNECO. WCARO has provided substantial support to policy formulation in individual countries in the region. The RNWG group has been instrumental in this. In all countries ANSP/UNICEF has been a driving force in the development of national nutrition policies. In several countries, including non-ANSP countries, advocacy has included sensitization of Members of Parliament.

In pillar 2 (capacity development) effective use has been made of the cascade approach in multi-sectoral planning and programme implementation. Starting from central level the cascade has reached all the way down to subcounty level (Ethiopia and Uganda). In Burkina at provincial level also a team of trainers is being set-up to train the organisations working at field level. Although


\textsuperscript{132} With reference to “bottlenecks”: the equity-oriented MoRES tools were not in use in the ANSP countries.
In Pillar 2 (capacity development) the approach to include nutrition in the curricula appears to have great potential. In Burkina Faso the support to mainstream nutrition in all relevant training modules and courses of the agricultural training centre (Matourkou in Bobo Dioulasso) has been exemplary for the health sector. It has also attracted international attention. In Uganda, the ANSP partners with the Ministry of Education in mainstreaming nutrition in curricula for health workers at all levels. ESARO supports a mapping exercise, consisting of an assessment of needs and an audit of existing curricula plus the drafting, validation and finalisation of a curriculum for pre- and in-service nutrition education for East Africa.

In pillar 3 (Information systems and knowledge sharing) “documentation” as a mutual interaction between country and regional offices has yet to start. In pillar 3 there is in the expected results a natural link between country experience and regional effort. In none of the four countries is there evidence that the regional office has started to prompt and assist the countries in doing this in a pro-active way. Yet ESARO’s technical support to Ethiopia for developing a comprehensive nutrition monitoring framework is a good example of strengthening data collection methodologies and support real time learning.

In pillar 4 the address of nutrition sensitive approaches has differed between countries; in 2 countries these are sequenced after the nutrition-specific interventions. In Ethiopia, “UNICEF’s focus to date has been on its traditional sectoral partners. In year three, UNICEF with FAO will facilitate training in nutrition sensitive agriculture. This is likely to assist UNICEF to embrace the concept of multisectorality internally and will strengthen the added value of ANSP for Pillar 4.” Mali has a similar scenario in Mopti, the one project area where the programme is active. By contrast, in Uganda and Burkina Faso nutrition-sensitive planning is being included by design. In Uganda multi-sectoral plans have been costed at national level and in pilot districts all the way down to sub-counties. Implementation in Burkina is yet to start, while in Uganda implementation has started in areas where development partners provide technical and financial support.

In none of the four ANSP countries is there evidence of complementarity by design between ANSP/UNICEF nutrition and other UNICEF “sectors” – health, education, WASH and child protection. This, as UNICEF staff readily agreed, appears an opportunity missed. Particularly where partners are expected to implement multi-sectoral approaches UNICEF’s own multi-sectoral programming could be a source of innovative learning for evidence based models. However, in Ethiopia the country office made in its new country programme a first step in the form of a common framework for WASH, health and nutrition. One of the impact indicators is reduction of stunting.

Mainstreaming nutrition requires “awareness” at a personal level; this has programmatic implications, which ANSP’s multi-pillar programme is well suited to address. Mainstreaming nutrition is rarely something that is being taught: many respondents emphasised that “it just came to them”, as a revelation, and especially: when scrutinising their own work through “a nutrition lens”. As expressed by a WCARO staff member: “It is difficult for stakeholders to see that the core principles stay the same while the language may differ from one sector to another, and also from one level to another. Ils ont du mal a comprendre que tout ça fait partie de la même chose.” Advocacy aimed at increasing awareness has been an integral part of pillar 1, but opportunities at a more operational level (pillars 2, 3 and 4) have been insufficiently exploited. As argued in the main text of this report pillars, either alone or in combination, are potential entry points for this special type of awareness. This has programmatic implications, which ANSP’s multi-pillar programme is well suited to address – as it has occasionally done.

Including nutrition in higher order policies and programmes is a long term process. The attempt to do so at national policy level usually is just a first, but crucial step. ANSP provides a good opportunity to enhance nutrition policy development on the basis of interaction between different levels (regional – national; national – sub-national). The evidence is that thus far in Uganda and to a certain extent Ethiopia the national level and the sub-national level have started to interact: experiences at sub-national level “inspire” and inform the national level, which in turn adapts its policies, and so enables further adoption, and so on and so forth. A similar positive reinforcement has been observed where there has been interaction between, and combination of, the ANSP pillars.
This appears to be the process set into motion in Uganda's ANSP and also is a good possibility in Ethiopia and Burkina Faso.

Even when effectiveness cannot as yet be observed, helpful tools exist to make an informed judgement on likely effectiveness, including nutrition-sensitive programming

For pillar 4 programmes it is too early to demonstrate effectiveness in terms of observable results. Comprehensive country level monitoring and evaluation frameworks have been developed in which indicators from the conceptual framework are linked to the logic model. Progress against indicators is not (externally) reported. The MTE found it helpful to apply the SUN CRF criteria as a measure of expected effectiveness at a more strategic level. The same applies for “gold standards” to assess mainstreaming of nutrition in agriculture. Although these are still generic in nature, they are gradually being agreed upon and were found helpful for this evaluation.

There has been considerable spin off beyond the 4 countries, but this cannot be distinguished from routine regional support

The indicators envisaged to demonstrate impact have varied, from typical “process indicators”, to impact level indicators in terms of reduced prevalence of chronic malnutrition. Both are problematic: they are not attributable and they do not reflect the potential impact of the programme as a whole, that is: the combination of the 4 pillars. Yet it was precisely this combined effect which was stressed both in the original project document and in the inception report.

3.2 Detailed conclusions

Programme design and M & E arrangements (2.1.3)

- The logical model has been helpful as a conceptual tool. In its current form it fails to show in what specific way ANSP plans to make a difference. This potential is there, though.
- The final version of the ANSP Inception Report dates June 2012. The final IR could have corrected the logframe and associated baseline in order to have a realistic M&E framework for progress assessment. (Note: the European Commission made the same comment in its September 2012 response.)
- The ANSP programme has “safe” targets which are easily achievable, or which have, in some cases, already been achieved. In its current form there are too few incentives for the programme to go beyond the expected, and in so doing have a distinct identity. This appears an opportunity missed, particularly where at country level there are, in some cases, outstanding results at the output and outcome level, suggesting that also at impact level more can be expected than was originally defined in the ANSP logframes. (Uganda and Ethiopia are examples of likely “over-performance”.)
- More informative, and challenging, would be to have targets as a proportion, for example: "by 2015 at least half of all countries in this region ..." This would, in addition, emphasize the typical role of ANSP as a programme that seeks to use country level experience, to the benefit of (other countries in) the region, or even the continent.
- In none of the progress reports has there been explicit attention for equity (section 2.2 refers for a broader discussion). Yet, and with the benefit of hindsight, equity could have been a strong project focus, in which ANSP would distinguish itself from ‘business as usual’. It is conceivable that the MoRES framework would need specification for this to be more feasible. Data at country level – see, for example, the Burkina Faso report – point at the increasing gap between the wealth quintiles which is apparent in the nutrition indicators.

133 http://scalingupnutrition.org/about/common-results-frameworks
134 Charlotte Dufour : Mainstreaming nutrition in agriculture investment plans- Lessons learnt, challenges and opportunities. FAO Nutrition Division, October 2013. 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
Coherence, completeness and complementarity to other initiatives (2.1.2)

- A function of ANSP funding has been to enable UNICEF offices at country and at regional level to combine ANSP funding with in-house expertise, in order to ensure technical support where and when needed. ANSP thus is to some extent a construct: it helps offices to perform and optimally use their staff and also is an opportunity to employ additional staff so that nutrition units have the required range of expertise.
- UNICEF apparently is prepared to take certain calculated risks in taking up initiatives which by nature require full-scale and/or long term funding, in the hope that additional funding will be forthcoming. ANSP has provided sufficient seed money for the risk to be acceptable, and for proper design of pilots to generate convincing evidence. Yet ANSP’s pilot function, in particular of proven intervention packages, has remained implicit and has thereby not been geared to explicitly leverage publicity, visibility and additional resources.
- (Cornell support) The idea of addressing obstacles in an organic way and meanwhile promoting a multi-sectoral support is laudable. Cornell’s competence and experience are undisputed. But embedding this support and make it a distinct entity appears problematic, the more where there already is a wealth of activities, programmes and institutional entities. Countries are sensitive to support they did not ask for. The risk is that the Cornell is perceived as a research project with an own agenda rather than as support that leads to results which merit research.
- Prevention packages cannot simply be added as an afterthought to existing programmes. It is possible, though, for an existing programme – such as the USAID/Community Connector Project (CC) in Uganda – to incorporate prevention activities even if these are implemented by another agency. The environment to do so needs to be carefully assessed and prepared and the conditions created for mutual benefit (“win-win”), as in Uganda. The case of Sikasso in Mali is a stark reminder that pillar 4 implementation areas cannot simply be decided by the fact that nutrition indicators are poor. The very fact that indicators are poor would suggest that other agencies have also selected these areas.

Partnership with EU in practice (2.1.4)

- Although the ANSP programme is called a partnership with the EU (the P in the acronym) the MTE saw at country and at regional level little evidence of this particular partnership. In West Africa the link with the Delegations was not apparent, and therefore it seems dubious that the Delegations have used ANSP experience for their post 2013 programming for nutrition security.
- ANSP/UNICEF has a lot to offer for EU nutrition security programming, but this could come out more clearly in the way ANSP/UNICEF portrays itself. Numerous examples in this report, notably section 2.7.1 and the Executive Summary, refer.
- ANSP/UNICEF visibility has thus far been fairly conventional, including the EU logo on reports and on visual materials, and portraying the programme on the joint UNICEF/EU website. There is scope, and possibly demand, to go further, and use ANSP as a breeding ground for new projects and programmes with a long term view, funded by the EU but also by other agencies. ANSP could conceivably portray itself as such a visionary programme, by giving insights in the lessons it learned, and in the do’s and donts, and make this part of its visibility.

Pillar 1: Policy development - Relevance and appropriateness (2.3.1)

Where pillar 1 activities typically have led to outputs that cannot be attributed to single actors it is a difficult part of the programme to evaluate. In the abundance of meetings and actors ANSP cannot distinguish itself in this pillar unless it is in the form of sought after technical, financial and administrative assistance. It should be possible, though, for ANSP to exploit and demonstrate its identity and added value as it has done in Uganda: by combining and sequencing its activities. The MTE has described examples in section 2.7.1 as operational efficiency. To support this: arrangements for REACH (and SUN) are more advanced than those of ANSP. Unlike ANSP they do not, however, have a set of complementary pillars that can be mutually reinforcing, including action ‘on the ground’ (ANSP pillar 4). It is to be expected that meaningful pillar 2, 3 and 4 type lessons are increasingly sought after by countries that have entered the SUN and / or REACH trajectory in the coming years.

135 In the MYCNSIA countries a visit of the MTE team to the EU Delegations was scheduled as a matter of course; in some countries (Bangladesh, for example) the Delegations were well informed and committed to the programme.
Pillar 3: Information systems and knowledge sharing - Relevance and appropriateness (2.5.1)

- The phrase formative research has the connotation of research that is used for the purpose of forming and improving programme design, as has happened in Uganda, but not, in practical terms, in Mali, where the phrase is also used (not shown here, since in the work plan). A useful concept which has been better elaborated and therefore is less ambiguous is implementation research.
- A gap which ANSP/UNICEF could help to fill is standardized monitoring and evaluation of nutrition projects. Given the strong impetus on nutrition many organisations, notably NGOs, have started nutrition projects or have added nutrition components to existing projects. As was observed in Mali, existing projects currently intend to go beyond the former approach of only screening and treatment for malnutrition and are in the process of adding community-based prevention. An example is Save the Children in Sikasso Province in Mali.

Pillar 3: Information systems and knowledge sharing – Effectiveness (2.5.2)

ANSP’s logical framework and work-plans foresee linkages of activities within pillar 3 and also between pillar 3 and pillar 4. The linkages go beyond the provision of quality data; they point at use of the data, also to bring out achievements in pillar 4. ANSP/UNICEF has in WCAR been successful in the provision of quality data through SMART surveys. The role of the WCAR regional office, of quality assurance, has been appropriate. At country level the availability of quality data has been much appreciated as is also apparent in the fact that multiple agencies have been ready, year after year, to contribute in the costs. Less clear is how this achievement has translated, or could translate, in innovative use of such data. Also, there is no evidence of country level innovations that have been identified as such by the regional offices, with a view to both support and facilitate wider use.

Pillar 4: Scaling-Up - Relevance and appropriateness (2.6.1)

- Including nutrition-sensitive programming in a meaningful, locally adapted way has been problematic. Only in one country (Uganda) has an innovative solution been found. In Burkina Faso there is attention for the issue, but the current priority is to first get organised for the nutrition-specific interventions of the IYCF package. Gold standards for mainstreaming nutrition into agriculture have by now been generated in the literature, albeit in a generic form.
- Whereas in MYCNsIA, ANSP’s sister programme in Asia, anaemia reduction targets are included as a measure of project impact, this is not the case in ANSP, even though anaemia is a formidable issue. There is a risk in ANSP that programming for anaemia reduction “falls between the cracks”.
- The issue of high and moreover recurrent cost of MNPs is a concern. Long term adoption of MNPs is in some countries unlikely even though experts argue that without MNPs IYCF prevention programmes are unlikely to fully achieve their potential.
- (C4D) The C4D principles reflect qualities which one can expect in all model pillar 4 programmes. C4D activities are hard to evaluate if they have taken place in isolation, as in Sikasso, Mali. In the opinion of the MTE a yet to be tapped strength of C4D could be, firstly, to provide alternatives for the prevailing mode of instruction rather than dialogue in community level activities geared to behaviour change. A starting point could be the existing good (or: improved) practices.

Pillar 4: Scaling-Up – Effectiveness (2.6.2)

In all four countries pillar 4 projects are being executed. At national level the projects have potential as good practice case studies. Presenting the cases in agreed formats such as offered by the SUN

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136 Peters, DH et al: Implementation research: what it is and how to do it BMJ 2013; 347:f6753 (Published 20 November 2013)
137 See for example, http://nutritionrapidsms.wordpress.com/2014/01/16/data-quality-for-nutrition-surveys-in-the-news/#comments as an illustration what happens without such quality assurance.
138 See, for example, http://www.unicef.org/cbsc/files/Narrowing_the_Gaps_to_Meet_the_Goals_090310_2a.pdf
movement will facilitate their use and usefulness, and enables to compare them with other such cases, between countries. ANSP’s unique multi-pillar arrangement allows to present cases in full, including their cost and their impact. This is an opportunity for ANSP to profile itself as a useful contributor to the SUN movement.

**Operational efficiency (2.7.1)**

- In the view of the MTE the current reporting requirements are minimal and yet the reports do not bring out ANSP’s potential to bring added value. It has in fact proven difficult to produce progress reports that are both informative and satisfy the readership (the EU, notably) and that are in conformity with project instruments such as logframes and workplans.
- The MTE observed the following modalities, which, alone, or more often in combination, have characterized positive examples of what may be summarized as “operational efficiency”. Some are still at an early stage. Most were not as such planned: they “happened” as the opportunities arose.

<table>
<thead>
<tr>
<th>Examples of operational efficiency – boxes in the main report refer</th>
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<tbody>
<tr>
<td>1. Mix of pillars</td>
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<tr>
<td>2. Combination of levels</td>
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<tr>
<td>3. Sequencing of pillars, of levels</td>
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<tr>
<td>4. Use of ANSP as a catalyst, designed for scaling up</td>
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<tr>
<td>5. Use of ANSP as an enabler of multi-sectoral action (often in combination with 1, 2, 3, 4)</td>
</tr>
<tr>
<td>6. The correct institutional choices, with UNICEF support in the background</td>
</tr>
<tr>
<td>7. Responsiveness to contextual changes, and readiness to adapt accordingly. Similarly: using opportunities to rationalize resources through collaboration</td>
</tr>
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Understandably, the logical framework did not give insight in any of the above modalities and neither did the work plans, nor the annual reports. Yet the original project document spelled them out clearly.

**Financial efficiency (2.7.2)**

- The ANSP funding by the European Commission has a programmatic character and may almost be perceived as core funding. A main function of ANSP is to support the UNICEF Nutrition sections (regional and country) to implement their programme to reduce chronic malnutrition. The continuity of, and overlap with, pre-existing activities and funding sources as well as the difficulty to distinguish preceding activities from ANSP related activities, point to this conclusion. As such there is no problem with the ANSP programme being “core” funded, but this should be made more explicit. Yet it is also true that ANSP activities would not have been possible without the EC support. The ANSP Burkina Faso summary sheet neatly summarizes the hybrid construct between project and core funding: “EC funding was used as catalytic funding to support either the expansion of existing activities or the implementation of a new activity that would not materialize without the EC funding”.
- The expenditure rate is at an expected average rate. With 41% of total budget being spent after Yr 2 with Continental (22%), Mali (28%) and Uganda (71%) being the main exceptions there is no real concern. Mali and Continental have experienced a relative slow start for different reasons whereas Uganda has had an over-expenditure in the first two years due to its relatively low budget. The low expenditure on Pillar 2 Capacity building is disappointing as ‘institutional strengthening’ is at the heart of the ANSP programme. The high expenditure for pillar 4 at ESARO cannot be explained by the activity level. The same applies to the continental level, which does not even have activities for pillar 4, but divides expenditure more or less evenly over the various pillars (except the nutrition expert which is on the budget for pillar 1).
Leverage of (new) resources (2.7.3)

- Activities such as regional level presentations on innovative avenues for financing nutrition programmes funding have remained isolated events as such activities have not been included in the ANSP logframes and action plans and have also not been reported on in a structural way.
- The evidence is that funding, and notably national level funding by governments themselves and according to proper budget lines for nutrition, has been a common weakness. The SUN movement has thus far not included it in its Common Results Framework and neither has REACH. ANSP could play a role here, as an advocate of strategic, long term interventions which are worth their expenditure, by African Governments. The new multi-sectoral plans, as in Uganda and Ethiopia, offer good opportunities for this.
- Result Based Funding appears a typical example of an existing and expanding Africa-wide development, which UNICEF is intending to join. RBF could benefit nutrition programmes for which ANSP – or an ANSP successor – could act as a pilot. RBF is by nature suited to address existing inequities. RBF’s inherent need for reliable, quality data would provide an impetus to not only do SMART surveys, but also have them used at the level of health service providers. In fact, the entire four-pillar package of ANSP is a good match with RBF requirements. Given the interest of funding agencies to invest in RBF, this would be a suitable option to explore for new, additional funding. Burundi is a country where RBF is advanced and country-wide and also includes nutrition.

First indications of impact (foreseen and unforeseen) (2.8.1)

The spin-off to countries in the regions is part of routine good practice, of sharing experience and giving help where help is wanted; WCARO staff aptly called this “filling” the SUN applicants and applications, with tailor made support to identify and fill gaps. The net effect is that of an accelerator. In the absence of a counterfactual this effect is, however, hard to quantify. Likewise it is impossible to tell if without ANSP funding the support would have been given with the same intensity and rapidity.

Feasibility of achieving programme impact targets for reduction of anaemia and stunting (2.8.2)

- The current measures of ANSP impact all have their limitations: they have not been updated in accordance with availability of new data (DHS, and/or base-line/SMART surveys); they are difficult to attribute to ANSP/UNICEF; and they do not reflect the potential impact of the programme as a whole, that is: the combination of the 4 pillars. Yet it was precisely this combined effect which was stressed both in the original project document and in the Inception Report. If properly executed the fourth pillar does have the potential of impact in terms of improvement in the anthropometric indicators – but this will need more time to materialise than is available in the ANSP project. Only in Burkina Faso will this problem be neatly addressed, by making reduction by 2015 part of a longer trajectory, up to 2025, which also is in line with the SUN (and WHO) time scale.
- Several ANSP pillar 4 interventions such as the Ethiopian community-based nutrition and Burkina’s IYCF programme have a long term horizon. Fertility indicators are routinely included in most surveys, including in Burkina’s pilot districts’ Enquêtes de couverture de base. Given its long time frame the IYCF programme has the potential to document an acceleration of the so-called demographic transition, as an overall impact indicator of a successful prevention package. If this would be the case it would be an additional argument in favour of prevention programmes.

Broader potential and unintended effects at the various levels of implementation (2.8.3)

- Across the four counties and also at regional level, there have been multiple studies of interest. Not all studies have been designed and timed to serve clear-cut goals, nor were they all part of a clear-cut strategy. In some cases there has been a disconnect in the sense that an original goal was no longer valid, or had become dubious, given a change in context – and yet a planned study was executed. Other studies, notably mapping studies such as for WANCDI, have served multiple purposes, of both content, process and engagement. Remarkably, none of the studies has addressed the original expected result defined in ANSP pillar 3, of knowledge management and institutional dissemination to relevant stakeholders.
The visual materials in use by and large have the nature of instructions. There is little if any material that facilitates the discourse that must lead to recognition, awareness and eventually ownership of the notion that chronic malnutrition constitutes a veritable problem.

**Comprehensive and inter-sectoral stunting reduction strategies (2.9.2)**

The effects and expected impacts of programmes that address prevention of chronic malnutrition take long to be established. This does not mean that ANSP should disregard those desirable long-term effects. It is in fact conceivable to use the indicators of a high profile study such as COHA and juxtapose these to the actual costs and effects (impacts) of prevention programmes. This may be possible in Uganda and is possible in Burkina Faso.

**Impact measures which reflect sustainability (2.9.3)**

ANSP provides a good opportunity to enhance nutrition policy development on the basis of interaction between different levels (regional – national; national – sub-national). The evidence is that thus far in Uganda and to a certain extent Ethiopia the national level and the sub-national level have started to interact: experiences at sub-national level "inspire" and inform the national level, which in turn adapts its policies, and so enables further adoption, and so on and so forth. A similar positive reinforcement has been observed where there has been interaction between, and combination of, the ANSP pillars. This appears to be the process set into motion in Uganda’s ANSP and also is a good possibility in Ethiopia and Burkina Faso.
4 LESSONS LEARNED AND GOOD PRACTICES

ANSP is a ‘young programme’. Only the contours of lessons learned and good practices are at this point in time visible – in some countries more than in others. In this section we therefore discuss both actual and potential lessons and good practices. Another reason to single out potential lessons and good practices in a mid-term evaluation is that this facilitates follow-through in the final evaluation. Furthermore and as discussed earlier, ANSP in its current form has insufficient identity to discuss lessons and good practices as if ANSP were a programmatic entity. To appreciate the difference between lessons learned and good practices we used the following graph:

Fig 10: Good Practice is the amalgamation of many lessons learned 139

Another useful reminder for what constitutes good practice came during a field visit in Burkina Faso, as explained by one of the so-called NGO Rencap140:

- Demonstrable evidence of success, shown in a study
- Contributes to achieving objectives UNICEF’s 2011-2015 health and nutrition programme
- Has replication potential
- Constitutes an innovation with regards to earlier / existing experience
- Is sustained/sustainable since adopted by the health system and by decentralized structures
- Is acceptable from an ethical / rights perspective

Selected (potential) lessons learned

- Ethiopia: Community-based production of complementary food, backed by national research institutions – Box 9: refers. This appears to be a useful lesson in having to change tack when the circumstances demand it.

- Uganda: Rationalizing resources through collaboration – Box 13 in this report refers

- WCARO: The multi-actor and highly motivated RNWG group requires new impulses – Box 2 in this report refers

The Regional Nutrition Working Group may be described as a self-organising collective: Remarkably, it has managed over the years to remain “alive”, under different facilitators. The origin was, and still is, a shared conviction to opt for a development approach. This type of

139 Read more: http://www.nickmilton.com/2012/02/difference-between-best-practice-and.html

140 IBFAN/APAIB/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)
personal commitment has been the group’s driving force, and has also minimized the transaction costs. The group now needs new challenges, to maintain its momentum. This group, remarkably, started with joint publications by the group’s participants. A follow-up in the form of new publications, by current day members, is conceivable.

**Selected (potential) good practices**

- **Burkina Faso’s IYCF programme – Box 10 and Annex F refer**
  This programme has potential to make a difference. As discussed, 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 order to do so 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.

- **Burkina Faso: Horizontal learning from one ministry (Agriculture) to another (Health) for pillar 2 – Box 8 in this report refers**
  To have this experience further evolve into good practice (a recommendation for Burkina Faso): 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.

- **Burkina Faso: Multi-pillar connections for ownership of nutritional issues – Box 11 refers**
  At this stage this is a potential good practice. The experience would need to be documented and published to become a widely accessible good practice (also see below).

- **Ethiopia: Strengthening nutrition through mainstreaming gender – Box 6 refers.** This is typically a case that deserves wider publicity! Not all countries will have laws that can be used to such advantage, but the case suggests there is room for replication, possibly through local ordinances or other forms of by-laws. Box 16 refers for a “law” in Uganda.

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**Box 16 : Strengthening nutrition through local government ordinances in Ibanda District, Uganda.**

The objective of ordinance on food and nutrition 2013 issued in Ibanda District is to increase food production, distribution, storage, and consumption within the District. Under the ordinance, households have the duty (among others) to organize food production, storage, and protect annual production in the family; all adults have to promote public awareness on food security and nutrition with the help of the District Production Officer. The Village Health Teams and Health Workers shall (i) teach members of the community about the importance of a balanced diet and; (ii) encourage and sensitize members of the community to grow a variety of foods for home consumption. Village Health Team members shall not demand money from members of the community in exchange of services offered. Community leaders have to appoint one day of every month to carry out general cleaning and maintenance of village and access roads.

Any person (...) who fails or omits to perform his duty under the ordinance commits an offence and is liable on conviction to:

- Caution or Community Service not exceeding 6 month in case of a first offender; Imprisonment not exceeding 06 months on second conviction; both fine not exceeding 50 currency points and imprisonment not exceeding 6 months for a subsequent conviction.

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142 A suggestion: Nutrition Exchange (the field version of Field Exchange) is actively looking for authors and assists them in writing up there experience/programme.
- Uganda: multi-level, multi-actor linkages act like accelerators and bode well for sustainability – Box 12 refers
  Here as well the case would need to be documented and shared. A possibility is to combine the lessons/practices of several ANSP countries in one publication (see above).

- ESARO: Effectively up-streaming nutrition policy (output 1.1) – combining both advocacy, and technical and financial support, with smart partnerships – Box 5 refers
  The text in Box 5 (Effectively up-streaming nutrition policy – combining both advocacy, and technical and financial support, with smart partnerships) could be argued to be good practice. Yet this type of good practice is what one may expect from an organisation such as UNICEF. The issue neatly summarizes the problem (for evaluators) with ANSP as an evaluand: one does not know, and cannot know, what difference EC funding has made. This is particularly hard to tell for pillar 1.
5 RECOMMENDATIONS

5.1 Overall recommendations

Recommendations for UNICEF - strategic, longer term; to be initiated during ANSP

1. (relevance/ design) ANSP/UNICEF should review its outputs and activities in view of the rapidly changing context in the 2 regions and 4 countries. In particular alignment with SUN, REACH and with the 2013 EC Nutrition Policy should be clarified and emphasized to reflect that ANSP/UNICEF is in fact a main contributor at regional and national levels.

2. (equity) In order to really make a difference, ANSP/UNICEF should become much 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.

3. (leverage external resources) 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.
   - It would be all the more convincing if such additional funds would be generated from external donors, and better still, at the medium long term: from governments. The EC could consider to make this a condition for continued funding in the post-ANSP period.

4. (effectiveness/ operational efficiency) 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).
   - Examples seen by the MTE are listed in chapter 4 (lessons learned and good practices) and are presented in boxes throughout this report. Having such cases documented, and demonstrating that these are not one-off experiences, but are in fact a hallmark of ANSP, would be an excellent selling point for future ANSP programmes. (For the record: the concept is not new and was in fact strongly expressed in the original project document.)

5. (internal mainstreaming) 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. Here there are no lessons learned as the MTE has not found a single example in the ANSP countries.

Recommendations for UNICEF – operational, “priority actionable”

6. (relevance / coherence) 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.
   - An example is the COHA (Cost of Hunger) study. What ANSP/UNICEF could bring to the table is,

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143 This section is identical to the second part of the Executive Summary
7. (relevance / M&E/ reporting) ANSP should stick to its original concept which was admirably clear in the 2011 Project Document. Reporting should bring out where ANSP/UNICEF did more than was envisaged, with an emphasis on specific ANSP potential for added value. That is: combining pillars and / or levels in meaningful activities and their results, while relying on the actions of others. There where ANSP/UNICEF had good reasons to deviate from what was planned this should likewise be reported.

8. (relevance / coherence) 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).
   - A good example of the first would be the current pillar 4 programme in Uganda
   - A good example of the second would be the above mentioned COHA study and its results (combining pillars 1 and 3): these match the ANSP purpose and have proven meaningful for the participating countries.

A third learning and sharing priority would be ANSP/UNICEF’s own multi-level experience (country – region - inter-region - continent; and vice versa). This should also serve to generate and test appropriate indicators for M&E of potential post-ANSP programmes.

9. (effectiveness / pillar 4) All pillar 4 programmes should be scrutinized for their inclusion of nutrition-sensitive programming. If the checklist used by the MTE proves useful it should become a routine, also for non-ANSP countries.

10. (impact and its indicators) ANSP/UNICEF should explore the short and medium term impact indicators discussed in the last chapters of this report. Where end-line measurement of anthropometric impact indicators is relevant, targets should be adjusted to align with the SUN/ WHA targets.

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**Recommendations to the EU**

Strategic (longer term)

11. (partnership) Continue the partnership with UNICEF for programmes on reducing undernutrition, with continuation of the focus on nutrition-specific interventions and increased attention for nutrition-sensitive interventions. To this effect, consider to make fulfilment of both operational and strategic recommendations a condition for post-ANSP funding.

Operational (“priority actionable”)

12. (M&E/ reporting) Demand that M&E and reporting is in line with the original project document and with the operational recommendations above.
5.2 Detailed recommendations

This bullet indicates strategic/longer term recommendations to be set in motion in the course of the ANSP project

Programme design and M & E arrangements (2.1.3)

- ANSP/UNICEF should fulfil its potential and become more distinctive, with a recognisable identity that is in line with UNICEF core values. At country level:
  - deliberately seeking synergy between the pillars
  - developing and documenting lessons from the ANSP focus countries
  - exploiting UNICEF strengths and
  - being responsive to context changes.

In addition, at regional level:
  - deliberately seeking synergy between countries in the region and making this explicit
  - seeking and sharing lessons from the ANSP focus countries

- ANSP/UNICEF should follow programmes such as in Burkina Faso closely, also from an equity perspective, and use the evidence for documentation, publicity and horizontal learning. It is conceivable that equity (or a combination of equity and gender) is a next step in the follow-up of the COHA studies.

- ANSP/UNICEF should explore the usefulness of the logical model in settings such as presentations for policy makers. Enhance the usefulness by adding the actual storylines, of lessons and good practices, but also of failures, as experienced in the field.
  - The inherent message then could be that models have their uses, but that real life events tend to have the upper hand.
  - Another use could be to demonstrate that minimal, and cheaper, versions of the model, notably of prevention-focused interventions that manage to connect with complementary interventions such as CC in Uganda, have proven their worth. The IYCF programme in Burkina Faso also has this potential.
  - Such ‘story-lines’ could be helpful also to structure and enhance the debate and exchange between countries and at regional and continental level; this is currently missing, even though this is part of the raison d’être of ANSP/UNICEF.

- ANSP/UNICEF should scrutinize its targets and correct them. Targets should have up-to-date baselines and realistic, but ambitious end lines. Targets should be described in the form of proportions of recognized entities – such as the total number of countries in a region. Note: for practical reasons this may be regarded as a strategic/long term recommendation.

Coherence, completeness and complementarity to other initiatives (2.1.2)

- ANSP/UNICEF should consider to include leverage of new external resources as an effect level indicator of success. Contrary to other indicators this one could be attributed to ANSP and could emphasize the ANSP/UNICEF strength of evidence-based proposals.

- Cornell support
  Of the three Cornell strategies the third one: support real-time learning, sharing and documentation of project experiences, appears the most feasible, given that Cornell has a natural advantage in picking up lessons and reporting on them. The caveat would be that the lessons chosen should be any lessons contributing to ANSP goals and objectives – without attribution to the Cornell project. A possibility would be to have Cornell support focus on district level multi-sectoral processes across the four pillars, with emphasis on inter-pillar linkages.
  - This is borne out by the Uganda findings: “The MTE heard time and again that the ANSP could further add value to the process by increasing its support towards the development of guidelines, the development of multi-sectoral plans in sectors which have not yet done so and

144 The Yr 2 ANSP Progress Report already gives examples e.g.: “…EC Funding was used as catalytic funding to support either the expansion of existing activities or the implementation of a new activity that would not materialize without the EC funding.”
rolling out nutrition interventions in new districts and increasing capacity building (including support to refresher courses) and curriculum development, both of which would consolidate impact."

Given that in most developing countries there are by now few places without preceding projects, ANSP should consider to take this reality into account when it plans for pillar 4 implementation. The ANSP dimension of offering a prevention package with structural, long term gains should be used to advantage, to deliberately complement existing projects, for example projects with a humanitarian origin.

- Such a strategic orientation can also be expected to be helpful at the policy level of the countries concerned.
- It conceivably would be helpful also to “sell” prevention as something desirable, which would attract new funding. This potential is clearly there in the IYCF programme in Burkina Faso, which aims for total country coverage and which will thus need to not only accommodate, but also benefit from pre-existing projects and their achievements.

**Partnership with EU in practice (2.1.4)**

- For the EU, possibly through NAS (the EU’s Nutrition Advisory Service\(^ {145} \)), to consider using the ANSP experience as a source of state-of-the-art knowledge for providing nutrition security relevant support. And thus: to give body to the concept of (mutual) partnership in which programme support is used to both partners’ advantage. Similarly, for ANSP to enable use of its experience in the above way (the section on lessons learned elaborates).
- For the EU, possibly through NAS, and in cooperation with the UNICEF regional offices, to maintain a lessons learned website – or a special forum on existing website(s). The focus should be practical and hands-on: What has been tried? What has worked? What type of efforts deserve funding, but do not easily get it? Is this the case for proposals with a long term vision, which will only pay off beyond the conventional funding horizon? It would stand to reason to place this experience under REACH and/or SUN. In West Africa the RNWG could play a valuable role, as this is a multi-stakeholder group of organisations and persons with both a thematic long term vision, and with funding experience.

**Pillar 1: Policy development - Relevance and appropriateness (2.3.1)**

- Allow flexibility to enable ANSP/UNICEF to provide support where the need arises: costing new policies, providing support to dissemination etcetera. The Uganda Annex refers (pillar 1 / effectiveness).

**Pillar 3: Information systems and knowledge sharing - Relevance and appropriateness (2.5.1)**

- A gap which ANSP could help to fill is standardized monitoring and evaluation of nutrition projects. (We are referring here to the fact that many organisations, notably NGOs, have started nutrition projects or have added nutrition components to existing projects.)

**Pillar 3: Information systems and knowledge sharing – Effectiveness (2.5.2)**

- ANSP/UNICEF WCARO to assess current use of the SMART survey data with a view to assess if wider and more innovative use is feasible, including use of data to make the link with pillar 4, as envisaged in the work-plans. The link with the SUN agenda should be made. ANSP countries should be prioritized in this.
  - The interaction between countries, notably ANSP countries, and the Regional offices should become mutual also for pillar 3 activities and outputs. This is especially so for country-driven innovations financed by ANSP. The “dashboard” in Ethiopia is a potential example.
  - In Burkina Faso the use of SMART survey data as a control for IYCF intervention areas is an opportunity that should not be missed.

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**Pillar 4: Scaling-Up - Relevance and appropriateness (2.6.1)**

- 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 above, all pillar 4 programmes should be screened for their alignment with best practice principles for mainstreaming nutrition in agriculture.\(^{146}\) It is conceivable that,
  - Fourthly, similar lists are used for synergy with other sectors – as announced in the overall result for pillar 4.
- 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.
- 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 in principle be included in any IYCF programme. This is a fortiori the case for IYCF programmes in areas with significant anaemia and/or stunting in pre-school children.
  - 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.\(^{147}\)
  - ANSP/UNICEF, and notably the regional offices, to support, monitor and document country experience with MNP introduction (as in Burkina Faso, Mali and Uganda), in combination with alternative, longer term options, with a view to eventually publish this as good practice. It is conceivable that in the WCAR this is taken up by the RNWG, given that the Micro Nutrient Initiative is an active member.\(^{148}\) (Note: this recommendation is part of an overall recommendation, for ANSP to make information flow between ANSP countries and regional offices mutually beneficial, for the sake of scaling up.)
- ANSP/UNICEF to 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.
- (C4D) A yet to be tapped strength of C4D should be,
  - Firstly, to provide alternatives for the prevailing mode of instruction rather than dialogue in community level activities geared to behaviour change. A starting point could be the existing good (or: improved) practices.
  - Secondly, a related underutilised potential of C4D is where different projects are executed in sequence and where it would thus make sense for new projects to build on the achievements (knowledge, attitudes and practices) of preceding ones (as in Burkina Faso).
  - Thirdly, equity should be a more prominent part of C4D ANSP programming to an extent that equity is routinely addressed in a participatory way.\(^{149}\)

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\(^{146}\) Charlotte Dufour: Mainstreaming nutrition in agriculture investment plans - Lessons learnt, challenges and opportunities. FAO Nutrition Division, October 2013

\(^{147}\) Suitable local materials may already exist; the MTE did not check this.

\(^{148}\) http://www.micronutrient.org/english/view.asp?x=547

\(^{149}\) See, for example, http://www.unicef.org/cbsc/files/Narrowing_the_Gaps_to_Meet_the_Goals_090310_2a.pdf
Pillar 4: Scaling-Up – Effectiveness (2.6.2)

- ANSP/UNICEF should wherever feasible adopt and include M&E and reporting formats that will serve the agendas of multi-country institutions such as SUN, the more where this would constitute ‘hands-on’ lessons of good practice for other countries to emulate. This form of practical (“how to”) advocacy should gradually replace the high level advocacy (“why; what”) which currently prevails. Doing this is entirely compatible with the intentions expressed in the original project document. 150

Operational efficiency (2.7.1)

<table>
<thead>
<tr>
<th>Examples of operational efficiency – boxes in the main report refer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mix of pillars</td>
</tr>
<tr>
<td>2. Combination of levels</td>
</tr>
<tr>
<td>3. Sequencing of pillars, of levels</td>
</tr>
<tr>
<td>4. Use of ANSP as a catalyst, designed for scaling up</td>
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<tr>
<td>5. Use of ANSP as an enabler of multi-sectoral action (often in combination with 1, 2, 3, 4)</td>
</tr>
<tr>
<td>6. The correct institutional choices, with UNICEF support in the background</td>
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<tr>
<td>7. Responsiveness to contextual changes, and readiness to adapt accordingly. Similarly: using opportunities to rationalize resources through collaboration</td>
</tr>
</tbody>
</table>

- 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. In the view of the MTE the current reporting requirements are minimal and yet the reports do not bring out ANSP’s potential to bring added value.

Leverage of (new) resources (2.7.3)

- ANSP/UNICEF should play its planned role of innovator and address "the assessment of opportunities for a minimum package of cost-effective and safe interventions", as expressed in the regional level expected results. In so doing it should ensure that such minimum packages are costed.
  - This could conceivably be a logical complement to the COHA studies. (The COHA model is used to estimate the additional cases of morbidities, mortalities, school repetitions, school dropouts, and reduced physical capacity that can be directly associated to a person’s undernutrition before the age of five, and the associated costs to an economy). 151
- ANSP/UNICEF should consider to invest in a feasibility study if and how prevention of chronic malnutrition could be meaningfully addressed in the context of countries’ existing Result Based Financing (RBF) schemes and health system reform. Note: for practical reasons this may be regarded as a strategic/long term recommendation.

First indications of impact (foreseen and unforeseen) (2.8.1)

- UNICEF/ANSP should be pro-active in defining the support which countries will need in any phase of the SUN trajectory. This should include practical lessons as can be provided through ANSP’s pillar 4 lessons learned, possibly supported by pillar 3 surveys and pillar 2 capacity building. ANSP’s added value will lie in:
  - Firstly, the pro-activeness, and thus: in accelerating countries’ trajectory to, and within, the SUN arrangement.

150 “The proposed action will ensure harmonisation with REACH and SUN […]; will use the coordination platforms developed by both initiatives for monitoring and feedback and will use the tools developed by REACH in countries that are not implementing this initiative (i.e Burkina Faso) to strengthen result 1. And also: “... The proposed action will build on outcomes (tools, processes and results) of other initiatives such as IYCN [….] and FTF […].”

151 The Cost of Hunger Study in Africa (COHA) is a project led by the African Union Commission, Department of Social Affairs (DSA) and supported by the Economic Commission for Africa (ECA), NEPAD Planning and Coordinating Agency, and the World Food Programme (WFP). The COHA is a multi-country study aimed at estimating the economic and social impact of child undernutrition in Africa. The study, launched in 2012, has been initiated in 4 countries (Egypt, Ethiopia, Swaziland and Uganda) and will be rolled out to another eight countries in Africa (Botswana, Burkina Faso, Cameroon, Ghana, Kenya, Malawi, Mauritania and Rwanda).
• Secondly, in bringing in the long term vision, of preventing malnutrition. And thus: the emphasis on the first thousand days, underlining the necessity of meaningful multi-sectoral approaches that are adapted to local circumstances.
• Thirdly, ANSP’s added value could lie in acting as a conduit of experience generated outside the ANSP circuit. A good example would be the COHA study and its results, which match the ANSP purpose and which have proven meaningful for the participating countries.

**Feasibility of achieving programme impact targets for reduction of anaemia and stunting (2.8.2)**

- ANSP/UNICEF should refrain from having its own impact targets, and should seek to align both its description of targets and the targets themselves with larger, global movements such as SUN (which is, in turn, aligned with the 2012 WHA). Most countries have by now followed this guidance and have (re)formulated their targets accordingly. In addition the challenge should not be to achieve a certain predefined target, but rather: to demonstrate how a certain impact was achieved in practice, and at what cost. Ethiopia could provide a good example if the M & E framework is further developed and used to this end. The notion that ANSP works as an accelerator – section 2.7.1 refers – is worth further exploration, and specification.
- In countries with active, long term IYCF programmes ANSP/UNICEF should consider to monitor the fertility trend in relation to nutrition and mortality indicators. Where this relationship becomes apparent – starting with improved child survival – use this as an additional advocacy instrument for prevention packages that target the first thousand days, such as promoted by ANSP.

**Broader potential and unintended effects at the various levels of implementation (2.8.3)**

- ANSP/UNICEF should make a start with implementation of its pillar 3 function of knowledge management and institutional dissemination to relevant stakeholders. It should do so not only because it is part of the project design, but also in response to requests which are in line with ANSP's objective.
  - Examples of such requests are: support towards the development of guidelines; the development of multi-sectoral plans in sectors which have not yet done so; assisting in rolling out nutrition interventions in new districts; increasing capacity building (including support to refresher courses) and curriculum development.
- ANSP/UNICEF should exploit its rather unique position, as a (potential) connector all the way from regional and country offices, to the level of communities and households. For example:
  - The concept of resilience lends itself to an innovative approach including visual material. The aim would be for materials to facilitate dialogue and debate, rather than convey knowledge and instructions. If properly executed such material has the potential to link pillar 4 realities “on the ground” with pillar 1 advocacy at policy level. Naturally, if such work is considered, it should be in line with the work of organisations whose mandate this is. (For resilience this would be AGIR, the Global Alliance for Resilience Initiative.  

**Capacities and ownership for sustained results (2.9.1)**

- Use WANCDI as a typical example of the nature of the ANSP programme and to reinforce ANSP’s identity: a programme with a long-term vision and thus addressing underlying causes of malnutrition. Highlight the need for this where most efforts are on emergency programmes. (Note: the above is also the raison d’être of the RNWG).

**Comprehensive and inter-sectoral stunting reduction strategies (2.9.2)**

- ANSP/UNICEF to follow the example set in Burkina Faso, by choosing impact indicators which will be achieved over time, as this is the only realistic option for prevention programmes to take the desired effects.

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152 AGIR is based on a shared definition of the term “resilience” as being: “The capacity of vulnerable households, families, communities and systems to face uncertainty and the risk of shocks, to withstand and respond effectively to shocks, as well as to recover and adapt in a sustainable manner”.
In addition, given the apparent emotive appeal of the current COHA studies, ANSP/UNICEF could undertake to make a long-term commitment to measure impact also along the lines of the COHA study indicators. It is clear that not all cases of stunting will be prevented by IYCF in isolation, but at least it would be a significant step, with multiple advantages, and it would bring in costing – and potentially: optimizing costs – in a natural way. The ultimate aim would be to offer a realistic and costed remedy, so that decision makers can take an informed decision on funding such programmes. It would make sense to organise this in cooperation with the AUC, which has been the driving force of the COHA study.

5.3 Recommendations to individual UNICEF Country Offices

This bullet indicates strategic/longer term recommendations to be set in motion in the course of the ANSP project

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**Equity Focus**

- 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 WANDCI programmatic activities are published and thereby have become accessible to a wide audience publication could, possibly with WANDCI assistance, also be considered for the Matourkou/NPHS experience.\(^\text{153}\)

- 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.

**Pillar 3: Information systems and knowledge sharing: Effectiveness**

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

**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:

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• 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).154
  - 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). It is conceivable that, fourthly, similar lists are used for synergy with other sectors – mainstreaming – as announced in the global result for pillar 4.

Operational efficiency (this is also a recommendation to the entire programme)
  - 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.

Impact - Feasibility of achieving programme impact targets for reduction of anaemia and stunting (this is also a recommendation to all IYCF programmes)
  - 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).

Sustainability: Capacities and ownership for sustained results
  - 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.

Sustainability: Comprehensive and inter-sectoral stunting reduction strategies
  - 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.
  - A routine could be brought about of Growth Monitoring Promotion (GMP), starting from birth, for example by piggy-backing with the vitamin A campaigns.

154 Suitable local materials may already exist; the MTE did not check this.
155 Charlotte Dufour: Mainstreaming nutrition in agriculture investment plans - Lessons learnt, challenges and opportunities. FAO Nutrition Division, October 2013
## Recommendations ANSP Ethiopia

### Equity Focus
- UNICEF can make use of the new opportunity of the roll out of the CBN Programme to broaden the equity focus of its support. Operational research may be required to enable ANSP Pillar 2 and 4 to function in Ethiopia’s developing regions.

### Relevance and Design
- ANSP/UNICEF should further improve “internal mainstreaming” of nutrition in UNICEF’s own sectors by including nutrition impact indicators for education and child protection interventions and combining interventions in pilot woredas. 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.
- Where the ANSP is firmly embedded in the country-programme, the design should better clarify what complementary and/or new activities the ANSP makes possible and how this adds value beyond increased operational capacity.

### Pillar 2: Capacity Development: Appropriateness and Effectiveness
- As of MTR, capacity building and training had focused on UNICEF’s traditional partners only – health, education and WASH. UNICEF should use its comparative strength in nutrition to extend capacity building to MoA. UNICEF could support the placement of technical assistance as part of the REACH mechanism in the new nutrition unit to be established in MOA for mainstreaming nutrition in agriculture and livestock.
- 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.

### Pillar 3: Information systems and knowledge sharing: Effectiveness
- Document how increased support and supervision strengthens the CBN model in different circumstances, guided by different NGOs and compare effectiveness at impact level.
- The extract for the base-line is incomplete and makes it difficult to attribute outcomes to the ANSP. The CO should consider to use instead the data from the CBN evaluation, complemented with data from other sources (e.g. on anaemia from the DHS) and set realistic targets. Mid -and end line surveys should be adjusted to include all relevant indicators.

### Pillar 4: Scaling-Up: Relevance and appropriateness
- Take up anaemia in pregnant women, adolescents (in and out of school), school children and under-fives as a measure of success of programme interventions. And thus:
  - 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
  - Include the measurement of anaemia in all CBN related surveys. Advocate through the appropriate platform for a standardized approach in this
- 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 (see below).

### 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 ten basic mainstreaming principles (of nutrition in agriculture\textsuperscript{156}). It is conceivable that, fourthly, similar lists are used for synergy with other sectors – mainstreaming – as announced in the global result for pillar 4.

**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 multi-sector linkages on the ground could possibly increase impact and thus cost-effectiveness.

**Impact - Feasibility of achieving programme impact targets for reduction of anaemia and stunting (this is also a recommendation to all IYCF programmes)**

- 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.

**Sustainability: Capacities and ownership for sustained results**

- 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.

**Sustainability: Comprehensive and inter-sectoral strategies for improving access to nutritious complementary food**

- 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 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.

**ANSP Mali\textsuperscript{157}**

**Strategic level**

The Mali context has changed; there is a need for re-orientation and re-strategizing:

- 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 (‘comite 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.
- 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\textsuperscript{158}

\textsuperscript{156} Charlotte Dufour : Mainstreaming nutrition in agriculture investment plans - Lessons learnt, challenges and opportunities. FAO Nutrition Division, October 2013

\textsuperscript{157} The MTE was informed during the dissemination meeting in April 2014 that its recommendations for the Mali programme had to a large extent lost their relevance as the programme had made substantial progress after the MTE.

\textsuperscript{158} For this recommendation the Mali team observed that meanwhile pre-existing institutions such as the the CNN, CTIN, and the Groupe thématique nutrition have been revitalised making the recommendation superfluous.
**Operational level**

- Review knowledge, experiences and strategies already developed and emerging, instead of repeating and risking duplication of efforts (and “reinventing the wheel”).
- Reformulate the support by Cornell University such that the priorities and activities are formulated by the different stakeholders and ownership is enhanced.
- Capacity Development activities should be focused on the training of regional nutrition trainers, training of focal points in the different ministries at decentralized levels (Agriculture, Education, Social Protection, Animal Resources) in nutrition, the development and revision of nutrition modules for health, agriculture, education training centres of professionals, and the capacity enhancement of community resource persons.
- The support to the development of a Nutrition Master (or specialisation) should be reviewed; support to this activity could better come from the WANCDI initiative.
- Develop a comprehensive set of nutrition-specific and nutrition-sensitive activities including improved sanitation (eg. 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.
- The intention and emphasis on multi-sectoral development of nutrition interventions must be translated in the promotion of joint planning efforts at district level and joint coordination and monitoring efforts at regional level. UNICEF together with other stakeholders – for instance in a regional Nutrition Sub-Cluster or in the context of the District Development and Coordination Committees – could take a lead in this.
- With regard to increased linkages between Agriculture and Nutrition (nutrition-sensitive agriculture) there are a good number of opportunities which should be considered for promotion and support. A selection:
  - Increase the awareness of Agriculture staff on Nutrition by training in nutrition modules
  - Enhance off-season vegetable production by women during the dry season in combination with nutrition education for these women
  - Empowerment of women in agricultural production by deliberately focussing extension on women and their activities and priorities
  - Need for recognition of the role of leaves and wild fruits and vegetables in the diet; hence need for promotion (including drying, processing, storage and marketing)
  - Conservation and storage of nutrition-dense products
  - Promotion of biofortified and nutrition-dense crops: ViTA sweet potatoes, cowpeas, gombo, moringa, vegetables, etc. Harvestplus: biofortification: Iron Pearl Millet, iron beans, etc.

With regard to Yorosso as a target area for Scaling Up nutrition interventions, there are four options:
- Superimpose the ANSP prevention concepts on the existing set of projects executed by the consortium of Save the Children, CRS and HKI
- Select another district (or part of a district) in Sikasso Region where there are no sizeable nutrition activities (this is closest to the original design).
- Select a district in another region where ASDAP already has relevant projects.
- Select specific sites in Sikasso Region – eg villages in a couple of districts which have successfully completed other interventions, notably WASH-CLTS (98 villages have thus far been certified). Re-design ANSP as a next step/ continuation prevention package to reduce stunting on the basis of the CLTS activities and certification.

The MTE does not want to make a choice but suggests UNICEF to fully consider the various options.

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159 A general observation expressed by the Mali team regarding the operational recommendations was that the programme is not in a position to undertake unplanned new activities given the substantial delay it has experienced.
Recommendations ANSP Uganda

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 through gender (male) mainstreaming (a recommendation for the entire programme)

- 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. If further strengthened this mainstreaming of “male gender” 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, further increase scale-up of male involvement and document evidence of successes.
- 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.

Pillar 3: Information systems and knowledge sharing: Increasing Effectiveness of KAPs

- Consider to extract from focus group discussion transcripts information on role-models and other triggers to formulate complementary messages and to inform trials of improved practices.

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 mainstreaming principles (of nutrition in agriculture160). It is conceivable that, fourthly, similar lists are used for synergy with other sectors – mainstreaming – as announced in the global result for pillar 4.

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.

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 long term IYCF programmes).
- The target of reducing stunting by 5% in four years is too modest in view of the broad scope of the programme. Consider to set a more ambitious target of 10% as recommended by the COHA study.

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

A List of persons/organisations met/interviewed plus Itineraries
B Terms of Reference ANSP

Note: Volume 2 contains annexes C - I of this report

C Continental
D Regional ESAR
E Regional WCAR
F Country Burkina Faso
G Country Ethiopia
H Country Mali
I Country Uganda
# ANNEX A. LIST OF PERSONS / ORGANISATIONS MET / INTERVIEWED PLUS ITINERARIES

## 1. CONTINENTAL LEVEL

<table>
<thead>
<tr>
<th>DATE</th>
<th>PLACE</th>
<th>ACTIVITY</th>
<th>PERSONS INTERVIEWED/MET</th>
</tr>
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<tbody>
<tr>
<td>29 October</td>
<td>Addis Ababa</td>
<td>Briefing and finalization of planning</td>
<td>• Anthony Mwangi, Public Affairs Manager, UNICEF LO to the AU and UNECA; <a href="mailto:amwangi@unicef.org">amwangi@unicef.org</a></td>
</tr>
<tr>
<td>6 November</td>
<td>Addis Ababa</td>
<td>Meeting UNICEF Liaison Office to the AU and UNECA</td>
<td>• Akila Aggoune, UNICEF Representative to the AU and UNECA; <a href="mailto:aaggoune@unicef.org">aaggoune@unicef.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meeting European Union Delegation to the AU</td>
<td>• Eulogio Montijano, Programme Manager, EU Delegation to the AU; <a href="mailto:Eulogio.montijano@eeas.europa.eu">Eulogio.montijano@eeas.europa.eu</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meeting UN - partners</td>
<td>• Akiko Sato, Nutrition Officer, WHO LO to the AU and UNECA; <a href="mailto:satoa@et.afro.who.int">satoa@et.afro.who.int</a></td>
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<td></td>
<td>• Eleni Asmare, Nutrition Officer, FAO, Sub-Regional Office for Eastern Africa</td>
</tr>
<tr>
<td>7 November</td>
<td>Addis Ababa</td>
<td>Meeting Department of Social Affairs of the African Union Commission</td>
<td>• Dr. Ademola Olajide, Head, Health, Population and Nutrition Division, DSA/AUC</td>
</tr>
<tr>
<td></td>
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<td>Meeting Department of Rural Economy and Agriculture of the African Union</td>
<td>• Laila Lokosang, CAADP Pillar III Adviser, DREA/AUC</td>
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<td></td>
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<td>Commission</td>
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<td>Team prepares debriefing</td>
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<tr>
<td>8 November</td>
<td>Addis Ababa</td>
<td>Joint Debriefing: UNICEF and partners</td>
<td>• Representatives of:</td>
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<td>1. DSA/AUC</td>
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<td>4. EU Delegation to the AU</td>
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<td>6. FAO</td>
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<tr>
<td>9 November</td>
<td>Addis Ababa</td>
<td>Meeting WFP Liaison Office to AU and UNECA</td>
<td>• Menghestab Haile, Deputy Director Liaison office to the AU and UNECA; <a href="mailto:Menghestab.haile@wfp.org">Menghestab.haile@wfp.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Rachel Quint, Consultant; <a href="mailto:Rachel.quint@wfp.org">Rachel.quint@wfp.org</a></td>
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</table>
### 2. EASTERN AND SOUTHERN AFRICA REGIONAL OFFICE

**October 28 / November 20 - 21**

<table>
<thead>
<tr>
<th>DATE</th>
<th>PLACE</th>
<th>ACTIVITY</th>
<th>PERSONS INTERVIEWED/ MET</th>
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<tbody>
<tr>
<td>27 October</td>
<td>MTE travels from Europe to Nairobi</td>
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<tr>
<td>28 October</td>
<td>Nairobi</td>
<td>- Discussion on Methodology MTE</td>
<td>Pura Rayco-Solon, nutrition specialist; <a href="mailto:praycoslon@unicef.org">praycoslon@unicef.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Briefing ANSP by Regional Office</td>
<td>Juliawati Untoro, nutrition specialist; <a href="mailto:juntoro@unicef.org">juntoro@unicef.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Finalization Planning</td>
<td>Ann Mizumoto, nutrition officer; <a href="mailto:annmizumoto@unicef.org">annmizumoto@unicef.org</a></td>
</tr>
<tr>
<td></td>
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<td>Eddi Addai, M &amp; E specialist; <a href="mailto:eadda@unicef.org">eadda@unicef.org</a></td>
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<td></td>
<td></td>
<td></td>
<td>Patrick Codjia; <a href="mailto:pccdja@unicef.org">pccdja@unicef.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meeting ECHO regional support Office</td>
<td>Kennedy Shiundu, nutrition specialist; <a href="mailto:Kennedy.shiundu@echofield.eu">Kennedy.shiundu@echofield.eu</a></td>
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<tr>
<td>20 November</td>
<td>Nairobi</td>
<td>Meeting Intergovernment Authority on Development (IGAD)</td>
<td>Fatuma Adan, nutrition project coordinator; <a href="mailto:Fatuma.adan@igad.int">Fatuma.adan@igad.int</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Briefing on ANSP ESARO component</td>
<td>Noel Marie Zagre, regional nutrition advisor; <a href="mailto:nzagre@unicef.org">nzagre@unicef.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pura Rayco-Solon, nutrition specialist; <a href="mailto:praycoslon@unicef.org">praycoslon@unicef.org</a></td>
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<tr>
<td></td>
<td></td>
<td>Meeting Regional office Food and Agriculture Organization of the United Nations (FAO)</td>
<td>Stephen McDowell, regional food security advisor; <a href="mailto:Stephen.mcdowell@fao.org">Stephen.mcdowell@fao.org</a></td>
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<td></td>
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<td></td>
<td>Angela Kimani, regional nutrition officer; <a href="mailto:angela.kimani@fao.org">angela.kimani@fao.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Briefing Children’s Investment Fund Foundation (CIFF)</td>
<td>Patricia Mugambi Ndegwa, director of leverage, Africa; <a href="mailto:pmugambi@ciiff.org">pmugambi@ciiff.org</a></td>
</tr>
<tr>
<td>21 November</td>
<td>Nairobi</td>
<td>Debriefing – UNICEF ESARO</td>
<td>Noel Marie Zagre, regional nutrition advisor; <a href="mailto:nzagre@unicef.org">nzagre@unicef.org</a></td>
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<tr>
<td></td>
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<td>Pura Rayco-Solon, nutrition specialist; <a href="mailto:praycoslon@unicef.org">praycoslon@unicef.org</a></td>
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<td>Ann Mizumoto, nutrition officer; <a href="mailto:annmizumoto@unicef.org">annmizumoto@unicef.org</a></td>
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<td></td>
<td>Eddi Addai, M &amp; E specialist; <a href="mailto:eadda@unicef.org">eadda@unicef.org</a> (partly)</td>
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</table>

MTE travels to Ethiopia

### 3. WEST AND CENTRAL AFRICA REGIONAL OFFICE (WCARO)

**November 11 / December 2-4**

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<thead>
<tr>
<th>DATE</th>
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<th>PERSONS TO MEET</th>
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<tbody>
<tr>
<td>11 November</td>
<td>AM</td>
<td>Briefing with WCARO Nutrition team</td>
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<tr>
<td></td>
<td>PM</td>
<td>Meeting with members of the Regional Nutrition Working Group</td>
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<td></td>
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<td>Meet with Roger Sadjinou, WANCDI coordinator (Burkina)</td>
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<tr>
<td>02 December</td>
<td>15-18</td>
<td>Debriefing of preliminary findings to WCARO</td>
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<tr>
<td>03 December</td>
<td>09-10</td>
<td>William Bosu of WAHO- (via Skype)</td>
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<td></td>
<td>08-09</td>
<td>Skype call with Sylvestre Tapsoba, Burkina (Joanne)</td>
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<tr>
<td></td>
<td>11-17</td>
<td>Meet with Nutrition team individual members (Joanne)</td>
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<tr>
<td></td>
<td>17-18</td>
<td>Patrick David, FAO Regional Office for emergency, Dakar</td>
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<tr>
<td>04 December</td>
<td>09-10</td>
<td>Anais Lafitte, ACF Regional Office for West Africa</td>
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### 4. ETHIOPIA

**October 29 – November 09**

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<th>PLACE</th>
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<tbody>
<tr>
<td>29 October</td>
<td>Addis Ababa</td>
<td>- Briefing UNICEF staff&lt;br&gt;- Progress ANSP in Ethiopia&lt;br&gt;- Communication and visibility</td>
<td>• Joan Matji, Chief Nutrition &amp; Food Security; &lt;br&gt; &lt;a&gt;<a href="mailto:imatji@unicef.org">imatji@unicef.org</a>&lt;/a&gt;&lt;br&gt; • Selamawit Negash, nutrition specialist; &lt;br&gt; &lt;a&gt;<a href="mailto:snegash@unicef.org">snegash@unicef.org</a>&lt;/a&gt;&lt;br&gt; • Wigdan Madani, nutrition specialist; &lt;br&gt; &lt;a&gt;<a href="mailto:wmadani@unicef.org">wmadani@unicef.org</a>&lt;/a&gt;&lt;br&gt; • Adam Balies, nutrition specialist; &lt;br&gt; &lt;a&gt;<a href="mailto:abalies@unicef.org">abalies@unicef.org</a>&lt;/a&gt;&lt;br&gt; • Frehiwat Yilma, communication specialist; &lt;br&gt; &lt;a&gt;<a href="mailto:FYilma@unicef.org">FYilma@unicef.org</a>&lt;/a&gt;</td>
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<td></td>
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<td>Meeting UNICEF representative</td>
<td>• Peter Salama, Representative &lt;br&gt; &lt;a&gt;<a href="mailto:psalama@unicef.org">psalama@unicef.org</a>&lt;/a&gt;</td>
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<td></td>
<td></td>
<td>Briefing WASH section</td>
<td>• Muhammed Irfan Alrai, WASH specialist; &lt;br&gt; &lt;a&gt;<a href="mailto:misairai@unicef.org">misairai@unicef.org</a>&lt;/a&gt;</td>
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<td>Briefing Federal Ministry of Health</td>
<td>• Birara Melesse, nutrition coordinator</td>
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<td>Meeting/update Addis Ababa University</td>
<td>• Negussi Retta executive director College Natural Science; &lt;br&gt; &lt;a&gt;<a href="mailto:Negusie.rett@gmail.com">Negusie.rett@gmail.com</a>&lt;/a&gt;&lt;br&gt; • Dr. Kaleab Baye, director Food &amp; Nutrition centre, &lt;br&gt; &lt;a&gt;<a href="mailto:kaleabbaye@gmail.com">kaleabbaye@gmail.com</a>&lt;/a&gt;&lt;br&gt; • Tilahan Bekele, project coordinator; &lt;br&gt; &lt;a&gt;<a href="mailto:Tilahanbekele57@gmail.com">Tilahanbekele57@gmail.com</a>&lt;/a&gt;</td>
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<tr>
<td>30 October</td>
<td>Addis Ababa</td>
<td>Briefing Emergency Nutrition Coordination Unit (ENCU)</td>
<td>• Isaack Matheos, team-leader ENCU; &lt;br&gt; &lt;a&gt;<a href="mailto:isaackkm@dppc.gov.et">isaackkm@dppc.gov.et</a>&lt;/a&gt;&lt;br&gt; • Adam Balies (see above)&lt;br&gt; • Jessy White, nutrition consultant; &lt;br&gt; &lt;a&gt;<a href="mailto:jwhite@unicef.org">jwhite@unicef.org</a>&lt;/a&gt;</td>
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<td></td>
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<td>Discussion with EC delegation office, Addis Ababa</td>
<td>• Alemayehu Semungus, programme manager, &lt;br&gt; • Rural Development and Food Security; &lt;br&gt; &lt;a&gt;<a href="mailto:Alemayehu.Semungus@eeas.europe.eu">Alemayehu.Semungus@eeas.europe.eu</a>&lt;/a&gt;&lt;br&gt; • David Mogollon, Head Rural Development and Food Security; &lt;br&gt; &lt;a&gt;<a href="mailto:David.Mogollon@eeas.europe.eu">David.Mogollon@eeas.europe.eu</a>&lt;/a&gt;</td>
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<td></td>
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<td>Briefing UNICEF Education Section</td>
<td>• Maekellech Gidey, education specialist; &lt;br&gt; &lt;a&gt;<a href="mailto:mgidey@unicef.org">mgidey@unicef.org</a>&lt;/a&gt;</td>
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<tr>
<td></td>
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<td>Meeting WFP Ethiopia Office</td>
<td>• Jutta Neitzel, Head of section Nutrition, health and Education, &lt;br&gt; &lt;a&gt;<a href="mailto:Jutta.Neitzel@wfp.org">Jutta.Neitzel@wfp.org</a>&lt;/a&gt;&lt;br&gt; • Kemeria Barsenga, SF programme manager; &lt;br&gt; &lt;a&gt;<a href="mailto:Kemeria.barsenga@wfp.org">Kemeria.barsenga@wfp.org</a>&lt;/a&gt;</td>
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<td>Update DSW</td>
<td>• Tirsit Gasshaw, country director&lt;br&gt; • Martha, programme officer</td>
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<tr>
<td>31 October</td>
<td>Tavel to Bahirdar, Amhara Region (Albertien)</td>
<td>Briefing UNICEF Amhara Regional Office</td>
<td>• Abebe Hailemariam nutrition specialist Addis office, &lt;br&gt; &lt;a&gt;<a href="mailto:abhailemariam@unicef.org">abhailemariam@unicef.org</a>&lt;/a&gt;&lt;br&gt; • Wonde Gemedha, head of nutrition RO, &lt;br&gt; &lt;a&gt;<a href="mailto:wgemedha@unicef.org">wgemedha@unicef.org</a>&lt;/a&gt;&lt;br&gt; • Selamawit Teshome, nutritionist; &lt;br&gt; &lt;a&gt;<a href="mailto:steshome@unicef.org">steshome@unicef.org</a>&lt;/a&gt;</td>
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<tr>
<td></td>
<td>Bahirdar</td>
<td>Update Bahirdar University</td>
<td>• Demenez Mozes, project coordinator Agri-nutrition linkages; &lt;br&gt; &lt;a&gt;<a href="mailto:Dmeneze2003@gmail.com">Dmeneze2003@gmail.com</a>&lt;/a&gt;</td>
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<td>Amhara Regional Health Bureau</td>
<td>Meeting Amhara Regional Health Bureau</td>
<td>• Simemeh Worka, nutrition officer</td>
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<td>Date</td>
<td>Location</td>
<td>Activity Description</td>
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<td>(Albertien, Abebe, Wondaferam) Update L10K Amhara</td>
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<td>Hirhet Hiluf, nutrition technical advisor Addis</td>
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<td>Kassa Woldie, regional operations coordinator</td>
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<td>Asmamaw Eskete, project officer Amhara; <a href="mailto:Asmamaw.Eskete@gmail.com">Asmamaw.Eskete@gmail.com</a></td>
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<td>Travel to Machakel, EU/UNICEF partnership woreda</td>
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<tr>
<td>Machakel</td>
<td>- meeting at Woreda Health</td>
<td>Health office; visit families; visit water project</td>
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<td>Ehitnesh Tesfu, deputy woreda health office, Machakel woreda health office (WHO)</td>
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<td>Yenenesh Zewde, HEW</td>
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<td>Travel back to Bahirdar</td>
<td>(Albertien, Abebe, Wondaferam) Update L10K Amhara</td>
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<td>Hirhet Hiluf, nutrition technical advisor Addis</td>
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<td>Kassa Woldie, regional operations coordinator</td>
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<td>Asmamaw Eskete, project officer Amhara; <a href="mailto:Asmamaw.Eskete@gmail.com">Asmamaw.Eskete@gmail.com</a></td>
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<td>1 November</td>
<td>Travel to Wolayta (Joanne, Selamawit Negash)</td>
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<td>Offa</td>
<td>Meeting at Offa Woreda</td>
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<td>Yahannes Sannato Sabole, head woreda health office; 0877158420</td>
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<td>Dawit Bekele, nutrition focal point; 0911542035</td>
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<td>Wolayta</td>
<td>Meeting Zonal Health</td>
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<td>Haile Bekele, nutrition focal person; 0911714569</td>
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<td>2 November</td>
<td>Dahirbar Debrief and discussion UNICEF Amhara Regional Office</td>
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<td>Seifu Ali, chief regional office; <a href="mailto:seali@unicef.org">seali@unicef.org</a></td>
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<td>Wonda Gemeda (see above)</td>
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<td>Travel back to Addis</td>
<td>(MTE and Selamawit)</td>
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<td>3 November Addis Ababa Further update ANSP on Ethiopia</td>
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<td>Joan Matji, chief nutrition section (see above)</td>
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<td>Work on presentation/ debriefings Evaluation team</td>
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<td>4 November</td>
<td>Addis Ababa Meeting Save the Children</td>
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<td>Belaynesh Yifr, Senior health and nutrition advisor ENGINE project, Belaynesh.Yifr@savethechildren@org</td>
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<td>Meeting ECHO</td>
<td>Samuel Hailu, Programme Officer DG ECHO</td>
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<td>Adam Bailes (see above) / Jessie White (see above)</td>
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<td>Update Alive and Thrive</td>
<td>Teweldebrhan Hailu Anrha, Senior Country Director; <a href="mailto:tabrha@fhi360.org">tabrha@fhi360.org</a></td>
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<td>Meeting DFID</td>
<td>Ato Brehanu H /Giragis</td>
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<td>5 November</td>
<td>Addis Ababa Meeting WHO</td>
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<td>Akiko Sato, programme officer nutrition, <a href="mailto:satoa@et.afro.who.net">satoa@et.afro.who.net</a></td>
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<td>Meeting Research,</td>
<td>Evaluation, Planning and Monitoring (REPOM)</td>
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<td>Roger Pearson, head of research unit, <a href="mailto:rpearson@unicef.org">rpearson@unicef.org</a></td>
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<td>Meeting NDPM</td>
<td>Nutrition Development Partners (UN and donors)</td>
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<td>Meeting Concern</td>
<td>Pankaj Kumar, director of Programmes, <a href="mailto:pankaj.kumar@concern.net">pankaj.kumar@concern.net</a></td>
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<td>Lulseged Tol, programme coordinator <a href="mailto:lulseged@concern.net">lulseged@concern.net</a></td>
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<td>Meeting FAO</td>
<td>Adrian Cullis, co-chair DRM Agriculture Task Force</td>
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<td>Meeting UNICEF Nutrition</td>
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<td>Joan Matji (see above)</td>
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<td>8 November</td>
<td>Addis Ababa Debriefing Ethiopia Country Office</td>
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<td>UNICEF staff (14) including:</td>
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<td>-Patrizia DiGiovanni (Deputy Representative): chair</td>
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<td>-Joan Matji, chief nutrition and food security (+ 7 staff)</td>
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<td>-Sibesob Lusuwata, Chief Education + 1 staff</td>
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<td>-Roger Pearson, Repom + 1 staff</td>
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<td>-Mohammed Irfan, WASH</td>
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<td>Briefing USAID programmes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mary Harvey, nutrition advisor; <a href="mailto:mharvey@usaid.org">mharvey@usaid.org</a></td>
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</tbody>
</table>
### 5. UGANDA

**November 10 – 19**

<table>
<thead>
<tr>
<th>DATE</th>
<th>PLACE</th>
<th>ACTIVITY</th>
<th>PERSONS INTERVIEWED/ MET</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 November</td>
<td></td>
<td>MTE travels from Ethiopia to Uganda</td>
<td></td>
</tr>
<tr>
<td>11 November</td>
<td>Kampala</td>
<td>Briefing UNICEF Uganda CO</td>
<td>May Anyabolu, deputy representative, <a href="mailto:manyabolu@unicef.org">manyabolu@unicef.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nelly Birungi, nutrition specialist, <a href="mailto:nbirungi@unicef.org">nbirungi@unicef.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Esther Wamuno, nutrition officer <a href="mailto:ewamuno@unicef.org">ewamuno@unicef.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Margaret Balaba, planning officer; <a href="mailto:mbalaba@unicf.org">mbalaba@unicf.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Marcia Garde, head research, evaluation and advocacy; <a href="mailto:mgarde@unicf.org">mgarde@unicf.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Agnes Barongo, community development officer; <a href="mailto:abarongo@unicf.org">abarongo@unicf.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sammy Paro, district programme officer Nebbi; <a href="mailto:sporo@unicef.org">sporo@unicef.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Update Mwanamugimu Nutrition Unit, Mulago Hospital</td>
<td>Dr. Elisabeth Kiboneka, Head of Unit, <a href="mailto:bethkibonnaka@gmail.com">bethkibonnaka@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dr Hanifa Namusoke, Senior nutritionist, <a href="mailto:n6471277@gmail.com">n6471277@gmail.com</a></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Jolly Kamugisha, nutritionist</td>
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<td></td>
<td></td>
<td></td>
<td>Nsana Benedict, project coordinator,</td>
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<td></td>
<td></td>
<td></td>
<td>Susan Awani, nursing officer</td>
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<td></td>
<td></td>
<td></td>
<td>Nangobi Rose Nanbassa, administrator,</td>
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<td></td>
<td></td>
<td></td>
<td>Patrice Kassede, accountant</td>
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<td>Asitula, nutritionian</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Update MOES/ Mulago Health Tutors college</td>
<td>Margaret Kahanga, Director Health Tutors College</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Susan Oketcho, MOES; <a href="mailto:snoketcho@yahoo.com">snoketcho@yahoo.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Update Makerere University, school of Public health</td>
<td>Henri Wamani, senior lecturer and survey coordinator; <a href="mailto:hwamani@musph.ac.ug">hwamani@musph.ac.ug</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meeting Ministry of Gender, Labour and Social development</td>
<td>Everest Tumwesigye, commissioner community development &amp; literacy; <a href="mailto:etimwesigye@mglsd.go.ug">etimwesigye@mglsd.go.ug</a></td>
</tr>
<tr>
<td>12 November</td>
<td>Kampala</td>
<td>Meeting USAID/CCP project</td>
<td>Grace Kemerinenke USAID/Community Connectors;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>deputy chief of party; <a href="mailto:gkemirembe@fhi360.org">gkemirembe@fhi360.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Benjamin Aisya, M&amp;E specialist, Community Connectors; <a href="mailto:baisya@fhi360.org">baisya@fhi360.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ruth Miremba Sempa, project management specialist;</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td><a href="mailto:rsempa@usaid.gov">rsempa@usaid.gov</a></td>
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<tr>
<td></td>
<td></td>
<td>Travel to Nebbi (Joanne, Sammy, Margaret, Yusuf)</td>
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<tr>
<td></td>
<td></td>
<td>Travel to Kabale (Albertien, Nelly, Agnes and Marcia (next day))</td>
<td></td>
</tr>
<tr>
<td>13 November</td>
<td>Nebbi</td>
<td>Nebbi Chief Administrative Officer CAO</td>
<td>18 district departments representatives present incl.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meeting with the district Nutrition coordination committee members</td>
<td>District health officer, (ADHO), District Nutritionist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tour of village and latrines/WASH</td>
<td>Agricultural officer, Education, social services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MTE/ UNICEF team accompanied by USAID/CC Beatrice Okware travel to district</td>
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<tr>
<td></td>
<td>Nebbi District</td>
<td>Nebbi Model Village USAID Community</td>
<td>Focus group discussion with villagers</td>
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<td></td>
<td></td>
<td></td>
<td>Focus group discussion with children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tour of village and latrines/WASH</td>
</tr>
<tr>
<td>Date</td>
<td>Location</td>
<td>Activity</td>
<td>Participants</td>
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</tr>
<tr>
<td>14 November</td>
<td>Nebbi District</td>
<td>Village Total Sanitation USAID Focus group discussion with villagers</td>
<td>Sr.Immaculate Mary Berocan, Focus group discussion with children with school children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Model Village USAID Focus group discussion with villagers</td>
<td>Sr. Immaculate Mary Berocan, Focus group discussion with children with school children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Erussi primary school Focus group discussion with children</td>
<td>Sr. Immaculate Mary Berocan, Focus group discussion with children with school children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sub County nutrition coordination meeting Community connector, District Nutritionist health officer, (ADHO), Agricultural officer, Education, social services</td>
<td></td>
</tr>
<tr>
<td>13 November</td>
<td>Kabale</td>
<td>Village Total Sanitation USAID Focus group discussion with villagers</td>
<td>Charles Asii, regional coordinator SW, <a href="mailto:casimwe@fhi360.org">casimwe@fhi360.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Briefing USAID/Community Connectors</td>
<td>Dan Nabaasa, regional BCC officer, <a href="mailto:nabaasadan@yahoo.com">nabaasadan@yahoo.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meeting district authorities</td>
<td>Erinah Nakibuuko, M&amp;E research officer, <a href="mailto:erina.nakibuuko@selfhelpafrica.org">erina.nakibuuko@selfhelpafrica.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meeting district authorities</td>
<td>Baryevuga Dennis, agriculture and nutrition officer, <a href="mailto:dennis.baryevuga@selfhelpafrica.org">dennis.baryevuga@selfhelpafrica.org</a></td>
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<tr>
<td></td>
<td></td>
<td>District nutrition coordination meeting</td>
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<tr>
<td></td>
<td></td>
<td>MTE/ UNICEF team accompanied by USAID/CC (Charles), the CAO and ADHO for field visits rest of the day</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Nyamweru subcounty Meeting Subcounty officials -Visit health Centre 3</td>
<td>Musiimenta Allen K, LC3 chief, Moses Tumurjuraie, subcounty chairperson, Ninsuma Happuch, CCO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kabale Rugahama (Church of Uganda) hospital</td>
<td>Patience Arinda, clinical officer, Diane Lushabomwe, IMAM officer, Hashaka Amos, regional nutritionist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MTE/ UNICEF team accompanied by USAID/CC (Charles) travels to Ibanda</td>
<td></td>
</tr>
<tr>
<td>14 November</td>
<td>Muko subcounty</td>
<td>Field visits to schools, Communities and model households, VHT’s and HC 4</td>
<td>Gideon Taremwa, CCO, George Twryamureba, CKW, Kanyonza Blazio, teacher/ school health focal point</td>
</tr>
<tr>
<td>15 November</td>
<td>Ibanda</td>
<td>Meeting with the district Nutrition coordination committee members</td>
<td>Ben Tayebwa, DNCC focal person/district, production officer and two other members, Hope Benedicta, Acting ADHO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nyamarebe subcounty Meeting with LC 3 chief Meeting s/county NCC visit HC 3 field visits poultry group, model households</td>
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<td></td>
<td></td>
<td>Ishongoro county/ Visit HC 4 Families severely malnourished</td>
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<tr>
<td>Date</td>
<td>Location</td>
<td>Activity</td>
<td>Details</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>16 November</td>
<td>Kampala</td>
<td>MTE and UNICEF staff travel back to Kampala</td>
<td></td>
</tr>
<tr>
<td>17 November</td>
<td>Kampala</td>
<td>Work on presentation/ debriefing</td>
<td></td>
</tr>
<tr>
<td>18 November</td>
<td>Kampala</td>
<td>Meeting World Food Programme</td>
<td>• Geoffrey Ebong, Policy and Partnerships Advisor; <a href="mailto:geoofrey.ebong@wfp.org">geoofrey.ebong@wfp.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Martin Ahimbisibwe, nutrition advisor; martin@<a href="mailto:ahimbisibwe@wfp.org">ahimbisibwe@wfp.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meeting REACH Coordinator</td>
<td>• Ellen Gierd-Barclay, international facilitator; <a href="mailto:Ellen.barclay@wfp.org">Ellen.barclay@wfp.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meeting Office of the Prime Minister</td>
<td>• Maureen Bakunzi, Policy Implementation and Coordination; <a href="mailto:bakunzimg@gmail.com">bakunzimg@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Ssenkungu Marvin, economist; <a href="mailto:mssenkungui@opm.go.ug">mssenkungui@opm.go.ug</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Ssana Mugenyi A.g. Director Coordination and Monitoring; <a href="mailto:ssansamugenyi@opm.go.ug">ssansamugenyi@opm.go.ug</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meeting Nutrition Unit, Ministry of Health</td>
<td>• Sarah Ngalombi, micro-nutrient focal point; <a href="mailto:snalombi@yahoo.com">snalombi@yahoo.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meeting FAO</td>
<td>• Beatrice Okello, nutrition focal point</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meeting MAAIF</td>
<td>• Alex Bambona, head of nutrition</td>
</tr>
<tr>
<td>19 November</td>
<td>Kampala</td>
<td>Meeting WHO</td>
<td>• Dr Geoffrey Bisoborwa, nutrition focal point; <a href="mailto:bisoborwag@who.int">bisoborwag@who.int</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Joint debriefing UNICEF and partners</td>
<td>• Representatives of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- UNICEF (chair: Nelly B) + 5 other staff</td>
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<td>- Community Connectors/FHI360</td>
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<td>- FAO</td>
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<td>- Mulago/Mwanamugimu Unit</td>
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<td>- MOES</td>
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<td>- Mulago Health Tutors College</td>
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<td>- Makerere University School of Public Health</td>
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<td>- Self-Help Africa</td>
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<td>- USAID</td>
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<td>- WFP and REACH</td>
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<tr>
<td></td>
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<td>Meeting EC</td>
<td>• Bogdan Stefanesco, Head of Section Rural Development; <a href="mailto:Bogdan.stefanesco@eeas.europa.eu">Bogdan.stefanesco@eeas.europa.eu</a></td>
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</tbody>
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Travel MTE Uganda to Kenya
### 6. MALI

**November 13 – 21**

<table>
<thead>
<tr>
<th>DAY</th>
<th>TIME</th>
<th>ACTIVITIES</th>
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<tbody>
<tr>
<td>13 Nov</td>
<td>09h40 - 10h15</td>
<td>Arrivée de Bert et Joanne a Bamako</td>
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<tr>
<td></td>
<td>10h15 - 10h45</td>
<td>Briefing Secu</td>
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<td>10h45 - 11h15</td>
<td>Briefing avec l’équipe Nutrition</td>
</tr>
<tr>
<td></td>
<td>11h30 - 12h00</td>
<td>Rencontre avec OMS (Attaher Houzeye Toure: 75 23 53 53 )</td>
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<td></td>
<td>12h30 - 13h30</td>
<td>Rencontre avec ASDAP (Ousman)</td>
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<td>13h30 - 14h30</td>
<td>Pause déjeuner</td>
</tr>
<tr>
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<td>14h30 - 15h15</td>
<td>Rencontre avec le point focal SUN: international et national (SIAN et Fofana, au bureau de PAM)</td>
</tr>
<tr>
<td></td>
<td>15h15 - 15h45</td>
<td>Rencontre avec le nutritioniste PAM (Tanimoun)</td>
</tr>
<tr>
<td></td>
<td>17h00 - 17h30</td>
<td>Briefing avec le Management (UNICEF)</td>
</tr>
<tr>
<td>14-17 Nov</td>
<td></td>
<td>Field visits to Mopti/ Bankass and Sikasso/ Yorosso (see below)</td>
</tr>
<tr>
<td>18 Nov</td>
<td>07h30 - 08h30</td>
<td>Open for others contat in Mopti</td>
</tr>
<tr>
<td></td>
<td>09h00 - 10h00</td>
<td>Rencontre avec le country Director HKI_Diarra 20210821</td>
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<tr>
<td></td>
<td>10h00 - 11h00</td>
<td>Oxfam (to be confirmed) 66758111</td>
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<td></td>
<td>16h00</td>
<td>PAM (Tanimoun)</td>
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<td>19/11 8.30AM</td>
<td>INSTAT (JH)</td>
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<td>18/11 midi</td>
<td>WASH UNICEF</td>
</tr>
<tr>
<td>19 Nov</td>
<td>10h30 - 11h30</td>
<td>Rencontre avec le point Focal Nutrition (SUN) et le Chef de la Division Nutrition (Ministere de la Santé)</td>
</tr>
<tr>
<td></td>
<td>12h30 - 13h15</td>
<td>Rencontre avec la contact for SUN/ REACH au niveau du Ministere de l’Agriculture (FAO)</td>
</tr>
<tr>
<td></td>
<td>13h30 - 14h00</td>
<td>Pause déjeuner</td>
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<tr>
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<td>14h30 - 14h30</td>
<td>RESADE</td>
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<td></td>
<td>14h30 - 16h45</td>
<td>Belgian Technical Cooperation BTC</td>
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<tr>
<td></td>
<td>17h00 - 17h45</td>
<td>NGOs : Helen Keller, Oxfam ou autres</td>
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<tr>
<td>20 Nov</td>
<td>11h00 - 14h00</td>
<td>Debriefing with UNICEF nutrition team</td>
</tr>
<tr>
<td></td>
<td>14h30 - 16h00</td>
<td>Debriefing with UNICEF Management</td>
</tr>
<tr>
<td>21 Nov</td>
<td>12h30 - 13h30</td>
<td>Depart pour Ouaga</td>
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</table>
## Mali: Field Visit Bankass

<table>
<thead>
<tr>
<th>DAY</th>
<th>TIME</th>
<th>ACTIVITIES</th>
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<tbody>
<tr>
<td>14 Nov</td>
<td>09h00</td>
<td>Arrivée de la Mission MOPTI</td>
</tr>
<tr>
<td></td>
<td>09h00 - 09h30</td>
<td>Visite au Gouverneur de la région de Mopti</td>
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<tr>
<td></td>
<td>09h30 - 11h30</td>
<td>Entretien avec les Directeurs régionaux DRS, DRDS-ES.</td>
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<tr>
<td></td>
<td>11h30 - 12h30</td>
<td>Entretien avec le Directeur régional de l'Agriculture de Mopti.</td>
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<tr>
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<td>12h30 - 14h30</td>
<td>Pause déjeuner</td>
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<tr>
<td></td>
<td>14h30 - 15h30</td>
<td>Entretien avec le Directeur régional de l'Académie de l'enseignement de Mopti</td>
</tr>
<tr>
<td></td>
<td>15h00 - 16h30</td>
<td>Rencontre avec le coordinateur de SAFEM</td>
</tr>
<tr>
<td>15 Nov</td>
<td>07h30 - 08h30</td>
<td>Mopti-Bandiagara</td>
</tr>
<tr>
<td></td>
<td>08h30 - 09h30</td>
<td>Entretien avec le Directeur régional de l'Académie de l'enseignement de Douentza</td>
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<tr>
<td></td>
<td>09h30 - 10h30</td>
<td>Bandiagara-Bankass</td>
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<td>10h30 - 11h00</td>
<td>Rencontre avec l'équipe d'ASDAP Bankass, Visite au Préfet de Bankass</td>
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<td></td>
<td>11h00 - 12h30</td>
<td>Entretien avec le chef de secteur Agriculture, et Directeur du CAP</td>
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<td>12h30 - 14h30</td>
<td>Pause déjeuner</td>
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<tr>
<td></td>
<td>14h30 - 15h45</td>
<td>Entretien avec la FELASCOM et Conseil de cercle</td>
</tr>
<tr>
<td></td>
<td>15h45 - 17h45</td>
<td>Bankass-Mopti</td>
</tr>
<tr>
<td>16 Nov</td>
<td>07h00 - 09h00</td>
<td>Mopti-Bankass</td>
</tr>
<tr>
<td></td>
<td>09h30 - 11h30</td>
<td>Visite Groupe de soutien ANJE à DIMBAL</td>
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<tr>
<td></td>
<td>11h50 - 12h30</td>
<td>Entretien avec les ONG partenaires: NEMA, GAAS Mali, AMPROD Sahel</td>
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<tr>
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<td>12h50 - 13h30</td>
<td>Entretien avec Chef du développement social de Bankass</td>
</tr>
<tr>
<td></td>
<td>13h45 - 14h30</td>
<td>Pause déjeuner</td>
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<tr>
<td></td>
<td>14h30 - 15h45</td>
<td>Entretien avec le Médecin chef de Bankass</td>
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<td></td>
<td>15h45 - 17h45</td>
<td>Bankass-Mopti</td>
</tr>
<tr>
<td>18 Nov</td>
<td>09h30 - 10h30</td>
<td>Restitution de la mission d'évaluation au Directeur régional de la santé</td>
</tr>
<tr>
<td></td>
<td>10h30 - 11h00</td>
<td>Open</td>
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<tr>
<td></td>
<td>15h00</td>
<td>Départ Mopti - Bamako</td>
</tr>
<tr>
<td></td>
<td>17h00</td>
<td>Arrivée à Bamako</td>
</tr>
</tbody>
</table>
### Mali: Field visit Sikasso / Yorosso

<table>
<thead>
<tr>
<th>DAY</th>
<th>TIME</th>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Nov</td>
<td>07h30 - 11h30</td>
<td>Depart Bamako et Arrivée de la Mission Sikasso/Mot de bienvenue</td>
</tr>
<tr>
<td></td>
<td>12h00 - 13h00</td>
<td>Visite de courtoisie au Gouverneur de la région de Sikasso</td>
</tr>
<tr>
<td></td>
<td>13h30 - 14h00</td>
<td>Pause déjeuner</td>
</tr>
<tr>
<td></td>
<td>14h15 - 15h30</td>
<td>Entretien avec les Directeurs régionaux DRS/PFN de Sikasso</td>
</tr>
<tr>
<td></td>
<td>15h30 - 16h30</td>
<td>Entretien avec le DRDS-ES de Sikasso</td>
</tr>
<tr>
<td></td>
<td>16h30 - 17h00</td>
<td>Entretien Directeur régional de l’assainissement et du contrôle des pollutions et des nuisances de Sikasso</td>
</tr>
<tr>
<td>15 Nov</td>
<td>07h30 - 10h30</td>
<td>Sikasso-Yorosso</td>
</tr>
<tr>
<td></td>
<td>10h30 - 10h45</td>
<td>Visite au Préfet de Yorosso</td>
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<tr>
<td></td>
<td>10h45 - 11h15</td>
<td>Entretien avec l’équipe du district de Yorosso</td>
</tr>
<tr>
<td></td>
<td>11h15 - 11h45</td>
<td>Entretien avec l’équipe d’ASDAP de Yorosso</td>
</tr>
<tr>
<td></td>
<td>11h45 - 12h30</td>
<td>Entretien avec le coordinateur terrain de la sécurité alimentaire de Save the Children</td>
</tr>
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<td></td>
<td>12h30 - 14h30</td>
<td>Pause déjeuner</td>
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<tr>
<td></td>
<td>14h30 - 15h00</td>
<td>Entretien avec le coordinateur terrain de la sécurité alimentaire de World Vision</td>
</tr>
<tr>
<td></td>
<td>15h00 - 16h00</td>
<td>Debriefing avec l’équipe du district de Yorosso</td>
</tr>
<tr>
<td>16 Nov</td>
<td>16h00 - 17h30</td>
<td>Retour à Koutiala (nuitée à Koutiala)</td>
</tr>
<tr>
<td></td>
<td>07h00 - 09h00</td>
<td>Koutiala-Sikasso</td>
</tr>
<tr>
<td></td>
<td>09h30 - 11h00</td>
<td>Entretien avec le Directeur régional de l’Agriculture et le Directeur de l’académie de Sikasso</td>
</tr>
<tr>
<td></td>
<td>11h00 - 12h30</td>
<td>Entretien avec le coordinateur terrain de Save the Children et le coordinateur de la sécurité alimentaire de SNV</td>
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<tr>
<td></td>
<td>13h00 - 14h30</td>
<td>Pause déjeuner</td>
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<tr>
<td></td>
<td>14h30 - 15h30</td>
<td>Debriefing avec l’équipe de la DRS/ UNICEF</td>
</tr>
<tr>
<td>17 Nov</td>
<td>08h30</td>
<td>Depart Sikasso - Bamako</td>
</tr>
</tbody>
</table>
## 7. Burkina Faso

<table>
<thead>
<tr>
<th>DATE</th>
<th>HEURE</th>
<th>ACTIVITE</th>
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</thead>
<tbody>
<tr>
<td>Jeudi 21/11/2013</td>
<td>10h10</td>
<td>Arrivé de Consultants</td>
</tr>
<tr>
<td></td>
<td>15h00 - 15h30</td>
<td>Introduction de la mission avec le chef de l’équipe nutrition</td>
</tr>
<tr>
<td></td>
<td>15h30 - 16h30</td>
<td>Briefing sécurité</td>
</tr>
<tr>
<td></td>
<td>17h00 - 18h30</td>
<td>Rencontre avec OOA S (WAHO) Consultants 1 &amp; 2</td>
</tr>
<tr>
<td>Vendredi 22/11/2013</td>
<td>08h00 - 08h30</td>
<td>Rencontre avec Monsieur le Représentant et Madame la Représentante Adjointe</td>
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<tr>
<td></td>
<td>08h30 - 09h30</td>
<td>Rencontre avec Politique sociale</td>
</tr>
<tr>
<td></td>
<td>09h30 - 10h30</td>
<td>Rencontre avec le Chef de section santé/Nutrition et l’équipe de Nutrition</td>
</tr>
<tr>
<td></td>
<td>10h30 - 11h30</td>
<td>Rencontre avec Denis Garnier</td>
</tr>
<tr>
<td></td>
<td>11h30 - 13h30</td>
<td>Rencontre avec la Direction de Nutrition</td>
</tr>
<tr>
<td></td>
<td>13h30 - 15h00</td>
<td>Repas</td>
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<tr>
<td></td>
<td>15h30 - 17h00</td>
<td>Rencontre avec l’ENS P</td>
</tr>
<tr>
<td>Samedi 23/11/2013</td>
<td>07h00 - 13h00</td>
<td>Départ pour la Région du Nord, visite des interventions avec l’ONG AMMIE (Ouahigouya) Consultants 1 &amp; 2</td>
</tr>
<tr>
<td></td>
<td>13h00 - 14h00</td>
<td>Repas</td>
</tr>
<tr>
<td></td>
<td>14h00 - 18h00</td>
<td>Visite des interventions avec l’ONG SEMUS (Yako, région du Nord) et départ pour Ouagadougou. Consultants 1 &amp; 2</td>
</tr>
<tr>
<td>Dimanche 24/11/2013</td>
<td>07h00 - 12h00</td>
<td>- Départ pour la Région du Plateau Central, visite des interventions avec le consortium des IBFAN/APAIB/ACF (Plateau Central) Consultant 1 - Départ pour la Région des Hauts Bassins Consultant 2</td>
</tr>
<tr>
<td></td>
<td>15h00 - 17h00</td>
<td>Rencontre avec le CAP/ Matourkou a Matourkou- Consultant 2</td>
</tr>
<tr>
<td>Mardi 26/11/2013</td>
<td>09h00 - 18h00</td>
<td>Rencontre avec l’OOAS à Bobo et départ pour Ouagadougou- Consultant 2</td>
</tr>
<tr>
<td></td>
<td>08h30 - 13h30</td>
<td>Rencontre avec les sections Education (9h) - Consultant 1</td>
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<tr>
<td></td>
<td>13h30 - 15h00</td>
<td>Pause Repas</td>
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<tr>
<td></td>
<td>15h30 - 16h30</td>
<td>Rencontre avec l’INS D - Consultant 1</td>
</tr>
<tr>
<td>Mercredi 27/11/2013</td>
<td>09h00 - 11h00</td>
<td>Rencontre avec le Secrétaire exécutif du Conseil national de sécurité alimentaire (SE/CNSA) à Ouaga - Consultant 1 &amp; 2</td>
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<tr>
<td></td>
<td>11h30 - 13h00</td>
<td>Rencontre avec le PAM (WFP) - Consultants 1 &amp; 2</td>
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<tr>
<td></td>
<td>13h30 - 13h45</td>
<td>Pause Repas</td>
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<tr>
<td></td>
<td>14h00 - 14h30</td>
<td>Rencontre avec le Secrétaire Permanent du Programme National du Secteur Rural alimentaire (SP/PNSR) à Ouaga - Consultant 2</td>
</tr>
<tr>
<td></td>
<td>14h30 - 15h30</td>
<td>Rencontre avec GRE T - Consultant 2</td>
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<tr>
<td></td>
<td>15h00 - 16h00</td>
<td>Rencontre avec ECHO - Consultant 1</td>
</tr>
<tr>
<td></td>
<td>16h30 - 18h30</td>
<td>Rencontre avec la DGESS (Ouaga) Consultant 1</td>
</tr>
<tr>
<td>Jeudi 28/11/2013</td>
<td>09h00 - 10h00</td>
<td>Rencontre avec ACF - Consultant 2</td>
</tr>
<tr>
<td></td>
<td>08h45 - 09h45</td>
<td>Rencontre avec Dia Sanou -Consultant 1</td>
</tr>
<tr>
<td></td>
<td>10h00</td>
<td>Rencontre avec c Fatou et Mauro -Consultant 1</td>
</tr>
<tr>
<td></td>
<td>10h30 - 11h30</td>
<td>Rencontre avec FAO- Consultant 2</td>
</tr>
<tr>
<td></td>
<td>12h00 - 18h00</td>
<td>Préparation de la note du pays et du débriefing - Consultants 1 &amp; 2</td>
</tr>
<tr>
<td></td>
<td>17h00</td>
<td>Rencontre avec les sections WASH (17h) Protection (17,30 h) de l’UNICEF - Consultant 1</td>
</tr>
<tr>
<td>Vendredi 29/11/2013</td>
<td>10h30 - 12h30</td>
<td>Consultants 1 &amp; 2 : Débriefing avec équipe UNICEF</td>
</tr>
<tr>
<td></td>
<td>13h30 - 14h15</td>
<td>Consultants 1 &amp; 2 : Débriefing avec le management UNICEF</td>
</tr>
<tr>
<td>Samedi 30/11/2013</td>
<td>Midi</td>
<td>Départ consultants</td>
</tr>
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</table>
ANNEX B. TERMS OF REFERENCE ANSP
Terms of Reference for Institutional Contract


AWP Activity: PCR 1; IR 4 (Nutrition)

Title: Mid-term Evaluation, Africa’s Nutrition Security Partnership (ANSP)

Location: Home based. Will involve travel.

Duration: 6 months

Start Date: 15/10/2013 End Date: 31/04/2014

Reporting to: Noel Marie Zagre, Regional Nutrition Adviser

Estimated Cost: US$ 165,000

Budget Code: PBA: SM110343

Background and Justification

UNICEF is seeking an agency to support the mid-term and summative evaluations of two programmes: the four-year Maternal and Young Child Nutrition Security Initiative (MYCNSIA) in the regions of East Asia and Pacific, and South Asia, and the Africa’s Nutrition Security Partnership (ANSP) in Eastern and Southern Africa and West and Central Africa regions. This Terms of Reference (TOR) is for the second of four evaluations that will be executed: (i) mid-term evaluation for Asia (MYCNSIA), (ii) mid-term evaluation for Africa (ANSP), (iii) final evaluation for MYCNSIA, and (iv) final evaluation for ANSP.

Background:
Hunger continues to be one of the most important problems in the world. More than one billion people - nearly a sixth of the world’s population - suffer from chronic hunger. In Africa, there has been relatively little reduction in the levels of stunting in the past 20 years, and around 40% of African children are stunted (a very high prevalence by WHO classification).

To help give more children in Asia and Africa the best start in life, the EU has teamed up with UNICEF to support two new initiatives to tackle maternal and child undernutrition between 2011 and 2015.

The Maternal and Young Child Nutrition Security Initiative in Asia (MYCNSIA, 2011-14) and the Africa’s Nutrition Security Partnership (ANSP, 2012-15) are designed around four interrelated Result Areas: (1) Up-stream policy work regarding nutrition security, (2) Capacity building of decision-makers, service delivery personnel and communities, (3) Data analysis and knowledge sharing, and (4) Scale up of key proven interventions. MYCNSIA activities are implemented in five targeted countries of Bangladesh, Indonesia, Laos, Nepal and the Philippines. The ANSP is targeted in four countries including Burkina Faso, Ethiopia, Mali and Uganda. Through the MYCNSIA and ANSP, UNICEF works to improve child growth and development in Asia and Africa by improving nutrition.
security using intersectoral approaches. The MYCNSIA and ANSP focus on key evidence-based interventions for women and young children, specifically during the critical window of opportunity, between conception and up to two years of life (the “1,000 days” approach). Efforts to potentiate results by strengthening systems and complementing the work of partners who are implementing inter-sectoral programmes are also being made. For example, this includes selection of MYCNSIA and ANSP sites where other efforts are being made to improve access to water and sanitation facilities, provide access to social protection programmes (e.g. conditional cash transfers), and food security programmes (e.g. animal husbandry, agriculture extension programmes, home gardening, etc.).

The 4-year MYCNSIA programme in Asia aims to directly benefit some 30 million children and 5 million pregnant and lactating women in the five targeted countries with a potential of reaching close to 100 million people with food fortification. In Africa, the ANSP aims to reach another 25 million children and 5.5 million pregnant and lactating women. There are also plans for cross fertilization to strengthen nutrition programmes in the two regions through sharing of experiences on capacity building activities, lessons learned, and good practices developed through the MYCNSIA and ANSP.

Capitalizing on the political commitments which exist to implement plans and strategies at country and regional level, sustainability is inbuilt in the design of the MYCNSIA and ANSP. Key government bodies are directly involved in the planning and implementation of the MYCNSIA and ANSP; the interventions are not stand alone projects but rather support the regular national and sub-national nutrition programmes.

**Theory of Change:** The logic model is based on the Conceptual Framework for Malnutrition (UNICEF, 1990 and Lancet Series on Maternal and Child Nutrition, 2008 and 2013). This framework reflects the multisectoral nature of the causes of maternal and child undernutrition. This framework recognizes that basic causes (human and environmental resources, economic systems and political and ideological factors), underlying causes (poverty, poor sanitation, inadequate healthcare), and immediate causes (inadequate food intake, ill health or a combination of these factors) result in undernutrition of the mother or child. In each of the 4 focus countries, the logic model was built on outcome and outputs that contribute to specific results in the UNICEF Conceptual Framework.

Additional background information can be found in Annex 1, which encompasses the Global Logframe, the Country Summary Sheets, and Logic Models for all 4 countries of ANSP. This annex includes details related to planned results, logframes including the four result areas, target groups, scope of implementation (e.g. number of districts), partner institutions, coordination plans, etc.

**Purpose of the Evaluation:**

The overall purpose is to undertake independent evaluations, the results of which (at mid-term) will improve the implementation during the remainder of the programme, and (at final) will generate knowledge and identify best practices and lessons learned which can be transferred to other programmes and inform global policy on nutrition security. The evaluations (mid-term and final) will assess the relevance, effectiveness, impact, efficiency and sustainability of the MYCNSIA in five targeted countries in Asia and of the ANSP in four targeted countries in Africa as well as regional and continental efforts (in Asia and in Africa) at mid-term and after the four years of implementation.

This external evaluation is being commissioned to (1) obtain an unbiased assessment of whether or not the planned inputs have led and/or contributed to the achievement of the anticipated results
(outputs, outcomes, impact), (2) identify the reasons why or why not the achievements have been made, and (3) examine any unintended positive or negative results of the programs. Further, through the evaluation at mid-term, it is expected that the nine target countries and the Regional Offices will gain information and advice necessary to make any adjustments to their plans for the remainder of the implementation period, which can help intensify achievement of results through the evaluation process.

Intended users of the evaluation include the implementing partners in the evaluated countries as they stand to gain insight to modify their programme plans if necessary at the mid-point of implementation and to have a thorough assessment of what was achieved in relation to planned results, including recommendations for future programmes which may serve for advocacy efforts to scale up interventions and modes of action.

The primary donor of the two Joint Actions, the EU, will be another key user of the evaluation, which will serve as a robust assessment of results achieved in the nine programme countries. The evaluation will also help the EU prioritize funding decisions and make recommendations for similar programmes in the future. Other donors who contribute to these two Joint Actions will similarly benefit from the mid-term and final external evaluations.

The UNICEF regional offices will not only use the evaluation for reporting purposes in fulfillment of their grant requirements with the EU, but will mainly utilize lessons and learnings coming out of the reports to feed into current and future programmes. UNICEF regional and other country offices also stand to gain insight for the optimal implementation of scaling-up of nutrition programmes with strong intersectoral links. Through intended publication of papers of peer review quality, the international community will also be a key audience member.

**Scope of Work**

The **Objectives** of the ANSP mid-term evaluation are:

1. To assess the relevance, efficiency, effectiveness, impact (to date), sustainability, and equity-focus of the ANSP;
2. To determine the appropriateness of the strategies in place for the achievement of the planned results;
3. To determine whether ANSP efforts in relation to all 4 Result Areas of the logframe have been implemented with sufficient quantity, quality and timeliness (i.e. adequacy of programme inputs, against the predefined targets);
4. To distill any Lessons Learned or Good Practices, and identify barriers to effective implementation, in order to make recommendations for modifications for the remainder of the ANSP implementation period;
5. To identify any broader consequences, positive or negative, intended or unintended, which have occurred as a result of the ANSP.

It is expected that all of the evaluations will take place over the period of 2013 to 2016. The ANSP mid-term evaluation will be from October 2013 to April 2014 (see detailed timeframe in Section 7). The mid-term evaluation will require travel to all four countries of the ANSP (Burkina Faso,
Ethiopia, Mali and Uganda), to the two regional offices and the UNICEF Liaison Office in Addis Ababa. The mid-term evaluation will review the first two years of the project (September 2011-September 2013).

Within each of the four countries, the geographical areas (provinces, districts, etc) of program implementation are diverse and spread out across the country. Therefore, time and resources will not allow for visits to each of the many project sites within each country. Instead, the contracted institution/individuals should decide which program areas to visit in conjunction with the relevant UNICEF Country and Regional Offices, and EU delegations. It is estimated that 8-12 working days in each country will be sufficient to meet the stated evaluation objectives.

Potential Limitations:
- Limited quantitative data availability may affect the evaluation of impact of the ANSP programme. Secondary data will be used as much as possible, though most of this data were taken as baseline with little or no midline quantitative data collection.
- The mid-term evaluation fieldwork will be start in October 2013, after two years of implementation and two interim reports. Challenges due to the complex crisis in Mali and the Sahel drought that affected Burkina Faso, however, may have limited full programme implementation especially in the first year. The relatively short duration of the implementation will mean that it will be difficult to show impact. This evaluation will aim to assess potential impact based on progress made in implementation and delivery of key outputs.
- Internet connectivity is problematic in many areas covered by the ANSP. Thus, interviews over the internet will have limited usefulness. The field visits will be crucial in complementing the information from records.

Evaluation Methods

The objectives stated above have informed the selection of the 6 evaluation criteria: impact, relevance, effectiveness, efficiency, sustainability, and equity. Annex 2 poses a set of relevant questions for each of the criteria, and the methodology should be subsequently developed around the evaluation questions. While the detailed methodology will be fleshed out in the proposal, and finalized in the inception period, the following minimum standards should be taken into account with regard to the methodology.

Phase 1: Inception Phase

Tasks: Prepare an inception report based on the following: (1) Revisit the overall approach, methods, and core elements to the evaluation (as implemented in the first of the four evaluations), and make any modifications as agreed with UNICEF and the Reference Group. Outline how the ANSP mid-term evaluation will help to inform the common themes and lessons learned from Asia and Africa. (2) Finalise the detailed protocol and workplan for the ANSP mid-term evaluation
based on desk review of ANSP documents, Skype/teleconference calls with the evaluation Reference Group\(^1\).

**Overall method:** Review to what extent the approaches and methods of the mid-term evaluation of MYCNSIA (in Asia) are applicable, or need to be modified and improved based on the experience of the previous year’s MYCNSIA mid-term, as well as the anticipated specific needs of the ANSP mid-term. For the sake of consistency, the core elements (e.g. evaluation criteria, common themes, etc.) should be maintained as much as possible.

The inception report should contain a proposed protocol for the mid-term evaluation in Africa, with evaluation questions, sampling protocol, detailed methodology, analysis plan, a proposed workplan with detailed timeline, clearly defined roles and responsibilities of the evaluation team members, and a general outline of the expected evaluation report (see Note at the end of this Section on UNEG Evaluation Report Standards). The protocol will name the implementing partner that will be contracted during the data collection phase.

**Roles and responsibilities:**
- Contracted agency: as above.
- UNICEF ESARO and WCARO to provide background documents for ANSP/Africa, as well as names and contact details of the Evaluation Reference Group and of implementing partners at all three levels;
- Reference Group: review and provide timely feedback to the proposed protocol, methods, etc.

**Phase 2: Data Collection Phase**

**Tasks:** Collect the necessary qualitative and quantitative information through both distance correspondence and visits to each of the four ANSP countries, and UNICEF Regional Offices of ESARO and WCARO as well as the UNICEF Liaison Office to the AUC and UNECA. Estimated 8-12 days in each implementing country and up to 2 days in each of the regional offices.

**Overall methods:** Review of available reports and relevant documents. Interviews with key partners and stakeholders; review of baseline data from the four focus countries; review programme monitoring data; field visits and interviews with national and local implementing partners (government and/or non-governmental, as relevant); semi-structured interviews with programme beneficiaries. Triangulation of various data collection methods will help to inform the full picture as per the evaluation objectives and criteria.

Briefing meetings at regional level will be done for both ESARO and WCARO. Debriefing presentations and summary trip reports (discussing the meetings participated in, the people met, the issues discussed and the activities observed during the field visit) will be prepared and discussed at the end of each field visit in each of the countries, regions and at continental level.

**Roles and responsibilities:**
- Contracted Agency: As above including travel arrangements to countries.
- UNICEF Regional, Liaison and Country Offices: provision of requested data, reports, and documents; facilitate logistical support at country level to schedule meetings, field visits, etc.; arrangement of translation services as needed.

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\(^1\) An Evaluation Reference Group composed of staff from UNICEF, EU and Nutrition Advisory Services (to be confirmed) will be established to guide the process, review and comment on inception and final reports.
• Reference Group role: any technical and strategic support, as needed.

**Phase 3: Analysis**

**Tasks:** Analyse all available information and prepare a first draft report of the ANSP mid-term evaluation. Verify information as needed. Submit first draft reports to UNICEF and the Reference Group.

**Overall methods:** Analysis, triangulation, and synthesis of the information collected in the field visits and through correspondence. Preparation of a first draft report of the ANSP mid-term evaluation. The draft report should meet the stated objectives of the mid-term evaluation, and address all six evaluation criteria. Analysis should follow the detailed analysis plan that was proposed in the Inception Report; any modifications to this approach should be discussed with the Reference Group.

The format of the report should include the following:
1. Synthesis and summary of the overall ANSP progress, lessons learned, best practices, challenges and recommendations for the remaining programme period. This will include an Executive Summary which should be available in both English and French.
2. Specific, separate reports and case studies (from 10-15 pages each) for:
   a. Each of the four focus countries
   b. Regional level implementation
   c. Continental level implementation

Findings and recommendations relating to the 6 evaluation criteria (impact, relevance, effectiveness, efficiency, sustainability, and equity) which can improve the implementation for the remaining period of the ANSP programme should be clearly and explicitly demarcated from recommendations beyond the scope and timeline of the ANSP programme. Three to five priority actionable items for each level should be identified.

**Roles and responsibilities:**
- Contracted agency: As above.
- UNICEF Regional, Liaison and Country Offices: Provide any additional information requested by the contracted agency that may have been missed during the data collection phase, or would be needed to aid in triangulation and/or verification.
- Reference Group role: Advise on any adjustments to analysis plan that might be warranted.

**Phase 4: Reporting and Dissemination**

**Tasks:** Finalization of the report. Dissemination of the findings to UNICEF, EU, the African Union and other key partners and stakeholders at all levels (national, regional, global).

**Overall methods:** UNICEF and the Reference group shall provide timely review and feedback on the draft report, and this shall be followed by systematic and responsive revisions by the contracted agency. At least two rounds of feedback and revision (as needed) may be expected: first draft and final draft shall be submitted to the Reference Group for review and feedback prior to finalization. The draft and final reports will be shared with UNICEF and partners in each of the four countries. Country-level teams (including UNICEF, government and other partners) will be given approximately one month to digest the recommendations of the evaluation, and to outline any
steps that should be taken to strengthen programme implementation for the remaining period of programme implementation.

Following the finalization of the report, a 2-day dissemination workshop will be held with key stakeholders at all levels during the ANSP Annual Review Meeeting. Powerpoint presentation(s) by the contracted agency should highlight the methodology and key findings and recommendations, focusing on the sharing of Lessons Learned and Good Practices that will inform the remainder of the project, and multi-sector efforts for Nutrition Security in general. The dissemination workshop will also include presentations from each of the four countries, the regions and at continental level. The dissemination workshop should include ample time for discussion and feedback from key stakeholders, and building of consensus and commitment on actions to be taken to strengthen the programme moving forward.

Roles and responsibilities:

- Contracted agency: Prepare first and final drafts of the report, and incorporate relevant feedback sufficiently to finalize the report of the ANSP mid-term evaluation. Prepare Power Point presentations, with inputs from UNICEF and the Reference Group. Contribute to the development of the Dissemination Workshop Agenda. Deliver presentations and contribute to discussions at the workshop.
- UNICEF Regional, Liaison and Country Offices: Provide timely feedback to the contracted agency for finalizing the report and any subsequent Power Point presentations. Make the logistical arrangements for the dissemination workshop, and the dissemination of the report itself (or a Summary Document) to key partners and stakeholders at all levels.
- Reference Group role: Provide timely feedback to the contracted agency for finalizing the report and any subsequent Power Point presentations. Identify appropriate facilitator/s for the dissemination workshop.


### Evaluation Work Plan Timeline

<table>
<thead>
<tr>
<th>Africa (ANSP) Mid-term Evaluation</th>
<th>Key Milestones</th>
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<tbody>
<tr>
<td>18 October 2013</td>
<td>Phase 1a. Inception Report including:</td>
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<tr>
<td></td>
<td>- Proposed evaluation design, evaluation framework and the draft protocol for the ANSP mid-term evaluation, with detailed evaluation questions and methods</td>
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<td>- Proposed detailed workplan with timeline</td>
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<td></td>
<td>- Identification of potential data sources and assessment of the quality of the information</td>
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<tr>
<td><strong>Africa (ANSP) Mid-term Evaluation</strong></td>
<td><strong>Key Milestones</strong></td>
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</tr>
<tr>
<td>October to December 2013</td>
<td>Phase 2. Data collection and analysis (field work) for mid-term evaluation of programme implementation completed.</td>
</tr>
<tr>
<td>December 24, 2013</td>
<td>Phase 3 and 4a. Draft report of mid-term evaluation, ANSP</td>
</tr>
<tr>
<td>April 1-4, 2014 (to be confirmed)</td>
<td>Phase 4c. Dissemination Workshop back-to-back with the ANSP Annual Review Meeting and Steering Committee Meeting (tbc)</td>
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**Reasons why the assignment cannot be done by a UNICEF staff member**

The evaluation must be independent, in line with UNICEF evaluation policy and the contractual requirements of the EU. As an independent evaluation, it will also benefit from the external perspective of the qualified agency or individuals.

**Expected Deliverables and Reporting Requirements**

1. **Inception Report** including, (i) the overall approach for the mid-term and final evaluations in both regions, and this should include an indication of how the institution would aim to develop the common themes and lessons learned across both regions, and (ii) proposed protocol for the mid-term evaluation in Africa, with sampling plan, evaluation questions, detailed methodology, analysis plan, a proposed workplan with detailed timeline, clearly defined roles and responsibilities of the evaluation team members, and a general outline of the expected evaluation report.

2. **Debriefing Power Point Presentations and Trip Reports** for the countries, regions and at continental level during the data collection field work. The Trip Reports should include details on the meetings participated in, the people met, the issues discussed and the activities observed during the field work. The Trip Report should also include people who were not met and meetings not attended as planned as well as reasons why and an analysis of how this could have affected the findings.

3. **Mid-term evaluation first and final draft reports**, including separate and specific analyses and recommendations for each country, for regional level ANSP activities and for continental level ANSP activities, as well as a broader synthesis and summary of the overall ANSP progress, lessons learned, best practices, challenges, and recommendations for the remaining programme period (see Phase 3 above). The reports should meet the stated objectives of the mid-term evaluation, and address all six evaluation criteria, and they should be guided by the UNICEF-adapted UNEG Evaluation Report Standard (as mentioned...
in Section 6). Findings and recommendations within the scope of the ANSP programme should be clearly delineated from recommendations beyond the ANSP scope and timeline.

4. **Mid-term evaluation final report**, and accompanying **Power Point Presentation/s**.

The deliverables will be linked with the payment schedule in the Request for Proposals.

All materials which will be developed by the selected institution and their affiliates through the course of this evaluation will become the property of UNICEF and will need to be submitted to UNICEF in an appropriate format (e.g. hard and/or electronic copy), these include, but are not limited to:

- All methodical materials submitted as part of the inception report for the Evaluation
- All materials developed to undertake the evaluation (e.g. questionnaires, templates, etc.)
- Raw data of any data collection exercises, interviews, questionnaires implemented (hard copies of the filled questionnaires, electronic copy of entered data, etc.)
- Draft and final reports and presentations.

<table>
<thead>
<tr>
<th>Deliverable/Milestone</th>
<th>% of total payment</th>
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</thead>
<tbody>
<tr>
<td>2 Inception Report and Final Protocol for the mid-term evaluation, ANSP</td>
<td>30%</td>
</tr>
<tr>
<td>3 First Draft Report</td>
<td>50%</td>
</tr>
<tr>
<td>4 Final report and presentations as delivered at Dissemination Workshop</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
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</table>

2. **Travel and Other Logistics Arrangements:**

For the ANSP mid-term evaluation, the consultancy requires travel to all four countries in which ANSP is implemented (Burkina Faso, Ethiopia, Mali and Uganda), and to the regional offices of UNICEF for Eastern and Southern Africa (ESARO, in Nairobi, Kenya) and West and Central Africa (WCARO, in Dakar, Senegal) as well as to the UNICEF Liaison Office to the AUC and UNECA (in Addis Ababa, Ethiopia).

**Desired competencies, technical background and experience**

Institution must have staff with:

- a. PhD in Nutrition/Public Health/Epidemiology or a related field.
- b. Extensive experience in conducting large-scale programme evaluation
- c. Excellent knowledge of UNICEF’s and the EU’s policies, programmes and priorities in Nutrition, and good understanding of the global movement on “Scaling Up Nutrition” (SUN).
- d. Very knowledgeable about the Asia and Africa regions, and of ongoing nutrition security initiatives
- e. Expertise in gender equity and human rights
It is understood that the agency identified may use sub-contractors to complete the work. However, the team leader for each assignment must be a full-time staff of the agency.

### Administrative issues

Overall coordination of the mid-term evaluation will be the responsibility of ANSP Senior Management, with the support of the ESARO Regional Nutrition Specialist, Monitoring and Evaluation.

The Evaluation Reference Group will provide technical guidance to the process as well as review and quality assure the deliverables. The Group will include:

1. UNICEF Regional Nutrition Advisor or Specialist, ESARO
2. UNICEF Regional Nutrition Advisor or Specialist, WCARO
3. UNICEF Regional Monitoring and Evaluation Advisor, ESARO
4. UNICEF Regional Nutrition Advisor or Specialist, EAPRO
5. UNICEF Regional Nutrition Advisor or Specialist, ROSA
6. Programme Manager, Delegation of the European Union to the African Union
7. Nutrition Advisory Service (NAS) to the European Union

### Conditions

- **Travel by most economical fare**
- **Application of UN DSA rates for subsistence and accommodation.**
- **As per UNICEF DFAM policy, payment is made against approved deliverables.**
- **The team/firm selected will be governed by and subject to UNICEF’s General Terms and Conditions for institutional contracts.”**

### Technical Evaluation Criteria and Relative Points

#### Key expertise

Qualified institutions must meet the following requirements:

- Working in the area of nutrition, food security and other related disciplines for at least 15 years.
- Undertaking research and evaluations on topics related to Food and Nutrition security and other related disciplines for at least 15 years.
- Experience with and/or close knowledge of multisectoral nutrition programmes in Asia and Africa.
- Experience with and/or close knowledge of cash transfer interventions and linkages of nutrition and cash transfer programmes.
- Expertise in gender equity and human rights

#### Technical

- Quality and relevancy of the proposed methods to answer main evaluation questions
- Scope of the work well-defined and all important aspects of the TORs have been addressed.

**Financial**
- Overall budget proposed
- Completeness of the financial proposal (ensuring that all costs such as travel, salaries, insurance, communication costs are included in the price offered)

**Sourcing:**
EAPRO LTA with ETC Nederland BV (attached)

**Websites to post TOR, RFP**
N/A

**Risks**

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**Requested/Prepared by:**
Title: Regional Nutrition Advise
Name: Noel Marie Zagre
UNICEF ESARO

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**Reviewed by:**
Title: Regional YCSD Chief
Name: Tesfaye Shiferaw

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**Approved by:**
Title: Regional Director/Deputy Regional Director
Name:

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Date: dd/mm/yyyy