



ROADMAP for EU+ JOINT PROGRAMMING ON NUTRITION

Joint Programming of EU+ in Ethiopia

Early in 2013, the European Union (EU) along with the 20 EU Member States represented in Ethiopia and Norway (EU+) endorsed the **EU+ Joint Cooperation Strategy for Ethiopia** to ensure a coherent and cohesive response to Ethiopia development challenges, to improve alignment, harmonisation, results based approach, predictability and transparency, whilst avoiding overlapping or fragmented interventions. This process should lead progressively towards a framework for Joint Programming in Ethiopia by the year 2016.

In preparation for the joint programming status by 2016, the EU+ partners agreed to explore the interest and possibilities for the publication of a second EU+ Blue Book (joint EU+ mapping and cooperation data base) and to launch a pilot joint action in a cluster sector of common interest. The theme of nutrition was selected as the pilot joint action to test the feasibility of joint, collaborative programming. **Annex A** sets out a time-table for a practical course of action to achieve this.

There are *strong reasons* for focusing on nutrition in Ethiopia:

Firstly, the **nutrition facts** in Ethiopia are quite stark:

- Despite recent improvements, the level of chronic undernutrition (stunting) of children under five years of age at 44% (representing over 6 million children)¹ is still the eighth highest in the world and Ethiopia remains one of the 36 high burden countries². Furthermore, the prevalence of stunting in some regions of the country (Amhara, Tigray and Afar) is over 50%. The national prevalence of acute malnutrition (wasting) stands at 9.7%, but with a large proportion of those children affected living in pastoral and agro-pastoral zones³.
- Levels of micronutrient deficiencies (“hidden hunger”) are high: vitamin A deficiency and iron-deficient anaemia affect most Ethiopian children and a large number of women.
- The prevalence of low birth-weight is 20%, one of the highest in the world⁴.
- Undernutrition is still the principal cause (57%) of child mortality in Ethiopia⁵.
- Total costs associated with undernutrition in Ethiopia are estimated at birr 55.5 billion (US\$4.7 billion) for the year 2009, equivalent to 16.5% of GDP for that year⁶.

Secondly, despite these facts, chronic **undernutrition** remains largely *invisible* and does not get sufficient attention, despite the growing human and economic cost.

Figure 1: Prevalence of stunting in Ethiopia (over past 20 years); and reduction in numbers of children affected by stunting to meet WHA target 2025

¹ Ethiopia Demographic and Health Survey 2011

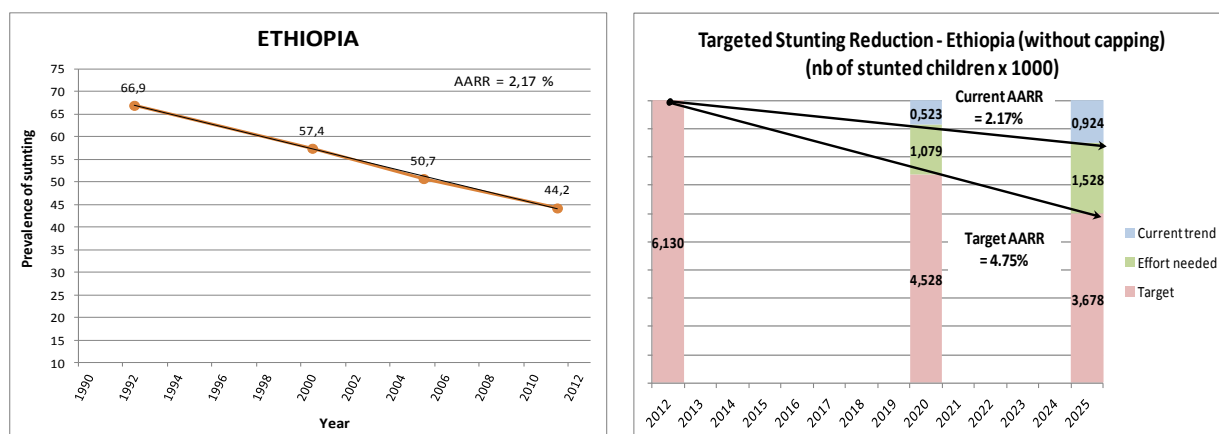
² identified by the Lancet Series on Nutrition in 2008

³ Ethiopia Demographic and Health Survey 2011

⁴ UNICEF (2011) State of the World's Children

⁵ Save the Children (2009) Transform Nutrition Situation Analysis

⁶ The Cost of Hunger in Ethiopia: Implications for the Growth and Transformation of Ethiopia (AU/NEPAD/UNECA/WFP)



Source: EC Stunting Reduction Calculation Tool

Thirdly, the Government has made a clear **political commitment** to address undernutrition with the support of development partners in Ethiopia by engaging with the global Scaling Up Nutrition (SUN) Movement; by launching a National Nutrition Strategy in 2008 operationalised through a National Nutrition Programme of two periods 2008-2012 and 2013-2015; by including nutrition in the country's five year Growth and Transformation Plan (GTP); and its pledge to (i) reduce stunting to 20% and underweight to 15% by 2020; (ii) allocate an additional US\$15 million per year to nutrition to 2020; and (iii) build on multi-sectoral collaboration⁷.

Central to the **National Nutrition Plan for 2013-2015** is the focus on the first 1,000 days (from conception to when a child reaches two years old) and on the country's most vulnerable demographic groups (pregnant and lactating women, adolescents, and children under five years of age). The "first 1,000 days approach" is based on the evidence that early damage is irreversible after the child reaches 24 months of age. After that time it is almost impossible for the children to recover from the development deficits. Infants born with low birth weight for example are not only more likely to be stunted, but also to have reduced cognitive ability as they grow up, which in turn will contribute to reduced future economic productivity.

The NNP also aims to break the intergenerational cycle of undernutrition. A malnourished woman is more likely to have a low-birth weight baby and to die during delivery. Low-birth weight babies are more likely to be stunted, and a stunted girl has a greater likelihood of complications during pregnancy and delivery, as well as a greater chance of having a low-birth weight baby, so continuing the intergenerational cycle of undernutrition.

The **Strategic Objectives** of the National Nutrition Plan 2013-2015 for Ethiopia are as follows:

- ✓ **SO1** Improve the nutritional status of women (15-49 years) and adolescents (10-19 years)
- ✓ **SO2** Improve the nutritional status of infants, young children and children under 5 years
- ✓ **SO3** Improve the nutrition service delivery for communicable and lifestyle related diseases affecting all age group
- ✓ **SO4** Strengthen implementation of nutrition-sensitive interventions in different sectors (agriculture, education, water, social protection)
- ✓ **SO5** Improve multi-sectoral coordination and capacity to ensure implementation of NNP

Why should this *be achieved* through EU+ Joint Programming?

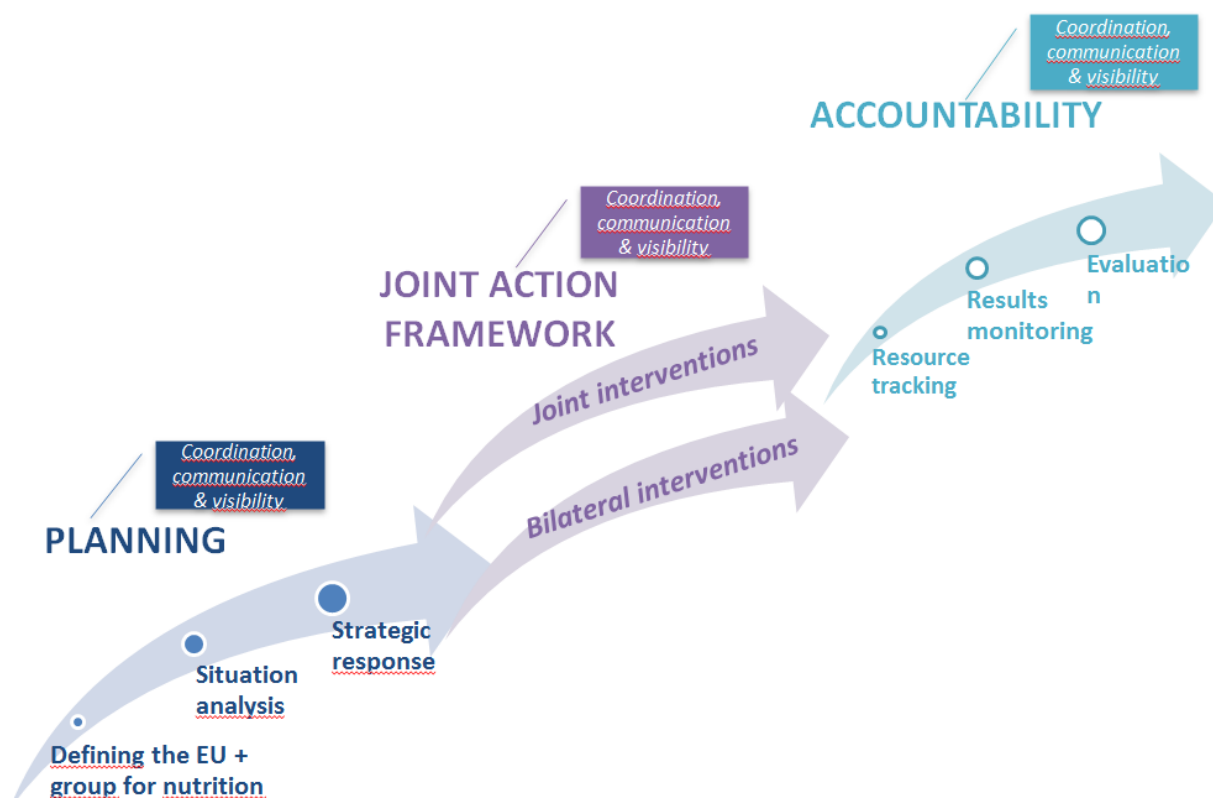
- Several Member States are already actively engaged in the SUN Movement⁸ either as donor convenors at country level or in policy discussions at the international level;

⁷ London Conference on Nutrition for Growth (June 2013)

⁸ DFID (7), the EU (4), Irish Aid (3), Denmark (1), Netherlands (1) are SUN donor convenors in (x) number of countries (2014)

- Most Member States are already supporting programming through the agriculture, education, social protection, health and water sectors, as well as humanitarian interventions in Ethiopia, that is already, or has potential, to contribute to nutrition outcomes;
- A coordinated and coherent response raises the profile of nutrition as a development issue across different sectors and can help identify existing programmes through which it can be addressed (e.g. AGP, PSNP and HABP);
- Better nutrition requires a concerted action across sectors, as the current approach tends to be very fragmented, “siloed” and piecemeal through sectors;
- Better nutrition requires the mobilisation of multiple sectors (in contrast to the current reliance on health) so as to sufficiently address the underlying and basic causes of undernutrition;
- A harmonised approach ensures that limited resources available for nutrition are applied in an informed and strategic manner;
- There is no clear government funding mechanism for donors to contribute to the National Nutrition Programme; and
- Joint programming demonstrates solidarity behind the Government’s National Nutrition Plan which in turn reflects the Government’s own political momentum in support of nutrition.

The purpose of this Roadmap is to propose steps that could be followed in support of an EU+ Joint Programming on Nutrition. This must follow a logical sequence, which ensures the inclusion of all Member States willing and able to embark on the process and set out an initial time-frame. It will be important to ensure that the process is visible, transparent and rooted in a strong public commitment. The principal steps set out in this Roadmap are illustrated in the figure below. These steps are not strictly sequential, especially as regards the accountability aspects.



EU+ Road Map for Nutrition in Ethiopia

It is important to remember that **joint programming** is as much about analysis and planning as it is about the actual execution of the initiatives. EU+ Joint Programming will not necessarily lead to joint implementation of programmes, but where it identifies opportunities to do so then these should be capitalised on. In principle, joint programming refers more to analysis, planning, sector prioritisation, division of responsibilities and coordination than it does with respect to implementation itself. It also allows for better synergy and complementarity between EU donors and the platform for strengthened policy dialogue with Government.

The greatest impact of joint programming is expected in terms of transparency, complementarity, coherence and predictability; therefore Joint Programming might lead the participating partners towards better complementarity across sectors, harmonisation where additional investment is required, and in some cases delegation of funding to be implemented by another partner.

Whether through bilateral interventions or joint programming, the EU and its Member States are committed to achieving agreed standards of **accountability**⁹ through: (i) accurate reporting on nutrition; and (ii) accountability to its citizens, partner countries, partner agencies and ultimate recipients of EU+ assistance. In this context accountability has two broad components: (i) tracking financial investments in nutrition; and (ii) measuring results and impact, including progress towards the EU's 7 million stunting reduction target.

Three principal steps represent the phases outlined above:

- **Planning:** including defining membership, situation analysis, and prioritising the elements of a strategic response;
- **Joint Action Framework:** which principally relates to the development of an action plan incorporating joint initiatives as well as bilateral interventions; and
- **Accountability:** including resource tracking, results monitoring, evaluation, communication and visibility.

These phases constitute the structure of the Roadmap presented below. The Roadmap will continue to be in evolution until the finalisation of a Common Strategy for Enhancing Maternal & Child Nutrition (the culmination of step 3) at which point its relevance to purpose will be reviewed. For the time being it provides the principles and guidelines for joint programming as well as allocated responsibilities and an estimated time schedule which will continue to be updated as the exercise develops.

Planning Step 1: Defining the EU+ Group for Nutrition

The initial task will be to define the EU+ Nutrition Group committed to joint programming on the theme of Enhancing Maternal & Child Nutrition in Ethiopia. The group should function within the EU+ Joint Cooperation Strategy for Ethiopia agreed in January 2013.

The broad **EU+ Nutrition Group** may potentially include all the 20 Member States (with representation in Addis Ababa) plus Norway. The group will comprise all Member States that are committed to nutrition as both a resilience and development issue in Ethiopia. Every Member State will have the opportunity to reflect on the Roadmap, feedback on the Roadmap and consider whether it should be a member of the group. Those that do elect to join the group will indicate their interest to the EUD as the initial facilitator of the group.

⁹ These sections are largely derived from the draft EU Action Plan on Nutrition and will need to be considered in the Ethiopian institutional frame and context.

Under the EU principles for joint programming there is also potential to include in the EU+ Group non-EU donors, financing institutions (such as development banks), non-governmental organisations (with funding capacity) and the private sector (including foundations) - especially those that have links at the global level with the SUN Movement. However, the group should keep a pragmatic approach and not to duplicate the SUN Nutrition Forum in Ethiopia. Therefore, the inclusion of other members, beyond the Member States, will only take place in specific meetings (consultations, presentation of some of the products of the process, etc.) where those will be specifically invited.

An **EU+ Nutrition Core Team** will then be identified from the EU+ Nutrition Group. This team represents those Member States who are in a position to contribute time and resources to achieving the Roadmap. The initial core team is likely to comprise focal points for different sectors relevant to nutrition programming¹⁰ as well as a focal point from the humanitarian community and the EUD.

The EU+ Nutrition Core Team will be central to some of the principal elements of the planning process in particular the development of a Common Strategy for Enhancing Maternal & Child Nutrition and the results framework associated with the plan.

The EU has been selected as **Facilitator** of the group by the Member States participating in the EU+ Nutrition Group. The EU Delegation and ECHO office in Ethiopia will jointly assume this role. The principal functions of the facilitator will be: (i) to call and chair meetings; (ii) to report on key developments and events of relevance to the EU+ Nutrition Group; (iii) to liaise between the EU+ Nutrition Group and the Government of Ethiopia; and (iv) to represent the EU+ Nutrition Group at external conferences and meetings. In order to fulfil its role, the Facilitator should have an internal capacity (a **task force**) that networks with key focal points across the membership of the group.

Once the EU+ Nutrition Group has been informally constituted in this manner, the Government of Ethiopia would be formally informed on this initiative and on the added value of this initiative in support of national strategic objectives and to work out modalities of engagement from hereon.

The final outcome of this first step to joint programming would be to further refine the Roadmap as elements of planning become much clearer. Increasingly the evolving Roadmap should clarify timing and lead responsibilities for each step under each phase.

Outcome	Completion Date	Responsibility	Status
Identify Membership of EU+ Nutrition Group	March 2014	EUD	Completed
Select (initial) Nutrition Core Team	March 2014	EU+ Nutrition Group	Completed
Identify Facilitator of EU+ Nutrition Group	Mid-March 2014	EU+ Nutrition Group	Completed (12/03)
Update the Roadmap	End March 2014	TF of Facilitator	Completed
Notify GoE of the EU+ Nutrition Group	End March 2014	Facilitator	

From hereon in the Roadmap document the participating Member States of the EU+ Nutrition Group will be referred to as the "Members".

Planning Step 2: Situation Analysis

It will be particularly important that joint programming is based upon a sound causal analysis of undernutrition in Ethiopia. The framework for such an analysis should be based on the causal pathways leading to undernutrition, which are presented in **Annex 2**. In a context like Ethiopia, it

¹⁰ See sub-section on Coordination

will be particularly important that the analysis takes account of the different causal pathways for contrasting livelihood zones across the country. We know for example that the basic and underlying causes of undernutrition in Amhara will be very different from those in Somali region. Furthermore, whilst poverty certainly underlies undernutrition in Ethiopia, wealthier households are not immune from chronic undernutrition, and the causes between different wealth quintiles need to be better understood.

There is a good basis of livelihood and nutrition analysis within Ethiopia to draw upon. A comprehensive livelihoods’ zoning has been undertaken across Ethiopia, which provides a sound contextual analysis. Some degree of nutrition causal analysis is provided through: (i) the National Nutrition Programme itself; (ii) the Demographic & Health Survey of Ethiopia (2011); (iii) Investing in Boys and Girls in Ethiopia: Past, Present and Future (UNICEF 2012); (iv) the Nutrition Country Paper for Ethiopia (February 2013); (v) the Cost of Hunger in Ethiopia: Implications for the Growth and Transformation of Ethiopia (WFP 2013); and (vi) the EU Country Fiche Nutrition for Ethiopia. Specific studies on causal analysis have been undertaken by IFPRI, Save the Children, Transform Nutrition, Tufts University and the World Bank etc. With reference to such research, the EU+ Nutrition Group will commission a **causal analysis** to inform their choice of strategic interventions that are required to address underlying and basic causes of undernutrition.

Additionally, it would be very important to commission a **joint mapping exercise** of nutrition-specific and nutrition-sensitive interventions that are being planned or implemented across Ethiopia involving the Members as well as other donors and development partners including the Government of Ethiopia itself. A detailed national mapping exercise of 53 nutrition-specific and nutrition-sensitive interventions at woreda level has been conducted by the Federal Ministry of Health (FMOH) with the technical assistance of WHO and support of the REACH partners¹¹. This should provide a very useful basis for the mapping requirements of the EU+ Nutrition Group. The joint mapping of interventions should overlay a broad analysis of areas with high prevalence of both acute and chronic undernutrition. The mapping of interventions should not be considered a one-off exercise, but should be updated on an annual basis in support of the EU+ Nutrition Group and other interested parties.

A final stage of the situation analysis should be to take account of the causal analysis and the joint mapping exercise to undertake a **gap / opportunities analysis**. This exercise should identify where there are gaps in current or planned interventions and where resources might be more effectively allocated to achieve better gains in maternal and child nutrition. This will allow the Members to take stock of the situation and identify the more strategic gaps.

The outcome of this stage should be a concise **Situation Analysis of Nutrition and Related Interventions** in Ethiopia.

Outcome	Time-frame	Responsibility	Means
Causal Analysis	May-July 2014	EU+ Nutrition Core Team ¹²	Consultancy ¹³
Joint Mapping Analysis	May-July 2014	EU+ Nutrition Core Team	Consultancy
Gap Analysis	August 2014	EU+ Nutrition Core Team	Consultancy
Situation Analysis	August 2014	EU+ Nutrition Core Team	Consultancy

¹¹ The report of this mapping exercise is still to be released (14 February 2014)

¹² One Member of the EU+ Nutrition Core Team would assume the contractual arrangements with external consultancy services

¹³ The consultancy services contracted by the EUD (or a Member State) could potentially be technically guided and supported by the Nutrition Advisory Service to the European Commission

Planning Step 3: Strategic Response

Based upon the situation analysis in Ethiopia and taking account of the strategic priorities of the National Nutrition Programme 2013-2015, the EU Communication on Enhancing Maternal and Child Nutrition (and the EC Action Plan) and the policy direction of Member States, strategic priorities for resourcing programme interventions will be determined and outlined.

The strategic priorities that align well within this framework could include: (i) strengthening the political commitment and good governance at federal and decentralised levels; (ii) scaling up nutrition actions; and (iii) building the knowledge-base on nutrition.

Under political commitment and **good governance** (principally associated with SO5 of the NNP), there will be opportunities to strengthen national strategies, policies and costed action plans conducive to nutrition. This may also include strengthening legal frameworks relevant to nutrition (e.g. in controlling the marketing of breast-milk substitutes, encouraging breastfeeding, promoting women's rights, securing food, land tenure and water rights, salt iodisation laws and food fortification regulations).

There will be opportunities across different sectors to build better capacity for nutrition both in terms of leadership and technical expertise. There will also be opportunities to support multi-sector and multi-actor coordination mechanisms (especially at a decentralised level) that are designed to strengthen existing structures and systems¹⁴.

Under **scaling up nutrition actions** there will be both nutrition-specific actions (principally associated with SO1-SO3 of the NNP) and nutrition-sensitive actions (principally associated with SO4 of the NNP)¹⁵.

Distinguishing Nutrition-Specific from Nutrition-Sensitive Interventions¹⁶

Nutrition-specific interventions directly address the *immediate causes* of undernutrition: *inadequate dietary intake or disease*.

Nutrition-sensitive interventions address *underlying and basic causes* of nutrition including adequate *access to food*, adequate *health services*, *maternal and child care practices* and *healthy environments* (such as good water and sanitation services). See **Annex 2**.

Nutrition-sensitive interventions are often explicitly incorporated within other sector approaches and use tools such as social transfers, so as to guide implementation towards improved nutrition outcomes.

To be nutrition-sensitive actions must fulfil the following criteria:

- Aimed at individuals, the actions must intend to improve nutrition for women or adolescent girls or children;
- The action must have a significant nutrition objective or a nutrition indicator; and
- The action must contribute to nutrition-sensitive outcomes, which are explicit in the project design through activities, indicators and specifically the expected results themselves.

¹⁴ Links could be made with the EU funded Africa's Nutrition Security Partnership (ANSP) programme implemented by UNICEF which supports nutrition coordination in four countries (including Ethiopia)

¹⁵ Learning how to mainstream nutrition in the different interventions to make them nutrition-sensitive will be essential in the EU+ action

¹⁶ Drawn from the Methodology and Guidance Note to Track Global Investments in Nutrition developed through the SUN Donor Network (December 2013)

There are two important (and inter-linked) dimensions to consider in Ethiopia for scaling up nutrition interventions:

Firstly, the need to provide a bridge between short-term humanitarian interventions focusing on the treatment and management of acute undernutrition and longer-term interventions addressing the underlying and basic causes of chronic undernutrition, which for so long have been planned, implemented and resourced separately.

Secondly, the opportunities, to factor nutrition outcomes into flagship Ethiopian initiatives focusing on social transfer and building household resilience such as the Productive Safety Net Programme (PSNP) and the Household Asset Building Programme (HABP)¹⁷. It is not just about creating new nutrition-sensitive interventions, it is as much about making existing interventions nutrition-sensitive.

In building the **knowledge-base**, opportunities will include research, assessments, information systems and generating a strong evidence-base of nutrition actions that achieve results. Added to this will be monitoring systems that can track progress in reducing both the numbers and prevalence of stunting and linking these to in-country investments. This information and analysis should contribute to some form of national nutrition evaluation platform.

Whilst alignment with the national development strategy (in this case the NNP 2013-2015) is assumed, the EU+ Group may look more at operational research opportunities beyond the health sector. Links with initiatives like the Transform Nutrition programme in Ethiopia could be useful. Furthermore, the development of an EU+ common strategy for nutrition provides the opportunity for Members to review the feasibility and ambition of the targets and results set in the national plan. In Ethiopia this may require some review. Operational research will also allow the EU+ Nutrition Group to contribute to the Government's own desire to mainstream nutrition multi-sectorally.

The strategy may also want to incorporate an **advocacy framework** to be taken on by the EU+ Nutrition Group collectively. This framework should take account of the considerable potential that the EU+ Group offers to influence high level policy dialogue and the opportunities presented through a new cycle of Government strategic programming commencing from mid-2015.

Central to the strategy will be one **results framework** based upon commonly agreed indicators, baselines and targets that all programme interventions will set as their objective.

The outcome of this stage should be an **EU+ Common Strategy for Enhancing Maternal & Child Nutrition** in Ethiopia which will be set within the frame of the NNP 2013-2015 (or more likely its successor).

The strategy will take account of the division of responsibilities across the EU+ Nutrition Group of Member States and the EU itself. An initial step will be to determine the **comparative advantage** of each of the participating members of this group. This will be based upon Member States' own research capacities (in home countries), their policy priorities, sector expertise, past programming experience and of course the strategic priorities that have been identified within their bilateral development plans for which resources have been allocated. This could usefully be set out in a matrix.

Based on this assessment, **focal points** will be nominated to represent the EU+ Nutrition Group in respective sector working groups and as liaison for the group with respective Ministries (including those responsible for Agriculture, Education, Gender, Health, Sanitation, Social Protection, Water etc..) and relevant programme initiatives such as the Agriculture Growth

¹⁷ Bossuyt, A., Increasing Nutrition Outcomes of PSNP and HABP Draft Report (December 2013)

Programme (AGP), the Productive Safety Net Programme (PSNP) and the Household Asset Building Programme (HABP). This may result in further refining the EU+ Core Team.

Where opportunities exist for harmonised approaches across Members these should also be identified. This might well relate to research, assessments, monitoring and evaluation so that the joint strategy benefits from lower transactions costs.

The outcome of this stage will be the development of a **Matrix of Responsibilities** against all participating states and organisations within the framework of the EU+ Common Nutrition Strategy.

Outcome	Time-frame	Responsibility	Means
Assessment of C/Advantage	End September 2014	EU+ Nutrition Core Team ¹⁸	Internal
Advocacy Framework	End September 2014	EU+ Nutrition Core Team	Consultancy ¹⁹
Joint Nutrition Strategic Response	End September 2014	EU+ Nutrition Core Team	Consultancy
Review of Core Team	Mid-October 2014	EU+ Nutrition Core Team	Internal
Matrix of Responsibilities	End October 2014	EU+ Nutrition Core Team	Consultancy
Results Framework	End October 2014	EU+ Nutrition Core Team	Consultancy

Joint Action Framework Step 4: Planned Interventions

The responsibility for formulation and implementation of programming rests very much with the individual Members. Not all Members are working to the same all programming cycle, which can present challenges to achieving a coordinated approach. However, the added value of the EU+ Nutrition Group is to provide the opportunity to better complement and harmonise interventions across the Members, which will be synchronised with the time-frame of the national planning cycle. To achieve this it is proposed that a Joint Action Framework for the EU+ Nutrition Group is developed for the next phase of the National Nutrition Programme commencing mid-2015. By this time the EU+ Nutrition Group will have developed the Common Strategy for Enhancing Maternal & Child Nutrition as well as the Matrix of Responsibilities.

The Joint Action Plan should include: (i) collaborative support through flagship programmes such as the AGP, PSNP and HABP; (ii) **joint interventions** between two or more members of the EU+ Nutrition Group which are co-financed; and (iii) **bilateral interventions** supported by individual Members.

The development of the initial Joint Action Framework to coincide with start of the next phase of the NNP could be developed through external consultancy services, but should be reviewed and updated on a six monthly basis by the EU+ Nutrition Core Team.

Outcome	Time-frame	Responsibility	Means
EU+ Nutrition Group Action Framework 2015-2020	March 2015	EU+ Nutrition Core Team ²⁰	Consultancy ²¹

¹⁸ One Member of the EU+ Nutrition Core Team would assume the contractual arrangements with external consultancy services

¹⁹ The consultancy services contracted by the EUD (or a Member State) could potentially be technically guided and supported by the Nutrition Advisory Service to the European Commission

²⁰ One Member of the EU+ Nutrition Core Team would assume the contractual arrangements with external consultancy services

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Accountability Step 5: Resource Tracking

A methodology will be developed for the EU+ Common Strategy for Nutrition which contributes directly to any financial tracking mechanism for the National Nutrition Programme (NNP) with reference to: (i) spending on nutrition-specific interventions; and (ii) spending on nutrition-sensitive interventions. As far as possible, this will be based on the approach agreed by the donor network of the SUN movement.

This function should in turn contribute to the Aid Management Platform (AMP) established by the Government of Ethiopia to improve aid effectiveness (this has not previously been well serviced).

Outcome	Time-frame	Responsibility	Means
Resource Tracking Systems established	June 2015	EU+ Nutrition Core Team	To be discussed

Accountability Step 6: Results Monitoring

The EU+ group will also focus its attention on ensuring that the Government of Ethiopia, with the support of committed development partners, has the capacity and means to effectively monitor progress against nutrition outcomes - as set out in the National Nutrition Programme and the EU+ Country Strategy to Enhance Maternal and Child Nutrition. Particular attention should be accorded to capacity at a decentralised level to collect data at facility and community levels including nutrition surveys and assessments.

Although indicators of stunting and wasting in children under five years of age are of particular interest, these need to be considered as part of a more comprehensive results monitoring framework where specific outcomes linked to different sectors are also assessed. Every effort will be made to support the Government of Ethiopia to establish a coherent and common repository for nutrition-relevant data. This data will be contributed by different relevant line ministries as well as feeding back to them.

Outcome	Time-frame	Responsibility	Means
Results Monitoring capacity established	June 2015	EU+ Nutrition Core Team	To be discussed

Accountability Step 7: Evaluation

The EU in collaboration with the SUN Movement is aiming to support SUN countries in strengthening their capacity to monitor progress in achieving national targets for stunting reduction. The proposed national evaluation platforms on nutrition will contribute to strengthen partner countries' capacities to track progress towards nutrition commitments, impact and the improvement of the evidence base to inform policies focusing on enhancing the nutrition of women and children. At this stage there has been no discussion with the Government of Ethiopia on potential collaboration in this area, but it is identified as a potential step within the Roadmap.

In time, this approach could help consolidate the resource-tracking, results-monitoring and programme evaluation components, creating a more coherent accountability system for nutrition.

Outcome	Time-frame	Responsibility	Means
Establish NNEP in Ethiopia (?)	To be discussed	To be discussed	To be discussed

Accountability: Communication and Visibility

The Country Fiche (see Annex 4) developed by the EUD could form the basis of a **Nutrition Brief** of the EU+ Nutrition Group outlining the situation in Ethiopia, projected trends in undernutrition and the intended results expected to be achieved through EU+ investment and collaboration with the Government of Ethiopia.

The EU+ group will **report annually** on the achievements and impact its investment is having on reducing maternal and child undernutrition in Ethiopia. This will contribute to the national mechanism for reporting on the progress of the National Nutrition Programme. It will also contribute to the monitoring framework developed for the implementation of the EC Action Plan on Nutrition.

Outcome	Time-frame	Responsibility	Means
Nutrition Brief	June 2014	FTF	To be discussed
EU+ Group Annual Report	March 2015	FTF	To be discussed

Coordination

Coordination between the EU+ Nutrition Group and the Government of Ethiopia and other development partners will be conducted across the three phases of planning, joint action framework and accountability.

The Federal Ministry of Health (FMOH) is mandated to house and manage the organisational and management structure of the National Nutrition Programme (NNP) and its linkages across relevant sectors. The National Nutrition Coordination Body (NNCB) established in 2008 is the main coordination mechanism for leadership, policy decision and coordination of the NNP across government sectors, civil society organisations, academia, media, development partners and the private sector. It is supported by a National Nutrition Technical Committee (NNTC) established in 2009. Both are expected to be replicated at decentralised levels (regional and woreda levels). The development partners are represented in both structures (NNCB and NNTC) by DfID and UNICEF.

The Development Assistance Group (DAG) has a number of Technical Working Groups (TWG), which include Gender Equality, Education, Health Population & Nutrition, Rural Economic Development & Food Security and Water all of which would lend themselves to integrating nutrition. A sub-group of the Health Population & Nutrition TWG effectively constitutes itself as the Nutrition Development Partners' Group (NDPG) bringing together multilateral and bilateral agencies as well as the most important private foundations and NGOs working on nutrition.

An exhaustive inventory of all the coordination frameworks related to nutrition from both the development and humanitarian sides will be part of the situation analysis. In the following phases the links between these coordination frameworks and the EU+ Nutrition Group will be defined.

Initially, the **EU+ Nutrition Group** would convene as members on a quarterly basis. Where feasible it would have focal points (members) to interact with the NNCB and NNTC at Federal level and each of the most relevant TWGs of the DAG with particular reference to the NDPG of the Health Population & Nutrition TWG where most of the members of the **EU+ Nutrition Group** are represented.

Resources

The Member State (or the EUD) assuming the role of Facilitator resource a Task Force team from existing capacity to support the Facilitator's functions.

The consultancy services identified in the **planning phase** of the Roadmap will be contracted by one of the Member States or the EUD subject to availability of resources to initiate this rapidly. It is envisaged that the consultancy services would be contracted locally and could be supported technically by the Nutrition Advisory Services to the European Commission (EC-NAS) subject to agreement by EU-DEVCO.

Whilst the contracting of consultancy services would be the responsibility of one member, the services would be delivered to the EU+ Nutrition Core Team. The EU+ Nutrition Core Team would have the responsibility to review and feedback on key stages of the consultancy services. The Task Force team of the EU+ Nutrition Group Facilitator would assist in compiling this feedback from the core team.

Under the **joint action framework phase**, it is not envisaged that any additional resources are required over and above those normally accorded through the regular programming service of the Members.

There will be resource implications under the **accountability phase**, which are yet to be determined.

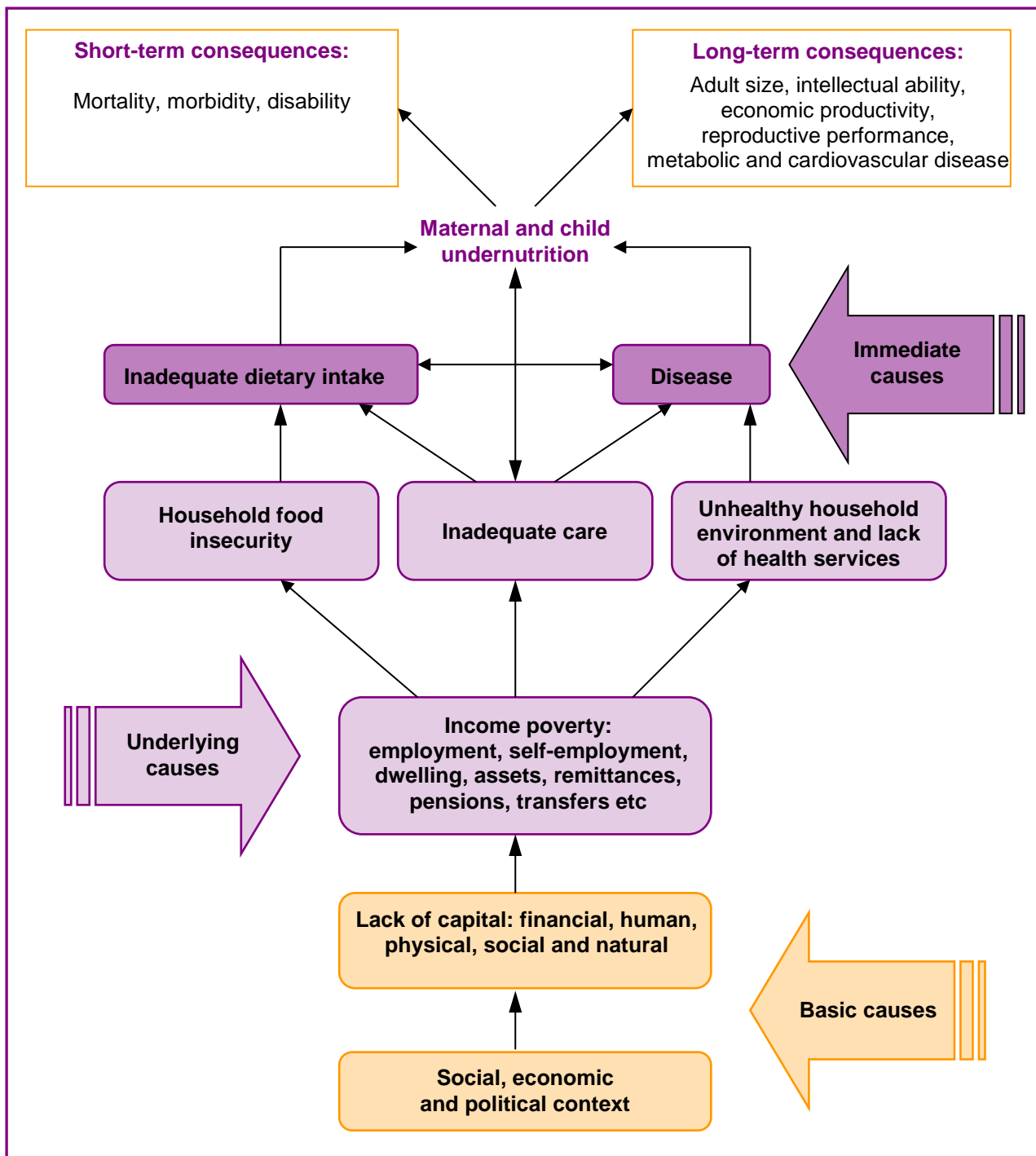
ACRONYMS

ACP	Africa, Caribbean and Pacific
AGP	Agricultural Growth Programme (GoE)
AMP	Aid Management Platform
DFID	Department for International Development (UK Aid)
EC	European Commission
EDFI	European Development Financing Institution
EIB	European Investment Bank
EU	European Union
EUD	EU Delegation
GTP	Growth and Transformation Plan (GoE)
HABP	Household Asset Building Programme (GoE)
IFI	International Financing Institutions
INGO	International Non-governmental Organisation
MIP	Multi-annual Indicative Programme (EU)
NIP	National Indicative Programme (EU)
NNP	National Nutrition Programme (GoE)
ODA	Official Development Assistance
PSNP	Productive Safety Net Programme (GoE)

ANNEX 1: TENTATIVE MILESTONES FOR THE EU+ JOINT PROGRAMMING ROADMAP ON NUTRITION

Date	Activity
March 2014	Identify Membership of EU+ Nutrition Group
March 2014	Select (initial) Nutrition Core Team
Beginning March 2014	Identify Facilitator of EU+ Nutrition Group
Beginning March 2014	Update the Roadmap
End-March 2014	Notify GoE of the EU+ Nutrition Group
May-July 2014	Causal Analysis
May-July 2014	Joint Mapping Analysis
June 2014	Nutrition Brief
August 2014	Gap Analysis
August 2014	Situation Analysis
End September 2014	Assessment of Comparative advantage
End September 2014	Advocacy Framework
End September 2014	Joint Nutrition Strategic Response
Mid-October 2014	Review of Core Team
End October 2014	Matrix of Responsibilities
End October 2014	Results Framework
March 2015	EU+ Nutrition Group Annual Report
March 2015	EU+ Nutrition Group Action Framework 2015-2020
June 2015	Resource Tracking systems established
June 2015	Results Monitoring capacity established

Annex 2: A model of the causal pathways leading to undernutrition



Source: Based on UNICEF, 1990: Strategy for Improved Nutrition of Children and Women in Developing Countries; and adapted in the Lancet Series (2008).

ANNEX 3: POLICIES AND STRATEGIC PRIORITIES GUIDING THE EU+ ROADMAP

1. National Development Priorities in Ethiopia 2011-2015

The Government of the Federal Democratic Republic of Ethiopia's **Growth & Transformation Plan 2010/11-2014/15** continues the government's pursuance of high economic growth averaging 11% annually, maintaining macro-economic stability and building of a stable democratic state. Ethiopia intends to achieve its MDGs by 2015 and reach middle-income status by 2020-23. To progress towards these objectives, the GTP identifies 7 strategic pillars which are:

- Sustaining faster and equitable economic growth
- Maintaining agriculture as a major source of economic growth
- Creating favourable conditions for industry to play a key role in the economy
- Enhancing expansion and quality of infrastructure development
- Enhancing expansion and quality of social development (*including better food security and nutrition*)
- Building capacity and deepen good governance
- Promote women and youth empowerment and equitable benefit

2. EU+ Joint Cooperation Strategy for Ethiopia 2011-15

The EU+ Joint Cooperation Strategy is one of the first signed joint documents in the ACP world. In 2013, Austria, Italy and Ireland used the EU+ Joint Cooperation Strategy as the basis of their bilateral country strategy papers and for the first time the EU did not prepare a country strategy paper for the 11th EDF cooperation with Ethiopia and declared to be fully aligned with the national development strategy.

The EU+ Joint Cooperation Strategy builds upon the longstanding relationship between the EU, its Member States, Norway and Ethiopia, the EU+ Joint Cooperation Strategy establishes a shared, long-term vision for EU+ partners in supporting Ethiopia's development. The GTP offers a basis to build EU+ response in the framework of the EU Agenda for Change. To support the ambitious growth targets, EU+ partners will look to increase their support to economic growth and productive activities, whilst keeping a focus on governance and social sectors. The mutual development priorities include:

- Governance
- Regional economic integration for regional stability
- Economic and private sector development and financing "landscape"
- Human and social development (with a special focus on maternal and child health services, including nutrition and family planning, education and improved urban and rural water and sanitation)
- Sustainable agriculture and food security (with particular reference to mainstreaming nutrition concerns)
- Gender
- Environment and climate change

Other cross-cutting priorities include: (i) support for capacity development to improve the quality of public service delivery; and (ii) support for quality data and improved monitoring and evaluation (with particular reference to the implementation of the GTP).

Further activities to realise EU+ joint programming will be based on a roadmap and annual action plans to be developed and endorsed separately.

3. EC Communication on Enhancing Maternal and Child Nutrition

The Commissioner for Development is on the Lead Group of the Scaling up Nutrition Movement. This Group brings together Heads of State, Heads of Development Agencies, Heads of UN Agencies and key representatives from civil society and the private sector.

In August 2012 the Commissioner pledged that interventions supported by the EU would reduce the number of children U5 who are stunted by 7 million by 2025 as the EU's commitment to the target set by the World Health Assembly (WHA) in 2012. Current trends will see global stunting drop at the rate of 1.8% per year on average. The rate required to reach the WHA target by 2025 is 3.9%, which is double the current rate of reduction. A reduction of 7 million represents a quarter of the "extra" effort required to reach the WHA target.

At the Nutrition for Growth event in London (June 2013) the Commissioner for Development committed the European Union to spending €3.1 billion on nutrition-sensitive programmes between 2014-2020 and €410 million on nutrition-specific interventions during the same period.

The EC Communication on Enhancing Maternal and Child Nutrition in External Assistance: a Policy Framework to the European Parliament and the Council was launched at the end of a senior level meeting of SUN at the European Commission in March 2013. The strategic priorities of this communication are to:

- Enhance mobilisation and political commitment for nutrition;
- Scale up actions at country level (capacity building and interventions); and
- Knowledge for nutrition (including research and information systems).

The Communication also commits the Commission to developing systems to ensure accountability for results: (i) monitoring results with a specific focus on the reduction of stunting; and (ii) resource tracking of nutrition-specific and nutrition-sensitive approaches. An Action Plan which operationalises the policy on nutrition is now close to being finalised after a series of consultations were conducted with EU Delegations at the regional and headquarters level at the end of 2013 and the beginning of 2014

4. Ethiopia's National Nutrition Plan

The Government of the Federal Democratic Republic of **Ethiopia's National Nutrition Programme April 2013 – June 2015** which is currently under implementation. Under the umbrella of the GTP are sectoral development plans to ensure the attainment of the GTP. Nutrition is integrated across a number of these plans but the most significant are the Health Extension Programme (HEP) and the Agriculture Extension Programme (AEP). Addressing undernutrition is critical to achieve all MDGs especially MDG1, MDG4 and MDG5 as committed through the GTP. The effect of undernutrition on health and wellbeing, education and productivity has an enormous impact on the economic growth and poverty reduction effort of the country. The GTP has set stunting reduction as one of the goals for 2015.

The **Strategic Objectives** and the expected **Results** of the NNP are as follows:

SO1 Improve the nutritional status of women (15-49 years) and adolescents (10-19 years)

- Nutritional status of adolescents improved
- Improved nutritional status of women

SO2 Improve the nutritional status of infants, young children and children under 5 years

- Improved nutritional status of children 0-24 months
- Improved nutritional status of children 24-59 months

S03 Improve the nutrition service delivery for communicable and lifestyle related diseases affecting all age groups

- Improved nutrition service delivery for communicable and lifestyle related diseases

S04 Strengthen implementation of nutrition-sensitive interventions in different sectors

- Strengthened implementation of nutrition-sensitive interventions in the agriculture sector
- Strengthened implementation of nutrition-sensitive interventions in the education sector
- Strengthened nutrition-sensitive interventions in the water sector
- Strengthened social protection services for improved nutrition
- Households protected from the impact of shocks and vulnerabilities affecting their nutritional status
- Ensured quality and safety of nutrition services and supplies
- Improved nutrition supply management

S05 Improve multi-sectoral coordination and capacity to ensure implementation of NNP

- Improved community level nutrition implementation capacity of the development army
- Strengthened capacity of the Ministry of Women, Children and Youth Affairs (MoWCYA) for implementation of the NNP
- Improved research capacity to conduct nutrition monitoring, evaluation and operational research
- Improved capacity of the regulatory body for NNP
- Improved multi-sectoral coordination of the NNP

Main indicator

Prevalence of stunting (2011)²²	44.4%
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Undernutrition key features

<ul style="list-style-type: none"> Chronic undernutrition of children under-five (stunting) is down from 57.8% in 2000 to 44.4% in 2011²³; however, the prevalence of stunting and the national average is still above the average for sub-Saharan Africa (42%) and Ethiopia remains one of the high burden countries²⁴. Acute malnutrition (wasting) is down from 12.9% in 2000 to 9.7% in 2011²⁵. Under-five mortality and infant mortality rates are down from 166/1000 live births and 97/1000 live births in 2000 to 88/1000 live births and 59/1000 live births in 2011 respectively²⁶; yet over 50% of all child mortality in Ethiopia is still associated with undernutrition²⁷. Vitamin A deficiency and iron-deficient anaemia affect most Ethiopian children and a large number of women: only 13% of children under two years of age consume iron-rich foods and 44% of children under five years of age are anaemic; 17% of women of reproductive age (15-49 years old) are anaemic²⁸. Only 19% of women attend four or more antenatal care visits during pregnancy and less than one in four births are provided by a skilled provider²⁹; The prevalence of low birth-weight is 20%, one of the highest in the world³⁰. Total costs associated with undernutrition in Ethiopia are estimated at US\$4.7 billion for the year 2009, equivalent to 16.5% of GDP for that year³¹.
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Current situation – complementary indicators

Progress towards MDG 1c (anthropometric indicator) (2011) ³²	29%	Insufficient Progress
% of children who are exclusively breastfed, (<6 months) (2011) ³³		52%
Nutrition governance indicator:		
<ul style="list-style-type: none"> National Nutrition Strategy (NNS) launched in 2008. The NNS is operationalised through the National Nutrition Programme (NNP). The NNP has been revised in 2013 (now running through to 2015). Also there is a National Strategy for: IYCF (2007); Management of Severe Acute Malnutrition (2007); Management of Moderate Acute Malnutrition (2011); Management of Micronutrient Deficiencies (2006); and Nutritional support for People Living With HIV/AIDS (2011) 		
Other possible important indicators include:		
<ul style="list-style-type: none"> Only 4.3% of children are fed according to minimum standards with respect to food diversity (four or more food groups)³⁴; 27% of women are underweight having a body mass index (BMI) of less than 18.5kg/m²³⁵. 		

²² Ethiopia Demographic and Health Survey 2011

²³ Ethiopia Demographic and Health Survey 2011

²⁴ identified by the Lancet Series on Nutrition in 2008

²⁵ Ethiopia Demographic and Health Survey 2011

²⁶ The Cost of Hunger in Ethiopia: Implications for the Growth and Transformation of Ethiopia (AU/NEPAD/UNECA/WFP)

²⁷ CAADP Nutrition Country Paper for Ethiopia (draft) February 2013

²⁸ Ethiopia Demographic and Health Survey 2011

²⁹ Federal Ministry of Health for Ethiopia 2013

³⁰ UNICEF (2011) State of the World's Children

³¹ The Cost of Hunger in Ethiopia: Implications for the Growth and Transformation of Ethiopia (AU/NEPAD/UNECA/WFP)

³² Ethiopia Demographic and Health Survey 2011

³³ Ethiopia Demographic and Health Survey 2011

³⁴ Ethiopia Demographic and Health Survey 2011

³⁵ Ethiopia Demographic and Health Survey 2011

Undernutrition in absolute numbers and potential reduction

No. of stunted children in 2010 (baseline in thousands)	5,274
Stunting that could be averted by 2025 above current trends (in thousands) - i.e. Possible Contribution to the 7 million European Commission Target on stunting	750

The policy framework

SUN country:

Yes

Donor Convenor:

DFID/UNICEF

Food insecure country:

Yes

Short situation analysis on stunting

The prevalence of stunting amongst children under five years of age varies considerably across the country. The highest rates are recorded in Amhara, Tigray and Affar regions (over 50%). The agro-pastoralist and pastoralist areas in the eastern and southern parts of the country are more associated with acute malnutrition (wasting). The highest prevalence of chronic malnutrition is found in children aged 24-35 months (57%). Children in rural areas are more likely to be stunted than in urban areas with 46% and 32% prevalence rate, respectively. There are clear links between the level of a mother's education and stunting. Children of mothers with more than secondary education are less likely to be stunted (19%) while children whose mothers have no education are most likely to be stunted (47%). A similar inverse relationship exists between household wealth index and the stunting levels of children; a higher proportion of children in the lowest household wealth quintile are stunted (49%) than of children in the highest wealth quintile (30%)³⁶. Other socio-economic, health and dietary factors have been identified as determinants of stunting in Ethiopia. In Ethiopia food and/or nutrition crises are recurrent and poverty still affects one third of the country's population.

Short description of the governance for nutrition, the donor environment for nutrition and the rationale for intervening in Nutrition

Ethiopia is a member of the SUN movement and supported through the REACH partnership. At the Nutrition for Growth event in London (June 2013) the Government of Ethiopia reaffirmed its commitment to reduce stunting to 20% by 2020. Nutrition is included in the country's five years Growth and Transformation Plan (GTP), the multi-annual strategic framework of the Government unveiled in 2010. The National Nutrition Strategy was launched in 2008 and it is operationalised through the National Nutrition Programme (NNP) that reinforces the multi-sectoral dimension of nutrition. The Health Sector Development Programme (HSDP) - providing the overarching framework for sectoral health interventions - sets specific nutritional targets in line with the objectives of the NNP. However, the mainstreaming of nutrition in other sector strategies and programmes could be further enhanced.

The National Nutrition Coordination Body (NNCB) together with the National Nutrition Technical Committee (NNTC) and Regional Nutrition Coordination bodies represent the main mechanism for leadership, policy decisions and coordination of the NNP. The NNCB is supposed to cover government, donors, partners, civil society organisations, academia, and the private sector. The same government lead coordination mechanism is to be developed for the implementation of the NNP at woreda and kebele level. There is also an informal donor Nutrition Development Partners Meeting which regularly meets to discuss key nutrition implementation and coordination issues in the NNP implementation framework.

The Ministry of Health is mandated to house and manage the organizational and management structure of the NNP. The coordination between the Ministry of Health and other ministries around nutrition could be a challenge. The revised NNP has included the roles of responsible sectors as well as accountability matrix.

The government intends to contribute USD38 million for the implementation of the NNP (April 2013 to June 2015). In view of the overall needs, a projected financing gap of USD175 million for 2014 and USD93.6 million for year 2015 would need to be plugged through the complementary support of development partners. The

³⁶ CAADP Nutrition Country Paper for Ethiopia (draft) February 2013

Government of Ethiopia is committed to monitor progress at all levels so as to inform and enable decision-making as well as to measure progress against its commitments.

The political commitment of the Government to the principles SUN movement and to the NNP 2013-2014 provides key opportunities for the EU and its member states to work together and accelerate recent gains achieved in reducing the high levels of undernutrition in Ethiopia. There are major flagship programmes in Ethiopia focusing on agriculture, food security and social protection, which could have considerable impact if nutrition was better integrated into their design and implementation.

Nutrition related interventions in the 2014-2020 NIP:

The 11th EDF will build on the nutrition activities (nutrition-specific and nutrition-sensitive) foreseen under the SHARE programme: Accelerating Resilience Capacity (ARC) which will run from 2014-2016 with the objective of enhancing drought resilience and food security of vulnerable populations in southern and eastern Ethiopia. Nutrition (as well as equitable participation of both women and men in decision-making) is considered a cross-cutting factor within the Ethiopia NIP and as such will be integrated within the three focal sectors: (i) Sustainable agriculture and food security; (ii) Health; and (iii) Transport and transition to energy. Nutrition-sensitive approaches will be particularly integral to the agriculture and food security sector, which has one (of three) specific objectives: to improve resilience and long-term nutrition, including through LRRD and safety net/social protection approaches. The prevalence of stunting (disaggregated by sex) will be a result indicator.

Type of activities foreseen under the 11th EDF

The EU Delegation to Ethiopia has already initiated dialogue across EU Member States (20 represented in Ethiopia) plus Norway to more effectively coordinate support to address undernutrition in Ethiopia. The next step will be to develop a “road map” which will chart the contribution of up to 21 donors to achieve common objectives aligned to the EC Action Plan on Nutrition. With particular reference to the strategic priorities of the EC Communication on Enhancing Maternal and Child Nutrition in External Assistance, the Delegation anticipates undertaking the following activities against each of the three strategic priorities:

1) Enhance mobilisation and political commitment for nutrition

- Promotion for inclusion of nutritional objectives and outcomes in agricultural, health and food security policies and programmes through policy dialogue.
- Horizontal support to the Rural Economic Development & Food Security (RED&FS) sector.
 - Potential funding for the set-up of a task force (Government, donors, etc.) aiming at mainstreaming nutrition in the RED&FS sector strategies and programs (agriculture, livestock, food security, natural resource management, etc.) in line with the NNP.
 - Support to the Ministry of Agriculture for assessment/analysis, planning, management, monitoring and evaluation in relation to nutrition among others.
- Work towards a coherent coordinated EU+ (EU, Member States, Norway) stance on nutrition in the framework of the EU + joint programming.
- Support to the Scaling Up Nutrition Movement in Ethiopia

2) Scaling-up actions

- Strengthen human and institutional/system capacity for effective delivery of services relevant to nutrition.
 - Capacity building of federal authorities, local authorities, extension workers, and implementing partners for implementation and management of nutrition-sensitive interventions through the SHARE-ARCE program and 11th EDF.
 - Sharing best practices and lessons learned from nutrition-specific and nutrition-sensitive programmes and projects through the EU Experience sharing and Dialogue Forum (includes federal authorities, regional authorities, civil society, donors, etc.).
- Scale-up nutrition-specific actions in the health sector

- Promotion of breastfeeding and adequate complementary feeding (e.g. Increase proportion of 6-9 month old infants on complementary food & continued breastfeeding)
- Provision of micronutrients and deworming interventions (e.g. iron supplementation for pregnant mothers)
- Dietary supplementation for children (e.g. Increase proportion of children 6-59 months old given Vitamin A supplements every 6 months)
- Nutrition-sensitive interventions-through the agricultural and food security sector
 - Projects implemented by **NGOs** through calls for proposals on food security and resilience:
 - Accompanying measures to projects aiming at raising awareness on nutrition among beneficiaries, nutrition trainings, etc.
 - Mitigating measures for activities having a negative impact on nutrition (e.g..ensuring that women have time for breastfeeding and child care along with employment opportunities)
 - Women empowerment through targeted activities (provision of credit facilities, cash transfers, etc.) implemented by NGOs.
 - Promotion of crop diversification in the food security interventions
 - Targeting malnutrition and women in the identification of interventions and beneficiaries
 - Promotion of dietary diversification at the individual level
 - Improvement of production, access and utilisation of animal source foods
 - Inclusion of nutrition indicators
 - Support to advocacy initiatives for the **inclusion of the nutrition dimension** in the **Agricultural Growth Programme (AGP)** to be reformulated before 2015. AGP is one of the multi-donor supported flagship programmes implemented by the Government that allows a direct scale up of the interventions (small scale irrigation, markets, feeder roads, agribusiness, etc.).
 - Intervention on **animal health** to improve the access to healthy meat and milk to households.
 - **Nutrition sensitive social transfers:** Support to the Productive Safety Net Programme (a flagship Government programme focused on cash and food for work activities). A reformulation phase is on-going and efforts are being undertaken (with the involvement of the EU) towards the integration of nutrition in the programme. This multi-donor programme allows an immediate scale up of the interventions.
- Interventions on **water and sanitation** ensuring the quality and safety of water supply for the public through NGOs projects focusing on resilience.
- Nutrition-sensitive interventions through the enhancement of participatory **sustainable natural resources, conservation and land management:** securing access to land and other natural resources for poor groups, promotion of the use of alternative products such as honey, etc.

3) Strengthening the expertise and knowledge-base

- Support to research/evaluation interventions to measure the links between stunting reductions and nutrition investments.
- Reinforce the monitoring and evaluation and information systems of the RED&FS and health sector to include nutrition relevant information and indicators through horizontal sector support.
- Strengthen the Health Management Information System (HMIS) to capture the relevant nutrition indicators

Scaling-up Nutrition Movement Accountability Framework

The government has included in the NNP the core performance indicators and targets. An accountability and result matrix will monitor and evaluate all identified strategic objectives.

The government has established programmes and initiatives with set targets that directly and indirectly contribute to the reduction of undernutrition for scaling up. These programmes include increasing agricultural

productivity; promoting girls’ education; immunization; integrated management of neonatal and childhood illness (IMNCI); water, sanitation and hygiene (WASH); family planning; prevention of mother to child transmission of HIV (PMTCT); skilled delivery and delaying of pregnancy.

Monitoring and evaluation for the NNP will be implemented into an overall M&E system for evaluating NNP implementing sectors. The EHNRI in collaboration with nutrition sensitive sectors will also undertake periodic assessments, operational research and surveys to help identify programmes strengths and weaknesses. The SUN, REACH and CAADP initiatives are promoting and facilitating multi sectoral coordination and integration of nutrition into food security and poverty reduction policies and programmes at national level. However, the NNP could be improved to better and concretely monitor reduction of stunting and resource tracking through evidence-based research.

Indicative Amounts

<i>Spending</i>	<i>2010 – 2012</i>	<i>Foreseen 2014-2020</i>
Basic Nutrition (12240)		
Nutrition Sensitive		