



## Country Progress: Nutrition for Growth Tracking Table 2017

| Bangladesh                                    |   |   |   |
|---|---|---|---|
| Nutrition for Growth (N4G) commitment to 2020 |   | Reported progress in 2016–2017  | 2017 assessment   |
| <b>Impact Commitment</b>                      | <ol style="list-style-type: none"> <li>1. Reducing stunting from 41% (in 2011) to 38% (in 2016).</li> <li>2. Reduce wasting from 16% (in 2011) to 12% (in 2016).</li> <li>3. New Commitments Post 2013 N4G (made in 2017): No increase of childhood obesity (WHZ&gt;+2) among children under 5 years by 2025.</li> <li>4. New Commitments Post 2013 N4G (made in 2017): Reducing the rate of anemia among pregnant women to less than 25% by 2025.</li> </ol> | <ol style="list-style-type: none"> <li>1. Reducing stunting to 25% among children under 5 years by 2025.</li> <li>2. Reducing wasting to less than 8% among children under 5 years by 2025.</li> <li>3. Childhood obesity (WHZ&gt;+2) was 1.4% in 2014.</li> <li>4. Rate of anemia among pregnant women reduced to 49.6% in 2011.</li> </ol>  | <p><b>Not clear</b></p> <p><b>Basis for assessment:</b><br/>Reported progress does not indicate status on impact commitments.</p>   |
| <b>Financial Commitment</b>                   | Mobilizing domestic and international finance to support national efforts to improve nutrition.   | <ul style="list-style-type: none"> <li>• Mobilize domestic and international resources for smooth implementation of National Plan of Action for Nutrition (NPAN) 2016-2025.</li> <li>• Resource mobilization for strengthening of Bangladesh National Nutrition Council (BNNC), governance and institutional capacity, multisectoral coordination and monitoring &amp; evaluation.</li> </ul> | <p><b>Not clear</b></p> <p><b>Basis for assessment:</b><br/>Reported progress does not indicate status on financial commitment.</p> |
| <b>Policy Commitment</b>                      | <ol style="list-style-type: none"> <li>1. Reviewing the national policy for nutrition to ensure that both nutrition-specific and nutrition-sensitive interventions are given due attention.</li> <li>2. Strengthening the national coordination mechanism for improved nutrition.</li> </ol>  | To achieve the national nutrition targets highlighted in the National Nutrition Policy 2015 in conjunction with SDGs, 7th Five Year Plan and NPAN 2016-2025.  | <p><b>Reached Commitment</b></p> <p><b>Basis for assessment:</b><br/>Reached commitment in 2016 GNR.</p>                            |



|  |   |  |  |
|--|---|--|--|
| <b>Program Commitment</b>                            | Review national safety net programs to ensure they are nutrition sensitive and deliver improved nutrition outcomes.   | To coordinate the implementation, monitoring and evaluation of priority activities outlined in NPAN 2016-2025. | <b>Not clear</b><br><b>Basis for assessment:</b> Reported progress does not indicate status on program commitment. |
| <b>Benin</b>   |   |  |  |
| <b>Nutrition for Growth (N4G) commitment to 2020</b> |   | <b>Reported progress in 2016–2017</b>  | <b>2017 assessment</b>   |
| <b>Impact Commitment</b>                             | <ol style="list-style-type: none"> <li>Increase exclusive breastfeeding from 33% to 46% by 2020.</li> <li>Maintain less than a 5% rate of acute malnutrition among children under 5 years of age.</li> </ol>  | No response  | <b>No response</b><br><b>Basis for assessment:</b> No response   |
| <b>Financial Commitment</b>                          | No commitment   | Not applicable   | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made.   |
| <b>Policy Commitment</b>                             | <ol style="list-style-type: none"> <li>Develop a strategy for resource mobilization to implement the new national plan (Panar).</li> <li>Develop a plan for monitoring and evaluation to establish a baseline for measuring progress and integrate nutrition indicators into sectoral plans.</li> </ol> | No response  | <b>No response</b><br><b>Basis for assessment:</b> No response   |
| <b>Program Commitment</b>                            | <ol style="list-style-type: none"> <li>Develop and launch a comprehensive communication plan to promote exclusive breastfeeding (2013).</li> <li>Promote appropriate complementary feeding practices for children less than 2 years at all levels, particularly in communities.</li> </ol>              | No response  | <b>No response</b><br><b>Basis for assessment:</b> No response   |



| Burkina Faso                                  |  |   |  |
|---|--|---|--|
| Nutrition for Growth (N4G) commitment to 2020 |  | Reported progress in 2016–2017  | 2017 assessment  |
| <b>Impact Commitment</b>                      | <ol style="list-style-type: none"> <li>1. Reduce stunting from 32.9% to 25% by 2020.</li> <li>2. Reduce wasting from 10.9% to 8% by 2020.</li> <li>3. Increase exclusive breastfeeding (EBF) from 38.2% to 60% by 2020.</li> </ol> | <ol style="list-style-type: none"> <li>1. Prévalence de la malnutrition chronique en 2016: 27,3%</li> <li>2. Prévalence de la malnutrition aiguë en 2016: 7,6%</li> <li>3. Taux de pratique d'allaitement maternel exclusif en 2016: 55%</li> <li>4. Prévalence de l'insuffisance pondérale en 2016: 19,2%</li> </ol> | <p><b>On course</b></p> <p><b>Basis for assessment:</b> Downward trend of stunting, has exceeded wasting target, and is trending upward toward exclusive breastfeeding goal.</p> |
| <b>Financial Commitment</b>                   | No commitment  | Création d'une ligne budgétaire de 1 milliards de francs CFA (comme fond initial) dans le budget de la santé pour l'achat d'aliments thérapeutiques prêts à l'emploi pour la prise en charge de la malnutrition aiguë sévère  | <p><b>None</b></p> <p><b>Basis for assessment:</b> No 2013 N4G commitment made</p>   |
| <b>Policy Commitment</b>                      | Organizations of civil society and parliamentarians should be included and considered as key stakeholders in nutrition.  | Révision de la politique nationale de nutrition   | <p><b>Reached commitment</b></p> <p><b>Basis for assessment:</b> Reached commitment in 2015 GNR.</p>   |
| <b>Program Commitment</b>                     | Finalize a national nutrition plan (2016–2020) before the end of 2015, including commitments of financial and human resources to support specific interventions and actions contributing to nutrition.                             | Élaboration d'un plan stratégique multi sectoriel de nutrition 2016-2020  | <p><b>Not clear</b></p> <p><b>Basis for assessment:</b> No reported progress on commitments of financial and human resources to support nutrition interventions.</p>             |



| Burundi                                       |  |   |  |
|---|--|---|--|
| Nutrition for Growth (N4G) commitment to 2020 |  | Reported progress in 2016–2017  | 2017 assessment  |
| <b>Impact Commitment</b>                      | Reduce stunting from 58% to 48% by 2017.   | The preliminary results of the 3rd Burundi DHS 2016-2017 showed that the rate of stunting in under 5 year olds remained high at 56%.  | <b>Off course</b><br><b>Basis for assessment:</b> Stunting rate did not reach 2017 target.   |
| <b>Financial Commitment</b>                   | No commitment  | Not applicable  | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made.   |
| <b>Policy Commitment</b>                      | <ol style="list-style-type: none"> <li>1. Strengthen the protection of maternity and breastfeeding through the development and adoption of a new Code of Marketing of Breastmilk Substitutes.</li> <li>2. Complete the process of launching the Alliance for Food Fortification in Burundi (national policy and strategy).</li> <li>3. Examine, quantify and validate the multi-sectoral National Strategic Plan against malnutrition by July 2013.</li> <li>4. Focus more on production and food security and nutrition education.</li> </ol> | <ol style="list-style-type: none"> <li>1. The code of marketing breast-milk substitutes was adopted in 2013.</li> <li>2. The Food Farming Alliance was established in 2014, the Food Fortification Decree established in March 2015 and the National Strategic Plan for Food Fortification was validated in June 2016.</li> <li>3. The Multisectoral Strategic Plan for Food Security and Nutrition 2014-2017 has been validated. The Steering Committee of the Multisectoral Platform has requested to extend it until 2018 in order to synchronize with other strategic documents such as the UNDAF.</li> <li>4. Since the adoption of national guidelines (based on positive deviance) - Positive Deviant Hearth (FAN / FARN -Foyer d'apprentissage nutritionnelle/foyer d'apprentissage et de rehabilitation nutritionnelle) in December 2014 : implementation of nutrition activities integrates aspects of food security (livestock farming), farmer-field-school approach and nutrition education at community level.</li> </ol> | <b>On course</b><br><b>Basis for assessment:</b> Progress reported under all four policy commitment areas. Commitment 1 and 2 have been achieved; the strategic plan in commitment 3 has been validated and other progress is ongoing; and commitment 4 is a vague commitment but progress is ongoing. |



|  |  |   |   |
|--|--|---|---|
| <b>Program Commitment</b>                            | <ol style="list-style-type: none"> <li>1. Develop a monitoring system to be adopted by all stakeholders by the end of July 2013.</li> <li>2. Implement national guidelines for infant and young child feeding (IYCF).</li> </ol>   | <ol style="list-style-type: none"> <li>1. Develop an M&amp;E system: Ongoing</li> <li>2. The IYCF directives were validated in May 2013 and their implementation has been harmonized since.</li> </ol>  | <p><b>On course</b></p> <p><b>Basis for assessment:</b><br/>Ongoing efforts reported for developing a monitoring system and IYCF guidelines have been implemented.</p>                          |
| <b>Cote d'Ivoire</b>                                 |  |   |   |
| <b>Nutrition for Growth (N4G) commitment to 2020</b> |  | <b>Reported progress in 2016–2017</b>   | <b>2017 assessment</b>  |
| <b>Impact Commitment</b>                             | <ol style="list-style-type: none"> <li>1. Reduce the prevalence of chronic malnutrition, from 29.8% to 20% in 2018.</li> <li>2. Reduce the rate of acute malnutrition at the national level of 7.1% to less than 5% by 2018, focusing on areas of high prevalence.</li> <li>3. Eliminate by 2018 all the problems related to iodine deficiency, strengthening legislation, by controlling the quality of the salt in the border areas and in sentinel community sites and in promoting consumption of iodized salt.</li> <li>4. New Commitments Post 2013 N4G: Ce sont faire passer le taux de l'allaitement exclusif de 12% à 50%, de maintenir le taux du surpoids chez les enfants en dessous de 5%.de réduire l'anemie chez les enfants de 75% à 56% et chez la femme de 54% à 40,5%.</li> </ol> | <ol style="list-style-type: none"> <li>1. Selon la dernière enquête MICS (2016) la prévalence de la malnutrition chronique, est passée de 29,8% à 21,6% avec 6,8 % de forme Sévère. Les régions du nord, centre ouest et nord ouest, malgré une baisse de leur prévalence, ont des taux supérieur à la moyenne à voisinant les 30%.</li> <li>2. La malnutrition aiguë est passé de 7,1% à 6%. Les regions du centre nord , centre ouest et nord reste au dela du taux national avec un taux avoisinant le 7%</li> <li>3. Pour ce qui est des problèmes liés à la carence en iode, le taux des menages disposant du sel iodé est passé de 90% à 67,3%.nous notons un recul des efforts acquis.</li> <li>4. Selon la dernière enquete mics (2016) le taux de lallaitement exclusif est passé de 12% à 23,5% et nous observons un maintien de la prevalence du surpoids en dessous de 5%.</li> <li>5. On note egalement une baisse de l'anemie chez les enfants. Cependant la prévalence de lanémie chez les femmes en âge de procréer est en hausse.</li> </ol> | <p><b>On course</b></p> <p><b>Basis for assessment:</b><br/>Downward trend of stunting, wasting, and iodine deficiency. No update on strengthening legislation related to iodine deficiency</p> |



|                             |   |   |   |
|-----------------------------|---|---|---|
| <b>Financial Commitment</b> | <p>Increase government budget allocations to support the building plan.</p>   | <p>Le Plan National Multisectoriel de Nutrition (PNMN) 2016-2020, partie intégrante du PND 2016-2020, et d'un coût global de 470 millions de dollars US (soit 266,6 milliards de FCFA), a été adopté en mai 2016 par le Gouvernement. Les investissements consacrés à la nutrition ont été inscrits au titre des priorités du Programme d'Investissement Public (PIP). La mobilisation des ressources pour le financement de ce plan s'est faite au cours d'une table ronde des bailleurs, organisée en septembre 2016. L'Etat contribue à hauteur de 15% de ce coût global. Les lignes budgétaires sectorielles ont été créées et approvisionnées.</p>                     | <p><b>On course</b></p> <p><b>Basis for assessment:</b> Progress is being made towards financial commitments.</p> |
| <b>Policy Commitment</b>    | <p>No commitment</p> <p>New Commitments Post 2013 N4G:</p> <p>Dans le cadre de la dernière Conference Internationale sur la Nutrition (CIN2), des engagements ont été pris et traduits dans le Plan National Multisectoriel de Nutrition 2016-2020.</p> | <p>Le Conseil national de la nutrition (CNN) est fonctionnel. Le décret portant nomination de plusieurs membres du Secrétariat technique permanent de la CNN par le Premier Ministre ont été pris. Les politiques et le plan national de nutrition multisectoriel ont été validés et intégrés au PND et inscrits au PIP (Programme d'investissement public). Les ordonnances ministérielles d'exécution du décret no 2013- 416 du 6 juin 2013 sur la réglementation des substituts du lait maternel ont été adoptées.</p>   | <p><b>None</b></p> <p><b>Basis for assessment:</b> No 2013 N4G commitment made</p>                                |
| <b>Program Commitment</b>   | <p>Finalize a plan for the 2014–2018 period to strengthen nutrition interventions with high impact, based on the National Health Plan and the National Development Plan.</p>  | <p>Le Plan National Multisectoriel de Nutrition (PNMN) 2016-2020, partie intégrante du PND 2016-2020, a été adopté en mai 2016 par le Gouvernement, au terme d'un processus participatif et inclusif. Il associe des objectifs spécifiques et des objectifs sectoriels de haut impact, qui contribuent également à l'atteinte des objectifs du PND notamment celui du développement du capital humain.</p> <p>Le PNMN, pour sa mise en oeuvre effectif, a été décliné en plan opérationnel respectant la priorisation et le phasage admis dans ce plan. La stratégie de mise en œuvre est celle des « communauté de convergence ». La mise en œuvre des interventions à</p> | <p><b>On course</b></p> <p><b>Basis for assessment:</b> Plan adopted by the government in May 2016</p>            |



|  |  |  |   |
|--|--|--|---|
|  |  | haut impact et multisectorielles nécessite des prérequis qui sont entrain d'être mis en place notamment l'analyse organisationnelle et institutionnelle des entités décentralisées et déconcentrées, les manuelles de procédures, le cadre de suivi évaluation avec la mise en place de la NIPN (Plateforme Nationale d'Information en Nutrition).   |   |
| <b>Democratic Republic of Congo (DRC)</b>            |  |  |   |
| <b>Nutrition for Growth (N4G) commitment to 2020</b> |  | <b>Reported progress in 2016–2017</b>  | <b>2017 assessment</b>  |
| <b>Impact Commitment</b>                             | No commitment  | Not applicable   | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made   |
| <b>Financial Commitment</b>                          | <ol style="list-style-type: none"> <li>1. Contribute to adequate funding of nutrition.</li> <li>2. Exempt nutritional products for all taxes (therapeutic foods ready for consumption).</li> </ol> | <ol style="list-style-type: none"> <li>1. En 2016, le gouvernement congolais avait alloué le budget annuel d'un milliard de franc congolais au Mouvement SUN-RDC. Cependant, le décaissement de ce fonds pour l'exécution des activités SUN n'a pas eu lieu.<br/><br/>Quatre-vingt-dix pourcent des interventions spécifiques de nutrition exécutées en 2016, ont été financées par les partenaires techniques et financiers.</li> <li>2. Pour les exonérations, bien que la RDC ait entamé le processus pour exempter des produits nutritionnels de tous les impôts (aliments thérapeutiques prêts à l'emploi), il n'a pas eu suffisamment de progrès.</li> </ol> | <b>Off course</b><br><b>Basis for assessment:</b> Government funds allocated but not dispersed; progress not being made on exemption of nutrition products for all taxes. |
| <b>Policy Commitment</b>                             | <ol style="list-style-type: none"> <li>1. Develop a national nutrition policy that takes into account the international nutritional context.</li> </ol>  | <ol style="list-style-type: none"> <li>1. La politique nationale de nutrition de la RDC a été révisée pour qu'elle devienne multisectorielle en Mai 2013. Il tient compte les autres secteurs sensibles à la nutrition tels que la santé, l'éducation, l'agriculture et la protection sociale,</li> </ol>  | <b>On course</b><br><b>Basis for assessment:</b> Evidence provided on progress for each   |



|  |   |   |   |
|--|---|---|---|
|  | <p>2. Strengthen leadership in nutrition and create a mechanism for high-level coordination that includes all key sectors.</p> <p>3. Integrate nutrition into various development plans of the country (the Agricultural Development Plan, in terms of food security, nutrition education plan in primary and secondary schools).</p> | <p>l'eau-hygiène et assainissement, le commerce et économie, et le genre, la famille et l'enfant.</p> <p>Les stratégies de mise en œuvre de cette politique ont été bien définies à travers le développement du plan national stratégique multisectoriel de nutrition 2016-2020 (PNSMN) qui s'articule autour de cinq axes stratégiques. L'élaboration de ce plan, commencée en Novembre 2015, avait pris fin en Mars 2016. Ce plan s'articule autour de cinq axes stratégiques ci-après:</p> <ul style="list-style-type: none"> <li>• Axe stratégique-1 : Accès aux soins de santé et la prise en charge nutritionnelle.</li> <li>• Axe stratégique-2: Promotion des Pratiques Familiales Essentielles, d'hygiène et d'assainissement favorables à l'Alimentation du Nourrisson et du Jeune enfant et aux bons régimes alimentaires.</li> <li>• Axe stratégique-3 : Accroissement de la disponibilité et de l'accès aux aliments diversifiés, dont les aliments bio-fortifiés et fortifiés.</li> <li>• Axe stratégique-4 : Renforcement de la capacité des institutions à répondre aux urgences nutritionnelles et la résilience des populations.</li> <li>• Axe stratégique-5 : Renforcement du système d'information en nutrition et de gestion des connaissances.</li> <li>• Axe stratégique-6 : Renforcement de la gouvernance et de la coordination multisectorielle de Nutrition</li> </ul> <p>Pour que lesdites stratégies soient opérationnelles, la RDC a non seulement élaboré le plan opérationnel (PO) de ce plan stratégique,</p> | <p>commitment. Progress reported on commitment 2, notes that the current political context in the DRC does not facilitate proper functioning for this commitment.</p> |
|--|---|---|---|





|  |  |  |  |
|--|--|--|--|
|  |  | <p>mais aussi déterminé les couts des interventions contenues dans les dix programmes du PO. L'estimation des couts de ce plan a été répartie en deux catégories de couts: 1) Intervention du niveau central et 2) Intervention du niveau provincial. L'intervention du niveau provincial comprend les interventions de treize provinces prioritaires et celles de treize autres provinces. Ceci a permis d'estimer les couts des interventions sensibles et spécifiques pour les provinces prioritaires (paquet minimal d'interventions de dix interventions spécifiques et quatorze interventions sensibles) dans les treize provinces à forte prévalence de la malnutrition (retard de croissance égal ou supérieur à 45%). Le cout total de toutes ces interventions pour cinq ans s'élève à un milliard neuf cent trente-quatre millions six cent soixante-quatorze mille dollars américains (USD 1, 934, 674,000).</p> <p>2. Le mécanisme de coordination a été mis en place et est fonctionnel sous la dénomination de Coordination Nationale de la Plateforme Multisectorielle (CNPM). Ce mécanisme est sous le leadership de la Primature et du Secrétariat exécutive du Mouvement SUN-RDC. La CNPM est un mécanisme technique qui regroupe tous les secteurs clés, à savoir tous les secteurs sensibles à la nutrition, les partenaires techniques et financiers, les ONGs locales et internationales, et les agences des nations (FAO, WFP, UNICEF, WHO, UNFPA). Cependant, le contexte politique actuel en RDC n'a pas faciliter le bon fonctionnement tel que voulu.</p> <p>3. Le processus d'intégration de la nutrition dans différents programmes et plans des secteurs sensibles à la nutrition, en cours d'exécution, a pris de l'ampleur à partir de Février 2016. Pour les programmes qui contiennent le volet nutrition, mais pas suffisamment développé, les travaux</p> |  |
|--|--|--|--|



|                                  |  |  |  |
|----------------------------------|--|--|--|
|                                  |  | <p>sont en cours pour les rendre beaucoup plus sensibles à la nutrition. On peut citer, par exemple, le plan national de développement sanitaire, le cadre d'investissement-Global Financing Facility (GFF/RDC), le plan national stratégique de développement, la politique et stratégie nationale de protection sociale, le document stratégique de croissance et de la réduction de pauvreté, le plan national d'investissement agricole, le programme national de santé de la reproduction.</p> <p>La RDC est aussi en train de revoir la politique nationale de sécurité alimentaire pour y intégrer la nutrition. C'est ainsi que le processus de formulation de la politique nationale de sécurité alimentaire et nutritionnelle est en cours. Quant au programme d'éducation dans les écoles primaires et secondaires, des outils (brochures et aides visuelles) intégrant la nutrition dans le curriculum ont été développées. Ces matériels didactiques sont en cours d'utilisation dans des écoles pilotes de la ville de Kinshasa.</p> |  |
| <p><b>Program Commitment</b></p> | <ol style="list-style-type: none"> <li>1. Promote adequate nutritional knowledge and practices: exclusive breastfeeding for the first 6 months, complementary feeding and nutrition of women.</li> <li>2. Promote key nutrition actions: fortification of staple foods.</li> <li>3. To prioritize feeding infants and young children.</li> </ol> | <p>No response</p>   | <p><b>No response</b><br/><b>Basis for assessment:</b> No response</p> |



| Ethiopia                                      |  |   |  |
|---|--|---|--|
| Nutrition for Growth (N4G) commitment to 2020 |  | Reported progress in 2016–2017  | 2017 assessment  |
| <b>Impact Commitment</b>                      | Reduce stunting by 20% and underweight by 15% by 2020.   | No response   | <b>No response</b><br><b>Basis for assessment:</b> No response   |
| <b>Financial Commitment</b>                   | Allocate domestic financing of US\$15 million per year to nutrition to 2020.   | No response   | <b>No response</b><br><b>Basis for assessment:</b> No response   |
| <b>Policy Commitment</b>                      | Build on the existing multi-sectoral coordination system to accelerate the scaling up of proven nutrition interventions.   | No response   | <b>No response</b><br><b>Basis for assessment:</b> No response   |
| <b>Program Commitment</b>                     | Build on the existing multi-sectoral coordination system to accelerate the scaling up of proven nutrition interventions.   | No response   | <b>No response</b><br><b>Basis for assessment:</b> No response   |
| The Gambia                                    |  |   |  |
| Nutrition for Growth (N4G) commitment to 2020 |  | Reported progress in 2016–2017  | 2017 assessment  |
| <b>Impact Commitment</b>                      | <ol style="list-style-type: none"> <li>1. Reduce stunting prevalence from 23% to 18% by 2015.</li> <li>2. Increase exclusive breastfeeding from 56% to 65% by 2015.</li> </ol> | <ol style="list-style-type: none"> <li>1. The national stunting rate has reduced from 24.5% (DHS, 2013) to 22.9% (SMART, 2015).</li> <li>2. Since 2013 no assessment was carried out to determine the prevalence of Exclusive Breastfeeding Rate. The EBF rate still remains at 48% (DHS, 2013).</li> </ol> | <b>Off course</b><br><b>Basis for assessment:</b> Stunting is trending downward, but prevalence did not meet 2015 target. There is no updated data available on exclusive breastfeeding. |



|  |  |                                       |   |
|--|--|---------------------------------------|---|
| <b>Financial Commitment</b>                          | No commitment  | Not applicable                        | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made |
| <b>Policy Commitment</b>                             | No commitment  | Not applicable                        | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made |
| <b>Program Commitment</b>                            | No commitment  | Not applicable                        | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made |
| <b>Guatemala</b>                                     |  |                                       |   |
| <b>Nutrition for Growth (N4G) commitment to 2020</b> |  | <b>Reported progress in 2016–2017</b> | <b>2017 assessment</b>  |
| <b>Impact Commitment</b>                             | <ol style="list-style-type: none"> <li>1. Reduce stunting prevalence from 49.8% to 39.8% by 2015.</li> <li>2. Ensure that no deaths occur from acute malnutrition through improved healthcare practices.</li> <li>3. Reduce the prevalence of anemia among women of reproductive age and pregnant women.</li> <li>4. Reduce the prevalence of anemia in children under age 5.</li> </ol> | No response                           | <b>No response</b><br><b>Basis for assessment:</b> No response          |
| <b>Financial Commitment</b>                          | Increased budget for food and nutrition security by 32% by 2014 based on an intersectoral approach that aims to promote food and nutrition security.   | No response                           | <b>No response</b><br><b>Basis for assessment:</b> No response          |



|                           |  |                    |  |
|---------------------------|--|--------------------|--|
| <b>Policy Commitment</b>  | <p>1. Monitor and evaluate the Covenant Zero-Hunger Plan by:</p> <ul style="list-style-type: none"> <li>• Conducting annual surveys, including monitoring of the implementation of the First 1000 Days program to refocus efforts and evaluate the impact.</li> <li>• Monitoring and ensuring proper treatment of cases of acute malnutrition.</li> <li>• Monitoring of financial performance.</li> <li>• Monitoring the implementation of the plan at the municipal and district levels, with the update of the institutions regarding the progress of interventions using a tool developed by SESAN (Secretariat for Food and Nutritional Security).</li> <li>• Publishing reports on the website of the Information System, Monitoring and Early Warning of Food Insecurity and Nutrition.</li> </ul> | <p>No response</p> | <p><b>No response</b><br/><b>Basis for assessment:</b> No response</p> |
| <b>Program Commitment</b> | <p>Support the implementation of the First 1000 Days program:</p> <ul style="list-style-type: none"> <li>• The Ministry of Health and Social Security in Guatemala to increase its budget to support the implementation of First 1000 Days program, taking into account the growth rate of the population of Guatemala.</li> <li>• Ensure financial resources are dedicated to nutrition during the annual General Budget for Income and Expenditure for the country.</li> </ul>   | <p>No response</p> | <p><b>No response</b><br/><b>Basis for assessment:</b> No response</p> |



| Indonesia                                     |   |   |  |
|---|---|---|--|
| Nutrition for Growth (N4G) commitment to 2020 |   | Reported progress in 2016–2017  | 2017 assessment  |
| <b>Impact Commitment</b>                      | Reduce stunting prevalence from 35.6% (2010) to 32% (2015) and further reduction 40% by 2025.   | <p>National Health Research/Riskesdas, conducted in 2013, shows that the stunting rate for Indonesia is 37.2%. The next Riskesdas, which is performed every five years will only be conducted in 2018. At the moment, we will not be able to show the stunting prevalence of the country using the same national Riskesdas survey.</p> <p>In a household survey, with national representatives, National Health Indicator Survey (Sirkesnas) conducted in 2016 shows that the prevalence of stunting in under 5 children is 33.6%. The Medium Term Development Plan (RPJMN) 2015-2019 aims to reduce the percentage of stunted children under 2 from 32.9% in 2013 to 28% in 2019 and Sirkesnas 2016 shows that the prevalence of stunting on children under 2 years is 26.1%. Although the available data is not comparable with Riskesdas 2013, the data from Sirkesnas also can be used to monitor the prevalence of stunting in the country.</p> <p>Indonesia has also started an annual nutrition survey (household), with district representatives, since 2014 to track the malnutrition situation at district level. Indonesia is a decentralized country, so that the achievement of the scaling up of nutrition targets at the district level should be monitored using Nutritional Status Monitoring (PSG).</p> | <p><b>Off course</b></p> <p><b>Basis for assessment:</b><br/>Stunting is trending downward, but did not meet 2015 stunting target.</p> |
| <b>Financial Commitment</b>                   | <p>New commitment added in 2015:</p> <p>Increase the government's budget allocation for nutrition both for nutrition specific and nutrition sensitive</p> | Indonesia has conducted budget tracking for its health and nutrition programme since 2015, The budget analysis for Indonesia in 2014 and in 2015 for nutrition specific and nutrition sensitive programmes show an increase of budget allocation:   | <p><b>None</b></p> <p><b>Basis for assessment:</b> No 2013 N4G commitment made</p>   |



|                                 |   |  |  |
|---------------------------------|---|--|--|
|                                 |   | <p>- 2014:<br/>Specific: US\$ 124.6 million (16%)<br/>Sensitive: US\$ 655.4 million (84%)</p> <p>- 2015:<br/>Specific: US\$ 170.5 million (13%)<br/>Sensitive: US\$ 1,160.2 million (87%)</p> <p>The above data shows that budget for nutrition specific in 2015 increased 36.79% compared to 2014 and budget for nutrition sensitive in 2015 increased 77.02% compared to the budget allocated in 2014. Budget tracking for 2016 will be conducted at June-July 2017 so that the amount of budget allocated in 2016 has not been identified clearly. However, in 2016, the total budget allocated under Ministry of Health for nutrition specific interventions such as iron folate supplementation programmes for adolescent and pregnant women, food supplementation for undernourished pregnant women and under-five children, infant and young child feeding programmes is approximately US\$68 million, excludes budget allocation for other health programmes such as immunization, maternal health services, etc. In 2016, Indonesia national priority programmes include maternal and child health programmes such as iron supplementation and food supplementation for pregnant women, vitamin A supplementation for 6-59 months children, promotion of early initiation of breastfeeding and exclusive breastfeeding, and food supplementation for children under 5 who are wasted.</p> |  |
| <p><b>Policy Commitment</b></p> | <p>1. Stakeholders at provincial and district levels will prioritize well-conceived nutrition efforts in their development plans and budgets.</p> | <p>1. At the end of 2015, Ministry of National Development Planning (Bappenas) launched National Action Plan on Food and Nutrition (RAN-PG) 2015-2019 in which the targets are in line with the targets of National Medium-Term Development Plan 2015-2019. By the end of</p>  | <p><b>On course</b></p> <p><b>Basis for assessment:</b><br/>Ongoing efforts both at provincial and district levels</p> |



|  |   |   |  |
|--|---|---|--|
|  | <ol style="list-style-type: none"> <li>2. New commitment added in 2015: The development of National Plan of Action on Food and Nutrition is in progress.</li> <li>3. New commitment added in 2017: The development of nutrition indicators in the National Medium-Term Action Plan (RPJMN) 2015-2019 that adopted WHA targets. Policy guideline, nutrition indicators, and strategy of nutrition improvement in the Sub-National Medium-Term Action Plan (RPJMD) are aligned with the National Medium-Term Action Plan (RPJMN)</li> <li>4. New commitment added in 2017: Indonesia has National Action Plan (RKP) which is developed every year and involves priority programmes on nutrition improvement.</li> <li>5. New commitment added in 2017: The development of the National Plan of Action on Food and Nutrition 2015-2019 (multisectoral and multistakeholder approaches).</li> </ol> | <p>2016, more than half of provinces in Indonesia (18 provinces) have already developed Sub-national Action Plan on Food and Nutrition (RAD-PG) that is in line with Sub-National Medium-Term Development Plan (RPJMD). By 2017, the plan is all provinces has completed their Action Plan on Food and Nutrition. RAN-PG and RAD-PG are mandated under Food Law No. 18/2012 (clause 63 paragraph 3).</p> <ol style="list-style-type: none"> <li>2. Multi-sector and multi-stakeholder approaches have been developed as the strategy for the implementation of National Action Plan on Food and Nutrition 2015-2019. This approach will engage participation from different line ministries and institutions in the national and sub-national level. In line with SUN Movement network, Indonesia also engages the Donor and UN Country Network for Nutrition (DUNCNN), Business/Private Sector, CSOs, and academia to contribute in the government's effort to achieve medium term development targets on stunting reduction.</li> <li>3. The National Action Plan (RKP) and strategic plan (renstra) of the line Ministries are aligned with the National Medium-Term Action Plan (RPJMN). Nowadays, medium-term review (MTR) for the achievement of RPJMN targets has been conducted by Bappenas and will be used to develop the action plan for the next year.</li> <li>4. In 2017, scaling up nutrition programme becomes one of the national priority programmes and for 2018, stunting reduction also becomes a priority, so that the planning, implementation, and evaluation in the national and sub-national level will be controlled by The Central Government. As the national priority programme,</li> </ol> | <p>are ongoing and regional action plans are in place.</p> |
|--|---|---|--|





|                                  |   |  |   |
|----------------------------------|---|--|---|
|                                  |   | <p>the programmes are not only implemented by MoH but also by other line Ministries.</p> <p>5. By the end of 2016, more than half of provinces in Indonesia (18 provinces) have already developed Sub-national Action Plan on Food and Nutrition (RAD-PG) that is in line with Sub-National Medium-Term Development Plan (RPJMD). In 2016, monitoring and evaluation for the implementation of National and Sub-national Action Plan on Food and Nutrition (RAN-PG and RAD-PG) has been conducted by Bappenas. Nowadays, thematic discussions about nutrition and WASH, nutrition and health school programme (UKS), nutrition and social protection, and also community empowerment are being conducted by Bappenas.</p>  |   |
| <p><b>Program Commitment</b></p> | <p>Reinforce the implementation of specific evidence-based nutrition interventions including promotion of maternal and IYCF, improvement of micronutrient intake through supplementation and food fortification, and management of severe acute malnutrition.</p> | <p>Indonesia's commitment for nutrition improvement (nutrition specific intervention) can be seen from different policies and regulation. Among others are Health Law No. 36/2009, Presidential Decree No. 42/2013 on National Movement to Accelerate Nutrition Improvement in the First 1,000 days, and Governmental Regulation No.33/2012 on Exclusive Breastfeeding.</p> <p>The Minister of Health developed Ministerial Decree No 15/2014 to strengthen the exclusive breastfeeding programme. The decree focused on enforcement procedures which include administrative sanctions to health professionals, health facility providers, health education unit organizers, members of health professional organizations, distributors of infant formula milk, and/or other baby products that can hamper the implementation of exclusive breastfeeding programs. In addition, there is a regulation on</p> | <p><b>On course</b></p> <p><b>Basis for assessment:</b><br/>Significant efforts underway to meet commitments. Commitments are vague and it would be helpful to see time bound targets for coverage.</p> |



|  |  |  |  |
|--|--|--|--|
|  |  | <p>standard of nutritional products through Minister of Health Decree No. 51/2016.</p> <p>For the implementation of nutrition interventions, some provinces and districts also have Governor or District Regulations for nutrition improvement. In order to treat cases of severe acute malnutrition (SAM), Indonesia established TFC (Therapeutic Feeding Center) and also health services in the Community Health Center (Puskesmas) and district hospital. The funding for low income households are covered by Universal Health Coverage (UHC/JKN). To strengthen the effectivity of TFC, MoH supported by Unicef improved the management of SAM, mainly for the case finding and the treatment of SAM children in the country.</p> <p>In 1994, a Presidential Decree No.69/1994 was passed requiring that all salt for human and animal consumption, salting fish, and food processing be iodized. In 2001, a Decree of the Ministry of Industry and Trade on the Compulsory Application of Indonesian National Standard (SNI) to Wheat Flour as Food Stuffs laid the legal and regulatory foundation for national mandatory flour fortification. Nowadays, fortification of vitamin A on palm oil also has been conducted voluntary and it will be conducted mandatory on 31 December 2018 (Indonesia National Standard/SNI No.7709/2012). By 2016, Indonesia has finished pilot project “Rice Fortification for The Poor” in Karawang district (micronutrient fortification: iron 80 ppm, folic acid 1.3 ppm, vit.B12 0.02 ppm, zinc 30 ppm, thiamine 6.4 ppm, and niacin 53 ppm on 5,000 tons rice). In this pilot project, distribution of the rice fortification for the poor had been conducted in 50 villages for 10 months which included 35,000 low income households or approximately 150,000 people were given 10-15 kgs of rice/month. Based on the effectiveness study, rice fortification for the poor could decrease the proportion of anemia on pre-school children (2-7 years) from 26.7% (baseline) up to</p> |  |
|--|--|--|--|



|  |  |   |   |
|--|--|---|---|
|  |  | <p>13.3% (endline). The further step of Gol is still developing a study about the implementation of the pilot project on the wider scope.</p> <p>In 2016, the Indonesia national priority programme includes maternal and child health programmes such as iron supplementation and food supplementation for pregnant women, vitamin A supplementation for children 6-59 months, promotion of early initiation of breastfeeding and exclusive breastfeeding, and food supplementation for children under 5 who are wasted. Unicef also supported MoH to develop adolescent nutrition programmes. In addition, training of infant and child feeding and growth monitoring in 11 provinces that collaborate with Millennium Challenge Account– Indonesia (MCA-I) and improvement of evidence-based implementation for nutrition specific interventions that collaborate with some universities in Indonesia also has been conducted.</p> |   |
| <b>Liberia</b>                                       |  |   |   |
| <b>Nutrition for Growth (N4G) commitment to 2020</b> |  | <b>Reported progress in 2016–2017</b>   | <b>2017 assessment</b>  |
| <b>Impact Commitment</b>                             | <p>New commitment added in 2015</p> <p>Reduce Stunting from 42% (CFSNS 2010) to 35% in 2015, 40% of infants are exclusively breastfed.</p>                         | <p>Stunting Remains at 32% (Liberia National Nutrition and Mortality SMART Survey 2016), All other indicators remain the same</p>   | <p><b>None</b></p> <p><b>Basis for assessment:</b> No 2013 N4G commitment made</p>              |
| <b>Financial Commitment</b>                          | <ol style="list-style-type: none"> <li>Government support to Nutrition Program (\$3 million).</li> <li>Multi-stakeholder strategy and costed work plan.</li> </ol> | <ol style="list-style-type: none"> <li>No Progress with Financial commitment.</li> <li>Multi-stakeholder Strategy and Work Plan Ongoing, Ministry of Agriculture Strategy completed.</li> </ol> <p>Other Multi-stakeholders work plan in Process. National Nutrition Policy Review in Process.</p>  | <p><b>Off course</b></p> <p><b>Basis for assessment:</b> No progress on government support.</p> |



|                           |   |  |   |
|---------------------------|---|--|---|
| <b>Policy Commitment</b>  | <ol style="list-style-type: none"> <li>1. Nutrition-sensitive and cost-effective interventions for nutrition programming, essential nutrition actions (ENA) in 10 counties.</li> <li>2. Appointment of a national focal person and secretariat for SUN.</li> <li>3. Complete National Strategy for Food Security and Nutrition Programs.</li> <li>4. Establish a civil society platform.</li> <li>5. Establish Donor Convener Platform.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Essential Nutrition Actions (ENAs) Training completed in 11 Counties, 53 Health Districts, covering all health facilities, 1642 selected Health Workers and 2617 community Volunteers; 69% (659 HF) of the targeted 65% of Essential Package of Health Services (EPHS) health facilities are providing ENA services; 3% (21,431 out of 772,518) of targeted 10% of households nationwide being reached by ENA messages through community volunteers.</li> <li>2.</li> <li>3. Food Security and Nutrition Strategy completed for Ministry of Agriculture, all sector Policy review ongoing</li> <li>4. UN CSO Group established and called Scaling Up Nutrition Civil Society Alliance of Liberia (SUNCAL),</li> <li>5. SUN UN Network established with UNICEF as lead</li> </ol> | <p><b>On course</b></p> <p><b>Basis for assessment:</b> Clear progress indicated for almost all commitments, though no information provided on commitment 2 (appointment of a national focal person and secretariat for SUN).</p> |
| <b>Program Commitment</b> | <p>No commitment</p> <ol style="list-style-type: none"> <li>1. New commitment added in 2017: 19 hospitals with Inpatient Facility (IPF) to treat malnutrition with medical complication (readjusted after the sector review).</li> <li>2. New commitment added in 2017: Targeted 91% Cure rate of children admitted in IPF.</li> <li>3. New commitment added in 2017: 127 health facilities providing outpatient treatment services following EPHS principles.</li> <li>4. New commitment added in 2017: Biannual vitamin A and deworming campaign integrated with immunization campaigns.</li> </ol> | <p>Not applicable</p> <ol style="list-style-type: none"> <li>1. 16 (84%) hospitals with IPF to treat malnutrition with medical complication.</li> <li>2. 93% cured rate out of the 14,840 exits from the program as of end of September 2016 based on 100% reporting rate; 49% coverage (15,531 out of 31,780 burden based on HMIS) from January to September 2016.</li> <li>3. 122 (96%) health facilities providing outpatient treatment services following EPHS principles.</li> <li>4. Biannual vitamin A and deworming campaign was integrated with polio campaign in March 2016 with 95% vitamin A coverage and 97% deworming coverage, and in October 2016 with 100% vitamin</li> </ol>   | <p><b>None</b></p> <p><b>Basis for assessment:</b> No 2013 N4G commitment made</p>  |



|  |   |  |   |
|--|---|--|---|
|  |   | A coverage and 104% deworming coverage (from 13 counties). |   |
| <b>Malawi</b>  |   |  |   |
| <b>Nutrition for Growth (N4G) commitment to 2020</b> |   | <b>Reported progress in 2016–2017</b>                      | <b>2017 assessment</b>  |
| <b>Impact Commitment</b>                             | New commitment added in 2015<br>Reduce stunting among children under-5 children from 47% to less than 20% by 2020.  | No response  | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made |
| <b>Financial Commitment</b>                          | <ol style="list-style-type: none"> <li>1. Proportion of total annual government expenditure allocated to nutrition will rise from 0.1% to 0.3% by 2020.</li> <li>2. Nutrition will be mainstreamed in sectoral budgets, which have a role in fighting malnutrition (education, health, agriculture, and gender).</li> <li>3. Increase accountability by rolling out the nutrition financial tracking tools and the national monitoring and evaluation framework by 2014.</li> </ol> | No response  | <b>No response</b><br><b>Basis for assessment:</b> No response          |
| <b>Policy Commitment</b>                             | <ol style="list-style-type: none"> <li>1. Develop a Nutrition Act by 2016.</li> <li>2. Review national policy and strategy by December 2013.</li> </ol>   | No response  | <b>No response</b><br><b>Basis for assessment:</b> No response          |
| <b>Program Commitment</b>                            | <ol style="list-style-type: none"> <li>1. Coverage of community-based nutrition services will be scaled up in all districts at traditional authority and village level by 2016.</li> <li>2. Community Based Acute Malnutrition (CMAM) will be scaled up from 50% to 80% in all districts.</li> <li>3. Public–private partnerships on nutrition will increase, building on successful examples such as the work with Ilovo on sugar fortification with vitamin A.</li> </ol>         | No response  | <b>No response</b><br><b>Basis for assessment:</b> No response          |



| Mali  |   |                                |   |
|---|---|--------------------------------|---|
| Nutrition for Growth (N4G) commitment to 2020 |   | Reported progress in 2016–2017 | 2017 assessment   |
| <b>Impact Commitment</b>                      | No commitment   | Not applicable                 | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made |
| <b>Financial Commitment</b>                   | No commitment   | Not applicable                 | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made |
| <b>Policy Commitment</b>                      | Committed to fight malnutrition through a multi-sectoral approach and strategic plan.   | No response                    | <b>No response</b><br><b>Basis for assessment:</b> No response          |
| <b>Program Commitment</b>                     | No commitment   | Not applicable                 | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made |
| Mauritania                                    |   |                                |   |
| Nutrition for Growth (N4G) commitment to 2020 |   | Reported progress in 2016–2017 | 2017 assessment   |
| <b>Impact Commitment</b>                      | <ol style="list-style-type: none"> <li>1. Reduce by at least 40% stunting among children under age 5.</li> <li>2. Reduce wasting to 5%.</li> <li>3. 50% increase in exclusive breastfeeding during the first 6 months of life.</li> </ol> | No response                    | <b>No response</b><br><b>Basis for assessment:</b> No response          |
| <b>Financial Commitment</b>                   | No commitment   | Not applicable                 | <b>None</b>   |



|  |  |                                       |   |
|--|--|---------------------------------------|---|
|  |  |                                       | <b>Basis for assessment:</b> No 2013 N4G commitment made                |
| <b>Policy Commitment</b>                             | <ol style="list-style-type: none"> <li>1. Finalize the sectoral action plan for nutrition (PAIN), which defines the specific nutritional interventions.</li> <li>2. Strengthen the resilience of our communities dealing with cyclical crises of food and nutrition insecurity.</li> <li>3. Define costs in PAIN document as an advocacy tool to increase the share of the state budget allocated to nutrition and contribute to increase investment in the field of nutrition.</li> </ol> | No response                           | <b>No response</b><br><b>Basis for assessment:</b> No response          |
| <b>Program Commitment</b>                            | No commitment  | Not applicable                        | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made |
| <b>Namibia</b>                                       |  |                                       |   |
| <b>Nutrition for Growth (N4G) commitment to 2020</b> |  | <b>Reported progress in 2016–2017</b> | <b>2017 assessment</b>  |
| <b>Impact Commitment</b>                             | <ol style="list-style-type: none"> <li>1. Reduce the percent of stunted under-5 children from 29% to 20% by 2016.</li> <li>2. Save the lives of 26,000 children under 5 by reducing stunting, increasing breastfeeding to 50%, and increasing treatment of severe acute malnutrition.</li> </ol>   | No response                           | <b>No response</b><br><b>Basis for assessment:</b> No response          |
| <b>Financial Commitment</b>                          | No commitment  | Not applicable                        | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made |



|  |  |                                       |   |
|--|--|---------------------------------------|---|
| <b>Policy Commitment</b>                             | No commitment  | Not applicable                        | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made |
| <b>Program Commitment</b>                            | <ol style="list-style-type: none"> <li>1. Reach all pregnant women and children under 5 with effective nutrition interventions.</li> <li>2. Mobilize internal as well as external resources to support nutrition-specific and nutrition-sensitive interventions.</li> </ol>  | No response                           | <b>No response</b><br><b>Basis for assessment:</b> No response          |
| <b>Niger</b>   |  |                                       |   |
| <b>Nutrition for Growth (N4G) commitment to 2020</b> |  | <b>Reported progress in 2016–2017</b> | <b>2017 assessment</b>  |
| <b>Impact Commitment</b>                             | <ol style="list-style-type: none"> <li>1. Reduce acute child malnutrition 10%.</li> <li>2. Reduce stunting from 44% to 25%.</li> <li>3. Reduce micronutrient deficiencies, including iodine, vitamin A, and iron.</li> </ol>   | No response                           | No response<br><b>Basis for assessment:</b> No response                 |
| <b>Financial Commitment</b>                          | Increase national budget (500 million CFA francs) to include other interventions in nutrition, in addition to the purchase of therapeutic food.  | No response                           | <b>No response</b><br><b>Basis for assessment:</b> No response          |
| <b>Policy Commitment</b>                             | Revision of the rules/laws for salt iodization.  | No response                           | <b>No response</b><br><b>Basis for assessment:</b> No response          |
| <b>Program Commitment</b>                            | <ol style="list-style-type: none"> <li>1. Finalize the evaluation of the cost of the new multi-sectoral strategic nutrition plan 2013–2017 based on the priority investment program (the I3N).</li> <li>2. Recruit additional nutritionists on an annual basis to increase the capacity of the centers of nutritional</li> </ol> | No response                           | <b>No response</b><br><b>Basis for assessment:</b> No response          |





|  |   |   |  |
|--|---|---|--|
|  | support by putting more emphasis on the prevention of malnutrition.<br>3. Restructure the community support groups for breastfeeding in July 2013.      |   |  |
| <b>Nigeria</b>                                       |   |   |  |
| <b>Nutrition for Growth (N4G) commitment to 2020</b> |   | <b>Reported progress in 2016–2017</b>   | <b>2017 assessment</b>   |
| <b>Impact Commitment</b>                             | Reduce Stunting Baseline; 37% (DHS, 2013), Target: 28% (2019).  | No response   | <b>No response</b><br><b>Basis for assessment:</b> No response                                     |
| <b>Financial Commitment</b>                          | Sustain USD10 Million Federal spent on Nutrition, establish nutrition budget line in NPHCDA, sustain SURE-P funding, in 2014 additional USD 20 Million. | No response   | <b>No response</b><br><b>Basis for assessment:</b> No response                                     |
| <b>Policy Commitment</b>                             | National Policy on Food and Nutrition (2014-2024), Agricultural Transformation Strategy (2015-2020).  | No response   | <b>No response</b><br><b>Basis for assessment:</b> No response                                     |
| <b>Program Commitment</b>                            | Leverage use of mobile technology, Enforce Compliance of Fortification, Expand M&E through SMART Survey, Scaling up Nutrition Programmes.               | No response   | <b>No response</b><br><b>Basis for assessment:</b> No response                                     |
| <b>Senegal</b>                                       |   |   |  |
| <b>Nutrition for Growth (N4G) commitment to 2020</b> |   | <b>Reported progress in 2016–2017</b>   | <b>2017 assessment</b>   |
| <b>Impact Commitment</b>                             | 1. Reduce stunting by 10%.<br>2. Reduce wasting to less than 5%.<br>3. Address micronutrient deficiencies.  | 1. Stunting also increased from 6% in 2014 to 8% in 2015. The data of the DHS 2016 are not yet available. | <b>Off course</b><br><b>Basis for assessment:</b> Upward trends reported for stunting and wasting. |



|                             |   |   |   |
|-----------------------------|---|---|---|
|                             |   | <p>2. Wasting has increased from 19 in 2014 to 21% in 2015.</p> <p>3. The government continues to lead a program to address micronutrient deficiencies that includes mandatory fortification of flour and oil and distribution of MNP to children from 6 to 24 months.</p>  |   |
| <b>Financial Commitment</b> | Increase funding for nutrition each year to reach 2.8 billion CFA francs per year in 2015. This direct investment will be increased to cover children and women with effective nutrition interventions.   | Direct funding for nutrition by the government of Senegal increased from 2.643 billion CFA francs in 2015 to 3 billion CFA francs in 2017.  | <p><b>Reached commitment</b></p> <p><b>Basis for assessment:</b> Exceeded financial commitment (made for 2015) in 2017.</p>   |
| <b>Policy Commitment</b>    | <p>1. Relevant sectors (health, agriculture, education, water, and social security) incorporate nutrition objectives into their policy documents and implement pro-nutrition interventions and strengthen interventions that have a strong impact on nutrition.</p> <p>2. The high-level leadership of the government will ensure transparency and accountability of different stakeholders and a close monitoring of progress.</p> | <p>1. 12 sectors (ministries and agencies) have incorporated nutrition objectives into their policy documents and developed nutrition centered action plans. A common framework of results is being developed in the national multisectoral plan for nutrition. CLM is still in charge of all aspects related to nutrition within the office of the Prime Minister.</p> | <p><b>Not clear</b></p> <p><b>Basis for assessment:</b> Clear progress reported for commitment 1, but no information provided for commitment 2.</p>   |
| <b>Program Commitment</b>   | Strengthen services to community-based nutrition: the level of coverage of effective nutrition interventions for pregnant women and children under 2 years by 2020 is at least 90%.   | Coverage of 25% of children under 24 months and 66% of children under 5 for nutrition based services in 72% of local authorities.   | <p><b>Off course</b></p> <p><b>Basis for assessment:</b> Reported progress indicates that coverage is trending downward from rate of 42% of children under two reported in 2015 GNR. This target also includes women but there is no mention of women in the progress report.</p> |



| Sierra Leone                                  |  |  |   |
|---|--|--|---|
| Nutrition for Growth (N4G) commitment to 2020 |  | Reported progress in 2016–2017   | 2017 assessment   |
| <b>Impact Commitment</b>                      | <ol style="list-style-type: none"> <li>1. Reducing the prevalence of stunting from 25.7% to 11.7% in under-2 children.</li> <li>2. Reducing wasting from 6.9% to 2.0%.</li> <li>3. Increasing exclusive breastfeeding from 32% to 70%.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Since no survey was conducted after 2014 stunting in under twos remains as in 2015 at 26.7 %.</li> <li>2. National wasting of under fives remains at 4.7% (SMART 2014).</li> <li>3. Exclusive breastfeeding at 58.8 %.</li> </ol>  | <p><b>Not clear</b></p> <p><b>Basis for assessment:</b> No updated data available at this time.</p>   |
| <b>Financial Commitment</b>                   | Increase the government's financial allocation to nutrition and food security and create a specific budget line for nutrition in budgets for the Ministries of Health and Sanitation, Agriculture, and other relevant ministries.  | Due to the post ebola recovery period the country is running on austerity budget which affected funding to Nutrition directorate and SUN secretariat.  | <p><b>Off course</b></p> <p><b>Basis for assessment:</b> Ebola has reallocated funds originally intended for nutrition-related activities, thus progress on original commitments have been unable to be made.</p> |
| <b>Policy Commitment</b>                      | <ol style="list-style-type: none"> <li>1. Finalize and endorse 5-year Nutrition and Food Security costed plan by July 2013.</li> <li>2. Prioritize fundraising to ensure successful implementation of the Nutrition and Food Security costed plan.</li> <li>3. Establish legal frameworks and enforce the Code for the Marketing of Breast Milk Substitutes and food fortification.</li> </ol> | <ol style="list-style-type: none"> <li>1. Activities of the multisectoral plan are being implemented. Strategic documents produced in 2016 to improve nutritional status of under fives include 1. National Infant and young child strategy. 2. Maternal and infant and young child feeding guidelines 3. Guidance documents for Mother support groups 4. Food based dietary guidelines for healthy eating. 5. Local recipe booklet for complementary feeding and 6. Draft anemia prevention and control strategy with action plan available.</li> </ol> <p>Scaled up community Mother Support groups from 8000 to 13,200.</p> | <p><b>Not clear</b></p> <p><b>Basis for assessment:</b> Reached commitment 1 but did not report on the other commitments.</p>   |



|  |  |  |  |
|--|--|--|--|
| <b>Program Commitment</b>                            | <p>Scale up community support networks for nutrition and food security.</p>  | <p>All 13 districts have been engaged in the Early Warning system and collected data twice yearly from sentinel sites.</p> <p>There are coordination meetings held at district and national level.</p> <p>In the development of the harmonised framework for monitoring the food and nutrition situation the country experts from both the nutrition and food security programmes analyse the district data together and give a situation analysis of the country. (Carde Harmonize analysis 6 monthly)</p> <p>Revived the Marketing of Breastmilk substitutes Code Committee meetings.</p> <p>Held 3 such meetings in 2016 chaired by the Minister of Health and Sanitation. Cabinet paper for the drafting of the code finalised concurrence sort from line ministries.</p> <p>The cabinet paper is to be presented by Minister of health before May 2017. Parliamentarians sensitized on nutrition.</p> <p>Celebrated world breastfeeding week with sensitization of mothers, health staff and community leaders.</p> | <p><b>On course</b></p> <p><b>Basis for assessment:</b><br/>Progress being made to scale up community support networks for nutrition and food security. Commitments are vague and it would useful to have time bound targets for scale up.</p> |
| <b>Sri Lanka</b>                                     |  |  |  |
| <b>Nutrition for Growth (N4G) commitment to 2020</b> |  | <b>Reported progress in 2016–2017</b>  | <b>2017 assessment</b>   |
| <b>Impact Commitment</b>                             | <ol style="list-style-type: none"> <li>1. Prevalence of stunting and underweight children reduced by 40% to 8.4% by 2016.</li> <li>2. Reduce wasting to less than 5%.</li> <li>3. Prevalence of low birth weight children reduced to 11.9% by 2016.</li> </ol> | <p>No response</p>   | <p><b>No response</b></p> <p><b>Basis for assessment:</b> No response</p>  |



|  |   |                                       |   |
|--|---|---------------------------------------|---|
|  | <p>4. Prevalence of underweight women reduced by 30% to 11.1% by 2016.</p> <p>5. Prevalence of anemia reduced among children aged 6–59 months to 16.5% and among non-pregnant women aged 15–45 years to 18% by 2016 (50% reduction).</p> <p>6. No increase of overweight children under 5 years from 2012 figures.</p> <p>7. Household food insecurity reduced to 10% of households by 2016 (from 20% in 2009).</p> <p>8. Reduction of households not having access to safe drinking water to 8.4% by 2016 and reduction of households lacking adequate sanitation facilities to 10% by 2016.</p> |                                       |   |
| <b>Financial Commitment</b>                          | Increase domestic financial and technical resources for nutrition in health, agriculture, and education sectors by up to 30% by 2016.   | No response                           | <b>No response</b><br><b>Basis for assessment:</b> No response          |
| <b>Policy Commitment</b>                             | No commitment   | Not applicable                        | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made |
| <b>Program Commitment</b>                            | No commitment   | Not applicable                        | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made |
| <b>Tanzania</b>                                      |   |                                       |   |
| <b>Nutrition for Growth (N4G) commitment to 2020</b> |   | <b>Reported progress in 2016–2017</b> | <b>2017 assessment</b>  |
| <b>Impact Commitment</b>                             | <p>1. Reducing prevalence of stunting by 15% by 2015.</p> <p>2. Reducing wasting below 5% by 2015.</p>  | No response                           | <b>No response</b><br><b>Basis for assessment:</b> No response          |



|  |  |                                       |   |
|--|--|---------------------------------------|---|
|  | Increase exclusive breastfeeding from 50% to 60% by 2015.<br>3. Reduce prevalence of anemia among pregnant women from 48% to 35% by 2015.  |                                       |   |
| <b>Financial Commitment</b>                          | New commitment added in 2015: A total of 147 billion Tanzania shillings committed for nutrition interventions at all levels.   | No response                           | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made |
| <b>Policy Commitment</b>                             | Carry out a Public Expenditure Review on nutrition.  | No response                           | <b>No response</b><br><b>Basis for assessment:</b> No response          |
| <b>Program Commitment</b>                            | No commitment  | Not applicable                        | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made |
| <b>Uganda</b>  |  |                                       |   |
| <b>Nutrition for Growth (N4G) commitment to 2020</b> |  | <b>Reported progress in 2016–2017</b> | <b>2017 assessment</b>  |
| <b>Impact Commitment</b>                             | 1. Reduce stunting in children (under 5 years of age) to 27%.<br>2. Reduce underweight in children (under 5 years of age) to less than 10%.<br>3. Increase exclusive breastfeeding in children (0–6 months of age) to 75% by 2016. | No response                           | <b>No response</b><br><b>Basis for assessment:</b> No response          |
| <b>Financial Commitment</b>                          | No commitment  | Not applicable                        | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made |



|  |  |                                       |   |
|--|--|---------------------------------------|---|
| <b>Policy Commitment</b>                             | <ol style="list-style-type: none"> <li>1. Ensure a functional multi-sectoral coordination mechanism to promote nutrition right from the central to local government levels.</li> <li>2. Strengthen the policy and legal framework.</li> </ol>  | No response                           | <b>No response</b><br><b>Basis for assessment:</b> No response          |
| <b>Program Commitment</b>                            | <ol style="list-style-type: none"> <li>3. Put in place an integrated nutrition surveillance system that takes stock of the nutrition status at community, district, and national levels.</li> <li>4. Develop a monitoring and evaluation plan for the implementation of the UNAP.</li> </ol>                                 | No response                           | <b>No response</b><br><b>Basis for assessment:</b> No response          |
| <b>Yemen</b>   |  |                                       |   |
| <b>Nutrition for Growth (N4G) commitment to 2020</b> |  | <b>Reported progress in 2016–2017</b> | <b>2017 assessment</b>  |
| <b>Impact Commitment</b>                             | No commitment  | Not applicable                        | <b>None</b><br><b>Basis for assessment:</b> No 2013 N4G commitment made |
| <b>Financial Commitment</b>                          | <ol style="list-style-type: none"> <li>1. Increase the resource allocation for nutrition and multi-sectoral involvement in the upcoming budgets.</li> <li>2. Establish new budget lines in the Ministries of Health, Water and Environment, Food and Agriculture (including Fisheries) for nutrition programming.</li> </ol> | No response                           | <b>No response</b><br><b>Basis for assessment:</b> No response          |
| <b>Policy Commitment</b>                             | <ol style="list-style-type: none"> <li>1. Finalize national SUN plan.</li> <li>2. Establish realistic targets for reducing stunting, wasting, food diversity, and food consumption.</li> <li>3. Publish our spending on nutrition on the SUN movement website.</li> </ol>  | No response                           | <b>No response</b><br><b>Basis for assessment:</b> No response          |



|  |  |  |  |
|--|--|--|--|
| <b>Program Commitment</b>                            | <ol style="list-style-type: none"> <li>Increase human resources for nutrition by 10%–20%.</li> <li>Develop a real-time monitoring system to monitor the outcomes.</li> </ol>   | No response  | <b>No response</b><br><b>Basis for assessment:</b> No response   |
| <b>Zambia</b>  |  |  |  |
| <b>Nutrition for Growth (N4G) commitment to 2020</b> |  | <b>Reported progress in 2016–2017</b>  | <b>2017 assessment</b>   |
| <b>Impact Commitment</b>                             | Reducing chronic undernutrition by 50% in the next 10 years.   | Stunting reduced to 40% according to the latest Zambia Demographic and Health Survey (ZDHS) of 2013/14. This represents an annual reduction of less than 1% from 45% reported in 2008/09 ZDHS.   | <b>Off course</b><br><b>Basis for assessment:</b> Stunting target for 2021 is 24% therefore the annual reduction the country is making is still insignificant.   |
| <b>Financial Commitment</b>                          | <ol style="list-style-type: none"> <li>Increase government expenditure on nutrition to reach the estimated additional US\$30 per child under 5 required.</li> <li>Progressively match additional cooperating partner’s resources through new and existing nutrition budget lines.</li> <li>Increase financial contributions by at least 20% annually for the next 10 years.</li> </ol> | <ol style="list-style-type: none"> <li>In 2016, government spent US\$1.03 S per child under 5. This showed a slight decrease from 2014 and 2015 which were US\$1.92 and US\$ 1.53, respectively.</li> <li>Existing nutrition sensitive and specific budget lines did not receive significant additional government funding across the key line Ministries (Health, Education, Agriculture, Community, and Local Government). US\$52 million and US\$15 million committed by World Bank in form of Credit and Grant respectively to the Support to the Health Services Improvement Project (SHSIP) to help improve health delivery systems and utilization of maternal, newborn and child health and nutrition in Zambia. This will cover the period 2015 to 2019. Specific budget lines supported by donors in 2016 included; Management of Malnutrition, Nutrition Services, Prevention of Mother to Child transmission, Scaling Up Nutrition, Strengthening Women’s Livelihood,</li> </ol> | <b>Off course</b><br><b>Basis for assessment:</b> While funds have been mobilized from partners, the national budget has not increased the allocated funds for nutrition, and government expenditure per child for nutrition has not yet met the US\$30 per child commitment as it has remained at US\$ 1. |





|                                 |   |   |  |
|---------------------------------|---|---|--|
|                                 |   | <p>Nutrition Surveillance, Control and technical support.</p> <p>3. In 2016, allocation towards nutrition as a total of the national was 0.06% significantly below the 20% Nutrition for Growth Commitment made by Zambia. the commitments that the government made at the N4G in London of increasing the budgetary allocation to nutrition by at least 20% annually.</p>  |  |
| <p><b>Policy Commitment</b></p> | <ol style="list-style-type: none"> <li>1. Resolve the human resource and financial gaps in the five key line ministries.</li> <li>2. Strengthen the governance and coordination mechanisms by establishing direct oversight of progress toward agreed national targets and strengthening the line ministries involved particularly to deliver at community level.</li> <li>3. Strengthen the functioning and accountability of the National Food and Nutrition Commission of Zambia to adequately coordinate across the key sectors.</li> </ol> | <ol style="list-style-type: none"> <li>1. Ministry of Health recruited about 124 nutritionists and placed in health facilities and District Health Management Offices in all the 10 provinces and process is on-going as guided by national treasury.<br/><br/>Ministry of Education and Ministry of Fisheries and Livestock received treasury authority to recruit teachers and extension officers which will enhance implementation of nutrition sensitive interventions.</li> <li>2. Sub national coordination structures at provincial, district, and ward/ community level in all the 14 Phase 1 SUN districts are fully functional, namely the Provincial Nutrition Coordination Committees (PNCC), District Nutrition Coordination Committees (PNCC), and Ward/ community Nutrition Coordination Committees (DNCC).<br/><br/>Development of the 1st 1000 Most Critical Days Programme 2 for the period 2017-2021 is almost complete, which will focus on expansion beyond the 14 district and as well as strengthening delivery of nutrition specific and nutrition sensitive interventions at community level.</li> <li>3. The draft bill has proposed to strengthen the institutional framework that will enable National</li> </ol> | <p><b>On course</b></p> <p><b>Basis for assessment:</b><br/>Credible evidence presented that align with commitments made. Progressive steps have been made in the Food and Nutrition Bill, and recruitment of staff at least in three key line ministries.</p> |



|  |  |   |  |
|--|--|---|--|
|  |  | Food and Nutrition Commission to effectively coordinate multi sectoral action.  |  |
| <b>Program Commitment</b>                            | Progressively encourage the involvement of the private sector to enable access to affordable and appropriate nutritious foods to mothers, children, and other vulnerable groups. | <p>'The SUN Business network is functional. The SUN Business Network received in-county funding from the SUN Pool Fund and clear targets for the network were set. Number of SUN Business Network member businesses increased by 35% in 2016.</p> <ul style="list-style-type: none"> <li>• Zambia Good Food Logo nutrient criteria completed allowing for implementation of Logo to be taken forward and mass marketing campaign targeting urban populations with messages on nutrition and healthy diets to be rolled out.</li> <li>• Continued to build key strategic partnerships with range of NGOs, private sector companies, and academic institutions, leveraging external expertise in communications &amp; marketing, supply chain, health policy and trademark law, to strengthen Network outputs.</li> </ul> | <p><b>On course</b></p> <p><b>Basis for assessment:</b> Steps being taken to encourage private sector engagement through the SUN Business Network.</p> |
| <b>Zimbabwe</b>                                      |  |   |  |
| <b>Nutrition for Growth (N4G) commitment to 2020</b> |  | <b>Reported progress in 2016–2017</b>   | <b>2017 assessment</b>   |
| <b>Impact Commitment</b>                             | No commitment  | Stunting levels decreased to 27.6% (Multiple Indicator Cluster Survey 2014).  | <p><b>None</b></p> <p><b>Basis for assessment:</b> No 2013 N4G commitment made</p>   |
| <b>Financial Commitment</b>                          | Provide US\$3.04 million toward nutrition programs.  | Funding for Nutrition Specific interventions committed. Gap remains on funding for Nutrition Sensitive interventions.   | <p><b>Not clear</b></p> <p><b>Basis for assessment:</b> Progress does not include financial data to assess commitment.</p>                             |



|                           |  |  |  |
|---------------------------|--|--|--|
| <b>Policy Commitment</b>  | <ol style="list-style-type: none"> <li>1. Develop high-quality, validated, and costed national nutrition plan by end of 2013.</li> <li>2. Ensure investment allocations for social services are nutrition sensitive (including health, agriculture, education, and social protection).</li> <li>3. Enforce existing legal instruments and establish new ones as per need.</li> </ol>   | <ol style="list-style-type: none"> <li>1. High quality validated and costed National Nutrition Strategy finalised and launched.</li> <li>2. Resource mobilisation and tracking exercise being planned under the SUN initiative.</li> <li>3. Food fortification strategy finalised and launched. Food fortification legislation in place.</li> </ol>  | <p><b>On course</b></p> <p><b>Basis for assessment:</b> Progress indicated on all commitments. Commitment 1 was achieved.</p>  |
| <b>Program Commitment</b> | <ol style="list-style-type: none"> <li>1. Scale-up of food and nutrition security interventions, with a national coverage of &gt;80% by 2020.</li> <li>2. Fully establish financial as well as outcome/impact tracking system of food and nutrition interventions by 2014.</li> <li>3. Ensure that the multi-sectoral and multi-stakeholder policy implementation structures remain active and are accountable for implementation, monitoring and evaluation of nutrition response.</li> </ol> | <ol style="list-style-type: none"> <li>1. Community Based Model for food and nutrition security with a focus on stunting reduction piloted in 4 districts and scaled up in 15 more districts. To date 33 out of 60 districts have functional multisectoral Food and Nutrition Security Committees and ward level committees are being established.</li> <li>2. Tracking of food and nutrition security interventions is through annual vulnerability assessments that will feed into a centralised Food and Nutrition Security Information System that is currently being developed.</li> <li>3. Strengthening of functionality and vertical and horizontal accountability of multisectoral structures from national right down to ward level is ongoing.</li> </ol> | <p><b>Not clear</b></p> <p><b>Basis for assessment:</b> No coverage rates and budget exercise data provided to make a complete assessment. Original commitment is vague.</p> |