

Country progress: Nutrition for Growth (N4G) tracking table

Country	Impact commitment	Impact progress	Financial commitment	Financial progress	Policy commitment	Policy progress	Program commitment	Program progress
Bangladesh	<p>Reducing stunting from 41% (in 2011) to 38% (in 2016).</p> <p>Reduce wasting from 16% (in 2011) to 12% (in 2016).</p>	<p>Stunting has been identified as a priority indicator in the Draft National Nutrition Policy 2013, which is now under process for endorsement.</p> <p>Strategy for Micronutrient Deficiency Control has been drafted and under process for endorsement in Ministry of Health and Family Welfare (MoHFW).</p> <p>Increased integration of nutrition into the Operation Plan of Health Population Nutrition Sector Development Program (HPNSDP), MoHFW, and revision National Food Policy Plan of Action/Country Investment Plan Monitoring Report to incorporate priority nutrition issues.</p> <p>Basic nutrition training programs have been organized</p>	<p>Mobilizing domestic and international finance to support national efforts to improve nutrition.</p>	<p>Ministry of Finance taken several initiatives to Krishok Bank Account, Krishi Bank initiative, The Small and Medium Enterprise Initiative for agriculture and nutrition. Palli Karma-Sahayak Foundation (PKSF) and the Institute of Micro-Finance are implementing several innovative programs for financing nutrition and food security areas.</p> <p>Donors (such as United States Agency for International Development [USAID], EU, Government of Netherlands, Danish Institute for Development Assistance [Danida], and World Bank) are working with government to integrate nutrition in different development programs for ultrapoor children and women.</p>	<p>1. Reviewing the national policy for nutrition to ensure that both nutrition-specific and nutrition-sensitive interventions are given due attention.</p> <p>2. Strengthening the national coordination mechanism for improved nutrition.</p>	<p>1a. Governance for multisectoral nutrition has been identified as a priority component in the Draft National Nutrition Policy 2013, which is now under process for endorsement.</p> <p>1b. Emphasis on governance for multisectoral nutrition has been increased in regular evaluation processes.</p> <p>2a. Strengthening multisectoral coordination mechanisms at both national and subnational levels has been identified as a priority component in the Draft National Nutrition Policy 2013, which is now under process for endorsement.</p> <p>2b. Discussion has intensified to revive/reform the existing Bangladesh National Nutrition Council for national coordination of multisectoral nutrition scale-up.</p>	<p>Reviewing national safety net programs to ensure they are nutrition sensitive and deliver improved nutrition outcomes.</p>	<p>A National Social Protection Policy was drafted (November 2013), which refers to nutrition and includes nutrition impact and effect indicators. The draft is currently under review by multiple stakeholders.</p>

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		<p>for field workers as part of scale-up.</p> <p>Behavior Change Communication (BCC) materials for nutrition in the health sector have been reviewed and update is in process. A Draft National Advocacy and Communications Strategy for Nutrition is under development.</p> <p>Wasting has been identified as a priority indicator in the Draft National Nutrition Policy 2013, which is now under process for endorsement.</p> <p>New efforts started in BBS to ensure measurement of nutrition indicators status in national-level Household Income and Expenditure Surveys (HIES).</p> <p>Basic nutrition training programs have been organized for field workers.</p> <p>BMS Act 2013 has been enacted and promoted. Food security and poverty-related</p>				<p>2c. Nutrition Information System (NIS) is being rolled out by MoHFW for better management of nutrition data as part of scaling up.</p> <p>2d. SUN Bangladesh Multistakeholder Platform (MSP) is more active and discussing coordination, with strong participation of civil society, development partners, and UN networks.</p>		

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		activities have been integrated into emergency phase planning.						
	Assessment: Not clear Basis for assessment: No survey since 2011.		Assessment: On track Basis for assessment: Evidence of multiple sectors being involved in draft national nutrition policy 2013. Emphasis on multisectoral coordination is strengthened.		Assessment: On track Basis for assessment: Safety net policy has been reviewed to strengthen nutrition outcomes.		Assessment: On track Basis for assessment: Evidence that domestic and international finances being mobilized.	
Benin	Increase exclusive breastfeeding from 33% to 46% by 2020. Maintain less than a 5% rate of acute malnutrition among children under 5 years of age.	Steps are under way: beginning of the implementation phase for all programs starting in 2014.	No commitment	No commitment	1. Develop a strategy for resource mobilization to implement the new national plan (Panar). 2. Develop a plan for monitoring and evaluation to establish a baseline for measuring progress and integrate nutrition indicators into sectoral plans.	2a. With support from the World Bank, list of indicators was developed. 2b. Discussions are under way with the secretariat for SUN to support the establishment of a multisectoral plan for monitoring and evaluation.	1. Develop and launch a comprehensive communication plan to promote exclusive breastfeeding (2013). 2. Promote appropriate complementary feeding practices for children less than 2 years at all levels, particularly in communities.	1. Integrated Communication Plan for Child Survival (promoting breastfeeding) developed and validated in 2014. 2a. Study of the Determinants of Food Supplement for children under 2 years of age: Case 3 locations in Benin. 2b. Preparation of operational research on the introduction of Micronutrient Powders (MNPs) for home fortification of children (children 6–23 months).
	Assessment: Not clear Basis for assessment: Not clear what baseline year is and not clear if any new data are available.		Assessment: None Basis for assessment: Not applicable		Assessment: Not clear Basis for assessment: Not clear whether resource mobilization strategy has been implemented.		Assessment: Not clear Basis for assessment: Breastfeeding promotion plan has been developed. Not clear how much has been done on promoting complementary feeding practices.	
Burkina Faso	1. Reduce stunting from 32.9% to 25% by 2020.	1. Current stunting is at 31.5%. 2. Current wasting is	No commitment	No commitment	Organizations of civil society and parliamentarians should be included and	COMPLETED. Effective contribution of civil society through multisectoral platform;	Finalize a national nutrition plan (2016–2020) before the end of 2015, including	Ongoing process through the organization of a multisectoral national

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	<p>2. Reduce wasting from 10.9% to 8% by 2020.</p> <p>3. Increase exclusive breastfeeding (EBF) from 38.2% to 60% by 2020.</p>	<p>at 8.2%.</p> <p>3. Currently EBF is at 47.2%.</p>			<p>considered as key stakeholders in nutrition.</p>	<p>contribution network of journalists in nutrition awareness activities and the visibility of nutrition; ongoing advocacy with parliamentarians to strengthen nutrition at subnational levels.</p>	<p>commitments of financial and human resources to support specific interventions and actions contributing to nutrition.</p>	<p>planning workshop for the reduction of chronic malnutrition in May 2014.</p>
	<p>Assessment: Not clear</p> <p>Basis for assessment: Not clear what baseline year is and not clear what the latest data reported are from.</p>		<p>Assessment: None</p> <p>Basis for assessment: Not applicable</p>		<p>Assessment: On track</p> <p>Basis for assessment: Civil society and parliamentarians have been included in multisectoral platform.</p>		<p>Assessment: Not clear</p> <p>Basis for assessment: Finalization of national nutrition plan still in progress.</p>	
Burundi	<p>Reduce stunting from 58% to 48% by 2017.</p>	<p>Development of a multisectoral strategic plan for food security and nutrition.</p> <p>Establishment of coordination body multisectoral platform for food and nutrition security.</p> <p>Establishment of networks of government agencies of the United Nations, civil society, and the private sector (in progress).</p> <p>Training under different working groups for the implementation of activities of the strategic plan.</p>	No commitment	No commitment	<p>1. Strengthen the protection of maternity and breastfeeding through the development and adoption of a new Code of Marketing of Breastmilk Substitutes.</p> <p>2. Complete the process of launching the Alliance for Food Fortification in Burundi (national policy and strategy).</p> <p>3. Examine, quantify and validate the multisectoral National Strategic Plan against malnutrition by July 2013.</p> <p>4. Focus more on production and food security and nutrition education.</p>	<p>1. Dissemination of the decree on the marketing of breast milk substitute.</p> <p>2. The alliance is already in place with the functional bodies. Draft decree-law on the fortification finalized and already forwarded to the cabinet for review by the Ministry of Public Health. The strategy will be validated in July 2014.</p> <p>3. The multisectoral strategic plan is being budgeted.</p> <p>4. Ongoing project in collaboration with Food and Agriculture Organization of the United Nations (FAO)-Social Entrepreneurship Accelerator at Duke (SEAD) on kitchen garden implementation in Ngozi province.</p>	<p>1. Develop a monitoring system to be adopted by all stakeholders by the end of July 2013.</p> <p>2. Implement national guidelines for infant and young child feeding (IYCF).</p>	<p>1a. Identification of priority interventions for food security and nutrition.</p> <p>1b. Seek funding to hire a consultant to develop an integrated monitoring and evaluation system.</p> <p>2. Dissemination of IYCF guidelines ongoing.</p>

Country	Impact commitment	Impact progress	Financial commitment	Financial progress	Policy commitment	Policy progress	Program commitment	Program progress
	Assessment: Not clear		Assessment: None		Assessment: On track		Assessment: Off track	
	Basis for assessment: No new stunting data reported.		Basis for assessment: Not applicable		Basis for assessment: Significant activity reported under all four policy commitment areas.		Basis for assessment: Monitoring system reported to not yet be in place.	
Cote d'Ivoire	<p>1. Reduce the prevalence of chronic malnutrition, from 29.8% to 20% in 2018.</p> <p>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.</p> <p>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.</p>	<p>1. No update on stunting.</p> <p>2. Activities, as evidenced by the Multi-Indicator Cluster Surveys, have helped stabilize acute malnutrition rates in these areas; however, more actions will be included in the plan that is under development and the achievement of nutrition evaluation 2014 as the basis for online monitoring of the process.</p> <p>3. Iodized salt work is included in the operationalization of Scaling Up Nutrition (SUN). Priorities have been identified and the state fully funded the purchase through Helen Keller Institute (HKI) of iodine tester kits for capacity building of control officers.</p>	Increase government budget allocations to support the building plan.	The consequent increase in budgetary government allowances should be made from the plan as part of SUN. The costing of the strategic plan is scheduled for late 2014 Roundtable session.	No commitment	No commitment	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.	The plan will be completed by November 2014; it will be included in the National Development Plan.
	Assessment: Not clear		Assessment: Not clear		Assessment: None		Assessment: On track	
			Basis for assessment: Not clear if budgetary numbers have increased.		Basis for assessment: Not applicable		Basis for assessment: Plan ready for completion this year.	

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	Basis for assessment: Not clear how much progress has been made against baseline numbers.							
Democratic Republic of Congo (DRC)	No commitment	No commitment	<p>1. Contribute to adequate funding of nutrition.</p> <p>2. Exempt nutritional products for all taxes (therapeutic foods ready for consumption).</p>	<p>1. Estimated unit costs of specific nutritional interventions completed.</p> <p>2. Nutritional products included on the list of essential drugs.</p>	<p>1. Develop a national nutrition policy that takes into account the international nutritional context.</p> <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>1. The policy document National Nutrition is available.</p> <p>2. The creation of the national multisectoral committee revised and submitted for signing by the prime minister.</p> <p>3. Nutrition is included in the programs (1) Ministry of Agriculture and Rural Development; (2) Ministry of Primary, Secondary, and Vocational Education. Funds have been allocated to the school lunch program by the government.</p>	<p>1. Promote adequate nutritional knowledge and practices: exclusive breastfeeding for the first 6 months, complementary feeding and nutrition of women.</p> <p>2. Promote key nutrition actions: fortification of staple foods.</p> <p>3. To prioritize feeding infants and young children.</p>	<p>1. Implementation of activities on IYCF.</p> <p>2a. The National Strategic Plan for the large-scale fortification of vitamins and minerals from food consumed in the DRC is available.</p> <p>2b. Meetings were held with the private sector.</p> <p>3a. Strategic communication plan on feeding infants and young children is available and popularized.</p> <p>3b. The data on wasting collected through surveys.</p>
	Assessment: None		Assessment: Not clear		Assessment: On track		Assessment: Not clear	
	Basis for assessment: Not applicable		Basis for assessment: Not clear if increased contribution to nutrition.		Basis for assessment: All three policy commitments reported as met.		Basis for assessment: Commitments and progress reported is not specific enough for an assessment to be made.	

Country	Impact commitment	Impact progress	Financial commitment	Financial progress	Policy commitment	Policy progress	Program commitment	Program progress
Ethiopia	Reduce stunting by 20% and underweight by 15% by 2020.	Stunting = 40% Wasting = 8% Underweight = 25% (Figures from Ethiopia DHS mini-survey 2014. Note: Figures are preliminary).	Allocate domestic financing of US\$15 million per year to nutrition to 2020.	From June 2013 to July 2014 a total of US\$16,617,878 has been allocated by Ethiopian government.	Build on the existing multisectoral coordination system to accelerate the scaling up of proven nutrition interventions.	See program progress.	Build on the existing multisectoral coordination system to accelerate the scaling up of proven nutrition interventions.	Subnational (regional)-level multisectoral technical and coordination system put in place. In addition, the National Coordination Body has met twice since June 2013. Food security and agriculture program strategies have been revised to become nutrition sensitive.
	Assessment: Not clear Basis for assessment: Magnitude of commitment not clear (that is, relative or absolute).		Assessment: On track Basis for assessment: Reported to have met financial commitment for 2013–2014.		Assessment: None Basis for assessment: Not applicable		Assessment: On track Basis for assessment: Progress has been made toward commitments.	
The Gambia	Reduce stunting prevalence from 23% to 18% by 2015. Increase exclusive breastfeeding from 56% to 65% by 2015.	Stunting is 25% and EBF is 47%. A lot of efforts are being made to address the situation. The Nutrition Technical Advisory Committee, which is the National SUN Platform, has been meeting regularly to coordinate our national efforts to combat malnutrition. With support from the UN Agencies, The Gambia is joining the Renewed Efforts Against Child Hunger (REACH) Initiatives. The National Nutrition Agency and the Ministry of Health and Social	No commitment	No commitment	No commitment	No commitment	No commitment	No commitment

Country	Impact commitment	Impact progress	Financial commitment	Financial progress	Policy commitment	Policy progress	Program commitment	Program progress
		Welfare are implementing a project using the Results-Based Financing Approach to address malnutrition with the 1,000-days approach.						
	Assessment: Off track Basis for assessment: Stunting prevalence has increased and EBF has decreased as reported.		Assessment: None Basis for assessment: Not applicable		Assessment: None Basis for assessment: Not applicable		Assessment: None Basis for assessment: Not applicable	

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Guatemala	<p>1. Reduce stunting prevalence from 49.8% to 39.8% by 2015.</p> <p>2. Ensure that no deaths occur from acute malnutrition through improved healthcare practices.</p> <p>3. Reduce the prevalence of anemia among women of reproductive age and pregnant women.</p> <p>4. Reduce the prevalence of anemia in children under age 5.</p>	<p>1. Chronic malnutrition: 59.9% in 2012, 58.2% in the second survey.</p> <p>2. The mortality rate for acute malnutrition by age: 2011: 2.2%, 2012: 1.1%, 2013: 0.68%.</p> <p>3. Anemia in women of childbearing age in the 166 municipalities: First survey: 15.6% Second survey: 16.8%</p> <p>4. Anemia in children under five in 166 municipalities: First survey: 34.4% Second survey: 29.9%</p>	Increased budget for food and nutrition security by 32% by 2014 based on an intersectoral approach that aims to promote food and nutrition security.	The draft budget of 2014 was not approved by Congress. Re-budgeting has been done from January to March 2014 with a reallocation of financial resources for the Covenant Zero-Hunger Plan.	<p>Monitor and evaluate the Covenant Zero-Hunger Plan by</p> <p>1. conducting annual surveys, including monitoring of the implementation of the 1,000 Days Window program to refocus efforts and evaluate the impact;</p> <p>2. monitoring and ensuring proper treatment of cases of acute malnutrition;</p> <p>3. monitoring of financial performance.</p> <p>4. 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); and</p> <p>5. publishing reports on the website of the Information System, Monitoring and Early Warning of Food Insecurity and Nutrition.</p>	<p>1. Implemented the work plan for the impact assessment, which consists of annual surveys. Second survey was completed and is undergoing an analysis.</p> <p>2. Implemented weekly monitoring of the occurrence of acute malnutrition and treatment.</p> <p>3. A report on the Integrated Accounting System (SICOIN) and monitoring of expenditure for the Covenant Zero-Hunger Plan has been published.</p>	<p>Support the implementation of the 1,000 Days Window program:</p> <p>1. The Ministry of Health and Social Security in Guatemala to increase its budget to support the implementation of the 1,000 Days Window program, taking into account the growth rate of the population of Guatemala.</p> <p>2. Ensure financial resources are dedicated to nutrition during the annual General Budget for Income and Expenditure for the country.</p>	<p>1. In 2013, the Ministry of Health allocated \$26.7 million for the 1,000 Days Window program's six activities. Although the draft budget for 2014 was not approved by Congress, the Ministry of Health has rescheduled its budget and so far identified 20 activities with an estimated budget of \$65 million.</p> <p>2. Despite not being approved the 2014 draft budget by the Congress of the Republic, the Ministry of Public Health and Social Assistance reassigned more resources to the 1,000 Days Window program .</p>
	<p>Assessment: Not clear</p> <p>Basis for assessment: Not enough clarity on timing of survey data reported.</p>		<p>Assessment: Not clear</p> <p>Basis for assessment: Not clear whether the reallocation of the budget results in an increase for food and nutrition security.</p>		<p>Assessment: On track</p> <p>Basis for assessment: All reported policy commitments met.</p>		<p>Assessment: Not clear</p> <p>Basis for assessment: Not clear whether the annual legislation approving the general budget will support the 1,000 Days Window program.</p>	

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Indonesia	Reduce stunting prevalence from 35.6% (2010) to 32% (2015) and further reduction 40% by 2025.	Stunting: 37.2%			Stakeholders at provincial and district levels will prioritize well-conceived nutrition efforts in their development plans and budgets.	34 provinces and 50 districts have already developed Regional Action Plan on Food and Nutrition.	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.	Policy Framework on SUN Movement; Presidential Decree on SUN Movement NO.42/2013; Government Regulation on Exclusive Breastfeeding No.33/2012.
	Assessment: Off track Basis for assessment: Latest survey reported shows small increase in stunting rates.		Assessment: None Basis for assessment: Not applicable		Assessment: On track Basis for assessment: Many district and subnational action plans on food and nutrition have been developed.		Assessment: Not clear Basis for assessment: Not clear whether implementation of evidence-based interventions has been reinforced.	
Liberia	No commitments	Not applicable	Government Support to Nutrition Program (\$3 million). Multistakeholder strategy and costed work plan.	In progress	Nutrition-sensitive and cost-effective interventions for nutrition programming, essential nutrition actions (ENA) in 10 counties. Appointment of a national focal person and secretariat for SUN. Complete National Strategy for Food Security and Nutrition Programs. Establish a civil society platform. Established Donor Convener Platform.	Civil society platform established.	No commitments	Not applicable
	Assessment: None Basis for assessment: Not applicable		Assessment: Not clear Basis for assessment: Extensive progress not reported.		Assessment: Off track Basis for assessment: Only one of five policy commitments reported on.		Assessment: None Basis for assessment: Not applicable	

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Malawi	No commitments	Not applicable	<p>1. Proportion of total annual government expenditure allocated to nutrition will rise from 0.1% to 0.3% by 2020.</p> <p>2. Nutrition will be mainstreamed in sectoral budgets, which have a role in fighting malnutrition (education, health, agriculture, and gender).</p> <p>3. Increase accountability by rolling out the nutrition financial tracking tools and the national monitoring and evaluation framework by 2014.</p>	<p>1. Ongoing.</p> <p>2. In progress—only Ministry of Gender has not yet done.</p> <p>3. Completed—Need to fast-track the reporting.</p>	<p>1. Develop a Nutrition Act by 2016.</p> <p>2. Review national policy and strategy by December 2013.</p>	<p>1. In progress—The draft is under approval process.</p> <p>2. In progress—Awaiting cabinet approval.</p>	<p>1. Coverage of community-based nutrition services will be scaled up in all districts at traditional authority and village level by 2016.</p> <p>2. Community-Based Management of Acute Malnutrition (CMAM) will be scaled up from 50% to 80% in all districts.</p> <p>3. Public–private partnerships on nutrition will increase, building on successful examples such as the work with Illovo on sugar fortification with vitamin A.</p>	<p>1. In progress—Need to concentrate on district coverage and advocate for more resources to achieve the target.</p> <p>2. Achieved, concentrating on district coverage.</p> <p>3. Need to increase participation of private sector in the National Fortification Alliance (NFA) and probably rename the alliance for it to be more inclusive and not just limited to fortification.</p>
	Assessment: None		Assessment: Not clear		Assessment: On track		Assessment: Not clear	
	Basis for assessment: Not applicable		Basis for assessment: Not enough information in responses to make an assessment.		Basis for assessment: Report of tangible progress being made toward 2016 goal.		Basis for assessment: Not enough specificity on progress.	
Mali	No commitments	Not applicable	No commitments	Not applicable	Committed to fight malnutrition through a multisectoral approach and strategic plan.	Policy adopted in January 2013 by the government, multisectoral action nutrition plan developed, budgeted and approved by the National Nutrition Council.	No commitments	Not applicable

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	Assessment: None Basis for assessment: Not applicable		Assessment: None Basis for assessment: Not applicable		Assessment: On track Basis for assessment: Multisectoral plan budgeted and approved.		Assessment: None Basis for assessment: Not applicable	
Mauritania	1. Reduce by at least 40% stunting among children under age 5. 2. Reduce wasting to 5%. 3. 50% increase in exclusive breastfeeding during the first 6 months of life.	1. Stunting currently: 21% 2. Wasting currently: 13.10% 3. EBF currently: 55.60%	No commitment	No commitment	1. Finalize the sectoral action plan for nutrition (PAIN), which defines the specific nutritional interventions. 2. Strengthen the resilience of our communities dealing with cyclical crises of food and nutrition insecurity. 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.	1. Document (PAIN) was revised and finalized. The cost of implementation is evaluated, but we have not yet received approval from the government. 2. No update reported. 3. Meeting of the Permanent Technical Committee (PTC) in Ministry of Health. Monthly meeting of the Regional Commissions of Coordination for the actions of food and nutrition security.	No commitment	No commitment
	Assessment: Not clear Basis for assessment: Not clear what baseline year is and not clear what the latest data reported are from.		Assessment: None Basis for assessment: Not applicable		Assessment: Not clear Basis for assessment: Timelines not clear in commitments and progress reported to make an assessment.		Assessment: None Basis for assessment: Not applicable	
Namibia	Reduce the percent of stunted under-5 children from 29% to 20% by 2016. Save the lives of 26,000 children under 5 by reducing stunting, increasing breastfeeding to 50%, and	2013 Namibian Demographic and Health Survey preliminary data indicate stunting prevalence has reduced from 29% to 26% since 2006, wasting reduced from 9% to 6%, and underweight from 16% to 13%. 2013 Namibian Demographic and	No commitment	No commitment	No commitment	No commitment	1. Reach all pregnant women and children under 5 with effective nutrition interventions. 2. Mobilize internal as well as external resources to support nutrition-specific and nutrition-sensitive interventions.	1. Nutrition Service Delivery minimum package document compiled, training of health workers commenced. All 34 health facilities with health workers trained in IYCF counseling (total 350 health workers), 680 Namibian Red Cross volunteers trained in C-IYCF.

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	increasing treatment of severe acute malnutrition.	Health Survey (DHS) data indicate increase in exclusive breastfeeding rate from 24% in 2006 to 48% in 2013.						2. No additional funds from government allocated to date. Development partners continue to provide bulk of resources for nutrition programming in Namibia.
	Assessment: On track Basis for assessment: Stunting being reduced and EBF nearly at target.		Assessment: None Basis for assessment: Not applicable		Assessment: None Basis for assessment: Not applicable		Assessment: Off track Basis for assessment: One commitment too vague and mobilizing resource commitment not met.	
Niger	<p>1. Reduce acute child malnutrition by 10%.</p> <p>2. Reduce stunting from 44% to 25%.</p> <p>3. Reduce micronutrient deficiencies, including iodine, vitamin A, and iron.</p>	<p>1. Currently wasting is 13.3%. Establishing free healthcare for children under 5 years to support 406,327 cases of acute malnutrition in 2013.</p> <p>2. Currently stunting is 42.3%. Developing and implementing a strategy for reducing chronic malnutrition through 16 towns under the Initiative for Accelerating the Millennium Development Goals (MDGs).</p> <p>3. Organizing child weeks with vitamin A, promotion of hand washing, and exclusive breastfeeding. Implementation of a pilot project for home fortification with MNPs.</p>	Increase national budget (500 million CFA francs) to include other interventions in nutrition, in addition to the purchase of therapeutic food.	585 million CFA francs invested in the purchase of ready-to-use therapeutic foods. This budget line, included since 2011 in the national budget, was released for the first time in 2013.	Revision of the rules/laws for salt iodization.	Ministerial decree revised in March 2014.	<p>1. Finalize the evaluation of the cost of the new multisectoral strategic nutrition plan 2013–2017 based on the priority investment program, the Nigeriens Feed Nigeriens (3N) initiative.</p> <p>2. Recruit additional nutritionists on an annual basis to increase the capacity of the centers of nutritional support by putting more emphasis on the prevention of malnutrition.</p> <p>3. Restructure the community support groups for breastfeeding in July 2013.</p>	<p>1. Multisectoral strategic plan was developed by the High Commission in 3N initiative in the overall context of food and nutrition security. Another strategic plan focused specifically on nutrition interventions is being developed, and a draft already exists.</p> <p>2. 500 cadres, including nutritionists, called the National Civic Service (2-year contract) were recruited and assigned throughout the national territory for the implementation of the 3N initiative (food security and nutrition).</p> <p>3. Breastfeeding support groups were introduced in 2012 in the regions of Diffa and Zinder. In 2013 these activities have not been achieved.</p>

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	Assessment: Not clear Basis for assessment: Commitment too vague to assess progress.		Assessment: Not clear Basis for assessment: Other than the purchase of RUTF, it is not clear if national budget for nutrition has been increased.		Assessment: On track Basis for assessment: Salt iodization laws revised.		Assessment: On track Basis for assessment: All three commitments reported as completed.	
Nigeria	No response	No response	No response	No response	No response	No response	No response	No response
	Assessment: No response		Assessment: No response		Assessment: No response		Assessment: No response	
Senegal	<p>1. Reduce stunting by 10%.</p> <p>2. Reduce wasting to less than 5%.</p> <p>3. Address micronutrient deficiencies.</p>	<p>1. The prevalence of chronic malnutrition among children 0–5 years decreased from 26.5% in 2010 to 16.5% in 2013. Community nutrition interventions are intensifying in areas of high prevalence of chronic malnutrition in 2013.</p> <p>2. Global acute malnutrition (GAM) among children 6–59 months decreased 10.1% to 9.1%. Intensifying community nutrition by covering 400 local authorities (70% of all local authorities in Senegal) and addressing moderate acute malnutrition in 14 health districts in Senegal.</p> <p>3a. Support for industrial upgrading of facilities to produce flour fortification.</p> <p>3b. Standards on</p>	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 state of Senegal through the CLM increased from 1.372 billion CFA francs in 2012 to 1.872 billion CFA francs in 2013.	<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>1a. Funding of nutrition in sectors 403,100,000 CFA francs.</p> <p>1b. Performing budgetary orientation sessions held with all sectors in preparation for the annual planning.</p> <p>1c. Supporting sectors in the development of their sectoral papers on nutrition.</p> <p>2a. Anchoring the Fight Against Malnutrition Unit (CLM) to a high level of coordination.</p> <p>2b. Implementing SUN with the CLM.</p> <p>2c. Developing a participatory review of the policy letter platforms nutrition with the Ministry of Planning and all stakeholders.</p> <p>2d. Holding meetings with donors to align and strengthen their contributions.</p>	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%.	<p>Coverage interventions increased from 1,295,475 to 1,550,565 for children 0–5 years (Monitoring Promoting Growth, Acute Malnutrition Cases, Communication for Behavior Change).</p> <p>Supported two campaigns for vitamin A supplementation for children 6–59 months up to 150 million CFA francs in 2013.</p>

Country	Impact commitment	Impact progress	Financial commitment	Financial progress	Policy commitment	Policy progress	Program commitment	Program progress
		<p>food fortification have been revised by the food technical committee of the Senegalese Standards Association (ASN) and approved by its board of directors.</p> <p>3c. Production of 34,388 tons of oil fortified with vitamin A and 355,624 tons of iron and folic acid enriched flour.</p> <p>3d. Improving small salt iodization producer quality control and scale-up.</p> <p>3e. Developed two communication campaigns for the consumption of iodized salt and the importance of food fortification.</p> <p>3f. Support to Ministry of Commerce for the implementation of internal and external control advocacy with parliamentarians to strengthen the strategy of salt iodization.</p>						
	<p>Assessment: On track</p> <p>Basis for assessment: Declines reported in stunting and wasting and significant activity on fortification.</p>		<p>Assessment: Not clear</p> <p>Basis for assessment: Not clear if government's financial allocation to nutrition increased.</p>		<p>Assessment: On track</p> <p>Basis for assessment: Many activities ongoing that support the progress of the two policy commitments.</p>		<p>Assessment: Not clear</p> <p>Basis for assessment: Not clear how close coverage reported is to goal of 90%.</p>	
Sierra Leone	1. Reducing the prevalence of	1a. Pilot stunting prevention in one	Increase the government's	Government created a budget line for nutrition	1. Finalize and endorse 5-year Nutrition and	1a. Multisectoral Plan validated; awaiting	Scale up community support networks for	Mother support groups formed for improved

Country	Impact commitment	Impact progress	Financial commitment	Financial progress	Policy commitment	Policy progress	Program commitment	Program progress
	<p>stunting from 25.7% to 11.7% in under-2 children.</p> <p>2. Reducing wasting from 6.9% to 2.0%.</p> <p>Increasing exclusive breastfeeding from 32% to 70%.</p>	<p>district—Moyamba. Food distribution of micronutrient-rich foods to all children under 2.</p> <p>1b. Home fortification of complementary foods with MNP project Phase 1 Feasibility study completed in 3 districts. Acceptability study to be conducted in 2 districts.</p> <p>1c. Cabinet paper to support improving micronutrient profile of commonly consumed foods has been finalized.</p> <p>3a. A cabinet paper on the code of marketing breastmilk substitutes is finalized and presented to cabinet.</p> <p>3b. Training conducted for 50% PHU facility staff on IYCF and new child health card.</p>	<p>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.</p>	<p>in the Ministry of Health and Sanitation (MOHS) and Ministry of Agriculture, Forestry, and Food Security (MAFFS).</p>	<p>Food Security costed plan by July 2013.</p> <p>2. Prioritize fundraising to ensure successful implementation of the Nutrition and Food Security costed plan.</p> <p>3. Establish legal frameworks and enforce the Code for the Marketing of Breast Milk Substitutes and food fortification.</p>	<p>official launching of plan.</p> <p>1b. The cabinet papers were revised and updated and the Minister of Health has engaged the directorate on the content of the cabinet paper. To be presented to the cabinet.</p>	<p>nutrition and food security.</p>	<p>IYCF practices scaled up from 447 to 3,300.</p>
	<p>Assessment: Not clear</p> <p>Basis for assessment: Not enough data reported to make an assessment.</p>		<p>Assessment: Not clear</p> <p>Basis for assessment: Not clear if government's financial allocation to nutrition increased.</p>		<p>Assessment: Not clear</p> <p>Basis for assessment: Not clear on fundraising commitment.</p>		<p>Assessment: On track</p> <p>Basis for assessment: IYCF programs are reported as being scaled up.</p>	

Country	Impact commitment	Impact progress	Financial commitment	Financial progress	Policy commitment	Policy progress	Program commitment	Program progress
Sri Lanka	<p>1. Prevalence of stunting and underweight children reduced by 40% to 8.4% by 2016.</p> <p>2. Reduce wasting to less than 5%.</p> <p>3. Prevalence of low birth weight children reduced to 11.9% by 2016.</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 nonpregnant 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</p>	<p>1. 13% stunting and 23% underweight.</p> <p>2. 19% wasting.</p> <p>3. 16% low birth weight.</p> <p>4. 18% underweight women.</p> <p>5. 16% anemia in children.</p> <p>6. 1% overweight children.</p> <p>7. 8% food insecurity.</p>	Increase domestic financial and technical resources for nutrition in health, agriculture, and education sectors by up to 30% by 2016.	Allocated \$45,000 to health sector.	No commitment	Not applicable	No commitment	Not applicable

Country	Impact commitment	Impact progress	Financial commitment	Financial progress	Policy commitment	Policy progress	Program commitment	Program progress
	<p>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>							
	<p>Assessment: Not clear</p> <p>Basis for assessment: Details of data source and year not provided to make an assessment.</p>		<p>Assessment: Not clear</p> <p>Basis for assessment: Not clear if amount reported is an increase from baseline.</p>		<p>Assessment: None</p> <p>Basis for assessment: Not applicable</p>		<p>Assessment: None</p> <p>Basis for assessment: Not applicable</p>	

Country	Impact commitment	Impact progress	Financial commitment	Financial progress	Policy commitment	Policy progress	Program commitment	Program progress
Tanzania	<p>Reducing prevalence of stunting by 15% by 2015.</p> <p>Reducing wasting below 5% by 2015.</p> <p>Increase exclusive breastfeeding from 50% to 60% by 2015.</p> <p>Reduce prevalence of anemia among pregnant women from 48% to 35% by 2015.</p>	<p>10 advocacy meetings on stunting reduction were held.</p> <p>522 planning, nutrition, and vaccination officers from 159 councils were oriented on planning and budgeting for nutrition interventions.</p> <p>277 healthcare providers were trained on management of acute malnutrition.</p> <p>Two IYCN consultative meetings.</p> <p>National IYCF guidelines were reviewed and launched.</p> <p>Breastfeeding week was commemorated in August 2013 and 262 healthcare providers were trained on infants and young children.</p> <p>One stakeholder meeting and one anemia control consultative group meeting were conducted.</p> <p>Four National Food Fortification Alliance (NFFA) meetings were conducted.</p>	No commitment	No commitment	Carry out a Public Expenditure Review on nutrition.	Completed. Results not yet public.	No commitment	No commitment

Country	Impact commitment	Impact progress	Financial commitment	Financial progress	Policy commitment	Policy progress	Program commitment	Program progress
		<p>Food fortification program was launched in May 2013 by the president of Tanzania.</p> <p>Wheat industries started fortifying wheat flour with iron, zinc, folic acid, and B12.</p> <p>Rural food fortification program initiated fortification of maize flour with iron, zinc, folic acid, B12, and niacin. Sensitization seminars were carried out.</p> <p>Food fortification guidelines and manuals were developed.</p>						
	Assessment: Not clear		Assessment: None		Assessment: On track		Assessment: Not clear	
	Basis for assessment: Not enough data reported to make an assessment.		Basis for assessment: Not applicable		Basis for assessment: Commitment reported as completed.		Basis for assessment: Not clear if activities reported will support the establishment of an integrated surveillance system.	
Uganda	<p>1. Reduce stunting in children (under 5 years of age) to 27%.</p> <p>2. Reduce underweight in children (under 5 years of age) to less than 10%.</p> <p>3. Increase exclusive breastfeeding in children (0–6</p>	<p>1. Current stunting levels are 33%. No nationwide representative data are available to ascertain the reduction since 2011. However, various interventions are in place targeting the first 1,000 days.</p> <p>2. Current underweight prevalence is 14% in children under 5. No nationwide</p>	No commitment	No commitment	<p>1. Ensure a functional multisectoral coordination mechanism to promote nutrition right from the central to local government levels.</p> <p>2. Strengthen the policy and legal framework.</p>	<p>1. Quarterly multisectoral nutrition coordination dialogues held chaired by OPM; 25/112 district nutrition coordination committees oriented, plans in place to orient the remaining districts. Moving forward is advanced planning to strengthen the functionality of the multisectoral nutrition governance at local government level. This will include nutrition</p>	<p>1. Put in place an integrated nutrition surveillance system that takes stock of the nutrition status at community, district, and national levels.</p> <p>2. Develop a monitoring and evaluation plan for the implementation of the UNAP.</p>	<p>1. The Health Information Management System (HIMS) updated to monitor nutrition indicators (integrated nutrition register) from the lower health facilities to national level. Additionally, nutrition data are currently being collected on a case-by-case basis under various nutrition projects across the country. There is no integrated surveillance</p>

Country	Impact commitment	Impact progress	Financial commitment	Financial progress	Policy commitment	Policy progress	Program commitment	Program progress
	months of age) to 75% by 2016.	representative data are available to ascertain the reduction since 2011. However, various interventions are in place targeting the first 1,000 days. 3. EBF rate is 63%.				indicators in the local government performance template; capacity strengthening and consensus building among various local governments. 2. Carried out an analysis of existing policy documentation to pave the way for the development of an appropriate policy framework.		system to take stock of nutrition status. 2. The World Bank is currently supporting the nutrition secretariat to develop the monitoring and evaluation framework for the UNAP.
	Assessment: Not clear Basis for assessment: Not clear of source and year of data provided in relation to baseline.		Assessment: None Basis for assessment: Not applicable		Assessment: On track Basis for assessment: Policy commitments reported as being on track.		Assessment: Not clear Basis for assessment: Not clear if activities reported will support the establishment of an integrated surveillance system.	
Yemen	No commitment	No commitment	1. Increase the resource allocation for nutrition and multisectoral involvement in the upcoming budgets. 2. Establish new budget lines in the Ministries of Health, Water and Environment, Food and Agriculture (including Fisheries) for nutrition programming.	1. In progress. 2. Completed.	1. Finalize national SUN plan. 2. Establish realistic targets for reducing stunting, wasting, food diversity, and food consumption. 3. Publish our spending on nutrition on the SUN movement website.	1. Close to completion. 2. Completed. 3. In progress.	1. Increase human resources for nutrition by 10%–20%. 2. Develop a real-time monitoring system to monitor the outcomes.	1. To be finalized and elaborated more fully once plan is fully endorsed and activities take place. 2. In progress.
	Assessment: None Basis for assessment: Not applicable		Assessment: Not clear Basis for assessment: Not enough information provided to make an assessment.		Assessment: Not clear Basis for assessment: Not enough information provided to make an assessment.		Assessment: Not clear Basis for assessment: Not enough information provided to make an assessment.	

Country	Impact commitment	Impact progress	Financial commitment	Financial progress	Policy commitment	Policy progress	Program commitment	Program progress
Zambia	Reducing chronic undernutrition by 50% in the next 10 years.	US\$23 million, national nutrition strategic plan focusing on reducing stunting.	<p>1. Increase government expenditure on nutrition to reach the estimated additional US\$30 per child under 5 required.</p> <p>2. Progressively match additional cooperating partner's resources through new and existing nutrition budget lines.</p> <p>3. Increase financial contributions by at least 20% annually for the next 10 years.</p>	<p>1. Budgetary increment allocations to nutrition will contribute to increase in estimated additional expenditure per child.</p> <p>3. Annual GRZ budget allocation to nutrition still negligible. However some increase (10% to 30%) on 2013 budget across key sectors.</p>	<p>1. Resolve the human resource and financial gaps in the five key line ministries.</p> <p>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.</p> <p>3. Strengthen the functioning and accountability of the National Food and Nutrition Commission of Zambia to adequately coordinate across the key sectors.</p>	<p>1. Public Service Division at Cabinet Office still reviewing establishment.</p> <p>2. Special Committee on Nutrition for Permanent Secretaries from 10 ministries constituted and had first meeting on August 6, 2014. Committee chaired by secretary to cabinet with National Food and Nutrition Commission (NFNC) being secretariat.</p> <p>3. Review of the NFNC Act in process; scoping mission by World Bank on capacity assessment; and nutrition leadership and capacity strengthening project with Northwest University of South Africa.</p>	Progressively encourage the involvement of the private sector to enable access to affordable and appropriate nutritious foods to mothers, children, and other vulnerable groups.	In the process of establishing private sector forum. Irish Aid provided support to WFP to facilitate this process.
	Assessment: Not clear		Assessment: Not clear		Assessment: Not clear		Assessment: On track	
	Basis for assessment: Not enough data reported to make an assessment.		Basis for assessment: Not clear if reported increase matches commitment.		Basis for assessment: Timelines on policy progress reported not clear.		Basis for assessment: Private-sector forum being established with external funding.	
Zimbabwe	No commitment	No commitment	Provide US\$3.04 million toward nutrition programs.	Funds not yet available/allocated.	<p>1. Develop high-quality, validated, and costed national nutrition plan by end of 2013.</p> <p>2. Ensure investment allocations for social services are nutrition sensitive (including health, agriculture, education, and social protection).</p> <p>3. Enforce existing legal instruments and</p>	<p>1. Final draft of document ready. Waiting for approval.</p> <p>2. Resource mobilization and tracking strategy based on national nutrition being planned.</p> <p>3. Relevant legal instruments have been established, with some currently under review.</p>	<p>1. Scale-up of food and nutrition security interventions, with a national coverage of >80% by 2020.</p> <p>2. Fully establish financial as well as outcome/impact tracking system of food and nutrition interventions by 2014.</p> <p>3. Ensure that the multisectoral and</p>	<p>1. A multisectoral approach to programming, monitoring, and evaluation of Food Security and Nutrition Programmes is being scaled up through the resuscitation of Food and Nutrition Committees at district and ward levels. To date, 24 out of 60 districts have been resuscitated.</p>

Country	Impact commitment	Impact progress	Financial commitment	Financial progress	Policy commitment	Policy progress	Program commitment	Program progress
					establish new ones as per need.		multistakeholder policy implementation structures remain active and are accountable for implementation, monitoring and evaluation of nutrition response.	<p>2. Will start after national nutrition strategy is finalized.</p> <p>3. Structures have been established at national level and in all provinces. More than half of 62 districts will have functional structures by the end of the year.</p>
	<p>Assessment: None</p> <p>Basis for assessment: Not applicable</p>		<p>Assessment: Off track</p> <p>Basis for assessment: Funds reported as not yet available or allocated.</p>		<p>Assessment: Not clear</p> <p>Basis for assessment: Not enough information reported to make an assessment.</p>		<p>Assessment: Not clear</p> <p>Basis for assessment: Not clear how existing scale-up reported links to coverage commitment.</p>	