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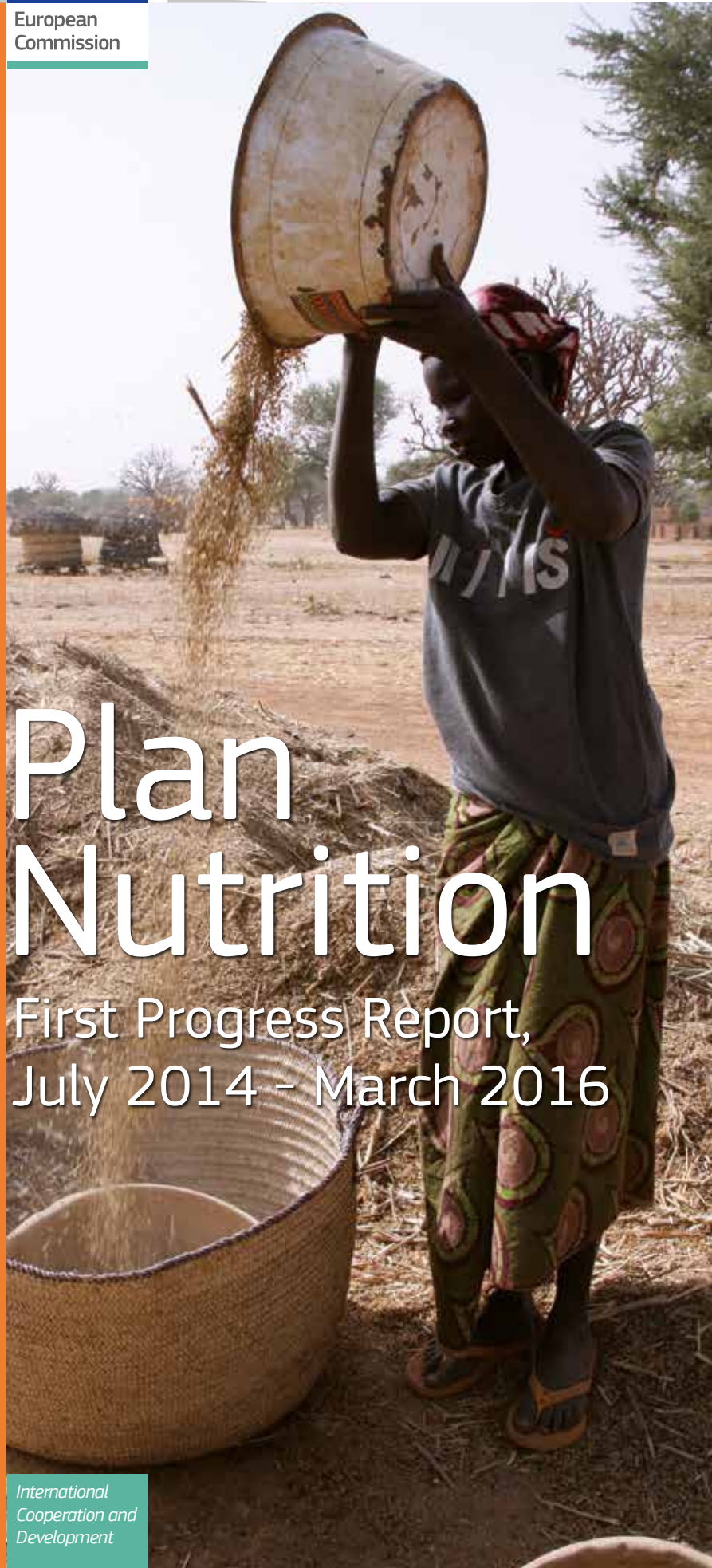
INTERNATIONAL  
COOPERATION  
STAFF WORKING DOCUMENT  
AND COUNCIL CONCLUSIONS  
AND  
DEVELOPMENT

# Action Plan on Nutrition

First Progress Report,  
July 2014 – March 2016

Food and Nutrition Security /  
Sustainable Agriculture

International  
Cooperation and  
Development



*Empowering mothers to screen their children weekly for signs of malnutrition has many benefits. Malnutrition is detected early before the child's condition becomes too life-threatening and community health workers can be given other priorities, thus allowing an expansion of nutrition care programmes. The European Commission's humanitarian aid and civil protection department funds the NGO partners ALIMA and BEFEN to implement this innovative programme in Mirriah, Niger (Africa).  
Photo cover credit: EC/ECHO/Anouk Delafortrie.*

**European Commission**

Directorate-General Development and Cooperation - EuropeAid  
Rue de la Loi 41 - B-1049 Brussels  
E-mail: [europaaid-info@ec.europa.eu](mailto:europaaid-info@ec.europa.eu)

**Internet**

<http://ec.europa.eu/europaaid>

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# Acronyms

AARR	Average annual rate of reduction
AGP	Agricultural Growth Programme
ANSP	Africa's Nutrition Security Partnership
BMGF	Bill & Melinda Gates Foundation
DEVCO	Directorate General for International Cooperation and Development, European Commission
DFID	Department for International Development, UK government
ECHO	European Commission Humanitarian Aid and Civil Protection department
EDF	European Development Fund
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
GIZ	Gesellschaft für Internationale Zusammenarbeit
GSF	Global support facility (for the NIPN initiative)
ICN2	The second International Conference on Nutrition (hosted by FAO in 2014)
IGGHR	Improved Global Governance for Hunger Reduction
JME	Joint (child) Malnutrition Estimates, WHO, UNICEF and World Bank
JRC	Directorate General Joint Research Center
MDD-W	Minimum Dietary Diversity for Women
MIP	Multi-annual Indicative Programme
MYCNSIA	Maternal and Young Child Nutrition Security Initiative in Asia
N4G	Nutrition for Growth (event hosted by DFID, Brazil and CIFF in 2013)
NIP	National Indicative Programme
NIPN	National Information Platforms for Nutrition
PDR	People's Democratic Republic
UNICEF	United Nations Children's Fund
SUN	Scaling Up Nutrition
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organisation

## SECTION A:

# Setting the scene for the Action Plan on Nutrition

Recent years have seen an unprecedented increase in momentum aimed at reducing the number of children affected by undernutrition. Tackling undernutrition has become a political concern and an economic imperative as well as a development priority.

The European Union (EU) has been actively engaged throughout —helping to put undernutrition on the agenda and to tackle it. In doing so, the EU has set itself some extremely ambitious, but achievable, targets to combat undernutrition globally:

- In August 2012 at the Global Hunger Event, the EU made a policy commitment to support countries in reducing the number of stunted children under the age of five by at least 7 million by 2025;
- In June 2013 at the Nutrition for Growth (N4G) high-level meeting, the EU made a financial commitment to spend EUR 3.5 billion between 2014 and 2020 on nutrition interventions to help reduce stunting.

These commitments are institutionalised within the EU's policy framework on nutrition. The following documents set out the essential elements: The 2013 Commission Communication *Enhancing Maternal and Child Nutrition in External Assistance* (COM(2013) 141 final<sup>1</sup>, the associated Council conclusions; and the 2014 *Action Plan on Nutrition: Reducing the number of stunted children under five by 7 million by 2025*<sup>2</sup> (SWD(2014) 234 final, which operationalises the policy and was welcomed and supported by the European Council of 18 December 2014.

Further European commitment to nutrition as a priority is shown in i) the European Parliament's resolution on *Child undernutrition in developing countries*<sup>3</sup>, adopted in November 2014, calling for nutrition to be prioritised as a development goal; and ii) the Council conclusions on the Communication (2013)<sup>4</sup> and Action Plan on Nutrition (2014)<sup>5</sup>.

While the Action Plan specifically describes how the European Commission will implement the policy to 2025, it is expected that closely involving EU Member States in formulating the policy will support its delivery and lead to better coordination and greater impact on nutrition both at global and country levels.

“There will be no sustainable inclusive growth without tackling undernutrition.”



Woman producer watering the field.  
(Burkina Faso, Africa).

<sup>1</sup> COM(2013) 141, *Enhancing maternal and child nutrition in external assistance*, 12<sup>th</sup> March 2013.

<sup>2</sup> SWD(2014) 234 final, *Action Plan on Nutrition*, 3<sup>rd</sup> July 2014.

<sup>3</sup> European Parliament resolution of 27 November 2014 on child undernutrition and malnutrition in developing countries (2014/2853(RSP)).

<sup>4</sup> 3241<sup>st</sup> FOREIGN AFFAIRS Council meeting Brussels, 28 May 2013 – Council conclusions on Food and Nutrition Security in external assistance.

<sup>5</sup> Council conclusions on the Action Plan on Nutrition Foreign Affairs (Development) Council meeting Brussels, 12 December 2014.





*Program of alternative development in the areas of Pozuzo and Palcazú (PRODAPP)  
(Peru, South America). Photo by: Enrique Castro Mendivil.*

The EU's nutrition policy framework is firmly focused on reducing undernutrition<sup>6</sup> (with stunting as its main objective). There are several reasons for this: undernutrition is an underlying cause of at least one third of all child deaths and one fifth of maternal deaths in developing countries every year<sup>7</sup>; undernutrition is a significant barrier to human and economic development, particularly to equitable and inclusive development which requires that stunting is averted in all sectors of the population; and, something that is an important consideration for donors: investments in stunting reduction are cost-effective, where, **for every EUR 1 invested in nutrition during the first 1000 days of a child's life an average return of EUR 45<sup>8</sup> can be expected.**

Nevertheless, it is also recognised that other forms of malnutrition (wasting, micronutrient deficiencies) exist, and where these are of public health significance, and a priority of partner governments, Commission services will respond accordingly.

This document is the first progress report on the European Commission Action Plan on Nutrition. It presents the progress and results of the assistance of, and advocacy by, the European Commission and EU delegations in partner countries. It also presents changes in the context of those countries, most notably regarding stunting amongst children aged below 5 years.

However, the European Commission's actions cannot be claimed to be directly responsible for this progress; it is too complex a relationship to claim attribution —as it is for any actor working in this area. Steps have been taken which will permit a more defined analysis of each country in the future, so that the nutritional impact of the EU's investments and the Commission's work, can be better discerned (this is discussed further in section C below).

The Commission is determined to meet commitments and ensure that investments and actions are aligned with the priorities and needs of each country. Wherever possible, the European Commission bases its decisions on available evidence of effectiveness and seeks to ensure coordination with the work of other actors.

<sup>6</sup> The quote is from Fernando Frutuoso de Melo, former Director-General of DEVCO, and appears in the foreword of the European Commission's Action Plan on Nutrition.

<sup>7</sup> Black R. E. et al., Maternal and child undernutrition: global and regional exposures and health consequences. The Lancet, 2008.

<sup>8</sup> Hoddinott J, et al., The economic rationale for investing in stunting. Maternal and Child Nutrition 9 (S2): 69-82, 2013.

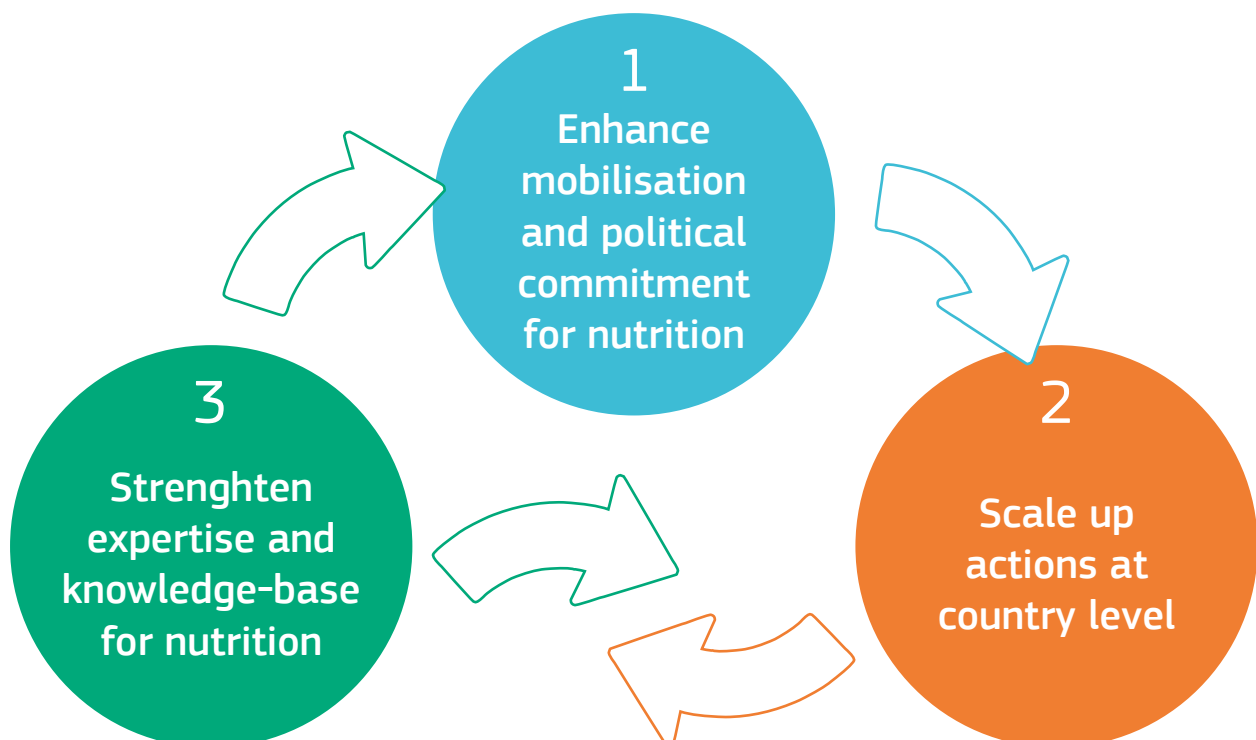
## SECTION B:

# The Action Plan's Priorities

The Action Plan sets out how the European Commission can best work to address undernutrition. It identifies three strategic priorities for work at country, regional and global levels.

Each of these strategic priorities is to be realised in relation to the particular concern of preventing and reducing undernutrition in pregnancy and early childhood. This therefore requires actions relating to several stages of life: the 1000 days of life after conception, early childhood, adolescence in girls, and adulthood in women. Indeed, only by putting women and girls at the core of the EU's work on nutrition and by **addressing gender disparities**, can the European Commission achieve and sustain effective progress in reducing undernutrition. Furthermore, EU actions seek to support population groups that are most affected by undernutrition, including poor, marginalised and rural groups.

The Commission is committed to supporting nutrition through all relevant sectors and has significant comparative advantage in enhancing nutrition outcomes through EU assistance in agriculture and food security. The Commission works in close partnership with national governments of EU Member states and partner countries and key international development partners. The EU and its Member States share a common will for improving nutrition. The challenge is to fully harness that will and to translate it into commitments, investments and results.



## Priority countries for nutrition

To maximise impact, the Commission has focused EU support on 40 'priority' countries<sup>9</sup> (see Figure 1). These countries have a high burden of stunting, a politically committed government (e.g. membership of the SUN Movement), and have requested support from the EU to address undernutrition. However there is both flexibility and realism in this approach, so other countries could be included in future.



Figure 1 – Current European Commission Priority Countries for Nutrition.

In order to support the strategic engagement of the EU, the European Commission has developed Nutrition Country Fiches for each of the 40 countries. The fiches are envisaged as living documents, and serve two purposes:

- Helping to shape the EU delegations' engagement and dialogue with Governments and partners in each country, helping track the evolution of the national context and progress in addressing undernutrition;
- Providing a vision of how EU delegations plan to translate the Action Plan into their country situation and how the EU will contribute to achieving national nutrition priorities and targets.

The 40 country fiches are available online at [https://ec.europa.eu/europeaid/sectors/food-and-agriculture/food-and-nutrition-security/nutrition\\_en](https://ec.europa.eu/europeaid/sectors/food-and-agriculture/food-and-nutrition-security/nutrition_en)

The fiches have proven to be a valuable resource already, both at country level (EU delegations) and in the Commission's headquarters, stimulating structured dialogue internally as well as with government counterparts and other partners. They are a critical accountability tool.

An analysis of the 40 country fiches shows clearly that the EU is prioritising countries that have a high burden of undernutrition:

- Taken together, the 40 countries carried 40% of the world's stunting burden in 2012;
- 26 countries have very high rates of stunting (prevalence estimates in excess of 30%, using the latest available data); 22 of these also have high rates of anaemia amongst women of reproductive age (i.e.  $\geq 20\%$  prevalence<sup>10</sup>); whilst 12 of the 26 also have high rates of wasting (i.e. in excess of 10% prevalence);
- 20 countries have a high stunting burden (of over 1 million children);
- Stunting, maternal anaemia and wasting are all high in 11 countries<sup>11</sup>.

The Action Plan also emphasises the European Commission's accountability for results (see Section C). This progress report is a key tool in this accountability. It provides valuable insights into the current situation and estimated trends in stunting (prevalence and numbers) between 2012 and 2025 for each of the 40 countries (see page 19). In terms of financial investments<sup>12</sup> in nutrition, the report provides an overview of the EU's funding for nutrition in 2014, the first year of its Nutrition for Growth commitment, and draws comparisons with the preceding four years (see page 24).

What emerges is a picture where, on the one hand, 36 of the 40 countries are demonstrating progress in reducing the prevalence of stunting (having a positive average annual rate of reduction (AARR)). However, on the other hand, this progress is being outweighed by demographic pressure in 22 of the 36 countries, so that the expected number of stunted children in 2025 is predicted to increase.

On the funding side, we see that total EU nutrition commitments declined marginally from 2013 (EUR 466.21 million) to 2014 (EUR 454.57 million)<sup>13</sup>, but that nutrition commitments managed by DEVCO increased by 11.7 %.

<sup>9</sup> Afghanistan, Angola, Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of Congo (DRC), Ethiopia, The Gambia, Guatemala, Guinea-Bissau, Haiti, Honduras, Kenya, Lao PDR, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Nigeria, Pakistan, Rwanda, Senegal, Sierra Leone, Somalia, Sri Lanka, Tanzania, Timor-Leste, Uganda, Yemen, Zambia and Zimbabwe. Note: India is notably absent from the list since EU bilateral cooperation there ended in 2013.

<sup>10</sup> WHO classification of anaemia as a public health problem is categorised as follows: <5%, no public health problem; 5–19.9%, mild public health problem; 20–39.9%, moderate public health problem;  $\geq 40\%$ , severe public health problem. For the purposes of this report, 'high' is a combination of the moderate and severe categories.

<sup>11</sup> Bangladesh, Benin, Cambodia, Chad, Nepal, Niger, Nigeria, Pakistan, Somalia, Timor-Leste and Yemen.

<sup>12</sup> The amounts reported refer only to the European Union's budget.

<sup>13</sup> 2013 to 2014 represents a transitional period between the 2007-2013 and 2014-2020 EU financial frameworks.





*Villagers drying cocoa beans (Ghana, Africa).*

*Photo by: Yves Derenne.*

## Progress in Priority 1: Enhancing mobilisation and political commitment for nutrition

The primary strategic priority of the Action Plan on Nutrition is to improve mobilisation and step up the political commitment for improved nutrition. This is a fundamental prerequisite for achieving lasting impact. Reducing stunting must be at the core of national development policies in the countries that are most severely affected, and national efforts to address the issue must be complemented by development partners.

**Only if countries see nutrition as a national priority will such efforts be effective.** The EU is a strong advocate for ensuring that nutrition is made a priority on the national and global political agendas, and for strengthening leadership and good governance in tackling undernutrition.

## Political commitment and governance at international level

One major focus of EU effort has been in providing support to the SUN movement (see box below). The EU will continue to do so, given the movement's unique role in bringing partners together to address undernutrition at all levels and in ensuring coherent focused action in support of national nutrition plans. The recent independent evaluation of SUN recognised the EU as one of the most active members of the donor network. The EU has also demonstrated leadership in advancing common approaches to nutrition issues. One notable achievement has been the development of a Joint Framework for Action in Agriculture<sup>14</sup>. This has brought together four key partners (the EU, the FAO, the World Bank and the Technical Centre for Agricultural and Rural Cooperation) to agree shared principles at the nexus between agriculture and nutrition, thus helping to ensure that agricultural programmes have a stronger impact on nutrition. The joint framework has facilitated stronger coordination amongst the partners. The challenge is now to emulate this at the country level, where it is much needed in the drive for more effective support of government efforts to tackle undernutrition through agriculture.

### The Scaling Up Nutrition (SUN) movement

SUN is a unique initiative and was established in 2010 to strengthen inter-sectoral and inter-stakeholder cooperation by emphasising the pivotal role of government leadership.

SUN operates under the auspices of the UN Secretary General. The European Commission has been involved in SUN since its inception, and provides significant support in several ways:

*The European Commission is the largest single donor to the SUN Secretariat, having funded 30 % of costs between 2012 and 2015*

*The Commissioner for International Cooperation and Development has played an active role in the Lead Group*

*The European Commission is an active member of the SUN donor network, which developed a common method to track international aid for nutrition*

*The European Commission has provided expertise to key processes: concerned with SUN's governance, carrying out a thorough evaluation, and developing its vision for the future*

A new High-Level Strategy has been drafted setting the direction for SUN to 2020. The new SUN Coordinator, recently nominated by Secretary General Ban Ki-Moon, will provide the leadership needed to deliver on this strategy.

<sup>14</sup> Agriculture and Nutrition: a common future. A Framework for Joint Action by the EU, FAO, CTA and World Bank Group. <http://www.cta.int/en/article/2014-12-12/eu-fao-the-world-bank-group-and-cta-launch-framework-for-joint-action-on-agriculture-and-nutrition.html>

*Community work for projects.  
(Huehuetenango, Guatemala,  
Central America)  
Photo credit: PRESANCA.*



The EU has also engaged in several other international initiatives. In particular, at the Second International Conference for Nutrition,<sup>15</sup> held in Rome in November 2014, the EU not only contributed technically, but also covered a third of the conference costs. It is also a core supporter of the Global Nutrition Report,<sup>16</sup> which has helped to address a critical gap in global advocacy and accountability for nutrition actions.

While international efforts are often useful and necessary, they are not sufficient to achieve progress in reducing undernutrition. For this reason, **the EU is working hard to ensure that global and regional commitments are translated into action at country level.**



*Neven Mimica, Commissioner for  
International Cooperation and Development.  
Photo credit: ICN2.*

### Political commitment and governance at national level

The key EU programming framework at country level is the National Indicative Programme (NIP),<sup>17</sup> which reflects an agreement between a country's government and the local EU delegation on sectoral priorities. NIPs are linked to each European Development Fund (EDF), currently the 11<sup>th</sup> one covering 2014 to 2020. The EU priority countries have incorporated nutrition objectives into at least one of the focal sectors in their NIP.

Furthermore, 38 of the 40 countries have identified actions that support all three strategic priorities of the Action Plan on Nutrition. This achievement exceeds the target of 30 set in the Action Plan and reflects the EU's success in bringing nutrition to the fore in national programming.

The EU's 40 priority countries have taken the crucial first steps to strengthen nutrition governance, putting in place key elements required to build an environment conducive to nutrition scale-up (as summarised in Figure 2).

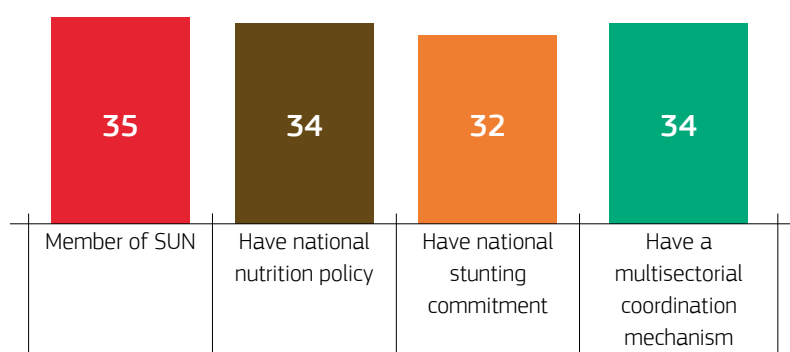


Figure 2 – Number of countries exhibiting nutrition governance.

<sup>15</sup> Photograph: Commissioner Neven Mimica speaking at the second International Conference for Nutrition on 20 November 2014. Photo credit: European Commission, 2016. Audiovisual Service, reference I-095630.

<sup>16</sup> <http://globalnutritionreport.org/>

<sup>17</sup> Some countries (non-ACP) may refer to MIPs — Multi-annual Indicative Programmes. Examples of NIPs are given here: [https://ec.europa.eu/europeaid/search/site/NIP\\_en?sort=score&asc](https://ec.europa.eu/europeaid/search/site/NIP_en?sort=score&asc)

The EU is a strong advocate for the establishing effective national nutrition coordination mechanisms. It contributes to national coordination processes such as those in Ethiopia, The Gambia, Malawi, Mozambique, Nepal, Nigeria, Uganda and Zambia.

It is also the SUN donor convenor in seven countries (Chad, Burundi, Kenya, Lao People's Democratic Republic (PDR), Niger, Yemen and Zimbabwe). Joint programming between the EU and Member States is a key part of the EU's added-value, and the strong progress in Ethiopia highlights how this can generate synergies across EU institutions and countries.

#### EU Joint Programming in Ethiopia

In 2014, the EU Delegation, together with 14 Member States represented in Ethiopia, plus Norway, endorsed the concept of developing a Joint Strategy on Nutrition. The aim was to support the government to achieve its stunting reduction commitments by having a coherent response to undernutrition and by mainstreaming nutrition in relevant national policies and programmes.

Joint advocacy has succeeded in including the Minimum Dietary Diversity for Women (MDD-W) indicator into the design of the second National Agriculture Growth Programme. Furthermore, new initiatives have been developed by individual MSs: GIZ/BMZ initiated a process to harmonize training packages on nutrition-sensitive agriculture (immediately taken on board by the Ministry of Agriculture); the Italian Cooperation established an informal working group on nutrition in pastoralist areas; the EU Delegation is also planning to set up an information sharing platform on nutrition-sensitive agriculture for implementing partners; and is also supporting the capacity of MSs to mainstream nutrition in their country strategies and programmes, and has supported the Ministry of Agriculture to mainstream nutrition in AGP II (objectives, results, activities, indicators) through raising awareness, advocacy, provision of expertise, capacities, etc.

In line with the Paris Declaration, the Accra Agenda and the Busan Principles of Effective Development Cooperation, the EU supports strong country ownership and aligns its aid behind countries' own priorities. The inclusion of nutrition objectives in EU programming reflects the steadfast work of EU Delegations in support of national governments. An example of this work is in Guatemala (see Box below).

#### Budget support for nutrition

Guatemala is widely regarded as a model for accountability and effective monitoring of food security and nutrition from which other countries are seeking to learn. It has recently been acknowledged as one of the top-performing countries in the Hunger and Nutrition Commitment index.

The EU's support over the last six years (2009-2015) has provided funding to enable the government's nutrition agenda to progress. The EU provided EUR 40 million in budget support and technical assistance which helped fund the Food Security and Nutrition policy and strategy (government of 2008-2011) and the Zero Hunger Plan (government of 2012-2015). This support was a response to the strong national commitment to fight undernutrition (as evidenced, for example, by the legal and institutional framework put in place in 2005).

Evidence shows that this EU investment was both timely and strategic for nutrition governance in Guatemala, at two levels:

1. EU funds helped to incentivise national budget allocations to nutrition, and to maintain these during times of political change and economic crisis.
2. EU funds sustained key institutions, such as the Food Security and Nutrition Secretariat, across two governmental mandates and strengthened FSN information systems. Both these factors helped to drive effective inter-sectoral nutrition governance in the country. Guatemala's new President in 2015 has again preserved nutrition as a national priority. The EU will consider further budget support under the 11<sup>th</sup> European Development Fund (2014-2020).





*Bamboo shoot processing to provide for availability of bamboo during the counter season (Oudomxai, Laos, Asia). Integrated Community Based Rural Development Project.*

The EU has supported two regional nutritional initiatives both managed by UNICEF:

- The Maternal and Young Child Nutrition Security Initiative in Asia (MYCNSIA) which focuses on Bangladesh, Indonesia, Lao PDR, Nepal and the Philippines; and
- Africa's Nutrition Security Partnership (ANSP) focusing on Burkina Faso, Ethiopia, Mali and Uganda.

Both initiatives supported institutional structures and events at regional (continental) level. Each received EUR 20 million between 2011 and 2015. Both initiatives focused on reducing undernutrition in women and young children in four ways:

- Developing and establishing nutrition policies, strategies and tools;
- Institutional development and strengthened capacities to address undernutrition;
- Strengthened information systems and analysis; and
- Scaling up high-impact interventions for women and children.

These regional initiatives have resulted in considerable achievements in community-based services for nutrition, improved infant and young child feeding practices and guidelines, better nutrition monitoring and information systems, and enhanced advocacy and public awareness of nutrition issues.

Nutrition learning needs have been assessed in a number of countries. Particular emphasis has been placed on integrating nutrition into the curricula of front-line agriculture and health workers across the four African countries in the ANSP. The initiative also placed emphasis on enhancing leadership and functional skills in support of multi-sectoral nutrition programmes at district level and on coordinating nutrition at national level (facilitated by Cornell and North West Universities).

At national level, both MYCNSIA and ANSP have been actively engaged with governments in developing key policy frameworks, strategies, regulations and guidelines on sound nutrition practices across the nine countries. Developments at regional level include the South Asia Regional Action Framework for Nutrition and the revised Africa Regional Nutrition Strategy 2015-2020. The Regional Nutrition Security Coordination Committee for Asia and the African Task Force on Food and Nutrition Development have been instrumental in providing platforms for regional partners to identify priorities for joint nutrition initiatives. In both Asia and West Africa advocacy meetings on nutrition for parliamentarians have been actively promoted.

## Progress in Priority 2: Scaling up actions at country level

The second strategic priority of the Action Plan on Nutrition is to scale up actions at country level. This includes scaling up nutrition-specific (see Box below on the right) and sensitive actions and strengthening human capacity and institutions/systems to ensure the effective delivery of services relevant to improving nutrition in high-burden countries.

Nearly 90 % of the EU's EUR 3.5 billion financial pledge is for nutrition-sensitive actions. 90 % of this is earmarked for actions related to agriculture, rural development and food security. The reference document<sup>18</sup> on addressing undernutrition produced by the European Commission in 2011 has been instrumental in helping EU Delegations achieve nutrition benefits by modifying the design of programmes in all relevant sectors and thematic areas. Both these approaches play out in how nutrition is now being addressed in the countries concerned.

### Nutrition-specific interventions in the Yemen

At 47 %, the stunting rate is extremely high in Yemen. This is unlikely to improve quickly due to the very poor socio-economic situation, political instability and the vertical nature of the health sector. The EU aims to improve the effectiveness and sustainability of nutrition services by supporting their integration into primary healthcare and by developing the capacity of the Ministry of Health. EU actions include establishing a one-year diploma course in nutrition and procuring micronutrients as a short-term measure. Currently activities are on hold due to conditions of insecurity.

All EU delegations in priority countries have incorporated nutrition objectives into their NIPs for 2014-2020. In 38 countries nutrition has been included under the agriculture focal sector;<sup>19</sup> in 7 it is included under health; in 2 under governance; and in 1, under education. 10 of the EU delegations have incorporated nutrition in two of the three focal sectors of the NIP<sup>20</sup>.

One important dimension of scale-up is how national nutrition policies are being put into operation. One key step in this process is developing costed plans for implementing the nutrition policies. This has happened in at least 21 of the 34 priority countries that have national policies. The aid modality the EU uses to support these plans varies from country to country. Budget support for nutrition is a particularly important way to support effective scale-up. Lessons need to be learned from Burkina Faso, Honduras, Rwanda (see Box below), Senegal and Zambia that do have budget support for nutrition, as well as from how plans are developing in Guatemala, Mozambique and Pakistan.

### Agriculture budget support for nutrition

Under the 11<sup>th</sup> EDF, the EU delegation to Rwanda is about to sign a EUR 200 million sector reform contract. The aims are to enhance the agriculture sector's sustainable use of land and water resources, create value and contribute to nutrition security. This contract follows on from previous, more focused and smaller, sector reform contracts on agricultural development and nutrition. It will support the agriculture sector in an integrated way, from public finance management to high value chains, with food and nutrition security as a core concern.

One indicator is specifically looking at stunting amongst children aged 6-23 months as there is a high stunting prevalence in this age group in Rwanda. It also includes an ambitious objective on testing nutrition-sensitive social transfers and on the adoption of the WASH performance index. Another indicator is the Food Insecurity Experience Scale, a new SDG indicator that will help the country to better understand Rwandese access to adequate food. The implementation will be done in close collaboration with the Ministries of Agriculture, Health and Local Government.

*Nirmala, age 2, is being screened for malnutrition in Nepal's far-western region.*

*Photo credit: UNICEF/NYHQ2012-1980/Noorani.*



<sup>18</sup> [https://ec.europa.eu/europeaid/sites/devco/files/methodology-tools-and-methods-series-addressing-undernutrition-201109\\_en\\_2.pdf](https://ec.europa.eu/europeaid/sites/devco/files/methodology-tools-and-methods-series-addressing-undernutrition-201109_en_2.pdf)

<sup>19</sup> Nigeria is the only country where agriculture is not a focal sector for nutrition. In Guinea Bissau the NIP is still being developed.

<sup>20</sup> Determined through analysis of the 40 Nutrition Country Fiches.





*The EU funded NIPN project is helping the Government of Bangladesh to make informed choices on which investments have the greatest nutrition impact.*

*Photo by: GMB Akash and EU Bangladesh Delegation.*

One of the main challenges in scaling up nutrition-sensitive programmes is in defining objectives and indicators within the programmes' logical framework and monitoring framework. Key to this is ensuring national policies implement coherent and complementary actions at sectoral level. This includes developing knowledge on effective and evidence-based nutrition indicators pertinent to the activities and outcomes of nutrition-sensitive sectors.

One such indicator is minimum dietary diversity for women (MDD-W). This indicator bridges the gap between agricultural output and nutritional impact. As a food-based indicator, it is pertinent to the work of ministries of agriculture, while providing an indication of improvements in the dietary status of women (an important underlying factor for undernutrition). MDD-W is also a powerful gender-sensitive indicator. It places empowering women at the core of agricultural programming and is an essential step towards ensuring adequate nutrition during the '1000 days' window of opportunity. In each of its priority countries the EU is strongly advocating for the inclusion of dietary diversity as a main objective of national agricultural policies and agriculture and food security programmes. The MDD-W is a new indicator, which is still being rolled out. With the support of partners, including the EU, the FAO has facilitated the development of MDD-W and is currently finalising its operational guidance.

Further technical assistance will be needed to ensure that MDD-W is widely adopted and integrated into agricultural policies and programmes. The EU has radically scaled up its provision of quality technical assistance to EU delegations and partners in order to improve the effectiveness of nutrition-sensitive programming across relevant sectors, notably agriculture and food systems. In addition to the guidance already developed to integrate nutrition into agriculture, guidance for other sectors is now being prepared for nutrition in health and in education.

Following the adoption of the Action Plan on Nutrition and its emphasis on enhanced coordination among partners committed to nutrition, the EU is increasing its focus on large-scale partnership programming which has a bigger impact in terms of delivering nutrition outcomes. The following examples of EU-supported initiatives illustrate the range of sectors and interventions being used to improve nutrition outcomes in EU priority countries.

## 1. Nutrition-sensitive interventions in Bangladesh

Food and Nutrition Security has become a focal sector for the EU Delegation in Bangladesh for the first time. A large-scale (EUR 83 million from EU) multi-partner programme focused on nutrition has recently been approved. The programme has three inter-related components:

1. The EU-funded project 'Meeting the Undernutrition Challenge' is a five-year initiative to support the government of Bangladesh. It is funded by USAID (EUR 10 million) and the EU (EUR 8 million). The FAO began implementing this Challenge in October 2014 in order to provide support to strengthen the Food and Nutrition Security Policy framework and develop capacities for a multi-sectoral approach across government, the private sector and civil society.
2. The EU has been working together with partners such as DFID and Save the Children to design the Suchana project, with the goal of accelerating the reduction of maternal and child malnutrition in the two most vulnerable districts of Sylhet Division. A multi-sectoral package of scalable and replicable services will be delivered collaboratively by the Bangladeshi government, implementing partners, the private sector and civil society, with the aim of generating robust evidence of cost-effectiveness through randomised checks. The EU is providing EUR 35 million, and DFID a further EUR 32 million, covering the period May 2015 to January 2022. The aim is to reach approximately a quarter of a million households.
3. The EU will promote multi-sectoral action at local level through a number of innovative civil society projects that emphasise identifying practical solutions to scale up and that promote community empowerment. EUR 40 million has been allocated to this, commencing in 2016.



## 2. EU contributions to large trust funds help build nutrition sensitivity

Aside from directly funding nutrition-relevant initiatives, the European Commission also contributes to joint efforts to achieve results at the national level through multi-donor trust funds. Two such examples come from Ethiopia.

- First is the Agricultural Growth Programme (AGP) with a budget of USD 592 million, financed through a multi-donor trust fund (including the EU) and a World Bank loan. The AGP aims to reach 4.6 million farmers between 2015 and 2019. The EU has supported the Ethiopian Ministry of Agriculture in mainstreaming nutrition in AGP II (objectives, results, activities, indicators) through raising awareness, advocacy, providing expertise, capacities, etc. Indeed, together with Member States, the EU has included dietary diversity as an indicator at overall objective level of the programme. This is a significant step towards re-shaping agriculture in Ethiopia to be more nutrition-sensitive.
- Second is the Productive Safety Net Programme (PSNP), which is funded by the government (14 %) and by nine international donors, including the EU, contributing USD 3.6 billion in total. There has been a general agreement between the government and donors that the current fourth phase of the PSNP should be more nutrition-sensitive, including through targeting, choice of income-generating activities and enhanced gender sensitivity. PSNP IV will ultimately reach 10 million beneficiaries between 2015 and 2020.

*Rice growing, Sudan Productive Capacity Recovery Programme, Aweil.  
(Gharb Bahr al Ghazal, Sudan, Africa).  
Photo credit: Natalia Lazarewicz.*

## 3. Multi-sectoral commitment in Nepal

Recognising the serious consequences and multi-faceted nature of persistently poor maternal health and child undernutrition, in 2012 Nepal's National Planning Commission, together with six key ministries, developed a costed **Multi-Sector Nutrition Plan (MSNP)**.

Wider EU support to the MSNP was explored in 2014 with the ministries involved and UNICEF. This led to a 'Partnership for enhanced nutrition' (*Poshanka lagi hate-malo*) to which the EU contributes EUR 22.6 million out of the Partnership's EUR 28 million total budget. The Partnership aims to improve nutrition in 28 priority districts, by:

- Improving policies, plans and multi-sector coordination at national and local levels;
- Promoting optimal use of nutrition 'specific' and nutrition 'sensitive' services; and
- Strengthening multi-sector nutrition information, monitoring and evaluation for central and local governments to provide basic services in an inclusive and equitable manner.



*Traditional terraced landscape - Food Facility project in Doti District. (Nepal, Asia).  
Photo credit: Marion Michaud.*





*The Food Facility has fostered confidence of women in their traditional role of family cattle breeder through business opportunities, capacity-building, support to women group in a conservative area of Pakistan.*

*Photo by: P Gatineau.*



*Health workers in Delma kebele, Machakel woreda, in the Amhara Region of Ethiopia, preparing their monthly report on community-based nutrition activities.*

*Photo credit: UNICEF Ethiopia/2014/Tsegaye.*



*A child at Tawila Nutrition Centre eating a healthy dish prepared using sorghum, millet and vegetables like okra and tomatoes.*

*Photo credit: UNAMID/Albert Gonzalez Farran.*

### Progress in Priority 3: Increasing knowledge for nutrition

The third strategic priority of the Nutrition Action Plan is fundamental to the success of EU and partners' efforts to improve nutrition. Increased knowledge about nutrition will enable sound and informed decision-making. Decisions that are informed by evidence and experience are more likely to be effective in meeting objectives and efficient in using (scarce) resources.

Strong evidence exists on a range of nutrition-specific interventions that are effective in tackling undernutrition, though these still need applying at-scale. In terms of knowledge, building evidence in the area of nutrition-sensitive interventions<sup>21</sup> through applied and operational research is needed; specifically, how best to increase the impact and cost-effectiveness of various nutrition sensitive approaches.

This knowledge will allow providing recommendations to EU governments and partners on how to scale up effectively and invest resources efficiently.

It was in response to this need that the European Commission developed the concept of National Information Platforms for Nutrition (NIPN)<sup>22</sup>. The NIPN aim to respond to globally identified gaps: gaps in evidence concerning the efficacy of nutrition-sensitive approaches in tackling undernutrition; gaps in national capacity to manage such data; gaps in evidence-based policy. Through the NIPN, the EU will support countries in addressing these gaps by maximising the use of existing information (by systematically consolidating, organising and analysing available nutrition-related data) and by strengthening national capacities to do this. Such work will help to build associations between investments and results and feed in to decisions of governments and partners to prioritise nutrition interventions that are cost-effective in a given context. At country level, the NIPN will provide a forum for better multi-sectoral and multi-partner action to strengthen national nutrition data. It will be owned by the country's government, be embedded within national structures and adapted to meet their needs.

Fundamentally, the NIPN is a collaborative process as well as a technical intervention. It is about making the most of all relevant existing information, analysing it comprehensively and purposefully and then discussing it so that it is of maximum use to policy architects and decision makers. The process that surrounds NIPN is about creating a political ambition for nutrition, and about reaching consensus on the priorities and steps.

The NIPN approach was conceived by the European Commission, which has led the process of its design and agreement among major stakeholders, with strong support from partners — notably from DFID and the Bill & Melinda Gates Foundation (BMGF).

Funding for the country-level work (EUR 20 million from the EU together with EUR 7.34 million from DFID) was committed in July 2015. Additional funds (EUR 3.5 million from the EU, EUR 1.36 million from DFID and EUR 0.45 million from BMGF) were committed for a Global Support Facility (GSF) to support the NIPN processes in-country. The GSF is up and running, under the European Association of research centers Agrinatura and based at Agropolis International<sup>23</sup> in France. Two groups (one of technical experts, one of wider stakeholders) will constitute key pillars of the organisational structure of the GSF. Progress continues towards establishing NIPN in more countries, with further missions being undertaken in Bangladesh, Ethiopia, Lao PDR, Niger and Kenya.

<sup>21</sup> See definitions of nutrition specific and sensitive in the 2013 Lancet Series on nutrition: [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(13\)60843-0.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)60843-0.pdf)

<sup>22</sup> The NIPN approach builds on on-going work in the health sector with the National Evaluation Platforms for Maternal, Newborn and Child Health and Nutrition (NEPs) which are being built in Malawi, Mali, Mozambique and Tanzania. This is funded through Canadian assistance, with technical support from Johns Hopkins University.

<sup>23</sup> <http://www.agropolis.org/about/index.php>

NIPN is an innovative and bold venture, which will rely on many types of data being made available (on finance, agriculture, education, gender, social services, sanitation and health as well as nutrition). This depends on strong government leadership. The NIPN is potentially a unifying instrument which can strengthen nutrition governance and coordination. Strong country ownership of NIPN will be essential to ensure that each NIPN's design and speed of growth is appropriate and that the NIPN has legitimacy.

#### EU-supported initiatives to strengthen information for decision-making in food and nutrition security

The EU is providing funding to FAO for the Improved Global Governance for Hunger Reduction Programme (IGGHR) programme, which is being implemented in collaboration with the World Food Programme and the International Fund for Agricultural Development\*. Key themes are:

1. Guidance on integrating food and nutrition security indicators into large-scale information systems, surveys and impact evaluations. This includes developing the indicator on the minimum dietary diversity for women (MDD-W). This new population-level proxy indicator will be used to assess the micronutrient adequacy of the diets of women of reproductive age. Data can be collected through large-scale surveys, and a manual is soon to be finalised to support its application.
2. Strengthening the Food Security Integrated Phase Classification (IPC) process. The EU is supporting the roll-out of the new scale that measures chronic food insecurity in non-crisis and development contexts. In tandem, the IPC Nutrition Classification Scale is being developed which will take account of non-food related factors that affect nutritional status. Pilots have been undertaken in Kenya, South Sudan, Bangladesh, Niger, CAR, Nepal and Pakistan.

*\*Note: The JRC has supported both initiatives.*

The EU's support to global knowledge and evidence (e.g. through GNR and SUN) in turn enables and supports national governance and transparency/accountability at all levels. Similarly, by supporting the Improved Global Governance for Hunger Reduction Programme (IGGHR, see Box above), the EU can help boost the effectiveness of nutrition-related work by regional institutions such as NEPAD (New Partnership for Africa's Development) can be boosted, with consequent benefits to several countries.

Boxes below provide further insights into programmes designed specifically to strengthen the knowledge base for effective nutrition programming.

#### Bio-fortification in Bangladesh to improve the nutritional status of poor people

Zinc is insufficient in the Bangladesh diet, and has become a significant public health nutrition problem for children under five years old, as well as for women. Scientists are using selective plant breeding known as bio-fortification to mass produce a high-zinc rice in Bangladesh – the first country in the world to develop rice varieties biofortified with zinc.

The EU has contributed EUR 5 million to this project, implemented by HarvestPlus together with the International Rice Research Institute and other partners. It began in 2013, and is estimated to reach 500,000 households by 2016.

#### Research on the effects of sanitation on nutritional status

In 2015, the EU initiated support to ground-breaking research in Zimbabwe, by the Zvitambo Institute for Maternal & Child Health Research and the Ministry of Health & Child Care. The research, called SHINE, is a randomized trial on the effects of sanitation on child health and nutritional status.

One hypothesis is that a major underlying cause of stunting is Environmental Enteric Dysfunction (EED). EED is a disorder of the small intestine that develops from exposure to poor quality water, sanitation and hygiene. EED reduces nutrient absorption and causes chronic inflammation; this then diverts the metabolism of nutrients from growth to infection control.

The SHINE research will determine the effects of WASH and interventions in infant/young child feeding practices on stunting and anaemia. Fieldwork will be completed by December 2016 with initial findings available in 2017.

*Families in St Marc profit from running water twice per week to wash the kids and do the laundry (Artibonite, Haiti, Caribbean). Photo by: Marie-Pierre Fonsny.*



A number of EU activities under the third strategic priority are funded through the Global Public Goods and Challenges Programme,<sup>24</sup> and are active at global level (see Box below).

#### Putting research into use for nutrition, sustainability and resilience — PUNSAR

PUNSAR is an applied research programme aiming to test innovative agricultural approaches that can have positive impact on nutrition, resilience and production, whilst also having the potential to be scaled up. The EU is contributing EUR 20 million and IFAD a further EUR 6.5 million. The specific research questions being addressed are:

- How to improve productivity and nutritional outcomes in crop/livestock systems in central Africa;
- How successful experience in aquaculture from Bangladesh can be adapted and scaled up to improve nutritional outcomes in Asian and African countries;
- How food and fodder trees can contribute sustainably to diets in eastern and southern Africa.

Aside from contributing evidence on the comparative effectiveness of alternative approaches to meeting future needs for food and nutrition security, the project will also help to strengthen capacity for pro-poor agricultural research. Furthermore, it will establish new partnerships between research and non-research institutions so that the research is more effectively taken up by decision makers.



*Nutrition Enhanced Outreach and Therapeutic Feeding Programme (Ethiopia, Africa). Photo credit: EC Delegation to Ethiopia.*

In order to generate evidence, lessons and innovations in programme approaches, the European Commission's investments in nutrition combine technical assistance with flexible calls for proposals. One such example comes from a new ambitious global programme that will help the European Commission understand how and when food fortification is effective. There are two interlinked components to the programme. The first involves a global technical assistance facility (EU investment EUR 5.5 million) to provide evidence-based guidance, promote international best practice, learn lessons and strengthen capacities for key areas such as legislation, regulation, oversight and monitoring and evaluation. The second component, with an EU budget of EUR 30 million, involves identifying and implementing learning projects in up to 16 countries to build capacities, strengthen legal frameworks and generate evidence of effectiveness in nutritional impact. The EU is giving further consideration to how to strategically invest in operational research to obtain crucial evidence about effectiveness, sustainable scale-up and the efficient use of resources.

<sup>24</sup> This is a complementary tool to address multi-country and cross-regional approaches. It is additional to national and regional programmes and does not replace their funding.



## SECTION C:

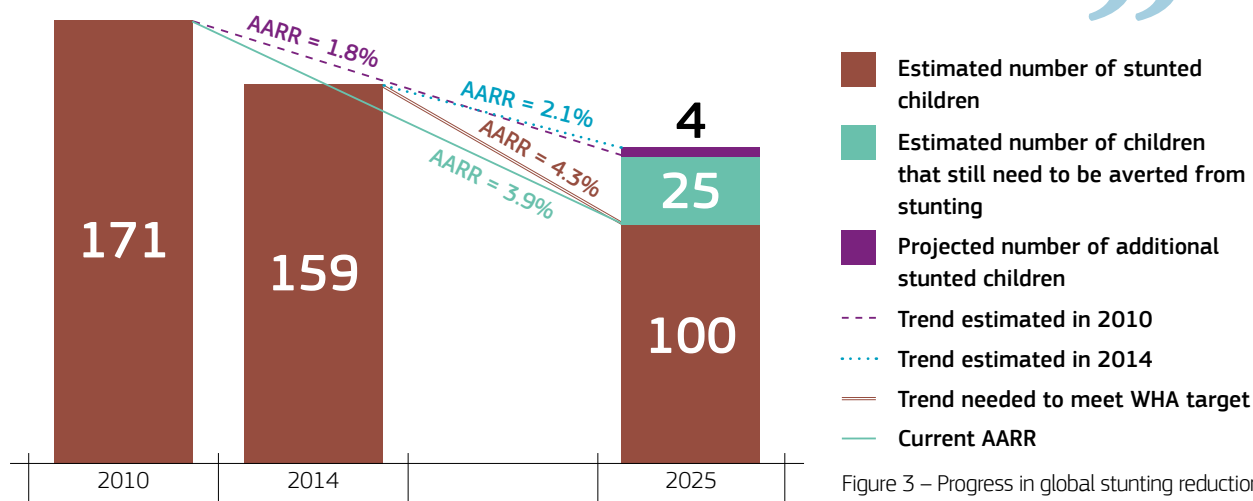
# Progress in the EU's overall commitments

As outlined earlier, the Action Plan on Nutrition sets out how the European Commission plans to reach its target of reducing stunting by 7 million children by 2025 using EUR 3.5 billion in funding that has been made available by the EC between 2014 and 2020. This section highlights how levels of stunting have changed since the Action Plan was launched and how the European Commission's funding commitments in 2014 are beginning to have an effect.

## Reducing stunting by 7 million by 2025

In 2012, the World Health Assembly (WHA) proposed reducing the number of stunted children from 171 million to 100 million. This 40 % reduction target is equivalent to a drop of nearly 71 million in the number of stunted children by 2025, using 2010 as the baseline year. At that time, the EU made an ambitious commitment to contribute at least 10 % of the global stunting reduction target. Based on trends up to 2012, the number of stunted children was projected to fall by 45 million by 2025. The European Commission's commitment can therefore be understood as supporting countries to help them reduce the number of stunted children above and beyond that: i.e. to achieve the additional reduction of 26 million.<sup>25</sup> Since 2012 the global picture has shifted (see Figure 3).

Progress in global stunting reduction (number of stunted children, millions)



*“ Though too early to state confidently that the increase in EU action and spending on nutrition is helping speed up the reduction of stunting, there are signs of good progress. However, in many countries this reduction is being off-set by high fertility rates indicating a continued unmet need for effective and accessible reproductive health services. ”*

Figure 3 – Progress in global stunting reduction.

<sup>25</sup> It is recognised that 14 international donors signed the Nutrition for Growth Compact in 2013. This includes a commitment to avert 20 million additional cases of stunting by 2020 (a World Health Assembly milestone).



Two years after the first refugees fleeing armed conflict in northern Mali stranded in this desert location near the Mauritanian town of Bassikounou, 60 000 of them continue to be rely on aid. Water, food, shelter, health care, all of these essential services in Mbera camp are being provided by humanitarian organisations, some of them funded by ECHO, the European Commission humanitarian aid and civil protection service. Photo credit: ©EC/ECHO/Anouk Delafortrie.

- Estimated number of stunted children
- Estimated number of children that still need to be averted from stunting
- Projected number of children averted from stunting
- Trend estimated in 2012
- Trend estimated in 2015
- Trend needed to meet WHA target

Figure 4 – Progress in stunting reduction in the European Commission's 40 priority countries.

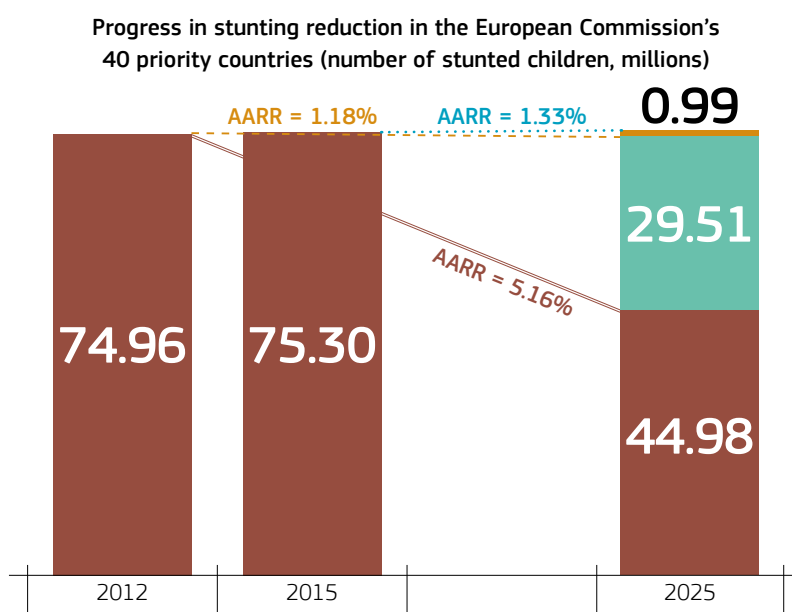
Figure 3 shows two things:

- **Stunting reduction globally has accelerated** since 2010 (from an average annual rate of reduction (AARR) of 1.8 % in 2010 to 2.1 % in 2014); and
- Global estimates for **demographic growth outweigh this improvement**, so that the number of stunted children can be expected to increase (by 4 million) by 2025.

The improvement in stunting reduction shown in Figure 3 is a global achievement driven by the efforts of thousands of stakeholders within the framework of the WHA, notably the governments of the countries concerned. The commitments were made by 194 WHA member states.<sup>26</sup>

The European Commission has developed a tool to better track countries' progress with regard to stunting. This was shared and discussed with development partners, and the WHO has used it as the basis for the tool that is now available online.<sup>27</sup> The European Commission tool has been used to analyse more specifically how the global shift links to national realities. This section draws on analyses undertaken using this tool.<sup>28</sup>

Firstly, we examined progress across the European Commission's 40 priority countries (Figure 4). This shows that the rate of stunting reduction accelerated somewhat between 2012 and 2015 (with the AARR increasing from 1.18 % to 1.33 %), and that the number of children we can expect to be stunted in 2025 has dropped by nearly one million. So, although small, this decrease signifies a change in the trajectory. This is not insignificant, especially since it occurred in the context of early stages of scaling up EU actions.



<sup>26</sup> [http://www.who.int/nutrition/publications/globaltargets2025\\_policybrief\\_overview/en/](http://www.who.int/nutrition/publications/globaltargets2025_policybrief_overview/en/)

<sup>27</sup> <http://www.who.int/nutrition/trackingtool/en/>

<sup>28</sup> The figures presented here using the European Commission stunting tracking tool might differ from those generated by the WHO tracking tool because there are differences in the methods used regarding: i. the calculation of the estimated numbers of stunted children in 2012; ii. the calculation of the target number of stunted children in 2025; iii. the demographic assumptions made; and iv. the historical stunting prevalence considered.

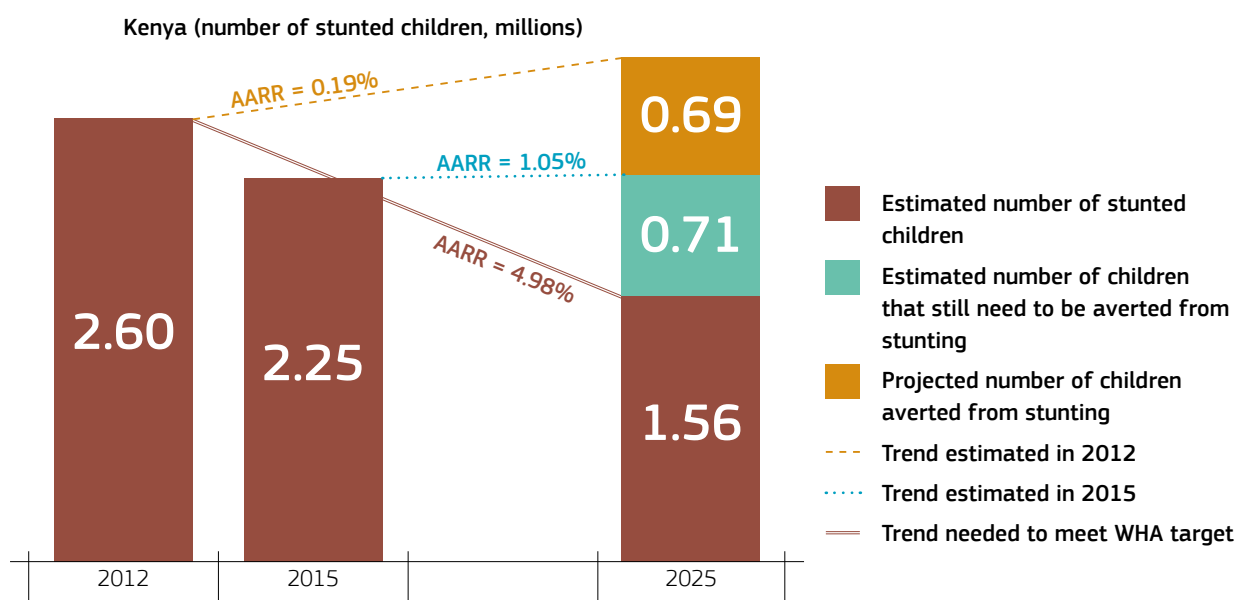
Secondly, we examined in more detail the specific progress being made in each of the 40 countries. A full set of graphs for each of the 40 countries is available through the online map (see [https://ec.europa.eu/europeaid/sectors/food-and-agriculture/food-and-nutrition-security/nutrition\\_en](https://ec.europa.eu/europeaid/sectors/food-and-agriculture/food-and-nutrition-security/nutrition_en)) which shows progress in terms of both number of children stunted and the prevalence of stunting in each country.

The interactions of a number of factors play a role in determining the above graph:

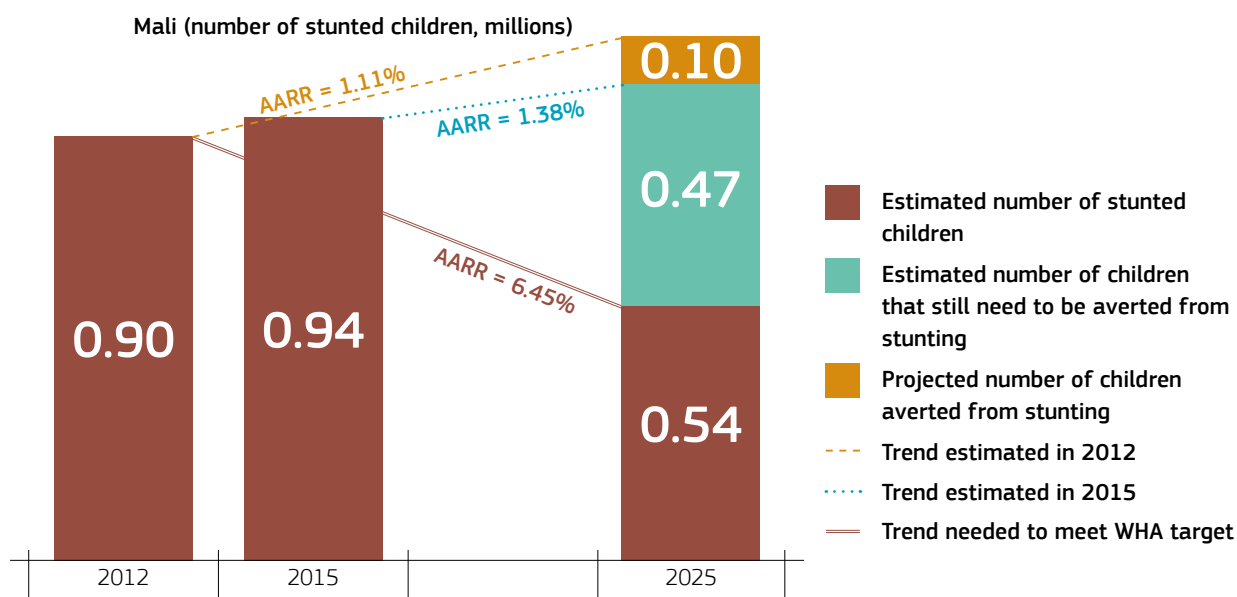
- Whether new stunting estimates have been produced since 2012;
- The absolute rate of reduction in stunting (the AARR) estimated using data up to 2015;
- Whether the AARR has improved since the estimates made in 2012;
- Whether the population of children under five increased between 2012 and 2015 in the way it was predicted in 2012;
- Whether the population of children under five is projected to increase between 2015 and 2025 in the way it was predicted to in 2012.

The wide variety of interactions between these factors can impact stunting in a number of ways. The five most prominent types of impact experienced by different groups of countries are described below.

For the first group of four countries all these factors line up favourably to produce a very promising picture indeed. Stunting has been dropping since 2012 (if it was not before), the pace of reduction *accelerated* between 2012 and 2015 and demographic growth is relatively low (i.e. <20 % increase in children under five between 2012 and 2015). Kenya is one such example.

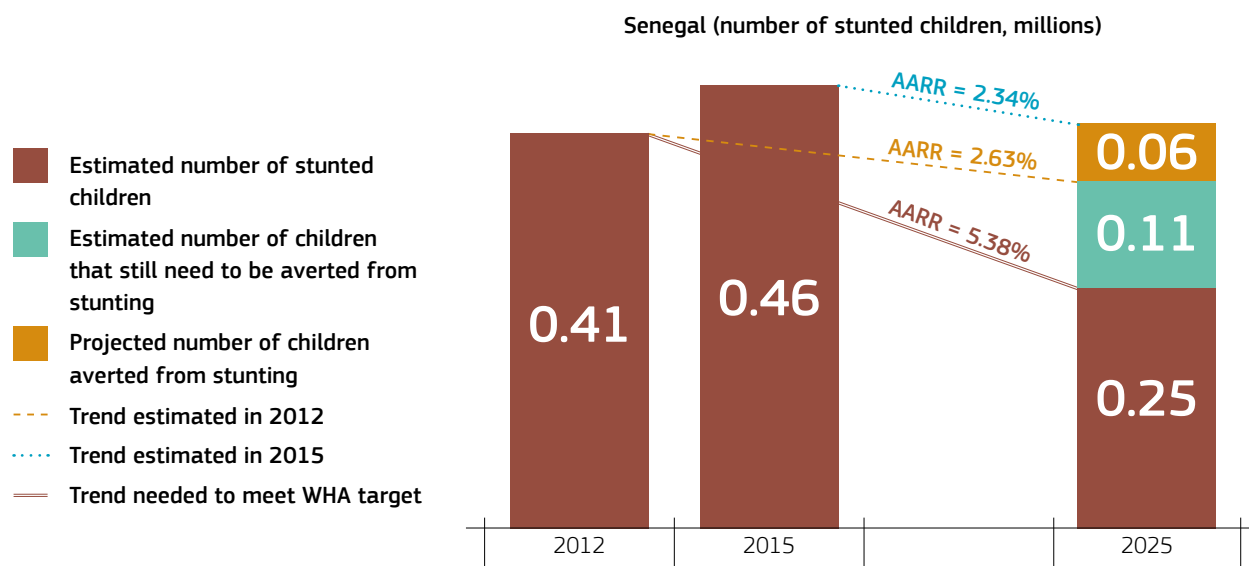


The next group comprises six countries that have similar characteristics to those above (stunting prevalence has been dropping since 2012, the pace of reduction *accelerated* between 2012 and 2015) but where demographic growth is large (i.e. the expected number of children under five increased by 20 % or over between 2012 and 2015). Mali is one such case.



For all but Guinea-Bissau and Tanzania the progress in stunting outweighs the increased demographics, so the number of stunted children is still dropping.

A more challenging scenario is being faced by the third group of five countries, which are currently on a trajectory where the number of stunted children is set to increase by 2025. Not only are these countries seeing a large demographic increase, the pace of stunting reduction slowed between 2012 and 2015. Here demographic growth and a decelerated stunting-reduction trend is compromising progress. Senegal is in this group.



For 17 of the 40 countries no new data on stunting have been available since 2012, so our projections are less confident. Four countries had a pre-2012 trend of decreasing stunting with normal demographic growth, meaning they could attain the WHA target if the downward trajectory can be accelerated a little.

Five others have a large demographic growth that outweighs stunting progress, so they are less likely to meet the WHA target unless a radical change occurs.

These 17 countries also exhibit somewhat lower attainment of key nutrition governance characteristics that are captured in the Nutrition Country Fiches, especially concerning whether they have a national nutrition policy in place, and a national stunting reduction commitment (see Figure 5).

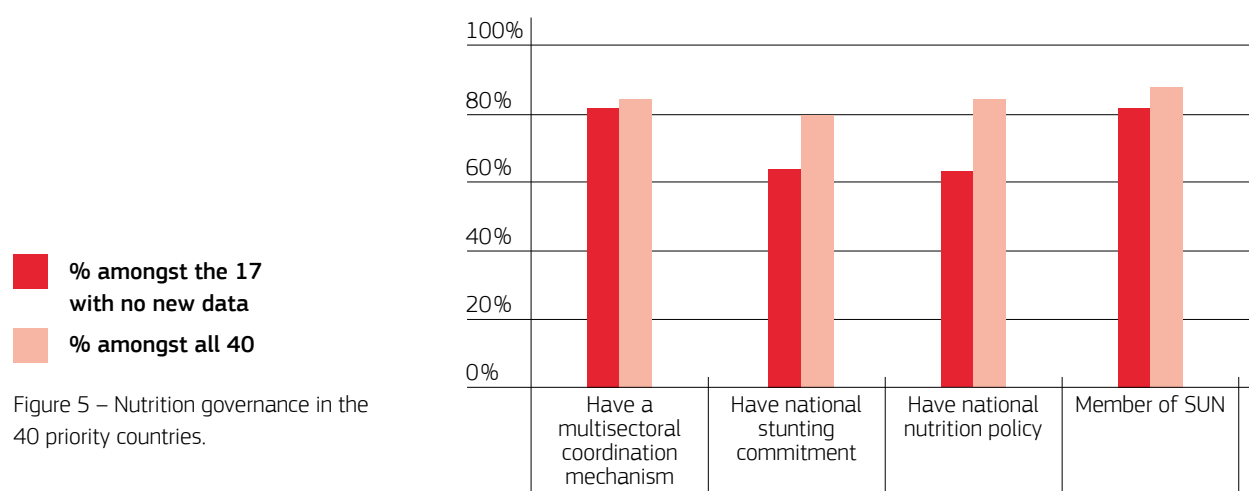


Figure 5 – Nutrition governance in the 40 priority countries.



Another feature emerging from the County Fiches is that these 17 countries may be less engaged in new opportunities. For example, 14 % are involved in the new European Commission Food Fortification programme (compared to 30 % for the whole group of 40); and 53 % are involved the FIRST and/or INFORMED initiatives<sup>29</sup> (compared to 65 % of the 40). However, the clearest distinguishing feature amongst these 17 is the lack of up-to-date information concerning nutrition there.

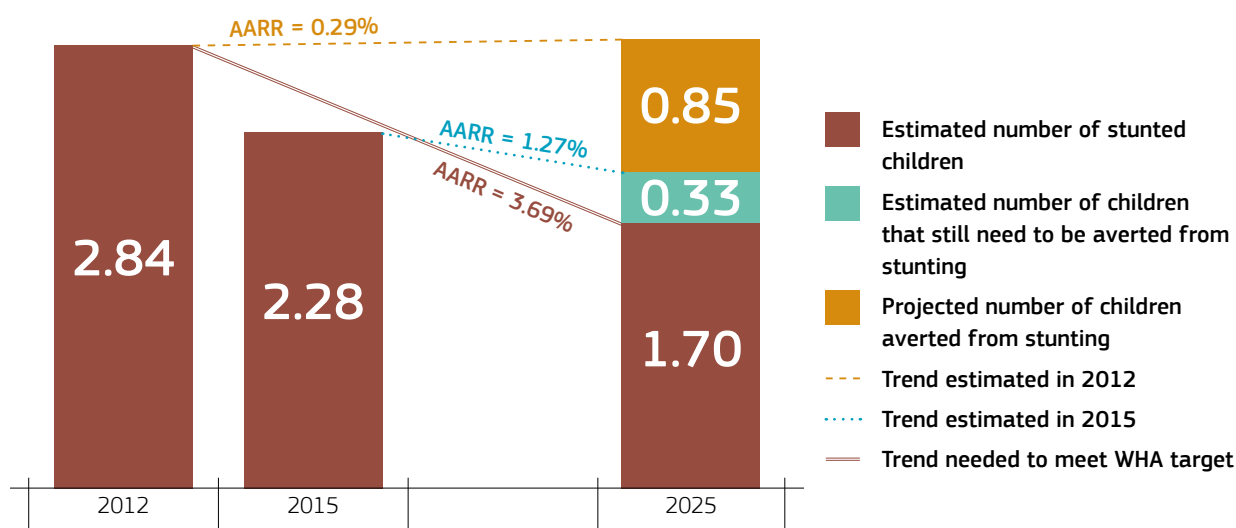
There are four countries that show a very encouraging change in stunting trajectory: the AARR pre-2012 had been negative (i.e. stunting prevalence was increasing), but new data since then indicate a positive AARR and falling levels of stunting. Afghanistan is one such case.

*The grants have a beneficial effect on the nutritional condition of the children.*

*Most often they are the ones who suffer first when families are unable to cover their daily food needs. Meagre harvests, population growth and poverty taken together mean that every year is now a crisis year somewhere in the Sahel. (Niger, Africa).*

*Photo credit: ©EC/ECHO/Jean De Lestrang.*

Afghanistan (number of stunted children, millions)



All four countries have strong nutrition governance in place, although they do not stand out as being ahead of other countries in this respect (for example Afghanistan is not a member of the SUN movement and does not have a costed plan).

All these different groupings demonstrate the range of narratives that emerge across the 40 priority countries. Clearly, it is feasible to dramatically reduce stunting if the right conditions are met. This points to the need for all development partners to think carefully about approaches that are tailored to the context and dynamics of each country.

<sup>29</sup> These two initiatives are funded by the EU as part of its cooperation with FAO to improve food and nutrition security and sustainable agriculture. FIRST (Food and Nutrition Security Impact, Resilience, Sustainability and Transformation) provides technical support to 23 priority countries to strengthen national policy frameworks, institutional capacity and governance for nutrition. INFORMED (Information for Nutrition Food Security and Resilience for Decision-Making) focuses on strengthening the links between analysis/evidence and programming.





*Girl at a market. (Brazil, South America).  
Photo credit: Christophe Masson.*

## Spending EUR 3.5 billion on nutrition by 2020

Using the methodology agreed by the members of the SUN Donor Network,<sup>30</sup> which the European Commission was instrumental in designing, the EU has analysed commitments it made from 2010 to 2014.

EU nutrition commitments in 2014 totalled EUR 454.6 million. This was almost equally divided between DEVCO commitments (EUR 229.9 million) and ECHO commitments (EUR 224.7 million). 85 % of DEVCO's commitments were for nutrition-sensitive projects.

Total EU nutrition commitments declined marginally from EUR 466.21 million in 2013 to EUR 454.57 million in 2014, but DEVCO nutrition commitments increased by EUR 24.2 million (or 11.7 %). This is shown in Table 1.

Table 1 – Nutrition commitment by category, year and funding source (EUR, millions).

Funding Source	Nutrition category	2010	2011	2012	2013	2014
DEVCO <sup>31</sup>	Specific	50.63	1.80	18.73	66.80	33.85
	Dominant	25.20	10.98	25.00	41.10	25.00
	Partial	46.93	87.05	161.77	97.82	171.03
<b>Subtotal</b>		<b>122.76</b>	<b>99.83</b>	<b>205.50</b>	<b>205.72</b>	<b>229.88</b>
ECHO <sup>32</sup>	Specific	0.00	0.00	0.00	0.00	0.00
	Dominant	146.10	51.40	141.50	130.00	91.50
	Partial	103.34	169.93	94.87	130.49	133.19
<b>Subtotal</b>		<b>249.44</b>	<b>221.33</b>	<b>236.37</b>	<b>260.49</b>	<b>224.69</b>
<b>Total DEVCO + ECHO</b>		<b>372.20</b>	<b>321.16</b>	<b>441.87</b>	<b>466.21</b>	<b>454.57</b>

Source: EU Resource Tracking.

Figure 6 shows trends in nutrition spending in DEVCO and ECHO since 2010.

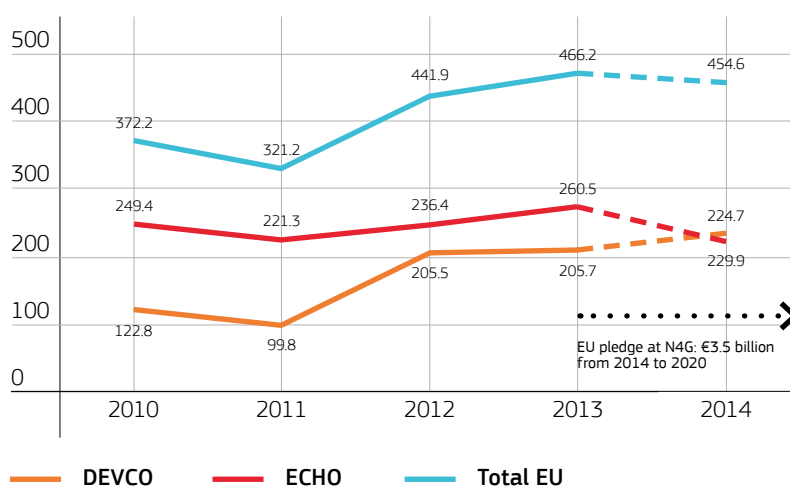


Figure 6 – EU Nutrition commitments by funding source, 2010 – 2014 (EUR, millions).

Source: EU Resource Tracking.

Of the total commitments made by DEVCO in 2014 (EUR 229.9 million), 60.3 % (EUR 138.6 million) was allocated to nutrition priority countries through bilateral support. Additional funds have also been committed through regional commitments, for example on research, information systems or capacity building. 25 of the 40 priority countries committed new nutrition programmes with DEVCO managed funding instruments in 2014. In descending order, the five largest commitments went to Afghanistan, Nepal, Pakistan, Myanmar and Yemen.

<sup>30</sup> Methodology and Guidance Note to Track Global Investments in Nutrition. SUN Donor Network. 1 December 2013.

<sup>31</sup> EU funding instruments managed by DG DEVCO.

<sup>32</sup> EU funding instruments managed by DG ECHO.



Total commitments by country for all years since 2010 reveal that Niger has received the largest amount and that six countries appear in the top ten, i.e. Niger, Mali, Rwanda, Democratic Republic of the Congo, Zimbabwe and Bangladesh (Figure 7). All are amongst the priority countries for nutrition.

*Girl playing in the enclosure of a nutrition centre in N'Djamena (Chad, Africa).*

*Photo credit: ©EC/ECHO/Anouk Delafortrie.*

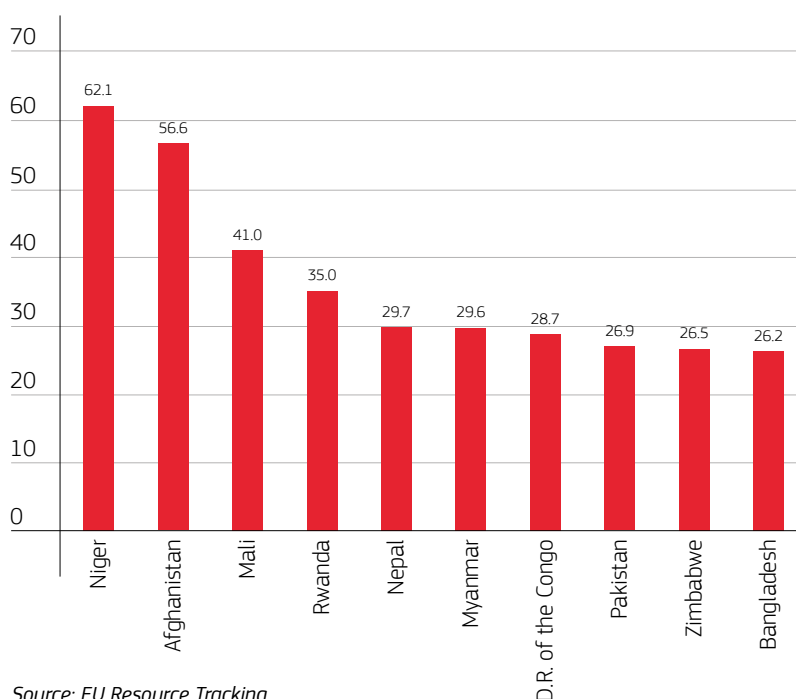


Figure 7 – Top ten DEVCO country commitments for 2010 - 2014 combined (EUR, millions)<sup>33</sup>.

Source: EU Resource Tracking.

Another feature of spending on nutrition is that while EU nutrition commitments form a relatively small proportion of total EU official development assistance, over the last 5 years for which data is available EU nutrition commitments varied from 2.2 to 3.5 % of total EU aid commitments. This compares favourably with the average total spending on nutrition amongst donors, which was just 1 % of official development assistance in 2012.<sup>34</sup>

There is evidence of progress in total funding, the type of funding (nutrition-sensitive), and evidence that funding is targeting the right countries (i.e. current European Commission priorities for nutrition). However, the EC is somewhat not yet at speed in order to meet its pledge to spend EUR 3.5 billion between 2014 and 2020. This could be explained by the transition from the 10<sup>th</sup> EDF (EUR 22.25 billion from 2008 to 2013) to the 11<sup>th</sup> EDF (EUR 30.5 billion from 2014 to 2020) because the 11<sup>th</sup> EDF which only came into force in March 2015. Indeed, a preliminary analysis of DEVCO nutrition commitments in 2015 indicates a rise of at least 20 % (in addition to the 11.7 % increase seen from 2013 to 2014). This is encouraging.

<sup>33</sup> Data exclude some regional and research projects that could not be broken down by country, amounting to EUR 165.04 million (including EUR 93.9 million for South of Sahara and EUR 53.8 million for bilateral and other), representing 19.1 % of total commitments, 2010 – 2014.

<sup>34</sup> <http://www.developmenthorizons.com/2014/11/12-killer-facts-from-global-nutrition.html>

## SECTION D:

# Conclusions and future priorities

The European Commission Action Plan on Nutrition was formulated to translate the EU nutrition policy framework into action. It signals the EU's ongoing commitment to reducing undernutrition. During the first 20 months of implementing the Action Plan headway has been made on many fronts. This report describes the concerted effort being made by the European Commission under all three strategic objectives. Nevertheless, despite the evidence of good work, it is clear that much more needs to be done to achieve lasting results.

However, beyond funding and programmes the European Commission's contribution and commitment to international and national dialogue on nutrition and its role in building stronger evidence are fundamental. The European Commission plays a vital role in increasing the focus on undernutrition as an economic and development priority and in determining a strategic direction that builds collective cohesion.

The specific added value of the European Commission working closely with Member States is already proven, and clearly shows how the European Commission will engage in future. There are challenges ahead but these are not insurmountable.

The major issues to focus on in the near future are as follows:

## 1. Ensuring continued political momentum for nutrition globally

This will involve providing support to international coordination and governance (such as the SUN movement); contributing to the follow-up to the Sustainable Development Goals (SDGs) and actively supporting and participating in relevant international events (such as the G7 meeting in Japan (May 2016), and the proposed nutrition event at the Olympic Games in Rio).

## 2. Advancing efforts of governments to define appropriate national commitments

The EU will work with countries to adopt context-specific, feasible and robust national targets for reducing stunting. These targets will be aligned with the SDGs. If all stakeholders agree these targets it will help focus efforts on achieving the national targets. This should be supported by adopting national costed action plans and having a multi-sectoral body with the authority to implement them. Such efforts would help increase the use of budget support for nutrition.

## 3. Supporting the formulation of quality nutrition-relevant programmes

EU delegations will continue to plan new programmes within the framework of their NIPs. There is opportunity to integrate nutrition in sectors currently under-represented in the EU's work, such as governance, education and water/sanitation.

## 4. Investing in evidence for nutrition-sensitive activities

This is a vital dimension of effective scale-up if the necessary scale of stunting reduction is to be achieved. The newly launched NIPN initiative is the EU's 'flagship' programme in nutrition, providing country-specific insights into the cost-effectiveness of different sectoral approaches.



Rohingya refugee children in Kutupalong makeshift camp, Cox's Bazar, Bangladesh. The European Commission is the second largest European contributor of ODA to Bangladesh.

Photo credit: EU/ECHO/Pierre Prakash.

## 5. Investing in services and support that improve child survival — one of the most effective disincentive to high fertility

The analyses presented in this report demonstrate that demographic growth is impeding progress in reducing the number of stunted children in the world. Thus, although the pace of reduction of stunting has accelerated both globally and in the group of 40 EU-priority countries, the number of children averted from stunting is lower than could be expected. For example in Mali, the positive AARR of 1.38 % in 2015 compared with an AARR of 1.11 % in 2012 is outweighed by the high population growth rate of 3 %.

However, this does not mean that the European Commission's investments and efforts are futile.

Firstly, as the EU and other partners keep investing, the annual reduction rate of stunting can be increased further to outweigh the impact of population growth. Secondly, further investments must be made in effective reproductive health care services<sup>35</sup>. Thirdly, improving the nutritional wellbeing of children is itself an important strategy in shifting reproductive patterns. Paradoxically, one of the most effective measures in combating population growth is to improve living standards amongst the poorest groups of society. We know that as child survival improves, the number of children born per woman falls.

For this reason it is essential to understand that the European Commission's investments in nutrition are a legitimate and effective contribution —amongst an array of support— to bringing about transformative change in the world's poorest countries.

## 6. Continuing to work in partnership

For all three of the strategic priorities, the EU's contribution can best be maximised when synergies are created with the work of other actors — donors, researchers, private companies and civil society actors alike. This also relates to collaborating more with, and with more, Member States. In addition, cooperation will be stepped up both between DEVCO and ECHO, and within DEVCO's nutrition-relevant sectors and geographical desks to create more synergies and ensure joined-up thinking between directorates<sup>36</sup>.

In all these steps, the EU will strive to uphold its commitment that all actions align with government-determined national priorities. The European Commission plans to maintain close dialogues and cooperation, seeking to find solutions together with governments which make sense in each specific country. While recognising the potential hurdles ahead, but are committed to ensuring that the next progress report will contain evidence of further progress.

*“...undernutrition affects 161 million children – that's one-quarter of the world's children. This is an unacceptably high figure; a reality that, in this world of enormous wealth and knowledge, we simply cannot and should not tolerate.”*

Neven Mimica, European Commissioner for Development; Speaking at the Second International Conference on Nutrition, Rome, November 2014

<sup>35</sup> See Singh S, Darroch JE and Ashford LS (2014), *Adding It Up: The Costs and Benefits of Investing In Sexual and Reproductive Health*, Guttmacher Institute.

<sup>36</sup> Including the ongoing work on MMD-W with JRC.

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Directorate General International Cooperation and Development,  
Rue de la Loi 41, B-1049 Brussels.  
E-mail: [europaid-info@ec.europa.eu](mailto:europaid-info@ec.europa.eu)  
For further information:  
<http://ec.europa.eu/europaid/>

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