



European  
Commission

Results and  
indicators for  
**Nutrition**

International  
Partnerships



*Photo on the cover page: Mauritania: In the village of Djinga (Gorgol). A mother is holding her smiling baby girl.*  
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## EUROPEAN COMMISSION

Directorate-General for International Partnerships (DG INTPA)

Unit D4 – Performance, Results and Evaluation; Internal Communication,  
Knowledge Management and Collaborative Methods

Unit F3 – Sustainable Agri-Food Systems and Fisheries

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To see the complete online presentation of the Results and Indicators on Nutrition please click [here](#).



# Results and Indicators for Development

## General Introduction

The **guidance on thematic results and indicators** covers DG INTPA strategies in various sectors, aiming to enhance the quality of our interventions – in terms of design, monitoring in the course of implementation. It also aims to promote the use of standardized information across European Union-funded interventions in partner countries. [DG INTPA](#) unit in charge of monitoring results ([D.4](#)) and [thematic units](#) developed the guidance.

It is **addressed to EC staff and external partners** involved in the preparation of action documents and project documents, helping them to develop solid logical framework matrices. It identifies clear and measurable results statements in line with DG INTPA policy priorities, as well as with the [UN Sustainable Development Goals](#) (SDGs), [NDICI Regulation](#), [Gender Action Plan \(GAP III\)](#) and the [EU Results Framework](#), along with a range of good indicators to monitor progress. DG INTPA's results reporting and Action Document quality assurance processes identified the need for such guidance.

## This guidance presents for each sector:

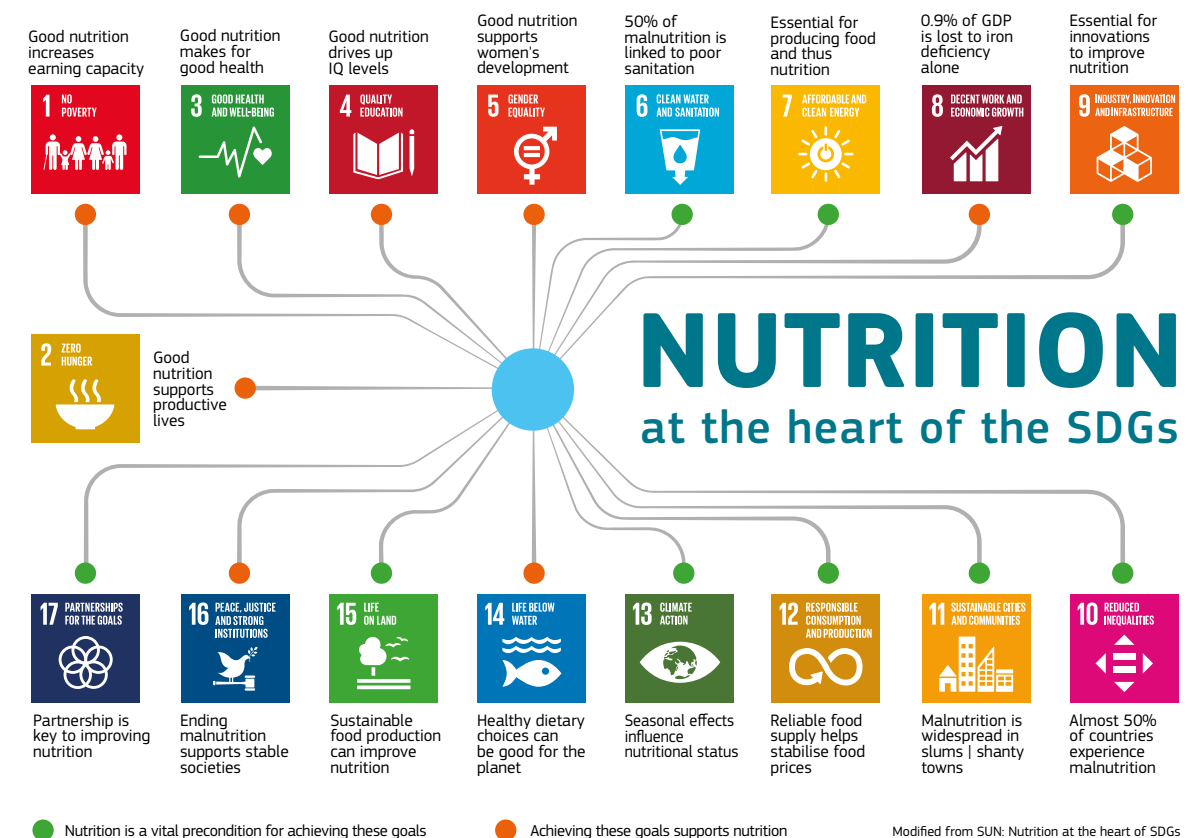
**1. EU policy priorities:** a short narrative explaining EU policy priorities and commitments as articulated in key policy and strategic documents.

**2. A results chain:** a diagram showing the main results (impact, outcomes, outputs) that EU development interventions are expected to achieve in the given thematic area, reflecting EU policy priorities and commitments.

**3. Thematic indicators:** examples of measurable indicators associated to each result statement, that may be used in Logframe Matrices at project / programme level.

## 1. EU Policy Priorities

The [UN Sustainable Development Goal](#) 1 (no poverty) and Goal 2 (zero hunger) are at the heart of the EU commitment to end hunger and malnutrition in all its forms. Furthermore, improved nutrition will help achieve at least 12 of the 17 SDGs and foster healthy, prosperous, and stable societies in which no one is left behind. Malnutrition represents a major global challenge that traps individuals and society in the vicious circle of poverty. It is a key cause of morbidity and mortality.



While nutrition is critical for human development, the world today is still affected by alarming levels of malnutrition.

- In 2020, globally, more than 149 million children under the age of five are stunted<sup>1</sup>, and undernutrition is considered as an underlying cause of nearly half of deaths of children under five<sup>2</sup>.
- In 2015, an estimated 20 million babies were born with a low birthweight<sup>3</sup>.
- The COVID-19 pandemic is exacerbating the problem, largely as a result of a historically unprecedented increase in global poverty, in turn leading to a significant increase in child malnutrition in all its forms. Therefore, despite the lack of evidence, experts anticipate that the pandemic has had a highly detrimental impact on nutrition across the globe, including a significant increase in child stunting and wasting<sup>4</sup>.

<sup>1</sup> UNICEF/WHO/WB Joint Child Malnutrition Estimates (JME) 2021.

<sup>2</sup> <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2813%2960937-X>

<sup>3</sup> 'Low birthweight: will new estimates accelerate progress?'. Tanya Doherty & Mary Kinney. Lancet Global Health Journal May 2019. WHO, UNICEF.

<sup>4</sup> <https://www.worldbank.org/en/topic/nutrition/overview#1>



- In 2019, anaemia affected nearly 30% of women. Anaemia is now monitored by an SDG indicator (2.2.3.)<sup>5</sup>.
- At the same time, overweight and obesity among adults, adolescents and children is rising to record levels, affecting over 2 billion people globally<sup>6</sup>, and is associated with an increased risk for a number of diseases, including diet-related non-communicable diseases.

The human right to food is not limited only to a sufficient quantity of food but also extends to a healthy diet<sup>7</sup>, as both are a precondition for human development and for more just and resilient societies. However, poor-quality diets remain the leading preventable risk factor for premature deaths<sup>8</sup> and no region in the world currently meets global recommendations for healthy diets<sup>9</sup>. In most low- and middle-income countries, the majority of the population are unable to afford a diet that follows food-based dietary guidelines.

With the right nutrition at critical points in life, children can grow and develop to their full potential. Children growing up in poor households are more likely to suffer from undernutrition, which undermines their ability to learn and makes them more prone to disease and illness. This hinders a child's capacity to secure decent work as an adult and to lead a fulfilling and productive life, thus perpetuating generational poverty.

Many countries are now experiencing a 'double burden' of at least two types of malnutrition where undernutrition and overweight and obesity coexist in individuals, households and populations, and across the life-course<sup>10</sup>. Recognising that the drivers of poor diets and malnutrition operate at several levels and across multiple sectors, it is important to invest in a locally adapted, sustained, multi-sectoral and rights-based approaches to ensure a healthy future for people and the planet. Malnutrition costs the global economy an estimated \$3.5 trillion per year as a result of lost investments in human capital<sup>11</sup>, health costs and compromised labour productivity<sup>12</sup>. Investing in nutrition provides one of the best returns in global development and enables socioeconomic development<sup>13</sup>. In Africa, it is estimated that every US\$ 1 invested in reducing chronic undernutrition is children yields a US\$ 16 return<sup>14</sup>.



<sup>5</sup> WHO Global Anaemia estimates, 2021 Edition: [https://www.who.int/data/gho/data/themes/topics/anaemia\\_in\\_women\\_and\\_children](https://www.who.int/data/gho/data/themes/topics/anaemia_in_women_and_children)

<sup>6</sup> <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

<sup>7</sup> The UN Committee on Economic, Social and Cultural rights has recognised that the right to adequate food is of crucial importance for the enjoyment of all human rights and considers this to imply 'the availability of food in a quantity and quality sufficient to satisfy the dietary needs of individuals, free from adverse substances, and acceptable within a given culture'. The Committee on the Rights of the Child has also recognised the obligation of States to ensure access to nutritionally adequate, culturally appropriate and safe food to combat malnutrition in all its forms.

<sup>8</sup> Lancet, 2019. According to the 2021 Global Nutrition Report, unhealthy diets are now responsible for more than 12 million deaths in adults amounting to 26% of all adult deaths.

<sup>9</sup> <https://www.who.int/publications/i/item/9789241516648>

<sup>10</sup> In some cases the concept of 'triple burden' is also used to highlight the issue of micronutrient deficiencies.

<sup>11</sup> Human capital comprises "a mix of individuals' own innate talents and abilities as well as the skills and learning they acquire through education and training". OECD

<sup>12</sup> <https://www.fao.org/publications/sofa/2013/en/>

<sup>13</sup> 'Investments in nutrition are among the most cost-effective development actions', Kakiyete et al. 2017.

<sup>14</sup> Hoddinott 2016 Global Panel

## EU strategic priorities

The EU has emerged as a world leader in the fight against all forms of malnutrition while specifically committing to reduce the number of children under five who are stunted by at least 7 million by 2025. As explained in the [Communication on 'Enhancing Maternal and Child Nutrition in External Assistance: An EU Policy Framework'](#) and in the ['EU action plan on Nutrition'](#), the Commission focuses on maternal and child nutrition, and the first 1 000 days (from the day of conception), that are considered critical in preventing undernutrition and its consequences throughout adulthood. Having exceeded its financial pledge of €3.5 billion for 2014-2020, at the Tokyo Nutrition for Growth Summit in 2021 the EU pledged an additional €2.5 billion for the period 2021-2024 to reduce all forms of malnutrition.

The EU's desired **impact/overall objective** is to reduce malnutrition in all its forms (undernutrition – including micronutrient deficiencies – as well as overweight and obesity) and in particular among children, adolescent girls and women of reproductive age. To achieve this objective, the immediate causes of malnutrition will need to be addressed, as reflected in the following medium-term outcomes:

- Improved health status, in particular for children, adolescent girls and women of reproductive age.
- Adequate dietary intake, in particular for children, adolescent girls and women of reproductive age.

While essential to alleviate suffering, the scaling up of nutrition-specific interventions alone is not sufficient to sustainably reduce malnutrition in line with international nutrition targets<sup>15</sup>. This is why the EU addresses the various determinants of malnutrition through a multi-sectoral approach, which includes sustainable food systems, public health, water and sanitation, social protection, gender inequalities and education, among others. The EU strategic priorities, as outlined in the EU Action Plan on Nutrition are:

- to **enhance mobilisation and political commitment for nutrition**: increasing the commitments and governance to address under-nutrition by placing nutrition higher up on the development agenda, better integrating nutrition into sectoral priorities, and strengthening governance for nutrition both at national and international levels;
- to **scale up actions at country level**: addressing the causes of maternal and child under-nutrition by improving the dietary intake and health status of children and women of reproductive age;
- **knowledge for nutrition**: improving knowledge and quality of information for decision-making, and evidence-based national nutrition strategies and policies.

## Policy and strategic documents

[Neighbourhood, Development and International Cooperation Instrument \(NDICI\) \(2021\)](#)

[GAP III objectives and indicators \(SWD2020 - 284 final\)](#)

[EU action plan on Nutrition \(2014-2020\)](#)

[Communication Enhancing Maternal and Child Nutrition in External Assistance: An EU Policy Framework \(2013\)](#)

<sup>15</sup> Bhutta ZA et al. Lancet Maternal and Child Nutrition Series 2. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? Lancet 2013; 382:452-77.





## 2. Results Chain

### OUTPUTS

#### KNOWLEDGE GOVERNANCE

- Strengthened capacities of policy makers and partners for **integrating more systematic multi-sectoral planning, strategies, policies, regulations and legal frameworks for nutrition and gender.**
- Strengthened **coordination mechanisms and platforms** for nutrition, at national and subnational level, which include all relevant sectors and stakeholders
- Increased **awareness, knowledge and advocacy** for nutrition across main stakeholders at subnational, national and global level, including decision-makers and civil society
- Increased knowledge (e.g., through nutrition information systems), spaces and platforms to promote, better **accountability** and enhanced **aid effectiveness** for nutrition, in a participatory way

#### NUTRITION SPECIFIC

- Increased government and local authorities capacities and investment on **basic nutrition** activities (code 12240)
- Increased capacities at national and local level to provide inclusive **access to quality health services**, (including mental health)
- Increased government and local authorities **capacities to integrate nutrition into health systems** to promote healthier eating, and prevent malnutrition in all of its forms

#### NUTRITION – SENSITIVE SECTORS

- Increased knowledge of effective strategies for **integrating nutrition, gender and pro-poor focus into social protection design and delivery** to improve access to quality diets and nutrition
- Improved awareness of policy makers on good practices for promoting **shock responsive/adaptive social protection systems**

- Strengthened capacities of Government and civil society for the promotion of **social and behavior change and nutrition-sensitive WASH practices**, with particular emphasis on women and girls.
- Increased investment and capacities of key stakeholders at national and subnational level for inclusive **WASH services delivery and infrastructure**, with particular emphasis on women and girls

- Increased **awareness or knowledge** of sanitation & hygiene practices, adequate care and feeding practices, child and maternal and reproductive health care in **target population**
- Improved capacity, strategies and resources for **integrating nutrition** and healthy diets, health, hygiene and physical activity principles and practices **into education curricula and school activities**
- Improved capacities of education stakeholders for **inclusive and quality education service delivery**
- Improved capacities (university and TVET) for **practitioners and personnel working on extension services in nutrition sensitive sectors** for supporting improved nutrition for the most vulnerable (for example, on sectors such as agriculture, health, education, social protection and water, sanitation and hygiene )

- Improved capacities and awareness of decision makers and key stakeholders for analysing and **addressing inequities** throughout services delivery, food systems and value chains
- Improved capacities for the development and implementation of **gender-sensitive policies and programmes** throughout different sectors, which also promote improved nutrition

- Improved capacities of Government and local authorities for ensuring inclusive access to **natural resources** and preserving **biodiversity**
- Improved inclusive access to **productive inputs/ technology/ tools/ equipment, markets, and rural infrastructure** (transport, water and irrigation, storage, processing, internet connectivity, etc.)
- Improved stakeholders' capacities for supporting the sustainable production and supply of more **safe, diverse and productive nutritious crops and foods**
- Improved knowledge and capacity of **smallholder farmers** (especially women and youth), and community-level systems for delivering **on nutrition-sensitive agriculture and value chains**
- Improved capacities at national and subnational levels for **prevention of and preparedness of food and nutrition crises**

#### SHORT-TERM

#### SPECIFIC OBJECTIVES OUTCOMES

#### MEDIUM-TERM

#### OVERALL OBJECTIVE IMPACT

Multisectoral national nutrition, policies and coordination frameworks and nutrition-sensitive legislation, and implementation mechanisms are in place

Enhanced nutrition accountability systems for effective monitoring of nutrition policies and programmes with the participation of civil society

Improved relevance, effectiveness and sustainability of systems and interventions for nutrition and increased resource mobilization

#### Health

Improved feeding and nutrition related practices and behaviors

Improved access to quality primary healthcare services, for women, adolescent girls and children

Health policies and systems become nutrition sensitive

Improved health status, in particular for children, adolescent girls and women of reproductive age

#### Social Protection Systems

Social protection policies and instruments become nutrition-sensitive and cover people living in vulnerable situations

#### WASH

Improved equitable access to and use of safe water and improved sanitation services and better hygiene practices

#### Education

Improved inclusive access to education / school, particularly for adolescent girls

Education policies and systems become nutrition sensitive

Adequate dietary intake in particular for children, adolescent girls and women, esp. of reproductive age

#### Gender

Women empowered to participate in decisions at household, community and society levels

#### Sustainable Food Systems

Improved availability of and access to sustainable, healthy and diverse foods

Improved prevention, preparedness and management of food crises



To reduce malnutrition in all its forms, and in particular among children, adolescent girls and women of reproductive age

#### Related SDGs

The UN Sustainable Development Goal 1 (no poverty) and Goal 2 (zero hunger) are at the heart of the EU commitment to end hunger and malnutrition in all its forms.

Furthermore, improved nutrition will help achieve at least 12 of the 17 SDGs (especially 1, 2, 3, 4, 5, 8, 14, 16)





### 3. List of Sector Indicators

OPSYS indicators are highlighted in the list. For more information about OPSYS indicators please see [here](#).

Result	Indicator(s)
<b>Impact:</b> To reduce malnutrition in all its forms in the affected populations and in particular among children, adolescent girls and women of reproductive age	✓ SDG 2.1.1. Prevalence of <b>undernourishment</b> disaggregated by sex. <i>Data source</i> Global SDG indicators database, <a href="https://unstats.un.org/sdgs/dataportal">https://unstats.un.org/sdgs/dataportal</a>
	✓ SDG 2.2.1. Prevalence of <b>stunting</b> (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age, disaggregated by sex, location, level of education, and by socio-economic status. <i>Data source</i> Global SDG indicators database, <a href="https://unstats.un.org/sdgs/dataportal">https://unstats.un.org/sdgs/dataportal</a>
	WHO-UNICEF-World Bank Joint Child Malnutrition Estimates (JME): <a href="https://www.who.int/news/item/06-05-2021-the-unicef-who-wb-joint-child-malnutrition-estimates-group-released-new-data-for-2021">https://www.who.int/news/item/06-05-2021-the-unicef-who-wb-joint-child-malnutrition-estimates-group-released-new-data-for-2021</a> (download in other table formats from WHO Global Health Observatory (GHO)) <a href="https://www.who.int/data/gho/data/themes/topics/joint-child-malnutrition-estimates-unicef-who-wb">https://www.who.int/data/gho/data/themes/topics/joint-child-malnutrition-estimates-unicef-who-wb</a>
	✓ SDG 2.2.2.a Prevalence of <b>overweight among children</b> under 5 years of age. <i>Data source</i> Global SDG indicators database, <a href="https://unstats.un.org/sdgs/dataportal">https://unstats.un.org/sdgs/dataportal</a>
	WHO-UNICEF-World Bank Joint Child Malnutrition Estimates (JME): <a href="https://www.who.int/news/item/06-05-2021-the-unicef-who-wb-joint-child-malnutrition-estimates-group-released-new-data-for-2021">https://www.who.int/news/item/06-05-2021-the-unicef-who-wb-joint-child-malnutrition-estimates-group-released-new-data-for-2021</a> (download in other table formats from WHO Global Health Observatory (GHO)) <a href="https://www.who.int/data/gho/data/themes/topics/joint-child-malnutrition-estimates-unicef-who-wb">https://www.who.int/data/gho/data/themes/topics/joint-child-malnutrition-estimates-unicef-who-wb</a>
	✓ SDG 2.2.2.b Prevalence of <b>wasting</b> among children under 5 years of age <i>Data source</i> Global SDG indicators database, <a href="https://unstats.un.org/sdgs/dataportal">https://unstats.un.org/sdgs/dataportal</a>
	WHO-UNICEF-World Bank Joint Child Malnutrition Estimates (JME): <a href="https://www.who.int/news/item/06-05-2021-the-unicef-who-wb-joint-child-malnutrition-estimates-group-released-new-data-for-2021">https://www.who.int/news/item/06-05-2021-the-unicef-who-wb-joint-child-malnutrition-estimates-group-released-new-data-for-2021</a> (download in other table formats from WHO Global Health Observatory (GHO)) <a href="https://www.who.int/data/gho/data/themes/topics/joint-child-malnutrition-estimates-unicef-who-wb">https://www.who.int/data/gho/data/themes/topics/joint-child-malnutrition-estimates-unicef-who-wb</a>
	✓ Prevalence of <b>overweight</b> , disaggregated by sex, age group, location, education and socio-economic status <i>Data source</i> National surveys such as DHS
	✓ SDG 2.1.2. Prevalence of moderate or severe <b>food insecurity</b> in the population, based on the Food Insecurity Experience Scale (FIES), disaggregated by sex <i>Data source</i> Global SDG indicators database, <a href="https://unstats.un.org/sdgs/dataportal">https://unstats.un.org/sdgs/dataportal</a>
	✓ SDG 3.7.2. <b>Adolescent birth rate</b> (aged 10–14 years or aged 15–19 years) per 1,000 women in that age group disaggregated by location, education and socio-economic status <i>Data source</i> Global SDG indicators database, <a href="https://unstats.un.org/sdgs/dataportal">https://unstats.un.org/sdgs/dataportal</a>
	✓ <b>Low Birth Weight</b> , disaggregated by location, education and socio-economic status <i>Data source</i> WHO ( <a href="https://extranet.who.int/nhdtargets/en/Menu">https://extranet.who.int/nhdtargets/en/Menu</a> )
	✓ Prevalence of <b>anaemia</b> in all age groups disaggregated by sex, age group, pregnancy status, location (rural/urban), education level, income quintile, disability status and population group <i>Data source</i> Baseline and endline studies conducted and budgeted by the EU-funded intervention

Result	Indicator(s)
<b>Outcome 1:</b> Improved health status, in particular for children, adolescent girls and women of reproductive age	✓ Prevalence of <b>disease attributable to water, sanitation and hygiene in low- and middle income countries</b> , disaggregated by sex, age, location, education and socio-economic status <i>Data source</i> DHS <a href="http://dhsprogram.com/-Maternal and Child Health">http://dhsprogram.com/-Maternal and Child Health</a> National statistics
	✓ <b>Prevalence of micronutrient deficiencies - vitamin A-</b> among women of reproductive age and/or children, disaggregated by sex, age group, location, education and socio-economic status <i>Data source</i> WHO's Vitamin and Mineral Nutrition Information System (VMNIS), <a href="https://www.who.int/teams/nutrition-and-food-safety/databases/vitamin-and-mineral-nutrition-information-system/data">https://www.who.int/teams/nutrition-and-food-safety/databases/vitamin-and-mineral-nutrition-information-system/data</a>
	✓ <b>Prevalence of micronutrient deficiencies - zinc</b> - among women of reproductive age and/or children, disaggregated by sex, age group, location, education and socio-economic status <i>Data source</i> WHO's Vitamin and Mineral Nutrition Information System (VMNIS), <a href="https://www.who.int/teams/nutrition-and-food-safety/databases/vitamin-and-mineral-nutrition-information-system/data">https://www.who.int/teams/nutrition-and-food-safety/databases/vitamin-and-mineral-nutrition-information-system/data</a>
	✓ <b>Prevalence of micronutrient deficiencies - iron</b> - among women of reproductive age and/or children, disaggregated by sex, age group, location, education and socio-economic status <i>Data source</i> WHO's Vitamin and Mineral Nutrition Information System (VMNIS), <a href="https://www.who.int/teams/nutrition-and-food-safety/databases/vitamin-and-mineral-nutrition-information-system/data">https://www.who.int/teams/nutrition-and-food-safety/databases/vitamin-and-mineral-nutrition-information-system/data</a>
	✓ <b>Prevalence of micronutrient deficiencies - iodine</b> - among women of reproductive age and/or children, disaggregated by sex, age group, location, education and socio-economic status <i>Data source</i> WHO's Vitamin and Mineral Nutrition Information System (VMNIS), <a href="https://www.who.int/teams/nutrition-and-food-safety/databases/vitamin-and-mineral-nutrition-information-system/data">https://www.who.int/teams/nutrition-and-food-safety/databases/vitamin-and-mineral-nutrition-information-system/data</a>
<b>Outcome 2:</b> Adequate dietary intake in particular for children, adolescent girls and women, esp. of reproductive age	✓ <b>Minimum Dietary Diversity – Women:</b> Proportion of women of reproductive age (15-49 years) who have consumed at least five of the 10 possible food groups over a 24-hour recall period (based on the MDD-W methodology) <i>Data source</i> UNICEF - MICSS <a href="http://mics.unicef.org/">http://mics.unicef.org/</a> National Demographic and Health Surveys (DHS), <a href="https://www.dhsprogram.com/data/available-datasets.cfm">https://www.dhsprogram.com/data/available-datasets.cfm</a>
	✓ <b>Minimum Dietary Diversity:</b> Proportion of children aged 6–23 months who receive foods from 5 or more food groups (based the MDD methodology) by sex <i>Data source</i> National statistics
	✓ <b>Minimum Acceptable Diet (MAD):</b> Proportion of children aged 6–23 months who receive a minimum acceptable diet (apart from breast milk) based on MAD methodology by sex, location, education and socio-economic status <i>Data source</i> UNICEF Data on Child Nutrition - Infant and Young Child Feeding <a href="https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/">https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/</a> DHS <a href="https://dhsprogram.com/data/DHS-Survey-Indicators-Maternal-and-Child-Nutrition.cfm">https://dhsprogram.com/data/DHS-Survey-Indicators-Maternal-and-Child-Nutrition.cfm</a>
	✓ <b>Diet Quality Index (DQI-I)</b> <i>Data source</i> Baseline and endline studies to be conducted and budgeted by the EU-funded intervention
	✓ Proportion of the population able to <b>afford a healthy diet</b> <i>Data source</i> Baseline and endline studies to be conducted and budgeted by the EU-funded intervention
	✓ <b>Food Consumption Score (FCS)</b> <i>Data source</i> Baseline and endline studies to be conducted and budgeted by the EU-funded intervention



Result	Indicator(s)
<b>Outcome 3:</b> <b>Multisectoral national nutrition, policies and coordination frameworks and nutrition-sensitive legislation, and implementation mechanisms are in place</b>	<ul style="list-style-type: none"> <li>Extent to which multisectoral national nutrition policies and coordination frameworks and nutrition-sensitive legislation, and implementation mechanisms are in place <i>Data source</i> Expert assessment. Baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> <li>Ranking in the Hunger and Nutrition Commitment Index (HANCI) <i>Data source</i> HANCI data set: <a href="http://www.hancindex.org">http://www.hancindex.org</a></li> </ul>
<b>Outcome 4:</b> <b>Enhanced nutrition accountability systems for effective monitoring of nutrition policies and programmes with the participation of civil society</b>	<ul style="list-style-type: none"> <li>Extent to which civil society participates in monitoring the implementation of nutrition policies and programmes <i>Data source</i> Baseline and endline assessments conducted and budgeted by the EU-funded intervention</li> </ul>
<b>Outcome 5:</b> <b>Improved relevance, effectiveness and sustainability of systems and interventions for nutrition and increased resource mobilization</b>	<ul style="list-style-type: none"> <li>Volume of financial commitments (and disbursements) by SUN donors <i>Data source</i> SUN Donor Resource Network</li> <li>Proportion of the estimated budget for National Nutrition Plan that has been funded from domestic finance <i>Data source</i> Baseline and endline assessments conducted and budgeted by the EU-funded intervention</li> </ul>
<b>Outcome 6:</b> <b>Improved feeding and nutrition related practices and behaviours</b>	<ul style="list-style-type: none"> <li>Exclusive breastfeeding: proportion of infants aged less than 6 months fed exclusively with breast milk, disaggregated by sex, location, and socio-economic status <i>Data source</i> UNICEF Data, <a href="https://data.unicef.org/resources/resource-type/datasets/">https://data.unicef.org/resources/resource-type/datasets/</a> National Demographic and Health Surveys (DHS), <a href="https://www.dhsprogram.com/data/available-datasets.cfm">https://www.dhsprogram.com/data/available-datasets.cfm</a></li> <li>Early initiation of breastfeeding rate <i>Data source</i> WHO data, <a href="https://www.who.int/data/gho/data/indicators/indicator-details/GHO/early-initiation-of-breastfeeding-(-)">https://www.who.int/data/gho/data/indicators/indicator-details/GHO/early-initiation-of-breastfeeding-(-)</a></li> </ul>
<b>Outcome 7:</b> <b>Improved access to quality primary healthcare services, for women, adolescent girls and children</b>	<ul style="list-style-type: none"> <li>SDG 3.8.1. Coverage of essential health services <i>Data source</i> SDG Reporting on indicator 3.8.1: <a href="https://unstats.un.org/sdgs/dataportal">https://unstats.un.org/sdgs/dataportal</a></li> <li>Proportion of children under one year old fully immunised (Diphtheria-tetanus-pertussis, DTP3, immunization), disaggregated by sex <i>Data source</i> WHO-UNICEF estimates, <a href="https://immunizationdata.who.int/">https://immunizationdata.who.int/</a> UNICEF - MICS5 <a href="http://mics.unicef.org/">http://mics.unicef.org/</a></li> </ul>
<b>Outcome 8:</b> <b>Health policies and systems become nutrition sensitive</b>	<ul style="list-style-type: none"> <li>Extent to which health policies and systems are nutrition sensitive <i>Data source</i> Expert assessment. Baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> </ul>
<b>Outcome 9:</b> <b>Social protection policies and instruments become nutrition-sensitive and cover people living in vulnerable situations</b>	<ul style="list-style-type: none"> <li>Extent to which social protection policies and instruments are nutrition-sensitive and cover people living in vulnerable situations <i>Data source</i> Expert assessment. Baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> </ul>

Result	Indicator(s)
<b>Outcome 10:</b> <b>Improved equitable access to and use of safe water and improved sanitation services and better hygiene practices</b>	<ul style="list-style-type: none"> <li>SDG 6.1.1. Proportion of population using safely managed drinking water services, disaggregated by sex, location, education and socio-economic status <i>Data source</i> Global SDG indicators database, <a href="https://unstats.un.org/sdgs/dataportal">https://unstats.un.org/sdgs/dataportal</a></li> <li>SDG 6.2.1. Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water by sex, location, education, socio-economic status and ethnic group <i>Data source</i> Global SDG indicators database, <a href="https://unstats.un.org/sdgs/dataportal">https://unstats.un.org/sdgs/dataportal</a></li> <li>Extent to which WASH services are affordable, disaggregated by location and socio-economic status Expert assessment. Baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> <li>Percentage of population practicing open defecation <i>Data source</i> Country-disaggregated WHO/UNICEF data on various sanitation indicators, including open defecation: <a href="http://data.unicef.org/topic/water-and-sanitation/sanitation/">http://data.unicef.org/topic/water-and-sanitation/sanitation/</a></li> </ul>
<b>Outcome 11:</b> <b>Improved inclusive access to education / school, particularly for adolescent girls</b>	<ul style="list-style-type: none"> <li>SDG 4.1.2. Completion rate (primary education and lower secondary education) <i>Data source</i> Global SDG indicators database, <a href="https://unstats.un.org/sdgs/dataportal">https://unstats.un.org/sdgs/dataportal</a></li> </ul>
<b>Outcome 12:</b> <b>Education policies and systems become nutrition sensitive</b>	<ul style="list-style-type: none"> <li>Extent to which the education policies and systems in the country are nutrition sensitive <i>Data source</i> Expert assessment. Baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> </ul>
<b>Outcome 13:</b> <b>Women empowered to participate in decisions at household, community and society levels</b>	<ul style="list-style-type: none"> <li>Share of women among owners or rights-bearers of agricultural land, by type of tenure (SDG 5.a.1(b)) <i>Data source</i> Global SDG indicators database, <a href="https://unstats.un.org/sdgs/dataportal">https://unstats.un.org/sdgs/dataportal</a></li> <li>National score in the Women's empowerment in agriculture index (IFPRI) <i>Data source</i> Developed and piloted by the International Food Policy Research Institute (IFPRI)</li> <li>Number of women and men who have secure tenure of land (with EU support) <i>Data source</i> Database of beneficiaries</li> <li>Percentage of women headed households targeted by the EU funded intervention that report a change in their income <i>Data source</i> Survey of beneficiary households supported by the EU-funded intervention</li> <li>Score for women empowerment in agriculture Index (pro-Weai) <i>Data source</i> Baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> </ul>



Result	Indicator(s)
<b>Outcome 14:</b> <b>Improved availability of and access to sustainable, healthy and diverse foods</b>	<ul style="list-style-type: none"> <li>Prices of specific foods of interest (context-specific)  <i>Data source</i> Market / Price Information System when they exist. Prices of staple foods are often monitored (e.g. WFP: <a href="http://foodprices.vam.wfp.org/">http://foodprices.vam.wfp.org/</a> and FAO: <a href="https://www.fao.org/faostat/en/#data/CP">https://www.fao.org/faostat/en/#data/CP</a>)</li> <li>Total quantity of targeted nutrient-rich value chain commodities (produced by beneficiaries) that is set aside for home consumption  <i>Data source</i> Baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> <li>Total volume of crop production, per year  <i>Data source</i> Baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> <li>Average crop yield, per year  <i>Data source</i> Baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> <li>Crop diversification index  <i>Data source</i> Baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> </ul>
<b>Outcome 15:</b> <b>Improved prevention, preparedness and management of food crises</b>	<ul style="list-style-type: none"> <li>Proportion of local governments that adopt and implement local disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015-2030  <i>Data source</i> National Progress Report of the Sendai Monitor, reported to UNISDR <a href="http://www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf">http://www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf</a></li> <li>Extent to which the prevention, preparedness and management of food crises has been improved  <i>Data source</i> Expert assessment. Baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> </ul>
<b>Output 1:</b> <b>Strengthened capacities of policy makers and partners for integrating more systematic multi-sectoral planning, strategies, policies, regulations and legal frameworks for nutrition and gender.</b>	<ul style="list-style-type: none"> <li>Number of policy makers trained by the EU-funded intervention who increased their knowledge and/or skills for integrating more systematic multi-sectoral planning, strategies, policies, regulations and legal frameworks for nutrition and gender, disaggregated by sex  <i>Data source</i> Database of training participants, pre and post-training tests</li> <li>Extent to which the EU-funded intervention contributed to more systematic multi-sectoral planning, strategies, policies, regulations and legal frameworks for nutrition and gender  <i>Data source</i> Baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> </ul>
<b>Output 2:</b> <b>Strengthened coordination mechanisms and platforms for nutrition, at national and subnational level, which include all relevant sectors and stakeholders</b>	<ul style="list-style-type: none"> <li>Extent to which the EU-funded intervention contributed to strengthened coordination mechanisms and platforms for nutrition, at national and subnational level  <i>Data source</i> Baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> </ul>
<b>Output 3:</b> <b>Increased awareness, knowledge and advocacy for nutrition across main stakeholders at subnational, national and global level, including decision-makers and civil society</b>	<ul style="list-style-type: none"> <li>GERF 2.33. Number of women of reproductive age, adolescent girls and children under 5 reached by nutrition related interventions supported by the EU  <i>Data source</i> Progress reports, list of beneficiaries</li> <li>Number of Government staff demonstrating improved knowledge of the food security and nutrition situation, disaggregated by sex  <i>Data source</i> Database of training participants, pre and post-training tests</li> </ul>

Result	Indicator(s)
<b>Output 4:</b> <b>Increased knowledge (e.g., through nutrition information systems), spaces and platforms to promote, better accountability and enhanced aid effectiveness for nutrition, in a participatory way</b>	<ul style="list-style-type: none"> <li>Status of availability of food and nutrition security analysis mechanisms (e.g. Integrated Food Security Phase Classification (IPC))  <i>Data source</i> Baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> <li>Extent of quality of food and nutrition security analysis mechanisms (e.g. Integrated Food Security Phase Classification (IPC))  <i>Data source</i> Baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> <li>Number of research EU funded interventions aimed at improving knowledge (e.g. on nutrition sensitive cost-effective delivery methods) supported  <i>Data source</i> Progress reports</li> </ul>
<b>Output 5: Increased government and local authorities capacities and investment on basic nutrition activities (code 12240)</b>	<ul style="list-style-type: none"> <li>Number of people who have received information on feeding infants, disaggregated by sex  <i>Data source</i> Database of beneficiaries</li> <li>Number of people who report increased knowledge of infant and child feeding practices, disaggregated by sex.  <i>Data source</i> Baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> <li>Number of people who have been trained in child health and nutrition, disaggregated by sex  <i>Data source</i> Database of beneficiaries</li> </ul>
<b>Output 6:</b> <b>Increased capacities at national and local level to provide inclusive access to quality health services, (including mental health)</b>	<ul style="list-style-type: none"> <li>Number of people who have benefitted from EU assistance with access to a basic package of health services by sex  <i>Data source</i> Progress reports, list of beneficiaries</li> </ul>
<b>Output 7:</b> <b>Increased government and local authorities capacities to integrate nutrition into health systems to promote healthier eating, and prevent malnutrition in all of its forms</b>	<ul style="list-style-type: none"> <li>Extent to which the EU-funded intervention contributed to strengthening coordination mechanisms and platforms for nutrition, at national and subnational level  <i>Data source</i> Progress reports</li> <li>Number of people from government and local authorities trained by the EU-funded intervention who increased their knowledge and/or skills for integrating nutrition into health systems to promote healthier eating, and prevent malnutrition in all of its forms, disaggregated by sex  <i>Data source</i> Database of training participants, pre and post-training tests</li> </ul>
<b>Output 8:</b> <b>Increased knowledge of effective strategies for integrating nutrition, gender and pro-poor focus into social protection design and delivery to improve access to quality diets and nutrition</b>	<ul style="list-style-type: none"> <li>GERF 2.31 Number of countries which have benefitted from EU support to strengthen their social protection systems  <i>Data source</i> Progress reports</li> </ul>
<b>Output 9:</b> <b>Improved awareness of policy makers on good practices for promoting shock responsive/adaptive social protection systems</b>	<ul style="list-style-type: none"> <li>Number of policy makers trained by the EU-funded intervention who increased their knowledge of good practices for promoting shock sensitive and/or adaptive social protection systems, disaggregated by sex  <i>Data source</i> Database of training participants, pre and post-training tests</li> <li>Extent to which the EU-funded intervention provided inputs for the incorporation of shock sensitive and/or adaptive social protection into the national strategy  <i>Data source</i> Baseline and endline assessments conducted and budgeted by the EU-funded intervention</li> <li>Extent to which the EU-funded intervention established/reinforced coordination mechanisms between development and humanitarian actors in both humanitarian and development interventions  <i>Data source</i> Baseline and endline assessments conducted and budgeted by the EU-funded intervention</li> </ul>



Result	Indicator(s)
<b>Output 10:</b> <b>Strengthened capacities of Government and civil society for the promotion of social and behaviour change and nutrition-sensitive WASH practices, with particular emphasis on women and girls.</b>	<ul style="list-style-type: none"> <li>Number of Government and civil society representatives trained by EU funded interventions for the promotion of social and behaviour change and nutrition-sensitive WASH practices, disaggregated by sex  <i>Data source</i> Database of training participants, pre and post-training tests</li> </ul>
<b>Output 11:</b> <b>Increased investment and capacities of key stakeholders at national and subnational level for inclusive WASH services delivery and infrastructure, with particular emphasis on women and girls</b>	<ul style="list-style-type: none"> <li>Number of people with improved access to water and sanitation with EU assistance, disaggregated by sex  <i>Data source</i> Progress reports, list of beneficiaries</li> <li>Number of people trained by EU-funded interventions for inclusive WASH services delivery and infrastructure, disaggregated by sex  <i>Data source</i> Database of training participants, pre and post-training tests</li> </ul>
<b>Output 12:</b> <b>Increased awareness or knowledge of sanitation &amp; hygiene practices, adequate care and feeding practices, child and maternal and reproductive health care in target population</b>	<ul style="list-style-type: none"> <li>Number of people among the target population who have improved their knowledge through the EU-funded intervention on sanitation &amp; hygiene practices, adequate care and feeding practices, child and maternal and reproductive health care, disaggregated by sex  <i>Data source</i> Database of training participants, pre and post-training tests</li> </ul>
<b>Output 13:</b> <b>Improved capacity, strategies and resources for integrating nutrition and healthy diets, health, hygiene and physical activity principles and practices into education curricula and school activities</b>	<ul style="list-style-type: none"> <li>Extent to which the EU-funded intervention contributed to improved capacity, strategies and resources for integrating nutrition and healthy diets, health, hygiene and physical activity principles and practices into education curricula and school activities  <i>Data source</i> Progress reports</li> </ul>
<b>Output 14:</b> <b>Improved capacities of education stakeholders for inclusive and quality education service delivery</b>	<ul style="list-style-type: none"> <li>GERF 2.36 Number of students enrolled in education with EU support: (a) primary education, (b) secondary education, (c) tertiary education, disaggregated by sex  <i>Data source</i> Progress reports, list of beneficiaries</li> <li>Number of people, among education stakeholders, trained by the EU-funded intervention for inclusive and quality education service delivery, disaggregated by sex  <i>Data source</i> Database of training participants, pre and post-training tests</li> </ul>
<b>Output 15:</b> <b>Improved capacities (university and TVET) for practitioners and personnel working on extension services in nutrition sensitive sectors for supporting improved nutrition for the most vulnerable (for example, on sectors such as agriculture, health, education, social protection and water, sanitation and hygiene)</b>	<ul style="list-style-type: none"> <li>Number of people receiving rural advisory services having benefited from EU assistance, disaggregated by sex  <i>Data source</i> Database of beneficiaries</li> <li>Number of people, among practitioners and personnel working on extension services in nutrition sensitive sectors, trained by the EU-funded intervention for supporting improved nutrition for the most vulnerable, disaggregated by sex  <i>Data source</i> Database of training participants, pre and post-training tests</li> </ul>
<b>Output 16:</b> <b>Improved capacities and awareness of decision makers and key stakeholders analysing and addressing inequities throughout services delivery, food systems and value chains</b>	<ul style="list-style-type: none"> <li>GERF 2.39 Number of people directly benefiting from EU supported interventions that aim to reduce social and economic inequality, disaggregated by sex  <i>Data source</i> Progress reports, list of beneficiaries</li> </ul>

Result	Indicator(s)
<b>Output 17:</b> <b>Improved capacities for the development and implementation of gender-sensitive policies and programmes throughout different sectors, which also promote improved nutrition</b>	<ul style="list-style-type: none"> <li>GERF 2.37 Number of people benefitting from EU-funded programmes to counter sexual and gender-based violence  <i>Data source</i> Progress reports, list of beneficiaries</li> <li>Number of people, whose capacities for the development and implementation of gender-sensitive / responsive policies and programmes throughout different sectors, which also promote improved nutrition, have improved through EU assistance, disaggregated by sex  <i>Data source</i> Database of training participants, pre and post-training tests</li> </ul>
<b>Output 18:</b> <b>Improved capacities of Government and local authorities for ensuring inclusive access to natural resources and preserving biodiversity</b>	<ul style="list-style-type: none"> <li>GERF 2.2 Agricultural and pastoral ecosystems (ha) where sustainable management practices have been introduced with EU support  <i>Data source</i> Progress reports</li> <li>Number of policies/legal or legal reforms on preservation and enhancement of natural resources for agriculture development drafted/developed implemented* with EU support  <i>Data source</i> Progress reports</li> </ul>
<b>Output 19:</b> <b>Improved inclusive access to productive inputs/ technology/ tools/ equipment, markets, and rural infrastructure (transport, water and irrigation, storage, processing, internet connectivity, etc.)</b>	<ul style="list-style-type: none"> <li>Number of people with access to all season roads with EU support, disaggregated by sex  <i>Data source</i> Progress reports, list of beneficiaries</li> <li>Number of farmers provided with improved seeds, fertilisers or equipment etc., with EU support disaggregated by sex  <i>Data source</i> Progress reports, list of beneficiaries</li> <li>Number of people benefitting from improved storage/distribution facilities/systems with EU support, disaggregated by sex  <i>Data source</i> Progress reports, list of beneficiaries</li> <li>Hectares under new or improved/rehabilitated irrigation and drainage services  <i>Data source</i> Progress reports</li> </ul>
<b>Output 20:</b> <b>Improved stakeholders' capacities for supporting the sustainable production and supply of more safe, diverse and productive nutritious crops and foods</b>	<ul style="list-style-type: none"> <li>Number of district officials/farmers trained in integrated crop management, crop rotation systems and practices, organic farming, integrated agriculture systems and agro-forestry who can demonstrate increased level of knowledge, disaggregated by sex  <i>Data source</i> Database of training participants, pre and post-training tests</li> <li>Number of hectares where land managed using a) improved technologies and b) improved management practices with EU support  <i>Data source</i> FAO and national research system statistics, as well as baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> </ul>
<b>Output 21:</b> <b>Improved knowledge and capacity of smallholder farmers (especially women and youth), and community-level systems for delivering on nutrition-sensitive agriculture and value chains</b>	<ul style="list-style-type: none"> <li>GERF 2.1 Number of smallholders reached with EU supported interventions aimed to increase their sustainable production, access to markets and/or security of land disaggregated by sex  <i>Data source</i> Progress reports, list of beneficiaries</li> <li>Number of smallholder farmers who have improved their knowledge on nutrition-sensitive agriculture and value chains through the EU-funded intervention disaggregated by sex  <i>Data source</i> Database of training participants, pre and post-training tests</li> </ul>
<b>Output 22:</b> <b>Improved capacities at national and subnational levels for prevention of and preparedness of food and nutrition crises</b>	<ul style="list-style-type: none"> <li>GERF 2.32 Number of food insecure people receiving EU assistance, disaggregated by sex  <i>Data source</i> Progress reports, list of beneficiaries</li> <li>Status of national/regional nutrition surveillance and early warning system  <i>Data source</i> Expert analysis.            Baseline and endline studies to be conducted and budgeted by the EU-funded intervention</li> </ul>



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