Council of the
European Union

Brussels, 3 September 2019
(OR. en)

11850/19

DEVGEN 157
COHAFA 76
ACP 98
RELEX 794
SUSTDEV 112
ALIM 10
AGRI 422
FAO 33
SAN 383

COVER NOTE

From:	Secretary-General of the European Commission, signed by Mr Jordi AYET PUIGARNAU, Director
date of receipt:	2 September 2019
To:	Mr Jeppe TRANHOLM-MIKKELSEN, Secretary-General of the Council of the European Union
No. Cion doc.:	SWD(2019) 321 final
Subject:	COMMISSION STAFF WORKING DOCUMENT Fourth Progress Report on the Commission's Action Plan on Nutrition April 2018 to March 2019

Delegations will find attached document SWD(2019) 321 final.

Encl.: SWD(2019) 321 final

EUROPEAN
COMMISSION

Brussels, 2.9.2019
SWD(2019) 321 final

COMMISSION STAFF WORKING DOCUMENT

Fourth Progress Report on the Commission's Action Plan on Nutrition
April 2018 to March 2019

Table of Contents

ACRONYMS 2

KEY MESSAGES 3

1. INTRODUCTION 5

Background 5

Scope of the Fourth Progress Report 5

2. PROGRESS IN IMPLEMENTING THE ACTION PLAN ON NUTRITION 6

Findings from the Mid-term Review of the Action Plan on Nutrition 6

Characteristics of nutrition programmes 6

3. PROGRESS IN SUPPORTING PARTNER COUNTRIES TO REDUCE THE NUMBER OF CHILDREN STUNTED 9

Stunting trends 9

Research to analyse the Commission's contribution to stunting reduction 11

Factors likely to influence stunting trends 12

4. PROGRESS IN ENSURING THE ALLOCATION OF EUR 3.5 BILLION TO IMPROVE NUTRITION 14

Latest figures from the resource tracking exercise 14

Tracking nutrition disbursements 15

Leveraging co-financing 16

5. CONCLUSIONS 18

Analysis of progress towards the EU's Commitments 18

Key issues 18

Annex 1: Stunting in children aged below 5 years, in the 42 countries prioritising nutrition 20

Annex 2: Country Dashboard of Nutrition-relevant Indicators 21

Acronyms

AARR	Average annual rate of reduction
APN	Action Plan on Nutrition
DAC	Development Assistance Committee of the OECD
DEVCO	Directorate-General for International Cooperation and Development
DTP3	Diphtheria/Tetanus/Pertussis vaccine, the third and final dose
ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
ECOWAS	Economic Community of West African States
EIP	European External Investment Plan
EU	European Union
EUDs	European Union Delegations
EUR	Euros
FAO	Food and Agriculture Organisation (United Nations)
HANCI	Hunger and Nutrition Commitment Index
JME	Joint Malnutrition Estimates (UNICEF, WHO, World Bank Group)
MFF	Multi-annual Financing Framework
MTR	Mid-Term Review
MSs	Member States of the EU
NAS	Nutrition Advisory Service
NGOs	Non-governmental Organisations
NIPN	National Information Platforms for Nutrition
ODA	Official Development Assistance
OECD	Organisation for Economic Cooperation and Development
SDGs	Sustainable Development Goals
SUN	Scaling Up Nutrition Movement
WHA	World Health Assembly
WHO	World Health Organisation (United Nations)
UN	United Nations

Key Messages

The focus of this Fourth Progress Report is on the effectiveness of nutrition related interventions and on the progress towards the Commission's commitments on nutrition: to support partner countries to reduce the number of stunted children under the age of five by at least 7 million by 2025; and to allocate EUR 3.5 billion to nutrition between 2014 and 2020.

The latest estimates indicate that, to date, the anticipated number of children that will have been averted from stunting since 2012 is 4.9 million across the forty countries that have prioritised nutrition in their national indicative programmes. However, the pace of stunting reduction has slowed down slightly, and this would need to be reversed to reach the pace necessary to achieve the target of 7 million children averted from stunting by 2025. For the Commission, this means further escalating nutrition-relevant actions at country level, by mobilising the full potential of sectoral interventions necessary to address the range of causal factors of stunting.

The Commission's annual resource-tracking exercise continues to evidence strong progress towards the financing commitment of EUR 3.5 billion by 2020. A total of EUR 3 billion has been committed to nutrition between 2014 and 2018, (noting that 2018 figures remain preliminary until they are reported to the OECD/DAC in December 2019), equivalent to 87% of the target. It is therefore anticipated that with two years remaining, and with nutrition commitments since 2010 having exceeded EUR 320 million each year, the target can be achieved, largely by leveraging uncommitted funds in the National indicative Plans of EU Delegations.

In addition, the Commission has demonstrated continued leadership in nutrition and played an active role in the international nutrition arena. Its nutrition commitments have also helped to leverage co-financing from other partners (largely EU Member States and UN agencies). This has amounted to over EUR 1 billion for the period 2014-2017, in addition to Commission's contribution. This multiplier effect is very positive.

Whilst the Commission's Action Plan on Nutrition (APN) was purposefully designed to build synergies with interventions from other actors, as evidenced by its three strategic priorities[1], there was also keen interest to deepen the Commission's accountability for its nutrition investments. For this reason, research was undertaken on the Commission's impact on stunting reduction. It provided lessons with regard to: the limited possibility of attributing impact on stunting solely to the Commission's investments; serious gaps in the quality and timeliness of programming data; and the importance of investments to address drivers of stunting that operate at the community and societal levels, to accelerate stunting reduction (e.g. to narrow income inequalities, empower women, create women's work opportunities, increase coverage of safe drinking water, increase deliveries at health facilities, and to improve prenatal nutrition).

This year, significant insights concerning the operational progress of the Commission's nutrition work have been captured through an independent mid-term review of the APN. The APN was found to have helped advance nutrition at both the international and country levels, by: strengthening international commitment to nutrition; informing national nutrition policy dialogue and donor coordination; and scaling up nutrition-sensitive investments, including attention to improved data and evidence. It has helped progress nutrition-sensitive agriculture programming with quite strong design features, though more could be done to improve convergence with other sectors.

In 2017, the latest year for which officially reported data is available, 37 new interventions were approved by the Commission's Directorate-General for International Cooperation and Development (DEVCO), having a nutrition-relevant component amounting to EUR 376 million. 36.7 million of this was programmed through budget support to 6 countries. Partner governments had received a growing

[1] Strategic priority 1: Enhance mobilisation and political commitment for nutrition; Strategic priority 2: Scale up actions at country level; Strategic priority 3: Knowledge for nutrition (strengthening the expertise and the knowledge-base).

share of nutrition commitments, and were the dominant partner category in 2016, receiving 43% of the total. But, they feature less prominently in 2017, with only 15% of the share.

The Council's Conclusions on last year's Progress Report provide strategic direction for the Commission's future priorities. These include the need to address malnutrition in all its forms; revise the EU's 2013 policy framework on nutrition; and ensure the allocation of sufficient resources to food and nutrition security.

1. Introduction

Background

This Fourth Progress Report continues to demonstrate the Commission's accountability for its performance in nutrition, as framed in its Action Plan on Nutrition[2]. All four Progress Reports[3] focus on the two key nutrition commitments that underpin the strategic and operational focus of the Commission's work in nutrition: (i) the 2012 commitment, to support partner countries to reduce the number of stunted children under the age of five by at least 7 million by 2025[4]; and (ii) the 2013 commitment, to ensure the allocation of EUR 3.5 billion between 2014 and 2020 to improve nutrition in partner countries[5].

These two commitments have been institutionalised in the European Union's policy framework on nutrition, consisting of: the 2013 Commission Communication on Enhancing Maternal and Child Nutrition in External Assistance: An EU Policy Framework[6]; and the Commission's 2014 Action Plan on Nutrition. Three sets of Council Conclusions were also adopted on the first three Progress Reports[7].

In addition, in November 2014, the European Parliament adopted a Resolution on child undernutrition in developing countries[8], calling for nutrition to be prioritised as a development goal by the Commission and EU Member States.

All these documents have steered the Commission's action on nutrition, both in partner countries and internationally, and are firmly aligned with Agenda 2030 for Sustainable Development as well as the European Consensus on Development[9]. They also signal the Commission's longer-term commitment to addressing all forms of malnutrition and leveraging food systems to improve diets – both considered as essential components of equitable human development.

Scope of the Fourth Progress Report

Though in previous years the Progress Reports have included substantive sections on the Commission's programming in nutrition, the focus this year is on analysis of progress against the two commitments on nutrition. This will inform discussions on the Commission's future role in nutrition.

Implementation of the Action Plan on Nutrition (APN) focused on countries that prioritised nutrition in their national indicative plans[10]. Forty countries were initially included, and two more were then added in 2016 at the request of EU Delegations (Sudan and Djibouti).

[2] Action Plan on Nutrition – Reducing the number of stunted children under five by 7 million by 2025.
[3] First (2016); Second (2017); and Third (2018).
[4] http://europa.eu/rapid/press-release_SPEECH-12-575_en.htm
[5] Announced at the Nutrition for Growth (N4G) event in 2013. See the Global N4G Compact and Commitments.
[6] http://ec.europa.eu/europeaid/documents/enhancing_maternal-child_nutrition_in_external_assistance_en.pdf
[7] 2016, 2017, and 2018.
[8] http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P8-TA-2014-0072&language=EN&ring=B8-2014-0253
[9] https://ec.europa.eu/europeaid/policies/european-development-policy/european-consensus-development_en
[10] These countries had: (i) a high burden of stunting; (ii) a politically committed government; and (iii) requested support from the EU Delegations to address undernutrition.

2. Progress in Implementing the Action Plan on Nutrition

Findings from the Mid-term Review of the Action Plan on Nutrition

This year, valuable insights have been gained on the Commission's nutrition work, through an independent mid-term review (MTR)[11] of the APN. The APN was found to have helped advance nutrition at both the international and country levels, by: strengthening international commitment to nutrition; informing national nutrition policy dialogue and donor coordination; and scaling up nutrition-sensitive investments, including attention to improved data and evidence. The MTR noted progress in the design of nutrition-sensitive agriculture programmes, but signalled that more could be done to improve linkages with other sectors.

At country level, the APN has provided a framework for engaging in capacity development and strengthening national governance arrangements (e.g. through technical assistance and nutrition-sensitive budget support). These advances could be extended by increasing attention to the sub-national levels. Although the MTR recognised the Commission's strong push for improved nutrition data and analysis and country-led nutrition information systems through the National Information Platforms for Nutrition (NIPN), progress on generating collective knowledge and profit on the full potential of the monitoring and evaluation of the Commission's programmes was limited.

Although the MTR identified positive actions across the humanitarian-development nexus, there is still considerable scope for doing more and doing better. This could include combining measures to address both stunting and wasting; joined-up planning to create synergies across the nexus; and strengthening the complementarity of approaches that address structural as well as crisis-induced causes of malnutrition.

In terms of partnerships, implementation of the APN was found to have engaged a wide range of partners globally, at country level and in some cases at regional level, but with insufficient priority setting and limited engagement with member states. Implementation has not sufficiently focused on the key role of Civil Society Organisations; and opportunities have also been missed to develop stronger partnerships with the private sector in areas where this would have been relevant and add value to nutrition outcomes.

In parallel to the mid-term review, an evaluation of the Commission's Nutrition Advisory Service (NAS) found that the "*NAS has provided critically important person power and technical skills to strengthen the small EC nutrition team and allow it to take a prominent role on the global nutrition stage. At the country level, the NAS has provided strong support in line with the demands from the EUDs to country nutrition efforts*[12]."

Characteristics of nutrition programmes

In addition to the MTR, this is the third year for which the Commission's financial decisions have been analysed to extract information about key features of the actions[13]. In 2017[14], 37 new action documents were approved that had a nutrition-relevant component. Thirty-six of these were aligned with the Policy Marker on Participation Development/Good Governance; and thirty-six had Gender Equality as a significant or main objective. In addition, twenty-nine of the actions targeted at least one of the Rio Convention Markers[15] (compared to 20 of 49 nutrition decisions in 2016). These

[11] Mid-term Review of the Commission's Action Plan on Nutrition and Evaluation of the Nutrition Advisory Service. ADE/IRAM, March 2019.

[12] Evaluation of the Nutrition Advisory Service (NAS); Final Report, Volume I, March 2019. Page ii.

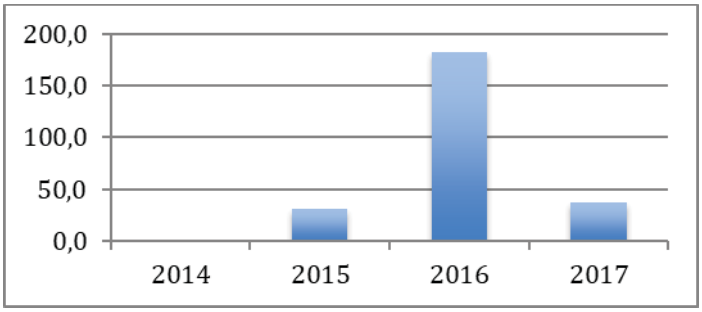
[13] Data in this section are sourced from the Report: Nutrition Resource Tracking 2017, European Commission, May 2019.

[14] This constitutes the most recent data reported to the OECD in December 2018.

[15] The four Rio Convention Markers are: Biological diversity, Combat desertification, Climate change mitigation; and Climate change adaptation.

findings are a good indication of how nutrition is contributing to the Commission's broader objectives in its external cooperation.

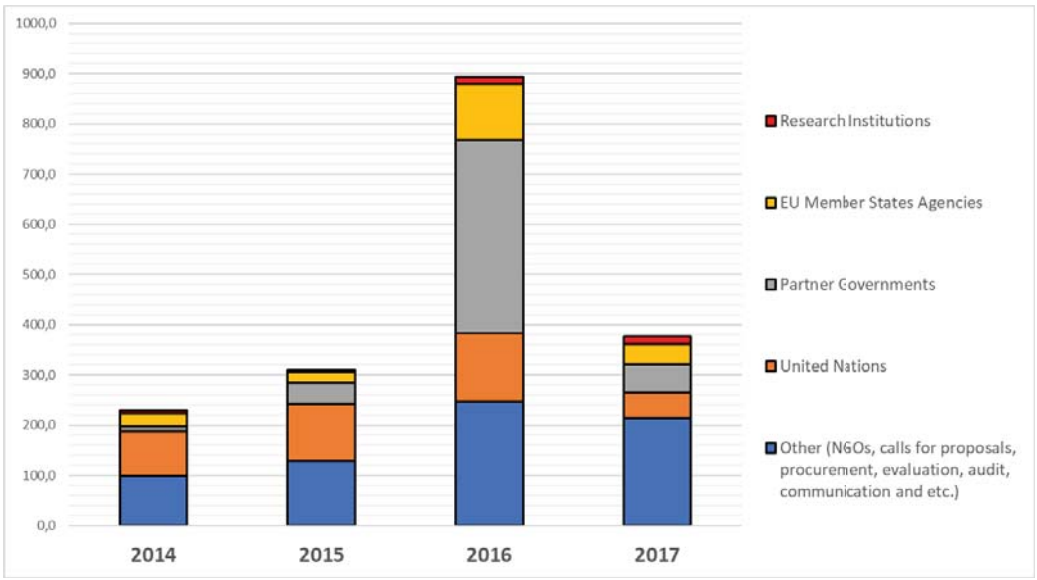
Figure 1: Nutrition commitments through budget support, Euro millions



The Commission continues to regard budget support as an advantageous modality for funding its nutrition work. Although significantly reduced in 2017 (a reflection of the stage of the EU's funding cycle that closes in 2020), EUR 36.7 million[16] nutrition-sensitive commitments were programmed through budget support to 6 countries[17], representing 6.5% of total commitments for the year. 93% of this was via (agricultural) sector budget support and 7% was via general budget support (in Chad only).

Implementation of the Commission's nutrition actions relies on partnerships with other actors. These actors have been grouped under five categories: United Nations (UN) agencies; Partner Governments; EU Member States agencies; Research Institutions; and Others. The results are summarised below.

Figure 2: DEVCO funds allocated for nutrition commitments 2014-2017, Euro millions



In 2017, the largest category of implementing partner for DEVCO was 'Other', which received EUR 214 million (57% of the total). This category includes action documents that did not specify the implementing partner because contracts would be awarded at a later stage (e.g. through calls for proposals or tendering), but they represent mainly NGOs and consultancy companies. Funds reallocated to the Commission's Directorate-General for European Civil Protection and Humanitarian

[16] This constitutes the nutrition component of the overall amount committed through budget support.

[17] Benin, Chad, Honduras, Nepal, Niger and Rwanda.

Aid Operations (ECHO) amounted to 34 million. The second largest partner category was 'Partner Governments', which received €55.6 million in 2017. 'UN Agencies' came third with EUR 51.7 million, dominated by the Food and Agriculture Organisation (FAO), which received over half that funding. Half of the 'Research Institutes' funding went to West African bodies[18].

Two trends stand out: Partner governments had received a growing share of nutrition commitments, and were the dominant partner category in 2016, receiving 43% of the total. But, they feature less prominently in 2017, with only 15% of the share. UN agencies have also seen a declining share of nutrition funding, slipping from 39% in 2014 to 14% in 2017.

Box 1: The EU making a difference in Burkina Faso

In northern Burkina Faso, the EU is funding a programme to strengthen the resilience of communities facing structural food and nutrition insecurity as well as growing unrest. Thirty million euros has been made available through the EU Trust Fund over the period 2017-2020 to support nearly 1 million people. The programme is implemented by five consortia of local and international NGOs, and aims to improve people's access to basic social services and to strengthen their livelihoods. The programme is underpinned by a strong governance dimension and the capacity building of local authorities, in order to secure coordination and coherence across the consortia. During the food crisis of 2018, an analysis was undertaken of the activities of the consortia involved in the resilience programme, as well as those of other actors operating in the same areas (such as World Bank supported social safety nets). This resulted in plans that secured optimal coverage of actions to meet the food needs of the drought-affected populations, despite resource constraints. Moreover, the tools developed for the analysis can now be used to improve the governance of food security throughout the Burkinabe territory, in support of the National Response Plan.

[18] CILSS (*Comité permanent inter-État de lutte contre la sécheresse au Sahel*, or Permanent Interstate Committee for Drought Control in the Sahel) and *Centre Régional de Santé Animale* of ECOWAS.

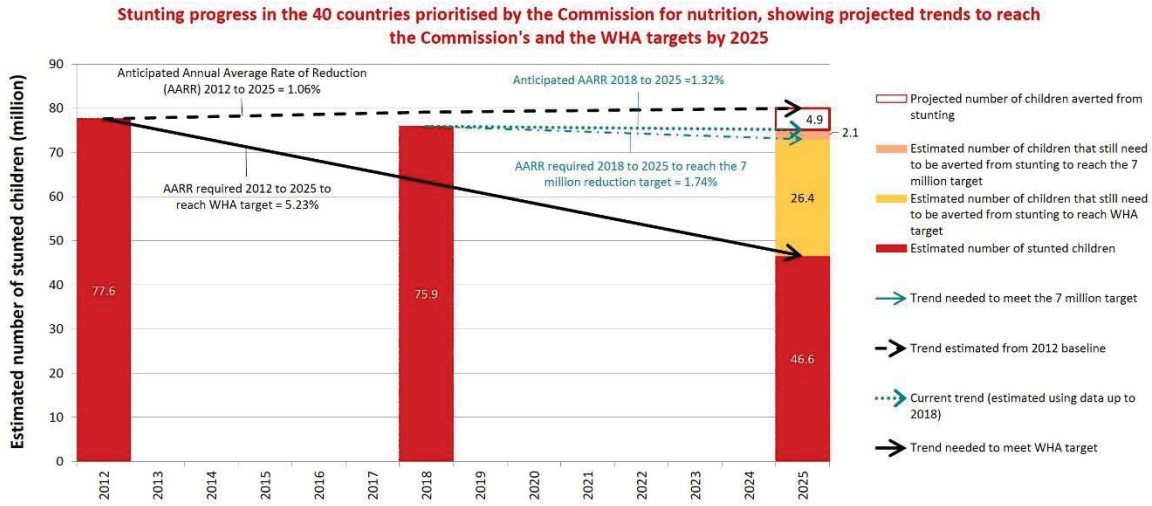
3. Progress in Supporting Partner Countries to Reduce the Number of Children Stunted

Stunting trends

The analyses presented in this section are derived from the Commission's 'Stunting Reduction Calculation Tool'[19]. This was developed in 2014/15, in close collaboration with the World Health Organisation (WHO), and is the basis for the tool that is available online[20].

Since the First Progress Report, analysis of stunting progress has focused on the original group of 40 countries that prioritised nutrition in their cooperation with the EU (the two additional countries that were added from 2016 onwards are not included in the analyses so as to be able to compare trends and changes over time). On this basis, the latest estimates indicate that the anticipated number of children averted from stunting from 2012 to 2025 is 4.9 million across the forty countries. This is a slight increase on the estimated 4.7 million of last year.

Figure 3: Stunting progress in the 40 countries prioritised by the Commission for nutrition, showing projected trends to reach the World Health Assembly and the Commission's targets by 2025



Perhaps more significant is that the pace of stunting reduction has slowed down slightly, with a drop in the average annual rate of reduction (AARR) from 1.41% estimated last year to 1.32% this year[21]. This needs to be reversed to reach the pace necessary (1.77% across the group of 40) to achieve the target of 7 million children averted from stunting by 2025. Such a reversal requires more careful attention to the multiplicity of factors that lead to stunting, operating at different levels (individual, household and community/societal) through the consistent reference to a programme's theory of change (discussed further below).

Even with such improvements, the group of 40 countries is not set to achieve the World Health Assembly (WHA) 40% stunting reduction target. Whilst calculations estimate that all 40 countries, except Angola, have reduced their prevalence of stunting, or kept it at the same rate as the 2012 baseline, this improvement is not enough to offset demographic growth. Thus, the number of stunted children has decreased only slightly, from 77.6 million in 2012 to 75.9 million in 2018.

[19] The methodology for this excel tool can be found here: https://ec.europa.eu/europeaid/ec-stunting-tracking-methodology_en

[20] https://www.who.int/nutrition/trackingtool/en/

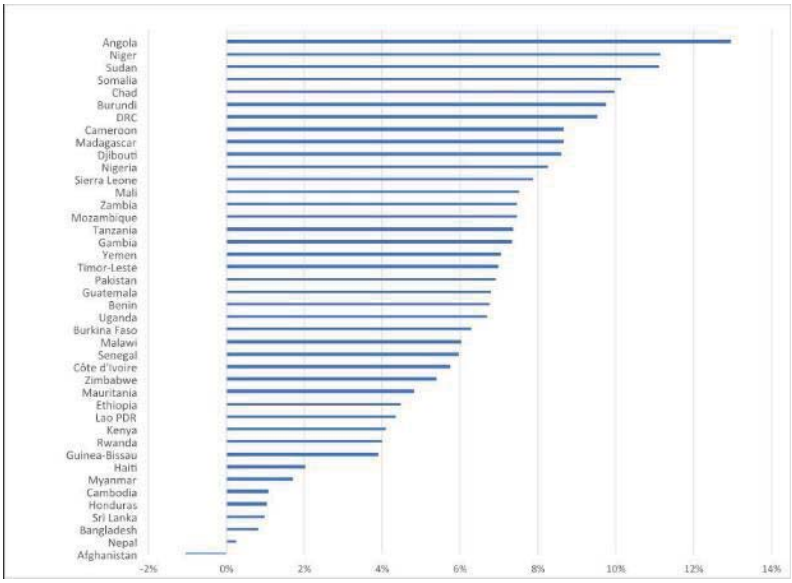
[21] Since last year's estimates, 14 new survey data have been included for this group of 40 countries, plus a pre-existing survey for The Gambia from 2012, that had not been included in the JME database before.

It is important to recognise that these overall group figures mask critical changes in individual countries. Nigeria is a case in point: the most recent survey[22] indicates an extraordinary increase of over 10 percentage points in the prevalence of stunting (from 32.9% in 2015 to 43.6% in 2016). This alone increases the population of stunted children in the group of 40 countries by 3.7 million. If the 2016 survey results for Nigeria were excluded from the overall analysis, the number of children that would be projected as having been averted from stunting across all the countries would be 5.8 million (as opposed to 4.9 million indicated in figure 3). The AARR without Nigeria's 2016 results would be marginally improved: 1.37% as opposed to 1.32%. The reasons behind this dramatic change in Nigeria are likely to be driven by the on-going humanitarian crisis in northern Nigeria. Years of conflict have undermined already fragile livelihoods; and most public services collapsed several years ago. The Northeast and Northwest regions are most affected, and the EU has committed EUR 153 million to Support the Response, Recovery and Resilience in two of the North-eastern States (Borno and Yobe). Operations began in the end of 2018.

This one example captures the very real challenges faced: the limitations of the data we have available to estimate the level of stunting; and the rising demographic load that imposes an ever-increasing pressure of rising numbers of under-five year old children.

The scale of the challenge is better described in the following graph, which indicates, country by country, the gap between the current pace of stunting reduction and that needed to achieve the global World Health Assembly (WHA) target of a 40% reduction in stunting.

Figure 4: The difference between the current rate of stunting reduction and that needed to reach the WHA target by 2025 (AARR, %)[23]



Broadly, the 14 countries listed from Mauritania downwards could potentially achieve the target, since the gap is of an AARR difference of 5% or less. The other 28 countries are unlikely to achieve the scale of acceleration needed.

The detailed stunting profile for each country is given in Annex 1. Individual country graphs are available online: https://ec.europa.eu/europeaid/nutrition-map_en.

[22] This is a 2016 survey, which had not yet been uploaded onto the JME database in time for last year's Progress Report and therefore was not included in last year's analysis of progress.

[23] Source: Nutrition Resource Tracking 2017, European Commission, May 2019.

Box 2: The EU making a difference in nutrition-related analysis[24]

The EU launched the programme on National Information Platforms for Nutrition (NIPN) in 2015, with support from the UK's Department for International Development and the Bill & Melinda Gates Foundation. The main objective is to create country-led and country-owned platforms to strengthen countries' analysis of nutrition information/data to better inform policies and programmes for improving nutrition. Having spent nearly two years designing and agreeing the multi-stakeholder and multi-sectoral platforms for each country, eight are now in the process of operationalizing these. For example, in Guatemala the NIPN team has produced a number of outputs, including: a report on how to better monitor the country's Strategy to Prevent Chronic Malnutrition; supporting the government to use existing survey data to better answer questions of priority at national and regional levels; development of a data protocol for more robust and reliable health administrative data; an analysis of Guatemala's progress in funding and implementing multi-sectoral stunting reduction strategies; and the piloting of a decentralised information system to better inform policy makers and decentralised budget allocations.

A recent mid-term review of the NIPN initiative endorsed its relevance and importance, albeit with a number of caveats regarding the limited results that are available at this stage. A number of recommendations were made, not least regarding the future evolution of the initiative, particularly for its funding and the technical assistance provided to countries. These are now under consideration.

Research to analyse the Commission's contribution to stunting reduction

In last year's Third Progress Report, one of the challenges discussed was the feasibility of assessing the impact of the Commission's investments on stunting reduction. The report described plans to examine more rigorously the Commission's contribution to the impact on stunting. That research was undertaken by a team of researchers at the University of Ghent and was completed in March 2019[25].

The team used a combination of methods to:

- investigate any association between EU investments in nutrition and stunting prevalence;
- determine the main drivers of change in stunting for selected countries; and
- determine the key programme activities, outputs and outcomes that drive changes in stunting prevalence for selected programmes.

Two important constraints hampered the research: the short time frame over which analysis was undertaken (2012 to 2017); and the availability of data (poor programme data; only national stunting figures; and financial disbursements that were not disaggregated geographically). It is also difficult to draw conclusions without knowing how the EU's contribution compares to that of other development partners and thus the EU's proportional scale of investments; and regional nutrition spending could not be taken into account, as it is often not attributed to national programmes. These factors imposed serious limitations on the analyses possible and therefore on the findings.

The results are inconclusive regarding the association between EU nutrition investments and stunting prevalence. Data was pooled for the 42 countries, to correct for any bias in investments (countries with higher stunting rates may purposefully receive higher disbursements). The results indicate a strong negative correlation between increasing pooled EU nutrition disbursements and reducing stunting prevalence. However, it is not possible to conclude that the disbursements brought about the reduction in stunting because no control comparison can be made. In future, this could be addressed by developing a time series with a counterfactual, but this would require more years of data than currently available (it could be possible in 2-3 years' time). Furthermore, the same negative

[24] For more information on the NIPN, visit: http://www.nipn-nutrition-platforms.org/

[25] *Impact analysis on stunting reduction. An analysis of the impact of EU disbursements on stunting from 2012-2017 in 42 Commission partner countries prioritising nutrition and of the drivers of change in stunting reduction.* Final report, March 2019.

association seen for the group of 42 was not found in many individual countries; the pooled analysis hides progress in individual countries.

Key drivers of stunting changes were assessed using Demographic and Health Survey (DHS) data. Only 15 of the 42 countries[26] had data for more than 2 years since 2000 (the minimum required to assess changes in stunting). Analyses of these 15 revealed the following 'distal' indicators as significant drivers of stunting reduction: the Gini coefficient[27], women's decision-making power, women's work opportunities, household access to improved drinking water, women's access to health facilities for the delivery of their babies and prevalence of low birth weight as reported by mothers. These findings have informed the revision of the nutrition dashboard – presented in Annex 2.

The research suggests that focusing only on stunting, to assess the Commission's impact, is problematic; they recommend looking at changes in the overall population, not only in the proportion of children below the statistical cut-off that defines 'stunting'. This could be by using mean or median height-for-age Z-scores[28] and the total proportion of children with improved height growth.

Finally, the research explored programme practices aimed at stunting reduction. Three programmes were examined in detail[29]. All three showed a strong focus on certain critical pathways to improve nutrition, but may have missed other important pathways. The development of a stronger theory of change at the programme formulation stage would clarify which nutrition pathways are tackled by the programme and which are not, and would thereby guide the monitoring and evaluation of the programme. The analysis also showed the value of including 'proximal' indicators of nutrition (such as breastfeeding, meal frequency or diet diversity) to establish more realistic programme expectations.

The fact that only three programmes in two countries had sufficient data to be included in the research reflects that the Commission's programme monitoring practices need further improvement in order to better assess the impact of nutrition investments.

Overall, the research has provided lessons with regard to: the limited possibility of ascribing impact on stunting to the Commission's investments; gaps in the quality and timeliness of programming data; and the importance of investments in 'distal' drivers of stunting to accelerate stunting reduction (such as investments aimed at narrowing income inequalities, empowering women, creating women's work opportunities, increasing coverage of safe drinking water, increasing deliveries at health facilities, and improving prenatal nutrition).

Factors likely to influence stunting trends

The Ghent University research complemented existing work to analyse factors likely to be important in bringing about changes in stunting. This work was introduced in last year's Progress Report, in the form of an indicators 'dashboard' for the 42 partner countries prioritising nutrition. This dashboard has since been updated, and expanded in light of the research findings as it is presented in Annex II, together with a comprehensive legend and description of the methodology. Analyses of the dashboard's data show the following:

[26] Bangladesh, Cambodia, Ethiopia, Haiti, Kenya, Malawi, Mali, Nepal, Nigeria, Rwanda, Senegal, Tanzania, Uganda, Zambia and Zimbabwe.

[27] An index of income inequality. Gini measures the extent to which the distribution of income among households within an economy deviates from a perfectly equal distribution.

[28] The Z-score system expresses measurements such as height or weight as standard deviations below or above the mean/median value of a reference population. Because the Z-score scale is linear, summary statistics such as mean can be computed.

[29] These were filtered through a serious of steps to determine the availability of relevant data and of programme staff to interact with the researchers. The 3 programmes selected were: Scaling Up Convergent Programme Approaches (SUPA) to improve food and nutrition security in the northern uplands of Lao PDR; the Northern Uplands Food and Nutrition Security Improvement Project (NUFNIP) in Lao PDR; and the Resilience Building and Creation of Economic Opportunities in Ethiopia (RESET II).

- Three countries (Cote d'Ivoire, Mauritania and Rwanda) are showing improvements across most of the indicators, including both prevalence of stunting and rate of stunting reduction.
- Three others (Djibouti, Nigeria and Somalia) are faring the worst, with improvements in less than a third of the indicators.
- The ten conflict-affected countries[30] show lower improvements in both stunting prevalence and the pace of stunting reduction compared to non-conflict countries.
- Approximately a third of DEVCO commitments and disbursements between 2014 and 2018 were made to these conflict-affected countries.
- West Africa countries are performing better than other African countries in stunting prevalence.
- West Africa countries are performing better compared to East Africa and the Sahel with respect to population growth and exclusive breastfeeding.
- All Asian countries have improved their stunting prevalence, but showed rising income inequality and urbanisation.
- Across the 42 countries, four of the ten context indicators are performing worse than the others: urbanisation, income inequality, DTP3 coverage[31] and the Hunger and Nutrition Commitment Index (HANCI).
- No association was found between nutrition disbursements and stunting change.
- There were two significant correlations with DEVCO's output variable. An increasing number of women and children benefiting from nutrition interventions was correlated with reductions in both multidimensional poverty and DPT3 prevalence in 2018. There was no correlation between women and children benefitting and nutrition commitments or disbursements.

Over time, it is anticipated that the dashboard will provide deeper insights into the dynamics of stunting changes in the 42 countries. For now, the findings are of greatest use in informing country-level policy dialogue with governments and development partners.

[30] Afghanistan, Burundi, Chad, DRC, Mali, Myanmar, Nigeria, Somalia, Sudan and Yemen.

[31] The percentage of children receiving the final dose of the Diphtheria/Tetanus/Pertussis vaccine. This is taken as a proxy of the coverage of health services.

4. Progress in Ensuring the Allocation of EUR 3.5 Billion to Improve Nutrition

Latest figures from the resource tracking exercise

The latest results from the Commission's resource-tracking exercise[32] continue to evidence strong progress towards the financing commitment of EUR 3.5 billion by 2020 (see Table 1). A total of EUR 3 billion has been committed to nutrition since 2014; equivalent to 87% of the target. As long as commitments don't drop off altogether in the remaining two years (2019 and 2020), it is highly likely that the EUR 3.5 billion target will be achieved.

Table 1: Nutrition Commitments 2014-2018* by category and funding source, Euro millions[33]

	Development aid instruments				Humanitarian aid instruments				Total EU
	Nutrition-Specific	Nutrition-Sensitive		SUB-TOTAL	Nutrition-Specific	Nutrition-Sensitive		SUB-TOTAL	
		Dominant	Partial			Dominant	Partial		
2014	33.9	25.0	171.0	**229.9**	-	91.5	133.2	**224.7**	**454.6**
2015	53.0	18.1	238.6	**309.6**	-	87.5	149.5	**237.0**	**546.6**
2016	167.5	244.5	481.0	**893.0**	-	0.0	168.6	**168.6**	**1061.6**
2017	60.0	0.0	316.3	**376.3**	-	0.0	190.3	**190.3**	**566.6**
2018*	70.2	0.0	194.0	**264.2**	-	13.8	151.8	**165.6**	**429.8**
Total	384.6	287.6	1,400.9	2073	-	192.8	793.4	986.2	**3,059.2**

* Data for 2018 is preliminary. It will be reported to the OECD DAC in December 2019.

The proportion of funding programmed as nutrition-sensitive continues to be the dominant feature of the Commission's investments, amounting to 87.4% in the period 2014 to 2018. Nutrition-specific investments have more than doubled in this same period, from 7.5% in 2014 to 16.3% in 2018. Overall, 12.6% of total commitments in nutrition 2014-2018 were nutrition-specific, which is in line with the proportion anticipated when the global commitment was first announced (EUR 0.4 billion on nutrition-specific out of the EUR 3.5 billion total, or 11.4%).

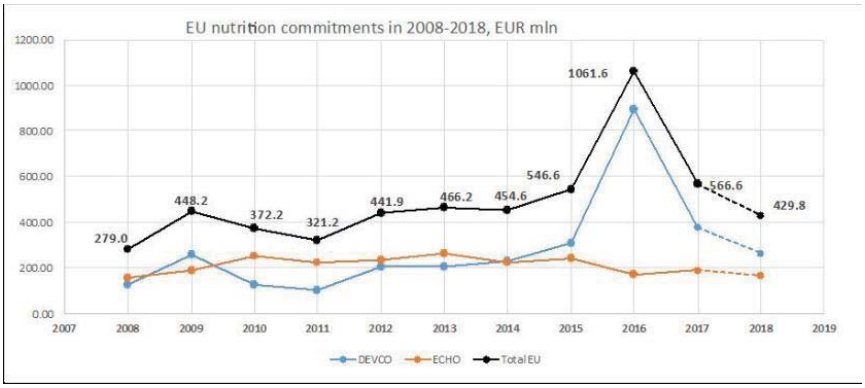
A longer-term perspective on EU funding for nutrition is presented in Figure 5. This demonstrates a clear upward shift since 2014 when the funding commitment was made, notwithstanding the declines over the last two years as we approach the end of the current budget cycle (2014-2020)[34].

Figure 5: Nutrition Commitments 2008-2018, Euro millions

[32] Using the Methodology and Guidance Note to Track Global Investments in Nutrition, SUN Donor Network, 1 December 2013. Nutrition-specific investments are those recorded under the OECD-DAC sector code for nutrition basic (12240); this means that no humanitarian aid counts as nutrition-specific since code 12240 is not used for that. Nutrition-sensitive investments have to fulfill all the following criteria: they are aimed at individuals (particularly women, adolescent girls or children); and have a significant nutrition objective or nutrition indicator(s); and contribute to nutrition-sensitive outcomes. Nutrition-sensitive dominant are those where the full action is nutrition-sensitive, and 100% of the funding is counted; nutrition-sensitive partial are those where only part of the action is nutrition-sensitive, and 25% of the funding is counted.

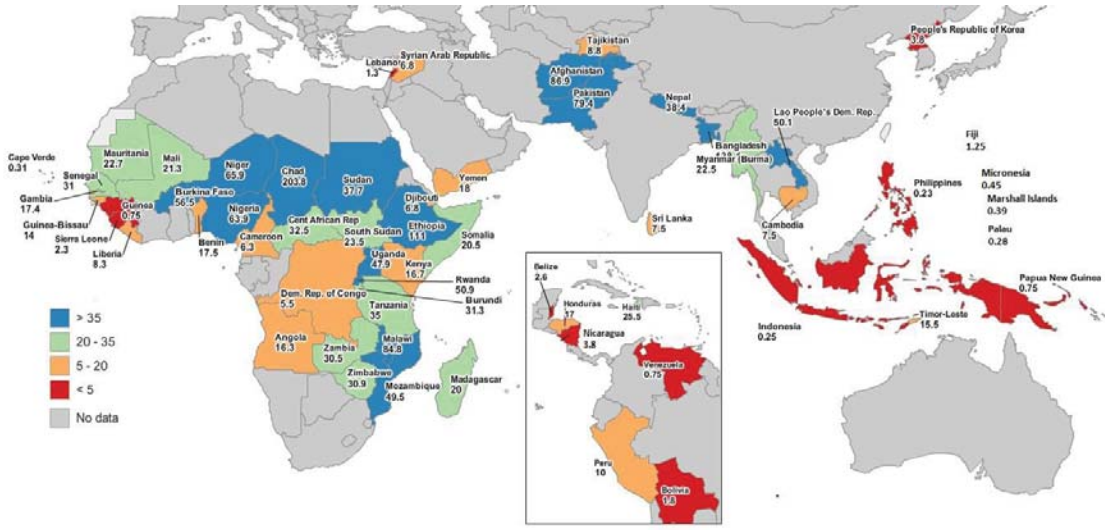
[33] Preliminary analysis undertaken last year indicated 2017 commitments totalling EUR 433.33 million. Most of the rise to EUR 566.6 reflects higher commitments via ECHO and the EU's contributions to Trust Funds.

[34] The previous EU budget cycle ran from 2007 to 2013; the resource tracking exercise has been applied to data from 2008.



Rigorous targeting continues to be evidenced in the geographic spread of the Commission's nutrition investments (Figure 6): of the total funding from 2014 to 2018, 95% has been committed to the 42 countries that have prioritised nutrition in their national indicative plans, which reflect the agreement between a country's government and the EU delegation on sectoral priorities. (Of the 42, only two countries, Côte d'Ivoire and Guatemala, have made no financial commitments to nutrition in their national programmes since 2014 – although they may have received nutrition commitments from contributions through regional programmes).

Figure 6: Map of total nutrition commitments through the Commission's development aid instruments 2014-2018, Euro millions

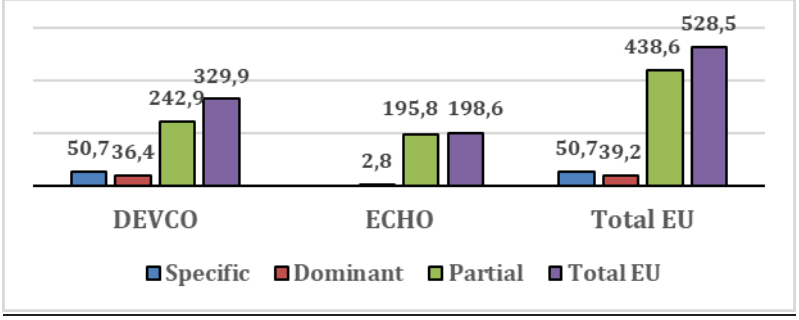


Note: Map data excludes some regional, global and policy/research/information commitments that could not be broken down by beneficiary country at this stage, amounting to EUR 340.8 million (19.7% of the total).

Tracking nutrition disbursements

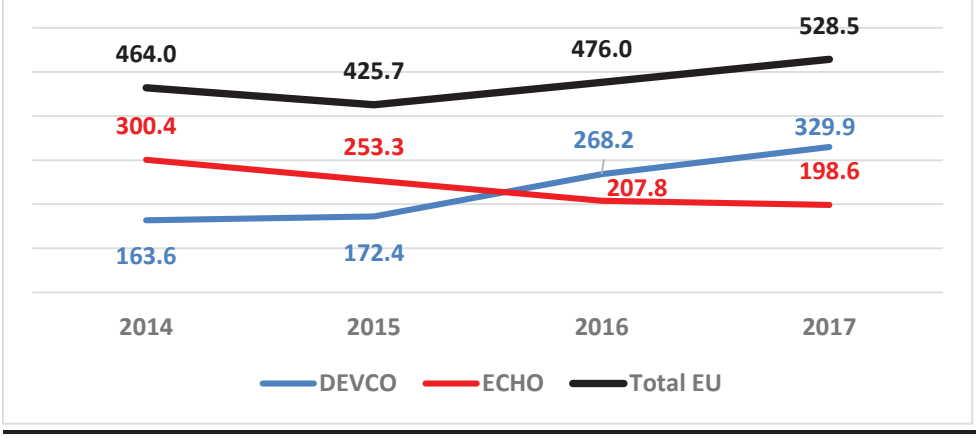
Financial nutrition commitments constitute the legal decision to fund an action. Financial disbursements are the transfers of funds, following a previous commitment. Thus, disbursements provide a more time-sensitive picture of funding flows. The Commission's nutrition disbursements in 2017 totalled EUR 528.5 million (see Figure 7). This was comprised largely of developmental disbursements (EUR 329.9 million, or 62%) and humanitarian disbursements (EUR 198.6 million, or 38%). The vast majority of disbursements were nutrition-sensitive (combining the partial and dominant categories), which made up 90% of total nutrition disbursements (EUR 477.8 million). Nutrition-specific disbursements totalled €50.7 million.

Figure 7: Nutrition disbursements in 2017 by funding source and category, Euro millions



Total nutrition disbursements in 2017 increased by €52.5 million compared with 2016, reaching its highest point in the last four years (Figure 8). The EUR 330 million disbursed by the Commission's development aid instruments in 2017 reached a total 5,810,572 women and children. Over this period, developmental nutrition disbursements have steadily increased and humanitarian disbursements have steadily decreased. This is consistent with the trends in development and humanitarian nutrition commitments since 2011 and 2013 respectively.

Figure 8: Nutrition disbursements by funding source 2014-2016, Euro millions



Leveraging co-financing

Beyond its direct funding, the Commission's development aid instruments have leveraged additional co-financing from other donors (EU Member States and UN agencies). Over the period 2014-2017, co-financing from other donors has totalled over EUR 1 billion for nutrition, in addition to the Commission's contribution of EUR 1.8 billion over this period. This additionality nearly triples the finances available to nutrition linked to the EU.

The EU is already developing nutrition interventions under the External Investment Plan (EIP). In Laos, for example, a seven year blended investment is planned for 2019. In partnership with the Asian Development Bank (ADB), the EU aims to enhance sustainable market-oriented agriculture in four upland provinces, by linking economic priorities (agricultural commercialisation and job creation) with social concerns (tackling food insecurity and malnutrition) and environmental protection (improved water-shed management and deforestation-free agricultural practices). The investment is being designed around a number of mutually reinforcing components, each of which align with the Government's National Socio-Economic Development Plan and National Nutrition Strategy. The EU contribution will focus on the nutrition-related component, while the ADB contribution will focus on the economic dimensions. Crucially the intervention builds on the EU's current budget support (EUR 50 million) to the Government for effective implementation of its National Nutrition Strategy and Plan of Action. The financial blending promotes the sustainability

and scaling up of the on-going approach to strengthen nutrition governance and accountability as well as to improve the nutrition outcomes of the overall food system in the country.

Such blended operations are instrumental to the EU's leverage in high-level policy dialogue on areas of common interest with partner countries. They also support the promotion of strengthened governance in food and nutrition security, and promote an environment conducive to private sector investment.

5. Conclusions

Analysis of progress towards the EU's Commitments

At current predicted trends, the number of children averted from stunting in the Commission's 40 partner countries prioritising nutrition is expected to reach 4.9 million by 2025. Even though this could not be attributed only to the Commission's investments and actions, the financial and programming evidence presented in this report demonstrates that the Commission is likely to have played a significant part in this improvement. The anticipated stunting burden in the 40 partner countries indicates a gap of 2.1 million children required to achieve the target of 7 million children averted from stunting. Given that the pace of stunting reduction has slowed down over the last year, bridging this gap may be challenging – particularly in view of the persistent pressure from demographic growth. As a matter of priority, programme designs need to be robustly linked to a clear theory of change that directly links actions with the causal pathways of stunting. This can be actioned immediately.

Though the time-line for achievement of the financial commitment is tighter, confidence that it can be achieved is much greater. Taking account of the preliminary results for 2018, the Commission now has 2 years left to commit the EUR 0.44 billion needed to bring the cumulative total to the EUR 3.5 billion target by 2020. Since 2010, the Commission's nutrition commitments have always risen above EUR 320 million per year, so there is no reason to expect that the required EUR 220 million for the last two years won't be achieved – largely from un-committed funding still available in the National Indicative Plans for EU Delegations.

Key issues

Crucial lessons have been provided through two independent reports commissioned during this last year since the Third Progress Report: The research undertaken by the University of Ghent; and the MTR of the APN. Key issues identified include:

- The very unlikely possibility of securing a more robust analysis of the Commission's impact on stunting, that directly attributes a link to its investments and programmes (due to the methodological and data constraints identified earlier);
- The need for rigorous programme design linked to a clear theory of change, so as to be more explicit about the pathways through which each programme is likely to influence stunting, and to have a clearer understanding of the potential factors that might block progress.
- Tools and guidance for policies and programmes, developed through the Global Public Goods and Challenges instrument (GPGC), have covered a wide range of nutrition-sensitive resources, mainly in the domain of nutrition-sensitive agriculture and food systems. Looking forward, further investments are needed to secure greater uptake of these valuable resources, and to facilitate more systematic knowledge transfer across partner countries.
- More generally, the MTR found that "there has been quite impressive attention at building nutrition capacity of domestic institutions and implementing partners for delivery" (page 36), and identifies that a conceptual framework for capacity development would elevate efforts to a more strategic level in future.
- The good work identified on nutrition coordination and governance at national level needs now to be extended to the sub-national levels, particularly in fragile states like the Democratic Republic of Congo and Yemen.

These insights now need to be consolidated and reflected upon to inform the Commission's future priorities and accountability in nutrition.

The Commission's agenda in nutrition is evolving to take account of a number of emerging priorities that require:

- Action against malnutrition in all its forms (stunting, wasting, micro-nutrient deficiency and overweight), as a necessary component of sustainable and inclusive development;
- Development of sustainable agri-food systems (including fisheries and aquaculture) as a mechanism to improve food and nutrition security, whilst also safeguarding people's health and the environment (in particular by preserving vital natural resources such as agro-biodiversity, water, soil and land);
- Research and innovation to address the significant challenges posed by climate change and armed conflicts on nutrition security; and
- Gender-responsive value chains, in recognition of the role that women play throughout agri-food value chains, as well as in the management of natural resources and in ensuring food and nutrition security.

2019 is an important milestone in the monitoring of progress towards the 2030 Agenda and the Sustainable Development Goals. Political will is being galvanised to accelerate progress across the SDGs, and the EU and its Member States are continuing to contribute to keeping nutrition high on the international agenda as well as at the national level.

Annex 1: Stunting in children aged below 5 years, in the 42 countries prioritising nutrition

42 Countries by Region	Baseline % children stunted, 2012 (est. in 2019)	Baseline Nº children stunted in 2012, millions (est. in 2019)	% Stunted, 2018 (est. in 2019)	Nº stunted, 2018 millions (est. in 2019)	Estimated Nº children averted from stunting 2012-2018	Nº children stunted if WHA target is met by 2025
TOTAL	**39.7%**	***79.460***	**35.6%**	***78.210***	***1.250***	***47.676***
AFRICA	**38.5%**	***52.252***	**35.0%**	***53.947***	***-1.696***	***31.351***
Angola	20.8%	**0.997**	30.0%	**1,656,265**	**-0.659**	**0.598**
Benin	44.3%	**0.725**	35.4%	**0.652**	**0.073**	**0.435**
Burkina Faso	34.8%	**1.039**	29.3%	**0.981**	**0.057**	**0.623**
Burundi	55.5%	**0.948**	54.4%	**1.090**	**-0.142**	**0.569**
Cameroon	35.5%	**1.260**	33.6%	**1.315**	**-0.055**	**0.756**
Chad	38.9%	**0.942**	38.6%	**1.073**	**-0.132**	**0.565**
Côte d'Ivoire	35.1%	**1.231**	27.0%	**1.087**	**0.144**	**0.739**
DRC	42.6%	**5.521**	40.7%	**6.171**	**-0.650**	**3.312**
Djibouti	32.7%	**0.032**	34.0%	**0.035**	**-0.002**	**0.019**
Ethiopia	43.5%	**6.198**	37.1%	**5.751**	**0.447**	**3.719**
Gambia	21.8%	**0.071**	20.2%	**0.076**	**-0.004**	**0.043**
Guinea-Bissau	37.3%	**0.011**	28.6%	**0.085**	**0.015**	**0.060**
Kenya	36.2%	**2.499**	28.6%	**2.065**	**0.435**	**1.499**
Madagascar	48.5%	**1.711**	46.0%	**1.808**	**-0.096**	**1.027**
Malawi	48.5%	**1.372**	40.6%	**1.237**	**0.135**	**0.823**
Mali	29.4%	**0.910**	27.4%	**0.950**	**-0.040**	**0.546**
Mauritania	23.9%	**0.143**	20.9%	**0.141**	**0.001**	**0.086**
Mozambique	41.0%	**1.865**	37.0%	**1.903**	**-0.038**	**1.119**
Niger	48.8%	**1.790**	44.7%	**2.018**	**-0.228**	**1.074**
Nigeria	37.2%	**10.825**	35.0%	**11.505**	**-0.680**	**6.495**
Rwanda	44.7%	**0.761**	37.3%	**0.657**	**0.104**	**0.456**
Senegal	19.0%	**0.441**	17.0%	**0.444.**	**-0.004**	**0.264**
Sierra Leone	41.5%	**0.464**	40.2%	**0.467**	**-0.003**	**0.278**
Somalia	30.4%	**0.731**	29.5%	**0.813**	**-0.083**	**0.438**
Sudan	32.2%	**1.820**	36.8%	**2.245**	**-0.425**	**1.092**
Tanzania	39.0%	**3.389**	34.0%	**3.420**	**-0.031**	**2.033**
Uganda	33.8%	**2.362**	28.9%	**2.330**	**0.032**	**1.417**
Zambia	49.4%	**1.270**	41.0%	**1.212**	**0.057**	**0.762**
Zimbabwe	35.3%	**0.834**	29.9%	**0.759**	**0.075**	**0.501**
ASIA	**42.6%**	***25.780***	**37.3%**	***22.908***	***2.872***	***15.468***
Afghanistan	67.1%	**3.517**	40.0%	**2.133**	**1.383**	**2.110**
Bangladesh	39.4%	**6.088**	33.1%	**4.992**	**1.096**	**3.653**
Cambodia	36.0%	**0.630**	29.5%	**0.523**	**0.107**	**0.378**
Lao PDR	43.9%	**0.347**	41.4%	**0.316**	**0.031**	**0.208**
Myanmar	31.8%	**1.484**	27.4%	**1.234**	**0.250**	**0.890**
Nepal	39.9%	**1.205**	33.4%	**0.922**	**0.283**	**0.723**
Pakistan	42.9%	**10.215**	41.7%	**10.513**	**-0.298**	**6.129**
Sri Lanka	15.2%	**0.265**	14.3%	**0.222**	**0.043**	**0.159**
Timor-Leste	56.6%	**0.113**	50.6%	**0.106**	**0.006**	**0.068**
Yemen	50.1%	**1.916**	47.0%	**1.945**	**-0.029**	**1.150**
AMERICAS	**34.3%**	***1.428***	**32.0%**	***1.355***	***0.073***	***0.857***
Guatemala	47.0%	**0.911**	45.2%	**0.927**	**-0.016**	**0.546**
Haiti	23.0%	**0.288**	19.7%	**0.243**	**0.045**	**0.173**
Honduras	23.5%	**0.230**	19.3%	**0.185**	**0.045**	**0.138**

Annex 2: Country Dashboard of Nutrition-relevant Indicators

Country	Inputs	Process/Activities	Outputs	Outcomes				Impact			
	DEVCO Nutrition Commitments 2014-2017 (EUR millions)	DEVCO Nutrition Disbursements 2014-2017 (EUR millions)	Number of women + children benefiting from DEVCO nutrition assistance (2016-2017)	Global Food Security Index		Exclusive breastfeeding of infants < 6 months (%)		Stunting Prevalence in children under 5 years of age (%)		Rate of stunting reduction (%)	
				2018	Change since 2012 baseli	Most recent data	Change since 2012 baseli	2018 Estimate	Change since 2012 baseli	Estimated in 2018)	Change since 2012 baseli
Afghanistan	76.88	51.67	-	-	-	43.1	-	40.0		1.74	
Angola	16.25	0.17	-	39		37.4	-	30.0		2.60	
Bangladesh	101.31	21.86	35,451	43		55.3		33.1		2.77	
Benin	17.50	2.75	-	41		41.4		35.4		0.52	
Burkina Faso	56.50	41.45	57,623	38		50.1		29.3		1.69	
Burundi	31.25	7.41	-	24		82.3		54.4		0.75	
Cambodia	7.50	0.80	6,405	42		65.2		29.5		2.97	
Cameroon	6.25	5.78	-	42		28.0		33.6		0.16	
Chad	203.75	35.71	51,754	32		0.1		38.6		0.50	
Côte d'Ivoire	-	0.00	-	46		23.5		27.0		1.36	
Democratic Republic of the Congo	5.50	12.66	-	26		47.3		40.7		0.85	
Djibouti	6.75	0.46	-	-	-	-	-	34.0		-0.65	
Ethiopia	105.96	72.43	46,196	36		56.5		37.1		2.30	
Gambia	17.39	9.52	43,821	-	-	46.8		20.2		2.03	
Guatemala	-	2.18	3,186,235	51		53.2		45.2		0.83	
Guinea-Bissau	3.00	10.24	-	-	-	52.5		28.6		1.81	
Haiti	25.49	14.45	-	33		39.9		19.7		2.51	
Honduras	17.00	4.37	11,201	51		-	-	19.3		3.23	
Kenya	16.68	11.89	534,566	42		61.4		28.6		1.54	
Lao People's Democratic Republic	50.12	8.38	1,142	38		-	-	41.4		1.00	
Madagascar	20.00	3.54	-	27		41.9		46.0		0.90	
Malawi	84.75	24.33	3,117	32		59.4		40.6		1.57	
Mali	18.39	48.75	184,712	42		37.3		27.4		1.99	
Mauritania	22.70	8.35	3,282	-	-	41.1		20.9		3.42	
Mozambique	32.50	19.94	-	35		41.0		37.0		1.70	
Myanmar	20.00	23.91	146,938	46		51.2		27.4		2.77	
Nepal	38.43	13.38	12,216	46		65.2		33.4		3.04	
Niger	65.87	65.60	1,560,520	34		-	-	44.7		0.52	
Nigeria	61.43	29.55	3,640,460	38		23.3		35.0		1.06	
Pakistan	79.37	16.55	89,634	49		37.7		41.7		0.48	
Rwanda	50.92	45.41	-	38		86.9		37.3		1.44	
Senegal	23.53	30.16	939,494	42		36.4		17.0		2.36	
Sierra Leone	2.25	4.17	43,672	29		31.4		40.2		-0.04	
Somalia	20.50	10.95	230	-	-	-	-	29.5		0.50	
Sri Lanka	7.50	1.67	1,210	54		82.0		14.3		2.42	
Sudan	21.44	19.51	102	36		54.6		36.8		0.02	
Timor-Leste	0.50	8.42	-	-	-	50.2		50.6		0.64	
Uganda	47.85	13.46	-	41		65.5		28.9		2.17	
United Republic of Tanzania	10.00	1.57	-	37		59.0		34.0		1.65	
Yemen	16.50	14.47	231,383	29		9.7		47.0		0.50	
Zambia	5.75	13.71	-	34		72.0		41.0		1.09	
Zimbabwe	30.88	30.59	6,600	-	-	47.1		29.9		0.38	

Country	Context											
	Delivery in health facility (%)		HANCI Score		Population Growth (annual %)		Gender Inequality Index (Range 0 to 1)		Global multi-poverty index (Range 0 to 1)	
	Most recent data	Change since 2012 baseli	Most recent data (2017)	Change since 2012 baseli	Most recent data (2017)	Change since 2012 baseli	Most recent data (2017)	Change since 2012 baseli	Most recent data	Change since 2012 baseli
Afghanistan	48.0		81		2.49		0.653		0.2733	
Angola	45.6		103		3.31		-	-	0.2827	
Bangladesh	37.4		158		1.05		0.542		0.1944	
Benin	87.0		136		2.75		0.611		0.3462	
Burkina Faso	82.2		175		2.89		0.610		-	-
Burundi	83.9		142		3.18		0.471		0.4039	
Cambodia	83.2		148		1.53		0.473		0.1580	
Cameroon	61.3		136		2.59		0.569		0.2437	
Chad	21.7		105	-	3.05		0.708	-	0.5348	
Côte d'Ivoire	69.8		150		2.50		-	-	0.2362	
Democratic Republic of the Congo	79.9		128		3.25		0.652		0.3780	
Djibouti	-	-	-	-	1.54		-	-	-	-
Ethiopia	26.2		135		2.46		0.502		0.4900	
Gambia	62.6		199		3.00		0.623		0.2864	
Guatemala	65.0		245		1.98		0.493		0.1344	
Guinea-Bissau	44.0		78		2.48		-	-	0.3732	
Haiti	39.4		-	-	1.23		0.601		0.2312	
Honduras	-	-	-	-	1.66		-	-	0.0904	
Kenya	61.2		185		2.52		0.549		0.1789	
Lao People's Democratic Republic	-	-	-	-	1.47		0.461		-	-
Madagascar	37.9		203		2.68		-	-	-	-
Malawi	88.9		213		2.89		0.619		0.2437	
Mali	64.5		174		3.00		0.678		0.4571	
Mauritania	69.3		144		2.73		0.617		0.2611	
Mozambique	-	-	121		2.87		0.552		-	-
Myanmar	37.1		115		0.91		0.456		0.1761	
Nepal	55.2		216		1.11		0.480		0.1536	
Niger	58.8		163		3.82		0.649		-	-
Nigeria	35.8		103		2.60		-	-	0.2944	
Pakistan	48.2		187		1.95		0.541		0.2283	
Rwanda	90.5		185		2.41		0.381		0.2661	
Senegal	71.3		169		2.81		0.515		0.2935	
Sierra Leone	54.4		121		2.15		0.645		0.4219	
Somalia	-	-	-	-	2.92		-	-	-	-
Sri Lanka	99.7		-	-	1.13		0.354		-	-
Sudan	27.7		119		2.38		0.564		0.2798	
Timor-Leste	-	-	-	-	2.16		-	-	0.2109	
Uganda	73.4		149		3.26		0.523		0.2789	
United Republic of Tanzania	62.6		191		3.08		0.537		0.2746	
Yemen	29.8		81		2.39		0.835		0.2412	
Zambia	67.4		144		2.99		0.517		0.2623	
Zimbabwe	77.0		150	-	2.32		0.534		0.1489	

Country	Context														
	Urbanisation			DPT3 coverage			Gini coefficient			Access to Improved drinking water (%)			Primary education (% women)		
	2012 baseline	Most recent data (2018)	Change since 2012 baseli	2012 baseline	Most recent data (2017)	Change since 2012 baseli	Data of the closest year to the 2012 baseline	Most recent data	Change since 2012 baseli	Data of the closest year to the 2012 baseline	Most recent data	Change since 2012 baseli	Data of the closest year to the 2012 baseline	Most recent data	Change since 2012 baseli
Afghanistan	24.16	25.50		67.0	65.0		-	-	-	-	65.3	-	-	2.0	-
Angola	61.27	65.51		54.0	52.0		42.70	-	-	48.7	52.3		2.8	6.0	
Bangladesh	31.99	36.63		94.0	97.0		32.10	32.40		98.5	97.6		11.6	11.1	
Benin	44.13	47.31		80.0	82.0		43.40	47.80		78.4	-	-	4.1	-	-
Burkina Faso	25.77	29.36		90.0	91.0		39.80	35.30		77.0	76.6		3.4	4.4	
Burundi	11.19	13.03		96.0	91.0		33.40	38.60		79.2	82.9		13.9	13.5	
Cambodia	21.04	23.39		90.0	93.0		-	-	-	32.5	65.2		8.1	8.0	
Cameroon	52.77	56.37		85.0	86.0		42.80	46.60		70.8	-	-	14.4	-	-
Chad	22.14	23.06		40.0	41.0		43.30	-	-	35.8	55.3		1.8	4.9	
Côte d'Ivoire	48.17	50.78		82.0	84.0		43.20	41.50		78.3	-	-	9.0	-	-
Democratic Republic of the Congo	41.08	44.46		75.0	81.0		42.10	-	-	46.2	48.7		7.1	8.4	
Djibouti	77.14	77.78		81.0	68.0		45.10	44.10		-	-	-	-	-	-
Ethiopia	18.16	20.76		62.0	73.0		33.20	39.10		53.7	64.8		4.0	3.2	
Gambia	57.11	61.27		98.0	92.0		43.60	35.90		91.0	-	-	5.5	-	-
Guatemala	49.00	51.05		96.0	82.0		54.60	48.30		85.5	57.3		14.5	17.3	
Guinea-Bissau	40.91	43.36		87.0	87.0		50.70	-	-	-	-	-	-	-	-
Haiti	49.48	55.28		67.0	60.0		41.10	-	-	64.8	74.0		4.6	8.8	
Honduras	53.20	57.10		97.0	97.0		56.10	50.00		89.8	-	-	27.1	-	-
Kenya	24.38	27.03		94.0	82.0		48.50	40.80		63.5	75.1		26.9	33.6	
Lao People's Democratic Republic	31.26	35.00		79.0	85.0		36.40	-	-	-	-	-	-	-	-
Madagascar	33.23	37.19		70.0	74.0		42.60	-	-	37.2	43.8		10.0	12.9	
Malawi	15.81	16.94		96.0	88.0		45.50	-	-	80.7	86.2		10.7	10.5	
Mali	37.60	42.36		65.0	66.0		33.00	-	-	66.0	70.0		2.2	2.1	
Mauritania	48.40	53.67		80.0	81.0		35.70	32.60		63.1	-	-	8.6	-	-
Mozambique	32.85	35.99		76.0	80.0		45.60	54.00		51.0	62.8		7.3	7.7	
Myanmar	29.27	30.58		84.0	89.0		-	38.10	-	-	80.2	-	-	18.0	-
Nepal	17.46	19.74		90.0	90.0		32.80	-	-	91.6	94.6		5.5	5.5	
Niger	16.21	16.43		71.0	81.0		31.50	34.30		67.0	-	-	1.6	-	-
Nigeria	45.25	50.34		42.0	42.0		43.00	-	-	53.6	72.6		12.1	10.6	
Pakistan	35.41	36.67		64.0	75.0		30.90	33.50		93.4	94.6		10.0	11.1	
Rwanda	16.94	17.21		98.0	98.0		47.20	45.10		73.8	78.5		13.9	17.9	
Senegal	44.60	47.19		91.0	93.0		40.30	-	-	76.0	81.0		3.7	2.6	
Sierra Leone	39.64	42.06		91.0	90.0		34.00	-	-	60.6	70.1		3.4	2.8	
Somalia	41.56	44.97		42.0	42.0		-	-	-	-	-	-	-	-	-
Sri Lanka	18.20	18.48		99.0	99.0		39.20	39.80		-	-	-	-	-	-
Sudan	33.35	34.64		92.0	95.0		35.40	-	-	-	-	-	-	-	-
Timor-Leste	28.43	30.58		83.0	76.0		27.80	28.70		63.3	78.6		8.9	6.5	
Uganda	20.42	23.77		83.0	85.0		41.00	42.80		70.3	78.3		11.3	12.8	
United Republic of Tanzania	29.49	33.78		92.0	97.0		37.80	-	-	58.7	61.4		52.1	50.1	
Yemen	32.96	36.64		67.0	68.0		34.70	36.70		58.8	-	-	-	-	-
Zambia	40.35	43.52		78.0	94.0		55.60	57.10		41.1	64.5		19.0	16.1	
Zimbabwe	32.83	32.21		95.0	89.0		43.20	-	-	78.7	78.1		16.6	14.5	

Dashboard Legend

For the seventeen outcome/impact/context indicators in the dashboard, two colour-coded analyses of progress are presented:

- Firstly, cell colours show how the latest data fits according to the thresholds established for the 2012 baselines for each indicator. These baseline thresholds divided the countries into three groups of equal size, so that for all indicators, 33% countries fell into the 'best' green category; 33% were in the 'middle' amber category; and 33% in the 'worst' red category. The latest data was then compared to these baseline thresholds to assess progress (described as 'shifts' in the analysis below).
- Secondly, a round traffic light is used to show whether the indicator has improved (green), worsened (red), or remains unchanged (amber), compared to its baseline value.

Thresholds were defined for each indicator for the baseline year, which divided the countries up into 3 groups of equal size. These same thresholds have been applied to the relevant indicator to assess the status of the most recent data:

Green: data falls within the top of the 2012 groups		There has been an improvement since the baseline
Orange: data falls within the middle of the 2012 groups		There has been no or limited improvement since the baseline
Red: data falls within the bottom of the 2012 groups		There has been a deterioration since the baseline

In addition, the change in each indicator since the 2012 baseline is illustrated by a separate traffic light signal. The amber signal denotes no or 'limited' change, calculated by subtracting the minimum value from the maximum value for each indicator, and then dividing by the number of countries. This provides a range around the zero for each indicator.

Indicator	Source	Comments
DEVCO Nutrition Commitments 2014-2017	DEVCO Unit C1; Nutrition Advisory Service Resource Tracking Team	DEVCO figures, as reported to the OECD DAC up to December 2018
DEVCO Nutrition Disbursements 2014-2017	DEVCO Unit C1; Nutrition Advisory Service Resource Tracking Team	DEVCO figures, as reported to the OECD DAC up to December 2018
Nº women and children benefiting from DEVCO nutrition assistance	DEVCO Unit 05 (Results and Business Processes)	EU corporate result indicator for nutrition. It includes EU-funded interventions that either ended between July 2013 and June 2018 or were ongoing at time of project selection (June 2018)
Global Food Security Index	The Economist Intelligence Unit	The 2018 Global Food Security Index provides a worldwide perspective on which countries are most and least vulnerable to food insecurity and how resource risks increase vulnerability. The index considers affordability, availability and quality & safety. The scale is normalised from 1-100 where 100 = most favourable. denotes 0 ± 0.4
Exclusive breastfeeding of infants less than 6 months	UNICEF: https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/	Baseline is the data available for 2012 or the closest year before 2012. The latest available data varies between countries, from 2013 to 2017. denotes 0 ± 1.2%
Stunting prevalence children < 5 years	DEVCO Unit C1 Nutrition Advisory Service, applying the 'stunting reduction calculation tool' developed with WHO	Note: Minus numbers denote an increasing prevalence denotes 0 ± 0.86%
Rate of stunting reduction	DEVCO Unit C1 Nutrition Advisory Service, applying the 'stunting reduction calculation tool' developed with WHO	denotes 0 ± 0.16%
Delivery in a health facility	UNICEF 2018: https://data.unicef.org/wp-content/uploads/2018/02/Maternal-and-Newborn-Health-Coverage-Database-2018-May21.xlsx	Percentage of births delivered in a health facility. The indicator refers to women who had a live birth in a recent time period, generally two years for MICS and five years for DHS. denotes 0 ± 1.1%
HANCI Hunger and Nutrition Commitment Index	Institute of Development Studies: HANCI 2012: (Table 4.5 p.57) https://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/2955/ER25%20Final%20Online.pdf?sequence=1_source=hanci HANCI 2017: Data direct from IDS	The HANCI measures the political commitment of countries to reduce hunger and undernutrition in their populations. The latest available data varies between countries is 2017. Higher scores indicate a better commitment. denotes 0 ± 4.1%
Population Growth	https://data.worldbank.org/indicator/SP.POP.GROW	Annual population growth rate for year. The latest population estimates are used. denotes 0 ± 0.03%
GII Gender Inequality Index	http://hdr.undp.org/en/content/gender-inequality-index-gii http://hdr.undp.org/en/data	The GII measures gender inequalities in 3 aspects of human development: - reproductive health, measured by maternal mortality ratio and adolescent birth rates; - empowerment, measured by proportion of parliamentary seats occupied by females and proportion of adult females and males aged 25 years and older with at least some secondary education; and - economic status, expressed as labour market participation and measured by labour force participation rate of female and male populations aged 15 years and older.

Indicator	Source	Comments
		It ranges from 0, where women and men fare equally, to 1, where one gender fares as poorly as possible in all measured dimensions. denotes 0 ± 0.0022 %
Global multi-poverty index (MPI)	Oxford Poverty & Human Development Initiative: https://ophi.org.uk/multidimensional-poverty-index/global-mpi-2017/mpi-data/ (Winter 2017-8 update) The MPI relies on two main datasets: the Demographic and Health Survey (DHS), and the Multiple Indicators Cluster Survey (MICS).	The MPI is an internationally comparable measure of acute poverty for over 100 developing countries. It captures the multiple deprivations that each poor person faces at the same time with respect to education, health and living standards. The MPI reflects both the proportion of people in a population who are multi-dimensionally poor; and the intensity of poverty (the average percentage of deprivations each poor person experiences at the same time). Baseline is the data available for 2012 or the closest year before 2012. The latest available data varies between countries from 2013 to 2017. denotes 0 ± 0.01 %
Urbanisation	World urbanization prospects UN population division https://population.un.org/wup/Download/	Based on an individual country's definition of urban. Annual Percentage of Population at Mid-Year Residing in Urban Areas by region, sub-region and country, 1950-2050 denotes 0 ± 0.15 %
GINI coefficient	World Development Indicators latest update 31/01/2019 https://data.worldbank.org/indicator/SI.POV.GINI?	The Gini index measures the extent to which the distribution of income (or, in some cases, consumption expenditure) among individuals or households within an economy deviates from a perfectly equal distribution. A Gini index of 0 represents perfect equality, while an index of 100 implies perfect inequality. denotes 0 ± 0.073
DPT3 coverage	World Health Organisation: https://www.who.int/gho/immunization/dtp3/en/	The percentage of children receiving the final dose (DPT3) is a vital gauge of how well countries are providing immunization coverage for their children. denotes 0 ± 0.71 %
Improved drinking water	DHS data. Statcompiler https://statcompiler.com/en/	The percentage of households using improved water source. denotes 0 ± 2.3 %
Women's primary education	DHS data. Statcompiler https://statcompiler.com/en/	The percentage of women who had completed primary school. denotes 0 ± 0.38 %

Conflict-affected countries: Afghanistan, Burundi, Chad, DRC; Mali; Myanmar; Nigeria; Somalia; Sudan; and Yemen.