



Country Tracking Table

Nutrition for Growth (N4G) commitment to 2020		Reported progress in 2017–2018	2018 Assessment
Bangladesh			
Impact Commitment	1. Reducing stunting from 41% (in 2011) to 38% (in 2016).	No response	No response
	2. Reduce wasting from 16% (in 2011) to 12% (in 2016).	No response	
	3. New Commitments Post 2013 N4G (made in 2017): No increase of childhood obesity (WHZ>+2) among children under 5 years by 2025.	No response	
	4. New Commitments Post 2013 N4G (made in 2017): Reducing the rate of anemia among pregnant women to less than 25% by 2025.	No response	
Financial Commitment	Mobilizing domestic and international finance to support national efforts to improve nutrition.	No response	No response
Policy Commitment	1. Reviewing the national policy for nutrition to ensure that both nutrition-specific and nutrition-sensitive interventions are given due attention.	No response	No response
	2. Strengthening the national coordination mechanism for improved nutrition.	No response	
Program Commitment	Review national safety net programs to ensure they are nutrition-sensitive and deliver improved nutrition outcomes.	No response	No response

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Benin			
Impact Commitment	1. Increase exclusive breastfeeding from 33% to 46% by 2020.	No response	No response
	2. Maintain less than a 5% rate of acute malnutrition among children under 5 years of age.	No response	
Financial Commitment	No commitment	Not applicable	None Basis for assessment: No 2013 N4G commitment made
Policy Commitment	1. Develop a strategy for resource mobilization to implement the new national plan (Panar).	No response	No response
	2. Develop a plan for monitoring and evaluation to establish a baseline for measuring progress and integrate nutrition indicators into sectoral plans.	No response	
Program Commitment	1. Develop and launch a comprehensive communication plan to promote exclusive breastfeeding (2013).	No response	No response
	2. Promote appropriate complementary feeding practices for children less than 2 years at all levels, particularly in communities.	No response	
Burkina Faso			
Impact Commitment	1. Reduce stunting from 32.9% to 25% by 2020.	21.20%	On course Basis for assessment:
	2. Reduce wasting from 10.9% to 8% by 2020.	8.60%	

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	3. Increase exclusive breastfeeding (EBF) from 38.2% to 60% by 2020.	47.80%	Stunting target achieved and wasting target almost achieved.
Financial Commitment	No commitment		
Policy Commitment	Organizations of civil society and parliamentarians should be included and considered as key stakeholders in nutrition.	<p>– Existence d’un réseau de la société civile pour la nutrition appelé RESONUT et déjà membre de la plateforme nationale multisectorielle de nutrition</p> <p>There is a civil society network for nutrition called ‘RESONUT’ and it is already a member of the national multisectoral platform on nutrition.</p> <p>– Mise en place du réseau des parlementaires pour la sécurité nutritionnelle (REPASEN) désormais impliqué et membre de la plateforme nationale multisectorielle</p> <p>There is a network of parliamentarians in place for nutrition security (REPASEN), now involved in and a member of the national multisectoral platform.</p>	<p>Reached commitment Basis for assessment: The national multisectoral platform for nutrition includes civil society and parliamentarians.</p>

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Program Commitment	Finalize a national nutrition plan (2016–2020) before the end of 2015, including commitments of financial and human resources to support specific interventions and actions contributing to nutrition.	<p>– Politique nationale de nutrition révisée National policy on nutrition revised</p> <p>– Plan stratégique multisectoriel en finalisation. Multisectoral strategic plan is in finalisation</p> <p>Ces deux documents sont en attente d'adoption en 2018 These two documents are pending adoption in 2018</p>	On course Basis for assessment: Although the finalization of the plan is behind schedule, this was due to the revision of the national nutrition policy and efforts are underway to finalize both in 2018.
Burundi			
Impact Commitment	Reduce stunting from 58% to 48% by 2017.	No response	No response
Financial Commitment	No commitment	Not applicable	None Basis for assessment: No 2013 N4G commitment made
Policy Commitment	1. Strengthen the protection of maternity and breastfeeding through the development and adoption of a new Code of Marketing of Breastmilk Substitutes.	No response	No response
	2. Complete the process of launching the Alliance for Food Fortification in Burundi (national policy and strategy).	No response	

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Program Commitment	3. Examine, quantify and validate the multi-sectoral National Strategic Plan against malnutrition by July 2013.	No response	No response
	4. Focus more on production and food security and nutrition education.	No response	
	1. Develop a monitoring system to be adopted by all stakeholders by the end of July 2013.	No response	
	2. Implement national guidelines for infant and young child feeding (IYCF).	No response	
Cote d'Ivoire			
Impact Commitment	1. Reduce the prevalence of chronic malnutrition, from 29.8% to 20% in 2018.	No response	No response
	2. Reduce the rate of acute malnutrition at the national level of 7.1% to less than 5% by 2018, focusing on areas of high prevalence.	No response	
	3. Eliminate by 2018 all the problems related to iodine deficiency, strengthening legislation, by controlling the quality of the salt in the border areas and in sentinel community sites and in promoting consumption of iodized salt.	No response	
	4. New Commitments Post 2013 N4G: Ce sont faire passer le taux de l'allaitement exclusif de 12% à 50%, de maintenir le taux du surpoids chez les enfants en dessous de 5%.de réduire l'anémie chez les enfants de 75% à 56% et chez la femme de 54% à 40,5%.		
Financial Commitment	Increase government budget allocations to support the building plan.	No response	No response

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Policy Commitment	No commitment	Not applicable	None Basis for assessment: No 2013 N4G commitment made
	New Commitments Post 2013 N4G: Dans le cadre de la dernière Conférence Internationale sur la Nutrition (CIN2), des engagements ont été pris et traduits dans le Plan National Multisectoriel de Nutrition 2016–2020.		
Program Commitment	Finalize a plan for the 2014–2018 period to strengthen nutrition interventions with high impact, based on the National Health Plan and the National Development Plan.	No response	No response
Democratic Republic of the Congo (DRC)			
Impact Commitment	No commitment	Not applicable	None Basis for assessment: No 2013 N4G commitment made
Financial Commitment	1. Contribute to adequate funding of nutrition. 2. Exempt nutritional products for all taxes (therapeutic foods ready for consumption).	Mobilization of internal financial resources for the effective implementation of the interventions to combat malnutrition in the DRC. Ready-to-use therapeutic food free of tax.	Not clear Basis for assessment: Commitment 2 met, but unclear whether Commitment 1 was met.

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Policy Commitment	<p>1. Develop a national nutrition policy that takes into account the international nutritional context.</p> <p>2. Strengthen leadership in nutrition and create a mechanism for high-level coordination that includes all key sectors.</p> <p>3. Integrate nutrition into various development plans of the country (the Agricultural Development Plan, in terms of food security, nutrition education plan in primary and secondary schools).</p>	<p>National Nutrition Policy document developed since 2013.</p> <p>Provincial multisectoral coordination operational in 4 of 26 provinces. Group of Parliamentarians involved in nutrition. Designation of two SUN-DRC Focal Points at the General Secretariat of the Government.</p> <p>National food and nutrition security policy document developed.</p>	<p>On course Basis for assessment: The national nutrition plan was finalized and the plan is being rolled out in selected provinces.</p>
Program Commitment	<p>1. Promote adequate nutritional knowledge and practices: exclusive breastfeeding for the first 6 months, complementary feeding and nutrition of women.</p>	<p>Coverage of preschool consultation (PS) activities in health zones (HZ):</p> <ul style="list-style-type: none"> • From 28.5%, 148/519 HZ (2016) to 35.3%, 183/519 HZ (2017) <p>Rates of exclusively breastfed children 0-6 months in 183 HZ implementing PS activities:</p> <ul style="list-style-type: none"> • From 59.9% (2016) to 72.0% (2017) <p>Rate of children 6–23 months with adequate complementary feeding:</p> <ul style="list-style-type: none"> • From 23.0% (2016) to 39.4% (2017) <p>Coverage of integrated management of acute malnutrition activities in HZ:</p> <ul style="list-style-type: none"> • Geographic coverage: from 55.0%, 286 HS (2016) to 69.0%, 358 HZ (2017) • Target coverage: from 15.0% to 21.0% 	<p>Off course Basis for assessment: response on commitment 1 shows improvement in indicators of nutrition practices. However, there has been no progress on commitment 2 and IYCF is still not prioritized based on response in commitment 3 (in</p>

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	<p>2. Promote key nutrition actions: fortification of staple foods.</p> <p>3. To prioritize feeding infants and young children.</p>	<p>Rate of pregnant women supplemented with iron/folic acid:</p> <ul style="list-style-type: none"> • From 72.0% (2016) to 83.0% (2017). <p>No action on food fortification.</p> <p>Promotion of good nutrition practices on infant and young child feeding under two years of age in 34/519 HZ through community-based nutrition.</p>	7% of health zones only).
Ethiopia			
Impact Commitment	Reduce stunting by 20% and underweight by 15% by 2020.	Stunting: 38% (44% in 2011) Underweight: 24% (29% in 2011)	On course Basis for assessment: Decrease in stunting of approximately 13.6% and in underweight of approximately 17%.
Financial Commitment	Allocate domestic financing of US\$15 million per year to nutrition to 2020.	In 2016–17, the Government of Ethiopia allocated US\$50 million for nutrition-specific and sensitive activities, including emergency nutrition support.	On course Basis for assessment: Exceeded annual financing target for 2017.
Policy Commitment	Build on the existing multi-sectoral coordination system to accelerate the scaling-up of proven nutrition interventions.	Maternity leave extended from 90 to 120 days by Parliament together with BF	On course Basis for

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Program Commitment	Build on the existing multi-sectoral coordination system to accelerate the scaling up of proven nutrition interventions.	<p>areas in work places.</p> <p>Nutrition and Food Policy prepared and presented for GOE Cabinet to endorse. 'Seqota' Declaration Innovation phase implementation underway.</p> <p>New multi-sector nutrition programs scaled up: Growth through nutrition (SCI & USAID); Alive and Thrive; SURE program (GOE); INSPIRE (Canada & SCI).</p>	<p>assessment: Seqota declaration, which is part of Ethiopia's national nutrition plan, is currently being implemented.</p> <p>On course Basis for assessment: Several multi-sectoral nutrition programs were scaled up in 2017.</p>
The Gambia			
Impact Commitment	<p>1. Reduce stunting prevalence from 23% to 18% by 2015.</p> <p>2. Increase exclusive breastfeeding from 56% to 65% by 2015.</p>	<p>Stunting has reduced by 1.6% from 24.5% (DHS, 2013) to 22.9% (SMART, 2015). Based on the programmes being implemented, it is anticipated that the rate may be further reduced.</p> <p>In the case of Exclusive Breastfeeding, there was no national survey since 2013, so the rate remains the same (48% – DHS, 2013). However, earlier this year (2018), a MICS Survey was conducted but the results are not yet out.</p>	<p>Off course Basis for assessment: Target for commitment 1 to be reached by 2015 has not been reached yet. Not enough data to assess commitment 2.</p>

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Financial Commitment	No commitment	Not applicable	None Basis for assessment: No 2013 N4G commitment made
Policy Commitment	No commitment	Not applicable	None Basis for assessment: No 2013 N4G commitment made
Program Commitment	No commitment	Not applicable	None Basis for assessment: No 2013 N4G commitment made
Guatemala			
Impact Commitment	1. Reduce stunting prevalence from 49.8% to 39.8% by 2015.	No response	No response
	2. Ensure that no deaths occur from acute malnutrition through improved healthcare practices.	No response	
	3. Reduce the prevalence of anemia among women of reproductive age and pregnant women.	No response	
	4. Reduce the prevalence of anemia in children under age 5.	No response	



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Financial Commitment	Increased budget for food and nutrition security by 32% by 2014 based on an intersectoral approach that aims to promote food and nutrition security.	No response	No response
Policy Commitment	<p>1. Monitor and evaluate the Covenant Zero-Hunger Plan by:</p> <ul style="list-style-type: none"> – Conducting annual surveys, including monitoring of the implementation of the First 1000 Days program to refocus efforts and evaluate the impact. – Monitoring and ensuring proper treatment of cases of acute malnutrition. – Monitoring of financial performance. – Monitoring the implementation of the plan at the municipal and district levels, with the update of the institutions regarding the progress of interventions using a tool developed by SESAN (Secretariat for Food and Nutritional Security). – Publishing reports on the website of the Information System, Monitoring and Early Warning of Food Insecurity and Nutrition. 	No response	No response
Program Commitment	<p>Support the implementation of the First 1000 Days program:</p> <ul style="list-style-type: none"> – The Ministry of Health and Social Security in Guatemala to increase its budget to support the implementation of First 1000 Days program, taking into account the growth rate of the population of Guatemala. – Ensure financial resources are dedicated to nutrition during the annual General Budget for Income and Expenditure for the country. 	No response	No response

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Indonesia			
Impact Commitment	Reduce stunting prevalence from 35.6% (2010) to 32% (2015) and further reduction 40% by 2025.	No response	No response
Financial Commitment	No commitment	Not applicable	None Basis for assessment: No 2013 N4G commitment made
	New commitment added in 2015: Increase the government's budget allocation for nutrition both for nutrition specific and nutrition sensitive.	No response	No response
Policy Commitment	1. Stakeholders at provincial and district levels will prioritize well-conceived nutrition efforts in their development plans and budgets.	No response	No response
	2. New commitment added in 2015: The development of National Plan of Action on Food and Nutrition is in progress.	No response	No response
	3. New commitment added in 2017: The development of nutrition indicators in the National Medium-Term Action Plan (RPJMN) 2015–2019 that adopted WHA targets. Policy guideline, nutrition indicators, and strategy of nutrition improvement in the Sub-National Medium-Term Action Plan (RPJMD) are aligned with the National Medium-Term Action Plan (RPJMN).	No response	No response
	4. New commitment added in 2017: Indonesia has National Action Plan (RKP), which is developed every year and involves priority programmes on nutrition improvement.	No response	No response

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Program Commitment	5. New commitment added in 2017: The development of the National Plan of Action on Food and Nutrition 2015–2019 (multisectoral and multistakeholders approaches).	No response	No response
	Reinforce the implementation of specific evidence-based nutrition interventions including promotion of maternal and IYCF, improvement of micronutrient intake through supplementation and food fortification, and management of severe acute malnutrition.	No response	No response
Liberia			
Impact Commitment	No commitment	Not applicable	None Basis for assessment: No 2013 N4G commitment made
Financial Commitment	New commitment added in 2015: Reduce Stunting from 42% (CFSNS 2010) to 35% in 37% in 2015, 40% of infants are exclusively breastfed	No response	No response
	1. Government support to Nutrition Program (\$3 million). 2. Multi-stakeholder strategy and costed work plan.	No response No response	No response
Policy Commitment	1. Nutrition-sensitive and cost-effective interventions for nutrition programming, essential nutrition actions (ENA) in 10 counties. 2. Appointment of a national focal person and secretariat for SUN. 3. Complete National Strategy for Food Security and Nutrition Programs.	No response No response No response	No response

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Program Commitment	4. Establish a civil society platform.	No response	None Basis for assessment: No 2013 N4G commitment made
	5. Establish Donor Convener Platform.	No response	
	No commitment	Not applicable	
	1. New commitment added in 2017: 19 hospitals with Inpatient Facility (IPF) to treat malnutrition with medical complication (readjusted after the sector review).	No response	No response
	2. New commitment added in 2017: Targeted 91% Cure rate of children admitted in IPF.	No response	
3. New commitment added in 2017: 127 health facilities providing outpatient treatment services following EPHS principles.	No response		
4. New commitment added in 2017: Biannual vitamin A and deworming campaign integrated with immunization campaigns.	No response		
Malawi			
Impact Commitment	No commitment	Not applicable	None Basis for assessment: No 2013 N4G commitment made

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	New commitment added in 2015: Reduce Stunting from 42% (CFSNS 2010) to 35% in 37% in 2015, 40% of infants are exclusively breastfed.	No response	No response
Financial Commitment	1. Proportion of total annual government expenditure allocated to nutrition will rise from 0.1% to 0.3% by 2020.	No response	No response
	2. Nutrition will be mainstreamed in sectoral budgets, which have a role in fighting malnutrition (education, health, agriculture, and gender).	No response	
	3. Increase accountability by rolling out the nutrition financial tracking tools and the national monitoring and evaluation framework by 2014.	No response	
Policy Commitment	Develop a Nutrition Act by 2016.	No response	No response
Program Commitment	1. Coverage of community-based nutrition services will be scaled up in all districts at traditional authority and village level by 2016.	No response	No response
	2. Community Based Acute Malnutrition (CMAM) will be scaled up from 50% to 80% in all districts.	No response	
	3. Public–private partnerships on nutrition will increase, building on successful examples such as the work with Illovo on sugar fortification with vitamin A.	No response	
Mali			
Impact Commitment	No commitment	Not applicable	None Basis for assessment: No

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Financial Commitment	No commitment	Not applicable	2013 N4G commitment made None Basis for assessment: No 2013 N4G commitment made
Policy Commitment	Committed to fight malnutrition through a multi-sectoral approach and strategic plan.	No response	No response
Program Commitment	No commitment	Not applicable	None Basis for assessment: No 2013 N4G commitment made
Mauritania			
Impact Commitment	<p>1. Reduce by at least 40% stunting among children under age 5.</p> <p>2. Reduce wasting to 5%.</p>	<p>1. The stunting is estimated at 20,1% at countrywide in 2017 and remains with no change during the last three years requiring more investment with domestic resources.</p> <p>2. The situation of wasting continue to show high variation according the lean season (10.9% of Global acute malnutrition with 2.3% of severe cases in 2017).</p>	Off course Basis for assessment: not enough progress on commitments 1 and 2. Not enough data to assess progress on commitment 3 due to the lack of baseline results.

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Financial Commitment	<p>3. 50% increase in exclusive breastfeeding during the first 6 months of life.</p> <p>No commitment</p>	<p>The exclusive breastfeeding is estimated at 36% at countrywide accord last data in 2016. A ten years IYCF scaling up plan has been developed to reach specific output of the ten years multisectoral nutrition strategic plan integrating a common results framework.</p> <p>Not applicable</p>	<p>None Basis for assessment: No 2013 N4G commitment made</p>
Policy Commitment	<p>1. Finalize the sectoral action plan for nutrition (PAIN), which defines the specific nutritional interventions.</p> <p>2. Strengthen the resilience of our communities dealing with cyclical crises of food and nutrition insecurity.</p>	<p>1. Mauritania developed an ambitious 10-year multi-sectoral nutrition strategic plan integrating a common result framework. The costing of the plan focused on nutrition specific intervention. The annual budget tracking system and the costing of the nutrition specific intervention has allowed to develop advocacy narrative for more resource domestic allocation.</p> <p>2. As part of activities to reduce wasting, the implementation of the community component of the IYCF scaling up plan is being used as entry point to strengthen preventive and resilient intervention by building multisectoral platform.</p>	<p>On course Basis for assessment: The PAIN has been developed and efforts to reach communities through scaling up of IYCF activities are underway.</p>

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Program Commitment	<p>3. Define costs in PAIN document as an advocacy tool to increase the share of the state budget allocated to nutrition and contribute to increase investment in the field of nutrition.</p> <p>No commitment</p>	<p>No response</p> <p>Not applicable</p>	<p>None Basis for assessment: No 2013 N4G commitment made</p>
Namibia			
Impact Commitment	<p>1. Reduce the percent of stunted under-5 children from 29% to 20% by 2016.</p> <p>2. Save the lives of 26,000 children under 5 by reducing stunting, increasing breastfeeding to 50%, and increasing treatment of severe acute malnutrition.</p>	<p>No response</p> <p>No response</p>	<p>No response</p>
Financial Commitment	No commitment	Not applicable	<p>None Basis for assessment: No 2013 N4G commitment made</p>
Policy Commitment	No commitment	Not applicable	<p>None Basis for assessment: No 2013 N4G commitment made</p>

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Program Commitment	1. Reach all pregnant women and children under 5 with effective nutrition interventions.	No response	No response
	2. Mobilize internal as well as external resources to support nutrition-specific and nutrition-sensitive interventions.	No response	
Niger			
Impact Commitment	1. Reduce acute child malnutrition 10%.	No response	No response
	2. Reduce stunting from 44% to 25%.	No response	
	3. Reduce micronutrient deficiencies, including iodine, vitamin A, and iron.	No response	
Financial Commitment	Increase national budget (500 million CFA francs) to include other interventions in nutrition, in addition to the purchase of therapeutic food.	No response	No response
Policy Commitment	Revision of the rules/laws for salt iodization.	No response	No response
Program Commitment	1. Finalize the evaluation of the cost of the new multi-sectoral strategic nutrition plan 2013–2017 based on the priority investment program (the I3N).	No response	No response
	2. Recruit additional nutritionists on an annual basis to increase the capacity of the centers of nutritional support by putting more emphasis on the prevention of malnutrition.	No response	
	3. Restructure the community support groups for breastfeeding in July 2013.	No response	

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Nigeria			
Impact Commitment	Reduce Stunting Baseline; 37% (DHS, 2013), Target: 28% (2019).	No response	No response
Financial Commitment	Sustain US\$10 Million Federal spent on Nutrition, establish nutrition budget line in NPHCDA, sustain SURE-P funding, in 2014 additional US\$20 Million.	No response	No response
Policy Commitment	National Policy on Food and Nutrition (2014–2024), Agricultural Transformation Strategy (2015–2020).	No response	No response
Program Commitment	Leverage use of mobile technology, Enforce Compliance of Fortification, Expand M&E through SMART Survey, Scaling up Nutrition Programmes.	No response	No response
Senegal			
Impact Commitment	<p>1. Reduce stunting by 10%.</p> <p>2. Reduce wasting to less than 5%.</p> <p>3. Address micronutrient deficiencies.</p>	<p>La prévalence du retard de croissance au Sénégal est passé de 17% en 2016 à 16,5%, confirmant ainsi la tendance amorcée depuis 2012.</p> <p>La prévalence de l'émaciation a légèrement augmenté entre 2017 et 2018, passant de 7,2% à 9%. Cette tendance est mettre en lien avec une dégradation des indicateurs de mortalité (néonatale, infantile et infanto-juvénile).</p> <p>En 2017, le niveau de prévalence de l'anémie chez les enfants au Sénégal reste encore élevé (70,2%) malgré la</p>	<p>Off course Basis for assessment:</p> <p>Stunting and wasting prevalence increased from 2013 levels, according to the most recent surveys.</p>

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Financial Commitment	Increase funding for nutrition each year to reach 2.8 billion CFA francs per year in 2015. This direct investment will be increased to cover children and women with effective nutrition interventions.	<p>mise en œuvre de plusieurs interventions dont la fortification obligatoire des aliments de grande consommation (farine boulangère et huile), la fortification à domicile (dont la couverture a baissé) et les campagnes de supplémentation en vitamine A des enfants et la supplémentation en fer acide folique des femmes enceintes et des adolescentes (avec une couverture réduite pour les adolescentes).</p> <p>Dans le cadre du PSMN, un important volet bio fortification est prévu par le Ministère de l'Agriculture pour renforcer la lutte contre les carences en micronutriments.</p> <p>L'engagement d gouvernement à contribuer au budget de la CLM a été tenue et maintenu à 3 milliards de francs CFA. Les principaux donateurs ont également maintenus leurs engagements et la coopération espagnole a même augmenté sa contribution. Le budget directement alloué à la nutrition s'est élevé à 7 milliards.</p>	<p>Reached commitment Basis for assessment: Exceeded financial commitment (made for 2015) in 2018.</p>
Policy Commitment	1. Relevant sectors (health, agriculture, education, water, and social security) incorporate nutrition objectives into their policy documents and implement pro-nutrition interventions and strengthen interventions that have a strong impact on nutrition.	Le document politique de développement de la nutrition a été validé et le plan stratégique multisectoriel de la nutrition l'a été en 2017.	<p>On course Basis for assessment: According to</p>

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Program Commitment	2. The high-level leadership of the government will ensure transparency and accountability of different stakeholders and a close monitoring of progress.	Les plans de communication et de suivi évaluation sont en cours d'élaboration.	previous years' reports, commitment 1 was met; and for commitment 2, monitoring and evaluation plans are currently being developed.
	Strengthen services to community-based nutrition: the level of coverage of effective nutrition interventions for pregnant women and children under 2 years by 2020 is at least 90%.	<p>En 2017, les interventions de nutrition communautaire ont touché 1 614 974 enfants de moins de 5 ans soit plus de 60% de cette tranche d'âge ce qui dépasse les objectifs initialement fixés de 1 500 000 enfants de moins de 5 ans. Les zones les plus affectées par la malnutrition (régions du nord-est et du sud-est) sont couvertes à 100% par les principales interventions de nutrition.</p> <p>La couverture des interventions sera maintenue pour les différentes interventions et un meilleur suivi au niveau des sectoriels devrait permettre de mieux apprécier la couverture des cibles sur le territoire national. L'appui du REACH pour la cartographie des interventions du Plan Stratégique Multisectoriel de la Nutrition devrait aider à améliorer le ciblage et la planification</p>	<p>Off course Basis for assessment: Although no coverage figures were given for pregnant women or children under 2 specifically, coverage of children under 5 was significantly below the target figure.</p>

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		des interventions. pour 2018, 2 100 000 enfants de moins de 5 ans bénéficieront des services de nutrition communautaire, 300 000 tonnes farine fortifiée en fer/acide folique et 120 000 tonnes d’huile fortifiée en Vit A seront produites et les petits producteurs seront appuyés pour produire 100 000 tonnes de sel iodé.	
Sierra Leone			
Impact Commitment	1. Reducing the prevalence of stunting from 25.7% to 11.7% in under-2 children.	<p>1. National stunting for children under two years stands at 28.2% in 2017 Sierra Leone National Nutrition Survey. Advances in specific programming to reduce stunting on going in two districts with very high stunting prevalence, Moyamba and Western Area.</p> <p>Blanket supplementary feeding programme ongoing in Moyamba districts. This is conducted in collaboration with WFP providing bi-weekly rations of nutrient dense foods for to all children 6–23 months, pregnant and lactating mothers. To date 9,161 children 6–23 months, 4,123 Pregnant women and 6,679 Lactating mothers enrolled in the programme with plans to scale up to other district with high stunting rates.</p>	Off course Basis for assessment: Although some progress has been made in wasting and exclusive breastfeeding, improvements will need to accelerate to meet targets by 2020. Additionally, stunting has increased.

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Financial Commitment	2. Reducing wasting from 6.9% to 2.0%.	National wasting prevalence of under-fives at 5.1% Sierra Leone National Nutrition Survey 2017. Advanced programmes conducted such as all facilities in the country (1200) have competent staff to counsel mothers on MIYCF, conduct Growth monitoring and promotion and identify wasting in children under-five.	
	3. Increasing exclusive breastfeeding from 32% to 70%.	Exclusive breastfeeding rate increased from 58.1% in 2014 to 60.1% in 2017. With 14,200 mother support groups in communities having information on MIYCF. At regional hospital level sensitized administrators and maternity staff on BFHI. Built capacity with support from WHO of 18 Master trainers from all regional, maternity and children's teaching hospitals in the country on BFHI. Roll out of this training on BFHI commenced for 80 hospital maternity staff in 2017.	
	Increase the government's financial allocation to nutrition and food security and create a specific budget line for nutrition in budgets for the Ministries of Health and Sanitation, Agriculture, and other relevant ministries.	Government and partners completed a comprehensive budget tracking exercise, which provides information on resource allocations and gaps. On this basis, the Government and partners are advocating for increased resources for nutrition. One of the challenges remains to turn pledges into actual payouts. However, No New	Off course Basis for assessment: No additional government commitment to nutrition has been made.

Nutrition for Growth (N4G) commitment to 2020	Reported progress in 2017–2018	2018 Assessment
<p>Policy Commitment</p>	<p>1. Finalize and endorse 5-year Nutrition and Food Security costed plan by July 2013.</p>	<p>financial commitment made from government in 2017.</p> <p>The first multisectoral national food and nutrition implementation plan 2012–2017 ended was in 2017. Commenced work on revision of the multisectoral plan for 2018–2022. This review process is government led under the leadership of SUN Focal Point in the SUN Secretariat. Effective Coordination among government, donors, civil society, and UN and business sector conducted with quarterly meetings. UN Network strengthened with REACH facilitated effort.</p> <p>A multisectoral anaemia prevention and control strategy 2017–2022 was developed and launched to address the very high prevalence of anaemia in women and children under five years.</p> <p>The country is in transition. The rotation of executive officers and ministers to new posts will be seen in recent months, which, offers an opportunity to drive policy around a Common Results Framework. Advocacy conducted and ongoing for the alignment of policies and legislation with the revised Implementation Plan (2018–2022).</p>

Nutrition for Growth (N4G) commitment to 2020	Reported progress in 2017–2018	2018 Assessment
<p>2. Prioritize fundraising to ensure successful implementation of the Nutrition and Food Security costed plan.</p> <p>3. Establish legal frameworks and enforce the Code for the Marketing of Breast Milk Substitutes and food fortification.</p>	<p>Implementation of nutrition activities were funded through Donors Irish Aid, WHO, UNICEF and WFP- UN agencies, International NGOs and National NGOs and the Private sector. Programmes such as MIYCF, IMAM, nutrition surveillance, Micronutrient Programme to improve nutrition outcomes were implemented throughout the year. Funding for the emergency of flooding and mudslide (14th August) came through donors and partners to address the nutritional needs of the affected population especially children under five, pregnant and lactating mothers.</p> <p>Advocacy by SUN including Civil Society Organizations was conducted for Parliamentarians on the need of a national code of marketing of breastmilk substitutes. The need for improved government support in terms of policy and financial commitment was highlighted in these 2 major engagements and commitment was made by parliamentarians to support food and nutrition security matters as a key towards nation building.</p> <p>The cabinet paper on the code of marketing of breastmilk substitutes was</p>	

Nutrition for Growth (N4G) commitment to 2020		Reported progress in 2017–2018	2018 Assessment
<p>Program Commitment</p>	<p>Scale up community support networks for nutrition and food security.</p>	<p>revised and updated for presentation to Cabinet. Concurrence was obtained from 4 ministers to support its presentation.</p> <p>Community Nutrition Active Screening and Counseling Stunting Project conducted in ten (10) communities in Western Rural Area. This is done in close collaboration with Lead mothers (20) in Mother-to-Mother support groups in the communities. Children are screened by Lead Mothers in the support groups and counseled on IYCF on a monthly basis. This has increased awareness in the causes and prevention of stunting. A total of children and 300 mothers were reached over a six-month period.</p> <p>1. Scaled up community Mother Support groups (MSG) up to 14,300 with an average of one community having at least one MSG.</p> <p>i) 89% of MSGs trained on IYCF counseling and screening for malnutrition (2 lead mothers per support group) and 3770 mothers counseled on IYCF practices.</p> <p>ii) Counseling services were provided at community level for a total of 298,220 mothers out of 392,395 mothers (76%) across the districts on topics such as</p>	<p>On course Basis for assessment: Although the original commitment does not state the targeted scale of the community support networks, the number of community groups and health workers have increased from previous years.</p>

Nutrition for Growth (N4G) commitment to 2020		Reported progress in 2017–2018	2018 Assessment
		<p>maternal nutrition, early initiation and exclusive breastfeeding, continued breastfeeding and timely introduction of complementary foods at 6 months.</p> <p>2. We now have 13,700 community health workers in the country with an average of 10 in every facility. These health workers are trained on modules that includes community nutrition and they supervise the MSGs.</p> <p>3. Institutionalization of the Six Month Contact Point Initiative at facility level. The MoHS six-month contact point strategy is an innovative, integrated approach to improve the uptake of Essential Nutrition actions at six months – Vitamin A supplementation, Complementary Feeding, Family planning services. The Directorate of Food and Nutrition (DFN) in collaboration with Helen Keller International (HKI) and UNICEF have trained 1,007 Health workers on 6 months contact point. Three Hundred and Forty 340 PHUs certified with staff providing Family Planning Services are now given SierraMix and Local foodstuff to conduct cooking demonstrations for mothers with children 6–23 months of age for improved Infant and Young Child Feeding practices especially</p>	

Nutrition for Growth (N4G) commitment to 2020		Reported progress in 2017–2018	2018 Assessment
		<p>complementary feeding.</p> <p>4. The Food and Nutrition Security (Food based dietary guidelines) was rolled out to all districts in 2017 through FFS facilitators and extension officers.</p> <p>5. Scaled up treatment sites for severe acute malnutrition (SAM) from 639 (52%) to 743 facilities (62%) increasing the geographical coverage by 10% percentage points. This involved the training of 208 health workers on national protocol for Integrated Management of Acute Malnutrition and the provision of supplies. This has also strengthened community mobilization in the new OTPs communities.</p>	
Sri Lanka			
Impact Commitment	<p>1. Prevalence of stunting and underweight children reduced by 40% to 8.4% by 2016.</p> <p>2. Reduce wasting to less than 5%.</p> <p>3. Prevalence of low birth weight children reduced to 11.9% by 2016.</p> <p>4. Prevalence of underweight women reduced by 30% to 11.1% by 2016.</p> <p>5. Prevalence of anemia reduced among children aged 6–59 months to 16.5% and among non-pregnant women aged 15–45 years to 18% by 2016 (50% reduction).</p>	<p>No response</p> <p>No response</p> <p>No response</p> <p>No response</p> <p>No response</p>	No response

Nutrition for Growth (N4G) commitment to 2020		Reported progress in 2017–2018	2018 Assessment
	6. No increase of overweight children under 5 years from 2012 figures.	No response	
	7. Household food insecurity reduced to 10% of households by 2016 (from 20% in 2009).	No response	
	8. Reduction of households not having access to safe drinking water to 8.4% by 2016 and reduction of households lacking adequate sanitation facilities to 10% by 2016.	No response	
Financial Commitment	Increase domestic financial and technical resources for nutrition in health, agriculture, and education sectors by up to 30% by 2016.	No response	No response
Policy Commitment	No commitment	Not applicable	None Basis for assessment: No 2013 N4G commitment made
Program Commitment	No commitment	Not applicable	None Basis for assessment: No 2013 N4G commitment made
Tanzania			
Impact Commitment	1. Reducing prevalence of stunting by 15% by 2015.	Prevalence of stunting among children under 5 decreased from 50% in 1992 to 34% in 2015 (i.e. 32% reduction) or from 42% in 2010 to 34% in 2015 (i.e. 19% reduction) (Source: DHS).	On course Basis for assessment: Target met or close to being met for

Nutrition for Growth (N4G) commitment to 2020		Reported progress in 2017–2018	2018 Assessment
Financial Commitment	<p>2. Reducing wasting below 5% by 2015.</p> <p>Increase exclusive breastfeeding from 50% to 60% by 2015.</p> <p>3. Reduce prevalence of anemia among pregnant women from 48% to 35% by 2015.</p>	<p>Prevalence of wasting was reduced from 8% in 1992 to 5% in 2015 (DHS).</p> <p>The proportion of children aged 0 to 5 months receiving exclusive breastfeeding increased from 29% in 1996, to 41% in 2005, to 49% in 2010, to 59% in 2015 (DHS).</p> <p>The prevalence of anaemia among women of reproductive age was reduced from 48% in 2005 to 45% in 2015. The prevalence of anaemia is higher among adolescent girls aged 15–19 years (47%) (Source: DHS).</p>	<p>three out of four targets (note: wasting rate was below 5% in 2010, according to DHS)</p>
	<p>No commitment</p>	<p>Not applicable</p>	<p>None Basis for assessment: No 2013 N4G commitment made</p>
	<p>New commitment added in 2015: A total of 147 billion Tanzania shillings committed for nutrition interventions at all levels.</p> <p>New financial commitment added in 2016: Allocate a minimum budget for nutrition interventions in the plans and budget of regions and all local government authorities (municipal and district councils), calculated based on the number of children under 5 years in each council. Each child will be allocated TZS 500 (~ US\$0.23) in financial year 2016/17 and this amount will be gradually increased.</p>	<ul style="list-style-type: none"> • The Joint Multisectoral Nutrition Review 2017 showed an increase in spending for nutrition direct and nutrition sensitive interventions at the district level from US\$30,000 per district per year in 2011/12, to US\$65,000 per district per year in 2016/17. • The government has employed Nutrition Officers in all Councils and Regions of Mainland Tanzania and Nutrition Focal 	

Nutrition for Growth (N4G) commitment to 2020	Reported progress in 2017–2018	2018 Assessment	
		<p>Points in all districts of Zanzibar; in this regard, the government will use an estimate of about US\$1.5 million to pay nutrition officers' salaries every year.</p> <ul style="list-style-type: none"> • Additional information will be generated by the Public Expenditure Review (PER) on Nutrition 2018. • President's Office, Regional Administration and Local Government (PO RALG) issued a directive to all District Executive Directors to allocate about US\$2.7 million for nutrition specific interventions in the budget for 2016/17 financial year, equivalent to at least US\$0.23 per child under five years. This amount will be increased every year to reach at least US\$8.5 per child under five years by 2030. However, only 2 out of 185 Districts spent over US\$0.23 per child on nutrition specific interventions using domestic resources. • PO RALG issued a new directive to allocate about US\$5.4 million for nutrition specific interventions in the budget for 2017/18 financial year, equivalent to at least US\$0.46 per child under five years. The Regional Administration Secretaries have also been asked to allocate at least US\$2,300 per district to support supervision activities by Regional Nutrition 	

Nutrition for Growth (N4G) commitment to 2020	Reported progress in 2017–2018	2018 Assessment	
Policy Commitment		<p>Officers.</p> <ul style="list-style-type: none"> To support this effort towards increasing domestic funding for nutrition, a Nutrition Compact was signed between the Honourable Minister of State PO RALG and all Regional Commissioners, stipulating the commitment of all regions of Tanzania to implement the minimum budget allocations for nutrition and achieve the nutrition results that were agreed in the National Multisectoral Nutrition Action Plan (NMNAP) 2016–21. 	
	Carry out a Public Expenditure Review on nutrition.	The first Public Expenditure Review (PER) on Nutrition was carried out in 2014. The second PER is currently being carried out, and the final report is expected by June 2018. The PER will be used to identify the gaps in terms of nutrition financing and for evidence based mobilization of additional resource for nutrition.	Reached commitment Basis for assessment: Public Expenditure Review was completed.
	New commitment added in 2015: Revise the National Food and Nutrition Policy and prepare a 10-year implementation strategy (2015/2016–2025/2026). Include nutrition in sector specific strategies or plans.	<ul style="list-style-type: none"> The National Food and Nutrition Policy is being revised. Nutrition was added for the first time in the National Five Years Development Plan 2016/17–2020/21 (FYDP II), as a Strategic Intervention for Human Development, with a five years budget for nutrition specific interventions as well as 	

Nutrition for Growth (N4G) commitment to 2020		Reported progress in 2017–2018	2018 Assessment
		<p>nutrition coordination and information system.</p> <ul style="list-style-type: none"> The National Multisectoral Nutrition Action Plan (NMNAP) 2016–21 was developed using an evidence-based and inclusive process, led by PMO and coordinated by TFNC. The NMNAP was adopted by the High Level Steering Committee on Nutrition, and launched by the Prime Minister. It includes costed plans to scale-up nutrition specific and nutrition sensitive interventions, and to strengthen the enabling environment for nutrition. It also includes a Common Results, Resources and Accountability Framework (CRRAF) to track progress towards annual commitments, both in terms of nutrition results and actual spending against planned budget. 	
Program Commitment	No commitment	Not applicable	None Basis for assessment: No 2013 N4G commitment made
	New programme commitment added in 2015: Increase awareness on nutrition at all levels, rolling out nutrition interventions and resource mobilization. Monitoring meetings for focal ministries are conducted by the Nutrition Secretariat every two months. Nutrition steering committee, which consists of Secretaries of the ministries	<ul style="list-style-type: none"> In order to ensure operationalization of the NMNAP, the Government of Tanzania is supporting: i) quarterly Multisectoral Steering Committees on Nutrition, to coordinate nutrition specific and nutrition 	

Nutrition for Growth (N4G) commitment to 2020	Reported progress in 2017–2018	2018 Assessment
<p>and District secretaries, were conducted to brief the activities. It will be conducted every 3 months.</p>	<p>sensitive interventions at the district and regional level; ii) Annual planning and budgeting workshops with district and regional nutrition officers, health officers, agriculture officers, other sectors' focal persons and planning officers to ensure evidence-based planning aligned to the NMNAP; iii) twice-yearly bottleneck analysis of selected nutrition interventions in all districts of Tanzania Mainland to generate evidence on key bottlenecks towards scaling up nutrition interventions to inform planning process; iv) twice-yearly review of district and ministries annual work plans for nutrition to identify progress and gaps in terms of implementation of nutrition interventions and spending for nutrition; v) twice-yearly Multisectoral Nutrition Scorecard to track progress towards NMNAP targets in terms of nutrition specific, nutrition sensitive and enabling environment interventions. This information generated by each district will inform progress towards the Regional Nutrition Compact and the NMNAP and its CRRAF.</p> <ul style="list-style-type: none"> • Large scale nutrition programmes funded by external donors (DFID, USAID, Irish Aid, GAC, CIFF) are ongoing, covering almost half the regions of 	

Nutrition for Growth (N4G) commitment to 2020		Reported progress in 2017–2018	2018 Assessment
		Tanzania. The Government of Tanzania is currently developing an investment case with the World Bank on stunting reduction and early childhood development that is likely to cover most of the remaining regions.	
Uganda			
Impact Commitment	1. Reduce stunting in children (under 5 years of age) to 27%.	No response	No response
	2. Reduce underweight in children (under 5 years of age) to less than 10%.	No response	
	3. Increase exclusive breastfeeding in children (0–6 months of age) to 75% by 2016.	No response	
Financial Commitment	No commitment	Not applicable	None Basis for assessment: No 2013 N4G commitment made
Policy Commitment	1. Ensure a functional multi-sectoral coordination mechanism to promote nutrition right from the central to local government levels.	No response	No response
	2. Strengthen the policy and legal framework.	No response	
Program Commitment	1. Put in place an integrated nutrition surveillance system that takes stock of the nutrition status at community, district, and national levels.	No response	No response

Nutrition for Growth (N4G) commitment to 2020		Reported progress in 2017–2018	2018 Assessment
	2. Develop a monitoring and evaluation plan for the implementation of the UNAP.	No response	
Yemen			
Impact Commitment	No commitment	Not applicable	None Basis for assessment: No 2013 N4G commitment made
Financial Commitment	<p>1. Increase the resource allocation for nutrition and multi-sectoral involvement in the upcoming budgets.</p> <p>2. Establish new budget lines in the Ministries of Health, Water and Environment, Food and Agriculture (including Fisheries) for nutrition programming.</p>	Due to the ongoing situation in Yemen, there has been no progress on this commitment.	Off course Basis for assessment: No progress made
Policy Commitment	<p>1. Finalize national SUN plan.</p> <p>2. Establish realistic targets for reducing stunting, wasting, food diversity, and food consumption.</p> <p>3. Publish our spending on nutrition on the SUN movement website.</p>	A situational analysis and a scaled back version of a national nutrition plan was updated in late 2017. When feasible, additional details on actions including costs will be added to the plan.	On course Basis for assessment: Initial plan has been developed.
Program Commitment	1. Increase human resources for nutrition by 10%–20%.	Due to the ongoing situation in Yemen, there has been no progress on this commitment.	Off course Basis for

Nutrition for Growth (N4G) commitment to 2020		Reported progress in 2017–2018	2018 Assessment
	2. Develop a real-time monitoring system to monitor the outcomes.		assessment: No progress made
Zambia			
Impact Commitment	Reducing chronic undernutrition by 50% in the next 10 years.	No response	No response
Financial Commitment	1. Increase government expenditure on nutrition to reach the estimated additional US\$30 per child under 5 required.	No response	No response
	2. Progressively match additional cooperating partner's resources through new and existing nutrition budget lines.	No response	
	3. Increase financial contributions by at least 20% annually for the next 10 years.	No response	
Policy Commitment	1. Resolve the human resource and financial gaps in the five key line ministries.	No response	No response
	2. Strengthen the governance and coordination mechanisms by establishing direct oversight of progress toward agreed national targets and strengthening the line ministries involved particularly to deliver at community level.	No response	
	3. Strengthen the functioning and accountability of the National Food and Nutrition Commission of Zambia to adequately coordinate across the key sectors.	No response	
Program Commitment	Progressively encourage the involvement of the private sector to enable access to affordable and appropriate nutritious foods to mothers, children, and other vulnerable groups.	No response	No response

Nutrition for Growth (N4G) commitment to 2020		Reported progress in 2017–2018	2018 Assessment
Zimbabwe			
Impact Commitment	No commitment	Not applicable	None Basis for assessment: No 2013 N4G commitment made
Financial Commitment	Provide US\$3.04 million toward nutrition programs.	No response	No response
Policy Commitment	1. Develop high quality, validated, and costed national nutrition plan by end of 2013.	No response	No response
	2. Ensure investment allocations for social services are nutrition sensitive (including health, agriculture, education, and social protection).	No response	
	3. Enforce existing legal instruments and establish new ones as per need.	No response	
Program Commitment	1. Scale-up of food and nutrition security interventions, with a national coverage of >80% by 2020.	No response	No response
	2. Fully establish financial as well as outcome/impact tracking system of food and nutrition interventions by 2014.	No response	
	3. Ensure that the multi-sectoral and multi-stakeholder policy implementation structures remain active and are accountable for implementation, monitoring and evaluation of nutrition response.	No response	