Accelerated Nutrition Improvements (ANI) in sub-Saharan Africa

ENLINE FINAL REPORT
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INTRODUCTION

PROJECT BACKGROUND

Accelerating Nutrition Improvements (ANI) was a World Health Organization (WHO) program that ran from 2013 to 2016 funded by the Canadian Department of Foreign Affairs, Trade, and Development (DFATD). ANI focused on increasing nutrition surveillance in eleven countries in Sub-Saharan Africa: Burkina Faso, Ethiopia, Mali, Mozambique, Rwanda, Senegal, Sierra Leone, Uganda, the United Republic of Tanzania, Zambia, and Zimbabwe. Nutrition surveillance is critical because it provides the data necessary to design and implement evidence based nutrition interventions as well as to track and modify these interventions. Nutrition surveillance also allows for accountability and builds trust. At the beginning of the project, a Country Implementation Plan (CIP) was designed for each country that outlined the data that would be collected and the interventions that would be carried out. ANI also supported the scale up of evidence based nutrition interventions in Ethiopia, Uganda, and the United Republic of Tanzania.

PERFORMANCE MONITORING FRAMEWORK

ANI used a non-experimental longitudinal analysis to compare baseline and endline data from the Performance Monitoring Framework (PMF). The PMF has three levels of outcomes and indicators as shown in Figure 1.

The PMF was used to monitor and evaluate each country’s progress on their individual CIP as well as the overall progress of the entire project. It includes both quantitative and qualitative indicators in order to monitor each country’s nutrition surveillance, perceptions of the importance of nutrition surveillance, and nutrition interventions. The PMF was used to assess how effective the scale up of nutrition interventions was in Ethiopia, Uganda, and the United Republic of Tanzania. It was also used to compare the eleven countries.

REPORT OBJECTIVES

This endline report provides an explanation of the outcomes and indicators in the PMF, the endline data for each of the eleven countries, and comparisons between the overall project baseline and endline data for each indicator and outcome. These comparisons are meant to show what worked and where and to be used to inform future interventions in both these countries and globally.
Figure 1: ANI PMF outcomes and indicators

Ultimate Outcome: Improved nutritional status of women and children in Sub-Saharan Africa

Intermediate Outcomes:

1100: Improved nutrition program monitoring, evaluation and targeting of service delivery in ten Sub-Saharan African countries

1200: Women (200,000) and children (150,000) in three Sub-Saharan African countries receive effective nutrition interventions

1300: Increased awareness and consensus among stakeholders at national and global levels of nutritional status, priorities and best strategies to effectively address under nutrition

Immediate Outcomes:

1110: Increased ability of governments to monitor changes in nutrition status and to target interventions to those most in need

1210: Increased access to direct evidence-based nutrition interventions for women and children

1310: Increased access to information on national and global progress in nutrition, as reported through the SUN movement; and on innovative nutrition program options and good practices in delivering nutrition interventions for health and nutrition practitioners

Outputs:

1111: Baseline data established

1121: Nutrition surveillance systems strengthened:
- 25% of district systems harmonized and feeding into national systems
- Government health analysts trained to collect and analyze data

1211: Direct evidence-based nutrition interventions integrated in national strategy, and scaled up

1221: Number of health workers trained on the delivery of nutrition interventions

1311: Data and estimates provided to national and global processes, such as the SUN annual progress report
METHODOLOGY

BASELINE DATA

The baseline data was collected through both desk reviews and direct observations and measurements from perception and coverage surveys. Baseline perception surveys were conducted in ten of the eleven countries in 2014 and 2015. Baseline coverage surveys were conducted in Ethiopia and Uganda and an intermediate (between baseline and endline) coverage survey was also conducted in the United Republic of Tanzania. The data was entered into a spreadsheet, cleaned, and analysed by each country team and then sent to WHO for further analysis.

PERCEPTION SURVEYS

The perception surveys collected data on people’s awareness and knowledge about nutrition, what challenges each country faced in nutrition surveillance, and what each country’s capacity was for scaling up or implementing new nutrition interventions. They targeted government workers directly involved with policy or program management, development partners, donors, health workers, and media. The surveys focused on four areas: (1) Policy maker, development practitioner, and media conviction that nutrition is an investment priority, (2) Government perception of their knowledge and skills to collect and analyze nutrition surveys, (3) Health worker perception of their knowledge and skills to deliver nutrition interventions to women and children, and (4) Health worker perception of their knowledge and skills to carry out nutrition surveillance as shown in Table 1.

Table 1: Perception survey focus areas

<table>
<thead>
<tr>
<th>Questionnaire tool</th>
<th>Example of target group respondents</th>
<th>Recommended sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. National government</td>
<td>Director of Nutrition Programme, Director of Health Promotion Department, Director of Food Security and Nutrition, School Health Manager</td>
<td>10-15</td>
</tr>
<tr>
<td>2. District government</td>
<td>District Health Manager, District Chief Health Officer, District Agriculture Extension Supervisor, local authorities involved in nutrition issues decision making</td>
<td>10</td>
</tr>
<tr>
<td>3. Development partners</td>
<td>UN, NGOs, CSOs and donors</td>
<td>5</td>
</tr>
<tr>
<td>4. Health workers</td>
<td>CHW, midwife, child health nurse</td>
<td>10</td>
</tr>
<tr>
<td>5. Media</td>
<td>Journalists, writers, TV and radio producers, press</td>
<td>20</td>
</tr>
</tbody>
</table>

For more details concerning the perception surveys, refer to the 2017 Perception Surveys for the ANI PMF Report in Annex 1.

ENDLINE DATA

Endline data was collected in the same way as the baseline data, through both desk reviews and direct observations and measurements from perception and coverage surveys. However, due to the length of time required to collect baseline data, there was not enough time to collect
Endline data for all of the indicators for each country. This also varied widely in each country, with some collecting data on all of the indicators and others missing data on many of them. Endline data was also analysed in the same way as the baseline data. It was entered into a spreadsheet, cleaned, and analysed by each country team and then sent to WHO for further analysis.
EXPLANATION OF PERFORMANCE FRAMEWORK INDICATORS

The ANI PMF measured ultimate outcomes as well as intermediate outcomes, immediate outcomes, and outputs in three different pathways.

EXPLANATION OF ULTIMATE OUTCOME INDICATORS

As shown in Figure 2, the ultimate outcome was “the improved nutritional status of women and children in Sub-Saharan Africa”. This was measured by five ultimate outcome indicators: (1) The proportion of stunted children under the age of five years, (2) The proportion of wasted children under the age of five years, (3) The proportion of overweight children under the age of 59 months, (4) The incidence of low birth weight, and (5) The proportion of women between 15 and 49 years with anemia as defined as having hemoglobin < 12 g/dl. All of these indicators are from the 2025 Global Nutrition Targets and there are targets defined for each of the 11 countries (GNR 2015).

Figure 2: Ultimate outcomes pathway

EXPLANATION OF PATHWAY 1100 INDICATORS

i. EXPLANATION OF INTERMEDIATE OUTCOME 1100 INDICATORS

As shown in Figure 3, intermediate outcome 1100 looked at nutrition program monitoring, evaluation, and targeting of service delivery. It was measured by three indicators. The first indicator was the proportion of health workers who feel confident doing nutrition surveillance. The target was 50%. This indicator was from the perception surveys (Annex X). The second indicator was the proportion of the WHO’s Essential Nutrition Actions (ENAs) that were identified as a priority to scale up. The target was 50%. The third indicator was the implementation of a country targeting process and the establishment of a results framework. It was measured on a scale from 0 to 4 with 0 defined as no results framework in place, 1 defined as having a results framework in place but it being incomplete, 2 defined as having a complete
results framework in place, 3 defined as having and utilizing a complete results framework, and 
4 defined as aligning programs that include the ENAs to the results framework. The target was a 
score of 4.

ii. EXPLANATION OF IMMEDIATE OUTCOME 1110 AND 1120 INDICATORS
Immediate outcome 1110 looked at the ability of the government to monitor changes in 
nutrition indicators, including the World Health Assembly (WHA) targets, and to use these 
changes to target interventions to the most vulnerable. It was measured by one indicator that 
was data collection on the WHA targets. It was measured on a scale from 0 to 3 with 0 defined 
as no data collected, 1 defined as data collected, 2 defined as data collected and analysed, and 3 
defined as data collected, analysed, and disseminated. The target was as score of 2. Immediate 
outcome 1120 looked at government capacity to plan and implement nutrition strategies and 
how well these can be targeted to the most vulnerable. It was measured by two indicators. The 
first indicator was the proportion of stakeholders who are confident in the government’s ability 
to collect, analyze, and report nutrition data from surveys. The target is 70%. This indicator was 
from the perception surveys (Annex X). The second indicator was the number of health workers 
trained in surveillance by ANI. This indicator did not have overall project targets.

iii. EXPLANATION OF OUTPUTS 1111 AND 1121
Output 1111 looked at baseline nutrition indicators. It was measured by one indicator that was 
if there was baseline data on core indicators and, if so, how many. It was measured on a scale 
from 0 to 3 with 0 defined as no core indicators tracked, 1 defined as two to three core 
indicators tracked, 2 defined as all seven core indicators tracked in some districts, and 3 defined 
as all seven core indicators tracked nationally. The target was a score of 3. Output 1121 looked 
at nutrition surveillance system strengthening. It was measured by five indicators. The first 
indicator was the number and quality of activities to strengthen nutrition surveillance. It was 
measured on a scale from 0 to 3 with 0 defined as no activities in place, 1 defined as activities in 
place to support data collection, 2 defined as activities in place to support data collection and 
analysis, and 3 defined as activities in place to support data collection, analysis, and 
dissemination. The target was a score of 3. The second indicator was the ability of district 
systems to feed into national systems. It was measured on a scale from 0 to 3 with 0 defined as 
no district level data fed into a national system, 1 defined as district level data partially fed into 
a national system, 2 defined as complete district level data regularly fed into a national system, 
and 3 defined as complete district level data regularly fed into a national system and used to 
provide feedback to the districts. The target was as score of 3. The third indicator was an 
assessment of the national information system gaps. It was measured on a scale from 0 to 2 
with 0 defined as no gaps assessment done, 1 defined as a gaps assessment started but not 
completed, and 2 defined as a gaps assessment completed. The target was a score of 2. The 
fourth indicator was the identification of WHA and coverage, or outcome 1200, indicators and 
the integration of these indicators into the national information system. It was measured on a 
scale from 0 to 2 with 0 defined as no data being integrated, 1 defined as WHA but not coverage 
indicators integrated, and 2 defined as both WHA and coverage indicators integrated. The target 
was a score of 2. The fifth indicator was the number of government staff trained to collect and 
analyse data by ANI. It was measured on a scale from 0 to 2 with 0 defined as none trained, 1 
defined as staff trained but no continued training, and 2 defined as staff trained with a plan to 
continue training. It is key that countries continue to train staff in order to continue to improve 
nutrition surveillance after the end of the project. The target was a score of 2.
iv. EXPLANATION OF INTERMEDIATE OUTCOME 1200
As shown in Figure 4, intermediate outcome 1200 looked at scaling up nutrition interventions for women and children with the goal of reaching 200,000 women and 150,000 children. It was not carried out in all eleven countries but instead was only done in Ethiopia, Uganda, and the United Republic of Tanzania. It was measured by four indicators. The first indicator was the proportion of children under the age of six months who are exclusively breastfed. The target was 60%. The second indicator was the proportion of children between six and 23 months receiving a minimum acceptable diet. There was no overall project target. The third indicator was the proportion of pregnant women receiving iron and folic acid supplements. The target was 30%. The fourth indicator was the proportion of children with severe acute malnutrition with access to appropriate treatment. There was no overall project target.

v. EXPLANATION OF IMMEDIATE OUTCOMES 1210 AND 1220
Immediate outcome 1210 looked at access to evidence-based nutrition interventions for women and children. It was measured by one indicator, the proportion of women and children reached by the supported interventions. The target was 75%. Immediate outcome 1220 looked at the services provided to women and children by health workers. It was measured by two indicators. The first indicator was the capacity of health workers to deliver nutrition interventions to women and children. The target was 75%. This indicator was from the perception surveys
(Annex X). The second indicator was the proportion of community health workers implementing nutrition interventions. There was no overall project target.

vi. EXPLANATION OF OUTPUTS 1211 AND 1221
Output 1211 looked at evidence-based nutrition interventions in the national policy, strategy, and action plans. It was measured by one indicator that was if a national nutrition action plan was adopted by the government. It was measured on a scale from 0 to 6 with one point given for each of the following: (1) Has evidence-based strategies, (2) Allocates responsibilities, (3) Sets targets and gives indicators for monitoring, (4) Is officially adopted, (5) Is budgeted, and (6) Is implemented. The target was a score of 4. Output 1221 was also measured by one indicator that was the number of health workers trained in delivering nutrition interventions by ANI. There was no overall project target.

Figure 4 Outcome 1200 pathway

EXPLANATION OF PATHWAY 1300 INDICATORS

vii. EXPLANATION OF INTERMEDIATE OUTCOME 1300
As shown in Figure 5, intermediate outcome 1300 looked at the level of awareness and agreement about the nutrition situation, priorities, and actions for improvement between both national and international stakeholders. It was measured by two indicators. The first indicator was tracking of nutrition targets and intervention coverage. It was measured on a scale from 0 to 4 with 0 defined as no data collected, 1 defined as partial or complete data collected, 2 defined as partial data collected and analysed, 3 defined as complete data collected and analysed, and 4 defined as complete data collected, analysed, and disseminated. The target was a score of 4. The second indicator was the proportion of policy makers, development practitioners, and media with awareness of the nutrition situation who mentioned a majority of the national nutrition problems relative to the 2025 Global Nutrition Targets. The target was 50%. This was in the perception surveys (Annex X), which also included open ended questions about additional national nutrition problems and their causes as well as about each stakeholder’s priorities.

viii. EXPLANATION OF IMMEDIATE OUTCOME 1310
Immediate outcome 1310 looked at access to national and international information on nutrition indicators, interventions, and best practices. It was measured by two indicators. The first indicator was the proportion of the population covered by surveillance activities. There was no overall project target. The second indicator was the proportion of Ministry of Health staff trained in eLENA. The target was 10%.

ix. EXPLANATION OF OUTPUT 1311
Output 1311 looked at reporting to SUN. It was measured by two indicators. The first indicator was if country nutrition reports were provided to the SUN Secretariat. It was measured as 0 defined as no and 1 defined as yes. The target was 1 or yes. The second indicator was if ANI activities were communicated to SUN through the country calls and reports. Again, it was measured on as 0 defined as no and 1 defined as yes and the target was 1 or yes.
Figure 5: Outcome 1300 pathway

Outcome 1300
Increasing awareness and consensus of nutrition

Intermediate Outcomes

1300: Increased awareness and consensus among stakeholders at national and global levels of nutritional status, priorities, and best strategies to effectively address nutrition

(All countries)

Intermediate Outcome Indicators

1. Amount and quality of nutrition data available in the country (data should include tracking of nutrition status targets and nutrition intervention coverage indicators)
   Target: Score = 4

2. Proportion of policy-makers, development practitioners, and media with public awareness of the country's nutrition situation, and that nutrition is a national priority for investment
   Target: > 60%

(All countries)

Immediate Outcomes

1310: Increased access to information on global progress in nutrition, as reported through the SUN movement; and on innovative nutrition program options and good practices in delivering nutrition interventions for health and nutrition practitioners

(All countries)

Immediate Outcome Indicators

1. Proportion of the population covered by nutrition surveillance activities supported by the project
   Target: N/A

2. Proportion of MOH staff trained in the use of ELENA
   Target: > 10%

Outputs

1311: Data and estimates provided to national and global processes, such as the SUN annual progress report

(All countries)

Output Indicators

1. Country nutrition surveillance reports provided to the SUN Secretariat on an annual basis
   Target: Score = 1

2. SUN countries aware and communicating on ANI activities on a regular basis
   Target: Score = 1
ENDLINE RESULTS

INDIVIDUAL COUNTRY RESULTS AND DISCUSSION

x. BURKINA FASO

Endline data is presented in Figure 6 where green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline data is also presented in Figure 7 where + indicates that the indicator improved, – indicates that the indicator got worse, / indicates that the indicator stayed the same, and X indicates that no data was collected and green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline ultimate outcome indicators is presented in Figure 8.

Figure 6: Endline data for Burkina Faso
Figure 7: Comparison of endline and baseline data for Burkina Faso

Burkina Faso

*Improved nutrition program monitoring, evaluation & targeting of service delivery*

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**Intermediate Outcome 1100**

- 1 +
- 2 +
- 3 +

**Immediate Outcome 1110**

- 1 X

**Output 1111**

- 1 /
- 2 +
- 3 /

**Intermediate Outcome 1120**

- 1 +
- 2 +
- 3 +

**Output 1121**

- 1 /
- 2 +
- 3 /
- 4 +
- 5 +

**Intermediate Outcome 1300**

- 1 +
- 2 /

**Immediate Outcome 1310**

- 1 +
- 2 /

**Output 1311**

- 1 /
- 1 /
ULTIMATE OUTCOMES
Stunted children decreased 2.7% to reach 30.2%
Wasted children increased 7.6% to reach 10.4%
Overweight children decreased 9.9% to reach 1.0%
Low birth weight decreased 2.2% to reach 16.2%
Anemia in women of reproductive age decreased 6.4% to reach 61.9%

All of the ultimate outcome indicators improved except for wasting, which increased. Overweight children decreased, which is an improvement, but this is most likely related to the same food insecurity responsible for the increase in wasting instead of successful interventions against obesity. Possible causes are discussed in the country challenges section below.

INTERMEDIATE OUTCOME 1100
The first indicator, the proportion of health workers who feel confident doing nutrition surveillance, increased by 18% to reach 73%. The country met the target of 50% at baseline and endline. The second indicator, the proportion of interventions identified as a priority to scale up, increased by 2% to reach 58%. The country also met the target of 50% at baseline and endline. The third indicator, implementation of a targeting process and establishment of a results framework, increased from a score of 0 to a score of 3 meaning that a results framework was established and utilized but programs were not aligned with this framework. The country improved but did not meet the target score of 4. The country met the target for the first two indicators and, despite not meeting the target for the third indicator, still improved over the course of the project.

IMMEDIATE OUTCOMES 1110 AND 1120
The indicator for immediate outcome 1110, collecting national level data on WHA targets, was
3 at baseline meaning that they collected, analyzed, and disseminated data on 6 out of the 7 WHA indicators, meeting the target. No data was collected at endline so it is unclear if the country improved or met the target at the endline. For immediate outcome 1120, the first indicator, the proportion of government workers who feel confident collecting and analyzing nutrition data, increased by 2% to reach 51% but this was still not meeting the target of 70%. For the second indicator, 114 health workers were trained in surveillance by ANI.

**OUTPUTS 1111 AND 1121**
The indicator for output 1111, number of core nutrition indicators tracked, stayed the same at 3, meeting the target at baseline and endline, but improved from tracking 6 out of 7 indicators to tracking 7 out of 7 indicators over the course of the project. For output 1121, the first indicator, surveillance strengthening activities take place, increased from a score of 0 to a score of 2 meaning that there were no activities taking place at baseline but there were activities to strengthen data collection and analysis at endline. However, there were no activities to strengthen data dissemination so the country did not meet the target score of 3. The second indicator, ability of district systems to feed into national systems, increased from a score of 2 to a score of 3 meaning district level data was fed into a national system at baseline and this data was also being used to give feedback to the districts at endline, meeting the target score of 3. The third indicator, national information systems gap assessment, the score stayed the same at 2 meaning an analysis of the gaps was completed at baseline, meeting the target. The fourth indicator, nutrition and coverage indicators identified and integrated into national information systems, increased from a score of 1 to a score of 2 meaning only the WHA targets were integrated into the system at baseline but the coverage indicators were also integrated at endline, meeting the target. The fifth indicator increased from a score of 0 to a score of 2 meaning ANI trained government staff to collect and analyze data and the government had a plan to continue training, meeting the target. The country did not meet the target for the first indicator but improved over the course of the project and met the target for the other four.

**INTERMEDIATE OUTCOME 1300**
The first indicator, amount and quality of nutrition data available, improved from a score of 2 to a score of 4 meaning that only data on acute malnutrition was collected and analyzed at baseline but complete nutrition data was collected, analyzed, and disseminated at endline, meeting the target. The second indicator, the proportion of policy makers, development practitioners, and media with public awareness of nutrition, increased by 58% to reach 98% at the end, reaching the target of 50%.

**IMMEDIATE OUTCOME 1310**
The first indicator, proportion of population covered by nutrition surveillance activities, increased from 0% to 36%. There was no overall project target. The second indicator, proportion of Ministry of Health staff trained in eLENA, remained at 0%, not meeting the target of 10%.

**OUTPUT 1311**
The first indicator, nutrition surveillance reports provided annually to the SUN Secretariat, stayed at 0 meaning that reports were not provided and the target was not met. The second indicator, ANI activities communicated to SUN countries also stayed at 0, meaning that activities were not communicated and the target was not met. The country did not meet either of the SUN targets and did not improve over the course of the project.
COUNTRY CHALLENGES
The country faced political and civil unrest over the course of the project. In 2014, President Blaise Compaore tried to modify the Constitution in order to extend his rule of already 27 years. This led to protests and an uprising that eventually brought about his resignation and the implementation of a transitional government. In 2015, there was a coup against the transitional government that was ultimately unsuccessful but resulted in more protests. There were also poor weather conditions and crop losses in 2014. The combination of unrest and poor crop yields, created problems with food security and may account for the increase in wasting seen.
xi. **ETHIOPIA**

Endline data is presented in Figure 9 where green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline data is presented in Figure 10 where + indicates that the indicator improved, – indicates that the indicator got worse, / indicates that the indicator stayed the same, and X indicates that no data was collected and green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline ultimate outcome indicators is presented in Figure 11.

**Figure 9: Endline data for Ethiopia**

![Endline data for Ethiopia](image-url)
Figure 10: Comparison of endline and baseline data for Ethiopia

Ethiopia

Improved nutrition program monitoring, evaluation & targeting of service delivery

Scaling up nutrition interventions

Increased awareness and consensus of nutrition
ULTIMATE OUTCOMES
Stunted children decreased 5.6% to reach 38.4%
Wasted children decreased 0.1% to reach 9.9%
Overweight children increased 1.1% to reach 2.8%
Low birth weight had no new data
Anemia in women of reproductive age increased 6% to reach 23.0%

Stunting and wasting decreased but the decrease in wasting was very small and wasting is still high at 9.9%. Anemia in women of reproductive age also increased. Overweight children also increased, and while still low, this needs to be addressed to avoid this public health crisis.

INTERMEDIATE OUTCOME 1100
The first indicator, the proportion of health workers who feel confident doing nutrition surveillance, was 0% at baseline and no data was collected at endline so it is unclear if this improved or if the country met the target at endline. The second indicator, the proportion of interventions identified as a priority to scale up, stayed the same at 56% over the course of the project, meeting the target of 50% at both baseline and endline. The third indicator, implementation of a targeting process and establishment of a results framework, was not collected at baseline or endline. It was hard to assess the success of these indicators since data on two out of three of them was not collected.

IMMEDIATE OUTCOMES 1110 AND 1120
The indicator for immediate outcome 1110, collecting national level data on WHA targets, was not collected at baseline or endline. For immediate outcome 1120, the first indicator, the
proportion of government workers who feel confident collecting and analyzing nutrition data, was 34% at baseline, which did not meet the target of 70%. No data was collected at endline so it unclear if the country improved or met the target at endline. For the second indicator, 895 health workers were trained in surveillance by ANI. Again, it was hard to assess the success of these indicators since a lot of data was not collected.

**OUTPUTS 1111 AND 1121**

The indicator for output 1111, number of core nutrition indicators tracked, increased from a score of 1 to a score of 2 meaning they tracked stunting every six months and another 5 out of 7 indicators every five years at baseline but tracked 7 out of 7 indicators for key districts every year at endline. However, they did not track 7 out of 7 indicators nationally and did not meet the target score of 3. For output 1121, the first indicator, surveillance strengthening activities take place, increased from a score of 1 to a score of 3 meaning there were activities to strengthen data collection taking place at baseline but there were activities to strengthen data collection, analysis, and dissemination taking place at endline, meeting the target. The second indicator, ability of district systems to feed into national systems, increased from a score of 1 to a score of 2 meaning district level data was partially fed into a national system at baseline and this data was completely fed into the system at endline. However, the data was not used to give feedback to the districts so they did not meet the target score of 3. The third indicator, national information systems gap assessment, the score increased from 0 to 2 meaning that an assessment of the gaps was completed over the course of the project, meeting the target. The fourth indicator, nutrition and coverage indicators identified and integrated into national information systems, stayed the same at 2 meaning WHA targets and coverage indicators were integrated into the system throughout the project, meeting the target. The fifth indicator increased from a score of 0 to a score of 2 meaning ANI trained government staff to collect and analyze data and the government had a plan to continue training, meeting the target. The country met the targets for four of these five indicators and improved for the fifth one.

**INTERMEDIATE OUTCOME 1200**

No data was collected on any of the four indicators so it is unclear if the proportion of children under the age of six months exclusively breastfeeding, proportion of children age six to 23 months receiving a minimum acceptable diet, proportion of pregnant women receiving iron and folic acid supplements, or proportion of children with severe acute malnutrition with access to appropriate treated improved.

**IMMEDIATE OUTCOMES 1210 AND 1220**

The indicator for outcome 1210, the proportion of women and children reached by the supported nutrition interventions, increased from 0% to 73%. This did not meet the target of 75% but improved substantially and is very close. For outcome 1220, the first indicator, health worker capacity to deliver nutrition interventions to women and children, increased by 7% to reach 90%. This indicator met the target at baseline and endline. The second indicator, the number of community health workers implementing nutrition interventions was 0.35 per 1000. There was no overall project target.

**OUTPUTS 1211 AND 1221**

The indicator for output 1211, national nutrition action plan adopted by the government, stayed the same at a score of 6 meaning that the country has an action plan that is evidence-based, has allocated responsibilities, set targets, and indicators to monitor progress, is officially adopted,
has budgeting, and is implemented. This was above the target score of 4 at baseline and endline. For output 1221, the first indicator, number of health workers trained, 721 health workers were trained before the project started and 660 workers from 55 health centers and 520 extension workers from 256 health posts were trained by ANI over the course of the project.

INTERMEDIATE OUTCOME 1300
The first indicator, amount and quality of nutrition data available, improved from a score of 1 to a score of 3 meaning only partial nutrition data was collected at baseline but complete nutrition data was collected and analyzed at endline. However, this data was not disseminated so they did not meet the target score of 4. The second indicator, the proportion of policy makers, development practitioners, and media with public awareness of nutrition, increased by 43% to reach 97% at the end, reaching the target of 50%.

IMMEDIATE OUTCOME 1310
The first indicator, proportion of population covered by nutrition surveillance activities, increased from 0% to 65%. The second indicator, proportion of Ministry of Health staff trained in eLENA, increased from 0% to 40%, meeting the target of 10%.

OUTPUT 1311
The first indicator, nutrition surveillance reports provided annually to the SUN Secretariat, stayed at 0 meaning that reports were not provided and the target was not met. The second indicator, ANI activities communicated to SUN countries also stayed at 0, meaning that activities were not communicated and the target was not met. The country did not meet either of the SUN targets and did not improve over the course of the project.
xii. MALI

Endline data is presented in Figure 12 where green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline data is presented in Figure 13 where + indicates that the indicator improved, − indicates that the indicator got worse, / indicates that the indicator stayed the same, and X indicates that no data was collected and green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline ultimate outcome indicators is presented in Figure 14.

Figure 12: Endline data for Mali
Figure 13: Comparison of endline and baseline data for Mali

Mali

Improved nutrition program monitoring, evaluation & targeting of service delivery

Increased awareness and consensus of nutrition
ULTIMATE OUTCOMES
Stunted children decreased 4.7% to reach 23.1%
Wasted children increased 2.6% to reach 11.5%
Overweight children had no new data
Low birth weight decreased by 2.0% to reach 16.0%
Anemia in women of reproductive age decreased 22.0% to reach 51.4%

All of the ultimate outcome indicators improved except for wasting, which increased.

INTERMEDIATE OUTCOME 1100
The first indicator, the proportion of health workers who feel confident doing nutrition surveillance, increased by 25% to reach 95%. The country met the target of 50% at baseline and endline. The second indicator, the proportion of interventions identified as a priority to scale up, increased by 10% to 58%, meeting the target of 50%. The third indicator, implementation of a targeting process and establishment of a results framework, increased from a score of 0 to a score of 3 meaning that a results framework was established and utilized but programs were not aligned to this framework so it did not meet the target score of 4. They met the targets for two of these three indicators.

IMMEDIATE OUTCOMES 1110 AND 1120
The indicator for immediate outcome 1110, collecting national level data on WHA targets, was 3 at baseline meaning that they collected, analyzed, and disseminated data on 6 out of the 7 WHA
indicators, meeting the target. No new data was collected at endline so it is unclear if the country maintained this or still met the target at endline. For immediate outcome 1120, the first indicator, the proportion of the government workers who feel confident collecting and analyzing nutrition data, increased by 11% to reach 44% but this is still not meeting the target of 70%. For the second indicator, 120 health workers were trained in surveillance by ANI. There was no overall project goal.

OUTPUTS 1111 AND 1121
The indicator for output 1111, number of core nutrition indicators tracked, was 3 at baseline meaning they tracked 6 out of 7 indicators, meeting the target. Data was not collected at endline so it is unclear if this was maintained or if they met the target at endline. For output 1121, the first indicator, surveillance strengthening activities take place, increased from a score of 1 to a score of 2 meaning that at baseline there were activities to strengthen data collection for all indicators and data collection and analysis for acute malnutrition but there were activities to strengthen data collection and analysis for all indicators at the end. However, there were no activities to strengthen data dissemination so they did not meet the target score of 3. The second indicator, ability of district systems to feed into national systems, stayed the same at 2 meaning district level data was fed into the national system but this was not used to give feedback to the districts so they did not meet the target score of 3. The third indicator, national information systems gap assessment, increased from a score of 0 to a score of 2 meaning an analysis of the gaps was completed over the course of the project, meeting the target. The fourth indicator, nutrition and coverage indicators identified and integrated into the national information systems, stayed the same at 2 meaning the WHA targets and coverage indicators were integrated into the system, meeting the target at baseline and endline. The fifth indicator increased from a score of 0 to a score of 2 meaning ANI trained government staff to collect and analyze data and the government had a plan to continue training, meeting the target. The country did not meet the target for the first indicator but improved over the course of the project and met the target for the other four indicators.

INTERMEDIATE OUTCOME 1300
The first indicator, amount and quality of nutrition data available, stayed the same at 2 meaning only data on acute malnutrition was collected and analyzed at baseline but more complete nutrition data was collected and analyzed at endline. However, this data was not complete and was not disseminated so they did not meet the target score of 4. The second indicator, the proportion of policy makers, development practitioners, and media with public awareness of nutrition, decreased by 4% down to 50% at the end. However, this was still at the target of 50%.

IMMEDIATE OUTCOME 1310
The first indicator, proportion of population covered by nutrition surveillance activities, increased from 0% to 100%. The second indicator, proportion of Ministry of Health staff trained in eLENA, remained at 0%, not meeting the target of 10%.

OUTPUT 1311
The first indicator, nutrition surveillance reports provided annually to the SUN Secretariat, stayed at 0 meaning that reports were not provided and the target was not met. The second indicator, ANI activities communicated to SUN countries also stayed at 0, meaning that activities were not communicated and the target was not met. The country did not meet either of the SUN targets and did not improve over the course of the project.
COUNTRY CHALLENGES
Mali was dealing with an Ebola outbreak over the course of the project that made it more difficult, especially by taking health resources away from nutrition. The longstanding conflict in Mali also was renewed in 2013 when the government fired on unarmed protesters and the National Movement for the Liberation of Azawad (MNLA) stopped their ceasefire and declared war against the Malian army soon after. In 2014, France and Germany sent troops to the country to support the government. The Ebola outbreak and continued conflict may account for the increase in wasting seen.
xiii. MOZAMBIQUE
Endline data is presented in Figure 15 where green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline data is presented in Figure 16 where + indicates that the indicator improved, – indicates that the indicator got worse, / indicates that the indicator stayed the same, and X indicates that no data was collected and green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected.

Figure 15: Endline data for Mozambique
ULTIMATE OUTCOMES
Baseline and endline data was from the same source and year so any changes were not seen.

INTERMEDIATE OUTCOME 1100
The first indicator, the proportion of health workers who feel confident doing nutrition surveillance, was 67% at baseline, meeting the target of 50%, but no data was collected at endline so it is unclear if this was maintained or if the country met the target at endline. The second indicator, the proportion of interventions identified as a priority to scale up, decreased by 3% down to 27%, which did not meet the target of 50%. The third indicator, implementation of a targeting process and establishment of a results framework, was not collected at baseline or endline so it is unclear if the country improved or met the target.

IMMEDIATE OUTCOMES 1110 AND 1120
The indicator for immediate outcome 1110, collecting national level data on WHA targets, was not collected at baseline or endline so it is unclear if the country met the target. For immediate outcome 1120, the first indicator, the proportion of government workers who feel confident collecting and analyzing nutrition data, was 26% at baseline but no data was collected at endline.
so again it is unclear if this improved or met the target of 70%. For the second indicator, 40 health workers were trained in surveillance at the beginning of the project and another 29 were trained by ANI.

OUTPUTS 1111 AND 1121
The indicator for output 1111, number of core nutrition indicators tracked, was a 3 at baseline meaning that they tracked 7 out of 7 indicators and met the target. No data was collected at endline so it is unclear if this was maintained or if they still met the target at endline. For output 1121, the first indicator, surveillance strengthening activities take place, decreased from a score of 3 to a score of 2 meaning that at baseline there were activities to strengthen data collection, analysis, and dissemination but at endline there were only activities to strengthen data collection and analysis and the country no longer met the target score of 3. The second indicator, ability of district systems to feed into national systems, stayed at 2 meaning district level data was fed into a national system but this was not used to give feedback to the districts so they did not meet the target score of 3. The third indicator, national information systems gap assessment, stayed the same at 2 meaning an analysis of the gaps was completed at the beginning, meeting the target. The fourth indicator, nutrition and coverage indicators identified and integrated into national information systems, increased from a score of 1 to a score of 2 meaning the WHA targets were integrated into the system at baseline but both the WHA targets and coverage indicators were integrated into the system at the end, meeting the target. The fifth indicator decreased from a score of 2 to a score of 0 meaning ANI trained government staff to collect and analyze data and the government had a plan to continue training at baseline but was not doing either at the end and no longer met the target. The country was not meeting the target for three of the five indicators and, even more concerning, was meeting the target for two of these at baseline but not at endline.

INTERMEDIATE OUTCOME 1300
The first indicator, amount and quality of nutrition data available, was 2 at baseline meaning only partial nutrition data was collected and disseminated periodically. Data was not collected at endline so it is unclear if this improved or met the target score of 4. The second indicator, the proportion of policy makers, development practitioners, and media with public awareness of nutrition, decreased by 20% down to 46% and no longer met the target of 50%.

IMMEDIATE OUTCOME 1310
The first indicator, proportion of population covered by nutrition surveillance activities, was 0% at baseline and was not collected at endline. The second indicator, proportion of Ministry of Health staff trained in eLENA, was 0% at baseline and was also not collected at endline. It is unclear if either of these indicators improved.

OUTPUT 1311
The first indicator, nutrition surveillance reports provided annually to the SUN Secretariat, and the second indicator, ANI activities communicated to SUN countries, were both 0 at baseline meaning that reports were not provided and activities were not communicated and the targets were not met. Data was not collected for either of these indicators at endline so it is unclear if either of them improved or met the targets.
xiv. RWANDA
Endline data is presented in Figure 17 where green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline data is presented in Figure 18 where + indicates that the indicator improved, – indicates that the indicator got worse, / indicates that the indicator stayed the same, and X indicates that no data was collected and green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline ultimate outcome indicators is presented in Figure 19.

Figure 17: Endline data for Rwanda
Figure 18: Comparison of endline and baseline data for Rwanda

Rwanda

*Improved nutrition program monitoring, evaluation & targeting of service delivery*

- **Intermediate Outcome 1100**
  - 1: X
  - 2: X
  - 3: X

- **Immediate Outcome 1110**
  - 1: / (dependent on Intermediate Outcome 1100)

- **Output 1111**
  - 1: / (dependent on Immediate Outcome 1110)
  - 2: /
  - 3: /

- **Intermediate Outcome 1120**
  - 2: X
  - 3: +

- **Output 1121**
  - 1: / (dependent on Intermediate Outcome 1120)
  - 2: /
  - 3: /
  - 4: /
  - 5: /

- **Intermediate Outcome 1300**
  - 1: +
  - 2: /

- **Immediate Outcome 1310**
  - 1: --
  - 2: /

- **Output 1311**
  - 1: / (dependent on Intermediate Outcome 1300)
  - 1: -
ULTIMATE OUTCOMES
Stunted children decreased 6.3% to reach 37.9%
Wasted children decreased 0.6% to reach 2.2%
Overweight children increased 1.0% to reach 7.7%
Low birth weight increased 0.1% to reach 6.3%
Anemia in women of reproductive age increased 2.0% to reach 19.0%

Stunting and wasting decreased but overweight children, low birth weight, and anemia in women of reproductive age all increased. Stunting and wasting are widely seen as important nutrition indicators that need to be addressed while there is less awareness about the other three. This shows the importance of nutrition perception on ultimate outcomes.

INTERMEDIATE OUTCOME 1100
The first indicator, the proportion of health workers who feel confident doing nutrition surveillance, was not collected at baseline or endline. The second indicator, the proportion of interventions identified as a priority to scale up, was 53% at baseline, meeting the target of 50%, but no data was collected at endline so it is unclear if this was maintained or if they still met the target at endline. The third indicator, implementation of a targeting process and establishment of a results framework, was 3 at baseline meaning that a results framework was established and utilized. However, programs were not aligned with this framework so they did not meet the target score 4. No data was collected at endline so it is unclear if they improved or met the target. It was hard to assess the success of these indicators since a lot of data was not collected.
IMMEDIATE OUTCOMES 1110 AND 1120
The indicator for immediate outcome 1110, collecting national level data on WHA targets, was 3 at baseline meaning that they collected, analyzed, and disseminated data on 7 out of the 7 WHA indicators but was not collected at endline so it is unclear if the country still met the target at the endline. For immediate outcome 1120, the first indicator, the proportion of the government workers who feel confident collecting and analyzing nutrition data, was not collected at baseline or endline. For the second indicator, 46 health workers were trained in surveillance by ANI. Again, it was hard to assess the success of these indicators since a lot of data was not collected.

OUTPUTS 1111 AND 1121
The indicator for output 1111, number of core nutrition indicators tracked, stayed the same at 3, meaning they tracked 7 out of 7 indicators, meeting the target at baseline and endline. For output 1121, the first indicator, surveillance strengthening activities take place, stayed the same at 3 meaning that there were activities to strengthen data collection, analysis, and dissemination, meeting the target at baseline and endline. The second indicator, ability of district systems to feed into national systems, stayed the same at 3 meaning district level data was fed into a national system and was used to give feedback to the districts, meeting the target at baseline and endline. The third indicator, national information systems gap assessment, the score stayed the same at 0 meaning an analysis of the gaps was not done at baseline or over the course of the project. They did not meet the target score of 2. The fourth indicator, nutrition and coverage indicators identified and integrated into national information systems, stayed the same at 1 meaning only WHA targets were integrated into systems at baseline and endline and they did not meet the target score of 2. The fifth indicator stayed the same at 0 meaning ANI did not train any government staff to collect and analyze data and the government did not have a plan to do this training. They did not meet the target of 2. The country was only meeting the targets for two out of the five indicators and there was no improvement in the three indicators that did not meet the targets.

INTERMEDIATE OUTCOME 1300
The first indicator, amount and quality of nutrition data available, improved from a score of 3 to a score of 4 meaning complete nutrition data was collected and analyzed at baseline but it was also disseminated by the end, meeting the target. The second indicator, the proportion of policy makers, development practitioners, and media with public awareness of nutrition, was not collected at baseline or endline.

IMMEDIATE OUTCOME 1310
The first indicator, proportion of population covered by nutrition surveillance activities, decreased from 100% to 81%. The second indicator, proportion of Ministry of Health staff trained in eLENA, remained at 0%, not meeting the target of 10%.

OUTPUT 1311
The first indicator, nutrition surveillance reports provided annually to the SUN Secretariat, stayed at 0 meaning that reports were not provided and the target was not met. The second indicator, ANI activities communicated to SUN countries decreased from 1 to 0, meaning that activities were communicated at baseline but not at endline and the target was not met. The country did not meet either of the SUN targets at the end of the project even though they met one at baseline.
COUNTRY CHALLENGES
Rwanda did not compete an endline perception survey because they only finished the baseline survey at the end of 2015. They did not collect a large amount of other endline indicator data so it is difficult to assess the success of the project.
xv. SENEGAL
Endline data is presented in Figure 20 where green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline data is presented in Figure 21 where + indicates that the indicator improved, – indicates that the indicator got worse, / indicates that the indicator stayed the same, and X indicates that no data was collected and green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline ultimate outcome indicators is presented in Figure 22.

Figure 20: Endline data for Senegal
Figure 21: Comparison of endline and baseline data for Senegal

Senegal

Improved nutrition program monitoring, evaluation & targeting of service delivery

Increased awareness and consensus of nutrition
Figure 22: Comparison of endline and baseline ultimate outcome indicators for Senegal

**Ultimate outcomes in Senegal baseline (2013 to 2014) to endline (2013 to 2016)**

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting</td>
<td>15.5%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Anaemia in women</td>
<td>70.6%</td>
<td></td>
</tr>
<tr>
<td>Low birth weight</td>
<td>1.3%</td>
<td></td>
</tr>
<tr>
<td>Childhood overweight</td>
<td>0.7%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Wasting</td>
<td>8.7%</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

**ULTIMATE OUTCOMES**
Stunted children increased 3.9% to reach 19.4%
Wasted children decreased 2.9% to reach 5.8%
Overweight children decreased 0.4% to reach 0.3%
Low birth weight had no new data
Anemia in women of reproductive age had no new data

Wasting decreased but stunting increased while overweight children also decreased.

**INTERMEDIATE OUTCOME 1100**
The first indicator, the proportion of health workers who feel confident doing nutrition surveillance, increased by 6% to reach 84%. The country met the target of 50% at baseline and endline. The second indicator, the proportion of interventions identified as a priority to scale up, increased by 14.5% to reach 62.5%, meeting the target of 50%. The third indicator, implementation of a targeting process and establishment of a results framework, increased from a score of 0 to a score of 3 meaning that a results framework was established and utilized but programs were not aligned with this framework. The country improved but did not meet the target score of 4. The country met the target for the first two indicators and, despite not meeting the target for the third indicator, still improved over the course of the project.

**IMMEDIATE OUTCOMES 1110 AND 1120**
The indicator for immediate outcome 1110, collecting national level data on WHA targets, was 3 at baseline meaning they collected, analyzed, and disseminated data on 7 out of 7 WHA
indicators, meeting the target. No new data was collected at endline so it is unclear if this was maintained or if they were still meeting the target at the endline. For immediate outcome 1120, the first indicator, the proportion of government workers who feel confident collecting and analyzing nutrition data, increased by 5% to reach 48% but this is still not meeting the target of 70%. For the second indicator, 112 health workers were trained in surveillance at the beginning of the project and 132 were trained by ANI over the course of the project.

OUTPUTS 1111 AND 1121
The indicator for output 1111, number of core nutrition indicators tracked, was 3 at baseline meaning they tracked 7 out of 7 indicators, meeting the target. No new data was collected at endline so it is unclear if this was maintained or if they met the target at endline. For output 1121, the first indicator, surveillance strengthening activities take place, increased from a score of 2 to a score of 3 meaning that there were activities to strengthen data collection and analysis at baseline but there were activities to strengthen data collection, analysis, and dissemination at endline, meeting the target. The second indicator, ability of district systems to feed into national systems, increased from a score of 2 to a score of 3 meaning district level data was fed into a national system at baseline and this data was also being used to give feedback to the districts at endline, meeting the target. The third indicator, national information systems gap assessment, the score stayed the same at 2 meaning an assessment of the gaps was completed at baseline, meeting the target. The fourth indicator, nutrition and coverage indicators identified and integrated into national information systems, stayed the same at 2 meaning the WHA targets and coverage indicators were integrated into the systems, meeting the target. The fifth indicator also stayed the same at 2 meaning ANI trained government staff to collect and analyze data and the government had a plan to continue training, meeting the target at baseline and at endline. The country met the targets for all of the indicators.

INTERMEDIATE OUTCOME 1300
The first indicator, amount and quality of nutrition data available, improved from a score of 2 to a score of 4 meaning only data on acute malnutrition was collected and analyzed at baseline but complete nutrition data was collected, analyzed, and disseminated at endline, meeting the target. The second indicator, the proportion of policy makers, development practitioners, and media with public awareness of nutrition, increased by 20% to reach 62% at the end, reaching the target of 50%.

IMMEDIATE OUTCOME 1310
The first indicator, proportion of population covered by nutrition surveillance activities, increased from 0% to 100%. The second indicator, proportion of Ministry of Health staff trained in eLENA, remained at 0%, not meeting the target of 10%.

OUTPUT 1311
The first indicator, nutrition surveillance reports provided annually to the SUN Secretariat, stayed at 0 meaning that reports were not provided and the target was not met. The second indicator, ANI activities communicated to SUN countries also stayed at 0, meaning that activities were not communicated and the target was not met. The country did not meet either of the SUN targets and did not improve over the course of the project.
xvi. SIERRA LEONE

Endline data is presented in Figure 23 where green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline data is presented in Figure 24 where + indicates that the indicator improved, – indicates that the indicator got worse, / indicates that the indicator stayed the same, and X indicates that no data was collected and green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline ultimate outcome indicators is presented in Figure 25.

Figure 23: Endline data for Sierra Leone
Figure 24: Comparison of endline and baseline data for Sierra Leone

Sierra Leone

*Improved nutrition program monitoring, evaluation & targeting of service delivery*

*Increased awareness and consensus of nutrition*
ULTIMATE OUTCOMES
Stunted children decreased 9.1% to reach 28.8%
Wasted children decreased 4.7% to reach 4.7%
Overweight children decreased 0.9% to reach 8.0%
Low birth weight decreased 4.0% to reach 7.0%
Anemia in women of reproductive age decreased 14.9% to reach 44.8%

All of the ultimate outcome indicators improved, in some cases by substantial amounts such as the decrease of 9.1% in stunting and the decrease of 14.9% in anemia. Sierra Leone was the only country that saw all ultimate outcome indicators improve.

INTERMEDIATE OUTCOME 1100
The first indicator, the proportion of health workers who feel confident doing nutrition surveillance, decreased by 15% down to 63%. The country still met the target of 50% at baseline and endline. The second indicator, the proportion of interventions identified as a priority to scale up, increased by 2% to reach 54%. The country also met the target of 50% at baseline and endline. The third indicator, implementation of a targeting process and establishment of a results framework, stayed at 3 meaning that a results framework was established and utilized and programs were aligned with this framework, meeting the target at baseline and endline. The country met the targets for all three of the indicators.

IMMEDIATE OUTCOMES 1110 AND 1120
The indicator for immediate outcome 1110, collecting national level data on WHA targets, stayed at 3 meaning that 7 out of 7 WHA indicators were collected, analyzed, and disseminated, meeting the target at baseline and endline. For immediate outcome 1120, the first indicator, the
The proportion of the government workers who feel confident collecting and analyzing nutrition data, decreased by 2% to reach 41% which was below the target of 70% at baseline and endline. For the second indicator, 1257 health workers were trained in surveillance by ANI. There was no overall project goal.

OUTPUTS 1111 AND 1121
The indicator for output 1111, number of core nutrition indicators tracked, stayed the same at 3, meaning that 7 out of 7 indicators were tracked, meeting the target at baseline and endline. For output 1121, the first indicator, surveillance strengthening activities take place, increased from a score of 1 to a score of 3 meaning that there were activities to strengthen data collection taking place at baseline but there were activities to strengthen data collection, analysis, and dissemination at endline, meeting the target. The second indicator, ability of district systems to feed into national systems, increased from a score of 2 to a score of 3 meaning district level data was fed into a national system at baseline and this data was also being used to give feedback to the districts at endline, meeting the target. The third indicator, national information systems gap assessment, stayed the same at 2 meaning an analysis of the gaps was completed at baseline, meeting the target. The fourth indicator, nutrition and coverage indicators identified and integrated into national information systems, stayed the same at 2 meaning the WHA targets and the coverage indicators were integrated into the system, meeting the target at baseline and at endline. The fifth indicator also stayed at 2 meaning ANI trained government staff to collect and analyze data and the government had a plan to continue training, meeting the target at baseline and endline. The country met the targets for all five indicators.

INTERMEDIATE OUTCOME 1300
The first indicator, amount and quality of nutrition data available, improved from a score of 2 to a score of 4 meaning only data on acute malnutrition was collected and analyzed at baseline but complete nutrition data was collected, analyzed, and disseminated at endline, meeting the target. The second indicator, the proportion of policy makers, development practitioners, and media with public awareness of nutrition, increased by 56% to reach 97%, reaching the target of 50%.

IMMEDIATE OUTCOME 1310
The first indicator, proportion of population covered by nutrition surveillance activities, stayed at 100% at baseline and at endline. The second indicator, proportion of Ministry of Health staff trained in eLENA, increased from 0% to 59%, meeting the target of 10%.

OUTPUT 1311
The first indicator, nutrition surveillance reports provided annually to the SUN Secretariat, stayed at 0 meaning that reports were not provided and the target was not met. The second indicator, ANI activities communicated to SUN countries decreased from 1 to 0, meaning that activities were communicated at baseline but not at endline and the target was not met. The country did not meet either of the SUN targets at the end of the project even though they met one at baseline.

COUNTRY CHALLENGES
Sierra Leone was dealing with an Ebola outbreak over the course of the project that made it more difficult, especially by taking health resources away from nutrition. However, ANI still
made substantial progress despite this challenge and the country met the targets for more indicators than any other countries in the project.
xvii. **UGANDA**

Endline data is presented in Figure 26 where green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline data is presented in Figure 27 where + indicates that the indicator improved, – indicates that the indicator got worse, / indicates that the indicator stayed the same, and X indicates that no data was collected and green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected.

**Figure 26: Endline data for Uganda**
Figure 27: Comparison of endline and baseline data for Uganda

**Uganda**

Improved nutrition program monitoring, evaluation & targeting of service delivery

**Ultimate Outcomes**
Baseline and endline data was from the same source and year so any changes were not seen.
INTERMEDIATE OUTCOME 1100
The first indicator, the proportion of health workers who feel confident doing nutrition surveillance, was 68% at baseline, meeting the target of 50%. No data was collected at endline so it is unclear if this was maintained or if they met the target at endline. The second indicator, the proportion of interventions identified as a priority to scale up, stayed the same at 36%, which did not meet the target of 50% at baseline or endline. The third indicator, implementation of a targeting process and establishment of a results framework, increased from a score of 1 to a score of 2 meaning that a results framework was established at baseline and was utilized at endline. However, programs were not aligned with this framework. The country improved but did not meet the target score of 4. The country did not meet the targets for either of the indicators collected.

IMMEDIATE OUTCOMES 1110 AND 1120
The indicator for immediate outcome 1110, collecting national level data on WHA targets, stayed at 3 meaning they collected, analyzed, and disseminated data on 7 out of 7 WHA indicators, meeting the target. For immediate outcome 1120, the first indicator, the proportion of government workers who feel confident collecting and analyzing nutrition data, was 31% at baseline. This did not meet the target of 70% and no data was collected at endline so it is unclear if they improved or met the target at endline. For the second indicator, 1898 health workers were trained in surveillance by ANI. There was no overall project goal.

OUTPUTS 1111 AND 1121
The indicator for output 1111, number of core nutrition indicators tracked, decreased from 3 to 2 meaning they tracked 7 out of 7 indicators nationally at baseline but only tracked these indicators in key districts at endline and no longer met the target. For output 1121, the first indicator, surveillance strengthening activities take place, increased from a score of 2 to a score of 3 meaning that there were activities to strengthen data collection and analysis at baseline but there were activities to strengthen data collection, analysis, and dissemination at endline, meeting the target. The second indicator, ability of district systems to feed into national systems, stayed at a 2 meaning district level data was fed into a national system but was not used to give feedback to the districts and they did not meet the target score of 3. The third indicator, national information systems gap assessment, stayed at 2 meaning an analysis of the gaps was completed at baseline, meeting the target. The fourth indicator, nutrition and coverage indicators identified and integrated into national information systems, decreased from a score of 2 to a score of 1 meaning the WHA targets and coverage indicators were integrated into the system at baseline but the coverage indicators were no longer integrated at endline and they did not meet the target. The fifth indicator increased from a score of 0 to a score of 2 meaning ANI trained government staff to collect and analyze data and the government had a plan to continue training, meeting the target. The country made some improvements, meeting the target for two indicators at endline that they did not meet at baseline but they also no longer met the target for one indicator at endline that they met at baseline.

INTERMEDIATE OUTCOME 1200
No data was collected on any of the four indicators so it is unclear if the proportion of children under the age of six months exclusively breastfeeding, proportion of children six to 23 months receiving a minimum acceptable diet, proportion of pregnant women receiving iron and folic acid supplements, or proportion of children with severe acute malnutrition with access to appropriate treated improved.
IMMEDIATE OUTCOMES 1210 AND 1220
The indicator for outcome 1210, the proportion of women and children reached by the supported nutrition interventions, increased from 0% to 52%. This did not meet the target of 75% but improved substantially. For outcome 1220, the first indicator, health worker capacity to deliver nutrition interventions to women and children, was 70% at baseline, which did not meet the target of 75%. No data was collected at endline so it is unclear if this improved or met the target at endline. The second indicator, the proportion of community health workers implementing nutrition interventions increased from 0% to 85%. There was no overall project target but this was a significant improvement.

OUTPUTS 1211 AND 1221
The indicator for output 1211, national nutrition action plan adopted by the government, stayed the same at 4 meaning that the country had four of the six requirements: has evidence-based strategies, allocates responsibilities, sets targets and gives indicators for monitoring progress, is officially adopted, is budgeted, and is implemented. This met the target at baseline and endline. For the indicator for output 1221, number of health workers trained, 885 health workers were trained before the project started and 948 workers were trained by ANI over the course of the project.

INTERMEDIATE OUTCOME 1300
The first indicator, amount and quality of nutrition data available, stayed at a 2 meaning only data on acute malnutrition was collected and analyzed at baseline. While more nutrition data was collected and analyzed at endline, it was not complete and it was never disseminated so they did not meet the target score of 4. The second indicator, the proportion of policy makers, development practitioners, and media with public awareness of nutrition, decreased by 12% down to 29% and did not meet the target of 50% at baseline or endline.

IMMEDIATE OUTCOME 1310
The first indicator, proportion of population covered by nutrition surveillance activities, increased from 0% to 100%. There was no overall project target. The second indicator, proportion of Ministry of Health staff trained in eLENA, decreased from five total staff trained to 0%, not meeting the target of 10% at baseline or endline.

OUTPUT 1311
The first indicator, nutrition surveillance reports provided annually to the SUN Secretariat, stayed at 0 meaning that reports were not provided and the target was not met. The second indicator, ANI activities communicated to SUN countries also stayed at 0, meaning that activities were not communicated and the target was not met. The country did not meet either of the SUN targets and did not improve over the course of the project.
xviii. UNITED REPUBLIC OF TANZANIA

Endline data is presented in Figure 28 where green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline data is presented in Figure 29 where + indicates that the indicator improved, − indicates that the indicator got worse, / indicates that the indicator stayed the same, and X indicates that no data was collected and green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline ultimate outcome indicators is presented in Figure 30.

Figure 28: Endline data for the United Republic of Tanzania

![Diagram showing endline data for the United Republic of Tanzania with indicators and target met statuses indicated by green, red, and gray colors.](image-url)
United Republic of Tanzania

Improved nutrition program monitoring, evaluation & targeting of service delivery

Scaling up nutrition interventions

Increased awareness and consensus of nutrition
ULTIMATE OUTCOMES
Stunted children decreased 8.0% to reach 34.0%
Wasted children increased 0.2% to reach 5.0%
Overweight children increased 2.1% to reach 7.1%
Low birth weight stayed the same at 7.0%
Anemia in women of reproductive age increased 5.0% to reach 45.0%

Stunting was the only ultimate outcome indicator that improved, decreasing by 8.0%. Wasting increased minimally by 0.2% while overweight children also increased more substantially by 2.1%, indicating the double burden of malnutrition where both undernutrition and overnutrition occur in the same country at the same time.

INTERMEDIATE OUTCOME 1100
The first indicator, the proportion of health workers who feel confident doing nutrition surveillance, was 41% at baseline. This did not meet the target of 50%. No data was collected at endline so it is unclear if this improved or met the target at endline. The second indicator, the proportion of interventions identified as a priority to scale up, increased by 5% to reach 36%. The country did not meet the target of 50% at baseline or endline. The third indicator, implementation of a targeting process and establishment of a results framework, increased from a score of 0 to a score of 2 meaning that a results framework was established but not utilized and programs were not aligned with this framework. The country improved but did not meet the target score of 4. The country did not meet the targets for any of these indicators.
IMMEDIATE OUTCOMES 1110 AND 1120
The indicator for immediate outcome 1110, collecting national level data on WHA targets, was not collected at baseline but ended at a score of 3 meaning that they collected, analyzed, and disseminated data on 7 out of the 7 WHA indicators, meeting the target. For immediate outcome 1120, the first indicator, the proportion of the government workers who feel confident collecting and analyzing nutrition data, was 13% at baseline. This did not meet the target of 70% and no data was collected at endline so it is unclear if they improved or met the target at endline. For the second indicator, 441 health workers were trained in surveillance by ANI.

OUTPUTS 1111 AND 1121
The indicator for output 1111, number of core nutrition indicators tracked, stayed at 3 meaning they tracked 7 out of 7 indicators nationally, meeting the target at baseline and endline. For output 1121, the first indicator, surveillance strengthening activities take place, decreased from a score of 3 to a score of 2 meaning that there were activities taking place to strengthen data collection, analysis, and dissemination at baseline but there were no longer activities to strengthen data dissemination at endline so the country no longer met the target score of 3. The second indicator, ability of district systems to feed into national systems, increased from a score of 0 to a score of 3 meaning district level data was fed into a national system and was also being used to give feedback to the districts at endline, meeting the target. The third indicator, national information systems gap assessment, increased from a score of 1 to a score of 2 meaning an analysis of the gaps was started at baseline and was completed over the course of the project, meeting the target. The fourth indicator, nutrition and coverage indicators identified and integrated into national information systems, increased from a score of 0 to a score of 2 meaning the WHA targets and coverage indicators were integrated into the system at endline, meeting the target. The fifth indicator increased from a score of 0 to a score of 2 meaning ANI trained government staff to collect and analyze data and the government had a plan to continue training, meeting the target. The country did not meet the target for the first indicator, despite doing so at baseline. However, they met the targets for the four other indicators.

INTERMEDIATE OUTCOME 1200
The first indicator, proportion of children under the age of six months exclusively breastfeeding, increased by 9.2% to reach 59%, which was very close to the target of 60%. The second indicator, proportion of children six to 23 months receiving a minimum acceptable diet, decreased by 13.3% down to 8%. The third indicator, proportion of pregnant women receiving iron and folic acid supplements, increased by 9.2% to reach 12.7%. None of these indicators met their targets. The fourth target, proportion of children with severe acute malnutrition with access to appropriate treated, was not collected at baseline or at endline.

IMMEDIATE OUTCOMES 1210 AND 1220
The indicator for outcome 1210, the proportion of women and children reached by the supported nutrition interventions, was 0% at baseline. This did not meet the target of 75% and no data was collected at endline so it is unclear if this increased or met the target at endline. For outcome 1220, the first indicator, health worker capacity to deliver nutrition interventions to women and children, was 63% at baseline, which did not meet the target of 75%. No data was collected at endline so it is unclear if this improved or met the target at endline. The second indicator, the proportion of community health workers implementing nutrition interventions increased from 0% to 88%. There was no overall project target but this was a significant
improvement. It was hard to assess the success of these indicators since data on two out of three of them was not collected.

OUTPUTS 1211 AND 1221
The indicator for output 1211, national nutrition action plan adopted by the government, stayed the same at 4 meaning that the country had four of the six requirements: has evidence-based strategies, allocates responsibilities, sets targets and gives indicators for monitoring progress, is officially adopted, is budgeted, and is implemented. This met the target at baseline and endline. For the indicator for output 1221, number of health workers trained, 5210 health workers were trained before the project started and 3573 workers were trained by ANI over the course of the project.

INTERMEDIATE OUTCOME 1300
The first indicator, amount and quality of nutrition data available, improved from a score of 2 to a score of 4 meaning only data on acute malnutrition was collected and analyzed at baseline but complete nutrition data was collected, analyzed, and disseminated at endline, meeting the target. The second indicator, the proportion of policy makers, development practitioners, and media with public awareness of nutrition, increased by 28% to reach 97% at the end, meeting the target of 50%.

IMMEDIATE OUTCOME 1310
The first indicator, proportion of population covered by nutrition surveillance activities, increased from 0% to 70%. There was no overall project target but this was a substantial increase. The second indicator, proportion of Ministry of Health staff trained in eLENA, increased from four total staff to 20%, meeting the target of 10%.

OUTPUT 1311
The first indicator, nutrition surveillance reports provided annually to the SUN Secretariat, increased from a score of 0 to a score of 1 meaning that reports were provided and the target was met. The second indicator, ANI activities communicated to SUN countries stayed at 1, meaning that activities were communicated and the target was also met. The country was one of only two countries to meet both of the SUN targets.
Zambia

Endline data is presented in Figure 31 where green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline data is presented in Figure 32 where + indicates that the indicator improved, – indicates that the indicator got worse, / indicates that the indicator stayed the same, and X indicates that no data was collected and green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected.

Figure 31: Endline data for Zambia
ULTIMATE OUTCOMES
Baseline and endline data was from the same source and year so any changes were not seen

INTERMEDIATE OUTCOME 1100
The first indicator, the proportion of health workers who feel confident doing nutrition surveillance, was 37% at baseline. This did not meet the target of 50% and no data was collected at endline so it is unclear if they improved or met the target at endline. The second indicator, the proportion of interventions identified as a priority to scale up, increased by 3% to reach 44%, which did not meet the target of 50%. The third indicator, implementation of a targeting process and establishment of a results framework, increased from a score of 0 to a score of 3 meaning that a results framework was established and utilized but programs were not aligned with this framework. The country improved but did not meet the target score of 4. The country did not meet any of the targets for these indicators.

IMMEDIATE OUTCOMES 1110 AND 1120
The indicator for immediate outcome 1110, collecting national level data on WHA targets, stayed at 3 meaning they collected, analyzed, and disseminated data on 7 out of 7 WHA indicators, meeting the target. For immediate outcome 1120, the first indicator, the proportion of government workers who feel confident collecting and analyzing nutrition data, was 41% at baseline, which did not meet the target of 70%. Data was not collected at endline so it is unclear if this improved or met the target at endline. For the second indicator, 224 health workers were trained in surveillance by ANI. There was no overall project goal.

OUTPUTS 1111 AND 1121
The indicator for output 1111, number of core nutrition indicators tracked, decreased from a score of 3 to a score of 1 meaning that they tracked 7 out of 7 indicators at baseline but only 2 to 3 indicators at endline, no longer meeting the target. For output 1121, the first indicator, surveillance strengthening activities take place, increased from a score of 0 to a score of 3 meaning that there were no activities taking place at baseline but there were activities to strengthen data collection, analysis, and dissemination at endline, meeting the target. The second indicator, ability of district systems to feed into national systems, increased from a score of 0 to a score of 2 meaning district level data was fed into a national system but was not used to give feedback to the districts at endline and did not meet the target score of 3. The third indicator, national information systems gap assessment, increased from a score of 0 to a score of 1 meaning an assessment of the gaps was started but was not completed so they did not meet the target score of 3. The fourth indicator, nutrition and coverage indicators identified and integrated into national information systems, increased from a score of 0 to a score of 1 meaning only the WHA targets but not the coverage indicators were integrated into the system, which did not meet the target score of 2. The fifth indicator increased from a score of 0 to a score of 2 meaning ANI trained government staff to collect and analyze data and the government had a plan to continue training, meeting the target. The country only met the targets for two of the five indicators but they started with scores of 0 for all of these indicators and improved for each one.

INTERMEDIATE OUTCOME 1300
The first indicator, amount and quality of nutrition data available, improved from a score of 2 to a score of 3 meaning only partial data was collected and analyzed at baseline but complete nutrition data was collected and analyzed at endline. However, this data was never disseminated so they did not meet the target score of 4. The second indicator, the proportion of policy makers, development practitioners, and media with public awareness of nutrition, increased by 53% to reach 100% at the end, reaching the target of 50%.

IMMEDIATE OUTCOME 1310
The first indicator, number of women and children covered by nutrition surveillance activities, was 118,602 women and 101,659 children. The second indicator, proportion of Ministry of Health staff trained in eLENA, increased from 3 total staff to 25%, meeting the target of 10%.

OUTPUT 1311
The first indicator, nutrition surveillance reports provided annually to the SUN Secretariat, increased from a score of 0 to a score of 1 meaning that reports were provided and the target was met. The second indicator, ANI activities communicated to SUN countries stayed at 1, meaning that activities were communicated and the target was also met. The country was the second of only two countries to meet both of the SUN targets.
xx. ZIMBABWE

Endline data is presented in Figure 33 where green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected. A comparison of endline and baseline data is presented in Figure 34 where + indicates that the indicator improved, – indicates that the indicator got worse, / indicates that the indicator stayed the same, and X indicates that no data was collected and green indicates that the target was met, red indicates that the target was not met, and gray indicates that there is no target or no data was collected.

Figure 33: Endline data for Zimbabwe
**Figure 34: Comparison of endline and baseline data for Zimbabwe**

**Zimbabwe**

*Improved nutrition program monitoring, evaluation & targeting of service delivery*

**ULTIMATE OUTCOMES**
Stunted children decreased 5.0% to reach 27.0%
Anemia in women of reproductive age decreased 1.0% to reach 27.0%
Baseline and endline data for wasted children, overweight children, and low birth weight was from the same source and year so any changes were not seen

There was only new data for two ultimate outcome indicators and both of these improved.

**INTERMEDIATE OUTCOME 1100**
The first indicator, the proportion of health workers who feel confident doing nutrition surveillance, was 48% at baseline, which did not meet the target of 50%. No data was collected at endline so it is unclear if this improved or if they met the target at endline. The second indicator, the proportion of interventions identified as a priority to scale up, decreased by 12% down to 43%. The country met the target of 50% at baseline but was no longer meeting this target at endline. The third indicator, implementation of a targeting process and establishment of a results framework, stayed at a 1 meaning that a results framework was in the progress of
being established at baseline but was not completed over the course of the project. This did not meet the target score of 4. The country did not meet the targets for any of these indicators.

**IMMEDIATE OUTCOMES 1110 AND 1120**
The indicator for immediate outcome 1110, collecting national level data on WHA targets, stayed at 3, meeting the target at baseline and at endline. The country improved from collecting, analyzing, and disseminating data on 6 out of the 7 WHA indicators at baseline to all 7 of 7 indicators at endline. For immediate outcome 1120, the first indicator, the proportion of government workers who feel confident collecting and analyzing nutrition data, was 55% at baseline, which did not meet the target of 70%. No data was collected at endline so it is unclear if this improved or met the target at endline. For the second indicator, 60 health workers were trained in surveillance by ANI. There was no overall project goal.

**OUTPUTS 1111 AND 1121**
The indicator for output 1111, number of core nutrition indicators tracked, stayed the same at 3 meaning they tracked 7 out of 7 WHA indicators, meeting the target. For output 1121, the first indicator, surveillance strengthening activities take place, stayed at 3 meaning that there were activities to strengthen data collection, analysis, and dissemination meeting the target at baseline and at endline. The second indicator, ability of district systems to feed into national systems, stayed at 3 meaning district level data was fed into a national system and was being used to give feedback to the districts, meeting the target at baseline and at endline. The third indicator, national information systems gap assessment, stayed at 2 meaning an assessment of the gaps was completed at baseline, meeting the target. The fourth indicator, nutrition and coverage indicators identified and integrated into national information systems, stayed at 2 meaning the WHA targets and coverage indicators were integrated into the system, meeting the target at baseline and at endline. The fifth indicator stayed at 0 meaning ANI did not train government staff to collect and analyze data and the government did not have a plan to do this training. This did not meet the target score of 2. The country met the targets for four of the five indicators.

**INTERMEDIATE OUTCOME 1300**
The first indicator, amount and quality of nutrition data available, stayed at 3 meaning data was collected and analyzed but never disseminated. They did not meet the target score of 4. The second indicator, the proportion of policy makers, development practitioners, and media with public awareness of nutrition, increased by 3% to reach 26%, which did not meet the target of 50%.

**IMMEDIATE OUTCOME 1310**
The first indicator, number of women and children covered by nutrition surveillance activities, was 1,435,300 women and children in 10 key districts at baseline and 5% of women and children at endline. There was no overall project target. The second indicator, proportion of Ministry of Health staff trained in eLENA, was 3 total staff at baseline but was not collected at endline so it is unclear if this improved or met the target of 10%.

**OUTPUT 1311**
The first indicator, nutrition surveillance reports provided annually to the SUN Secretariat, decreased from 0 to 1 meaning that reports were provided at baseline but not at endline and the target was not met. The second indicator, ANI activities communicated to SUN countries
also decreased from 1 to 0, meaning that activities were communicated at baseline but not at endline and the target was not met. The country did not meet either of the SUN targets at endline despite meeting them at baseline.
OVERALL PROJECT RESULTS AND DISCUSSION

Ultimate Outcome Indicator Results

ANI looked at five ultimate outcome indicators: (1) The proportion of children under the age of five years who are stunted, (2) The proportion of children under the age of five years who are wasted, (3) The proportion of children under the age of 59 months who are overweight, (4) The incidence of low birth weight, and (5) The proportion of women age 15 to 49 years who are anemic, with hemoglobin concentrations less than 12 g/dl. The results for these indicators are shown in Table 2.

All of the countries had improvement in some of these indicators but only Sierra Leone had improvement in all of them. Zimbabwe had improvement in stunting and anemia but did not have any new data for wasting, overweight, or low birth weight so no comparison could be made. Mozambique, Uganda, and Zambia did not have any new data between baseline and endline for any of the indicators so again no comparison could be made.

Stunting

The WHO target for stunting in children under age five years is 20.0% (WHO 1995). The results for stunting are shown in Figure 35.

Figure 35: Endline data for stunting in children under five years

Overall, stunting is lower in West Africa compared to East Africa. All of the countries besides Senegal are above the 20.0% target and stunting in Senegal increased by 4.9% to reach 19.4% at endline, which is very close to the target. Senegal was the only country that had an increase in stunting and every other country had decreases. The largest decrease was in Sierra Leone, where stunting decreased by 9.1% down to 28.8% at endline.
Table 2: Endline data for all ultimate outcome indicators

<table>
<thead>
<tr>
<th>Ultimate Outcome Indicators</th>
<th>Country</th>
<th>Burkina Faso</th>
<th>Ethiopia</th>
<th>Mali</th>
<th>Mozambique</th>
<th>Rwanda</th>
<th>Senegal</th>
<th>Sierra Leone</th>
<th>Uganda</th>
<th>United Republic of Tanzania</th>
<th>Zambia</th>
<th>Zimbabwe</th>
</tr>
</thead>
<tbody>
<tr>
<td>[1] Proportion of children under 5 years old who are stunted</td>
<td>30.2%</td>
<td>38.4%</td>
<td>23.1%</td>
<td>No new data</td>
<td>37.9%</td>
<td>19.4%</td>
<td>28.8%</td>
<td>No new data</td>
<td>34.0%</td>
<td>No new data</td>
<td>27.0%</td>
<td></td>
</tr>
<tr>
<td>[2] Proportion of Women aged 15 to 49 years old with Hb concentration of &lt; 12g/dl</td>
<td>61.9%</td>
<td>23.0%</td>
<td>51.4%</td>
<td>No new data</td>
<td>19.0%</td>
<td>No new data</td>
<td>44.8%</td>
<td>No new data</td>
<td>45.0%</td>
<td>No new data</td>
<td>27.0%</td>
<td></td>
</tr>
<tr>
<td>[3] Incidence of low birth weight</td>
<td>16.2%</td>
<td>No new data</td>
<td>18.0%</td>
<td>No new data</td>
<td>6.3%</td>
<td>No new data</td>
<td>7.0%</td>
<td>No new data</td>
<td>7.0%</td>
<td>No new data</td>
<td>No new data</td>
<td></td>
</tr>
<tr>
<td>[4] Proportion of children 0 to 59 months old who are overweight</td>
<td>1.0%</td>
<td>2.8%</td>
<td>No new data</td>
<td>No new data</td>
<td>7.7%</td>
<td>0.3%</td>
<td>8.0%</td>
<td>No new data</td>
<td>7.10%</td>
<td>No new data</td>
<td>No new data</td>
<td></td>
</tr>
<tr>
<td>[5] Proportion of children under five years old who are wasted</td>
<td>10.4%</td>
<td>9.9%</td>
<td>11.5%</td>
<td>No new data</td>
<td>2.2%</td>
<td>5.8%</td>
<td>4.7%</td>
<td>No new data</td>
<td>5.00%</td>
<td>No new data</td>
<td>No new data</td>
<td></td>
</tr>
</tbody>
</table>
WASTING
The WHO target for wasting in children under five years is 5.0% (GNR 2015). The results for wasting are shown in Figure 36.

Figure 36: Endline data on wasting in children under five years

Wasting is higher in West Africa and this region had the largest increases in Burkina Faso and Mali. According to the most recent data, Rwanda, Sierra Leone, Uganda, the United Republic of Tanzania, and Zimbabwe are below the 5.0% target but Burkina Faso, Mali, Senegal, Ethiopia, Mozambique, and Zambia are above it. Senegal, Sierra Leone, and Rwanda had decreases. The largest decrease was again in Sierra Leone, where wasting decreased by 4.7% down to 4.7%, which moved the country below the 5.0% target. Senegal decreased by 1.9% down to 5.8%, which is near the target. Burkina Faso, Mali, and the United Republic of Tanzania all had increases. The increase was especially large in Burkina Faso with an increase of 7.6%, reaching to 10.4% and putting the country above the target. Discussion of the possible reasons for this increase are above but include conflict and crop losses. The United Republic of Tanzania had a small increase of 0.2%, reaching 5.0% right at the target. Ethiopia saw no change.

CHILDHOOD OVERWEIGHT
The WHO target for overweight in children under 60 months is 7.0% and, for countries that are below the target, an additional goal is for there to be no increase (WHO 2014). The results for overweight are shown in Figure 37.
The data shows that childhood overweight is an emerging nutrition problem, even in low-income countries. According to the most recent data, Burkina Faso, Mali, Senegal, Ethiopia, Uganda, Zambia, and Zimbabwe are all below the 7.0% target but Sierra Leone, Mozambique, Rwanda, and the United Republic of Tanzania are all above it. Furthermore, Rwanda increased by 1.0% from 6.7%, just below the target, to 7.7%, which is above the target. Burkina Faso, Senegal, and Sierra Leone all had decreases in overweight; however, in Burkina Faso, this correlates with an increase in wasting as discussed above. Ethiopia, Rwanda, and the United Republic of Tanzania all had increases. Even though Ethiopia and the United Republic of Tanzania are below the target, they need to act to prevent continued increases moving forward. It is important to address this problem early.

LOW BIRTH WEIGHT
The WHO target for low birth weight is 10.0% (WHO 2013). The results for low birth weight are shown in Figure 38.

West Africa has the highest incidences of low birth weight, in Burkina Faso and Mali. According to the most recent data, Senegal, Sierra Leone, Rwanda, the United Republic of Tanzania,
Zambia, and Zimbabwe are all below the 10.0% target but Burkina Faso, Mali, Ethiopia, Mozambique, and Uganda are all above it. Sierra Leone was the only country that improved, with a decrease of 4.0% to 7.0%. This moved the country below the target. Rwanda had almost no change. Burkina Faso had an increase of 2.2%, reaching 16.2%.

**ANEMIA**

The WHO target for anemia is 20.0% (WHO 2008). The results for anemia are shown in Figure 39.

**Figure 39: Endline data on anemia in women age 15 to 49 years**

- Overall, anemia is higher in West Africa compared to East Africa. Rwanda is the only country below the target of 20.0% and it had an increase of 2.0%, reaching 19.0%, which is close to the target. While Ethiopia was below the target at baseline, it had an increase of 6.0% from 17.0% to 23.0%, and was above the target at endline. Burkina Faso, Mali, and Sierra Leone all had decreases. The largest decrease was in Mali where anemia decreased by 22.0% down to 51.4%.

**xxii. PATHWAY 1100 INDICATOR RESULTS**

The results for pathway 1100 indicators are shown in Tables 3 and 4.
Table 3: Endline data on intermediate outcome 1100

<table>
<thead>
<tr>
<th>Intermediate Outcome 1100 Indicators</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Burkina Faso</td>
</tr>
<tr>
<td>[1] Health workers' perception of their capacity to do surveillance</td>
<td>73.0%</td>
</tr>
<tr>
<td>[2] Proportion of total number of interventions identified as priority for scale-up</td>
<td>58.0%</td>
</tr>
<tr>
<td>[3] Implementation of country targeting process and establishment*</td>
<td>3</td>
</tr>
</tbody>
</table>

* 1100 Indicator Scores
4 = programs align with results framework established & include ENAs
3 = results framework established & utilized
2 = results framework established
1 = results framework incomplete but in process
0 = no results framework
Table 4: Endline data on immediate outcomes 1110 and 1120 and outputs 1111 and 1121

<table>
<thead>
<tr>
<th>Outcome or Indicator</th>
<th>Score</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>1100 [1]</td>
<td>3</td>
<td>Relevant WHA indicators collected, analyzed, and disseminated</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Data collected and analyzed</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Data collected</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>No data collected</td>
</tr>
<tr>
<td>1111 [1]</td>
<td>3</td>
<td>All 7 outcomes indicators tracked nationally</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>All 7 outcome indicators tracked in key</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Some (2-3) of the outcomes tracked</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>None of the outcomes tracked</td>
</tr>
<tr>
<td>1121 [1]</td>
<td>3</td>
<td>Activities to support data collected, analyzed and disseminated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>Activities to support data collected and analyzed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Activities to support data collected</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No activities</td>
<td></td>
</tr>
<tr>
<td>1121</td>
<td>District level data fed into national system and feedback is provided to districts for improvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>District level data fed into national system</td>
<td></td>
</tr>
<tr>
<td></td>
<td>District level data partially or sporadically fed into national system</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No district level data fed into national system</td>
<td></td>
</tr>
<tr>
<td>1121</td>
<td>National information system assessed and gap analysis completed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>National information system under assessment but not completed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No assessment done</td>
<td></td>
</tr>
<tr>
<td>1121</td>
<td>Coverage indicators (outcome 1200) and WHA targets (ultimate outcome) integrated into NIS and being collected on</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Only WHA targets integrated into the NIS but not coverage indicators</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No data being integrated</td>
<td></td>
</tr>
<tr>
<td>1121</td>
<td>Government health analysts trained, with plan to continue training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Government health analysts trained but no plan for sustained training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No one trained</td>
<td></td>
</tr>
</tbody>
</table>
INTERMEDIATE OUTCOME 1100

The target for the first indicator, percent of health workers who feel confident doing surveillance, was 50% as shown in Figure 40 from the perception surveys.

Figure 40: Intermediate outcome 1100 indicator one: Health worker confidence in doing nutrition surveillance

![Graph showing health worker confidence in surveillance](image)

At the end of the project, Burkina Faso, Mali, Mozambique, Senegal, Sierra Leone, the United Republic of Tanzania, and Zimbabwe all met this target. Ethiopia was not meeting the target but improved from 0% to 45%. Uganda was meeting the target at baseline but decreased by 36% down to 32% and was no longer above 50% at endline. Zambia also had a large decrease from 37% to 0%. For the second indicator, percent of interventions identified as priority for scale up, Burkina Faso, Ethiopia, Mali, Senegal, and Sierra Leone all met this target. The United Republic of Tanzania and Zimbabwe did not but they had improvement and got closer to the target. For the third indicator, implementation of a targeting process and establishment of a results framework, the target was a score of 4. Only Sierra Leone met this target but Burkina Faso, Mali, Senegal, Uganda, the United Republic of Tanzania, and Zambia all improved over the course of the project.

IMMEDIATE OUTCOMES 1110 AND 1120

For 1110, the target for the first indicator, collecting national level data on WHA target goals, was a score greater than 2. At the end of the project, Rwanda, Sierra Leone, Uganda, the United Republic of Tanzania, Zambia, and Zimbabwe all met this target. Data for the other countries was not collected at endline but Burkina Faso, Mali, and Senegal were all meeting this target at baseline. Data for Ethiopia and Mozambique was not collected on this indicator at baseline or endline. For 1120, the target for the first indicator, government capacity to collect and analyze nutrition data, was set very high at 70% as shown in Figure 41 from the perception surveys.
Figure 41: Immediate outcome 1120 indicator one: Government capacity to collect and analyze nutrition data

At the end of the project, no countries were meeting the target but Burkina Faso, Mali, Senegal, Uganda, the United Republic of Tanzania, and Zambia all had improvement. The largest improvement was for Mali that had an increase of 11% to reach 44%. Ethiopia and Zimbabwe both had large decreases, by 10% down to 24% and by 12% down to 43% respectively. For the second indicator, the number of health workers trained in nutrition surveillance by ANI, there was no target and each country trained a different number of workers with all countries training some workers.

OUTPUTS 1111 AND 1121

The 1111 and 1121 outputs had a lot of indicators that are shown in Table 5. For 1111, the target for the first indicator, number of core nutrition outcome indicators tracked, was a score of 3. At the end of the project, Burkina Faso, Mozambique, Sierra Leone, and the United Republic of Tanzania all met the target. Ethiopia was not meeting the target but they improved. For 1121, the target for the first indicator, surveillance strengthening activities take place, was a score of 3. Ethiopia, Rwanda, Senegal, Sierra Leone, Uganda, Zimbabwe, and Zambia were all meeting the target. While Burkina Faso and Mali were not meeting the target, they improved. For the second indicator, ability of district systems to feed into national systems, the target was also a score of 3. Burkina Faso, Rwanda, Senegal, Sierra Leone, the United Republic of Tanzania, and Zimbabwe were all meeting the target. Ethiopia and Zambia were not meeting the target but showed improvement. For the third indicator, national information systems assessed and gaps identified, the target was a score of 2. Burkina Faso, Ethiopia, Mali, Mozambique, Senegal, Sierra Leone, Uganda, the United Republic of Tanzania, and Zimbabwe all met the target. Zambia was the only country that did not meet the target but they showed improvement. For the fourth indicator, nutrition and coverage indicators identified and integrated in national information systems, the target was also a score of 2. Burkina Faso, Ethiopia, Mali, Mozambique, Senegal, Sierra Leone, and Zimbabwe all met the target and while Zambia did not meet the target, it showed improvement. For the fifth indicator, number of government health analysts trained to collect and analyze data by ANI, the target was also a score of 2. Burkina Faso, Ethiopia, Mali, Senegal, Sierra Leone, Uganda, the United Republic of Tanzania, and Zambia all met the target.
Table 5: Output 1111 and 1121 indicator scorecard

<table>
<thead>
<tr>
<th>Country</th>
<th>Output 1111</th>
<th>Output 1121</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of</td>
<td>Ability of</td>
</tr>
<tr>
<td></td>
<td>core</td>
<td>district</td>
</tr>
<tr>
<td></td>
<td>nutrition</td>
<td>systems to</td>
</tr>
<tr>
<td></td>
<td>indicators</td>
<td>feed into</td>
</tr>
<tr>
<td></td>
<td>tracked</td>
<td>national</td>
</tr>
<tr>
<td></td>
<td></td>
<td>system</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Mali</td>
<td>N/A</td>
<td>2</td>
</tr>
<tr>
<td>Mozambique</td>
<td>N/A</td>
<td>2</td>
</tr>
<tr>
<td>Rwanda</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Senegal</td>
<td>N/A</td>
<td>3</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Uganda</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>United Republic of</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Tanzania</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Zambia</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

**Target for indicator:**

- **3** = All 7 outcomes indicators tracked nationally
- **3** = Activities to support data collected, analysed and disseminated
- **3** = District level data fed into national system and feedback is provided to districts for improvement
- **2** = National information system assessed and gap analysis completed
- **2** = Coverage indicators (outcome 1200) and WHA targets (ultimate outcome) integrated into NIS, and being collected on
- **2** = Govt health analysts trained, with plan to continue training

**Definition of scores:**

- **3** = All 7 outcome indicators tracked in key districts
- **2** = All 7 outcome indicators tracked in key districts
- **1** = National information system under assessment but not completed
- **1** = Only WHA targets integrated into the NIS but not coverage indicators
- **1** = Govt health analysts trained but no plan for sustained training
- **0** = No one trained
- **0** = No data being integrated
- **0** = No data being integrated
- **0** = No district level data fed into national system
- **0** = No assessment done
- **0** = No activities
xxiii. **PATHWAY 1200 INDICATOR RESULTS**

Pathway 1200 was to scale up nutrition interventions and was implemented in Ethiopia, Uganda, and the United Republic of Tanzania. The results are shown in Table 6.

**Table 6: Endline data on pathway 1200**

<table>
<thead>
<tr>
<th>SUN Countries</th>
<th>Ethiopia</th>
<th>Uganda</th>
<th>United Republic of Tanzania</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intermediate Outcome 1200 Indicators</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[1] Proportion of children &lt; 6 months who are exclusively breastfed</td>
<td>N/A</td>
<td>N/A</td>
<td>59%</td>
</tr>
<tr>
<td>[2] Proportion of children receiving a minimum acceptable diet at 6 to 23 months of age</td>
<td>N/A</td>
<td>N/A</td>
<td>8.0%</td>
</tr>
<tr>
<td>[3] Proportion of pregnant women receiving iron and folic acid supplements</td>
<td>N/A</td>
<td>N/A</td>
<td>12.7%</td>
</tr>
<tr>
<td>[4] Proportion of children with SAM having access to appropriate treatment including TFs</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

| **Intermediate Outcome 1210 Indicators** |          |        |                             |
| [1] Number of beneficiaries reached by the supported interventions | 73% | 52% | N/A |

| **Immediate Outcome 1220 Indicators** |          |        |                             |
| [1] Health workers' capacity to deliver nutrition interventions to women and children (% who feel their knowledge and skills have improved) | 90% | N/A | N/A |
| [2] Number of community health workers implementing nutrition interventions at the community level | 35% | 85% | 88% |

| **Output 1211 Indicators** |          |        |                             |

| **Output 1221 Indicators** |          |        |                             |
| [1] Number of health workers trained in the delivery of nutrition interventions (Disaggregated by health worker type) | 1,180 | 948 | 3,573 |

* 1211 [1] Qualities
Review of any national nutrition action plans updated within the last 5 years, in relation to the following qualities:
- Has evidence-based strategies
- Allocates responsibilities
- Is officially adopted
- Is budgeted
- Is implemented
- Sets targets and gives indicators for monitoring progress
Each quality provides 1 point, total possible score = 6
INTERMEDIATE OUTCOME 1200
The target for the first indicator, percent of children under six months exclusively breastfed was, 60%. The United Republic of Tanzania did not meet this target but improved over the course of the project and, at 59%, is very close to the target. Data was not collected for Ethiopia or Uganda at endline. There was no target for the second indicator, percent of children receiving a minimum acceptable diet between 6 and 23 months. The United Republic of Tanzania is only at 8% and decreased over the course of the project. Data was not collected for Ethiopia or Uganda at endline. The target for the third indicator, percent of pregnant women receiving iron and folic acid supplements, was 30%. Again, the United Republic of Tanzania did not meet this target but improved. The fourth indicator, percent of children with severe acute malnutrition with access to appropriate treatment, did not have a target and data was not collected for any countries.

IMMEDIATE OUTCOMES 1210 AND 1220
For 1210, the target for the first indicator, the proportion of women and children reached by the supported nutrition interventions, was 75%. Ethiopia and Uganda did not meet this target but improved over the course of the project. The United Republic of Tanzania did not collect data on this indicator at endline. For 1220, the target for the first indicator, health worker capacity to deliver nutrition interventions to women and children, was also 75% from the perception surveys. Ethiopia met this target. No data was collected on Uganda or the United Republic of Tanzania at endline. The second indicator, percent of community health workers implementing nutrition interventions, had no target. Ethiopia, Uganda, and the United Republic of Tanzania all improved with Uganda reaching 85% and the United Republic of Tanzania reaching 88%.

OUTPUTS 1211 AND 1221
For 1211, the target for the first indicator, national nutrition action plan adopted by the government, was a score of 4. Ethiopia, Uganda, and the United Republic of Tanzania all met this target. Ethiopia and the United Republic of Tanzania both had perfect scores of 6. For 1221, the first indicator, the number of health workers trained in the delivery of nutrition interventions, had no target but all three countries trained health workers. Ethiopia trained 1180, Uganda trained 948, and the United Republic of Tanzania trained 3573.

xxiv. PATHWAY 1300 INDICATOR RESULTS
The results for pathway 1300 indicators are shown in Tables 7 and 8.
Table 7: Endline data on intermediate outcome 1300

<table>
<thead>
<tr>
<th>Intermediate Outcome 1300 Indicators</th>
<th>Burkina Faso</th>
<th>Ethiopia</th>
<th>Mali</th>
<th>Mozambique</th>
<th>Rwanda</th>
<th>Senegal</th>
<th>Sierra Leone</th>
<th>Uganda</th>
<th>United Republic of Tanzania</th>
<th>Zambia</th>
<th>Zimbabwe</th>
</tr>
</thead>
<tbody>
<tr>
<td>[1] Amount and quality of nutrition data available*</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>N/A</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>[2] Proportion of policy-makers, development practitioners, and media with public awareness of the country's nutrition situation, and that nutrition is a national priority for investment</td>
<td>10%</td>
<td>55%</td>
<td>50%</td>
<td>46%</td>
<td>N/A</td>
<td>62%</td>
<td>97%</td>
<td>29%</td>
<td>97%</td>
<td>25%</td>
<td>26%</td>
</tr>
</tbody>
</table>

* 1300 [1] Indicator Scores
4 = Complete nutrition data collected, analyzed, and disseminated
3 = Complete nutrition data collected and analyzed
2 = Partial nutrition data collected and analyzed
1 = Nutrition data collected
0 = No nutrition data collected
Table 8: Endline data on immediate outcome 1310 and output 1311

<table>
<thead>
<tr>
<th>Countries</th>
<th>Burkina Faso</th>
<th>Ethiopia</th>
<th>Mali</th>
<th>Mozambique</th>
<th>Rwanda</th>
<th>Senegal</th>
<th>Sierra Leone</th>
<th>Uganda</th>
<th>United Republic of Tanzania</th>
<th>Zambia</th>
<th>Zimbabwe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate outcome 1310: Indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[1] Proportion of the population covered by surveillance activities supported by the project</td>
<td>36%</td>
<td>65%</td>
<td>100%</td>
<td>N/A X</td>
<td>81%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>70%</td>
<td>N/A X</td>
<td>5%</td>
</tr>
<tr>
<td>[2] Proportion of MOH staff trained in the use of eLENA</td>
<td>0%</td>
<td>/</td>
<td>0%</td>
<td>/</td>
<td>N/A X</td>
<td>0%</td>
<td>/</td>
<td>0%</td>
<td>/</td>
<td>59%</td>
<td>/</td>
</tr>
<tr>
<td>Output 1311: Indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[1] Country nutrition surveillance reports provided to the SUN Secretariat on an annual basis</td>
<td>0 /</td>
<td>/</td>
<td>0 /</td>
<td>/</td>
<td>N/A X</td>
<td>0 /</td>
<td>/</td>
<td>0 /</td>
<td>/</td>
<td>0 /</td>
<td>/</td>
</tr>
<tr>
<td>[2] SUN countries aware and communicated of ANI activities on a regular basis</td>
<td>0 /</td>
<td>/</td>
<td>0 /</td>
<td>/</td>
<td>N/A X</td>
<td>0</td>
<td>/</td>
<td>0</td>
<td>/</td>
<td>0</td>
<td>/</td>
</tr>
</tbody>
</table>

1311 [1] Indicator Scores
- Include ANI in SUN reports
- Links from SUN website to ANI website and WHO Global Databases.

1311 [2] Indicator Scores
- Include ANI surveillance and scale-up activities at the 6-weekly SUN country calls in addition to reports
- Links from SUN website to ANI website

1 = Yes 0 = No
INTERMEDIATE OUTCOME 1300

The target for the first indicator, amount and quality of nutrition data available, was a score of 4. At the end of the project, Burkina Faso, Rwanda, Senegal, Sierra Leone, and the United Republic of Tanzania all met this target. Ethiopia and Zambia did not but they improved and got closer to the target. For the second indicator, the percent of policy makers, development practitioners, and media with public awareness of nutrition, the target was 50% as shown in Figure 42 from the perception surveys.

Figure 42: Immediate outcome 1300 indicator two: Policy maker, development practitioner, and media awareness of the majority of country-relevant nutrition problems

Burkina Faso, Ethiopia, Mali, Senegal, Sierra Leone, the United Republic of Tanzania, and Zambia all met this target. Burkina Faso, Ethiopia, Sierra Leone, the United Republic of Tanzania, and Zambia all saw substantial increases with the largest in Burkina Faso, increasing by 58% to reach 98%, and Sierra Leone, increasing by 56% to reach 97%. However, Mali, Mozambique, Uganda, and Zimbabwe all decreased between baseline and endline. Mozambique was meeting the target at baseline but decreased by 20% down to 46%. Uganda and Zimbabwe were not meeting the target at either baseline or endline and decreased over the course of the project.

IMMEDIATE OUTCOME 1310

The first indicator, percent of population covered by nutrition surveillance activities, had no target. At the end of the project, Burkina Faso, Ethiopia, Mali, Senegal, Sierra Leone, the United Republic of Tanzania, and Zimbabwe all improved. For the second indicator, percent of Ministry of Health staff trained in eLENA, the target was 10%. Ethiopia, Sierra Leone, the United Republic of Tanzania, and Zambia all met this target. Again, Uganda did not meet the target at either baseline or endline and decreased over the course of the project.

OUTPUT 1311

The target for the first indicator, nutrition surveillance reports provided annually to the SUN Secretariat, was a score of 1. Only the United Republic of Tanzania and Zambia met this target. Zimbabwe was meeting the target at baseline but decreased over the course of the project and was no longer meeting it at endline. For the second indicator, SUN countries aware and communicated of ANI activities on a regular basis, the target was a score of 1. Again, only the United Republic of Tanzania and Zambia met this target. For this indicator, Rwanda, Sierra Leone, and Zimbabwe met the target at baseline but decreased and were not at endline.
SUMMARY OF PERCEPTION SURVEY INDICATORS

The baseline and endline data from the perception survey indicators are summarized in Table 9 where green indicates that the country is meeting the target.

Table 9: Summary of baseline and endline data from ANI perception survey indicators

<table>
<thead>
<tr>
<th></th>
<th>1300 % WHO MENTION A MAJORITY OF EXISTING PROBLEMS</th>
<th>1120 % WHO PERCEIVE GOVERNMENT CAPACITY FOR ANY ASPECT OF NUTRITION SURVEILLANCE AS HIGH OR VERY HIGH</th>
<th>1220 % HEALTH WORKERS WHO ANSWER AT LEAST 6 OUT OF 8 KNOWLEDGE QUESTIONS CORRECTLY</th>
<th>1100 % HEALTH WORKERS WHO FEEL CONFIDENT ABOUT MOST OR EVERY ASPECT OF THE FOUR ASPECTS OF NUTRITION SURVEILLANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TARGET VALUE = 50%</td>
<td>TARGET VALUE = 70%</td>
<td>TARGET VALUE = 75%</td>
<td>TARGET VALUE = 50%</td>
</tr>
<tr>
<td>Baseline End-line</td>
<td>Baseline End-line</td>
<td>Baseline End-line</td>
<td>Baseline End-line</td>
<td>Baseline End-line</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>40 98</td>
<td>49 51</td>
<td>– –</td>
<td>38 50</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>54 97</td>
<td>34 24</td>
<td>83 100</td>
<td>0 45</td>
</tr>
<tr>
<td>Mali</td>
<td>54 50</td>
<td>33 44</td>
<td>– –</td>
<td>70 50</td>
</tr>
<tr>
<td>Mozambique</td>
<td>66 46</td>
<td>30 27</td>
<td>– –</td>
<td>67 71</td>
</tr>
<tr>
<td>Senegal</td>
<td>42 62</td>
<td>43 48</td>
<td>– –</td>
<td>78 63</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>41 97</td>
<td>43 41</td>
<td>– –</td>
<td>77 82</td>
</tr>
<tr>
<td>Uganda</td>
<td>41 29</td>
<td>13 19</td>
<td>70 85</td>
<td>68 32</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>69 97</td>
<td>31 36</td>
<td>63 88</td>
<td>41 56</td>
</tr>
<tr>
<td>Zambia</td>
<td>47 100</td>
<td>41 44</td>
<td>– –</td>
<td>37 0</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>29 26</td>
<td>55 43</td>
<td>– –</td>
<td>48 85</td>
</tr>
</tbody>
</table>
CONCLUSION

ANI was a large project that took place in eleven countries throughout Sub-Saharan Africa. These countries were in different areas and had very different circumstances. Some countries encountered conflict, weather hardships, and diseases such as Ebola. These countries also had very different nutrition capacity at the beginning of the project, with some countries such as Ethiopia and the United Republic of Tanzania starting with most indicators not meeting the targets while Sierra Leone started with many indicators already at the targets at baseline. These local contexts need to be considered and prevent broad comparisons from being useful. The project was also expansive in scale, with three pathways and 32 different indicators. ANI demonstrated the importance of nutrition surveillance and how perception is a key part of capacity. It also demonstrated how large improvements in surveillance and perception can occur in just a few years when these are identified as priorities. This is important to consider moving forward when planning future interventions in other areas with low capacity in nutrition.
REFERENCES


World Health Organization. 2013. “Global nutrition policy review. What does it take to scale up nutrition action?”