Multi-Sectoral Nutrition Strategy
Global Learning and Evidence Exchange

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Achieving Results and Scale in Programming

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Examples & Experience from the Field
Sharmila Neogi, India Maternal Health & Nutrition Program
USAID’s partnership with Digital Green to improve lives of people living in rural communities

ICT-enabled social and behavior change communication (SBCC) uses low-cost, peer-to-peer videos to disseminate messages and practices in villages in India and Africa

Results from Health and Nutrition Programs

- India – Reached over 40,400 households within 420 villages across 4 different Indian states, with health-nutrition-agri based videos. Activities in India demonstrated an overall adoption rate of 78% with an average 4 adoptions per active viewer. Unique adoption targets of 36,000 surpassed. Overall unique adopters 54,000
- Global-

- Videos Produced
- Villages Reached
- Individuals Engaged
- Video Screenings
- Unique Adoptions
Digital Integration to Scale Gender-Sensitive Nutrition Social and Behavior Change Communication in India /2015-2019

Objective: **Scale ICT-enabled, human-mediated approach** to effectively **disseminate nutrition messaging** to at least **200,000 women directly across over 2,000 villages** in a minimum of four states (and indirectly engage over 1,000,000 individuals through technical support).

Key Elements in our approach to scale:

✓ **Partner with State Government Departments** such as Women and Child Development, State Nutrition Missions
✓ **Collaborate with other ICT platforms** to test out various models which can complement each other to scale up health and nutrition messaging
✓ **Leverage existing structure**
✓ **Expanding scope of project to integrate MNCH (1000 days), WASH and Gender with nutrition**

The DG approach is participatory and community driven because we want to:

✓ **Embed healthy behaviours in the community**
✓ **Promote and sustain the adoption and use of best practices in the community even after project closure**
Examples & Experience from the Field-
Malika Makhkambaeva, FTF, Tajikistan’s Maternal and Child Health Project
Population-level Outcome Targets for Dietary Quality in 2017

1) Minimal Acceptable Diet: Double the number of children 6-23 months receiving a minimum acceptable diet from 7.7% to 15.4%
2) Increase the prevalence of exclusive breastfeeding of children under 6 months of age by 60% (from 38.52% to 61.6%)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>FY15 Target</th>
<th>FY15 Result</th>
<th>FY16 Target</th>
<th>% FY16 target reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of exclusive breastfeeding of children under 6 months</td>
<td>48%</td>
<td>69.2%</td>
<td>61.6%</td>
<td>112%</td>
</tr>
<tr>
<td>Children Under Five reached with USG supported nutrition programs</td>
<td>66,452</td>
<td>119,560</td>
<td>127,000</td>
<td>94%</td>
</tr>
<tr>
<td>Number of people trained in health and nutrition</td>
<td>350,000</td>
<td>412,708</td>
<td>450,251</td>
<td>92%</td>
</tr>
<tr>
<td>Number of women reached with individual or small group level education on the benefits of exclusive breastfeeding</td>
<td>350,000</td>
<td>355,845</td>
<td>400,000</td>
<td>89%</td>
</tr>
</tbody>
</table>

**OF NOTE:**
- Micro-nutrient supplementation also provided to WRA (50,000) and children 0-23 months (74,000) in FTF ZOI.
- FTF activities will continue to promote EBF and > 6 months complementary feeding.
- FY 2015 activity-level results represents 94% of the total children under-5 FTF plans to reach by 2016 and is on track to be met by end FY16
Elements of our approach to scaling:

• **Geography**: expand programming from 4 districts to 12 districts (entire ZOI) in Khatlon Province over the course of one year.

• **Partnerships**: expand integration activities across Agriculture and Nutrition sectors.

• **Programs**: build on lessons learned and enhance Food Security and Household Economics activities under the new Feed The Future Health and Nutrition Activity.
Examples & Experience from the Field

Pooja Pandey, HKI/NEPAL, Suaahara
Suaahara I: Reach and Scale

Total reached by Suaahara interventions: 2.4 million

FCHVs & non-health frontline workers trained in MIYCN: 33,688

Village Model Farms and chicken brooding centers: 5700

Health workers workers trained in Family Planning/IMNCH: 8,567

Support in formation of Nutrition and Food Security Steering Committees: 36 districts

Home visits: 160,819

Audience response to radio program: 201,725

No. of VDCs declared ODF: 121

Food demonstrations sessions: 68,502

Source: Suaahara routine monitoring, 2016
Suaahara I: Program Results

- **Exclusive breastfeeding**
  - Comparison: 51%
  - Suaahara: 77%
  - **Exclusive breastfeeding**

- **Colostrum given**
  - Comparison: 75%
  - Suaahara: 94%
  - **Colostrum given**

- **Minimum dietary diversity**
  - Comparison: 52%
  - Suaahara: 78%
  - **Minimum dietary diversity**

- **IFA tablets for 180 days**
  - Comparison: 42%
  - Suaahara: 60%
  - **IFA tablets for 180 days**

- **Deworming**
  - Comparison: 78%
  - Suaahara: 84%
  - **Deworming**

- **Eat more than usual during pregnancy**
  - Comparison: 32%
  - Suaahara: 76%
  - **Eat more than usual during pregnancy**

- **Handwashing station with water and soap/ash**
  - Suaahara: 87%
  - Comparison: 50%
  - **Handwashing station with water and soap/ash**

- **Clean toilet**
  - Suaahara: 68%
  - Comparison: 19%
  - **Clean toilet**

- **Water treatment**
  - Suaahara: 64%
  - Comparison: 55%
  - **Water treatment**

- **Drinking water covered**
  - Suaahara: 80%
  - Comparison: 49%
  - **Drinking water covered**

**Minimum Dietary Diversity among 6-23 months**

- Suaahara areas: 81
- Comparison areas: 75
- **6 point gap**

- Suaahara areas: 59.2
- Comparison areas: 43.5
- **15.7 point gap**

*p<0.05, ***p<0.001
Suaahara 1: Elements of the approach to scale

- **GoN Policies and Plans in place**
- **Targeting**, context specific intervention package
- **Combination of government structures and local NGOs** for service delivery
- Worked with more than 15 **frontline workers** from health and non health sectors to reach households
- **Used phased implementation** approach
- **Used specialized delivery platforms to reach disadvantaged households**
- **Strategic partnerships** with GoN and other national programs
Achieving Results and Scale in Integrated Programming: Examples & Experience from Bangladesh
Mohammad Nurnobi and Arif Rashid
Success in Reducing Chronic Malnutrition in Bangladesh

**SHOUHARDO II**

- **Boys**
  - Baseline (2010): 49.7
  - Endline (2014): 66.1

- **Girls**
  - Baseline (2010): 47.8
  - Endline (2014): 56.5

- **All**
  - Baseline (2010): 48.8
  - Endline (2014): 61.7

**PROSHAR**

- **Boys**
  - Baseline (2010): 31.2

- **Girls**
  - Baseline (2010): 32.6
  - Endline (2014): 45.3

- **All**
  - Baseline (2010): 31.9
  - Endline (2014): 42.4

*Photo credit: Save the Children*
Elements of the approach to scale:

- interventions that promote household access to quality food
- education and input provision for improved ante-natal and child care, and feeding practices
- education and inputs to improve household-level WASH practices
- interventions to improve women’s empowerment, particularly at the household decision-making level

Multi-sectoral approaches that provided multiple types of interventions for the same food insecure households, along with human capital investments, such as lead farmer and nutrition education, which has spill-over effects to non-beneficiaries, appear to have multiplier effects.

# of households reached in 2010 -- 2015 : 604,000
# of households targeted in 2015 – 2020 : 1,672,307