

Multi-Sectoral Nutrition Strategy

Global Learning and Evidence Exchange



June 21–23, 2016 | Bangkok, Thailand

Photo courtesy of Fintrac Inc.

Achieving Results and Scale in Programming
Carolyn Hart, Moderator

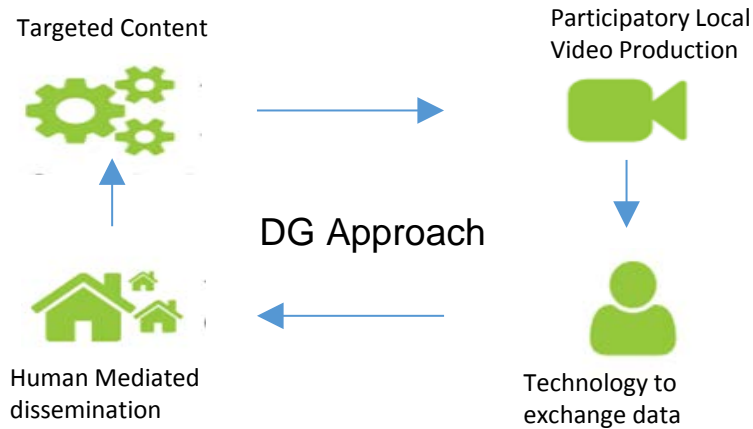


Examples & Experience from the Field

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-


3,731
Videos Produced


7,448
Villages Reached


640,234
Individuals Engaged


404,456
Video Screenings


947,883
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:

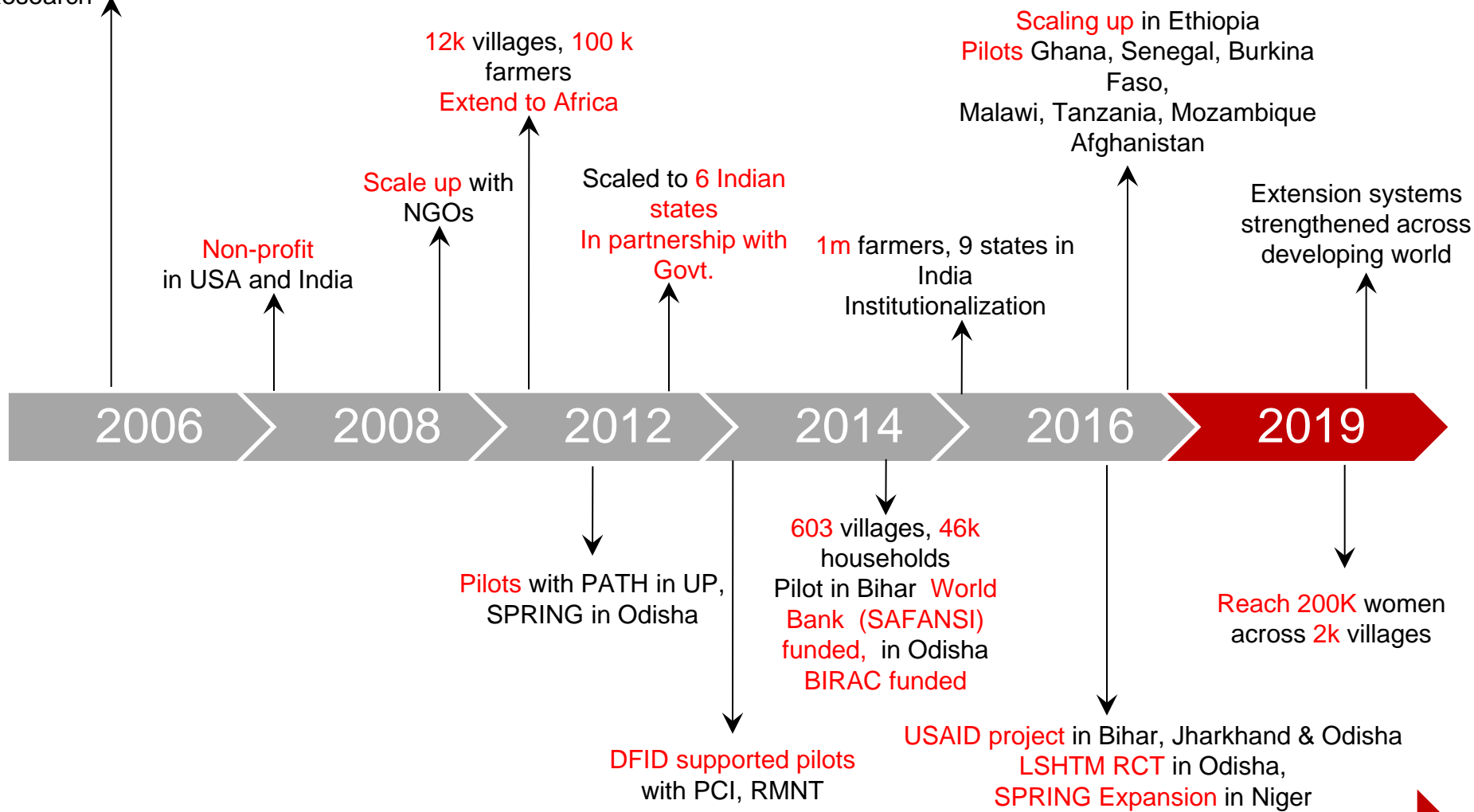
- ✓ Partner with State Government Departments such as Women and Child Development, State Nutrition Missions
- ✓ Collaborate with other ICT platforms to test out various models which can complement each other to scale up health and nutrition messaging
- ✓ Leverage existing structure
- ✓ Expanding scope 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

Agriculture

Research project at Microsoft Research



Health

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%)

Output-level Targets and Results

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

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

Tajikistan/Maternal and Child Health Project and following Health and Nutrition Activity/2013-2015

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
trained in Family
Planning/IMNCI



8,567

Support in
formation of
Nutrition and Food
Security Steering
Committees



36 districts
1,710 VDCs

Home visits



160,819

Audience
response
to radio program



201,725

No. of VDCs
declared ODF



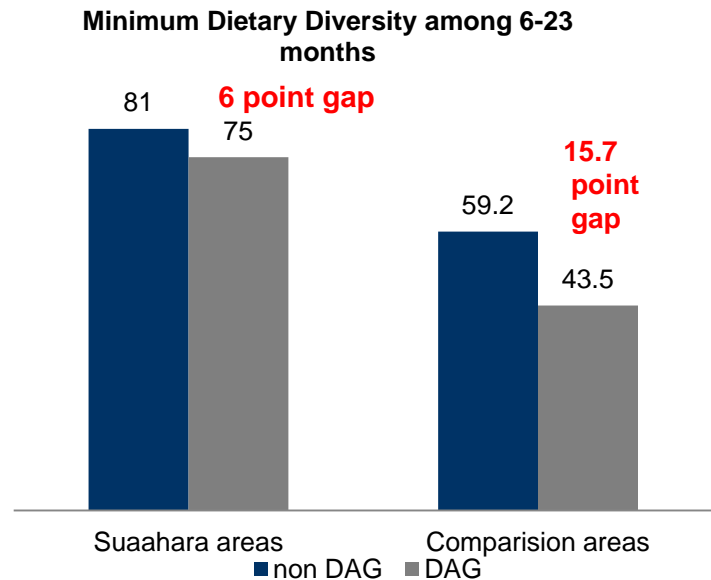
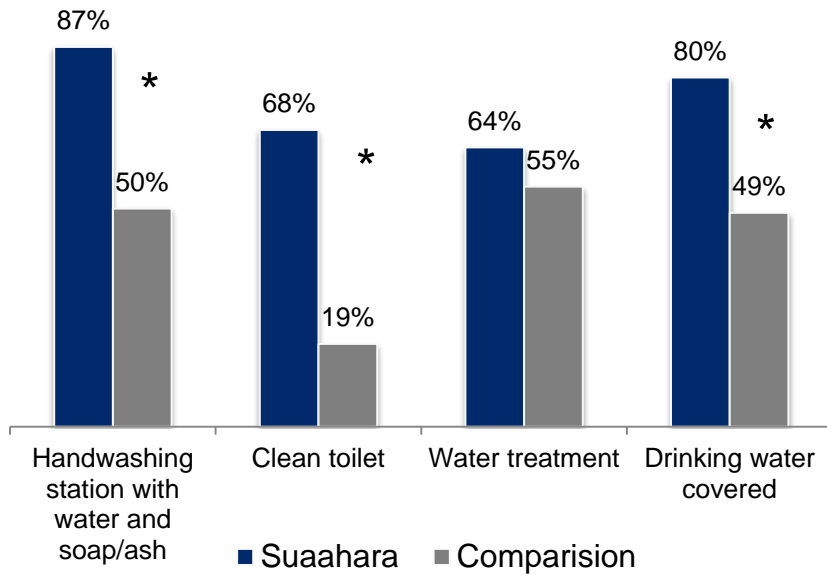
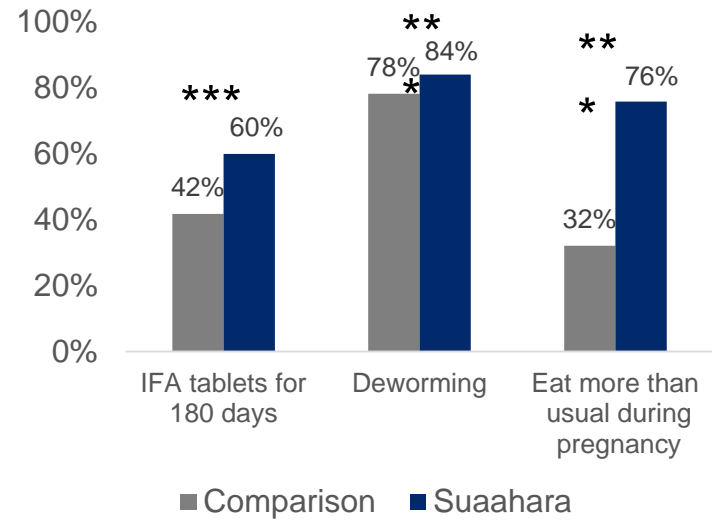
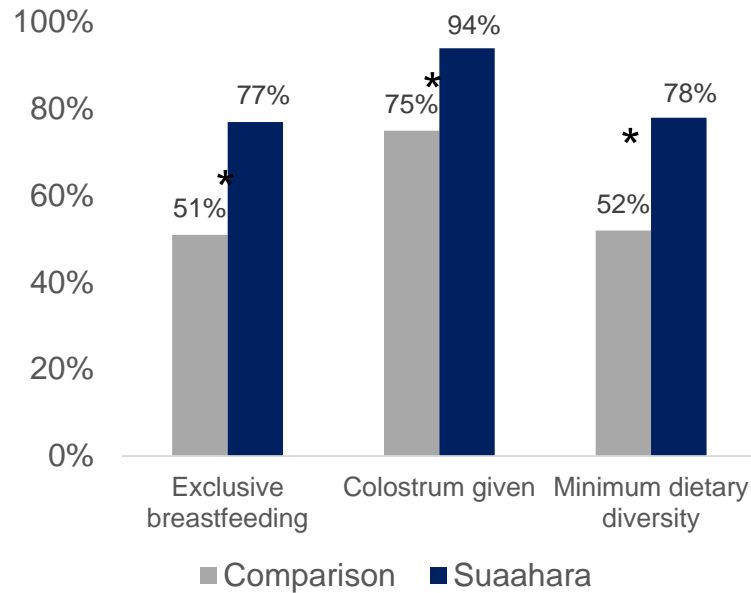
121

Food
demonstrations
sessions



68,502

Suaahara I: Program Results



*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

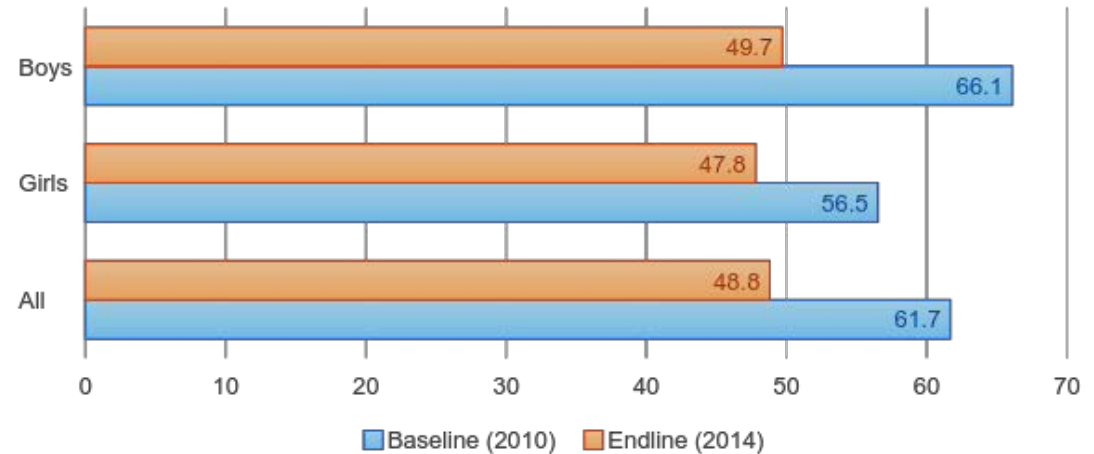


Success in Reducing Chronic Malnutrition in Bangladesh

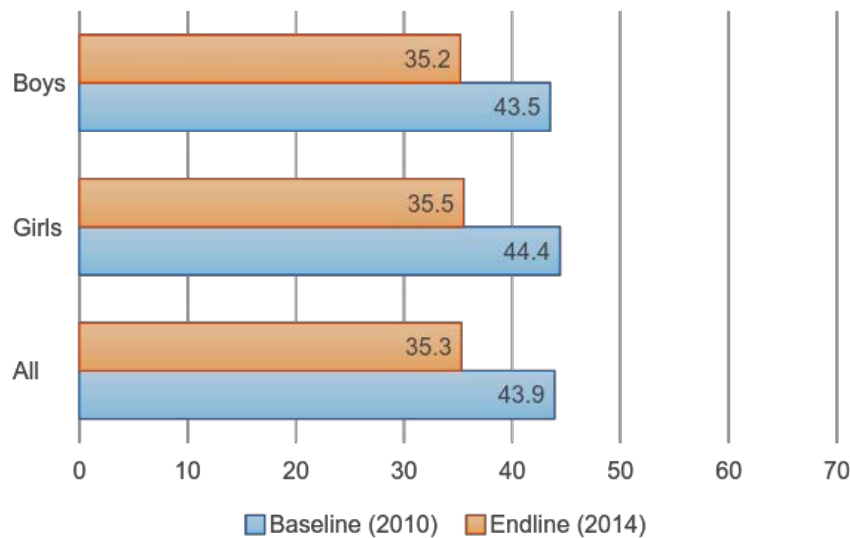


Photo credit: Save the Children

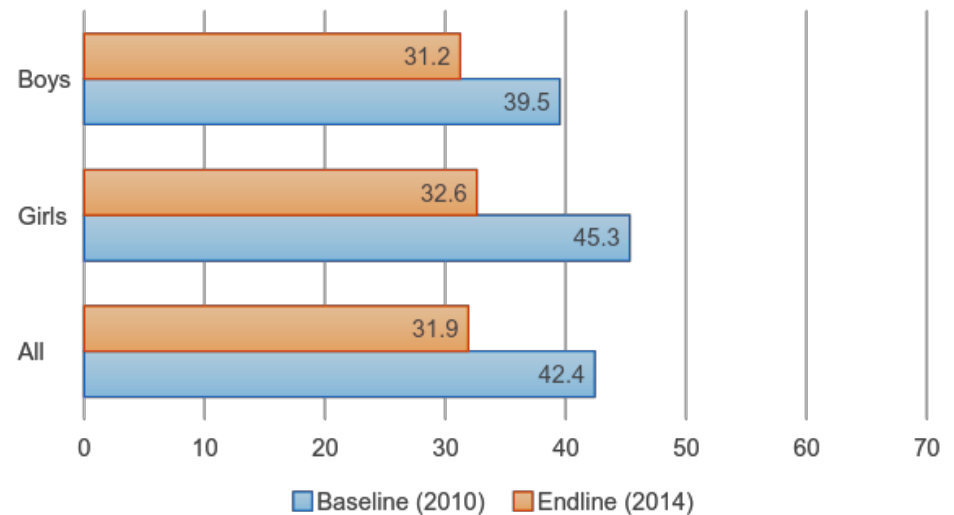
SHOUHARDO II



Nobo Jibon



PROSHAR



Bangladesh and Global/FFP Food Security Development Projects/From FY 15

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