

Multi-Sectoral Nutrition Strategy

Global Learning and Evidence Exchange



June 21–23, 2016 | Bangkok, Thailand

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Multi-Sectoral Nutrition Strategy Monitoring & Indicators: *USAID Working Group Across GH, BFS, FFP, OFDA*

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USAID Multi-Sectoral Nutrition Strategy: M&E Working Group

Objective:

- Develop intra-agency guidance to measure progress against the agency's Multi-Sectoral Nutrition Strategy (2014 – 2025)
- Broad set of indicators will be used to measure progress across the MSN Strategy Goal, Strategic Objective, and IR levels.
- Identify sub-set of indicators to be collected through the PPR process.....

USAID Multi-Sectoral Nutrition Strategy: M&E Working Group

USAID NUTRITION STRATEGY RESULTS FRAMEWORK GOAL

Improve nutrition to save lives, increase economic productivity, and advance development 6

STRATEGIC OBJECTIVE

Scale up effective, integrated nutrition-specific and –sensitive interventions, programs and systems across humanitarian and development contexts 5

INTERMEDIATE RESULT 1

Increased equitable provision and utilization of high-quality nutrition services

8

INTERMEDIATE RESULT 2

Increased country capacity and commitment to nutrition

2

INTERMEDIATE RESULT 3

Increased multi-sectoral programming and coordination for improved nutrition outcomes 1

INTERMEDIATE RESULT 4

Increased nutrition leadership

...

Foreign Assistance (F) Indicator Redesign

- Data and processes intended to be:
 - Useful for internal learning, measuring progress towards strategic goals and objectives, and contributing to both external and internal reporting (e.g. to Congress or the public)
 - More complete and reliable, based on new rules around standard indicator reporting, including that **all standard indicators will be Required-as-Applicable**
 - More flexible to meeting data needs and uses by broadening standard indicators to include not only annual indicators, but also Milestones and Multi-Year Indicators

Working Group Questions

- Which of the PPR indicators presented will be applicable to your programs?
- Which of the intervention disaggregates for ‘children under five’ and for ‘pregnant women’ will you be reporting against?
- What modifications might your Mission have to make to your data collection systems, in order to report against these indicators?

Overview of Indicators

Nutrition-specific interventions

- Number of children under five (0-59 months) reached by USG-supported nutrition programs
- Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs
- Number of pregnant women reached with nutrition interventions through USG-supported programs

Overview of Indicators

Nutrition-sensitive interventions (Agriculture)

- Prevalence of female direct beneficiaries of agricultural interventions consuming a diet of minimum diversity
- Total quantity of targeted NRVCC set aside for home consumption by direct beneficiary producer households

Overview of Indicators

Nutrition-sensitive interventions (continued)

WASH

- Number of people gaining access to a basic sanitation facility
- Number of people gaining access to a basic drinking water service

Family Planning

- Couple Years protection in USG supported programs

Social Assistance

- Number of USG social assistance beneficiaries participating in productive safety nets

Children in Adversity

- Number of comprehensive U.S. Government-funded programs that promote sound development of children through the integration of health, nutrition, and family caregiving support

Overview of Indicators

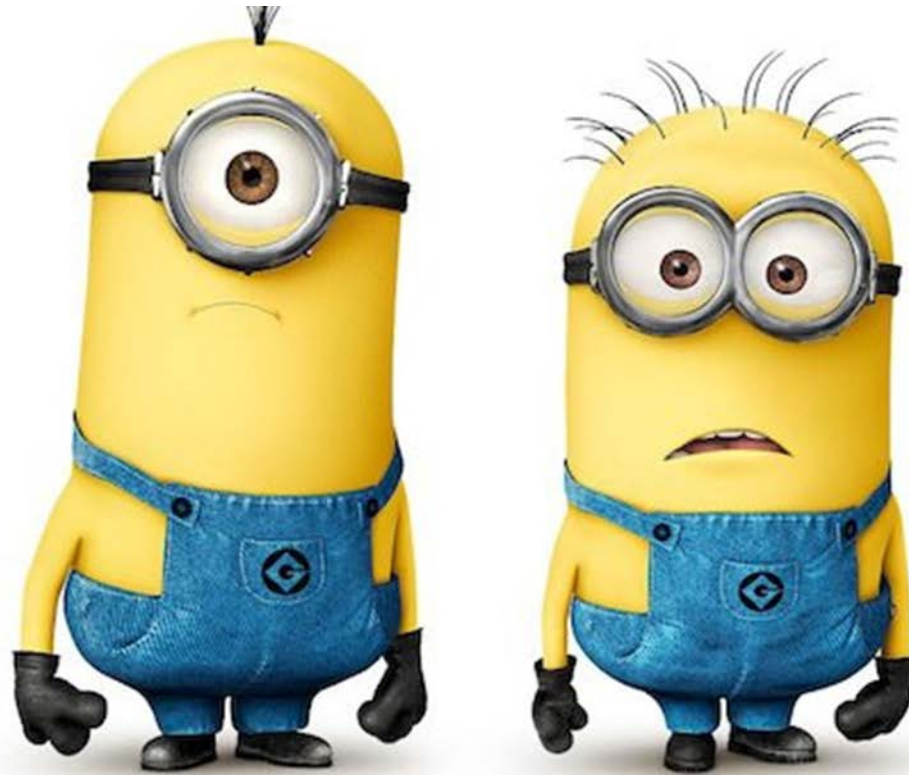
Country capacity

- Number of individuals receiving nutrition-related professional training through USG-supported programs

Multi-sectoral programming and coordination

- A national nutrition plan or policy is in place that includes responding to emergency nutrition needs

Now for a closer look.....



Nutrition-Specific

Number of children under five (0-59 months) reached by USG-supported nutrition programs

- **Disaggregation by intervention:**
 1. BCC promoting essential IYCF behaviors
 2. Vit A supplementation
 3. Zinc supplementation
 4. MNP supplementation
 5. Treatment of SAM
 6. Treatment of MAM
 7. Direct food assistance
- Children reached: directly & through mothers and caretakers

Nutrition-Specific

Number of children under five (0-59 months) reached by USG-supported nutrition programs

- Child **not** counted as reached if mother/caretaker solely exposed to mass media BCC (e.g. radio).

Double counting:

- Double counting may occur **across** disaggregated interventions (e.g. once for counseling on CF & once for Vit. A)
- Double counting must be avoided within the **overall total** number of children reached
- Mission estimates geographic overlap and subtracts from total to report overall # children reached

Nutrition-Specific

Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs

- Community-level:
 - multiple repeated contacts with mothers;
 - SBCC on IYCN practices;
 - may include but do not have to include: links to health/nutrition services, access to and practice of WASH, provision of specialized food products, promotion of homestead gardens.
- Community level activities coordinate with population level health/nutrition campaigns like child health days but should **not** count children reached **only** by population-level campaigns
- Count child if reached through mother/caregiver

Nutrition-Specific

Number of pregnant women reached with nutrition interventions through USG-supported programs

- A pregnant woman can be counted as reached if she receives one or more of the following interventions:
 - Iron and folic acid supplementation
 - Counseling on maternal nutrition
 - Calcium supplementation
 - Balanced energy protein supplementation
- Disaggregate by type of intervention



Nutrition-Sensitive Agriculture

Prevalence of female direct beneficiaries of agricultural interventions consuming a diet of minimum diversity (1)

- Applicable to **nutrition-sensitive agriculture** activities
- Explicit **nutrition-related objectives and outcomes**, e.g. consumption, diet quality
- Addresses **agriculture-to-nutrition pathways**: Food Production, Agriculture-related Income, Women's Empowerment
- Captures **broad array of activities and pathways**
- Not just nutrient-rich value chain intervention / production to consumption pathway

Nutrition-Sensitive Agriculture

Prevalence of female direct beneficiaries of agricultural interventions consuming a diet of minimum diversity (2)

- **Direct** contact with **significant** agriculture-related intervention: training, technical assistance, input access
- Not just brief attendance at meeting or farmer field day
- Minimum diet diversity=**five of 10 specific food groups**
- Validated **proxy** - likelihood of more micronutrient adequate diet
- Some activities **already collect information** on beneficiary diet diversity

Nutrition-Sensitive Agriculture

Total quantity of targeted NRVCC set aside for home consumption by direct beneficiary producer households (1)

- Applicable for **value chain activities** targeting **nutrient-rich commodities**
 - with nutrition (among other) objectives
 - production to consumption pathway
- Specific definition of what constitutes “nutrient-rich”



Nutrition-Sensitive Agriculture

Total quantity of targeted NRVCC set aside for home consumption by direct beneficiary producer households (2)

- Includes:
 - **amount already consumed** when data collected
 - **amount stored** when data collected
 - intent of **home consumption in the future**
 - depends on:
 - **characteristics of the commodity** (e.g. harvest frequency, perishability)
 - **timing** of data collection
- Data ideally collected **with Gross Margin** data
- Guidance based on SPRING operations research

Capacity Building

Number of individuals receiving nutrition-related professional training through USG-supported programs

- **Significant** knowledge or skills
 - basic and applied nutrition-specific or nutrition-sensitive training
 - academic, pre- and in-service venues
- Health and non-health **service providers, policy-makers, researchers, students**
 - not mothers/caregivers/family members
- Disaggregates
 - **sex**
 - **degree-seeking / non-degree-seeking**
 - under degree-seeking
 - **new / continuing**



Multi-Sectoral Programming and Coordination

A national nutrition plan or policy is in place that includes responding to emergency nutrition needs

- **Written** document
- Officially **endorsed** by government
- Ministry of **Health, Agriculture, other relevant** Ministries and offices committed
- Includes the following actions in emergencies:
 1. promotion of **infant and young child feeding**
 2. detection and management of **acute malnutrition**
 3. undertaking of **vitamin A supplementation and measles vaccination**
 4. access to **safe water & sanitation, & hygiene** practices

Working Group Questions

- Which of the PPR indicators presented will be applicable to your programs?
- Which of the intervention disaggregates of any of the RiA indicators will you be reporting against?
- What modifications might your Mission have to make to your data collection systems, in order to report against these indicators?

Questions and Answers?



Annex Slides

USAID NUTRITION STRATEGY RESULTS FRAMEWORK GOAL

Improve nutrition to save lives, increase economic productivity, and advance development

STRATEGIC OBJECTIVE

Scale up effective, integrated nutrition-specific and –sensitive interventions, programs and systems across humanitarian and development contexts

INTERMEDIATE RESULT 1

Increased equitable provision and utilization of high-quality nutrition services

INTERMEDIATE RESULT 2

Increased country capacity and commitment to nutrition

INTERMEDIATE RESULT 3

Increased multi-sectoral programming and coordination for improved nutrition outcomes

INTERMEDIATE RESULT 4

Increased nutrition leadership

Nutrition Targets Adopted at the 2012 World Health Assembly

By 2025:

- 40% reduction of the global number of children under five who are stunted
- 50% reduction of anemia in women of reproductive age
- 30% reduction of low birth weight
- No increase in childhood overweight
- 50% increase in the rate of exclusive breastfeeding in the first six months
- Reduce and maintain childhood wasting to less than 5%

USAID Multi-Sectoral Nutrition Strategy

Nutrition Targets

- Contribute to the reduction of child stunting by 20% wherever we work
- In Global Health, Feed the Future, and Food for Peace intervention areas, reduce the number of stunted children by 2 million over five years
- In humanitarian crises, maintain Global Acute Malnutrition below 15%

USAID Multi-Sectoral Nutrition Strategy: GOAL & Indicators

**Improve nutrition to save lives, build resilience,
increase economic productivity, and advance
development**

Aligned with WHA Targets

Currently in Strategy

All from population based surveys (DHS, MICS, ZOI Survey)

- Prevalence of stunting among children under five in USAID-supported countries
- Prevalence of wasting among children under five in USAID-supported countries
- Prevalence of overweight among children under five in USAID-supported countries
- Prevalence of anemia among women of reproductive age in USAID-supported countries

USAID Multi-Sectoral Nutrition Strategy: GOAL & Indicators

**Improve nutrition to save lives, build resilience,
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Non-WHA Indicators

- Prevalence of healthy weight among women of reproductive age in USAID-supported countries (Not WHA)
- Prevalence of anemia among children 6-59 months in USAID-supported countries (Not WHA)



USAID Multi-Sectoral Nutrition Strategy: Strategic Objective & Indicators

Scale up effective, integrated nutrition-specific and -sensitive interventions, programs, and systems across humanitarian and development contexts

- Prevalence of low birth weight in USAID-supported countries (*WHA*)
- Prevalence of exclusive breastfeeding of infants 0-5 months in USAID-supported countries (*WHA*)
- Prevalence of women of reproductive age consuming a diet of minimum diversity in USAID-supported countries (*NEW*)
- Prevalence of minimum acceptable diet of children 6-23 months in USAID-supported countries (*Not WHA*)

IR1: Increased equitable provision and utilization of high-quality nutrition services

- All from secondary sources (DHS, Feed the Future Zone of Influence population-based surveys)
- Want to capture equity
 - Ratio bottom quintile to top quintile OR
 - Prevalence in bottom quintile