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Multi-Sectoral Nutrition Strategy Monitoring and Indicators

USAID Working Group Across:

Bureau for Global Health

Bureau for Food Security

Office of Food for Peace

Office of Foreign Disaster Assistance

Presenters: Sally Abbott (BFS), Melanie Thurber (FFP), Leslie Koo (GH)
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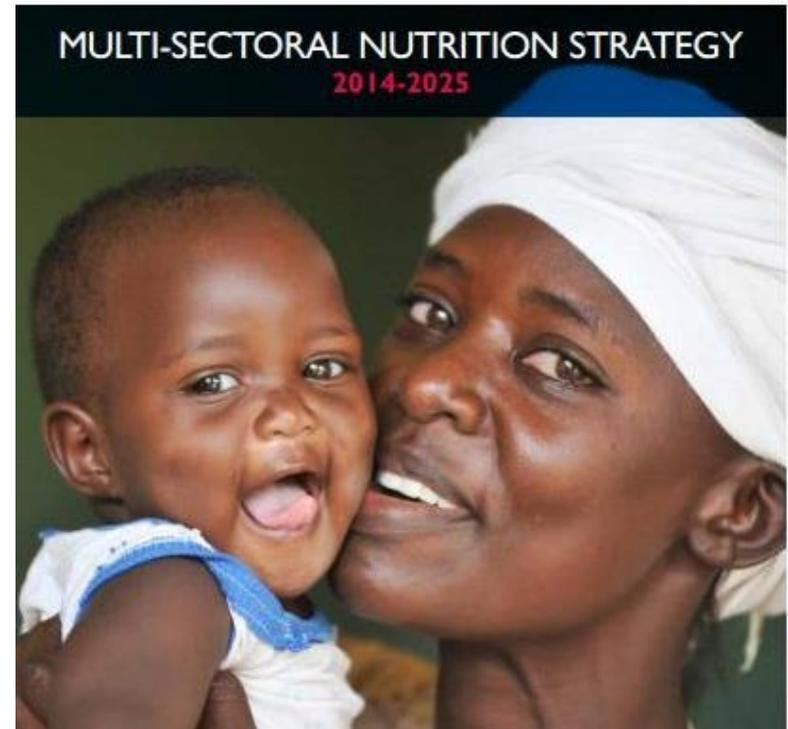
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Presentation Outline

1. Targets
2. Measuring Results
3. Monitoring Plan
4. Indicators



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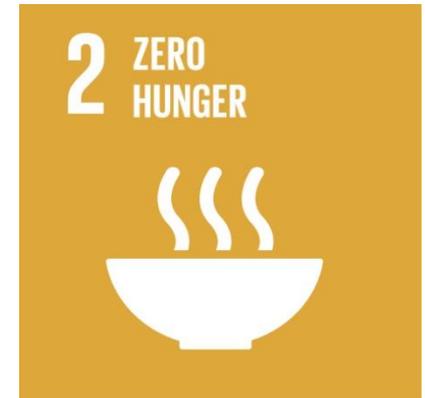


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Nutrition Targets Adopted at the 2012 World Health Assembly

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%





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Global Nutrition for Growth Compact June 2013

By 2020:

- Ensure that at least 500 million pregnant women and children under two are reached with effective nutrition interventions
- Reduce the number of children under five who are stunted by at least 20 million
- Save the lives of at least 1.7 million children under 5 by preventing stunting, increasing breastfeeding, and increasing treatment of severe acute malnutrition



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%



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USAID Multi-Sectoral Nutrition Strategy: Measuring Results

- Build on existing systems
- Regularly monitor nutrition outputs, outcomes and impact
- Support enhanced accountability and continual learning
- Robust performance monitoring
- Document the impact
- Periodic assessments carried out on or after 2016, 2020 and 2025





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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)



- Participation from GH, FFP, BFS, OFDA
- Subgroup of both Health and Agriculture groups for PPR indicator refresh process



USAID Multi-Sectoral Nutrition Strategy: Draft Monitoring Plan

- Existing data sources at Goal, Strategic Objective, and IR level
- Standard PPR Indicators where applicable at sub- IR level
- M&E Technical & Operational Guidance *(forthcoming)*
- Menu or Compendium of Indicators-Resource of additional custom indicators for project monitoring *(forthcoming)*



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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



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USAID Multi-Sectoral Nutrition Strategy: **GOAL & Indicators**

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

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*)



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Current Nutrition Indicators reported on by OUs

- **Number of people trained in child health and nutrition through USG-supported programs**
- **Number of children under five reached by USG-supported nutrition programs**
- **Number of children under five who received Vitamin A from USG-supported programs in the last six months**
- **Number of health facilities with established capacity to manage acute under-nutrition**
- **Prevalence of children 6-23 months receiving a minimum acceptable diet**
- **Women's Dietary Diversity: Mean number of food groups consumed by women of reproductive age**
- **Prevalence of households with moderate or severe hunger**



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Proposed Nutrition-Specific Indicators

Sub IR 1.2

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

IR 1.4

4. Number of mothers/caregivers who received interpersonal or other direct maternal infant and young child nutrition counseling at least once in the past quarter through USG-supported programs

IR 2.1

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

IR 2.2

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



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Proposed Nutrition-Sensitive Ag Indicators

Sub-IR 1.3

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





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Proposed Nutrition-Specific Indicator:

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

- **Disaggregation by intervention:** 1) BCC for IYCF; 2) Vit A supplementation; 3) Zinc supplementation; 4) MNP supplementation; 5) Treatment of SAM; 6) Treatment of MAM; 7) GMP; 8) Direct food assistance
- Children counted as reached through interventions that target adults such as mothers and caretakers.
- Child not counted as reached if mother/caretaker solely exposed to mass media BCC (e.g. radio).
- Double counting:
 - Partner double counts within disaggregated interventions (e.g. once for counseling on CF & once for Vit. A)
 - Partner estimates overlap across interventions and subtracts from total
 - Mission estimates geographic overlap and subtracts from total to report overall # children reached



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Proposed Nutrition-Specific Indicator:

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

- Community-level: (1) multiple repeated contacts with mothers; (2) SBCC on MIYCN practices; (3) links to health/nutrition services. May include 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 (e.g Vit A)
- Count child if reached through mother/caregiver





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Proposed Nutrition Specific Indicator:

3. 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*





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Proposed Nutrition-Specific Indicator:

4. Number of mothers/caregivers who received interpersonal or other direct maternal infant and young child nutrition counseling at least once in the past quarter through USG-supported programs

- Mothers/caregivers: mothers, fathers, grandparents, siblings, other family or non-family members
- Counseling: MIYCN counseling in one-to-one or group setting
- Quarter: to be effective counseling must be timely and reinforced; person who received counseling at least once in last 3 months is more likely to have received multiple sessions during reporting year
- Do not count mother/caretaker if solely exposed to mass media BCC (e.g. radio)





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Proposed Nutrition-Specific Indicator:

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

- Significant knowledge or skills imparted to health professionals, primary health care workers, community health workers, volunteers, policy-makers, researchers, students, and non-health personnel, through training in basic and applied nutrition-specific or nutrition-sensitive topics in academic, pre- and in-service venues
- Disaggregate by sex and by *degree-seeking and non-degree-seeking*





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Proposed Nutrition-Specific Indicator:

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

- A written document that has been officially endorsed by the government of country, and is generally recognized and/or signed by the Ministry of Health and the Ministry of Agriculture, as well as other relevant Ministries and offices
- At minimum, plan includes:
 1. promotion of infant and young child feeding in emergencies
 2. detection and management of acute malnutrition
 3. undertaking of vitamin A supplementation and measles vaccination
 4. access to safe water and sanitation, and hygiene practices



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Proposed Nutrition-Sensitive Ag Indicator:

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

- Applicable to nutrition-sensitive agriculture activities:
 - with explicit nutrition-related (consumption, diet quality, other) objectives and outcomes
 - addressing one or more of the three agriculture-to-nutrition pathways (Food Production, Agriculture-related income, Women's Empowerment)
- Aiming to capture broad array of nutrition-sensitive agriculture activities and pathways
 - beyond nutrient-rich value chain intervention and production to consumption pathway



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Proposed Nutrition-Sensitive Ag Indicator:

7. 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 provided by the activity
 - more than merely contacted or touched through brief attendance at meeting
- Minimum diet diversity = five of 10 specific food groups
 - Food groups and cut-off validated proxy for likelihood of consuming more micronutrient adequate diet
- SPRING operations research found many activities already collecting information on beneficiary diet diversity



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Nutrition-Sensitive Ag Indicator:

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

- Introduced under Feed the Future last year
- Applicable for value chain activities targeting nutrient-rich commodities for nutrition (among other) objectives
 - Increased own-consumption (production to consumption pathway)
- Specific definition of what constitutes “nutrient-rich”
- “Set-aside” includes the **amount consumed prior** to the time of data collection **plus any amount stored at the time of data collection** with the intent of home consumption in the future
 - Amounts of each depend on characteristics of the commodity (e.g. harvest frequency, perishability) and the timing of data collection



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Nutrition-Sensitive Ag Indicator:

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

- Data ideally collected at the same time as Gross Margin
- Will issue supplemental data collection guidance based on SPRING operations research





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QUESTION AND ANSWERS





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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