Connecting the dots: Key inputs for facilitating coherent and comprehensive nutrition planning

Insights from selected REACH countries

October 2015
Connecting the dots...

Nutrition Analysis (incl. dashboard)

Needs

List of Core Nutrition Actions

Evidence & pathways

Mapping of Core Nutrition Actions

Equity

Political commitments

Policy frameworks & nat’l guidelines

Advocacy

Influence factors for planning

REACH deliverables listed in orange text = inputs for planning
Other planning inputs listed in orange italic text

Cost/ Budget/ Funding

Costing/ Financial Gap Analysis

Planning

Compendium of Actions for Nutrition (CAN) Coming soon!
PREFACE

Many of the highlights included in this booklet are emerging materials that have yet to be validated in-country. They are profiled here in an effort to foster knowledge-sharing about nutrition planning, an area of increasing interest to countries and the wider nutrition community.

The process of establishing consensus among partners is equally important as the outputs of the REACH analytical exercises.
REACH is an inter-agency partnership that promotes a country-led, multi-sectoral approach to addressing undernutrition

**Who?**
- Initiated by **FAO, WHO, UNICEF, WFP (plus IFAD)**
- **Collaborates** with UN agencies, NGOs, academia, private sector and donors
- **Supports SUN at country level** and is part of the UN Network for SUN
- Facilitates inter-agency collaboration and SUN processes at country level through **international + national facilitators**, who are...
- Supported by the REACH **Secretariat** in Rome

**What?**
- A **country-led coordinated process** designed to improve nutrition governance
- A **multi-stakeholder, multi-sectoral approach** to tackling under-nutrition
- A lever for **management, capacity building and analytical excellence** to support inclusive country dialogue on nutrition
- Not an implementing agency!
- **Efforts are underway to develop a 5-year strategy for REACH 2.0 (2016-2020)**

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“a unique facilitating and catalytic function at the country level as a result of its neutrality, flexibility, quality of technical tools, links with national planning and priorities, and – in the opinion of many national stakeholders – its competent staff.”


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1WFP/EB.2/2015/6-C (2015)
Three levels of planning are undertaken for three different types of nutrition actions, including governance.

**3 Levels of Planning**

- Formulation/updating of **national**, multi-sectoral nutrition action plan
- Integration of nutrition into relevant sector & sub-sector plans at national level
- Integration of nutrition into sub-national, multi-sectoral development plans (e.g. provincial, regional, district)

 Sometimes, planning processes are undertaken in parallel but not connected, hindering integrated approaches to nutrition.

**3 Levels of Nutrition Actions**

- Nutrition-specific actions
- Nutrition-sensitive actions
- Nutrition governance actions (e.g. enabling political environment)
Facilitation support which links national and sub-national planning streams is key to fostering coherent and joint action.

**National planning efforts**

- National Multi-sectoral Nutrition Plan
- National sector plans related to nutrition
- National sub-sector plans related to nutrition

**Sub-national planning efforts**

- Provincial/Regional multi-sectoral, development plans
- Department multi-sectoral development plans
- Community multi-sectoral development plans

Illustrative
A number of actors and institutions engage in nutrition planning, including the Ministries of Finance and Planning, where possible

<table>
<thead>
<tr>
<th>Actor</th>
<th>Role</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Decision / Policy-makers | • To provide high-level political support  
  • To serve as nutrition champions  
  • To help generate commitment from mid-level officials, decision-makers & implementers at sub-national levels | • *Rwanda*: District managers signed a performance contract with the President that will meet targets stipulated by the district plans  
  • *Ghana*: Ministers of Finance & Planning |
| Technical specialists | • To sensitize decision-makers & local politicians to ensure nutrition is a priority  
  • To provide technical guidance & leverage evidence  
  • To provide insight on delivery capacity  
  • To collect & track programing data  
  • To track financial data | • *Mali*: Gov’t officials from 6 ministries & 29 governmental technical services participated in planning workshops that informed the development of the Multisectoral Action Plan  
  • *Tanzania*: Gov’t officials at Tanzania Food & Nutrition Centre  
  • *Ghana*: National Statistical Service  
  • *Ghana*: Cross-sectoral planning groups  
  • Generic: Government Budget Officers |
| Collaboration Platforms | • To shape policy/provide strategic direction  
  • To support multi-sectoral coordination  
  • To support implementation & advise high-level platforms | • Multiple countries: High-level collaboration platforms  
  • Mozambique & Nepal: Nutrition Secretariats  
  • Multiple countries: Working/Technical level |
| Sub-national authorities / Development Committees | • To reconcile local development plans/priorities with national plans/priorities | • *Ghana*: Regional/Provincial Managers & Regional Planning & Coordination Units  
  • Mozambique: District Development Committees  
  • Generic: Area councils & communities |
| Local stakeholders | • To share their perceptions of nutrition problems & local priorities  
  • To participate in joint-assessments  
  • To demand support for nutrition actions | • *Ghana*: Women’s groups  
  • Generic: Civil society  
  • Generic: Community groups |
1. Sensitize actors about the need to invest in nutrition
   • Communicate the consequences – social & economic – associated with malnutrition

1. Identify the objectives (generic & specific)
   • Refresh understanding of the main nutrition problems in the area

2. Identify and prioritize the planned actions & activities
   • Severity of the problem (prevalence, absolute numbers, etc.)
   • Recent trends (improvement, deterioration, status quo)
   • Coverage (which actions have low coverage?)

3. Identify implementation strategies for providing those actions & activities
   • Identify target groups (primary & secondary target groups)
   • Identify delivery mechanisms through which actions & activities will be provided

4. Assign responsibilities (develop responsibility/action matrix)
   • Determine which stakeholders will conduct the identified actions & activities, through which delivery mechanisms
   • Identify the role of each stakeholder involved by action (e.g. lead, technical support, coordinator, M&E including at the local level)

5. Identify indicators & coverage targets
   • Outcome indicators
   • Output indicators
   • Coverage (current & time-specific targets)

6. Determine budgetary allocations of nutrition actions & activities
   • Quantify resources needed to implement actions & activities
   • Solicit &/or advocate for the creation of nutrition budgetary codes
   • Identify the financial source (internal/external) of actions & activities

7. Identify timeframe (timing & duration) of planned nutrition actions & activities
   • Identify the duration of planned nutrition actions & activities
   • Determine the timing & sequencing of planned nutrition actions & activities

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1Refer to MQ-SUN costing data, WHO’s ONE Health tool or other costing methodologies, as needed.
Making the investment case can enrich planning and help mobilize actors; Malnutrition is preventable, and yet it continues to hinder development and claim human lives.

Some adverse effects on human health & well-being are irreversible

<table>
<thead>
<tr>
<th>Social costs</th>
<th>Uganda</th>
<th>Global or other countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child mortality in terms of add’l cases due to underweight</td>
<td>15%¹</td>
<td>n.a.</td>
</tr>
<tr>
<td>2. Disability-adjusted life years (DALYs) for under5s</td>
<td>n.a.</td>
<td>21%³</td>
</tr>
<tr>
<td>3. Reduced IQ (breastfeeding can raise IQ)</td>
<td>n.a.</td>
<td>3 pts²</td>
</tr>
<tr>
<td>4. Congenital abnormalities e.g. cretinsim</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>5. Increased risk of degenerative diseases (e.g. Diabetes)⁴,⁵</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>6. Lower educational outcomes than non-stunted children</td>
<td>1.2 yrs. less schooling¹</td>
<td>0.2-1.2 yrs. less schooling¹</td>
</tr>
<tr>
<td>7. Repetitions in school due to stunting</td>
<td>7.3%¹</td>
<td>7-16%¹</td>
</tr>
</tbody>
</table>

Economic consequences are incurred at individual, household & society levels

<table>
<thead>
<tr>
<th>Economic costs</th>
<th>Uganda</th>
<th>Global or other countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Annual losses in million of USD due to child undernutrition</td>
<td>USD 899¹</td>
<td>n.a.²</td>
</tr>
<tr>
<td>2. % of GNP lost annually due to child undernutrition</td>
<td>5.6%¹</td>
<td>1.9-16.5%¹</td>
</tr>
<tr>
<td>3. Reduced productivity due to a 1% loss in adult height due to stunting</td>
<td>n.a.</td>
<td>1.4%⁷</td>
</tr>
<tr>
<td>4. Reduced hourly adult wages due to child stunting⁶</td>
<td>n.a.</td>
<td>20% less⁷</td>
</tr>
<tr>
<td>5. Income increases associated with breastfeeding &gt;12 mo.</td>
<td>n.a.</td>
<td>33%⁸</td>
</tr>
<tr>
<td>6. Other?</td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>

DRAFT

Nutrition is a human right⁹ and is central to sustainable development

REACH analytical tools and knowledge-sharing resources are used to inform planning processes and scale up discussions

**Nutrition Analysis**
- Identification of nutrition problems at nat’l & sub-nat’l levels
- Identification of nutrition trends over time
- Identification of vulnerable groups

**Policy Overview**
- Overview of political priorities
- Overview of extent to which nutrition is reflected in policies & strategies
- Identification of opportunities for multi-sector coordination

**Stakeholder & Nutrition Action Mapping**
- View of implementation of key nutrition actions
- Identification of gaps in coverage
- Understanding of delivery mechanisms

**Compendium of Actions for Nutrition (CAN)**

1The selection of the Core Nutrition Actions is another REACH deliverable and is a prerequisite for both the Policy Overview and the Stakeholder & Nutrition Action Mapping.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Status National</th>
<th>Trend</th>
<th>Severity</th>
<th>Target 2016</th>
<th>Status Western</th>
<th>Status Eastern</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutritional Impact</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stunting</td>
<td>33%</td>
<td>↑</td>
<td>·</td>
<td>32%</td>
<td>44%</td>
<td>25%</td>
</tr>
<tr>
<td>Wasting</td>
<td>5%</td>
<td>↑</td>
<td>·</td>
<td>N/A</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Underweight</td>
<td>14%</td>
<td>↑</td>
<td>10%</td>
<td>N/A</td>
<td>16%</td>
<td>10%</td>
</tr>
<tr>
<td>Prevalence of underweight</td>
<td>12%</td>
<td>↑</td>
<td>8%</td>
<td>N/A</td>
<td>8%</td>
<td>20%</td>
</tr>
<tr>
<td>Prevalence of underweight</td>
<td>49%</td>
<td>↑</td>
<td>50%</td>
<td>N/A</td>
<td>39%</td>
<td>55%</td>
</tr>
<tr>
<td>Iron deficiency</td>
<td>23%</td>
<td>↑</td>
<td>30%</td>
<td>N/A</td>
<td>17%</td>
<td>28%</td>
</tr>
<tr>
<td>Prevalence of anaemia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence of anaemia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Security</td>
<td>20%</td>
<td>↑</td>
<td>N/A</td>
<td>N/A</td>
<td>18%</td>
<td>24%</td>
</tr>
<tr>
<td>Health</td>
<td>10%</td>
<td>↑</td>
<td>9%</td>
<td></td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Care</td>
<td>63%</td>
<td>↑</td>
<td>75%</td>
<td></td>
<td>???</td>
<td>???</td>
</tr>
<tr>
<td>Prevalence of diarrhoea</td>
<td>23%</td>
<td>↑</td>
<td>N/A</td>
<td></td>
<td>19%</td>
<td>33%</td>
</tr>
<tr>
<td>Education</td>
<td>64%</td>
<td>↑</td>
<td>N/A</td>
<td></td>
<td>63%</td>
<td>49%</td>
</tr>
<tr>
<td>Gender</td>
<td>37%</td>
<td>↑</td>
<td>N/A</td>
<td></td>
<td>37%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Note: Statistics presented in red are above the established targets, whereas those presented in green are below such targets.
### Situation Analysis Dashboard – National level

Gender-sensitive view highlights data gaps

#### Excerpt from the Rwanda Situation Analysis Dashboards

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Status</th>
<th>Female Severity</th>
<th>Trend</th>
<th>Male Severity</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting</td>
<td>37.9%</td>
<td>32.9%</td>
<td>41.1%</td>
<td>42.7%</td>
<td>47.4%</td>
</tr>
<tr>
<td>GAM</td>
<td>2.2%</td>
<td>2.0%</td>
<td>2.4%</td>
<td>2.4%</td>
<td>3.3%</td>
</tr>
<tr>
<td>SAM</td>
<td>0.6%</td>
<td>0.3%</td>
<td>0.6%</td>
<td>0.9%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Underweight</td>
<td>9.3%</td>
<td>9.3%</td>
<td>10.2%</td>
<td>9.3%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Iron deficiency</td>
<td>36.5%</td>
<td>35.8%</td>
<td>35.0%</td>
<td>37.3%</td>
<td>41.2%</td>
</tr>
<tr>
<td>Vit A deficiency</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Iodine deficiency</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Food security</td>
<td>21.1%</td>
<td>15.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health &amp; Sanitation</td>
<td>50</td>
<td>97</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care</td>
<td>Xx.x%</td>
<td>na</td>
<td>16.6%</td>
<td>Xx.x%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Education</td>
<td>Xx.x%</td>
<td>Xx.x%</td>
<td>na</td>
<td>72.1%</td>
<td>30.1%</td>
</tr>
<tr>
<td>Population</td>
<td>4.2</td>
<td>4.2</td>
<td>4.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>5.5%</td>
<td>Xx.x%</td>
<td>4.7%</td>
<td>5.5%</td>
<td>58.7%</td>
</tr>
<tr>
<td>Poverty</td>
<td>39.1%</td>
<td>16.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Notes:
- Note: Missing information to be updated as soon as the full Rwanda DHS 2014/15 is released. Data reported in the trends column refers to the previous data for the given indicator.
Emphasizing the need to consider both prevalence and absolute numbers, by region, to inform planning and prioritization exercises

- The Northern region is most adversely affected by stunting, with the highest prevalence (33.1%) & absolute numbers of stunted children.
- A large number of stunted children also reside in the Ashanti region, where the prevalence of stunting is low.
- The other 2 regions with an elevated prevalence of stunting - Central (22.0%) & Upper West (22.2%) do not have high numbers of stunted children.

Stunting prevalence among <5s

Comparing changes in stunting and wasting prevalences to identify converging/diverging trends to ensure appropriate action is planned.

Excerpt from the Mozambique Nutrition Analysis

Anaemia among both women and children remains a public health problem despite the continuous declines observed from 2005 to 2014, warranting further action.

**Consequences:**
- Reduced immunity
- Increased risk of maternal and perinatal mortality
- Intrauterine growth retardation
- Premature births
- Reduced cognitive and psychomotor development
- Reduced ability to concentrate/scholastic performance
- Fatigue, reduced physical capacity/activity levels

**Assessment:**
- Anaemia is a proxy for iron deficiency
- Measuring *haemoglobin levels in the blood* is the most common biochemical indicator with different cut-offs established for different sub-groups and environmental factors (e.g. altitude)

**The vast majority of children ages 6-59 months are anaemic**

- **2005:** 82.6%
- **2011:** 76.4%
- **2013:** 71.2%
- **2014:** 60%

**Women 15-49 yrs. old**
- **2005:** 59.1%
- **2011:** 54.3%

Data not available for 2013 & 2014

Consequences:

- Reduced immunity
- Increased risk of maternal and perinatal mortality
- Intrauterine growth retardation
- Premature births
- Reduced cognitive and psychomotor development
- Reduced ability to concentrate/scholastic performance
- Fatigue, reduced physical capacity/activity levels

Assessment:

- Anaemia is a proxy for iron deficiency
- Measuring *haemoglobin levels in the blood* is the most common biochemical indicator with different cut-offs established for different sub-groups and environmental factors (e.g. altitude)

Maternal education and household wealth are the main factors driving inequities for chronic malnutrition in Haiti

A child whose parents belong to the lowest wealth quintile is **4.4 times more likely** to be stunted than a child whose parents are in the highest wealth quintile.

A child whose mother has not received any formal education is **nearly 3 times more likely** to be stunted than a child whose mother received a secondary education or higher.

Other factors that significantly impact the inequities of stunting are mother’s weight and the geographical location. Gender and urban/rural divides have a much lower impact.
The selection of core nutrition actions is context-specific and is driven by a series of factors, leveraging technical expertise.

1. **Severity of the problem** (prevalence & absolute #s)
2. **Impact (including pathways)**
3. **Cost** (e.g. of action & inaction)
4. **Coverage** (e.g. low coverage)
5. **Trends (including coverage)** (improvement, deterioration, status quo)
6. **Country priorities** (nat’l & sub-nat’l)
7. **Capacity to scale-up**¹ ²
   (HR & delivery mechanism potential)
8. **Consider global targets**
9. **Consider public health significance thresholds**
10. **Actions with robust evidence may be prioritized to maximize impact**
11. **Prioritizing actions with low coverage can help give them additional attention & raise coverage**
12. **Particularly actions that address problems that are deteriorating**
13. **Global targets**

Selection of the Core Nutrition Actions

Nutrition & nutrition-related plans

¹Adapted from REACH Ghana (2014)
Highlighting how nutrition is reflected in related national policy/strategy frameworks when formulating nutrition plans, including at sub-national levels, to support scale-up

<table>
<thead>
<tr>
<th>Document</th>
<th>Period covered</th>
<th>Next revision</th>
<th>Responsible institution</th>
<th>Partners</th>
<th>Nutrition</th>
<th>Remarks</th>
</tr>
</thead>
</table>
| AGENDA 2025                                   | 2003-25        | 2025          | National Council           | UNDP, African Futures, Universities    |           | • Recognizes malnutrition as a threat to development  
  • Recognizes the need for human resources trained in nutrition  
  • Emphasizes the need to improve food security |
| National Development Strategy (NDS)           | 2015-35        | 2035          | Ministry of Econ. & Finance | None                                   |           | • Chronic malnutrition said to be high  
  • Recognizes nutrition as key for improving health  
  • Food security is prioritized in agricultural actions  
  • Promotes fisheries & aquaculture  
  • Promotes investments in infrastructure & sanitation |
| Food & Nutrition Security Strategy (FNSS)     | 2008-15        | 2015          | Ministry of Agriculture & Food Security | UNICEF, WFP                          |           | • Chronic malnutrition mentioned as a threat, reducing the country’s productivity by 2-3% of GDP  
  • Strategic pillars of the strategy: food production (availability), access, utilization, adequacy (incl. quality) & stability  
  • Mentions the need for a multi-sectoral approach |
| Agricultural Sector Development Strategy (ASDSP) | 2011-20        | 2020          | Ministry of Agriculture & Food Security | None                                   |           | • Malnutrition is not clearly recognized as a problem  
  • Mentions agriculture as essential for food & nutrition security |
| Family Planning & Contraception Strategy (FPCS) | 2010-20        | 2020          | Ministry of Health         | UNFPA                                   |           | • Malnutrition is not explicitly recognized as a problem  
  • Family planning is recognized to have a vital role in child nutrition & in combating the development of infectious diseases |

Understanding how nutrition supports wider development can help sensitize actors about how nutrition is relevant to multi-sectoral, sector/sub-sector & sub-national planning

Maternal & child nutrition receives significant attention

Maternal & child nutrition is not addressed at all

1While this document is called a strategic plan, country actors consider it to serve as a strategy, and thus it is classified with the strategies on this slide.
Efforts taken to ensure that core nutrition actions omitted from the national nutrition policy/strategy are included in nutrition-related plans, including the national nutrition plan.

Core Nutrition Actions
- Maternal nutrition
- Breastfeeding
- Complementary feeding
- Iron / Folic acid supplementation
- Multiple micronutrient supplementation
- Vitamin A supplementation
- Deworming
- MIYC illness management
- Management of SAM
- Handwashing with soap
- Sanitation promotion
- Water safety
- Food production
- Food processing
- Horticulture/crops
- Nutrition education
- School-based programmes
- School feeding
- Poverty reduction / income generation
- Women’s empowerment

National Nutrition Policy

Sectors/Ministries
- Health
- Agriculture
- Water & Sanitation
- Education
- Social Protection

Excerpt from the Nepal Policy Overview

\[1\text{SAM} = \text{Severe acute malnutrition}\]
Planning can take into account mapping data, which indicated that most actions are implemented in all regions of Burkina Faso, though many actions only reach a few children.

A typical child in Burkina Faso received only ~5 nutrition actions¹ that he/she may need.

On average children in the Nord, Sahel and Est regions received more nutrition interventions than elsewhere.

Excerpt from the Burkina Faso Stakeholder & Nutrition Action Mapping

¹The nutrition actions depicted on this page refer to a subset of the core nutrition actions in Burkina Faso.
Framing the main nutrition problems according to their consequences and the applicable objectives of the National Nutrition Plan can help define the vision/goal of sub-national nutrition planning

<table>
<thead>
<tr>
<th>Main nutrition / nutrition-related problems</th>
<th>Consequences</th>
<th>Alignment to nat’l nutrition plan</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutritional impact</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic malnutrition (stunting) (% children under 5 years old)</td>
<td>Reduced cognitive &amp; physical development; years of schooling; hourly wages &amp; productivity; increased risk of NCDs; GDP losses, etc.</td>
<td>All Strategic Objectives (SOs)</td>
<td>47.8%</td>
</tr>
<tr>
<td>Acute malnutrition (wasting) (% children under 5 years old)</td>
<td>Increased risk for morbidity (illness &amp; disease), child mortality, etc.</td>
<td>All Strategic Objectives (SOs)</td>
<td>10.0%</td>
</tr>
<tr>
<td><strong>Underlying causes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food insecurity (% households with poor or borderline food consumption)</td>
<td>Increased risk of acute &amp; chronic malnutrition; increased risk of micronutrient deficiencies which can impair immunity; sale of productive assets/resources; destitution; etc.</td>
<td>SO 1.1; SOs 2.3-2.6</td>
<td>Not available</td>
</tr>
<tr>
<td>Sub-optimal care practices (% infants 0-5 months that are exclusively breastfed)</td>
<td>Increased risk of stunting, child morbidity &amp; mortality, adulthood obesity &amp; selected NCDs, transmission of HIV; reduced immunity &amp; IQ, etc.</td>
<td>SO 2.5</td>
<td>23.6%</td>
</tr>
<tr>
<td>Limited access to health services &amp; poor health environment (Under-five mortality rate)</td>
<td>Loss of life during childhood; reduced workforce, etc.</td>
<td>SO 1.2</td>
<td>46.1/1000</td>
</tr>
<tr>
<td><strong>Basic causes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic causes (Population living under the poverty line)</td>
<td>Increased vulnerability to food insecurity; limited access to health services; increased risk of dropping out of school; etc.</td>
<td>SO 4,6 &amp; 10</td>
<td>26%</td>
</tr>
</tbody>
</table>

REACH analytical support can help ensure that the regions most adversely affected by stunting and low coverage are prioritized through planning exercises.

Prevalence of stunting is highest in the Zinder, Maradi and Diffa regions, however the absolute number of children affected is relatively lower in Diffa.

Very few core nutrition actions are reaching 75% or more of the target populations, with scope to scale-up further.

% of stunting among children 0-59 months

- 20% - 29%
- 30% - 39%
- ≥40%

# of actions reaching at least 75% of target population

- 2 actions
- 3 actions
- 4 actions et plus

Planning efforts should pay particular attention to Maradi where stunting is highly prevalent & coverage very low.

1DHS (2012) / 2DHS (2012), INS
Knowledge about coverage shortfalls can enrich planning discussions: How are the 3 ANI Project districts in the Western region of Uganda performing on actions addressing anaemia among children?

4 actions addressing child\(^1\) anaemia
Regional level of child anemia at 39%

### Related country relevant actions

<table>
<thead>
<tr>
<th>Related country relevant actions</th>
<th>Target groups</th>
<th>% Population coverage</th>
<th>Hoima</th>
<th>Kibaale</th>
<th>Masindi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide insecticide treated bed nets</td>
<td>Children 0-59 months</td>
<td>N/A</td>
<td>9%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Provide deworming tablets</td>
<td>Children 6-59 months</td>
<td>N/A</td>
<td>31%</td>
<td>&lt;1%</td>
<td></td>
</tr>
<tr>
<td>Provide materials for small-scale horticulture / crop diversification</td>
<td>Smallholder farmer households</td>
<td>40%</td>
<td>86%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Provide livestock, poultry or fish for small-scale animal husbandry or aquaculture</td>
<td>Smallholder farmer households</td>
<td>11%</td>
<td>34%</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>

There is limited population coverage of actions addressing anaemia among children particularly in Hoima and Masindi.

---

\(^1\)Children 0-59 months old

Excerpt from the Uganda Stakeholder & Nutrition Action Mapping

Number of actions reaching at least 30% of target population

- 0 actions
- 1 action
- 2 actions
- 3 actions
- 4 actions

% of target group covered

- ≤25%
- >25% to 50%
- >50% to 75%
- >75%
The pervasive low coverage of interventions supporting household food security requires close attention in nutrition planning exercises.

8 actions mapped support the prevention of food insecurity

<table>
<thead>
<tr>
<th>Core Nutrition Actions</th>
<th>Target Groups (TG)</th>
<th>% of TG covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Household food fortification</td>
<td>Children 6-23 months</td>
<td></td>
</tr>
<tr>
<td>2. Small-scale food fortification</td>
<td>Children 6-59 months</td>
<td></td>
</tr>
<tr>
<td>3. Development of small-scale farming</td>
<td>Households</td>
<td></td>
</tr>
<tr>
<td>4. Biofortification</td>
<td>Households</td>
<td></td>
</tr>
<tr>
<td>5. Social safety net program</td>
<td>Households</td>
<td></td>
</tr>
<tr>
<td>6. Nutrition education</td>
<td>Mothers &amp; guardians</td>
<td></td>
</tr>
<tr>
<td>7. Key behaviours conducive to good nutrition</td>
<td>Mothers &amp; guardians</td>
<td></td>
</tr>
<tr>
<td>8. Functional Literacy Program</td>
<td>Women 15-49 years</td>
<td></td>
</tr>
</tbody>
</table>

% of target group covered

- ≤25%
- >25% to 50%
- >50% to 75%
- >75%

% of households who have moderate or severe food insecurity

- <25%
- 25% to <50%
- 50% to 75%
- >75%

1CFSVA (2014)
Consideration may be given to whether population coverage of nutrition actions is improving over time, with implications for planning.

Is further investment needed in capacity development? Are new delivery mechanisms needed? Is increased political support needed?

Quality of actions? Are the scale-up strategies being adopted effective?

Source: Sector information, surveys, REACH analysis

1 Only coverage indicators included, 2 2014 vs. Baseline (2012 or 2011)

FP = Family Planning / ANC = Antenatal care / IPTp = intermittent preventive treatment during pregnancy / ARV = antiretroviral / HDDS = Household dietary diversity support
Seize opportunities to leverage global expertise for target setting at the country level, including decentralized levels.

Global nutrition targets for 2025

1. 40% reduction in the number of children under 5 who are stunted
   - Current Status: XX%
   - 2025 target: XX%
   - To be populated with data from the geographic area

2. 50% reduction of anaemia in women of reproductive age
   - Current Status: XX%
   - 2025 target: XX%
   - To be calculated with the data national &/or sub-national level

3. 30% reduction in low birth weight
   - Current Status: XX%
   - 2025 target: XX%

4. No increase in childhood overweight
   - Current Status: XX%
   - 2025 target: XX%

5. Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%
   - Current Status: XX%
   - 2025 target: XX%

6. Reduce and maintain childhood wasting to less than 5%
   - Current Status: XX%
   - 2025 target: XX%

The Sustainable Development Goals (SDGs) of the 2030 Agenda are another key reference.

Source: Available at http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/
### Nutrition actions

**Decentralized level (e.g. xx%)**

<table>
<thead>
<tr>
<th>Nutrition-related actions</th>
<th>Target groups</th>
<th>Summary coverage (baseline)</th>
<th>% coverage (baseline)</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide iron-folic acid / iron supplements</td>
<td>Pregnant women 15-49 years</td>
<td>XX%</td>
<td>ABC</td>
<td></td>
</tr>
<tr>
<td>2. Provide multiple micronutrient supplements</td>
<td>Pregnant women 15-49 years</td>
<td>XX%</td>
<td>ABC</td>
<td></td>
</tr>
<tr>
<td>3. Provide insecticide treated bednets</td>
<td>Pregnant women 15-49 years</td>
<td>XX%</td>
<td>ABC</td>
<td></td>
</tr>
<tr>
<td>4. Provide insecticide treated bednets</td>
<td>Post-partum women 15-49 years</td>
<td>XX%</td>
<td>ABC</td>
<td></td>
</tr>
<tr>
<td>5. Provide deworming tablets</td>
<td>Pregnant women 15-49 years</td>
<td>XX%</td>
<td>ABC</td>
<td></td>
</tr>
<tr>
<td>6. Carry out insecticide spraying</td>
<td>Households</td>
<td>XX%</td>
<td>ABC</td>
<td></td>
</tr>
<tr>
<td>7. Promote small-scale horticulture / crop div.</td>
<td>Households</td>
<td>XX%</td>
<td>ABC</td>
<td></td>
</tr>
<tr>
<td>8. Promote small-scale animal husbandry</td>
<td>Households</td>
<td>XX%</td>
<td>ABC</td>
<td></td>
</tr>
<tr>
<td>9. Etc.</td>
<td>XYZ</td>
<td>XX%</td>
<td>ABC</td>
<td></td>
</tr>
</tbody>
</table>

**Helpful sources:**
1. Targets stipulated in National Nutrition Plan (or other gov’t frameworks)
2. Global targets

**Other considerations:**
1. Delivery mechanism capacity to scale-up (Refer to Delivery Mechanism Analysis)
2. Feasibility of introducing performance-based targets
3. Other drivers or incentives for increasing coverage (e.g. champions, peer recognition, status, innovation & learning averaged, leadership)
4. Barriers to increasing coverage (e.g. lack of sub-national data available, lack of funding)
5. Scaling up strategy, processes & pathways

### Set annual targets

**Decentralized level (e.g. xx%)**

| % Pop.
| % coverage (2016) |
|------------------|------------------|
| XX%              | XX%              |

Illustrative – to be populated with country data

---

1. For women 15-49 years
2. Pop. = Population
3. CNA = Core nutrition actions
Using data to facilitate discussions about which regions are not adequately addressing child anaemia for sound planning

Excerpt from the Burkina Faso Stakeholder & Nutrition Action Mapping

% Anemia among children 6-59 months

Legend
1. Maintain
   Nutrition situation is not critical and there is adequate coverage of actions
2. Investigate
   Nutrition situation is critical and there is adequate coverage of actions
3. Monitor
   Nutrition situation is not critical and there is not adequate coverage of actions
4. Scale up
   Nutrition situation is critical and there is not adequate coverage of actions

1ENIAB (2014)
2This number is a country-defined level based on the results of the stakeholder mapping to highlight disparities in action coverage.
Leverage findings on delivery mechanisms to identify opportunities for both scale up and synergies concerning the core nutrition actions.

Excerpt from the Rwanda Stakeholder & Nutrition Action Mapping

For the actions with few delivery mechanisms, is there potential to increase reach by extending delivery to other delivery mechanisms?

For delivery mechanisms that are less commonly used, is there potential to strengthen scale up through these delivery mechanisms?

Could some delivery mechanisms be in danger of becoming over utilized or exhausted? Is it possible to increase capacity of such delivery mechanisms?

Major use of channel (75-100% of implementers)
Substantial use of channel (50-75% of implementers)
Some use of channel (25-50% of implementers)
Low use of channel (0-25% of implementers)
Costing data can guide planning discussions on how to maximize impact while minimizing the cost of implementing national nutrition plans.

Some actions are more economical than others.

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Cost per DALY saved</th>
<th>Cost per life saved</th>
<th>Cost per case of stunting averted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mali</td>
<td>Global</td>
<td></td>
</tr>
<tr>
<td>Community-based behavior change nutrition programs</td>
<td>$14.1</td>
<td>$53-$153</td>
<td>$1,369.1</td>
</tr>
<tr>
<td>Vitamin A supplementation</td>
<td>$0.8</td>
<td>$3-$16</td>
<td>$712</td>
</tr>
<tr>
<td>Therapeutic zinc supplementation</td>
<td>$13.9</td>
<td>$73</td>
<td>$2,773</td>
</tr>
<tr>
<td>Multiple micronutrient powders</td>
<td>$4.3</td>
<td>$12.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Deworming</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Iron/folic acid supplementation for pregnant women</td>
<td>$23.2</td>
<td>$66-$115</td>
<td>$116</td>
</tr>
<tr>
<td>Iron fortification of staple foods</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Salt iodization</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Procurement of complementary foods for the prevention of moderate malnutrition</td>
<td>$659</td>
<td>$500-$1000</td>
<td>$2,171</td>
</tr>
<tr>
<td>Management of severe acute malnutrition</td>
<td>$193.4</td>
<td>$41</td>
<td>$2,384</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$110.1</td>
<td>n/a</td>
<td>$5,912.9</td>
</tr>
</tbody>
</table>

Exploring scenarios for implementing national nutrition plans that maximize impact and minimize costs

Scale-up planning driven by the cost of nutrition interventions &/or the regions with the greatest need to maximize the allocation of limited resources

<table>
<thead>
<tr>
<th>Proposed scenarios</th>
<th>Annual public investment (USD in millions)</th>
<th>Annual benefits</th>
<th>Unit cost by type of benefit (USD in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>DALYs saved</td>
<td>Lives saved</td>
</tr>
<tr>
<td>National coverage</td>
<td>$85</td>
<td>1,172,742</td>
<td>14,738</td>
</tr>
<tr>
<td>Scenario 1: Prioritization by region</td>
<td>$58.4</td>
<td>644,726</td>
<td>8,794</td>
</tr>
<tr>
<td>Scenario 2: Prioritization by intervention</td>
<td>$45.3</td>
<td>1,070,822</td>
<td>12,567</td>
</tr>
<tr>
<td>Scenario 3: By region &amp; intervention</td>
<td>$38.7</td>
<td>768,068</td>
<td>9,130</td>
</tr>
</tbody>
</table>

Scenarios 2 & 3 are the most economical

Understanding who are the key stakeholders and their respective roles is a critical input for nutrition planning, particularly the articulation of a CRF. Consider whether there is scope to build alliances among stakeholders in pursuit of implementation efficiencies.

<table>
<thead>
<tr>
<th>Country relevant actions</th>
<th>Responsible Ministries</th>
<th>Catalysts</th>
<th>Field implementers</th>
<th>Donors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food &amp; Agriculture</strong></td>
<td>MAFC, MLFD, MoHSW</td>
<td>CRS, Fintrac, NAFAKA, HKI, IITA, ICRISAT, Sokoine University, University of Alberta, International Livestock Research Institute, PWRDF</td>
<td>ACT MASASI, Global Service Corps, HACOCA, CBO, Iringa Mercy Organization, Rungwe Small Tea Grower’s Association, Njombe Agriculture Development Organization, Zapha+, RUDI, MVIWATA, FIPs, IFDC, DANIA, CRS, ARVDC</td>
<td>IDRC, USAID, DFATD, Irish Aid, BMGF</td>
</tr>
<tr>
<td>Provide materials and training for small-scale horticulture</td>
<td>MAFC, MoHSW</td>
<td>WFP, Save the Children, COUNSENUTH, IITA, ICRISAT, PWRDF</td>
<td>ACT – MASASI, RUDI, Faida MalI, PEMWA, ROPA, TFNC, Lukoveg, ARVDC</td>
<td>AGRA, Irish Aid, DFATD, USAID</td>
</tr>
<tr>
<td>Promote food preservation and storage</td>
<td>MAFC, MoHSW</td>
<td>Save the Children, COUNSENUTH, TSPA, PWRDF</td>
<td>ACT MASASI, TFNC, PEMWA, ROPA</td>
<td>UNICEF, Irish Aid, DFATD</td>
</tr>
<tr>
<td>Promote universal salt iodization</td>
<td>MoHSW</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carry out / support food fortification</td>
<td>MoHSW</td>
<td>HKI, NFFA, TFNC, TFDA</td>
<td>Private Sector, HKI</td>
<td>DFID</td>
</tr>
<tr>
<td>Carry out nutrition education</td>
<td>MAFC, MoHSW, PMO-RALG</td>
<td>Plan, GAIN, CRS, Save the Children, AMREF, COUNSENUTH, Jhpiego, Africare, Sokoine University, University of Alberta, International Livestock Research Institute, PWRDF</td>
<td>Aga Khan Foundation, ACT MASASI, private sector, PASADIT, MOCSO, Dioceses of Geita, PEMWA, ROPA, RHMT, CHMT, TFNC</td>
<td>IDRC, DFATD, USAID, Hilton Foundation, Reckit Benkiser, UNICEF, Irish Aid</td>
</tr>
<tr>
<td>WASH</td>
<td>Ministry of Water, MoHSW</td>
<td>CRS, COUNSENUTH, PWRDF</td>
<td>ACT MASASI, Dioceses of Ifakara - Kilombero, Dioceses of Arusha, TFNC</td>
<td>Global Sanitation Funds, DFATD, Irish Aid</td>
</tr>
<tr>
<td>Provide materials for improved water sources</td>
<td>MAFC, MLFD, MoHSW</td>
<td>COUNSENUTH, PMO-Disaster Dept, TFNC, UNICEF, Sokoine University</td>
<td>TFNC, UNICEF, MLFD, Sokoine University</td>
<td></td>
</tr>
<tr>
<td>Social Protection</td>
<td></td>
<td></td>
<td></td>
<td>Irish Aid</td>
</tr>
</tbody>
</table>

1 CRF = Common Results Framework
Support with collating various planning inputs to guide the development of a Common Results Framework

### Summary Planning Matrix Template

<table>
<thead>
<tr>
<th>Nutrition action &amp; supporting activities</th>
<th>Location</th>
<th>Delivery mechanism</th>
<th>Timeline</th>
<th>Budget</th>
<th>Source of funding</th>
<th>Implementing agency</th>
<th>Indicator</th>
<th>Targets (Pop. Coverage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Action A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Activity A1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Activity A2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Action B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Activity B1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 Activity B2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3 Activity B3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Action C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Activity C1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Activity C2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 Activity C3</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Leverage data from Stakeholder & Nutrition Action Mapping** for the core nutrition actions, replicating &/or expanding for other actions, as needed.
- **Identify the lead actor, coordinator as well as actors that provide technical & M&E support**
- **To be tailored to the context**
- **May be adapted to national & sub-nat’l planning**

*Illustrative – to be populated with country data*
A glimpse at the countries where REACH has supported or is actively supporting nutrition planning efforts, including at sub-national levels.

### National Planning

REACH engaged in national planning in 17 countries:
- Bangladesh
- Burkina Faso
- Burundi
- Chad
- Ethiopia
- Ghana
- Haiti
- Guinea
- Mali
- Mozambique
- Myanmar
- Nepal
- Niger
- Rwanda
- Senegal
- Tanzania

### Sub-national Planning

REACH engaged in sub-national planning in 7 countries:
- Ghana
- Mozambique
- Nepal
- Niger
- Rwanda
- Tanzania
- Uganda