Multi-Sectoral Nutrition Strategy Monitoring & Indicators
USAID Working Group Across: GH, BFS, FFP, OFDA
Presenters: Elizabeth Bontrager (GH), Raphael Makonnen (GH), Anne Swindale (BFS)
Session Outline

1. Foreign Assistance “Indicator Refresh”
2. New PPR Indicators
3. Q&A
4. Group Work
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 that will be collected through the PPR process. Why....?
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
# Foreign Assistance (F) Indicator Redesign

<table>
<thead>
<tr>
<th>Date</th>
<th>Key Step or Deliverable</th>
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<tbody>
<tr>
<td>Feb - April 2016</td>
<td>Indicator Socialization and Feedback with Relevant OUs Bureaus/Offices will socialize FY16 indicators within the universe of Bureaus and Missions that will be expected to report on their indicators.</td>
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<tr>
<td>FY 2017</td>
<td>OUs select indicators and set targets in FY16 PPR. OUs start reporting on the indicators in FY17 PPR. Nutrition-specific indicators: to be included in all new awards and mechanisms in the first half of implementation; encourage adding to any mechanism able to integrate into existing information system Nutrition-sensitive agriculture indicators: New awards only.</td>
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Current PPR 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
And now...out with the old, in with the NEW!!!!!!
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? What challenges do you anticipate?

• With your vision of a well-integrated multi-sectoral nutrition program in mind (from Day One), what kinds of process indicators would be useful to monitor whether effective integration is happening on the ground?
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
- Number of mothers/caregivers who received direct maternal infant and young child nutrition counseling at least once in the past quarter 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 cont.

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 ★

Multi-Sectoral Nutrition Strategy Global Learning and Evidence Exchange
East and Southern Africa Regional Meeting
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. GMP
  8. 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:

- 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
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-Specific

Number of mothers/caregivers who received 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)
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
- addressing 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

Multi-Sectoral Nutrition Strategy Global Learning and Evidence Exchange
East and Southern Africa Regional Meeting
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
QUESTION AND ANSWERS

Please send any additional comments to usaidnutrition@gmail.com or USAID Google Document
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? What challenges do you anticipate?
• With your vision of a well-integrated program in mind (from Day One), what kinds of process indicators would be useful for your monitoring purposes?
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

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<thead>
<tr>
<th>INTERMEDIATE RESULT 1</th>
<th>INTERMEDIATE RESULT 2</th>
<th>INTERMEDIATE RESULT 3</th>
<th>INTERMEDIATE RESULT 4</th>
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<td>Increased equitable provision and utilization of high-quality nutrition services</td>
<td>Increased country capacity and commitment to nutrition</td>
<td>Increased multi-sectoral programming and coordination for improved nutrition outcomes</td>
<td>Increased nutrition leadership</td>
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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%
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%
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, 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)
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