
Advocacy to Reduce Malnutrition: Using PROFILES and Nutrition Costing

Alice Nkoroi

Food and Nutrition Technical Assistance III (FANTA) Project



Presentation Outline

- Nutrition Advocacy Terms and Steps in the Process
- Examples of Results from Various Countries
- New PROFILES Models Related to Breastfeeding

Nutrition Advocacy Terms and Steps in the Process

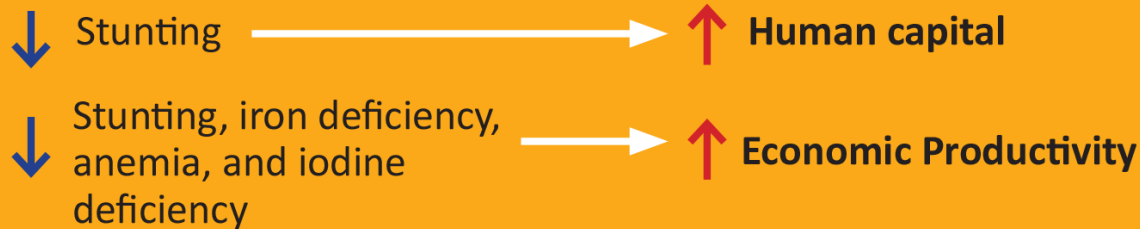
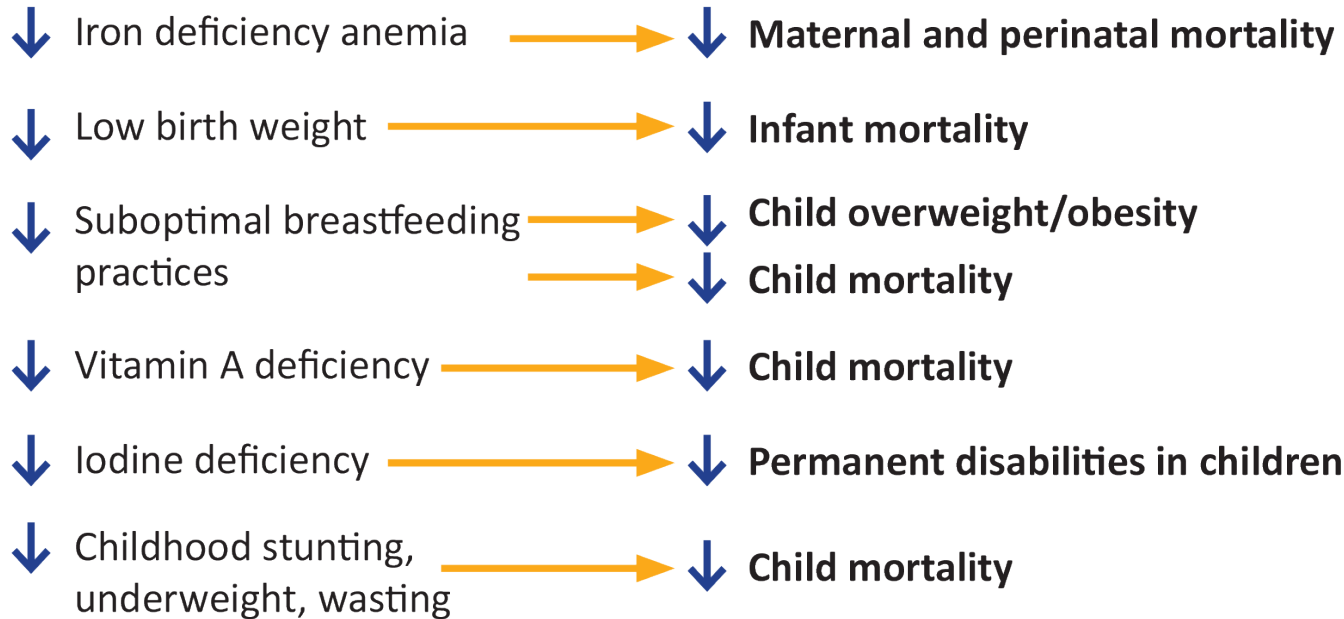
What is Nutrition Advocacy?

- Planned, deliberate and systematic process to ignite social change for greater political and social commitment to improve the nutrition situation
- Promotes accountability for nutrition and strengthens nutrition governance
- Defined and shaped by a specific country context
- Can support a country at any stage of commitment

What is PROFILES?

- Evidence-based tool to support nutrition advocacy
- Uses computer-based models using scientific literature and current country-specific data
- Estimates the benefits of improved nutrition and the negative consequences if malnutrition does not improve
- PROFILES estimates are used to engage government and other high level stakeholders for a collaborative nutrition advocacy process

Nutrition Problems Addressed in PROFILES and the Benefits of Their Reduction



PROFILES also estimates economic productivity losses if there is no change in the nutrition situation.

Information Required in PROFILES

- Prevalence of nutrition indicators
- Demographic information such as mortality, population size and structure; employment and wage information
- A time period for the estimates
- Targets for improvement in nutrition by the end of the time period

What is Nutrition Costing?

- Estimates costs of implementing a comprehensive set of nutrition programs in a country or prioritized geographic area over a specific time period
- Complements PROFILES estimates (PROFILES does not calculate costs)

How are PROFILES and Nutrition Costing Results Used?

- PROFILES and Nutrition Costing estimates are the cornerstone of this nutrition advocacy process
- Using a consensus-building process coupled with systematic planning, multi-sectorial country teams develop nutrition advocacy plans and targeted materials to disseminate PROFILES and Nutrition Costing results to key audiences

Steps in the Nutrition Advocacy Process

- Step 1: Convene multi-stakeholder core working group to oversee the process
- Step 2: Conduct a PROFILES workshop to develop estimates and share preliminary results
- Step 3: Develop nutrition costing estimates and share preliminary results
- Step 4: Conduct a Nutrition Advocacy Planning workshop to develop a National Advocacy Plan and corresponding nutrition advocacy materials
- Step 5: Conduct sub-national nutrition advocacy planning and development of materials, as needed

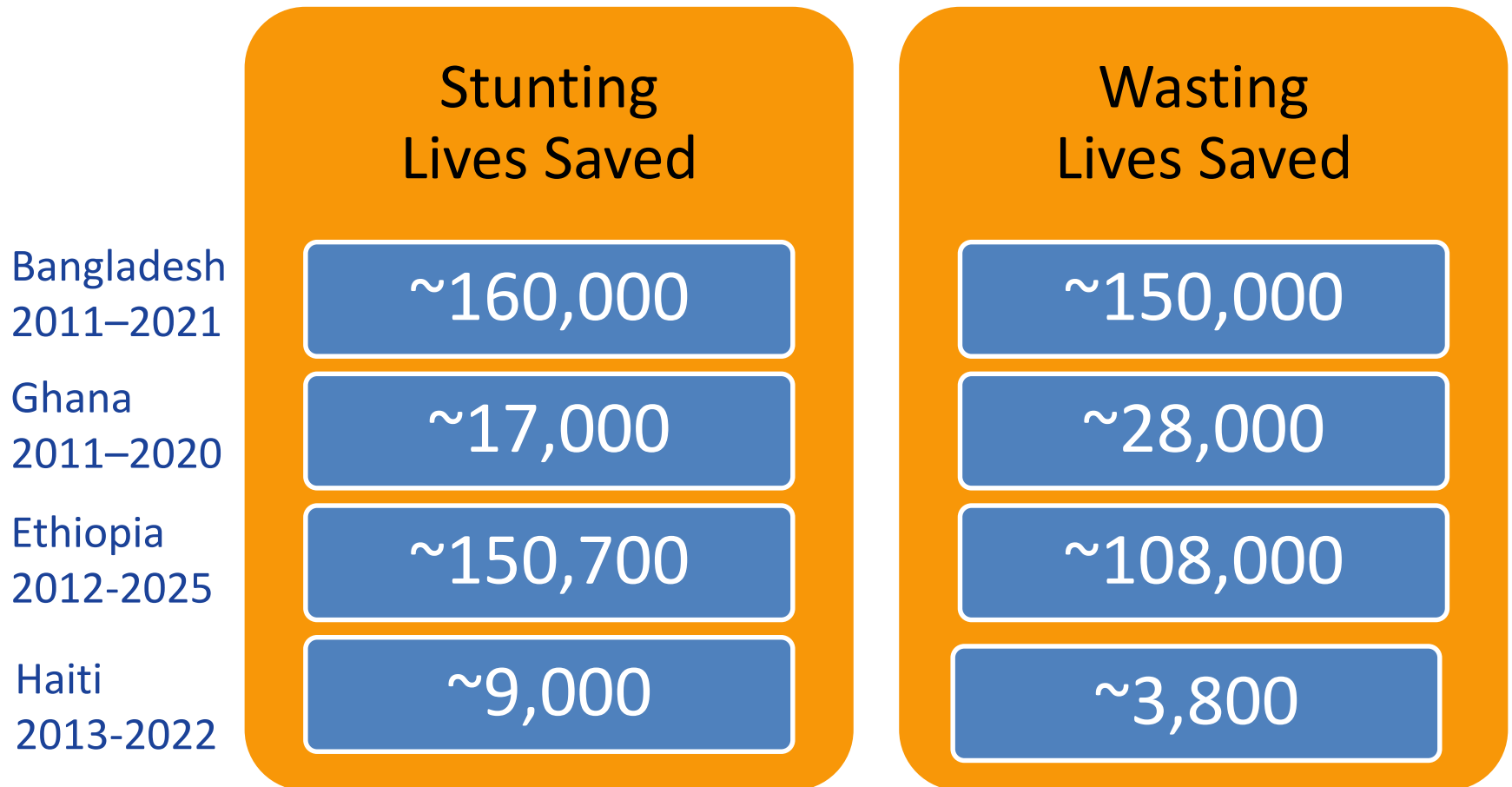
Examples of Results

Nutrition Situation Among Children Under 5

	Uganda (2011)	Ghana (2008)	Bangladesh (2007)	Ethiopia (2011)	Haiti (2013)	Tanzania (2011)	Malawi (2014)
	Percent -2 SD (z-score)						
Stunting (chronic malnutrition)	33	28	43	44	22	42	42
Underweight	14	14	41	29	11	16	17
Wasting (acute malnutrition)	5	8.5	17	10	5	5	4

Source: Demographic and Health Surveys and the Multiple Indicator Cluster Survey

Saving Lives by Reducing Chronic and Acute Malnutrition



Saving Lives by Reducing Chronic Malnutrition

Stunting
Lives Saved

Uganda
2013-2025

~118,700

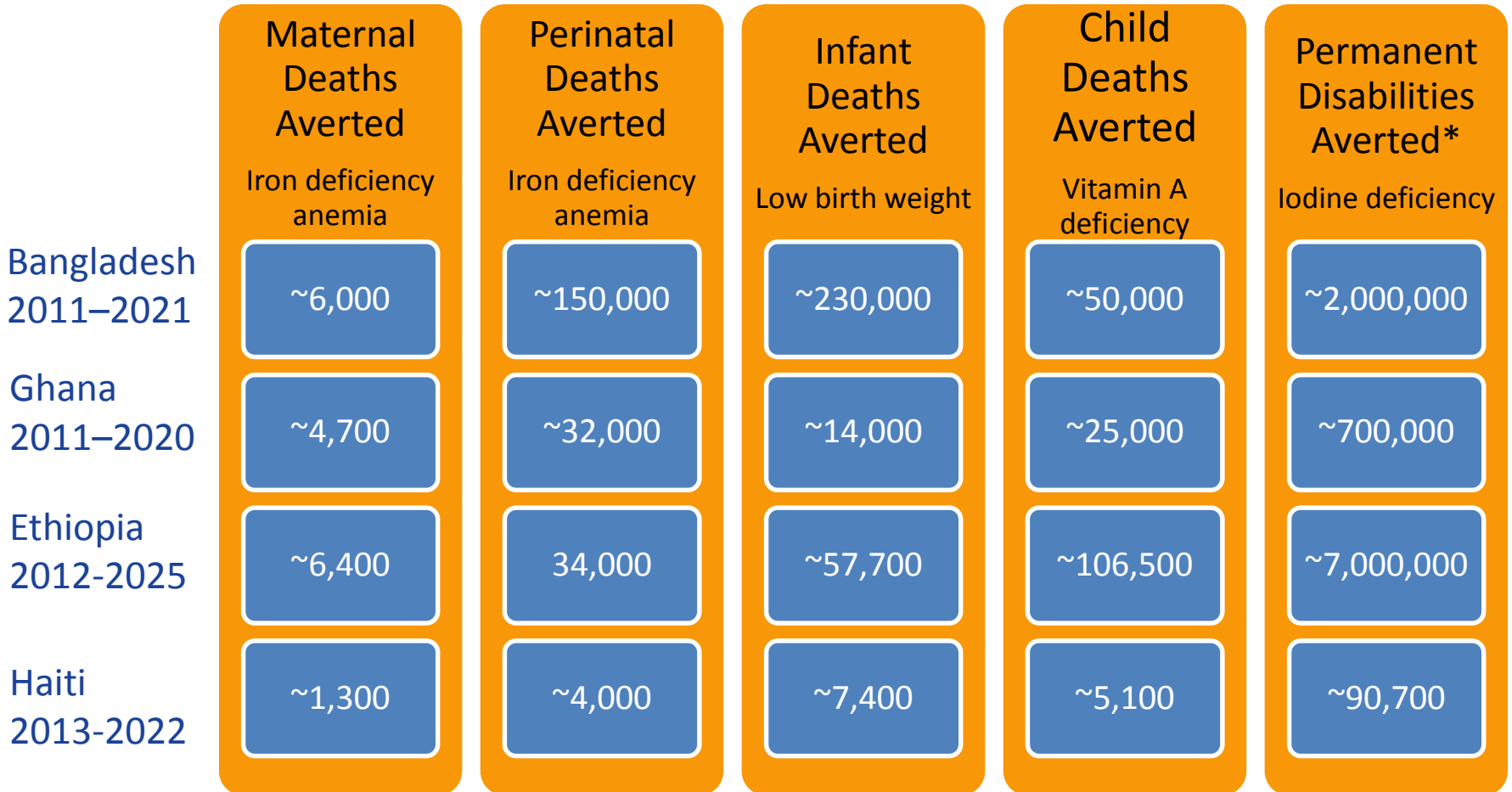
Tanzania
2014-2025

~120,600

Malawi
2015-2030

~97,700

Saving Lives and Preventing Disabilities



* Cretinism and mild to severe permanent brain damage prevented

Saving Lives and Preventing Disabilities

	Maternal Deaths Averted Iron deficiency anemia	Perinatal Deaths Averted Iron deficiency anemia	Infant Deaths Averted Low birth weight	Child Deaths Averted Vitamin A deficiency	Permanent Disabilities Averted* Iodine deficiency
Uganda 2013-2025	~6,600	~19,700	~25,800	~61,000	~236,500
Tanzania 2014-2025	~15,500	~72,700	~20,500	~101,900	~869,800
Malawi 2015-2030	~6,200	~22,600	~22,800	~27,700	N/A

* Cretinism and mild to severe permanent brain damage prevented

Infant Lives Saved

	Infant Lives Saved Related to Improved BF Practices
Uganda (2013-2025)	101,100
Tanzania (2014-2025)	85,500
Malawi (2015-2030)	81,400

Economic Productivity Gains That Would Result from Reduced Micronutrient and Chronic Malnutrition

	Bangladesh 2011–2021 US\$	Ghana 2011–2020 US\$	Ethiopia 2012-2025 US\$	Haiti 2013–2022 US\$
Iodine Deficiency	900 Million	300 Million	2.9 Billion	34 Million
Anemia	1 Billion	350 Million	.5 Billion	37 Million
Stunting	13 Billion	500 Million	5 Billion	218 Million

Economic Productivity Gains That Would Result from Reduced Micronutrient and Chronic Malnutrition

	Uganda 2013-2025 US\$	Tanzania 2014-2025 US\$	Malawi 2015-2030 US\$
Iodine Deficiency	75.9 Million	479.1 Million	N/A
Anemia	108.8 Million	381.7 Million	170.6 Million
Stunting	1.7 Billion	3.9 Billion	1.8 Billion

Human Capital Gains That Would Result from Reduced Chronic Malnutrition

	Equivalent School Years of Learning Gained
Uganda (2013-2025)	19.8 Million
Tanzania (2014-2025)	24.7 Million
Malawi (2015-2030)	18.2 Million

Bangladesh Advocacy Work with Gov't

Using the estimates for advocacy

Created a multisectoral advocacy strategy and implementation plan with key stakeholders

Disseminated PROFILES and costing final results in June 2012

Developed targeted materials and conducted advocacy efforts with 20 members of parliament, including the chief whip; 20 high-level GOB policy makers; 30 CSOs; 15 development partners; and several representatives of political parties.

Worked with each audience to move the nutrition agenda forward through discussions and roundtables

Outcome Highlights

Within GOB, cost estimates guided national budget allocation for nutrition for the next 5 years

Raised the visibility, commitment, and accountability for nutrition in Bangladesh among GOB and development partners

Parliamentarians requested to join nutrition task force after discussions

Uganda Advocacy Work

Using the estimates for advocacy

Convened multisectoral national task force

Launched PROFILES results and held advocacy activities with key audiences

Developed advocacy materials focused on nutrition and sectors and also targeted to media, CSOs, donors, policymakers, district level officials, faith leaders, and community-based services officers

Created nutrition advocacy training for district-level officials to help them develop advocacy implementation plans and talking points

Outcome Highlights

Culminated in the development and adoption of a multisectoral Uganda Nutrition Action Plan operationalized by the Office of the Prime Minister

Worked with policymakers to contribute to the Food and Nutrition Bill

Developed a budgeting tool for districts to allocate funds for nutrition programming

10 districts are now implementing their advocacy plans to support integration of nutrition into sector work plans and budgets

New PROFILES Models Related to Breastfeeding

Examining the Relationship Between Suboptimal Breastfeeding (BF) and Child Mortality: A New Model Within PROFILES

- Suboptimal BF practices result in more than 800,000 child deaths annually (Black et al. 2013).
- New model shows benefits of optimal breastfeeding practices on reduced child mortality
- Uses coefficients from peer-reviewed literature and country-specific BF information
- Calculates proportion of child mortality related to suboptimal BF
- New model used in Tanzania, Uganda and Malawi
- In Tanzania, for example, improving BF practices would save ~86,000 children's lives by 2025

Estimating the Effect of Suboptimal Breastfeeding Practices on Child Mortality: A Model in PROFILES for Country-Level Advocacy

TECHNICAL BRIEF

Food and Nutrition Technical Assistance III Project

September 2015

Estimating the Effect of Suboptimal Breastfeeding Practices on Child Mortality: A Model in PROFILES for Country-Level Advocacy

Lesley Oot, A. Elisabeth Sommerfelt, Kavita Sethuraman, and Jay Ross

Introduction

Malnutrition affects many developing countries, with significant negative consequences for individual health and national development in terms of lost human capital and economic productivity. Investment in nutrition was identified by the Copenhagen Consensus in 2012 as a best investment for developing countries: every dollar invested in nutrition yields a \$30 return. Despite this, funding and support for nutrition programming is often lacking.

To address this urgent need for attention and commitment to reducing malnutrition, the USAID-funded Food and Nutrition Technical Assistance III Project (FANTA) at FHI 360 undertakes evidence-based nutrition advocacy using a collaborative approach to engage governments and national stakeholders to develop a shared vision and promote accountability and commitment for nutrition using a tool called PROFILES. Developed to support country-level nutrition advocacy, PROFILES consists of a set of computer-based models that calculate consequences if malnutrition does not improve over a defined time period (e.g., 10 years) and the benefits of improved nutrition over the same time period, including lives saved, disabilities averted, human capital gains, and economic productivity gains (or economic productivity losses averted).

PROFILES estimates are based on reduction in the prevalence of several nutrition problems, such as iron deficiency anemia; low birth weight; vitamin A deficiency; iodine deficiency; and childhood stunting, underweight, and wasting. These estimates are generated through participatory workshops where relevant stakeholders discuss and agree upon the information needed to create



Photo credit: Hugh Sibly/PhotoBank

the estimates. The information is then input into the PROFILES spreadsheet workbook to generate the results. The estimates generated from this tool and its models are the cornerstone of the nutrition advocacy process, which can be used to engage government and other high-level stakeholders in a collaborative process to identify, prioritize, and advocate for evidence-based actions to reduce malnutrition.

Recently, FANTA updated the PROFILES tool to include a model that estimates the effect of suboptimal breastfeeding practices on child mortality. This brief explains why the model on breastfeeding practices was developed, how it is calculated, and how it is used for nutrition advocacy.

Why Advocate for Optimal Breastfeeding Practices?

Optimal breastfeeding reduces the risk of child mortality. It is estimated that, globally, 11.6 percent



Examining the Relationship Between Suboptimal Breastfeeding (BF) and Overweight/Obesity in Childhood: A New Model Within PROFILES

- As of 2014, as many as 41 million children under 5 worldwide are overweight or obese
- New model shows benefits of optimal BF practices on reduced overweight/obesity among children
- Uses coefficients from peer-reviewed literature and country-specific BF information
- Calculates country-specific estimates of children 48-59 months who are likely to become overweight/obese related to suboptimal BF
- New model was just added and will be used for the first time this year

The Effect of Suboptimal Breastfeeding on Preschool Overweight/Obesity: A Model in PROFILES for Country-Level Advocacy

TECHNICAL BRIEF

Food and Nutrition Technical Assistance III Project

November 2016

The Effect of Suboptimal Breastfeeding on Preschool Overweight/Obesity: A Model in PROFILES for Country-Level Advocacy

Lesley Oot, Kavita Sethuraman, Jay Ross, and A. Elisabeth Sommerfelt

Introduction

Malnutrition has significant negative consequences for many developing countries, particularly in terms of poor human health, lost human capital, and decreased economic productivity. Investment in nutrition has been identified by the Copenhagen Consensus in 2012 as a best investment for developing countries; for every US\$1 spent on nutrition, there is a US\$16 return in health and economic benefits (International Food Policy Research Institute 2015). Despite this, funding and support for nutrition programming is often lacking.

To address this urgent need for attention and commitment to reducing malnutrition, the U.S. Agency for International Development (USAID)-funded Food and Nutrition Technical Assistance III Project (FANTA) at FHI 360, supports evidence-based country-level nutrition advocacy. The approach to nutrition advocacy that FANTA uses engages governments and national stakeholders to develop a shared vision and promote accountability and commitment for nutrition using a tool called PROFILES.

Developed to support country-level nutrition advocacy, PROFILES consists of a set of computer-based models that calculate consequences if malnutrition does not improve over a defined time period (e.g., 10 years) and the benefits of improved nutrition over the same time period, including lives saved, disabilities averted, human capital gains, and economic productivity gains. The estimates generated from this tool and its models are the cornerstone of the nutrition advocacy process and can be used to identify, prioritize, and



Nutrition advocacy is a planned, systematic, and deliberate process that is defined and shaped by the specific country context. Nutrition advocacy can strengthen the efforts and commitment of a given country at any stage along the way to providing nutrition services and reducing malnutrition. A central focus of nutrition advocacy is to promote accountability for nutrition and strengthen nutrition governance. For example, nutrition advocacy can support the development of a nutrition policy, investment of resources to strengthen and expand implementation of nutrition services, and greater coordination between government and nongovernmental organizations that play a role in providing nutrition services across a country. By examining the nutrition context and tailoring advocacy needs to that situation, advocacy can be more effective in igniting change and making strides toward the desired outcome of a comprehensive nutrition program.



Why Did FANTA Create These Models?

- Consistent and substantial evidence that early, exclusive and continued BF significantly reduces neonatal and child mortality and decreases risk of later overweight/obesity.
- Despite this, little improvement in optimal BF practices globally.
- Delayed initiation of BF, pre-lacteal feeding and short duration of EBF is a consistent pattern seen across many countries – Often due to lack of family and community support and lack of understanding of importance of BF.

Why Did FANTA Create These Models?

- Advocacy for BF is needed at the national, community and family level to create an enabling environment where women are supported to BF.
- Globally, this is opportune time to focus on advocating for BF given the focus on first 1,000 days.
- Advocacy is important to build momentum to reach WHA 2025 targets and SDGs - Reductions in child mortality, stunting and overweight/obesity depend on good BF practices.



USAID
FROM THE AMERICAN PEOPLE



Thank You

For more information, contact:

Alice Nkoroi

Food and Nutrition Technical Assistance III Project (FANTA)

FHI 360

ankoroi@fhi360.org

For more information on the FANTA Project or PROFILES and Nutrition Costing, please visit www.fantaproject.org.

This presentation is made possible by the generous support of the American people through the support of the Office of Health, Infectious Diseases, and Nutrition, Bureau for Global Health, U.S. Agency for International Development (USAID) under terms of Cooperative Agreement No. AID-OAA-A-12-00005, through FANTA, managed by FHI 360. The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government.