Defining Nutrition-Sensitive Development

Meeting of the Minds on Nutrition Impact of Food Systems

*Geneva,*March 25-28, 2013



NUTRITION-SENSITIVE DEVELOPMENT: THERE IS AGREEMENT THAT IT:



- Requires targeting population groups and prioritizing the 1,000 day 'window of opportunity' and other vulnerable groups
- Requires measuring contribution to nutritional impact throughout program pathways through monitoring and evaluation (requires clearly defined output, process, outcome, and impact indicators).
- Requires <u>planning multisectoral</u> and implementation in various sectors
- Requires considering gender equity

NUTRITION-SENSITIVE DEVELOPMENT: STILL UNCLEAR-NEED CONSENSUS:

- No agreed upon global definition of nutrition-sensitive development (across sectors & in Ag).
- No agreed upon process to integrate nutrition into other sectors within programs or at the country level
- No standardized outcome indicators for each sector to track and measure progress
- No agreed upon nutrition targets in other sectors (neither global targets nor country-level targets)

<u>DRAFT</u> PLANNING MODEL FOR NUTRITION-SENSITIVE DEVELOPMENT



Define Targeted Populations



Baseline data collected

Set Nutrition Objective

Target Setting

Process Indicators

Output Indicators

Our

Outcome Indicators Impact Indicators

Monitoring and measuring achievements along the way; modifying/adjusting as necessary

Pathway

Nutrition-Specific Interventions & Nutrition-Sensitive Development

Processes, defined activities and actions

Nutritional Impact

End Results

Improved Nutritional Status

Reduction in Stunting

Reduction in Wasting

Reduction in Underweight, Low Birth Weight & Overweight

Reduction in Anemia

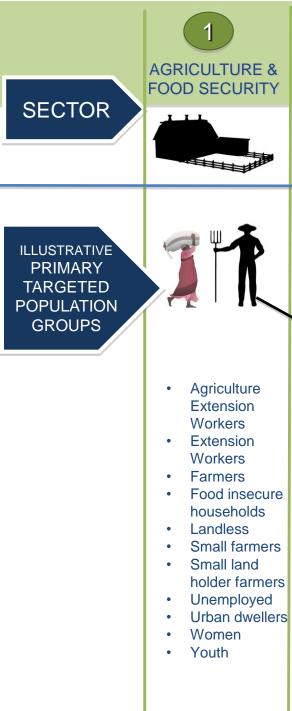
Reduction in Micronutrient Deficiencies

Increased Dietary Diversity

Contributes to mortality reduction

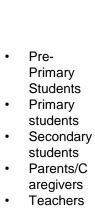


% Change Infant, Under 5 & maternal mortality





EDUCATION





HEALTH

- Children Under 2 Children Under 5 Low Birth Weight babies & Postpartum Women Sick Children Women of
- Pregnant, Lactating
- Reproductive Age (WRA)
- NCD patients
- Communicable disease natients

- Fisherfolk
- Food insecure households
- Extension Workers

4

LIVESTOCK &

FISHERIES

- Livestock
- herders
- Small holder
- farmers

SOCIAL WELFARE

5

Elders

Orphans &

vulnerable

households

populations

youth

Out of school

Overweight and

obese children

and adults

People with

People with

Illnesses and

disabilities

Infectious

Diseases

Women

children and their

Other vulnerable





6

WATER,

SANITATION

& HYIGENE





- Anemic
- Orphans & vulnerable children and their
- households School-aged children
- General population People with
- disabilities
- People with
- Illnesses &
- Infectious Pregnant,
- Lactating &
 - Postpartum Women
- Sick Children
- Women of Reproductive Age
- Diseases
- Out of school youth

Other vulnerable

SECTOR	AGRICULTURE & FOOD SECURITY	2 EDUCATION	3 HEALTH	LIVESTOCK & FISHERIES	COMMUNITY DEVELOPMENT & SOCIAL WELFARE	6 WATER, SANITATION & HYIGENE
SECTOR			- ACBBON-			
ILLUSTRATIVE ENTRY POINTS	 Agriculture/Food Security Officers Farms Extension Services National Food & Drug Boards/Food Inspectors Food insecure communities/house holds Manufacturing Industry 	Vocational Training Groups • Education	 Antenatal Care (ANC) Communicabl e Diseases (HIV, malaria) Delivery and Labor Disease Prevention Expanded Program for Immunization (EPI) Health Promotion Integrated Management of Childhood Illness (IMCI) Non- Communicabl e Diseases (NCD) RCH/MCH services 	 Farms Extension Services Aquaculture farms Livestock farms 	Community Groups/committe es Social welfare/protection groups Impoverished vulnerable communities/hou seholds Food insecure communities/hou seholds Vulnerable Children Committees	 Schools Community/H ouseholds Health services Community services Community groups WASH Committees

AGRICULTURE & FOOD SECURITY

2

3

4 LIVESTOCK &

FISHERIES

COMMUNITY
DEVELOPMENT &
SOCIAL WELFARE

WATER,
SANITATION
& HYIGENE













ILLUSTRATIVE
EXPLICIT
NUTRITION
OBJECTIVE

SECTOR

To reduce micronutrient deficiency disorders through food-based approaches.

To promote access and consumption of nutrient-rich and diversified diet through among both producers and consumers.

To reduce micronutrient malnutrition through food fortification and supplementation.

To promote access and consumption of nutrient-rich and diversified diet through among both producers and consumers by preservation, improving processing, and reduction of post-harvest losses.

To promote consumption of iodized salt to reduce

To reduce anemia and other micronutrient deficiencies among schoolaged children (through food – based approaches, nutrition education, etc.).

To increase the number of school-aged children who have access to school health and nutrition services (including water, sanitation and hygiene) to improve health and nutrition outcomes.

To improve IYCF through effective nutrition education and counseling.

To reduce the incidence of chronic diet related diseases by reducing overweight and obesity.

To reduce micronutrient deficiency disorders (vitamin A deficiency, irondeficiency anemia and iodine deficiency disorder) through micronutrient supplementation.

To increase production and consumption of nutrient-rich livestock and fishery products to reduce undernutrition

 To promote preservation and value addition of livestock and fishery products care feeding
practices and
reduce malnutrition
for most vulnerable
children under five.
To reduce the
prevalence of
anemia among
women of
reproductive age

and children.

maternal and child

To improve

To increase access and consumption of adequate nutrient-rich dietary diverse foods to increase micronutrient intake and decrease malnutrition for most vulnerable households.

To promote consumption of iodized salt to reduce iodine

To improve the nutritional status of individuals through promotion of sanitation and hygienic practices.

To prevent anemia by the provision of adequate sanitation and health and hygiene education.

NUTRITIONAL IMPACT

iodine REDUCTION IN STUNTING, WASTING, UNDERWEIGHT, LOW BIRTH WEIGHT, VOLUME OBESITY, ANEMIA, MICRONUTRIENT DEFICIENCIES.

AGRICULTURE & FOOD SECURITY

EDUCATION

3

LIVESTOCK & FISHERIES

COMMUNITY DEVELOPMENT & SOCIAL WELFARE

WATER, SANITATION & HYIGENE



TION HEALTH



ERIES



NUTRITION INDICATORS

SECTOR

ILLUSTRATIVE OUTCOME INDICATORS

- % Change in minimum acceptable diet (6–23 months) Individual dietary diversity score (women of reproductive age) (cross-sectoral)
- % Change in Minimum dietary diversity (6–23 months) (cross-sectoral)
- % households using iodine-fortified products (e.g., iodized salt) (cross-sectoral)
- % Percentage change in household dietary diversity (cross-sectoral)
- % households using vitamin A fortified foods (e.g. fortified oil, sugar, dairy)
- % Targeted population regularly consuming iron-fortified foods, ironrich foods, foods which promote iron absorption, and/or foods that inhibit

- % Proportion
 (coverage) of
 school-age children
 that received
 deworming
 treatment & %
 Change in
 prevalence of worm
- % households using home fortification (e.g., Sprinkles) for Vitamin A
- % households using vitamin A fortified foods (e.g. fortified oil, sugar, dairy)
- % Percentage of households consuming iodized salt
- %Percentage coverage rate for Community Management of Acute Malnutrition (CMAM)

- % Percentage of pregnant women receiving iron and folic acid supplements
- % Coverage of vitamin A supplementation with 2 doses in children 6-59 months of age
- % Percentage of children ages 0-59 months with diarrhea receiving oral rehydration therapy and continued feeding during the illness.
- % Change in prevalence of exclusive breastfeeding 0-

- % Percentage change in the consumption of seaweeds through agro-processing and value addition.
- % Percentage change in household dietary diversity
- % Targeted population regularly consuming iron-fortified foods, ironrich foods, foods which promote iron absorption, and/or foods that inhibit iron absorption
- Individual dietary diversity score (women of reproductive age)

- % Change in prevalence of exclusive breastfeeding of children 0-5 months of age; % Change in prevalence of appropriate IYCF practices from 6-23 months
- home fortification (e.g., Sprinkles) for Vitamin A; % households using vitamin A fortified foods (e.g. fortified oil, sugar, dairy)

% households using

- Prevalence of obesity among persons aged 25+ years; and prevalence of physical inactivity among persons aged 25+ years
- % Percentage of households consuming iodized salt
- %Percentage coverage

- % Percentage change in the population with sustainable access to improved (safe and clean) water source
- % Percentage of children ages 0-59 months with diarrhea receiving oral rehydration therapy and continued feeding during the illness.

Proportion of children ages 0–59 months with diarrhea receiving zinc supplementation during the illness.

NUTRITIONAL IMPACT

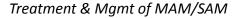
REDUCTION IN STUNTING, WASTING, UNDERWEIGHT, LOW BIRTH WEIGHT, OVERWEIGHT AND OBESITY, ANEMIA, MICRONUTRIENT DEFICIENCIES.

Evidenced-Based Nutrition-Specific Interventions

Micronutrient Supplements

Vitamin A

Iron-Folic
 Acid





Optimal Infant and Young Child Feeding and Breastfeeding Promotion



Deworming

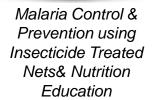
Promotion of Improved Water Sanitation and Hygiene (WASH) Practices including Hand washing

Therapeutic Zinc for Mgmt of Diarrhea





Food Fortification (VitA, Iron,) (oil, sugar, flour, dairy)





Universal Salt lodization

Nutrition Throughout the Life Cycle

Pregnancy Birth Infancy Childhood Adolescence Adulthood

At the country-level

Multisectoral Strategy, **Target Setting** & Results Framework

MULTISECTORAL NATIONAL NUTRITION STRATEGY









RESULTS FRAMEWORK



Multisectoral National Planning & Management **STRATEGIES**





GUIDELINES

WORKFORCE











Enabling Environment



COORDIANTION & **GOVERNANCE**



COMMUNICATION



CAPACITY BUILDING



Cross-Cutting

GENDER EQUITY

POVERTY REDUCTION

NUTRITION EDUCATION SOCIAL BEHAVIOR **CHANGE** COMMUNICATION

AGRICULTURE & FOOD SECURITY

EDUCATION

HEALTH

LIVESTOCK & **FISHERIES**

COMMUNITY DEVELOPMENT & SOCIAL WELFARE

WATER. SANITATION & HYIGENE

Nutrition across sectors













