

Challenge No. 8

**How to implement nutrition plans
and strategies to really make a
difference at household level**

1. The real deeper underlying causes of the challenge

- Limited ownership of interventions by the target communities/households leads to limited involvement in implementation;
- Budgets do not trickle down to the grassroots/household level;
- Delayed disbursement of funds often delays/hinders implementation;
- Poor supervision and follow-up during implementation leads to lack of transparency and accountability on the part of key implementers;

2. What is to be achieved

- Reduction of stunting and wasting;
- Reduction of child morbidity and mortality;
- Reduction of maternal morbidity and mortality;
- Wellbeing of the population.

3. Good strategies and practices which can address the challenge

- Ensure that households/communities develop their plans and budgetary allocations are done at community/household level;
- Ensure timely disbursed of funds to enable implementation as planned;
- Ensure that budgets for nutrition are ring fenced;
- Ensure accountability of resources allocated for nutrition;
- Feed back on budgetary disbursements and expenditures should be done at household level;

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- Ensure that communities internalize the nutrition agenda;
- Raise awareness of the importance of nutrition;
- Recognize the critical roles that the Government and the private sector could/should play;
- Identify and implement proven key elements that could boost nutrition like school feeding;
- Articulate behavior change communication strategies for achieving good nutrition;
- Identify traditional and customary factors that should be addressed to boost nutrition;
- Know the culture and develop messages that fit the culture of the people;

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- Sensitize district administrators;
- Ensure PPP in implementation;
- Coordinate resources from various actors with the aim of reaching the same nutrition goal;
- Advocate for nutrition by highlighting the cost of malnutrition in monetary terms;
- Undertake exchange visits to areas where nutrition interventions are showing results;
- Harness the mass media to deliver the right nutrition messages;
- Influence speech makers to include nutrition messages in speeches delivered by the President, the Vice President and the Prime Minister.

4. Who should take the lead

- The President should be the Champion for improving nutrition (e.g. Tanzania and Rwanda);
- The Prime Minister should coordinate all nutrition activities;
- Implementation should be done by the ministries of agriculture, health, education and community development in collaboration with the private sector, civil society organizations, Development Partners and communities.

The critical factors for success

- Engage the households and ensure that they own it and are part of the implementation process;
- Bring in high level champions like Presidents, Vice Presidents and Prime Ministers to advocate for better nutrition;
- Ensure close supervision and follow up of activities at community/household level;
- Ensure accountability and transparency of key implementers;
- Ensure timely availability and disbursement of funds and resources by Government and Development partners;

Cont...

- Have a nutrition focal point at the Ministry of Agriculture with clear ToR for coordination;
- Keep it simple by identifying only a few (e.g. 3 key messages) that need to be addressed;
- Build on the nutritional strengths of communities/households – support with nutrition tools, education and information transmission;
- Share successes;
- Ensuring PPP in implementation;
- Have clearly defined roles of key actors including key ministries.

Critical factors for failures

- Limited involvement of communities/households at the planning stage;
- Limited transparency and accountability in financial management and reporting;
- Poor prioritization of nutrition concerns at community level;
- Believing that nutrition is a sectoral issue and not a multi-sectoral one;
- Believing that nutrition is a public sector issue and not a private sector issue.