



**REACH**

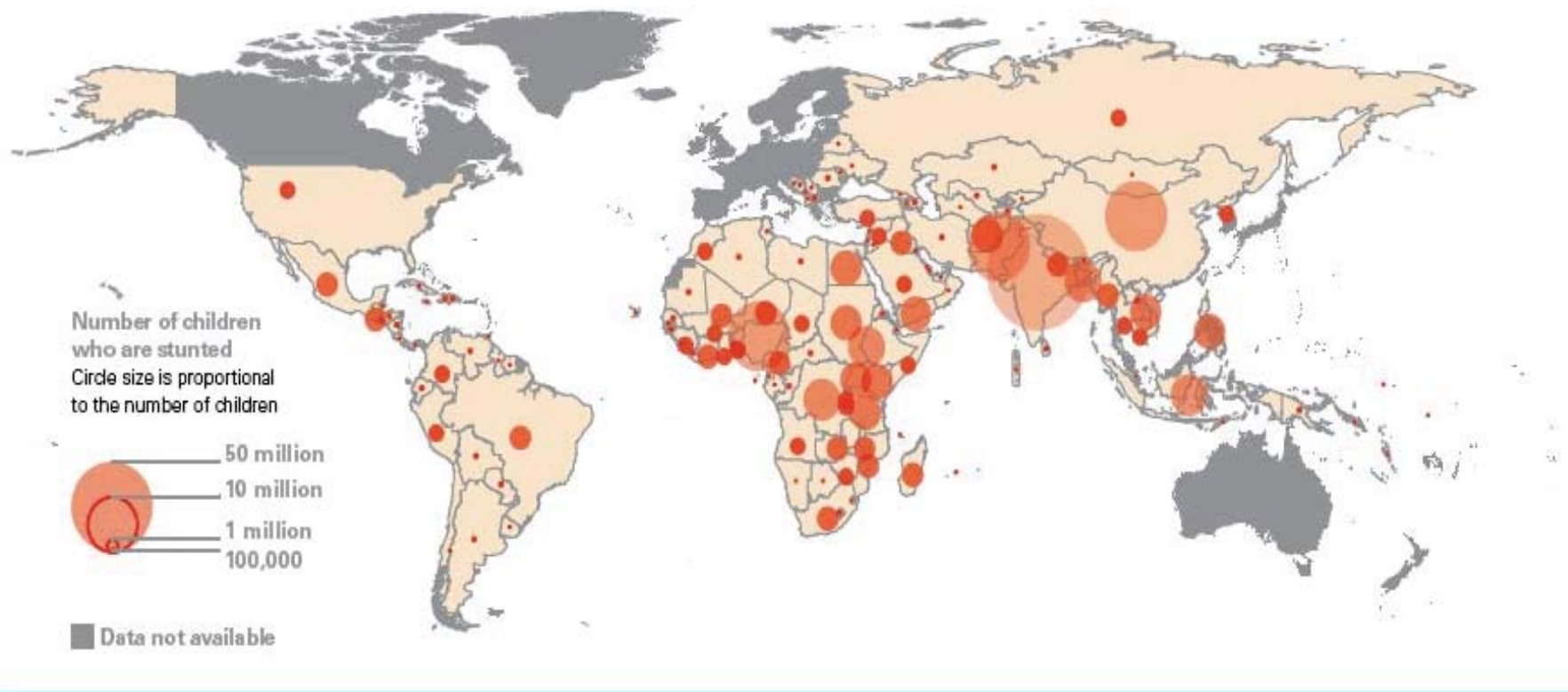
ENDING CHILD HUNGER AND UNDERNUTRITION

**CAADP NUTRITION WORKSHOP**  
**9 -12 November 2011**

# Where are we in global nutrition?

## 195 million children in the developing world are stunted

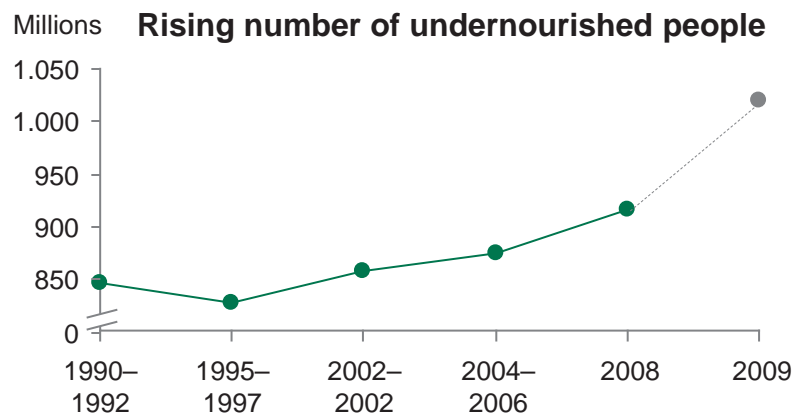
Number of children under 5 years old who are moderately or severely stunted (2008)



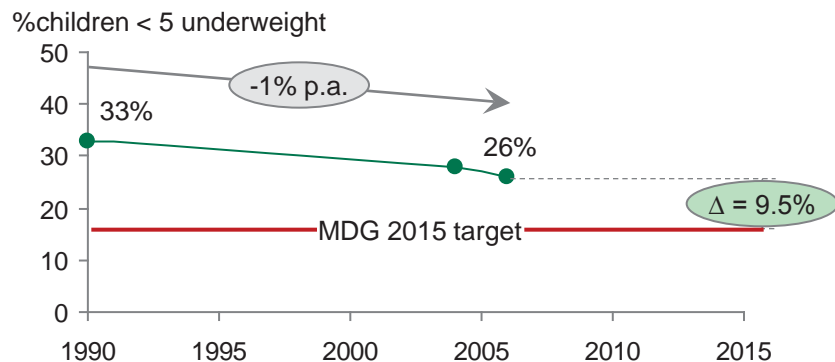
Source: UNICEF 2010

# The SUN Framework calls to scale up efforts against rising undernutrition in a coordinated multi-stakeholder approach

## Unsatisfactory progress towards MDG 1...



## Worldwide progress to MDG 1



## ...calls for coordinated action

Intention endorsed by 100+ organizations



Source: The State of Food Insecurity in the World, FAO (2009), Value for 2009 is a projection; Millennium Development Goals Report, 2008 (2006 data)

# Essential Governing Conditions for Scaling-up Nutrition

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# Background of REACH

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REACH is a country-led process that supports governments for scaling-up nutrition actions for the most vulnerable segments of the population: under-fives and mothers.

REACH grew out of the spirit of UN reform and renewed focus on harmonizing the nutrition programs of FAO, IFAD, WFP, WHO and UNICEF. Compliments the UN SCN by providing the operational understanding at country level of how to implement programs at scale.

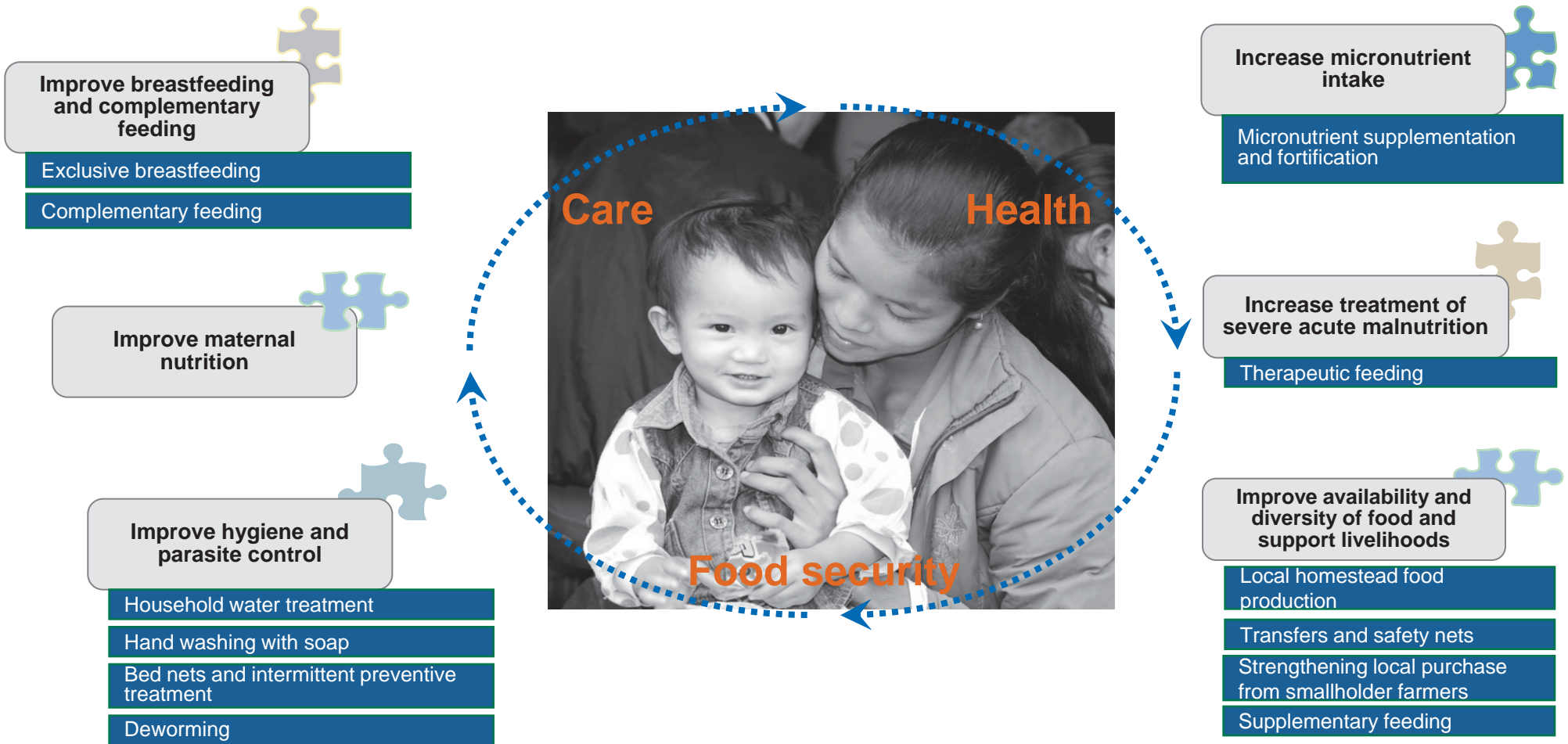
REACH brings together the comparative advantages of the individual UN agencies and forges key partnerships with the NGO community, academia, private sector and donors.

REACH has developed a model after working in two countries: Mauritania and Lao PDR

- Places international and national facilitators working in tandem in-country
- Conducts scoping exercise of current nutrition activities
- Analyzes data and geographical coverage of nutrition actions
- Recommends most rationale use of scarce resources to scale-up priority actions

REACH is not an implementing agency, it is the catalyst for building capacity for multi-sector nutrition governance and opens the doors for our partners to implement programs at scale.

# Multi-sector Approach adapted by REACH



**These Interventions are proven and effective.  
The challenge is to scaling-up**

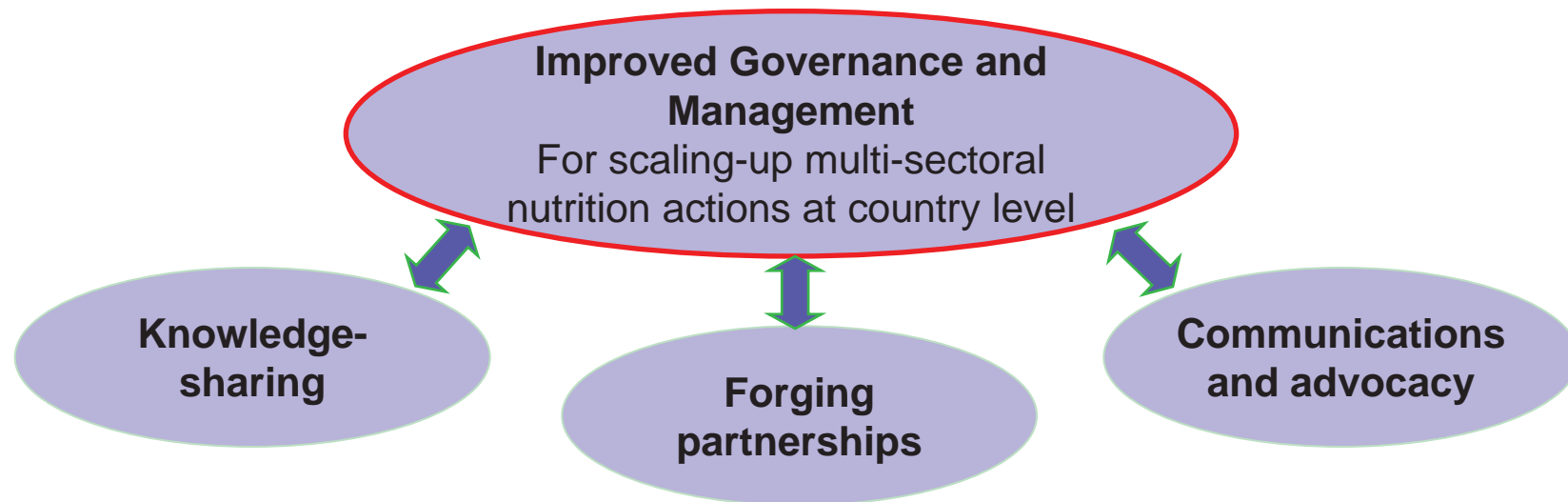
# Support to Scaling-up Nutrition Actions

## Vision & Goals

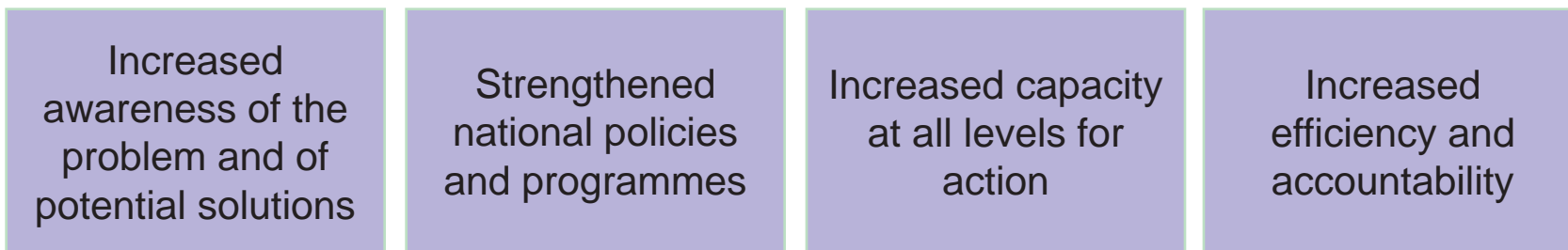
### Ending child hunger and undernutrition

By 2015: REACH MDG 1, Target 3 (half the proportion of underweight children under 5)  
Beyond 2015: Achieve sustainable acceleration of the rate of reduction in child underweight

## Action areas



## Outcomes



# REACH Monitoring and Evaluation Tool

## Excerpt from Mauritania example

**Table 1. Summary table of results for REACH Outcome 1 from Baseline and Endline Reviews, MAURITANIA**

Indicators	Baseline	Endline	Outputs	Performance rating	
<b>Outcome 1 (Increased awareness of the problem and of potential solutions)</b>				+	
Outcome indicator 1.1: Consensus on REACH Dashboard to achieve scaling of priority nutrition actions at national level					
[1.1.1] Nutrition problem indicators compiled/updated	18 (2004)	25	<b>Scoping analysis completed</b>	+	
[1.1.2] Proportion of coverage indicators compiled	4 / 16	19 / 17			
[1.1.3] Proportion of delivery channels explicitly identified and analysed in an integrated planning process	4 / 11	9 / 11			
[1.1.4] Stakeholder mapping updated	No	Yes			
[1.2.1] Prioritisation of selected interventions	No	Yes	<b>Selection of nutrition interventions for expected results validated</b>	+	
[1.2.2] Targeting strategies for selected priority interventions defined	No	Yes			
[1.2.3] Selection of priority interventions validated	No	Sufficiently validated			
[1.2.4] Selection of targeting strategies for priority interventions validated	No	Sufficiently validated			
[1.3.1] Investment case completed	No	Partially	<b>Investment case completed</b>	√	
[1.3.2] Proportion of total annual investment (USD) in nutrition & food security, directly financed by gov't revenue	1.7%	Ongoing			
[1.3.3] Proportion of total annual investment (USD) in nutrition & food security, financed by ODA	98.3%	Ongoing			
[1.4.1] Creation of joint advocacy strategy	Partially	Yes	<b>Joint advocacy strategy established and pursued</b>	√	
[1.4.2] Perception of stakeholders that nutrition is a national priority (attitude score)	Somewhat prioritised Moderately or highly prioritised	47% 35%			44% 39%
[1.4.3] # of annual significant nutrition forums/conferences/events	2	4			

*Note: The performance rating is presented on a three-tier scale: (a.) "+" denotes good performance; (b.) "√" denotes progress, but not sufficient; and (c.) "-" denotes unsatisfactory performance.*



# REACH Stakeholder Mapping Tool

## Mauritania example

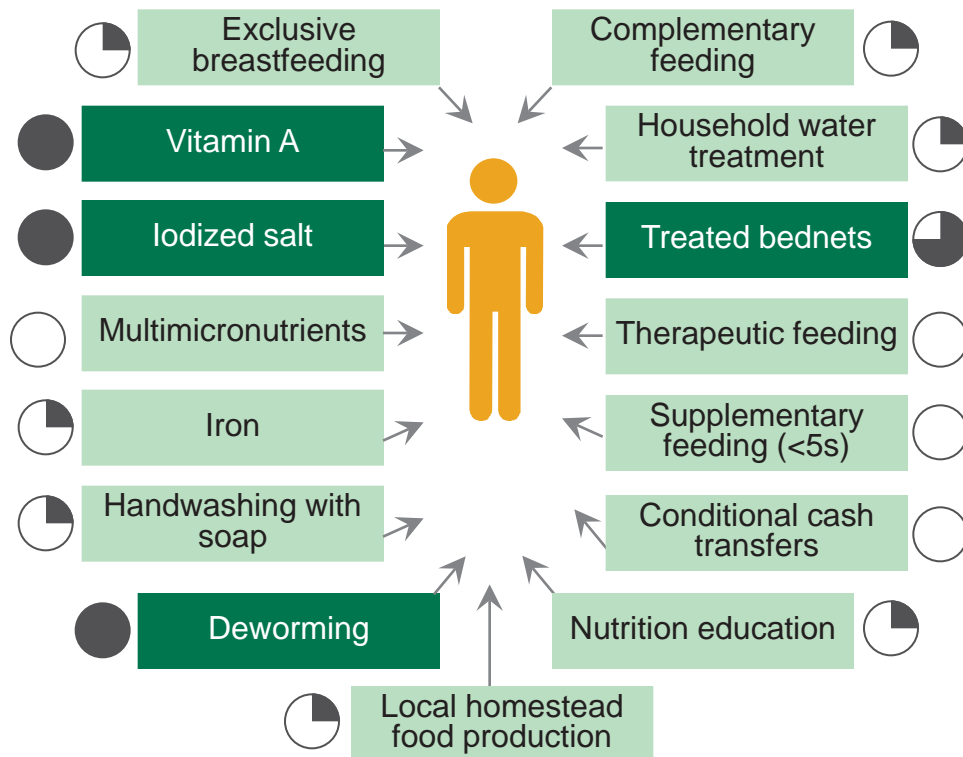
	Treatment Interventions				Preventative Interventions						
	Suppl. feeding	Thera- peutic Feeding	Zinc	ITN IPTp	Breastfeeding Vit. A, Deworming	Breastfeeding Compl. feeding Iodine	Iodine	Fortif.: Iron, Folic Acid, Zinc	Breastfeeding Compl. feeding Iodine Iron suppl. Handwashing Iodine	Full Package	Home- stead food produc- tion
Donor	USAID, Italy	Own funds	Ireland, OFDA,ECHO, CERF, Them. Fund, UNICEF	None yet	Global Fund, BID, OMVS	CIDA, UNOCHA/CERF, Ireland, Humanitarian Thematic Fund, United Kingdom, MI, UNICEF Set-aside fund		None yet	World Bank	Various incl. UNICEF	Spanish con- sumer
Catalyst	Counter- part, Ital. Coop.	WFP	UNICEF		WHO	UNICEF		Ministry of Social Affairs			INGO
Govt implementer	CSA	CSA	Ministry of Health				Min.of Commerce		Ministry of Social Affairs	INGO	
Field Coordinator	NGO / INGO	NGO / INGO	Health System		Mass Campaigns	EPS	Agents	CNC			INGO
Delivery Channel	CRENAM /CAC	CRENAM	CRENI, CRENAS	Hospitals, Centres and Postes de Santé		Mass Campaigns	Mass Media		Private sector	CNC	

Government  
 Other actor

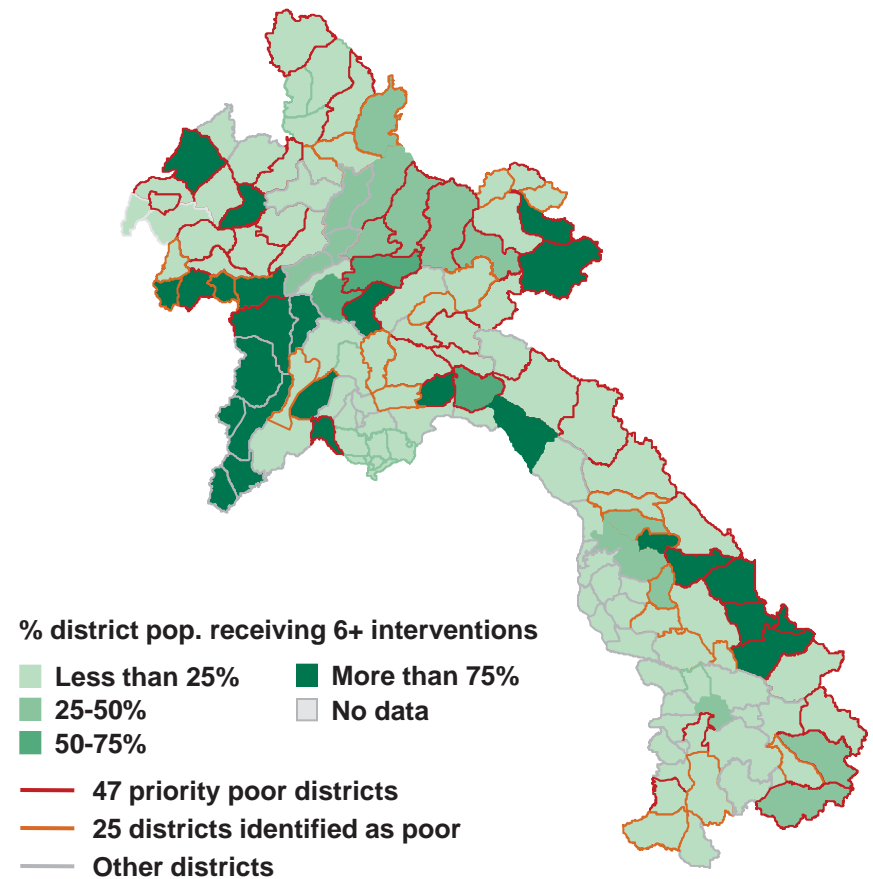
# REACH coverage tools

## Lao PDR example

A typical child in Lao PDR receives only ~4 of the interventions it needs



~80% of districts cover less than 25% of population with package of 6+ interventions



Note: Map produced by the NSC, July 2003. Coverage map reflects districts proposed for early implementation of MNCH core package as having full coverage  
 Source: Poverty statistics reports, provincial committees/authorities

# REACH Dashboard

## Bangladesh example

	Key problems	Problem indicator	Status	Interventions	Coverage
BEHAVIOR/ CARE	Poor IYCF Practices	% of children breastfed within 1 hr of birth <sup>10</sup>	36% <span style="color: red;">●</span>	Early initiation of breastfeeding promotion	
		% of infants 0-6 months of age who are exclusively breastfed <sup>9</sup>	48.7% <span style="color: red;">●</span>	Exclusive breastfeeding promotion	
		% of infants 6-8 months of age who receive solid, semi-solid or soft foods along with breast milk <sup>9</sup>	57.6% <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">na</span>	Complementary feeding promotion	
HEALTH	Soil, water borne & endemic diseases	% households with access to improved water source	6.7% <span style="color: white;">○</span>	Household water treatment education and equipment	
		% Population washing hands before eating	97.1% <span style="color: white;">○</span>		
		Diarrhea prevalence children < 5	58.8% <span style="color: white;">○</span>	Hand washing with soap	
		% < 5s slept under ITN last night	9.8% <span style="color: white;">○</span>	ITN (bed nets)	
		% malaria prevalence children < 5	0.5% <sup>6</sup> <span style="color: white;">○</span>		
		% pregnant women at risk of getting malaria	4.0% <span style="color: white;">○</span>	IPTp	
		STH % < 5 infected	1.9% <sup>2</sup> <span style="color: white;">○</span>	De-worming	
		% of households without access to hygienic latrines	44.6% <sup>3</sup> <span style="color: yellow;">●</span>	Latrine provision and usage promotion	
		% < 5 with diarrhea	74.7% <span style="color: red;">●</span>	Zinc for diarrhea	<span style="color: white;">○</span>
		High prevalence of acute malnutrition	% children < 5 SAM	9.8% <span style="color: yellow;">●</span>	Therapeutic feeding for SAM
MAM prevalence for children <5 (not including SAM)	3.0% <span style="color: red;">●</span>		Supplementary feeding for MAM	<span style="color: white;">○</span>	
FOOD	Insufficient macro and micronutrient intake	% of < 5 / P women with low serum retinol	14.0% <span style="color: red;">●</span>	Vitamin A supplementation for children	
		% of < 5 with low serum retinol <sup>5</sup>	28.7% <sup>4</sup> <span style="color: yellow;">●</span>	Vitamin A supplement for post partum women	
		< 5 mortality rate per 1000 live births	54	Iron/ folic acid suppl./ fort. MNP/ Sprinkles	
		% < 5 with iron deficiency anemia (IDA)	67.9% <span style="color: red;">●</span>	Nutrition education for dietary diversity	data na
		Iron deficiency anemia in pregnant women	38.8% <span style="color: red;">●</span>		
% Households with poor or borderline FCS scores <sup>8</sup>	25.0% <sup>7</sup> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N.A.</span>				
Insufficient access to food	Household food insecurity - % of population undernourished	26.0% <span style="color: red;">●</span>	Local homestead food production		
	% pop. living under national poverty line	40.0% <span style="color: yellow;">●</span>	Conditional cash transfers	data na	

na not applicable 
 ● serious problem requiring urgent action 
 ● problem requiring action 
 ○ currently not serious problem 
 N.A. not available 
 ● Coverage (full)

1. Equals ~ 37,000 of under-five deaths, according to Unicef 2009 2. 19/1000 estimated malaria cases all ages in Bangladesh 3. Data for rural Bangladesh only 4. Before 21.7% according to WHO VMNIS/HKI 1997/1998 5. Tissue concentrations of vitamin A which are low enough to have adverse health consequences 6. Operational coverage of any net per 2 persons at risk in 2007 (IRS/ITN), Global Malaria Report 2008 7. Due to country-specific issues like differing applications of the methodology, different thresholds (cut off points), cross country comparisons are not made 8. Food Consumption Score (FCS) is a bench mark for WFP (<42 SCORE), HFSNA 2009, P-66 9. HFSNA 2009; 10. MICS 2006

## **REACH is expanding**

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- **In 2008, REACH was piloted in Laos PDR and Mauritania with an evaluation done in 2011**
- **In 2010, REACH experimented with integrating agriculture and value chains into the set multisectoral approach in Sierra Leone**
- **In 2011, expanded to 10 new countries with country implementation plans completed in:**
  - Bangladesh, Ethiopia, Ghana, Mali, Mozambique, Nepal, Niger, Rwanda, Tanzania, Uganda
- **In 2012, annual work plans with activities, budget allocations and M and E platforms will be completed**
- **Each country will have custom-made approach to scaling nutrition**
  - Eg. Bangladesh

# Country action, the core of SUN and where REACH comes in

*"...move from concepts and plans to actions and results"*

