



Photo: PATH, Evelyn Hockstein

Maximising the Quality of Scaling Up Nutrition (MQSUN) Overview

Denise Lionetti
PATH
dlionetti@path.org

About MQSUN

- The Maximising the Quality of Scaling Up Nutrition Programmes Framework (MQSUN) is a DFID-funded consortium of partners, led by PATH, collaborating to scale up DFID nutrition programs globally.
- MQSUN is a four year project spanning from February 2011 through February 2015.
- MQSUN aims to provide DFID with technical services to improve the quality of nutrition-specific and nutrition-sensitive programmes.
- MQSUN provides global support to DFID. Since inception the project has worked in the following 22 countries:
 - Bangladesh, Benin, Burkina Faso, Chad, DRC, El Salvador, Ethiopia, Ghana, India, Indonesia, Kenya, Madagascar, Malawi, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Sierra Leone, Tanzania, Yemen, Zambia

Our Partners

- Aga Khan University
- Agribusiness Systems International
- ICF International
- Institute for Development Studies
- Health Partners International, Inc.
- PATH
- Save the Children UK

MQSUN Calldown Activities

- Nutrition Audits
- Business Cases
- Knowledge Management and Dissemination
- Operations Research
- Impact Evaluations
- Analysis of Governance and Political Economy
- Capacity-Building
- Costing and Financial Tracking



Photo: David Jacobs

Nutrition Event Phase III Status Report & Progress Update

Monica Kothari
PATH
mkothari@path.org

Supporting SUN Secretariat – History

Phase I – Supporting Movement of Scaling Up Nutrition

- What would it cost to scale up nutrition working with SUN countries and networks
- Development of a methodology to review the country costed plans (Aggregated Costing Tool, or ACT)
- 16 costed plans reviewed
- Results presented in the Brussels SUN meeting (March 2013)
- Partners: ICFI, HPI and PATH
- Timeline: 2 months

Bangladesh, Benin, Burkina Faso, Haiti, Kenya, Madagascar, Malawi, Mozambique, Nepal, Rwanda, Senegal, Sierra Leone, Tanzania, the Gambia, Uganda, Yemen

*HPI – Health Partners International

*ICFI – ICF International

Phase II – Country visits to get a better understanding of the plans and costing

- Pilot testing of the costing (ACT) – Kenya
- Country visits – 8 countries (Nepal, Bangladesh, Indonesia, Sierra Leone, Burkina Faso, Madagascar, Malawi, Rwanda)
- Continued desk reviews – 21+ countries
- Results presented at the G8 Nutrition for Growth event in London, June 2013
- Partners: ICFI, HPI, and PATH
- Timeline: 8 months



Investigating
Country Efforts in
Scaling Up
Nutrition in
20+ SUN Countries

Phase III (ongoing)

Technical support and assistance to the SUN Movement and specifically to SUN countries to accelerate action to tackle childhood undernutrition



Five key areas of support:

Area 1 - Reviewing policy legislation and developing plan summaries

Area 2 – Organizing and implementing the Common Results Framework (CRF) based on the country action plans

Area 3 – Tracking finances and mobilizing resources

Area 4 - Aggregating and documenting the lessons learned

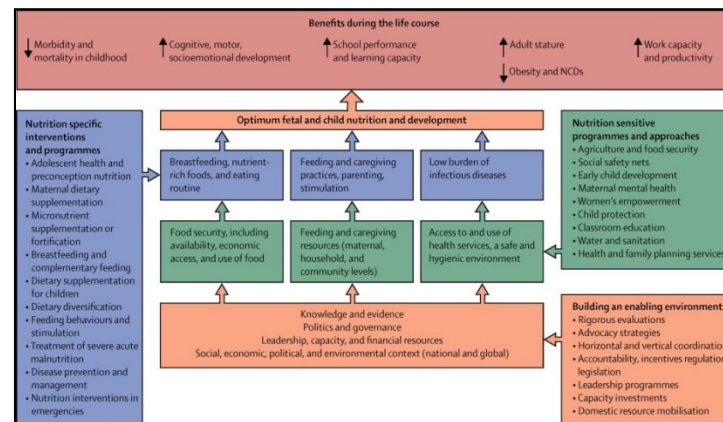
Area 5 - Disseminating the work at global events and with global networks

Timeline: 12 months

SUN support area 1: Policy and legal framework analysis

Assess the policies, strategies, plans, and implementation tools (i.e., programmes and instruments) for engagement in nutrition-related issues at the political level and mobilisation of funding.

El Salvador - Analysis of institutional frameworks to better understand the extent of inter-sectoral coordination



SUN support area 2 : Development of Common Results Framework

- Contextual analysis (Yemen and Ghana)
- Food and nutrition security situational analysis (Yemen and Ghana)
- Stakeholder mapping (Yemen)
- Support with setting priorities and targets (Yemen and Ghana)
- Support for the development of a monitoring and evaluation framework (Benin)

SUN support area 3: Financial tracking and costing

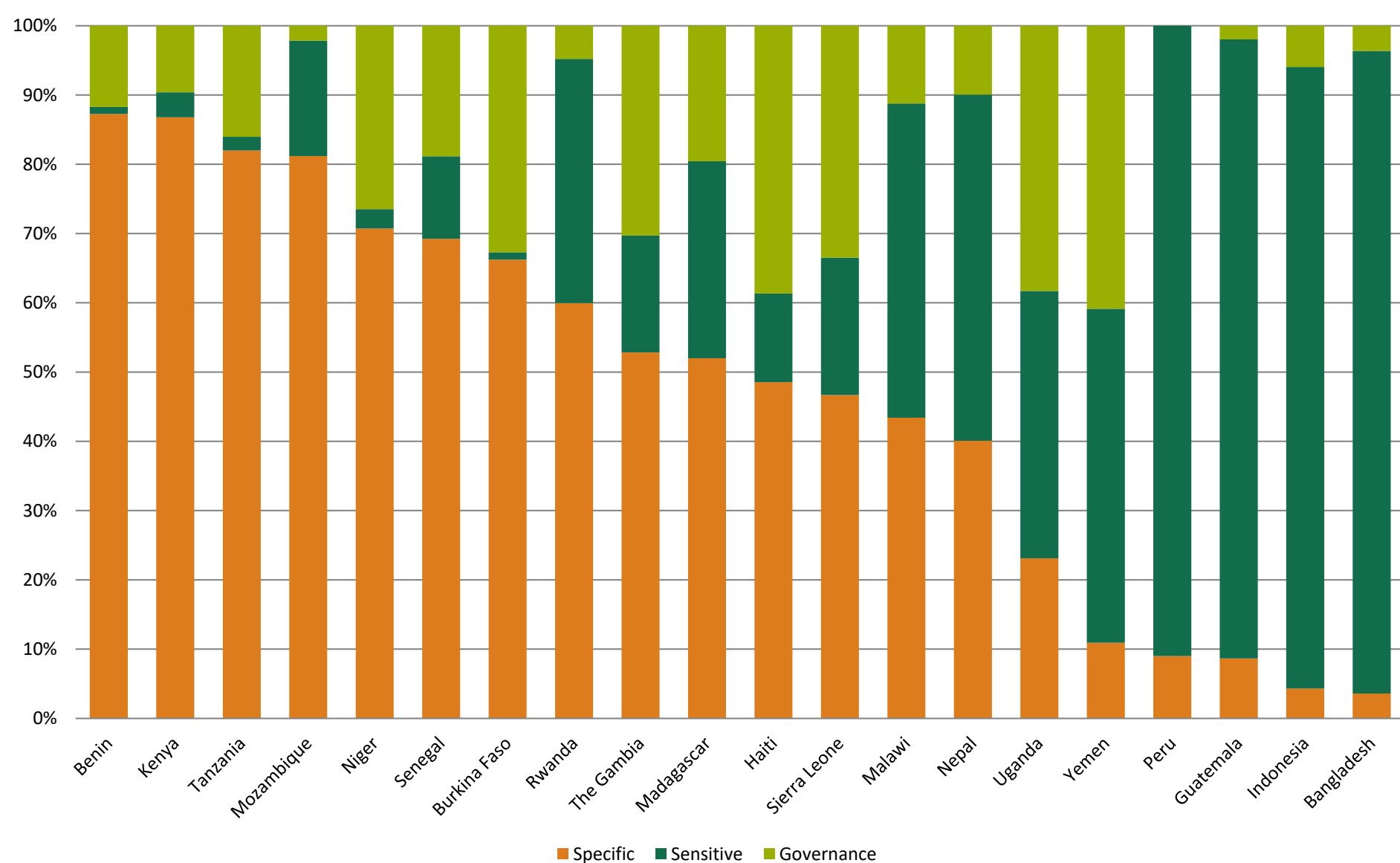
- Assess existing tools and systems
- Provide tools and/or recommendations for financial tracking mechanisms aligned with national nutrition planning.

Malawi (existing resource tracking)

Ghana

Chad

Overview - plan variety



SUN support area 4: Aggregation and documentation

- Documentation of lessons learned
- Support and feedback on preparation of documents for workshops and forums

Synthesis report – May 2014

Planning and costing for the acceleration of actions for nutrition: experiences of countries in the Movement for Scaling Up Nutrition

The synthesis provides a basis for identifying priority areas for investment in each country.

<http://scalingupnutrition.org/wp-content/uploads/2014/05/Final-Synthesis-Report.pdf>

SUN support area 5: Dissemination and Global Network Communications

- Participate in international events

- Nairobi workshop on costing
- Benin workshop (follow-on to Nairobi workshop)
- Global gathering

- Participate in conference calls and communications with the Global Network

HEART website

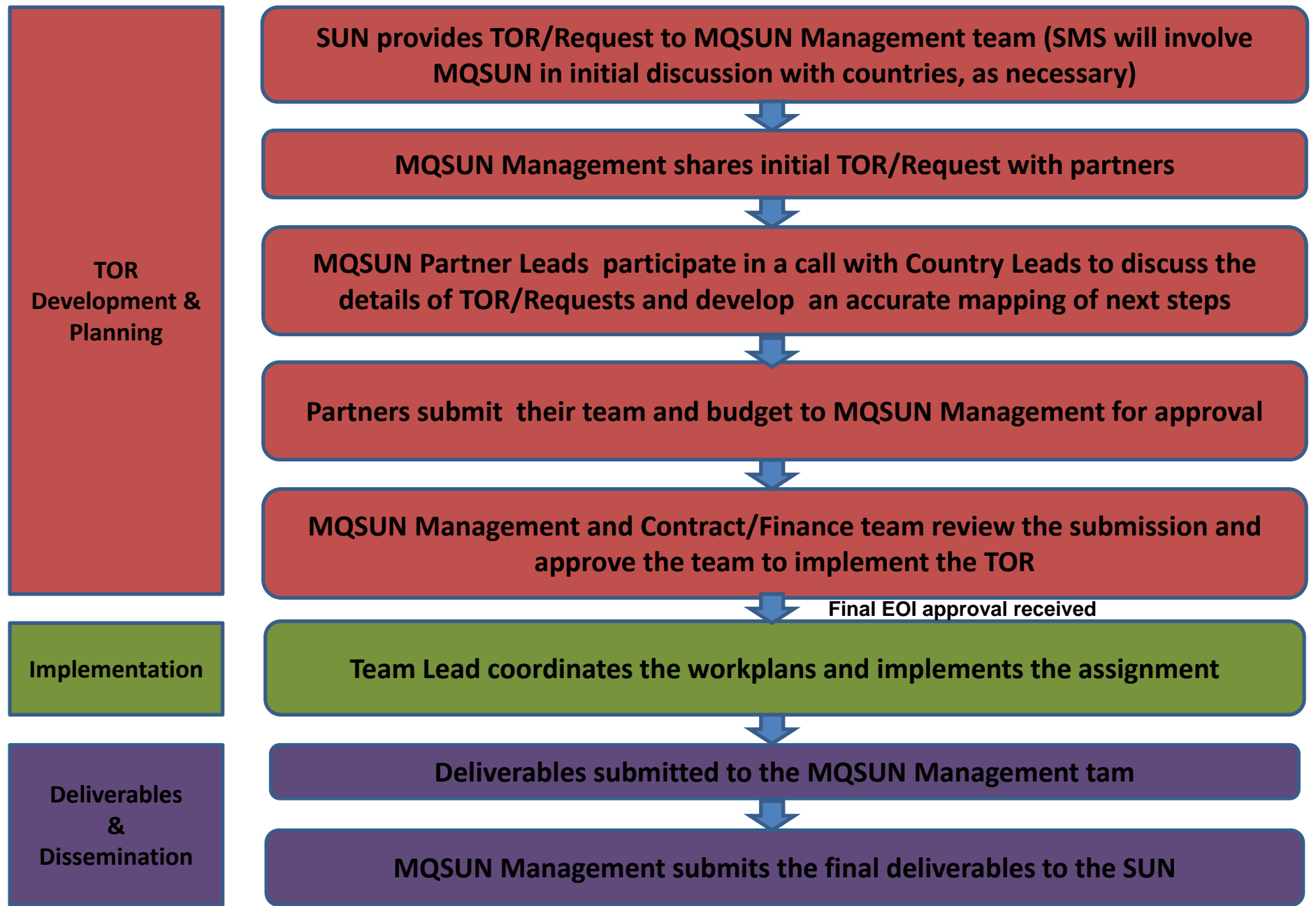
*Health & Education Advice & Resource Team

<http://www.heart-resources.org/topic/nutrition/>

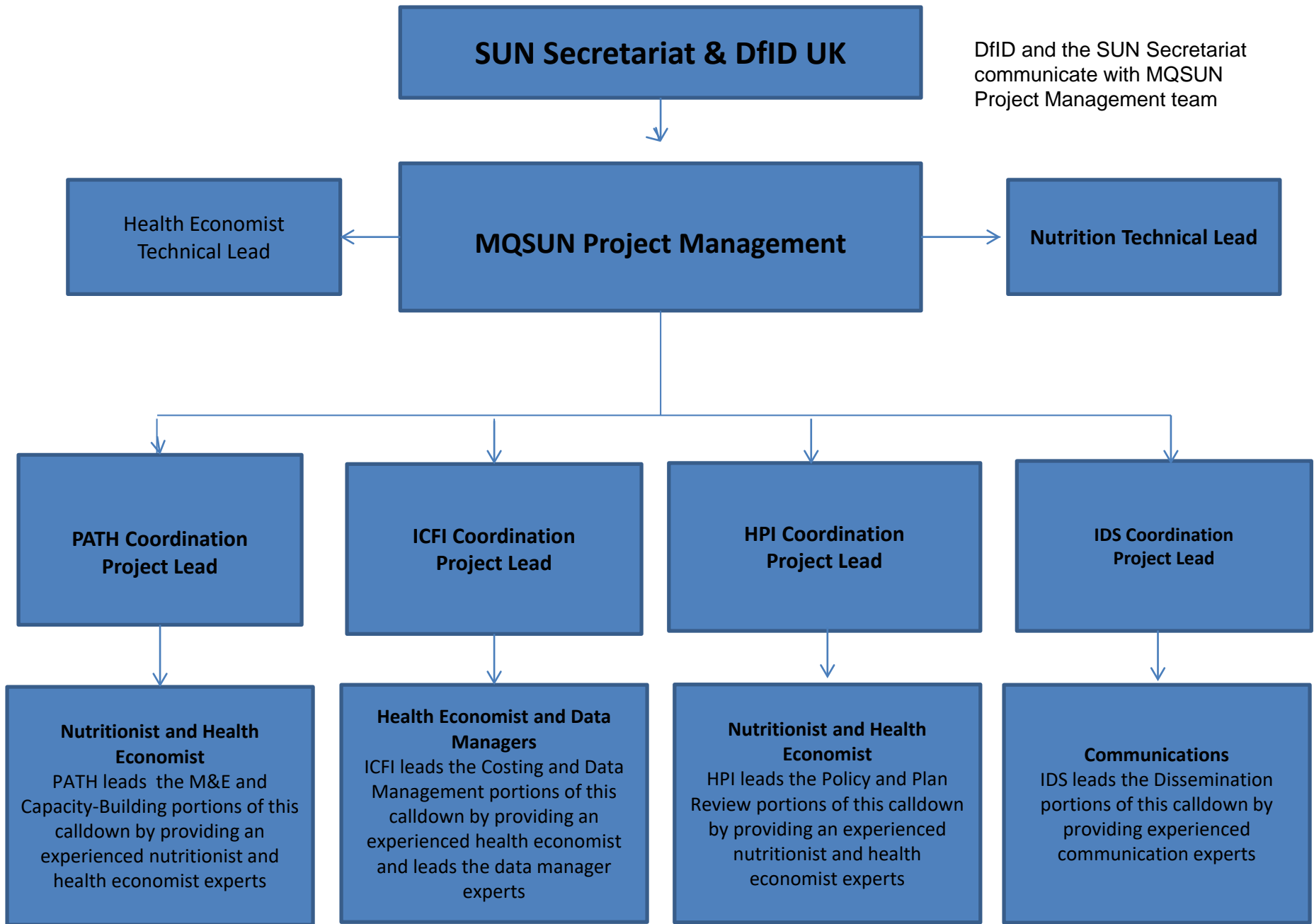
SUN website

<http://scalingupnutrition.org/>

Nutrition Event Phase III Algorithm for obtaining and completing SUN requests



Nutrition Event Phase III Organization Map



Case Study: Ghana



Photo: Ghana Health Service/Nutrition

Supporting Ghana in planning, costing, and financial tracking of their nutrition strategy: *Technical Support and Assistance to the SUN Movement*

Albertha Nyaku

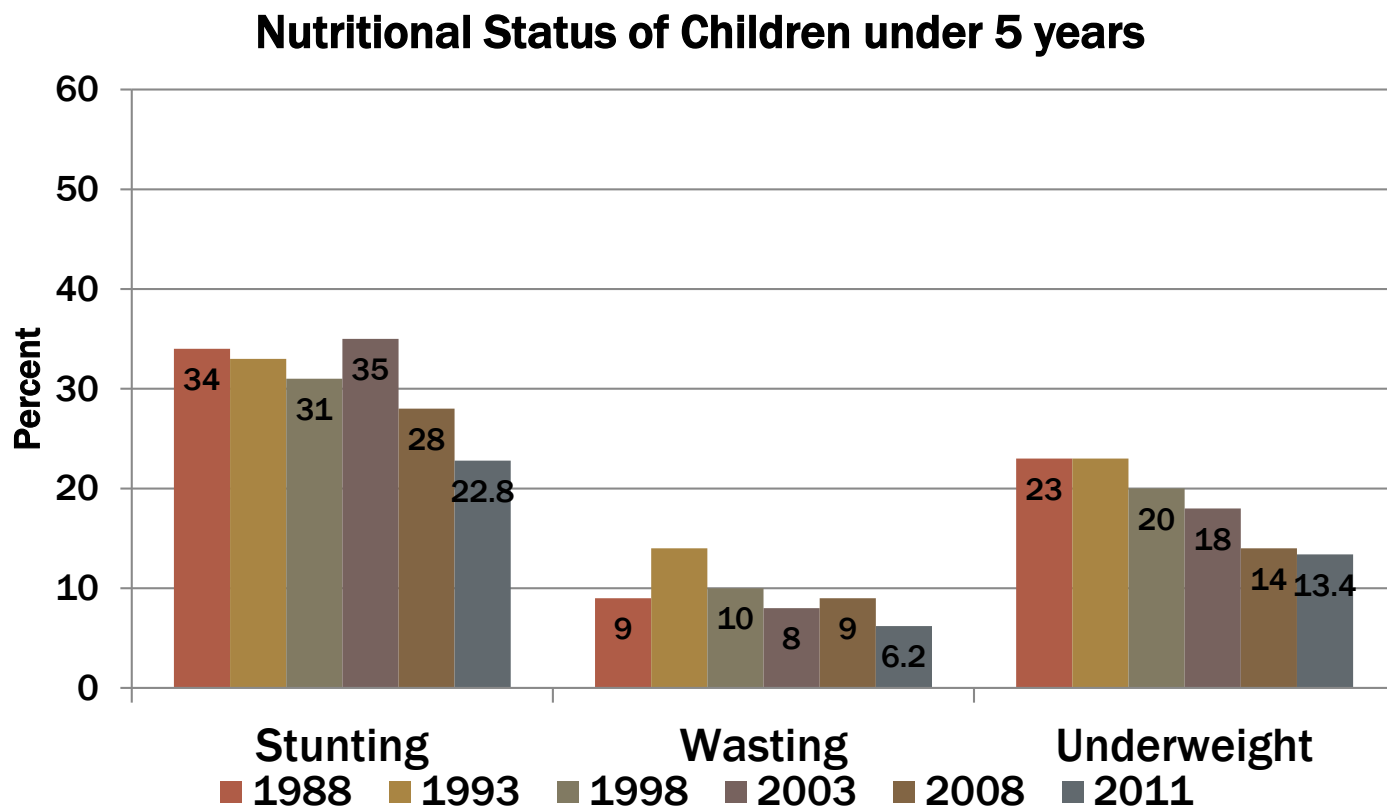
PATH

anyaku@path.org

Objectives

- Support planning and prioritization of nutrition-sensitive and nutrition-specific interventions as well as governance
- Support costing of the nutrition strategy
- Develop mechanisms for tracking nutrition expenditures
- Ascertain gaps in nutrition funding
- Develop financial scenarios in support of scaling up nutrition

Some reduction in malnutrition rates, but still more than 1 in 5 children in Ghana is stunted...



- 11% of children are born with low birth weight (<2,500 grams)
- Anaemia prevalence in children under 5 is 57% (MICS 2011), a decline from the 78% in GDHS 2008 but still above the WHO cut-off point of 40% for a severe public health problem
- Anaemia prevalence is alarming in Upper West (81.5%) Upper East (77.5%), and Northern (81.2%) regions
- Women 15—49 years: Anaemia prevalence has worsened, increasing over five years from 45% in 2003 to 59% in 2008 and occurring in about 70% of pregnant women

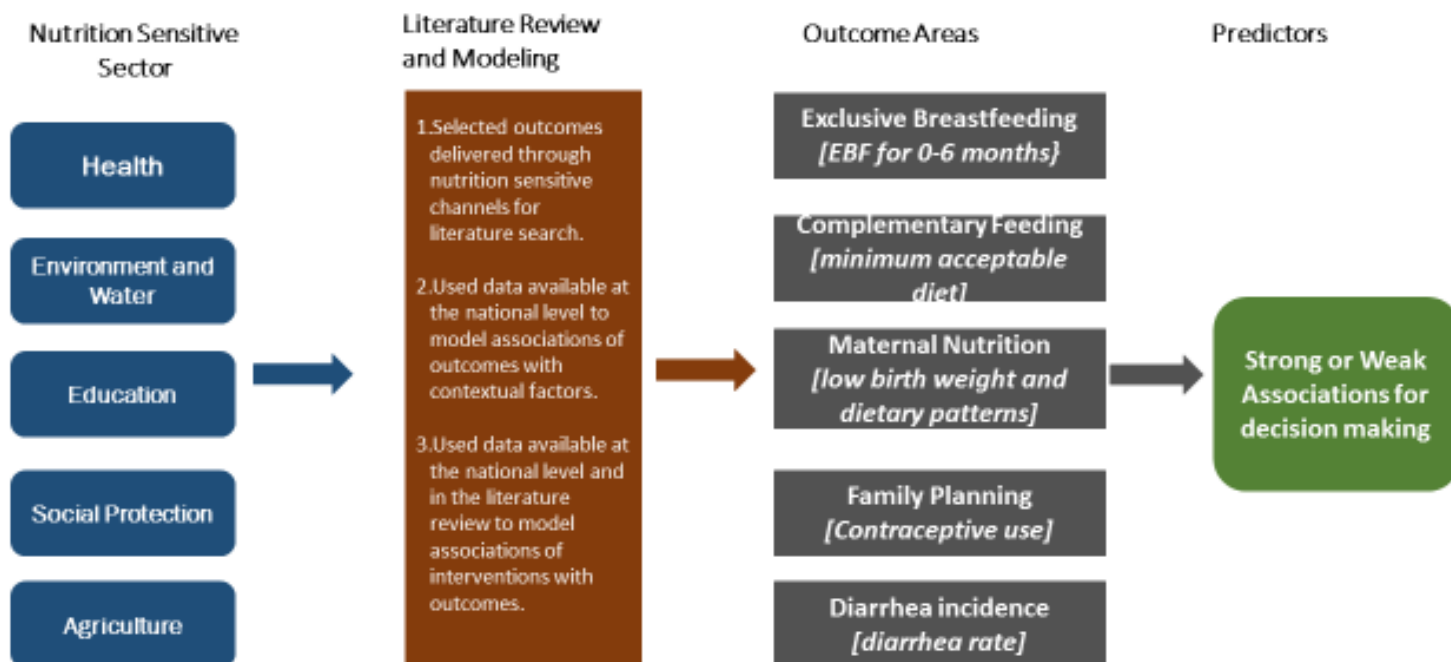
Objectives of the National Nutrition Policy

1. To increase coverage of high-impact nutrition-specific interventions that ensure optimal nutrition of Ghanaians throughout their life cycle, with special reference to maternal health and child survival
2. To ensure high coverage of nutrition-sensitive interventions to address the underlying causes of malnutrition
3. To reposition nutrition as a priority multi-sectoral development issue in Ghana

Steps in the process

- Review of existing literature, nutrition policies and strategies, sectoral policies and strategies, surveys, national and district data, sectoral budget reports, and financial tracking tools and supporting information.
- Contextual analysis of the Ghana nutrition situation and prioritization of specific nutrition interventions and nutrition-sensitive approaches. This includes development of an operational plan derived from a common results framework for Ghana.
- Adaptation of costing and budgeting tools and costing of the national plan and district plans.
- Scenarios for scale-up.

Contextual analysis Theoretical Framework



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Child indicators:

- Diarrhoea and illnesses
- Seeking treatment for child fever
- No health insurance

Maternal indicators:

- Delivery outside a health facility and by untrained attendant
- Low level (or no education) of mother's education (stunting was lower if mother attended middle/secondary school)
- Mother never having had health insurance – Limited exposure to media
- Not receiving Intermittent Preventive Treatment in pregnancy for malaria at ANC

Household indicators:

- Education level of the household head (below middle/secondary education)
- Not having piped drinking water at the house,
- Open defecation as well as food hygiene
- Larger household size and number of children,
- - Low percentage of girls in the household attending school

Wealth index:

- The poorest households on the wealth index quintiles were more likely to have a stunted child
- Some cases the wealthiest still have a high stunting level in regions)

Geographic area:

- Children living in rural areas were more likely to be stunted
- Children living in Northern, Upper East has more likely to be stunted
- Areas of poor sanitation (open defecation and lack of piped water)

Priorities for scaling up

What: Interventions: Conceptual analysis

Who: Children (1000 DAYS), adolescents, WIRA

Where: Evaluate the three northern regions, highlight other regions; rural; urban pockets

When: Timeframe

Governance: Strengthen district-level systems for nutrition data, development M&E

Common Results Framework

National Planning Commission

Result (R) 1.1. Multi-sectoral commitment and resources for nutrition are increased
 R 1.2. Nutritional information management and data analysis strengthened
 R 1.3 Nutrition capacity of implementing agencies is strengthened

Health

R 2.1 Maternal Infant Young Child MIYC micronutrient status improved
 R 2.2 MIYC feeding practices improved
 R 2.3 IYC Acute Malnutrition appropriately managed
 R 2.4 No increase or reverse trend in overweight and obesity among at risk population groups

WASH

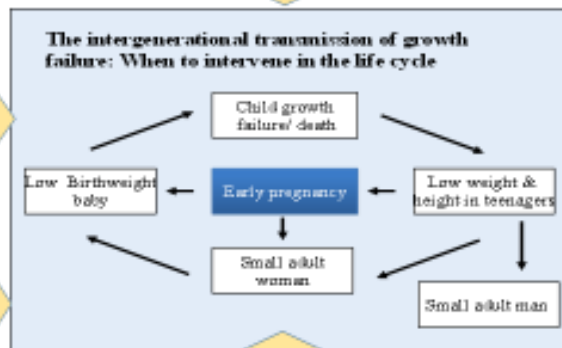
R 3.1 Use of improved sanitation facilities
 R 3.2 Use of soap to wash hands
 R 3.3 Use of treated drinking water
 R 3.4 Use of improved drinking facilities

Agriculture and Fishery

R 7.1 Increased availability of animal/fishery food sources
 R 7.2 Increased availability of non-staple nutritious foods
 R 7.3 Increase safety of nutritious foods

Law implementation

R 8.1 Maternity leave for 6 months
 R 8.2 BMS code enforced
 R 8.3 Food standards updated and implemented



Education

R 4.1 Adolescent girl's nutrition awareness and behaviours improved
 R 4.2 Nutritional status of adolescent girls improved including micronutrient status
 R 4.3 Primary and secondary school completion rates for girls increased

Markets/ Local Government

R 5.1 Functioning markets with affordable nutritious foods
 R 5.2 Local resources increasingly mobilized to accelerate the reduction of maternal and child malnutrition

Social protection

R 6.1 Increased access to affordable nutritious food
 R 6.2 Increased access to health and nutrition services

Public Private Partnership

R 9.1 Increased access to affordable fortified foods
 R 9.2 Increased access to affordable soap
 R 9.3 Increased access to affordable water filters
 R 9.4 Increased access to safe and affordable nutritious foods

Example of operational activities

Priority Interventions	Target Groups	Lead budget holder	Lead implementing MDA	Policy measures	Other collaborators
Policy Objective 1: Increased coverage of high-impact nutrition-specific interventions along the life cycle specifically for maternal health and child survival					
Outcome/Operational activity 1.1: Increased facility-based and extended outreach services for micronutrient supplementation					

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THANK YOU