

Landscape analysis on readiness to act in nutrition

Executive Summary

Goals and Objectives: To lay the foundation to scale up effective nutrition action in 36 high-burden countries¹ and accelerate support to achieve the MDGs (MDGs 1, 3, 4 and 5)

The specific objectives of the project are to:

1. Conduct a **landscape analysis** in 36 high-burden countries to assess existing gaps and constraints, and identify opportunities to integrate and scale up nutrition-related actions in countries
2. Develop a **strategic plan and recommendations** for consolidated and harmonized action at the country level by stakeholders and also for international assistance to accelerate actions through guiding not only to understand where best to invest, but also how to invest in order to accelerate the reduction of maternal and child undernutrition
3. Establish a **baseline** related to current status of nutrition and nutrition action in the high-burden countries in order to allow tracking of their future progress through developing a nutrition tracking system, linking together existing nutrition databases including policies and strategies

Background and rationale: Although all children have the same potential to grow and undernutrition can be rapidly eliminated if adequate maternal and child nutrition is ensured, about a third of children in developing countries or 178 million children under 5 years of age are too short for their age. Current global rates of progress, while positive, are insufficient to meet MDG1, Target 2, and the rates of progress need to be more than doubled in order to achieve the MDG. Furthermore not achieving the undernutrition target will negatively impact on all other MDGs (see box 1).

¹ The following are 36 high-burden countries which are home to 90% of the 178 million stunted children under 5 years of age in the world: Afghanistan, Angola, Bangladesh, Burkina Faso, Burundi, Cambodia, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Egypt, Ethiopia, Ghana, Guatemala, India, Indonesia, Iraq, Kenya, Madagascar, Malawi, Mali, Mozambique, Myanmar, Niger, Nigeria, Nepal, Pakistan, Peru, Philippines, South Africa, Sudan, United Republic of Tanzania, Uganda, Viet Nam, Yemen, Turkey, Zambia.

Box 1 Nutrition's contributions to the attainment of the MDGs

Goal 1: Eradicate extreme poverty and hunger

Malnutrition erodes human capital, reduces resilience to shocks and reduces productivity (impaired physical and mental capacity).

Goal 2: Achieve universal primary education

Malnutrition reduces mental capacity. Malnourished children are less likely to enroll in school, or more likely to enroll later. Current hunger and malnutrition reduces school performance.

Goal 3: Promote gender equality and empower women

Better-nourished girls are more likely to stay in school and to have more control over future choices.

Goal 4: Reduce child mortality

Malnutrition is directly or indirectly associated with more than 50% of all child mortality. Malnutrition is the main contributor to the burden of disease in the developing world.

Goal 5: Improve maternal health

Maternal health is compromised by an anti-female bias in allocations of food, health and care. Malnutrition is associated with most major risk factors for maternal mortality.

Goal 6: Combat HIV/AIDS, malaria, and other diseases

Malnutrition hastens onset of AIDS among HIV-positive. Malnutrition weakens resistance to infections and reduces malarial survival rates.

Source: SCN 2004, 5th Report on the World Nutrition Situation

Despite the recognized benefits, commitment to food and nutrition programmes as reflected in budget support and consolidated action is remarkably poor. There are a number of efforts and initiatives at international, regional and country levels to try to address this situation and accelerate progress in improving nutrition outcomes. These include the *Repositioning Nutrition as Central to Development* by the World Bank; the *Countdown to 2015* effort by the international community to improve child survival through a countdown of child deaths which includes nutrition interventions; *REACH: Ending Child Hunger and Under-nutrition Initiative* initiated by WFP and UNICEF; the new 10 year Strategic Framework of the Global Alliance for Improved Nutrition (GAIN); and the recently created Micronutrient Forum. While all these developments are commendable, they remain dispersed and fragmented and country-led initiatives are thus far not necessarily linked to or nurtured by the international nutrition system. This multitude of initiatives call for stronger coordination as well as increased action at scale.

The Lancet Series on *Maternal and Child Under-nutrition* launched in January 2008 provides a unique advocacy opportunity to accelerate evidence-based action in nutrition, and to initiate a broader harmonization of various actors, including UN agencies, bilateral partners, private sector, civil society, under the leadership of national governments, adding functionality to the international nutrition system. The Lancet Series make a strong case for increased country focused action on the window of opportunity from pre-conception to 2 years of age in the 36 high-burden countries. However, policy and institutional changes for accelerating nutrition improvements need to have sufficient political support to be adopted and implemented. In addition, successful operations for delivering technical assistance depend largely on the capacity of the international nutrition system to work with governments to assess and build a broader ownership, as a prerequisite for policy change. In order to strengthen and maximize the impact of this opportunity and create momentum for carrying forwards the findings of the Lancet Series, there is an urgent need for conducting a landscape analysis on readiness to integrate new and existing effective nutrition actions, and implement them at scale, in the 36 high-burden countries.

The Landscape Analysis project builds on the experiences of countries in developing and implementing national nutrition plans and policies developed as a follow-up to the 1992

International Conference on Nutrition (ICN). The Landscape Analysis on readiness to act in nutrition will identify gaps, constraints and opportunities for integrating new and existing effective nutrition actions in order to create intersectoral action for improving nutrition. The final aim is to lay the foundation to implement such action at scale in the 36 high-burden countries, home to 90% of the 178 million stunted children in the world. In addition, following a more in-depth analysis this landscape analysis will make recommendation for international assistance and investments for accelerating nutrition actions. The analysis will also establish a baseline on current status of nutrition action in those countries, allowing tracking of their progress in the future.

The findings of the landscape analysis will contribute greatly to the implementation of other on-going international efforts and initiatives mentioned above as it will enable the identification of priority countries to accelerate support to achieve the MDG target. They would also contribute to the attainment of the WHO's strategic objectives on nutrition, adopted by the World Health Assembly in May 2007 as part of the WHO's Medium-term strategic plan (2008 - 2013) by providing guidance for the nature and extent of the support required by the countries in accelerating the reduction of maternal and child undernutrition.

Project design and implementation: The project will have four distinct phases covering a period of twelve months and will focus on the 36 countries which are home to 90% of the world's stunted children. The first phase concerns the development of data collection tools and methodology. Composite indicators will be developed, on severity of nutrition problems and readiness to act at scale. Problem tree analysis methods will be developed to identify constraints at the country level and to elucidate their possible solutions. The second phase is a two-stage assessment: first with a desk analysis based on secondary data from the 36 countries, followed by country visits for further in-depth investigation of the problem tree through focus group discussions. The third phase includes the data analysis, and development of the preliminary analytical report and a draft strategic plan and recommendations. The fourth phase involves the preparation of a final report and finalizing the strategic action plan and recommendations for international assistance for the various typologies of readiness, and discussion of the findings and draft plan.

Monitoring and Evaluation: Progress will be monitored according to process indicators offered by the achievement of concrete products and milestones identified at each phase of the project, and will be summarized and described in the final report.