



FEED^{THE}**FUTURE**

The U.S. Government's Global Hunger and Food Security Initiative

FTF Target Setting for the Prevalence of Stunting

February 19, 2013



Agenda

- Purpose/Background
- Methodology
- Case Study
- Q&A



Purpose

- Establish initiative-level evidence-based targets for high level goal and impact indicators
- Provide recommendations and guidance for country-level target setting



Approach 1

- Global Targets before funding for initiative
- Based on Cost
 - Used World Bank Costing of 2008 Lancet Series
 - Presumes all funds spent on “Lancet Interventions”
 - Doesn’t account for capacity building, population growth, research, etc.
- Based on at least double funding currently projected



Approach 2

- 2010 Data Call to Missions = widely variable approaches
- Some had no idea how to set a target





Approach 3

- 2012-2013 Stunting targets
 - Standard Method
 - Global Aspirational
 - Country Specific Recommendations and Calculations
 - Not tied to cost



Why Stunting & Underweight?

- Underweight is MDG 1c indicator
- Stunting is a better indicator of nutritional status
 - Measurement of long term nutritional status
 - underweight conflates stunting and wasting-
 - Underweight is correlated with mortality
 - Stunting is a better measurement of predicting the economic growth potential of populations
 - Current and future Global Targets likely to be based on Stunting



Why 20%?

- Aspirational Target
- Worldwide Prevalence of Stunting decreased from 40% to 30% from 1990-2008 (25%)
- In Africa 10 million more children stunted in 2008 than 1998
- On Average FTF Countries have seen a decrease of 10% over five years
- Aligns with WHA target
- Evidence suggest some countries have seen this high of levels of reduction



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Knowledge Check



What are some factors that have been associated with high levels of reduction?

- Addressing the local causes of undernutrition at all levels
- Strong government support
- Coordinated Donors



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Methodology



FTF Nutrition Goal

- Reduce the prevalence of undernutrition as measured by stunting/underweight by 20% across the Zones of Influence (ZOI) in 5 years
 - Aspirational
 - Currently set as the same across all countries
 - Can be adjusted with consultation Contact your [BFS M&E and GH Nutrition backstop](#) if you think your country should be lower or higher



Key Parameters

- Any Stunting: Height for age z score < -2
- Timeframe:
 - Baseline 2012
 - Mid-Term 2015
 - Final 2017



Methodology

- Mission inputs:

- ZOI Baseline stunting rate
- ZOI **Under 5 population**
- **Agreed upon** variant stunting rate

2012



- Projected:

- ZOI Stunting rates
- ZOI Under 5 population stunted
- ZOI less stunted than 10% reduction & No Reduction

2017



I don't think my ZOI will see a 20% reduction what should I do?

- Contact your [BFS M&E and GH Nutrition backstop](#) if you think your country should be lower or higher
- Contact Sally if you can't get the above link to work



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Case Study: Acadia and Hipplanda





Case Study: Acadia

- SUN Country with recent high level of donor level coordination.
- \$4 million a year in Nutrition Specific Funding
 - Other funding also working on overall health sector
 - Much larger DA ag funding, also nutrition sensitive work
- Current DHS (2010) has 38% stunting
- Previous DHS (2005) had 41.5% stunting
- ZOI baseline stunting is 40%
- Target is 32% stunting in ZOI





Case Study: Hipplanda

- SUN Country-but “coup” in March 2011
- Drought in 2010, low growing season in 2011
- Conflict in half of planned ZOI
- No change in past 2 DHS data
- ZOI Baseline at the same rate as national average
- 15% reduction from baseline





Questions?

- Anne Swindale
 - aswindale@usaid.gov
- Sally Abbott
 - sabbott@usaid.gov