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
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
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 Basline stunting rate
  – ZOI Under 5 population
  – Agreed upon variant stunting rate

• Projected:
  – ZOI Stunting rates
  – ZOI Under 5 population stunted
  – ZOI less stunted than 10% reduction & No Reduction

2012  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
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?

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