

Delivering for Nutrition in South Asia

Equity and Inclusion

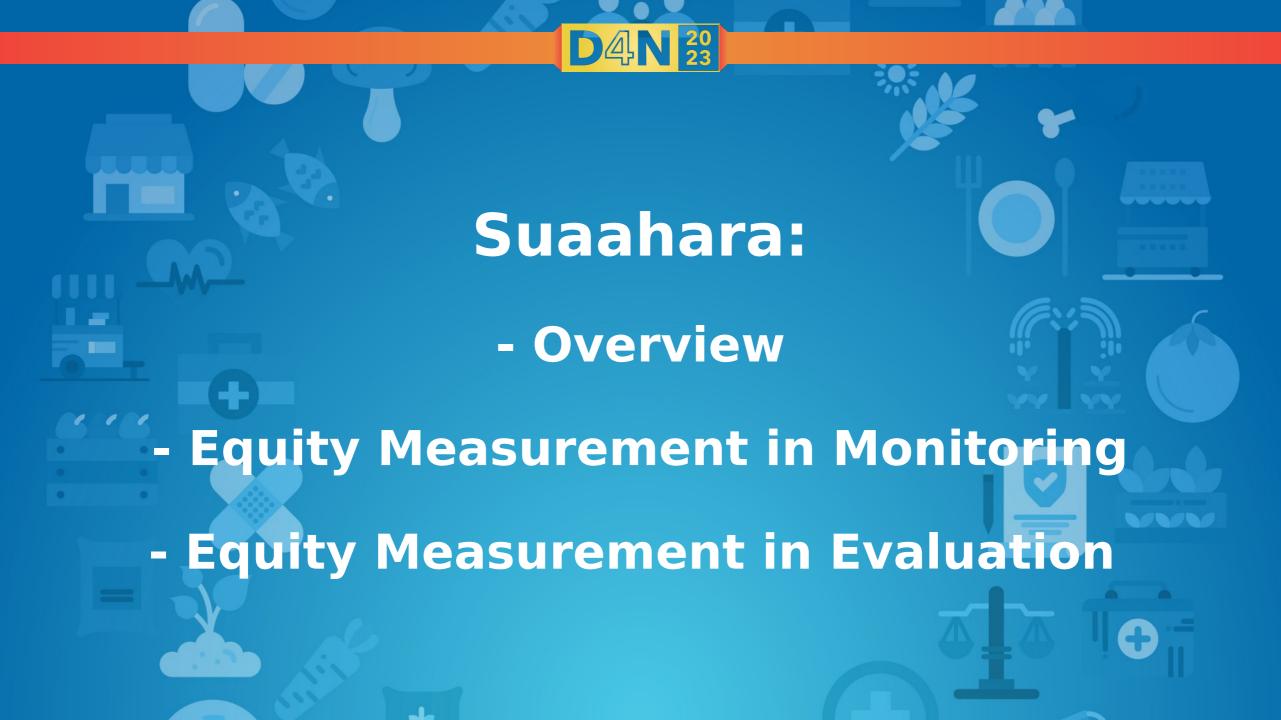
November 1, 2023

What gets measured gets done:

Opportunities for reducing inequities in agriculture, nutrition, and health

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Suaahara II: Program Overview

- What: USAID multisectoral integrated maternal and child nutrition program
- When: Suaahara I (2012 (2016 –2023)
- And... a well-designed monitoring,

and data driven programming

- Where: 42/77 districts (3 evaluation, and research system for learning
- Who: More than 1 million pregnant or lactating wor
- **How**: Focusing on disadvantaged groups; Intensified interventions in food insecure and remote areas; building on government structures and community platforms, supporting GoN's MSNP; Using life-cycle approach and family approaches





Suaahara II: Theory of Change

3

Improving MIYCN and WASH practices; SBCC to improve knowledge and skills PPP to improve water quality, testing Nutrition screening and referrals Multisectoral collaboration

Improved quality and coverage of CB-IMNCI; Promotion of quality FP & RH services; Improved Health Information Systems; Supporting IMAM program; Mobilization of HMG to support DAG.

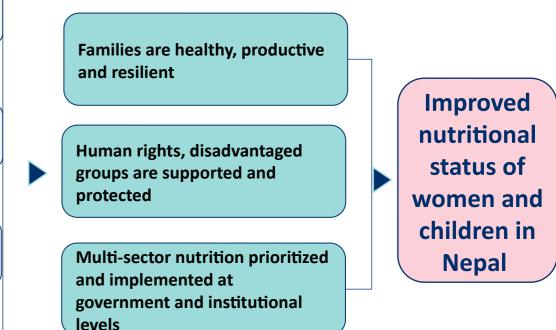
Homestead Food Production, village Model farms, market linkages for income, access to government resources for small holder women farmers

Decentralized MSNP roll-out; Strengthening government capacity in planning & management; Improved cross-sectoral coordination Improved HH nutrition, WASH and health practices

Increased HH use of quality nutrition and health services

Increase HH access to diverse and nutrient-rich foods

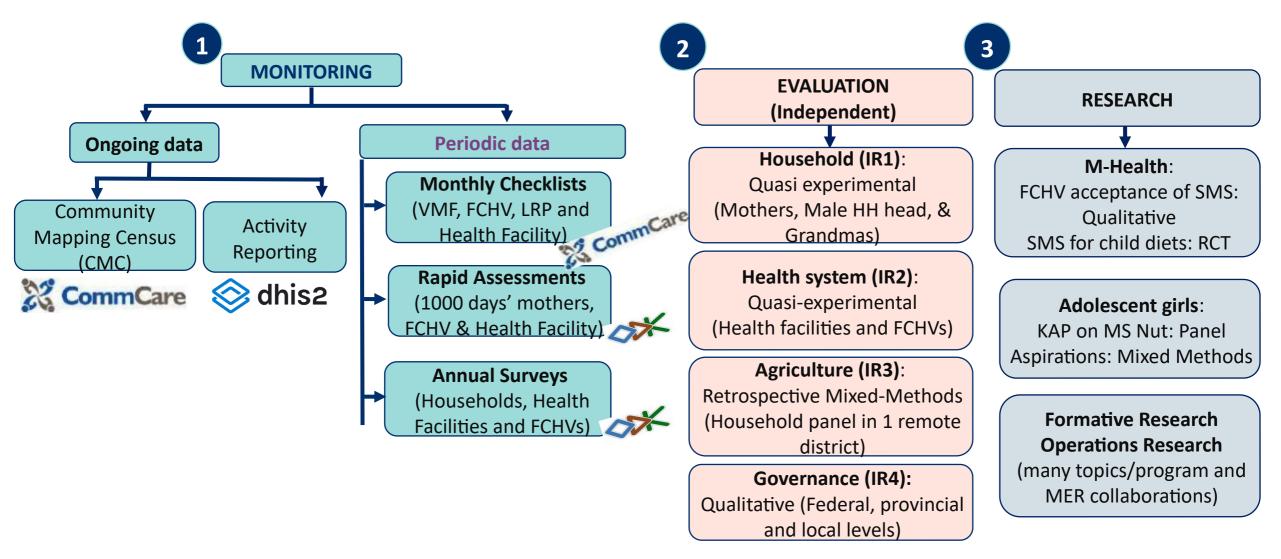
Accelerated rollout of MSNP through strengthened local governance



Gender Equity and Social Inclusion

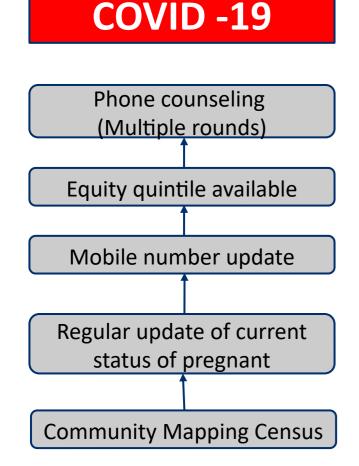


Suaahara II: Monitoring, Evaluation and Research





Suaahara II: Equity Measurement in Monitoring – Targeting example



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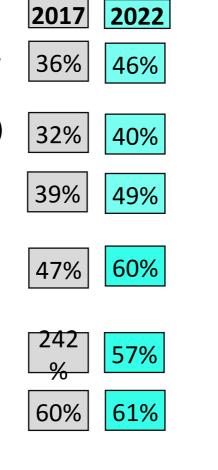
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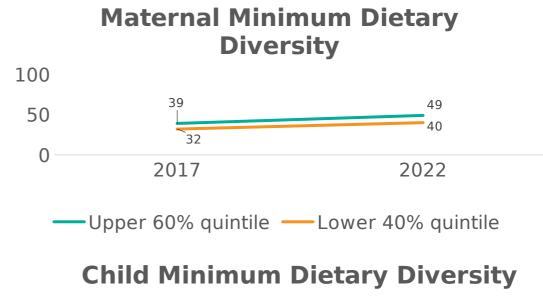


Suaahara II: Equity Measurement in Monitoring – Outcome level example

Maternal minimum dietary diversity (n=3640, 3648) Lower 40% quintile (n=1833, 1184) Upper 60% quintile (n=1807, 2464) Child minimum dietary diversity (n=1385,1403) Lower 40% quintile (n=673,452)

Upper 60% quintile (n= 712, 951)









2022

68%

37%

Suaahara II: Equity Measurement in Evaluation

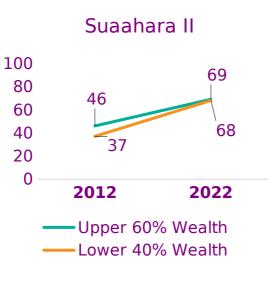
Child minimum dietary diversity (n=357, 777, 346, 810)

Maternal minimum dietary diversity (n=1020, 1246, 1020, 1240)

COMPARISON		SUAHARA II	
2012	2022	2012	2022
46%	62%	43%	68%
27%	24%	28%	37%

Child minimum dietary diversity





Maternal minimum dietary diversity



DAN 20 23

Suaahara II: Theory of Change

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Homestead Food Production, village Model farms, market linkages for income, access to government resources for small holder women farmers

Decentralized MSNP roll-out; Strengthening government capacity in planning & management; Improved cross-sectoral coordination Improved HH nutrition, WASH and health practices

Increased HH use of quality nutrition and health services

Increase HH access to diverse and nutrient-rich foods

Accelerated rollout of MSNP through strengthened local governance Families are healthy, productive and resilient

Human rights, disadvantaged groups are supported and protected

Multi-sector nutrition prioritized and implemented at government and institutional levels Improved nutritional status of women and children in Nepal

Gender Equity and Social Inclusion

(Outputs)

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D4N 20 23 **IMMANA:** - Equity measurement along Suaahara's program impact pathways - Next steps

D4N 23 Suaahara II: SBCC Pathway to Impact

Bhanchhin Aama heard + SMS messages received + Community events and platforms participants + home visits / phone received

Increased awareness and exposure of health, FP, nutrition and WASH platforms/services and ideal behaviors

Increased knowledge on ideal health, FP, nutrition and WASH behaviors, including service use

Improved health, FP, nutrition and WASH practices, including service use













SBCC Pathway Step 1: Exposure



	1000-day mothers (N=2040)	Poorer 40% (N=735)	Wealthier 60% (N=)
	%	%	%
Any: IPC, Community, Mass Media or SMS	49.5	43.0	53.1
Spacific platforms			
Specific platforms	22.2	20.2	24.0
IPC: any exposure to FLW	33.2	30.2	34.9
Community: any participation in CE	17.8	18.6	17.3
Mass media: ever listened to BA episode	26.5	28.3	25.5
M-nutrition: any SMS received	23.4	17.8	26.6
Scale of platform engagement			
0	50.5	57.0	46.9
1	20.5	15.4	23.4
2	12.4	10.3	13.6
3	10.6	10.2	10.9
4	5.9	7.1	5.3

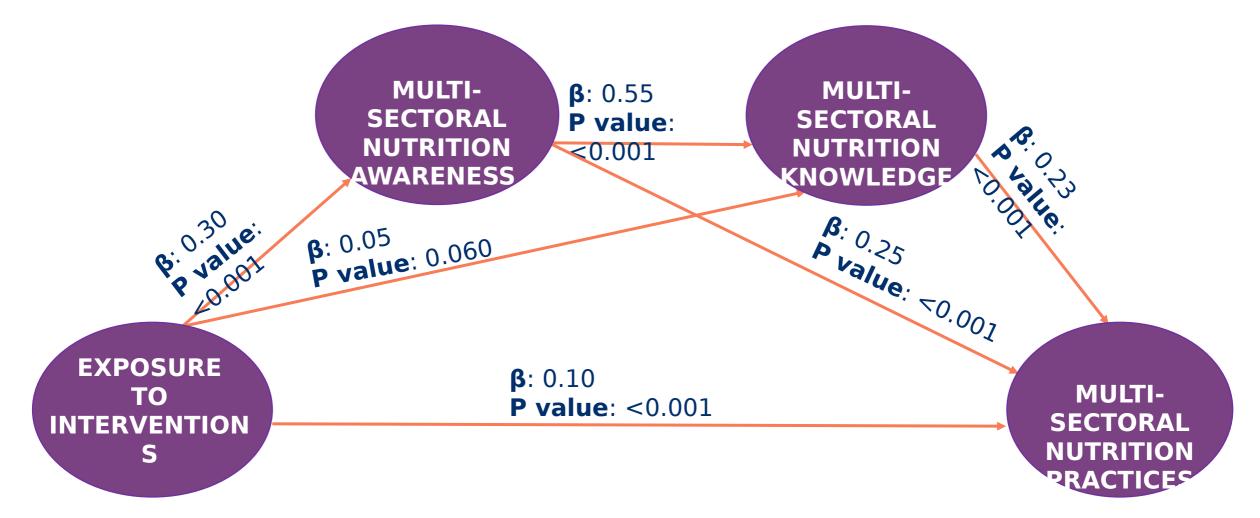


SBCC Pathway Steps 2, 3, and 4: Multi-sectoral Nutrition Awareness, Knowledge and Practices

Increased awareness and exposure of health, FP,		1000-day mothers (N=2040)	(N=735	Wealthier (N=)
nutrition and WASH		Mean (SD)	Mean (SD)	Mean (SD)
platforms/services and ideal	Awareness of key behaviors	21.7 (3.2)	21.6 (3.6)	21.7 (3.0)
Increased knowledge on ideal	(scale: 0-25)			
Increased knowledge on ideal health, FP, nutrition and WASH behaviors, including service use	Knowledge on key behaviors	10.7 (2.8)	10.4 (3.1)	10.8 (2.7)
	(scale: 0-20)			
Improved health, FP, nutrition and WASH practices, including	Key behaviors	11.6 (2.5)	11.0 (2.6)	11.9 (2.4)
service use	(scale: 0-24)			



SBCC Pathway Steps 1-4: Standardized SEM Models (N=2040)



Adjusted: clustering, HH caste, ch age, mat edu and age



SBCC Pathway Steps 1-4: Equity Measurement in Research - Standardized SEM Models (SES _ N=735/1305)

Poorer 40%: (β: 0.57, P value: <0.001) Wealthier 60%: (0.52, P value: <0.001)			
	Poorer 40%	Wealthier 60%	
Indirect pathways			
(1) Awareness, Knowledge	0.042969	0.034538	
2) Awareness	0.083733	0.034538	
2) Awareness 3) Knowledge Indirect total	0.009953	0.014048	
Indirect total	0.136655	0.120172	
EXPOSDirect pathway	0.216268	0.030512	
TC TERVEIPercentage indirect	38.72097 39%	79.75131 80%	

0

Adjusted: clustering, HH caste, ch age, mat edu and age



Key Lessons Learned

Measuring Equity

- 1.Context matters
- 2.It is multi-dimensional
- 3.It varies by theme and indicator
- 4.It supports adaptive management
- 5.It's not optional

Next Steps

- 1.Measurement models for each step of the pathway
- 2.Models to assess other aspects of equity (e.g. caste, gender, geography)
- 3.Similar modeling for Suaahara's other 3 main intervention pathways (health systems; governance; and agriculture)
- 4. Final models to formally test causal mediation putting all 4 Suaahara paths together
- 5. Tool generation to provide guidance on planning for and executing these types of analyses to help us untangle pathways to impact and learn from each step by sub-population



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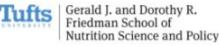


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Thank you!

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