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# REACH

Ending Child Hunger and Undernutrition

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## Update on REACH and way forward

Consultation with the Executive Board of WFP

May 29 2009

# Joint letter from heads of agencies underlines joint UN commitment



World Health  
Organization

unicef   
unite for children



[...]

22 October 2008

We, the Directors-General of FAO and WHO and the Executive Directors of UNICEF and WFP, are committed to a renewed effort against child hunger and undernutrition: REACH. Building on work done under the Ending Child Hunger and Undernutrition Initiative (ECHUI), REACH is geared to supporting countries to intensify action through government-led, solution-focused partnerships involving the UN, civil society and private sectors.

[...]



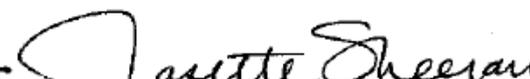
Jacques Diouf  
Director-General  
FAO



Margaret Chan  
Director-General  
WHO



Ann Veneman  
Executive Director  
UNICEF



Josette Sheeran  
Executive Director  
WFP

# REACH partnership addresses undernutrition through joint action



## Initiating Partners



## Collaborating Partners

### Other UN bodies and agencies:

- IFAD, SCN, UNV, World Bank

### NGOs & Civil society:

- Save the Children, World Vision International, Rotary International, GAIN, Hellen Keller International, The Micronutrient Initiative

### Academia:

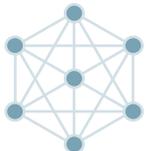
- Tufts, George Washington University, John Hopkins University (The Lancet)

### Private sector:

- The Boston Consulting Group

### Governments:

- Mauritania, Lao PDR ... and various donors

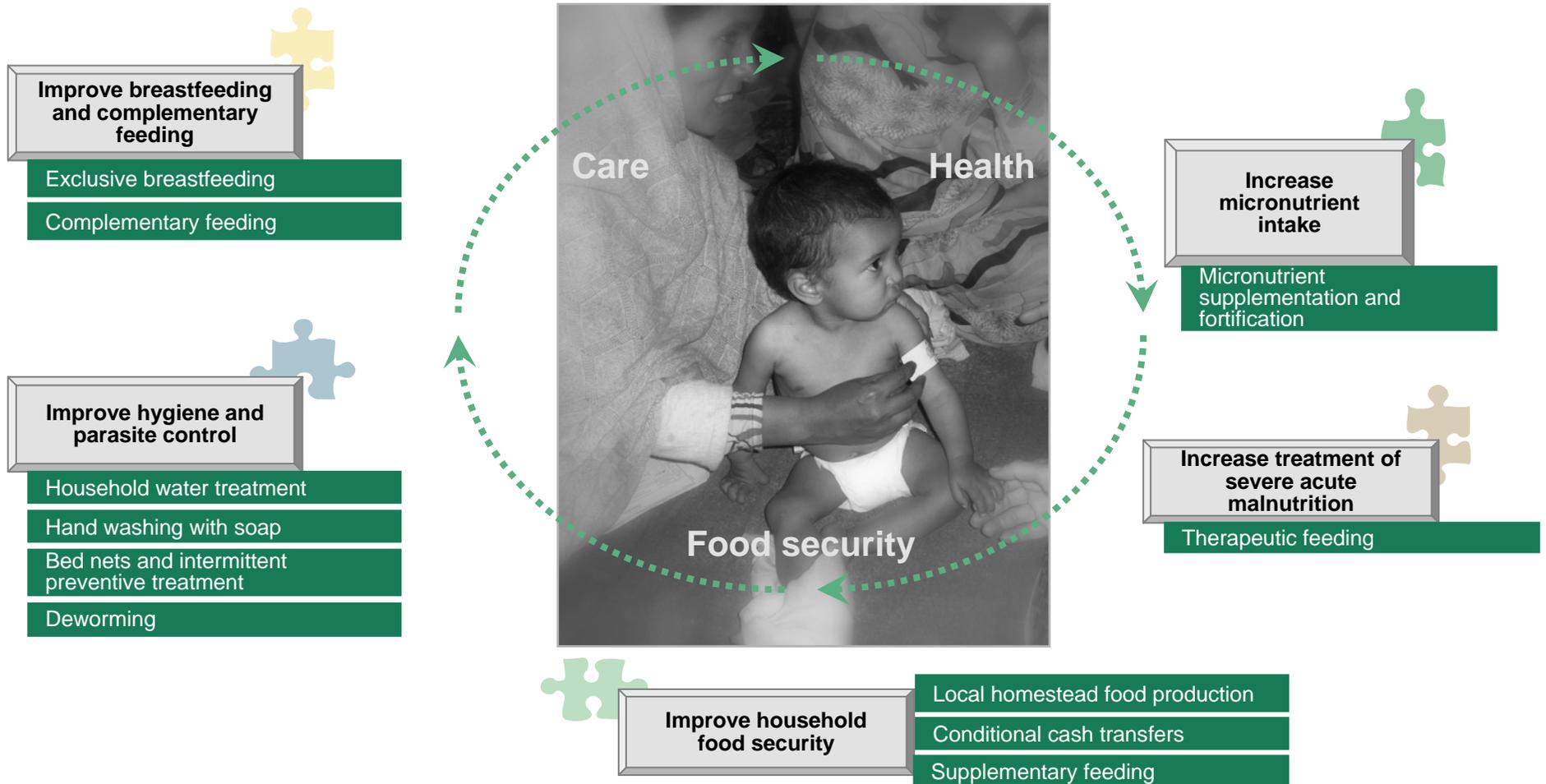


**REACH partnership is facilitated by an InterAgency team hosted by WFP with an emphasis on strengthening and supporting country level action**

**REACH partnership is expanding and actively seeking new partners**

# The child is at the center: The aim is to deliver as one

REACH is about exploiting synergies and scaling up



**Interventions are proven and known to be effective.  
The challenge is to scale them up**

# One year of professional facilitation in Mauritania and Lao PDR

## A coordinated, structured process

- Set up of proper working structure
  - Facilitated situation analysis
  - Coordinated joint action planning
  - Coordinated implementation
- Involving all key stakeholders



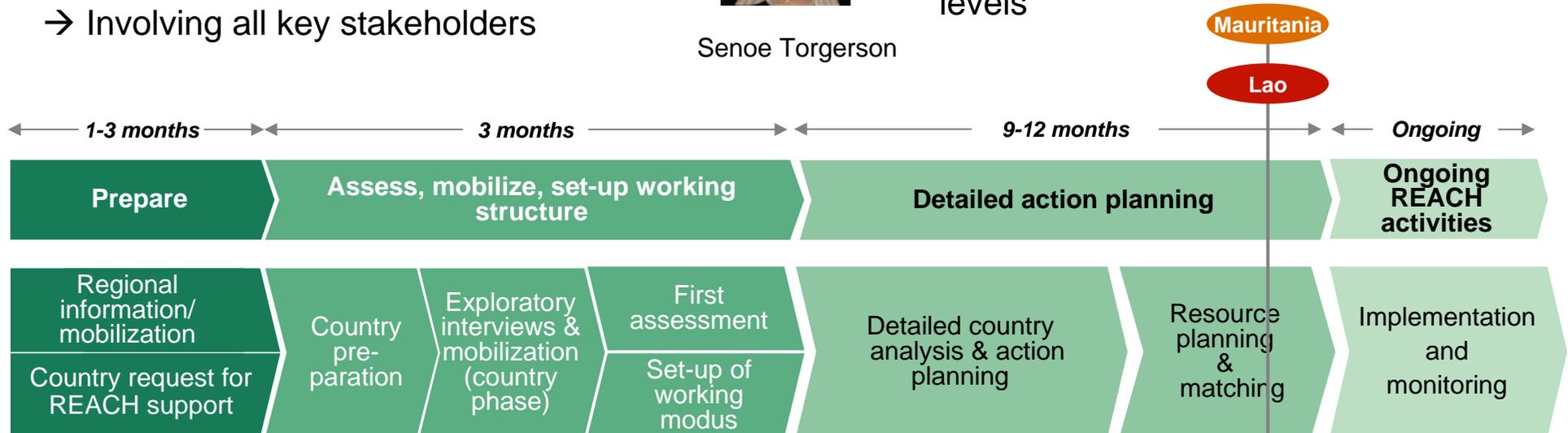
Sergio Teixeira



Senoe Torgerson

## And a clear set-up involving all levels

- UN-core team to drive activities
  - Multi-stakeholder technical team
  - Leadership on highest level
- Cooperation with government on all levels



# Mapping of nutrition stakeholders in Mauritania highlights opportunities for improving coordination



	Treatment Interventions			Preventative Interventions						
	Suppl. feeding	Therapeutic Feeding	Zinc	ITN IPTp	Breastfeeding Vit. A, Deworming	Breastfeeding Compl. feeding Iodine	Iodine	Breastfeeding Compl. feeding Iodine Iron suppl. Handwashing Iodine	Package	Home- stead food production
Donor (A/F)	Various (WFP Fund)	ECHO, CIDA, UNOCHA	N/A	Global Fund	ECHO, CIDA, UNOCHA			World Bank	Various incl. UNICEF	Spanish consumer
Catalyst (CB C T)	WFP	UNICEF		UNICEF			WHO			FAO
Govt implementer (CB M+E)	CSA	Ministry of Health					Min. of Commerce	Min. of Industry	Ministry of Social Affairs	Min. rural dev & FAO
Field Coordinator (C CB)	NGOs / INGOs	Health System			EPS		Agents	Technicians	INGOs	FAO
Delivery Channel (D)	CRENAMs	CRENI, CRENAS	Hospitals, Centres and Postes de Santé	Mass Campaigns	Mass Media	Private sector	CNCs		Community-based	

Government
  Treatment
  Educational component
  Physical component
  Physical and educational components
  Other actor

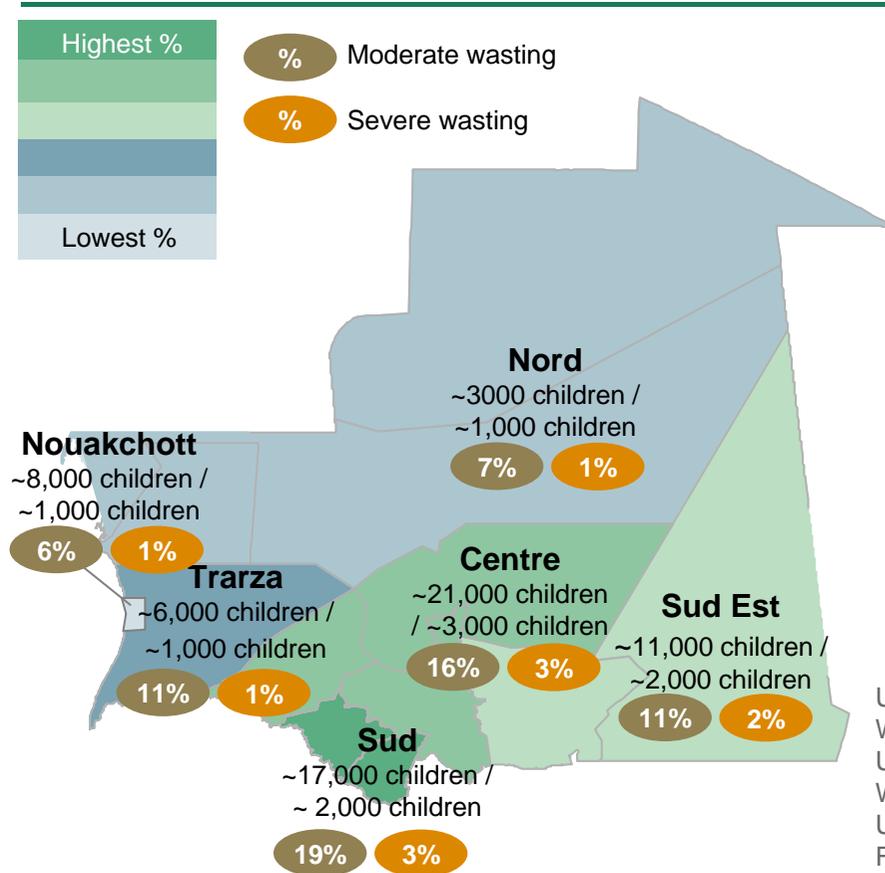
1. Tasks: A/F: Advocacy and Funding; C: Coordination/Management; CB: Capacity Building/Training; D: Delivery; M+E: Monitoring & Evaluation; T: Technical Support



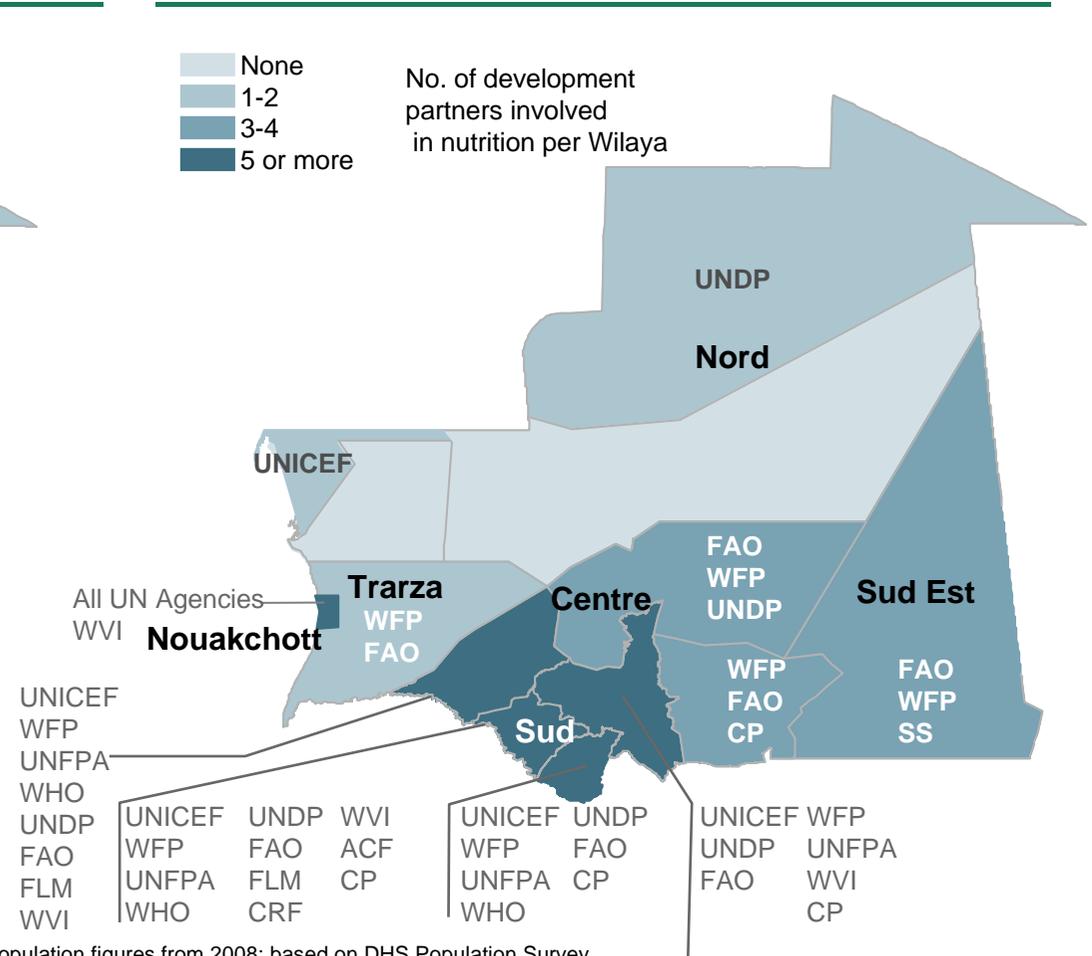
# Mapping of the problem and level of response in different regions

In Mauritania: limited coverage by development partners in North and South East

### Important undernutrition issue is acute malnourishment – severe rates high



### Development partner nutrition activities concentrated in South



Source: Wasting rates by region from MICS 2008; Nouakchott rate from Rapide 2008; Population figures from 2008: based on DHS Population Survey



# Current status of nutrition situation in Mauritania

## Level of problem and current coverage of interventions

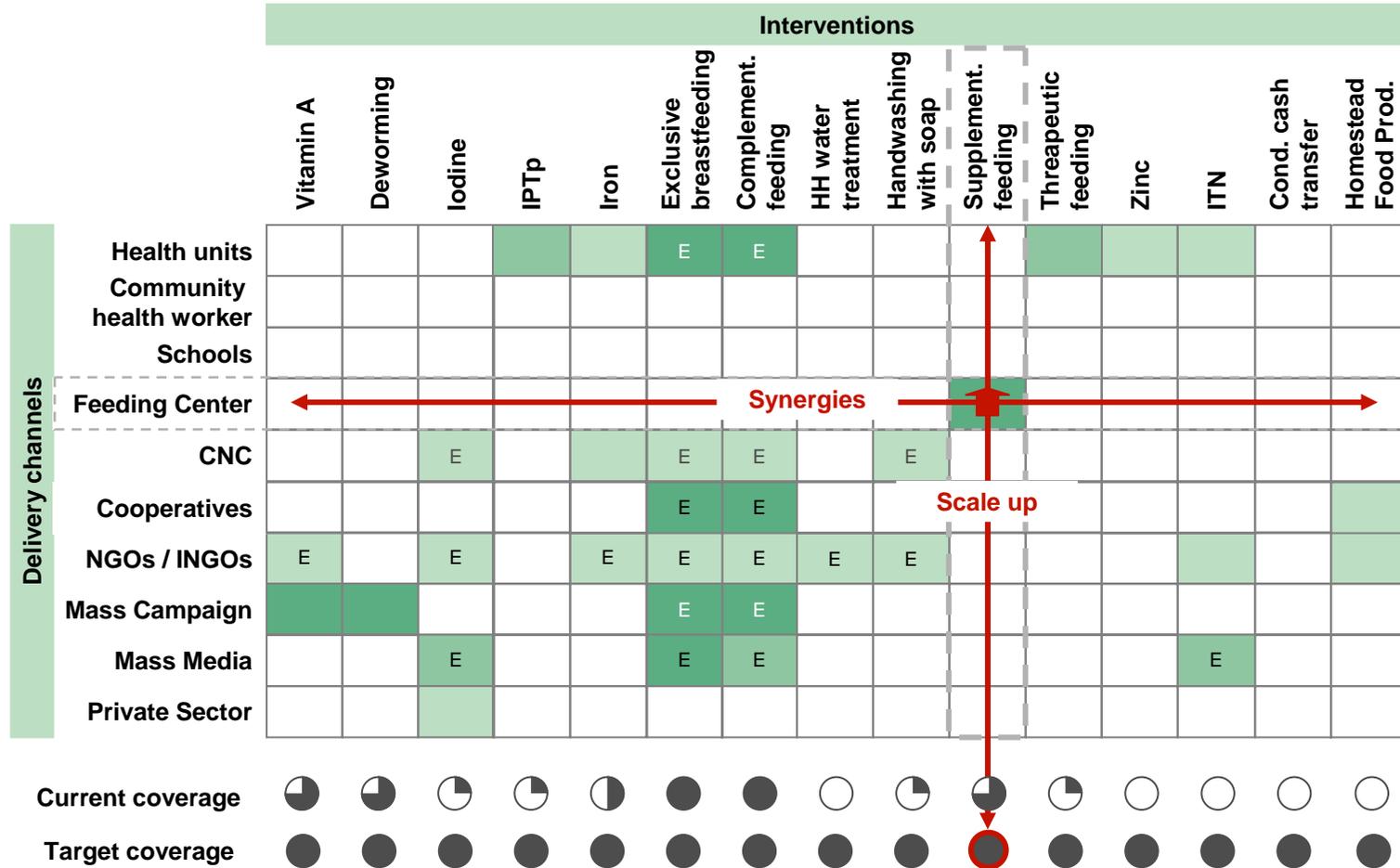
Area	Intervention	Problem indicator	Status	Coverage indicator	Status
Improve breastfeeding and complementary feeding	<b>Exclusive Breastfeeding</b>	% of <6 mo.-olds excl. breastfed	16%–20%	% Mothers addressed w/ EB promo	85%–95%
	<b>Complementary Feeding</b>	% Children 6–11 months receiving appropriate complementary foods	12%	% Mothers receiving CF education	85%–95%
Increase micronutrient intake	<b>Vitamin A</b>	Estimated % of children < 6 with Vitamin A deficiency	17%	Children < 5 covered w/ 2 doses of VAS in last year	70%–80%
	<b>Iron</b>	% < 5 w moderate, severe anemia	85%	% Children < 5 receiving iron supplement. % Mothers receiving iron supplement.	0% <76%
	<b>Zinc</b>	% < 5 w/ diarrhea	26%	% of children < 5 consuming zinc supplementation or fortification <sup>3</sup>	0%
	<b>Iodine</b>	% School-age children w/ urinary iodine levels below 100 µg/L	80%	% of HHs consuming iodized salt	24%
Improve diarrhea and parasite control	<b>Household water treatment</b>	% HH using HWT methods % HH with access to improved water source	22% 53%	% HHs provided with equipment/education on HWT	0%/17%
	<b>Handwashing with soap</b>	% Population washing hands before eating % < 5 w/ diarrhea	22% 26%	% HHs/mothers addressed with HW promotion programs	11%-17%
	<b>ITN (bednets)</b>	% < 5s slept under ITN last night % Malaria prevalence children < 5 <sup>2</sup>	2% 18%	% of HH with an ITN	12% <sup>4</sup>
	<b>IPTp (Intermittent preventative treatment)</b>	% pregnant women at risk of getting malaria	58%	% P women given IPT dose at ANC under direct observation	<76%
	<b>Deworming</b>	STH & schistosomiasis, % < 5	<20%	% children < 5 who got deworming drugs in last yr	70%-80%
Treat severe acute malnutrition	<b>Therapeutic feeding</b>	% children <5 SAM	1.8%	% < 5 w/ SAM who received therapeutic feeding	35% <sup>5</sup>
Improve household food security	<b>Supplementary Feeding</b>	MAM prevalence for children <5	12%	% of MAM children < 5 covered by supp. food aid	59% <sup>5</sup>
	<b>Conditional Cash Transfers</b>	% Population living under national poverty line	46%	% of households under poverty line receiving cash transfers	0%
	<b>Local Homestead Food Production</b>	% Population undernourished Household Food insecurity	8% 20%	% HHs provided support for local homestead food production	7%

currently not serious problem     
 problem requiring action     
 serious problem requiring urgent action     
 Improvement     
 coverage (full)     
 Deterioration over last yrs.



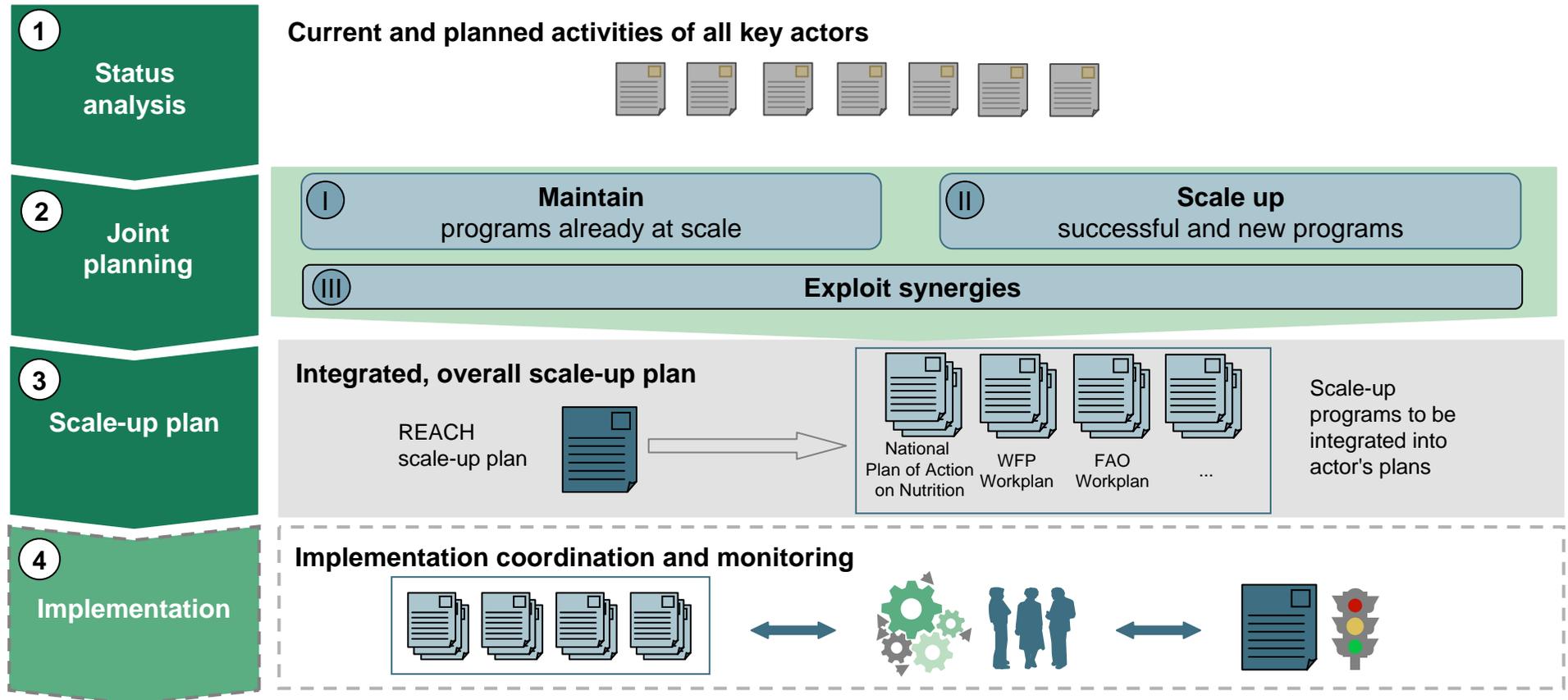
# REACH aims to exploit synergies and scale up

Current channel usage analyzed by intervention: Example Mauritania



# Joint action planning to develop country-wide scale-up plan

Scale-up plans are integration into national nutritional action plans



Investment need for scale-up modest in comparison to potential impact.  
Resource needs for Mauritania estimated at \$15–20 M p.a., for Lao PDR at \$25-30 M p.a.

# What makes this approach effective

## **Solution driven:**

Starts and focuses on the child's needs versus agencies' mandates

## **Effective Teamwork:**

Sets up working team of stakeholders with the government in the lead

## **Fact driven and action oriented:**

Systematic situational and gap analysis, planning, implementation and monitoring

## **Dedicated process facilitator:**

Encouraging and supporting coordination and joint teamwork

## **Full-country perspective:**

Focuses on delivering at scale, starting by systematically identifying gaps

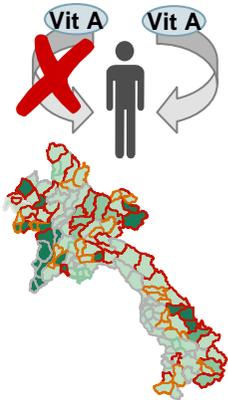
## **Ambitious and aspirational:**

Aims for a step change, not incremental improvements

**Delivers as One:  
"ONE UN" and government cooperation at all levels, exploiting synergies**

# First results already achieved at all levels

## In country: Operational improvements



- Stopped double dosage of Vitamin A
- 1M deworming tablets secured via Clinton Foundation
- Program re-design based on district level activity mapping

## National: Government fully engaged



*"We are willing to co-invest in this approach"*  
Finance Minister,  
Mauritania



## Funding: First resources mobilized



€7,5 M  
over 3 years

For  
Mauritania

## Regional: REACH hub created



Regional  
Coordinator for  
West Africa

The way forward: Roll-out to further high undernutrition burdened countries

# Summary of feedback from country mid-term visits

From Mauritania and Lao PDR

## REACH process added value

- Common language and understanding of problem generated
- Synergies identified through joint planning
- Quick wins in the country showed practical value added of REACH
- Realization that REACH process applicable to many other development issues

## Independent and skilled facilitator appreciated

- Neutrality and location within the Resident Coordinator's office welcomed
- Interpersonal skills, diplomacy and structured process management a real plus
- Dedicated facilitator ensured ongoing intensive focus

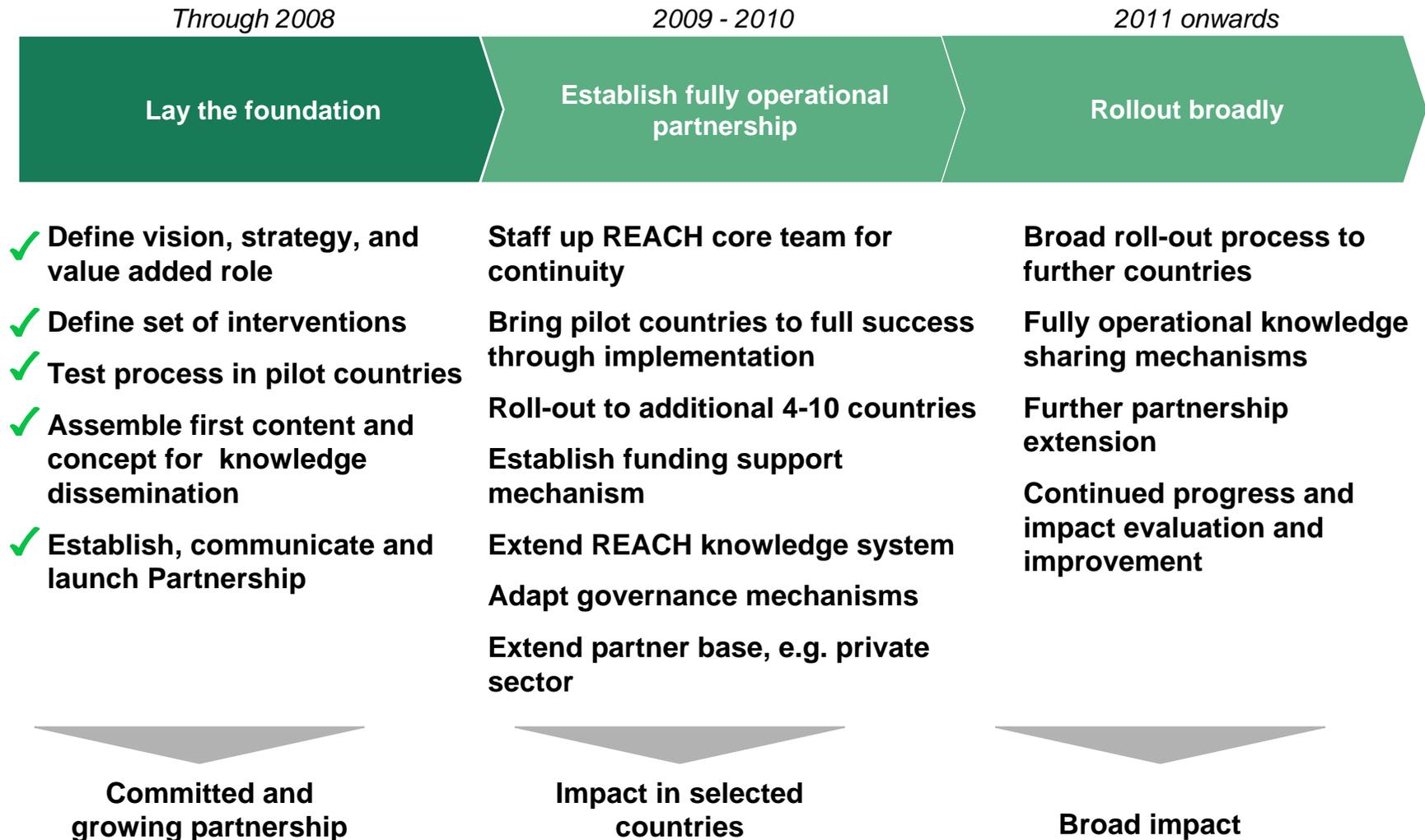
## Explicit government support and involvement important success factor

- Long-term sustainability ensured by government involvement
- Governmental technical experts fully integrated
- Government buy-in and alignment along REACH promoted interventions made easier

## Standardized REACH approach valuable, tailoring to country needs also important

- Systematic approach provided fact-based, high-level view of current activities and gaps
- REACH stocktaking, analysis and planning of scale-up strategies helped clarify process
- Tailoring to specific country situation valuable

# REACH is now entering the next stage of development



# REACH is about coordination to make a difference to this child

