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# REACH

ending child hunger and undernutrition

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## Overview of progress for WFP Executive Board

28 October 2008

# **REACH is a partnership to reduce child undernutrition**

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**WFP, UNICEF, WHO, FAO**

**Other UN (currently: SCN, IFAD, UNV)**

**NGOs & civil society (Save the Children, World Vision International, Rotary International, GAIN, Helen Keller, Catholic Relief Services, Africare, ActionAid, MSF, ACF, plus many others over past two years)**

**Academia (Tufts University, George Washington University, *The Lancet*)**

**Private sector (Boston Consulting Group)**

**Governments**

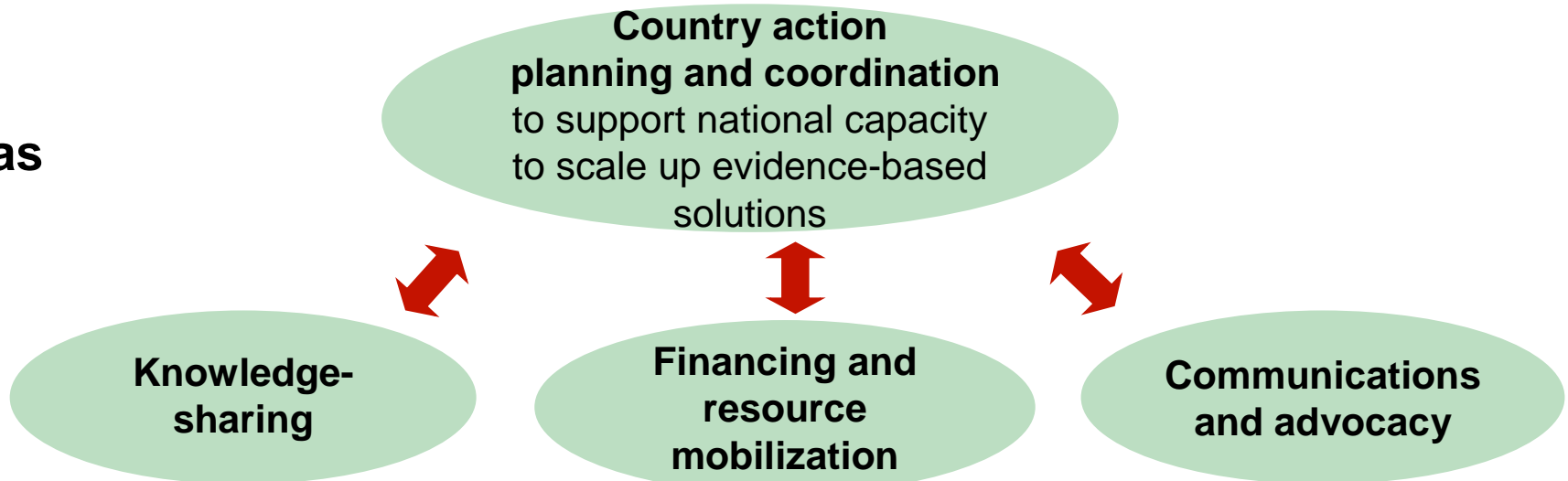
**REACH partnership is expanding and actively seeking new partners**

# REACH Overview

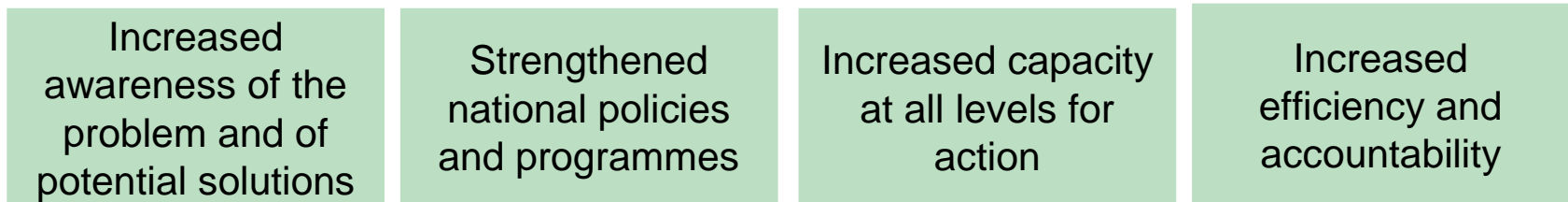
## Vision & Goals

**End child hunger and undernutrition**  
By 2015: REACH MDG 1, Target 3 (half the proportion of underweight children under 5)  
Beyond 2015: Achieve sustainable acceleration of the rate of reduction in child underweight

## Action areas



## Outcomes



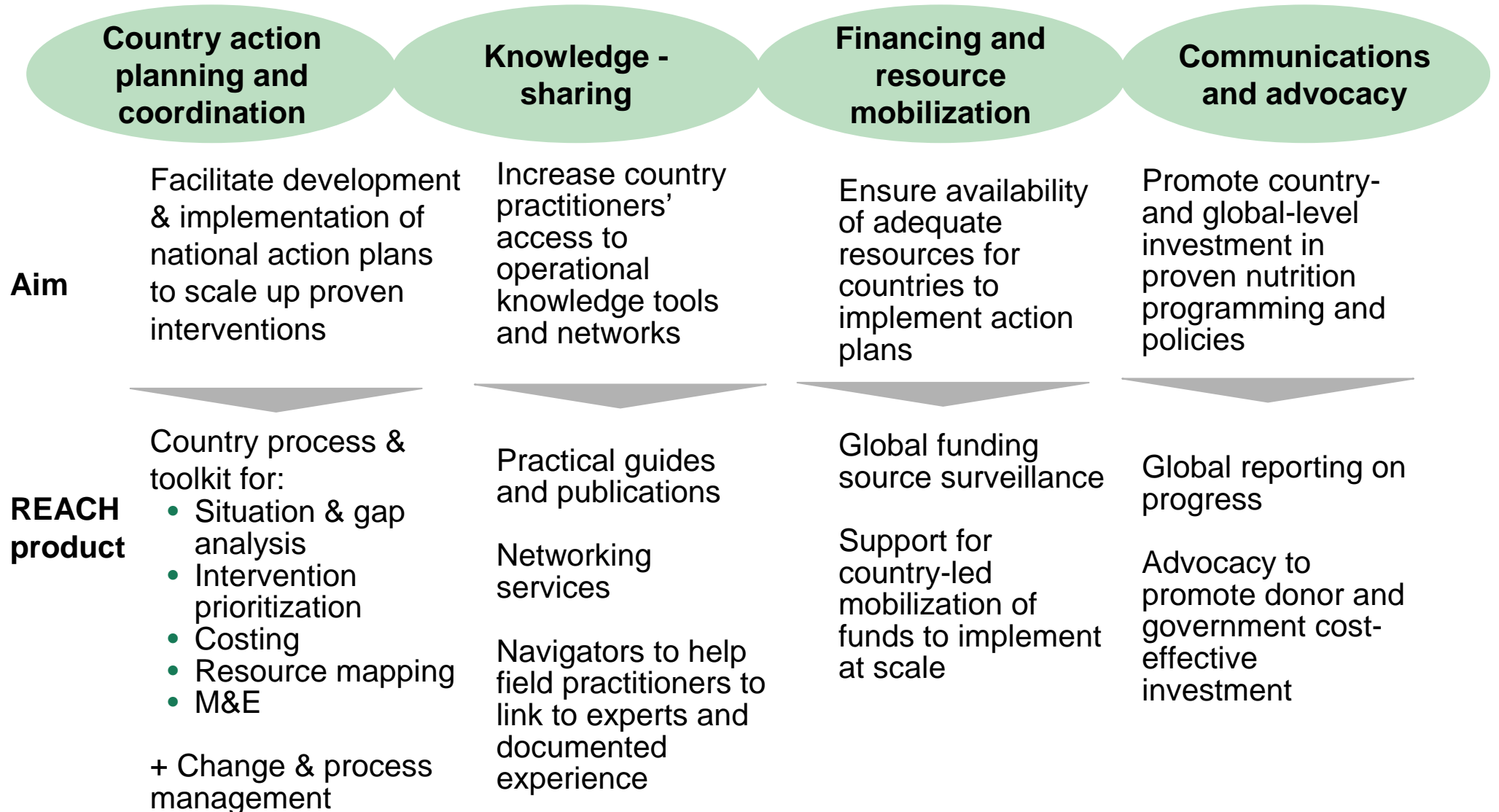
## Why REACH?

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**Most countries with high rates of undernutrition are failing to reach undernourished mothers and children with effective interventions, supported by appropriate policies**

- Nutrition is not high on national or international agendas
- Nutrition action is fragmented across sectors and organizations and supply-driven, rather than focused on a common problem and its solution
  - Data to support decision-making often weak
  - Limited strategic and operational capacity in countries
  - Knowledge-sharing on how to act at scale is limited

# Action should be mobilized in four key areas to build country capacity to act at scale



# The set of REACH-promoted interventions to achieve this goal

Address five action areas supported by evidence published by The Lancet

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## Improve breastfeeding and complementary feeding

Exclusive breastfeeding

Complementary feeding

## Increase micronutrient intake

Micronutrient supplementation and fortification

## Improve diarrhea and parasite control

Household water treatment

Handwashing with soap

Bednets and intermittent preventive treatment

Deworming

## Increase treatment of severe acute malnutrition

Therapeutic feeding

## Improve household food security

Supplementary feeding

Conditional cash transfers

Local homestead food production

Other

**Nutrition education is a cross-cutting component of many interventions**

# Progress in each area to be reported via key “sentinel” indicators

complemented by a broader set of M&E indicators

	<b>Action area</b>	<b>Sentinel indicator</b>	<b>1990</b>	<b>2006</b>	<b>2011</b>	<b>2015</b>
<b>1</b>	Improve breastfeeding and complementary feeding	% of <6 month olds that are exclusively breastfed <sup>1</sup>	33	37	45	60
<b>2</b>	Increase micronutrient intake	% of 6 to 59 month olds fully covered with 2 doses of VAS in the last year <sup>2</sup>	16	72	80	80
<b>3</b>	Improve diarrhea and parasite control	% of preschool children at risk treated with deworming tablets in the last year <sup>3</sup>	TBD	21.3	50	75
<b>4</b>	Increase treatment of severe acute malnutrition	# of countries with severe wasting rates > 10% <sup>4</sup>	TBD	25	18	12
<b>5</b>	Improve household food security	Proportion of population below minimum level of dietary energy consumption <sup>5</sup>	20% (823M)	17% (820M)	15% (800M)	10% (582M)

1. Data available from WHO Global Databank on Infant and Young Child Feeding. 2. Data available from WHO 3. Data available from WHO Partners for Parasite Control; reflects % of preschool children receiving preventive chemotherapy against soil-transmitted helminthiasis in a given year; note that provisional 2007 data reflects only 10.7%; Note that the global target established at the World Health Assembly 2001 is to achieve 75% coverage of school-aged children at risk of STH and/or SS by 2010. 4. Data available from WHO. 5. Official indicator of MDG1 target 1C

# Two levels of REACH country support

## 1 Exchange of successful operational practices

Assess, mobilize, set up working structure

- Laos/Mauritania
- WHO landscape analysis countries<sup>1</sup>

## 2 Supported country process

Detailed action planning & coordination

- Pilots in:
- Lao PDR
  - Mauritania

## 1 For all countries

- Provision of successful operational practices
- Connecting practitioners
- Exchanging know-how and communication on activities and progress

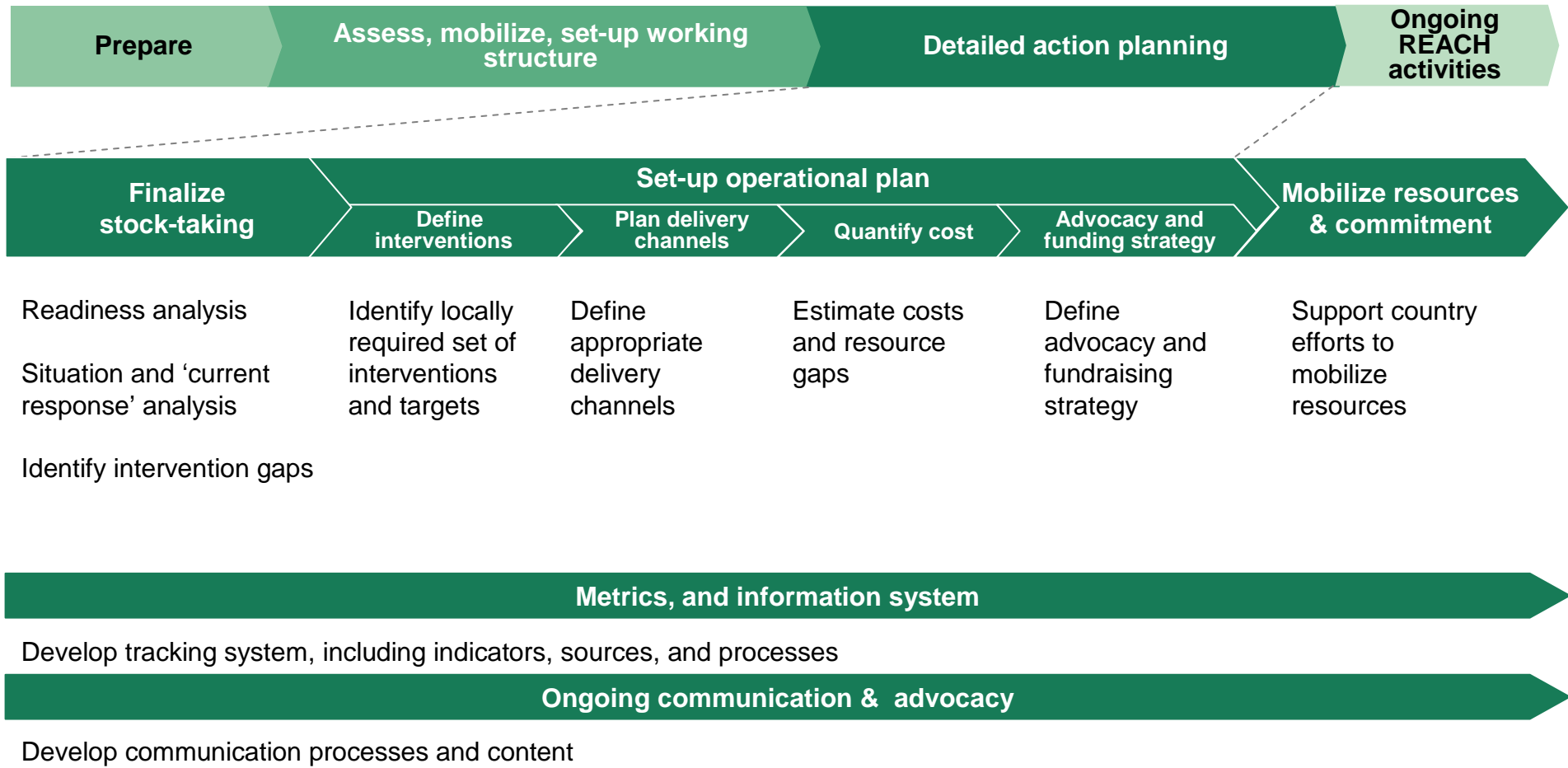
## 2 For increasing number of focus countries:

- Facilitated process of country assessment and mobilization
- Support and coaching of country action planning and implementation (with local REACH capacity)
- Raising local needs to global partnerships
- Supporting "match making" of funds and in kind contributions
- Monitoring of results

1. Burkina Faso, Ghana, Guatemala, Madagascar, Peru, South Africa and Timor Leste



# Facilitators support national teams to do the following





# Upcoming priorities

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## Next concrete action steps

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### Country action-planning facilitation

- Extend country process to additional countries
- Continue pilot process in Mauritania and Laos

### Knowledge-sharing

- Build an ongoing knowledge-sharing mechanism to support of country practitioners

### Financing and resource mobilization

- Support resource mobilization for scaling up interventions in pilot countries
- Resource mobilization for REACH partnership needs (e.g. country)

### Communications and advocacy

- Develop REACH advocacy and communication strategy
- Develop professional internet site and communication material

### Partnership development

- Define private sector partnership strategy