Health Sector Guide to Prepare

DISTRICT NUTRITION ACTION PLAN

Nutrition Coordination Division
Ministry of Health

World Health Organization
COUNTRY OFFICE FOR Sri Lanka

2013

Message of the Honourable Minister of Health

I wish to congratulate Nutrition Co-ordination Division for compiling this guide on District Nutrition Action Plan (DNAP).

Healthy nation is a reflection of prosperity of a country. Nutrition in particular plays a pivotal role in maintaining health and well-being. The government of Sri Lanka under the leadership of His Excellency the President Mahinda Rajapaksha has given high priority in achieving good nutritional status. Hence, progress made so far has to be scaled up to cover the whole population and several programmes have been initiated to achieve this goal.

It has been identified that a multi-sectoral effort is essential in this regard and hence the government established the National Nutrition Council to ensure active involvement of relevant sectors. Provincial, district and divisional level interventions are expected to be better coordinated and this is an important land mark towards achieving our goals.

I hope this guide will be a useful tool for the provinces and districts to prepare a comprehensive plan which will address their problems related to nutrition. Furthermore, I expect interventions based on this guide will result in an attitudinal change in the community regarding nutrition.

Hon. Maithripala Sirisena
Minister of Health

Message of the Secretary of Health

During the last five decades Sri Lanka has performed exceptionally well in improving health status of the population. As a result Sri Lanka has commendable health indicators.

However, comparative to other health indicators, nutrition indicators are not satisfactory and show regional disparities. Health is the basis for physical, intellectual spiritual and social development and well-being of an individual and nutrition plays a key role in determining one's health status. Detrimental effects of poor nutrition take a considerable period to develop causing much damage by-the-time signs and symptoms of deficiencies show up.

The present government has identified improvement of nutrition status of Sri Lankans as a priority need. Therefore, His Excellency the President Mahinda Rajapaksha has appointed the National Nutrition Council to augment the nutrition interventions through inter-sectoral co-ordination.

Proper planning is a key element to achieve a target. Concept of proper planning is based on evidence based interventions, scaling up to get high coverage and addressing equity and quality. This health sector guide was prepared with the intention of providing a guideline for district health planners to prepare the health sector component of the multi-sector action plan for nutrition in each district annually. I hope this guide will facilitate not only the planning process but also monitoring the implementation of the plans to improve nutrition status of the population.

Dr. Y. D. Nihal Jayathilaka
Secretary
Ministry of Health

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Dr. P.G. Mahipala
Director General
Ministry of Health

Message of the Director General of Health Services

Ministry of Health has planned to accelerate the programmes in improving the nutritional status of Sri Lankans. In order to expedite the implementation, the National Nutrition Policy and the accompanying National Nutrition Strategic Plan was developed in 2010. Despite several nutrition intervention programmes, maternal and child undernutrition remains a major public health problem in Sri Lanka. Two main reasons identified for this situation are lack of targeted interventions at local level and lack of multisectoral approach in these interventions.

This health sector guide developed by Nutrition Co-ordination Division with the collaboration of the World Health Organization is expected to help district level health planners in formulating targeted nutrition interventions to suit their own district. It is a joint responsibility of provincial, district and divisional level planners to prepare, implement, monitor and supervise the district nutrition action plan to achieve the expected outcome.

Dr. P.G. Mahipala
Director General of Health Services
Ministry of Health

Preface

Nutrition is one of the high priority areas in the health sector. Importance of proper nutrition throughout the life cycle has been identified. Over last three decades, Ministry of Health has conducted several intervention programmes to enhance nutritional status of the population. However, maternal and child nutrition problems remains a major concern.

In order to overcome these gaps, a health sector guide to prepare District Nutrition Action Plan (DNAP) was developed by Nutrition Coordination Division with the collaboration of the World Health Organization (WHO). The methodology in this guide, which has been adapted from WHO Guidelines of managing programmes to improve Child Health, is expected to enable district level health personnel to develop their DNAP according to prioritized nutrition problems. It is envisaged that this document will be used meaningfully in order to draw up the district action plans.

I would like to express my sincere gratitude towards the WHO for their financial assistance in preparation of this guideline. Technical guidance given by Dr. Anoma Jayathilaka, National Professional Officer of the WHO is very much appreciated. My sincere gratitude is extended to the experts in the FHB, HEB, Nutrition Department of the MRI, Nutrition Division, UNICEF, WFP, WB and the staff of the Nutrition Coordination Division for their collective effort in this endeavour.

Dr. S.R.H.P. Gunawardana
Director
Nutrition Co-ordination Division

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Abbreviations

ART	Antiretroviral Treatment
BFHI	Baby Friendly Hospital Initiative
BMI	Body Mass Index
CCP	Consultant Community Physician
CH	Child Health
CSB	Corn Soya Blend
DNAP	District Nutrition Action Plan
DS	District Secretary
eLENA	e-Library of Evidence for Nutrition Actions
FBS	Fasting Blood Sugar
FHB	Family Health Bureau
FP	Family Planning
GMP	Growth Monitoring and Promotion
HIV	Human Immuno-deficiency Virus
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illness
IYCF	Infant & Young Child Feeding
LBW	Low Birth Weight
MCHP	Maternal and Chilld Health Policy
MMN	Multiple Micro Nutrient
MoH	Ministry of Health
MOMCH	Medical Officer of Maternal and Child Health
MRI	Medical Research Institute
MSAPN	Multi - Sector Action Plan for Nutrition
MSR	Monthly Sanitary Report
NCD	Non Communicable Diseases
NFSS	Nutrition & Food Security Survey
NNC	National Nutrition Council
NNP	National Nutrition Policy
NNS	National Nutrition Secretariat
NNSC	National Nutrition Steering Committee
NNSP	National Nutrition Strategic Plan
ORT	Oral Rehydration Therapy
PDHS	Provincial Director of Health Services
PMTCT	Prevention of Mother To Child Transmission
PPBS	Post Prandial Blood Sugar
RDHS	Regional Director of Health Services
TB	Tuberculosis
TOR	Terms Of Reference
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization
WIFS	Weekly Iron Folate Supplementation

1. Introduction

Accelerating progress in improving the nutritional status of the population requires clear planning, leadership and engagement of multiple stakeholders at national and district level. This document would guide the health sector personnel in the district planning teams to translate the National Nutrition Strategic Plan (NNSP) and health sector directions of the National Nutrition Council (NNC) into specific actions in the nutrition plan relevant to their particular districts.

District Nutrition Action Plan (DNAP) is a district specific activity plan with a view to improve the nutritional status of the population at district level based on National Nutrition Policy (NNP), National Nutrition Strategic Plan, and the multi-sector action plan for nutrition (MSAPN) of the National Nutrition Secretariat (NNS). This will serve as a guide for you to prepare the operational nutrition action plan in each district annually.

Improvement of the nutrition of populations need a multi-sectoral approach with defined Terms of Reference (TOR) for the different sectors. Nutritional issues cannot be addressed only by the Ministry of Health (MoH). The different sectoral plans should be collaborated at the district level under the guidance of National Nutrition Secretariat.

1.1 Continuum of care for nutrition in life cycle

People have unique nutritional requirements and challenges at different stages of the life cycle from conception to death. Therefore, the nutritional challenges of the life cycle should be addressed through the continuum of care throughout the life cycle and across the health system (community, outreach, clinic and hospital). Literature shows that the greatest benefits can be seen by improving nutrition in the first 1000 days of life, which is stated as "Window of opportunity", starting from the day of conception to the day of the 2nd birthday. However, proper nutrition and correct food habits are mandatory needs of the population irrespective of their age specially with the emerging non-communicable diseases such as Heart Disease, Diabetes and some malignancis.

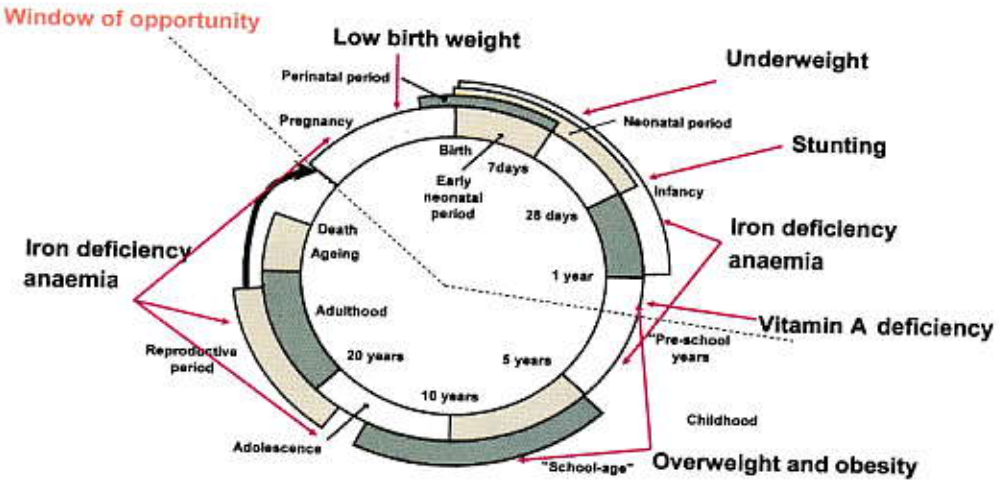

Figure 1.1 Nutritional challenges in the life cycle

1.2 Interventions

In order to achieve the ultimate objective of improved nutritional status of the population, it is mandatory to improve the population-based coverage of evidence-based interventions.

Interventions can be defined as treatments, technologies, key health or social behaviours and family practices that prevent or treat illness or nutrition problems and reduce deaths and illnesses or improve health or nutritional status. They should not be considered as simple activities.

Sri Lanka has well established service delivery systems in health, agriculture, livestock, education, civil societies etc. These existing systems should be utilized for the delivery of both health and non health related interventions. In other words, delivery of interventions needs involvement of all sectors. Some interventions relevant to improving nutritional status of Sri Lankans are listed in Table 1.1.

Table 1.1 Nutrition related evidence based interventions

Health Related Interventions throughout the lifecycle and service delivery packages

Stage in life cycle	Interventions / Evidence based actions	Intervention package
Adolescents	• Nutrition counseling through food-based dietary guidelines • Intermittent Iron and folic acid supplements in adolescent girls and boys • Prevention of adolescent pregnancy • Hand washing and hygiene interventions • De-worming in adolescents • Rubella immunization • Household water treatment and safe storage • Community Promotion of sanitation	Adolescent health package Health promoting school
Pre pregnancy	• Nutrition counseling through food-based dietary guidelines • Intermittent Iron and folic acid supplements in reproductive age women • Pregnancy spacing (provision of the full range of family planning methods including emergency contraceptive methods) • Hand washing and hygiene interventions • Pre- conception folic acid supplementation • Household water treatment and safe storage • Community Promotion of sanitation	Pre pregnancy care package
Pregnancy and lactation	• Nutrition counseling through food-based dietary guidelines • Micronutrient supplements (Iron + folic acid + vitamin C) for women during pregnancy and till 06 months after delivery • Calcium supplements for women during pregnancy • De-worming in pregnant women • Protein and energy supplementation in women with low BMI • Monitoring of progress of pregnancy and assessment of maternal and fetal wellbeing including nutritional status • Detection and management of complications of pregnancy (anaemia, hypertensive disorders, multiple pregnancies etc)	Maternal care package

Stage in life cycle	Interventions / Evidence based actions	Intervention package
Pregnancy and lactation	• Prevention of mother to child transmission of HIV (PMTCT) by antiretroviral treatment (ART), infant feeding counseling, mode of delivery advice etc • Intermittent preventive treatment of malaria in pregnancy (In endemic areas) • Prevention and cessation of tobacco, alcohol and drug consumption in pregnancy, inclusive of exposure to passive smoke • Reduction of indoor air pollution • Prevention and control of occupational risk in pregnancy • Prevention and control of genitourinary infections in pregnancy • Provision of insecticide-treated bed nets • Hand washing and hygiene intervention • Management of preterm delivery • Household water treatment and safe storage • Community Promotion of sanitation	
Infants and children	• Properly timed cord clamping to prevent anaemia • Implementation of the Baby Friendly Hospital Initiative (BFHI) • Early initiation of breastfeeding (within one hour of birth) • Exclusive breastfeeding for 6 months • Continued breastfeeding up to 2 years and beyond • Timely introduction of complementary foods • Provision of minimum acceptable diet to children 6 to 23 months of age • Nutrition counseling for mothers and children, healthy or sick, based on Food Based Dietary Guidelines • Implementation of the international Code of Marketing of Breast-milk Substitutes and related resolutions of the World Health Assembly subsequent to resolution WHA34.22 adopting the Code • Prevention of mother to child transmission of HIV (PMTCT) by antiretroviral treatment (ART), infant feeding counseling, etc • Vitamin A supplementation for children between 6 months to 5 years • Iron supplements in children under 5 years • Zinc supplements for diarrhoea management	New born care package BFHI GMP CH IYCF IMCI

Stage in life cycle	Interventions / Evidence based actions	Intervention package
Infants and children	• Home fortification of foods intended for young children (use of multiple micronutrient powders) • Provision of adequate support according to the Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding. • Feeding of low birth weight babies • Integrated management of severe acute malnutrition through facility and community based interventions • Treatment of moderate acute malnutrition • Provision of insecticide-treated bed nets • De-worming in children • Hand washing and hygiene interventions including hygienic cord care and safe disposal of baby's faeces • Kangaroo mother care to reduce morbidity and mortality and improve growth in low-birth-weight infants • Household water treatment and safe storage • Community Promotion of sanitation	
Reproductive age women	• Nutrition counseling through food-based dietary guidelines • Intermittent Iron and folic acid supplements in reproductive age women • Nutritional care of people living with HIV, TB, NCD, other illnesses • Energy and protein supplementation in women with low BMI • Pregnancy spacing (provision of the full range of family planning methods including emergency contraceptive methods) • Hand washing and hygiene interventions • Household water treatment and safe storage • Community Promotion of sanitation	Women's health package FP

Stage in life cycle	Interventions / Evidence based actions	Intervention package
Women in post reproductive age group (up to 60 years)	• Nutrition counseling through food-based dietary guidelines • Specific additional counseling for those with special nutritional requirements (eg – diabetes, hypercholesterolaemia) • Regular screening for nutrition-related NCD (eg – FBS, PPBS, Lipid Profile) • Nutritional care of people living with HIV, TB, NCD, other illnesses • Hand washing and hygiene interventions • Household water treatment and safe storage • Community Promotion of sanitation	NCD Packages HIV/AIDS
Men in workforce (20 - 60 yrs)	• Nutrition counseling through food-based dietary guidelines • Specific additional counseling for those with special nutritional requirements (eg – diabetes, TB, hypercholesterolaemia) • Prevention & cessation of alcohol, tobacco & drug use, with emphasis on its ill effects on both family nutrition & finances • Regular screening for nutrition-related NCD (eg – FBS, PPBS, Lipid Profile) • Nutritional care of people living with HIV, TB, NCD, other illnesses • Hand washing and hygiene interventions • Household water treatment and safe storage • Community Promotion of sanitation	NCD Packages HIV/AIDS
Elderly	• Nutrition counseling through food-based dietary guidelines • Specific additional counseling for those with special nutritional requirements (eg – diabetes, TB, hypercholesterolaemia, immobile, with malignancies) • Regular screening for nutrition-related NCD (eg – FBS, PPBS, Lipid Profile) • Oral care & hygiene Hand washing and hygiene interventions • Household water treatment and safe storage • Community Promotion of sanitation	

Non-health related interventions (Table 1.1 cont.)

Sector	Interventions / Evidence based actions	Responsible agency at national level	Responsibility at district level
Agriculture and food production	• Special programmes to improve food security at household level (Divinaguma) • Universal iodization of salt	Ministry/Economic Development Ministry/Trade Ministry/Health	District Secretary (DS), Regional Director of Health Service (RDHS) Director of Agriculture
Social protection	• Conditional and unconditional cash transfers (Samurdi) • Food supplementation (CSB)	Ministry/Economic Development Ministry/Trade Ministry/Health	District Secretary (DS), Regional Director of Health Service (RDHS)
Trade	• Taxation, subsidies or direct pricing to influence prices and encourage healthy eating and lifelong physical activity	Ministry/Trade Ministry/Finance	District Secretary (DS)
Education	• Improvement of diet and physical activity in schools (Mid day meal) • Implementation of the Nutrition Friendly School Initiative (canteen policy) • Improving nutrition in school settings through implementing School Health Clubs in all schools	Ministry/Education Ministry/Health Ministry/Sport	Zonal Director of Education RDHS/MOH
Labour	• Support to lactating working women (through adopting and enforcing the ILO Maternity Protection Convention183 and Recommendation 191)	Ministry of Labour Ministry/Health Ministry/Public Administration	RDHS MOMCH, District Labour Commission
Information	• Labeling of food products (food safety) • Implementing strict control of nutrition & health information publicized through advertising and other channels of media communication	Ministry/Health Ministry /Media Ministry/Trade President Secretariat	DS, RDHS
Water and Sanitation	• improvement of water supply • improvement of sanitation	Ministry/Water supply and drainage	DS, District Engineer - NWSDB Local Authorities

Sources: Bhutta, et al., 2008
Bhutta, et al., 2013
WHO, 2011a; b
WHO, 2012a; b
WHO, 2013a

Interventions as packages

It is beneficial to deliver interventions as packages rather than isolated interventions. Packaging makes programmes feasible, reduces costs and improves effectiveness.

E.g. Maternal care package is an intervention package, which includes many nutrition interventions such as iron, folic acid and calcium supplements for pregnant women together with other maternal care Services.

Coverage

To achieve the ultimate objective of improved nutritional status of the population (e.g. reduce LBW, stunting, wasting etc), it is necessary to have a higher population-based coverage of evidence-based interventions. This is a key principle in developing programme plans.

Ideally, all interventions should reach universal coverage (99%) in target populations to achieve the optimum effect while a minimum coverage of 80% is required to achieve an appreciable effect. Therefore, any nutrition programme implemented in the district must focus on achieving universal coverage. In addition, coverage should be uniform across all population categories and geographical areas with special emphasis on vulnerable populations. NNP statement 5.3 addresses this to ensure adequate nutrition of vulnerable populations. Policy statements 5.3.1 to 5.4.4 further elaborate this need. The figure 1.2 illustrates the programmatic pathway involved in achieving an improved nutritional status of the population.

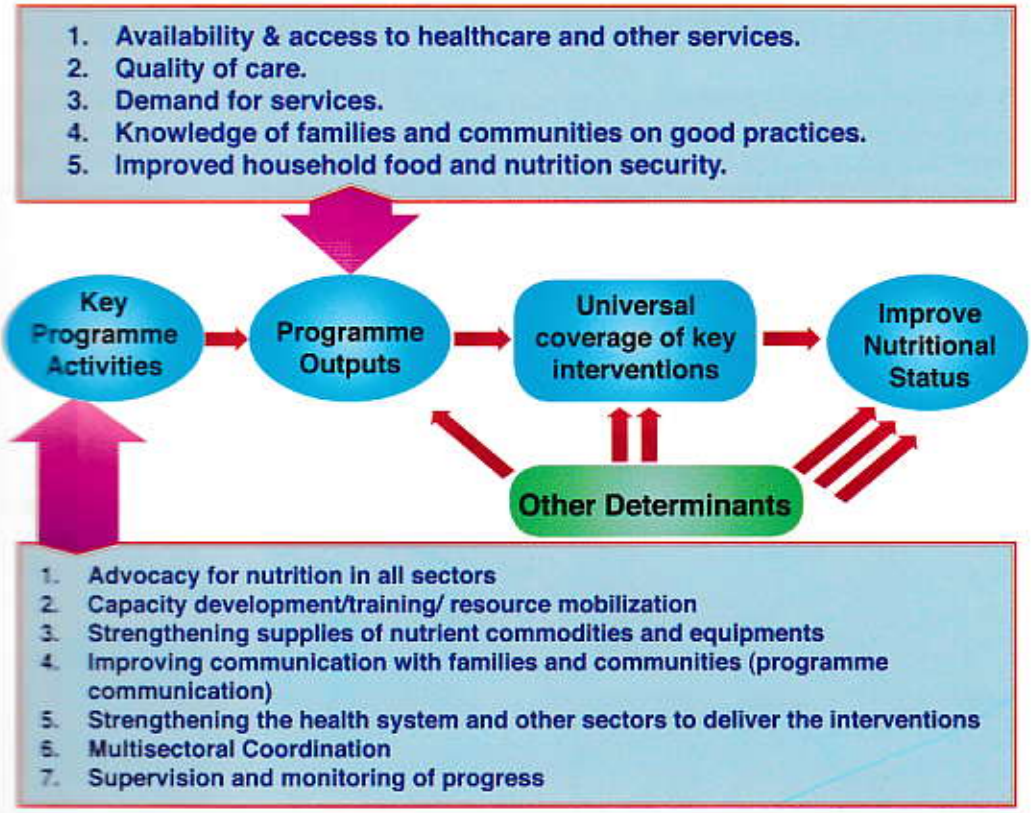

Figure 1.2 The programmatic pathway involved in achieving an improved nutritional status of the population.

- In order to increase the population-based coverage of key interventions, the programme outputs mentioned in the figure 1.2 should be achieved (annexure I).
- To achieve these programme outputs, implementing all **key categories of programme activities** mentioned in the figure 1.2 are essential.

It would be difficult to achieve universal coverage without implementing these key categories of activities for each intervention or intervention packages.

- It should be noted that the mutisectoral nature of the nutrition problems indicate that there are some other factors/ determinants affecting the nutritional status outside the health sector. i.e. Agriculture and food production, Trade, Education etc. Therefore, **multisectoral coordination** is crucial for achieving universal coverage of key interventions.
- **However, guidelines provided in this document mainly focus only on health sector.**

1.3 Programme planning and management cycle

Effective programme planning and management cycle should have two parts, strategic planning and implementation planning.

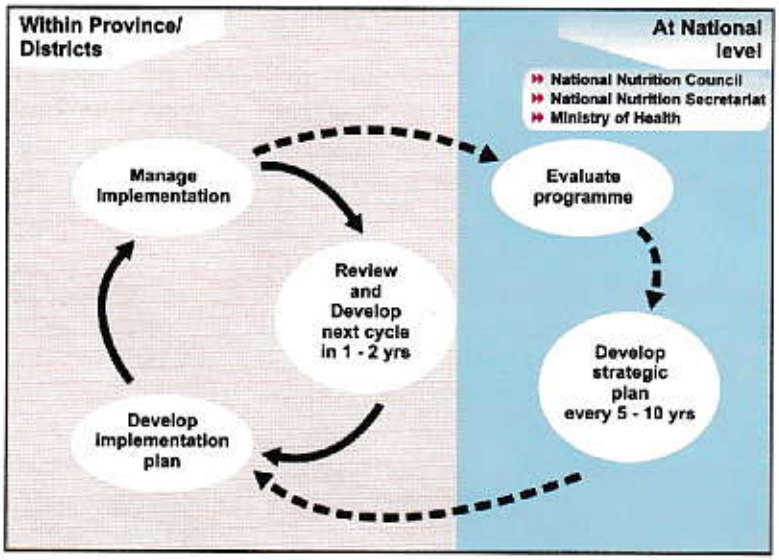

Figure 1.3 Programme Planning and Management Cycle

Strategic plan

NNP and NNSP have been in operation since 2010 and provide the framework for developing implementation plans at district level. These are used to ensure commitment of stakeholders to a common national goal and provide overall guidance for implementation and financing to ensure the achievement of goals. Programme evaluation is usually done at national level every 5 to 10 years and findings used for next strategic planning cycle.

Implementation plan

An implementation plan guides the effective delivery of programme interventions by describing in detail how implementation of programme activities will take place on the ground. The process of developing an implementation plan includes describing the activities for delivering each intervention or intervention package in the four levels of health facilities; home & community, field level, first-level and referral facilities. Review should be undertaken after 1 or 2 years of implementation. The results of the review must be considered to plan the next programme cycle.

2. Developing and implementing District Nutrition Action Plan (DNAP)

An implementation plan guides the effective delivery of programme interventions by describing in detail how implementation will take place. Implementation plan mainly focuses on improving coverage of interventions. Fig. 2.1 describes the key steps in developing an implementation plan with sequences to be followed from step 1 to 6.

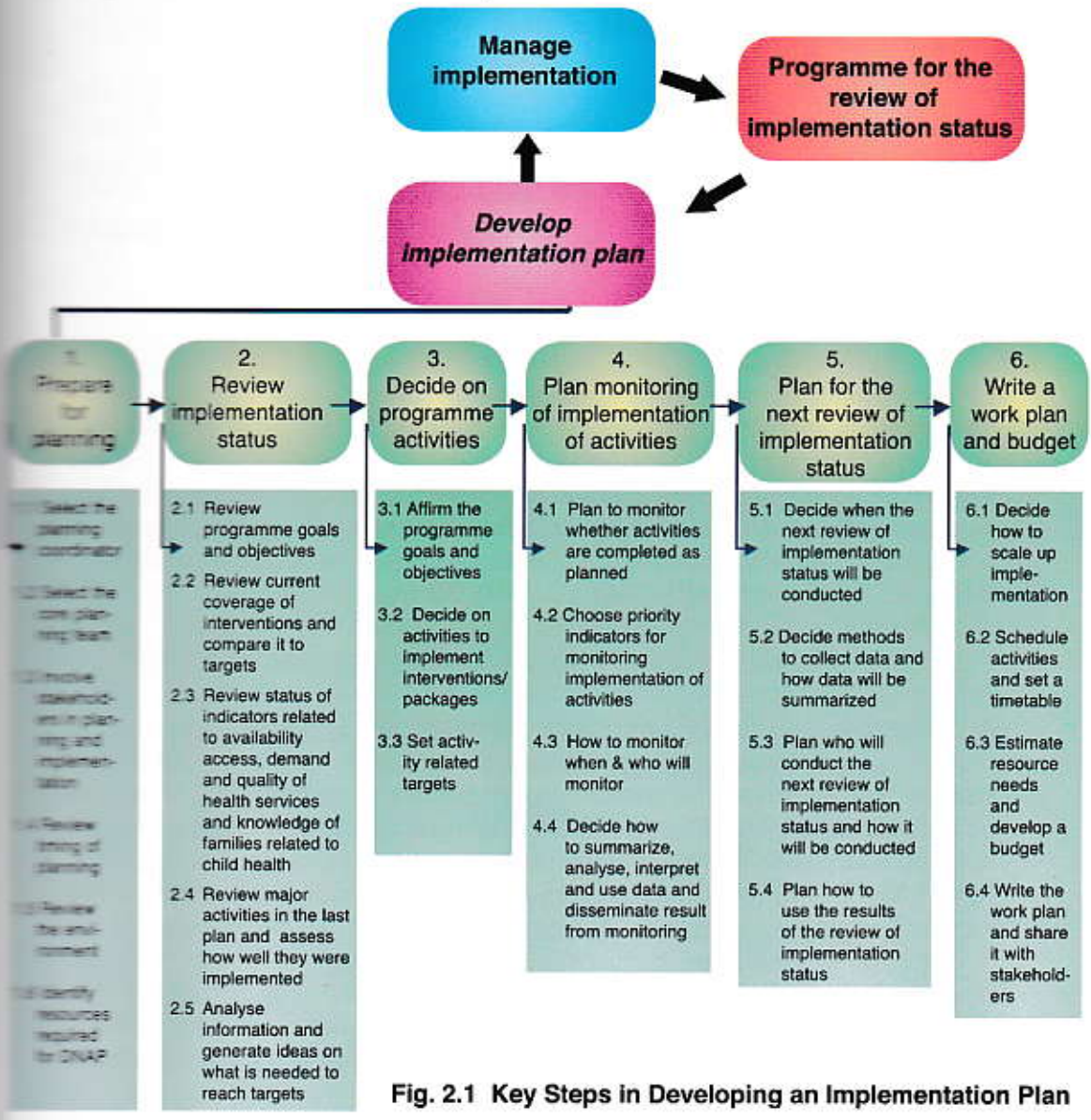

Fig. 2.1 Key Steps in Developing an Implementation Plan

2.1 Key steps in developing an implementation plan (DNAP)

This is need to be done in step by step process as described in fig:2.1 in a sequential manner.

Step 1: Prepare for planning

1.1 Identify the planning coordinator

The planning coordinator should ideally be an expert in nutrition issues with leadership and facilitation skills to ensure progress and to mobilize available technical resources. MOMCH/ MO Planning often make ideal planning coordinators under the leadership of RDHS/ DRDHS. The planning coordinator is usually responsible for forming the core planning team and organizing the work.

1.2 Select the core planning team

The core planning team should have the required technical skills and be comprised of members from all relevant sectors. To be most efficient, the team should consist of 5-10 members. It is important that this team has the support of senior managers and decision makers–so that the team can get data and talk to staff. This support will also help ensure that the plan will be put into action. Thus this team may be comprised of relevant personnel from Health (PDHS/ RDHS/ CCP/ MOMCH/ MO-Planning/ MONCD).

1.3 Involve stakeholders in planning and implementation

Stakeholders are those who have a 'stake' or an interest in nutrition programmes. This includes representatives from both health and non health sectors. Participation of non health sectors in this process is vital. They can be individuals, organizations or informal groups. Health sector stakeholders may include paediatricians, Directors/DMOs of the hospitals, key MOOHs, RSPHNO, HEO, other health-care workers. Non health sector stakeholders may include District Secretary, key Divisional Secretariats, District representatives of Agriculture, Education, Samurdhi, Livestock, Fisheries, Social Services, local government institutions. Focus group discussions may be held prior to planning with the participation of following non health sector stakeholders and bring their view to the District planning team: Municipal and Urban Councils,

Pradeshiya Sabhas), local community, NGOs, foundations, community-based organizations (women's groups, mother's groups) and schools. They may also include traditional leaders and users of nutrition related services

1.4. Review timing of planning

Planning is a time consuming exercise. It is essential to identify a time period dedicated for planning cycle around June, July of each year. This is very important to prepare a comprehensive plan. Planning excercise should be scheduled so that implementation plans will be available when:

- ✓ Governments are allocating annual budgets (usually around August – September) Therefore plans should be ready before that.
- ✓ Donors are seeking proposals for funding.
- ✓ Development partners/ NGOs are beginning work in a particular district or group of districts.
- ✓ Non-health groups or organizations (community-based organizations, religious groups, teachers, etc.) are looking for ways of contributing to local health projects.

1.5. Review the environment in the district

The environment or context in which nutrition programmes operate influences what can be done. Nationwide, proper nutrition has been prioritized as an urgent need. Consider the local political environment, implementation of nutrition and related policies and national guidelines, existing regulations, budgetary allocations and other resources for nutrition from various sectors, socio-economic and cultural context and the risk of natural or man-made disasters.

1.6 Identify resources required to develop DNAP

Three main resources are required to develop DNAP.

Personnel - Planning team and Stakeholders (ref 1.2, 1.3).

Funds - Identify funds available

Information - Collect the following information

The following information will be of value in initiating planning exercise.

- Policies, strategies and guidelines relevant to nutrition (MCHP, NNP, NNSP, DNAP guide).
- Three year multi sector action plan for nutrition prepared by NNS.
- Five year strategic plan prepared by MoH
- Programme plans for nutrition, including the most recent implementation plan, strategic plan, proposals or other activity plans in various sectors and extract the nutrition component (MCH, NCD, Youth etc)
- Programme guidelines and tools,
- Data on nutrition, related community practices, and health services.
- Recent review and evaluation reports and major research if any.

Step 2: Review implementation status (situation analysis)

Data required for this review could be obtained from multiple sources such as Health Management Information System (HMIS) (eg. H509), Nutrition Month Data, Demographic and Health Survey findings, NFSS (MRI & UNICEF, 2010), outputs of the desk review (MoH, 2010), Report of Landscape analysis on nutrition and provincial profiles (MRI & WHO, 2011), Marginal Bottleneck Analysis for Budgeting (UNICEF, 2011) and other relevant reports and research findings encompassing all relevant sectors. In the absence of adequate coverage and output data, small scale surveys such as ten household surveys, lot quality assessment surveys and exit interviews may be required.

It is always preferable to prepare a district profile by MOMCH and make a presentation at the beginning of the planning exercise to the co-planning team. A comprehensive review assesses progress in implementing activities and compares results against previously set targets. It helps programme managers to determine what is working and not working. The review should follow the steps described below.

2.1 Review programme goals and objectives

Remember that goals of the nutrition programme would be the desired changes in nutritional status.

Goals and objectives provide the overall direction of nutrition programmes. The goals and objectives in a district should be in accordance with NNP & NNSP.

Planning team should perform a desk review to identify the current nutritional status of the district. Thus, this can be carried out as a group work based on the format in **Table 2.1. Previous targets (column IV) and current status (column V) of this table should be filled before the planning session.**

Group work 1 -

Nutritional status that needs improvement (programme goals) should be identified and prioritized with consensus by using the Table 2.1 (last column).

Table 2.1 Nutritional status and targets

Stage in Lifecycle (I)	Nutrition status indicators (II)	Possible source (III)	Nutritional status			Programme goals (Nutritional status need improvement) (VII)
			Prev. target & set year (IV)	Curr. Status/ Latest available (V)	Target by 2017 (VI)	
Pregnancy	% of mothers with BMI <18.5 kg/m² in first clinic visit	H 509				
	% of mothers with BMI 25 -29.9 kg/m² in first clinic visit	H 509				
	% of mothers with BMI >30 kg/m² in first clinic visit	H 509				
	Prevalence of anaemia among pregnant mothers in first trimester (Hb<11g / dl)	H 509				
	Prevalence of anaemia among pregnant mothers in third trimester (Hb<11g / dl)	H 509				
Children under 5 years of age	Prevalence of low birth weight	H 830, H 509				
	% of stunted children 0-1 yr	Annual nutrition month data, GMP register /MRI surveys, DHS				
	1 - 2 yr					
	2 - 5 yr					
	0-5 yr (Total)					

(Table 2.1 cont.)

Stage in Life cycle (I)	Nutrition status Indicators (II)	Possible source (III)	Nutritional status			Programme goals (Nutritional status need improvement) (VII)
			Prev. target & set year (IV)	Curr. Status/ Latest available (V)	Target by 2017 (VI)	
Children under 5 years of age	% of wasted children 0-1 yr 1 - 2 yr 2 - 5 yr 0-5 yr (Total)	Annual nutrition month data , / MRI surveys, DHS				
	Proportion of overweight children 0-5 years	MRI surveys, DHS				
	Proportion of children aged 6-12 months with haemoglobin concentration of <11 g/dl	DHS/ MRI surveys				
	Proportion of children aged 6-59 months with haemoglobin concentration of <11 g/dl	DHS/ MRI surveys				
	Proportion of children below five years of age with subclinical vitamin A deficiency (low serum retinol levels)	MRI surveys				
School age and adolescent related	Proportion of low BMI school-age adolescents in grade 7	H 797				
	% of students with stunting in grade 4	H 797				
	Proportion of overweight school-aged adolescents in grade 7	H 797				
	Proportion of children aged 6-12 years with median urinary iodine concentration < 100 µg/l	MRI Surveys				
	Proportion of adolescents with Hb <12 g/dl	Surveys				

(Table 2.1 cont.)

Stage in Life cycle (I)	Nutrition status indicators (II)	Possible source (III)	Nutritional status			Programme goals (Nutritional status need improvement) (VII)
			Prev. target & set year (IV)	Curr. Status/ Latest available (V)	Target by 2017 (VI)	
Women in reproductive age (non pregnant)	Proportion of women in reproductive age with BMI <18.5 kg/m²	DHS				
	Proportion of women in reproductive age with BMI 25 -29.9 kg/m²	DHS				
	Proportion of women in reproductive age with BMI >30 kg/m²	DHS				
	Proportion of women in reproductive age with haemoglobin concentration of <12 g/dl	DHS				
Men in the work force (20- 60 yrs)	Proportion of men (20-60yrs) with BMI <18.5 kg/m²					
	Proportion of men (20-60yrs) with BMI 25 -29.9 kg/m²					
	Proportion of men (20-60yrs) with BMI >30 kg/m²					
	Proportion of men (20-60yrs) with haemoglobin concentration of <12g/dl					
Elderly	Proportion of elders with BMI <18.5 kg/m²					
	Proportion of elders with BMI 25 -29.9 kg/m²					
	Proportion of elders with BMI >30 kg/m²					
	Proportion of elders with anaemia (Hb<12g / dl)					
	Proportion of elders with nutrition-related NCD					

2.2 Review current coverage of interventions and compare it to targets

A key objective of any programme plan is to increase coverage of effective evidence based interventions.

E.g. Exclusive breast feeding for 6 complete months to be increased from 70% to 85% from 2012 to 2014.

Ensuring equity and quality are important aspects to be considered as programme objectives. High or universal Population-based coverage of interventions highlights how well interventions are reaching the target population.

If you have selected programme activities under different categories and implemented effectively, aiming programme output coverage of interventions, those can be scaled up in a relatively short period of 1-2 years.

Group work 2 -

Tasks

1. **Compare the current coverage of interventions with the targets specified in previous plan**
2. **Identify the interventions with poor coverage.**

The data sources mentioned in Table 2.2 could be used to obtain the relevant information. (If you have not specified the targets for interventions in previous plan, get consensus of the team).
You are recommended to use the indicators given in Table 2.2 for this exercise.

Target in previous plan and Current coverage (column IV and V) of this table to be filled before planning session by MOMCH of the district.

According to the coverage indicators of the Table 2.2, Table 2.3 to be filled and identify the intervention packages that need scaling-up/ improvements.

Table 2.2 Coverage indicators and targets

Stage in life cycle (II)	Coverage Indicators (II)	Possible source (III)	Target Identified in previous plan. (1V)	Current coverage (V)	Programme objectives (Coverage Target by20.....) (V1)
Pregnancy and postpartum period	% of pregnant women whose BMI is calculated at first antenatal visit per MOH/district	H509			
	% of pregnant women who gain adequate weight during pregnancy according to the BMI	Nutrition month data / Sample survey / Annual data sheet FHB / H 512B			
	% pregnant women screened for anaemia at first antenatal visit	Sample survey / H 512B / Annual data sheet FHB			
	% of pregnant women receiving iron and folic acid supplements	Sample survey H 512B			
	% of pregnant women who received antihelminthic treatment during pregnancy	Sample survey H 512B, Annual data sheet FHB			
	Proportion of anaemic pregnant women who received double dose of iron supplementation	Sample survey H 512B			
	Contraceptive prevalence rate	DHS H 509			
Infancy and childhood	% of newborns initiated breast feeding within 1 hour of life	Annual data sheet FHB, MRI surveys DHS			
	% of newborns received pre lacteal feeding/milk powder	Sample survey			
	Proportion of infants under six months who are exclusively breastfed	DHS, Annual data sheet FHB			

(Table 2.2 cont.)

Stage in life cycle (I)	Coverage indicators (II)	Possible source (III)	Target Identified in previous plan. (1V)	Current coverage (V)	Programme objectives (Coverage Target by20.....) (V1)
Infancy and childhood	% of mother baby pairs where breast feeding was established (observed to be of correct technique by a health care worker) at the time of discharge from hospital	Sample survey New born format			
	Proportion of infants 6-8 months of age who receive solid, semisolid or soft foods during the last 24 hours	Sample surveys DHS MRI surveys			
	% of children 6-23 months of age who receive foods from four or more food groups in the last 24 hours	DHS MRI surveys Sample surveys			
	% of children 6-23 months of age who receive minimum meal frequency in the last 24 hours	Sample surveys DHS MRI surveys			
	% of children 6-23 months of age who receive a minimum acceptable diet (apart from breast milk) in the last 24 hours	DHS MRI surveys Sample surveys			
	% of children 12-15 months of age who were breastfed in the last 24 hours	DHS MRI surveys			
	% of children 20-23 months of age who were breastfed in the last 24 hours	DHS			

(Table 2.2 cont.)

Stage in life cycle (I)	Coverage Indicators (II)	Possible source (III)	Target Identified in previous plan. (1V)	Current coverage (V)	Programme objectives (Coverage Target by20.....) (V1)
Infancy and childhood	Proportion of children 0-23 months of age who are fed with a bottle	MRI surveys			
	% of whose growth is monitored regularly according to the age	H 509			
	% of children 6-59 months below -2SD weight for age who received Thriposha / CSB at least twice during the last quarter	DHS MRI surveys			
	% of receiving MMN supplement at 6-8 months, 12-14months and 18-20 months	DHS MRI surveys, Annual data sheet FHB			
	Proportion of children under five years of age who have received two doses of vitamin A supplement in the previous year	DHS MRI Annual data sheet FHB			
	Proportion of children under five years of age who have received one dose of vitamin A supplements in the previous year	DHS MRI/ Annual data sheet FHB			
	Proportion of children under five years of age who have received anti - helminthic treatment in the previous year	DHS MRI surveys/ Annual data sheet FHB			

Stage in life cycle (I)	Coverage indicators (II)	Possible source (III)	Target Identified in previous plan. (IV)	Current coverage (V)	Programme objectives (Coverage Target by 20.....) (VI)
	Proportion of households having access to iodized salt	Sample survey			
	Proportion of population with sustainable access to an improved water source	Sample survey, MR-PHI			
	Households consuming adequately iodized salt.	Sample survey			

Table 2.3 Summary table to identify intervention packages that need improvements

Stage in Life cycle	Intervention packages	Interventions with poor coverage (according to the Table 2.2)	Whether improvement necessary
Pregnancy and postpartum period	Maternal care package		Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
	Non health packages		Yes / No
			Yes / No
			Yes / No
			Yes / No
Infancy and childhood	Essential new born care package		Yes / No
			Yes / No
			Yes / No
			Yes / No
	IYCF package		Yes / No
			Yes / No
			Yes / No
			Yes / No
	CH Package		Yes / No
			Yes / No
			Yes / No
			Yes / No
	IMCI Package		Yes / No
			Yes / No
			Yes / No
			Yes / No

Table 2.3 cont.)

Stage in Life-cycle	Intervention packages	Indicators with poor coverage (according to the Table 2.2)	Whether improvement necessary
Infancy and childhood	GMP package		Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
Schooling and adolescent related	Adolescent health package		Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
	Health promoting school		Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
	Non health package		Yes / No
			Yes / No
			Yes / No
			Yes / No
Women in reproductive age (non pregnant	Family planning package		Yes / No
			Yes / No
			Yes / No
	Women's health package		Yes / No
			Yes / No
			Yes / No
			Yes / No
Men in the workforce (20-60 yrs)			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
Elderly			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No

(Table 2.4 cont.)

Intervention package that need improvements: fill separate table for each intervention package

.....

Activity category(I)	Activities planned in previous health plans identify the aimed output also in each activity (availability, accessibility.....) (II)	Status of implementation (Fully/ Partly / Not at all) (III)	Reasons/ suggestions to improve (IV)	Activities for next cycle (V)
Strengthening the health system and other sectors to deliver the interventions				
Multisectoral coordination				
Supervision and monitoring of progress				

You may use following guidelines to decide the status of implementation

- ✓ **Status of implementation:** Determine whether planned activities were implemented fully, partly or not at all.
- ✓ **Geographic scope:** Note the number (and percentage) of PHM divisions / MOH divisions or health facilities in which the activities were implemented and map them.
- ✓ **How well the activity was conducted:** Information on how well activities were implemented may be obtained from programme documents and discussions with staff.
- ✓ **Reasons for observed implementation performance:** Write down reasons contributing to the extent of implementation of the activity (fully, partly, not at all), or to how well the activity was done. Programme documents may state reasons, or you may have knowledge of some reasons.

2.5 Analyze information and generate ideas on what is needed to reach targets

Review your implementation status so far (Tables 2.1, 2.2 and 2.3). Also keep in mind any additional information gained from reports of supervision or monitoring, information on training, discussions with health staff, and your own experience. You will use this information to plan the next cycle. More information has been provided in Annexure II, which may help you to analyze your data for better decision making.

Step 3: Decide on programme goals, objectives and activities for the next plan.

When identifying the goals, objectives and activities for the new plan, planners need to consider nutritional statuses which need improvement (Table 2.1), interventions or intervention packages with poor coverage which need strengthening (Table 2.2) and new activities identified (Table 2.4). Please take account of priority activities identified by NNC, NNSP guidance, WHO comprehensive implementation plan on maternal, infant and young child nutrition, the basic principals discussed above as well as their local experiences. This group work is summarized in the Table 2.4.

It is also suggested not to be restricted by the resources. Once the realistic plan is developed, resources could be mobilized from various sources. In NNSP, major activities in key action areas for implementation have been identified for each policy objectives 1 to 6 (pages 18-24).

> Improvement of nutritional status (programme goals) usually takes 5 - 10 years time. However, improvements in coverage of interventions (programme objectives) could be achieved in a much shorter time where most of the implementation plans can focused.

Group work 4 -

Identify the goals and objectives and set targets for the new plan by using the Table 2.1(Column VII) and 2.2 (Column VI)

3.1 Affirm/review the programme's goals and objectives

As a first step in planning for next year, the planning team should review the goals and objectives and affirm them and set the targets for the next cycle. Remember in a programmatic plan, goals are desired changes in nutritional status. A key objective of any nutrition programme is to increase coverage. You can define goals and objectives for the new programme by using the Table 2.1 (column VII) and Table 2.2 (column VI) respectively. A programme may have other objectives such as to improve equity in coverage or improve quality of care. These should provide a framework and should be kept in mind throughout the planning process.

Define and set targets for goals and objectives

A target is a quantified statement of desired change in a key indicator such as coverage based indicator of an intervention or activity-related indicator. A target specifies the expected level to be achieved over a given time period in a specified geographic area. A target also should be SMART **(Annexure III).**

✓ **Defining programme goals and set targets (impact targets)**
They are expected to under go changes as a result of programme implementation and are long term targets (5–10 years). While setting targets, prioritized nutritional status and how their indicators changed over time (trend, rate of improvement over time) and the resources available should be taken into account. Considering all these factors, satisfactory and achievable target of the goals should be set for the district.

E.g. 1. To reduce the prevalence of underweight in children under the age 5 years from 20% to 15% by 2017.

2. Reduction of LBW from 16% to 14% from 2012 to 2017

✓ **Defining objectives and set targets**
Coverage targets (or programme objectives) are expected changes of coverage of an intervention in the target population over short periods (1-2 years) and should be decided with all stakeholders (Table 2.1). Available resources, logistic support and other relevant environmental and social factors also have to be considered.

However keep in mind that the policies cannot be changed at district level. At this stage you have a overall idea on what activities you will implement in next plan and how it will improve the coverage of interventions via achieving the programme outputs.

E.g. 1. To increase the proportion of pregnant women who receive anti-helminthic treatment on completing of 12 weeks of period of amenorrhea from 90% to 95% in 2 years.

2. To increase the proportion of infants less than 6 months who are exclusively breastfed from 75% to 85% in 2 years.

3.2 Decide on new activities to implement interventions/packages

Activities describe how interventions will be implemented. By now, you have already identified the areas of activities, which need strengthening (last column of Table 2.3). When deciding new activities for the next plan, such areas should be targeted. If your last plan did not identify activities under major categories of work or if you need to increase the coverage of intervention in a short period, while strengthening the weakly implemented activities it is better to identify new activities.

Do not forget when you are planning activities those should aim at programme out put such as increase availability of services, increase access to services , increase demand for services, improve quality of services, increase knowledge of families and communities related to nutrition and increase intra household food security. It will lead to increase coverage of interventions.

Plan activities in the major activity areas

There are seven key activity areas identified and national nutrition policy also identifies those areas as policy statements which have been listed adjacent to each activity area in the box below.

1. **Advocacy for nutrition in all sectors**
   Advocating for effective policies and appropriate norms and standards, preparing project proposals for potential donors to mobilize funds (Policy statement 5.5.1 in NNSP)
2. **Capacity development/training/ resource mobilization**
   Adaptation of training materials and supportive tools, conducting pre- and in-service training for health personnel, ensuring adequate staffing, limiting staff turnover. (Policy statement 5.2.2 in NNSP)
3. **Strengthening supplies of nutrient commodities and equipments**
   Procurement and distribution of essential nutritional commodities, procurement and distribution of essential equipment and supplies (weighing scales, syringes and needles, etc.)
4. **Improving communication with families and communities (programme communication)** – (Policy statement 5.2.1 & 5.2.3 & 5.2.4 in NNSP)
   Improvement in knowledge and practices (improve the behaviors related to nutrition) through communication with individuals and groups such as mass media, health workers and other workers (Grama Niladari, Samurdhi, Agricultural, local government workers) and health volunteers. This would be a very important activity to involve and empower the community through innovative programmes such as Suwanaguma, mothers club and other such approaches.
5. **Strengthening the health system and other sectors to deliver the interventions**
   Interventions are delivered through the existing health and other related systems. If any system need strengthening to deliver the activities, such activities also should be identified (cross cutting activities). E.g. Filling of PHM vacancies
6. **Multisectoral coordination (Policy statement 5.5.2 in NNSP)**
   As improvement of nutrition requires multisectoral participation, activities from other sectors other than health need to be identified. E.g. Home gardening
7. **Supervision and monitoring of progress**
   Development of integrated supervisory checklists. Supervision of health and other relevant workers and community volunteers. Regularly collecting data on activities conducted, resources used, results of activities. Analyzing data and identifying problems.

The Table 2.5 illustrates some examples of activities, their outputs (results) and the objectives (coverage) that could be achieved through these activities. National Nutrition Secretariat has also identified activities for the next three years and those need to be included here as mandatory activities.

Table 2.5. Activities that will contribute to increase coverage

Objective	Outputs	Health sector activities	Activities outside the health sector
60% of children will be exclusively breast fed up to age 6 months.	Increase availability of counseling on infant feeding in the community	• Train PHMs on 40 hours counseling on breast-feeding • Provide materials (flash cards/ breast feeding booklets) to PHMs on infant feeding • Establish lactation management centers in base hospitals and above	• Support of mass media
	Increase quality of counseling at health facilities	• Provide training in infant feeding counseling with emphasis on exclusive breast-feeding to health facility staff • Provide supportive supervision of health staff doing infant feeding counseling	
	Increase exposure of the community to message on exclusive breast-feeding	• Provide posters promoting exclusive breast-feeding to display at health facilities, health posts, government office, shops, public places	• Establish women support groups by DS • Awareness of adolescence in schools by Education Dept.
	Increase baby friendly practices at the hospitals	• Introduce 10 steps to successful breast-feeding in the hospital	
	Increase breast feeding promoting environment		• Implementation of maternity benefits by Labour Department

The Table 2.6 to be filled with monitoring indicaters according to the activities identified.

Table 2.6 New activities and monitoring indicators

Stage in life cycle	Intervention packages which need strengthening (Table 2.3)	New activities (from Table 2.4) & Other relevant activities	Time frame	Responsible agency	Monitoring indicators / remarks for milestone activities
Pregnancy and postpartum period	Maternal care package				
	Non health packages				
Infancy and childhood	Essential new born care package				
	IYCF package				
	CH package				
	IMCI package				
	GMP package				

(Table 2.6 cont.)

Stage in life cycle	Intervention packages which need strengthening (Table 2.3)	New activities (from Table 2.4) & Other relevant activities	Time frame	Responsible agency	Monitoring indicators / remarks for milestone activities
Schooling and adolescent related	Adolescent health package				
	Health promoting school				
Women in reproductive age (non pregnant)	Pre pregnancy care package				
	Family planning package				
	Women's health package				
Men in work force (20 - 60 yrs)					
Elderly					

Group work 5 -

Decide the activities for the new plan by using the Table 2.4 and Table 2.6 to be filled during this group work except monitoring indicators (last column).

3.3 Activity related targets

Activity-related targets are based on the activities that are planned in a specific geographic area or the results that can be expected when planned activities are implemented. They are expected changes related to improvements in programme out puts; availability, access, demand, or quality of services, or knowledge of families and communities. These targets should be met as the programme is implemented. For this reason activity-related targets are often short-term (e.g. 1–2 years) targets.

E.g. 70% of mothers having infants aged 5 months will have attended a group class on complementary feeding in a given year in a district.

60% of the PHMs in the district are trained on lactation management by 2013.

Step 4: Plan

Regularly collec
managers to k
effectively.

4.1 Plan to

An indicator i
programme's
results of cond
indicators for a

4.2 Choose activitie

Programme
information o
access, dema
what extent th
on those acti
Table 2.7.

Table 2.7 -

Activity planned
Train PHMMs in counseling skills
Supply trained with tested cou cards (quality)
Regularly supe trained PHMM observe their (quality)

Step 4: Plan monitoring of implementation of activities

Regularly collecting and analyzing data on implementation allows programme managers to know whether activities are taking place and implemented effectively.

4.1 Plan to monitor whether activities are completed as planned.

An indicator is a measurement that is repeated over time to track a programme's progress. Activity-related indicators will help to measure the results of conducting activities. You need to prepare relevant activity related indicators for activities planned (Table 2.7).

4.2 Choose priority indicators for monitoring implementation of activities.

Programme records and reports of supervisory visits usually provide information on activities completed and on indicators related to availability, access, demand and quality. In addition, financial indicators can assess to what extent the budget planned for certain activities has been used and spent on those activities. Some examples of indicators have been shown in the Table 2.7.

Table 2.7 - Different types of indicators to track progress of implementation of an intervention

Activity planned	Activity related indicators (to be monitored regularly)
Train PHMMs in counseling skills (quality)	Proportion of planned training courses for PHMMs conducted. Proportion of PHMMs trained in breast feeding counseling skills. Proportion of trained PHMMs who have adequate breastfeeding counseling skills
Supply trained PHMMs with tested counseling cards (quality)	Counseling card for PHMMs tested and finalized. Number of counseling cards printed out of 300 planned. Proportion of trained PHMMs who reported having used the counseling cards during the last observed home visit.
Regularly supervise trained PHMMs and observe their counseling (quality)	Proportion of PHMMs that have received a supervisory visit that included observation of a home visit in the previous six months.

4.3 Decide how to monitor, when, and who will monitor

Information on activity-related indicators is usually available in reports of supervisory visits, training reports, and spending reports. They can therefore usually be collected relatively quickly and economically. Data should be collected and analyzed frequently enough to allow managers to track the status of implementation and take action to correct problems. Indicators may be calculated on a quarterly basis using data collected during the quarter. Monitoring of implementation is usually coordinated by RDHS.

Linking monitoring for different nutrition interventions

Wherever possible, collection of information on nutrition areas should be incorporated into existing procedures such as the Health Management Information System (HMIS) reporting and regular supervision. Monitoring of nutritional activities in the health sector should be linked with similar activities in other sectors where possible. When information on several programme areas can be collected at the same time, systems are more efficient and the demands on staff are reduced.

Group work 6 -

Identify monitoring indicators for the activities of the new plan at the last column of table 2.6

4.4 Plan how to summarize, analyze and interpret data, and use and disseminated results from monitoring.

To ensure that monitoring data will be used, the manager should make a clear plan for how, when and by whom the monitoring data will be collected, summarized, analysed, and given to him or her for review and interpretation on a regular schedule. The Table 2.8 illustrates a data summary form for monitoring.

Table 2.8 Data summary form for monitoring of activities identified in the new plan

Indicators for milestone activities	1st quarter	2nd quarter	3rd quarter	4th quarter
Proportion of training budget spent				
Proportion of planned courses completed				
Proportion of PHMMs trained in IYCF counseling.				

Step 5: Plan for the next review of implementation status

This section describes how to plan for the review of implementation status that should occur at the end of each year as a part of planning. Figure 1.3 shows that you should review implementation status as an early step in developing the next implementation plan.

5.1 Decide when the next review of implementation status will be conducted

The review of implementation status should occur at the end of each year as a part of planning. If resources are limited, this review may take place every two years. When selecting dates for the review, also consider the opportunity provided by any other review meetings to maximize the participation of key stakeholders.

5.2 Decide on methods to collect data and how data will be summarized

To measure the status of implementation, you may use monitoring data collected during the year, reports from supervisory visits, activity reports such as on training, nutrient supply and community activities. If survey data will be available from a health facility survey and/or household survey conducted by another organization, a national survey, or from other studies, plan to use that, too.

There are three specific sources that can provide data in addition to that provided by routine monitoring, supervision, and activity reports mentioned above; Health facility survey, Household Survey and Qualitative research studies.

All the data that will be collected during the year must be compiled, summarized and analyzed prior to the review. Reports from supervisory visits throughout the year must be summarized and the key findings stated.

5.3 Plan who will conduct the next review of implementation status and how it will be conducted

At the district level, the review will be limited by the data available (usually no data on coverage is available). It may be conducted by the RDHS or some member(s) of the planning team.

- ✓ examine data from a number of sources
- ✓ assess whether targets were achieved
- ✓ assess the extent to which activities were implemented and their results
- ✓ identify programme strengths and weaknesses
- ✓ make appropriate recommendations

5.4 Plan how to use the results of the review of implementation status

Plan to give a feedback to higher levels, managers, field staff and communities and to discuss with them the status of implementation, achievements, problems, and plans for using results of the review. The results can also provide the rationale when you request support and other resources needed to solve problems or expand activities.

Step 6: Development of a nutrition action plan and budget

The action plan specifies how the intervention packages will be implemented on the ground. It should describe the programme's activity-related targets, the activities and tasks to be carried out including supervision, the plans for monitoring implementation of activities and for conducting the next review of implementation status. An action plan is usually written for a period of 1 to 2 years.

The work plan timetable is used for tracking activities over time, and ensuring that they are implemented as planned. The detailed budget is used to track expenditures and to advocate for additional resources. One Health computer based costing tool can be use for budget the plan.

The core planning team is responsible for writing the final work plan. You can use the format in Table 2.9 for this final work.

Group work 7 -

This would be the final group work and you need to fill the Table 2.9 by summarizing the tables developed in previous group works.

Table 2.9 District Nutrition Action Plan Matrix

The Nutritional Status which need improvement as identified by the District:

Name of the Province :
Name of the District : **Year:**

District Nutrition Action Plan

Goals:
1.
2.
3.
4.

Objectives:
1.
2.
3.
4.

(Table 2.9 - C

Activity area	Activ Ident
Advocacy for nutrition in all sectors	
Capacity development / training/ resource mobilization	
Strengthening supplies of nutrient commodities and equipment	
Improving Communication with families and communities	
Strengthening the health system and sectors to deliver the intervention	
Multi-sectoral coordination	
Supervision and monitoring of progress	

(Table 2.9 - Cont.)

Activity area	Activities identified	Activity related indicator to monitor (completed or results)	Policy objective according to the NNSP	Estimated budget	Funding agency	Time duration	Implementing agency	Responsibility
Advocacy for nutrition in all sectors								
Capacity development / training/ resource mobilization								
Strengthening supplies of nutrient commodities and equipment								
Improving Communication with families and communities								
Strengthening the health system and sectors to deliver the intervention								
Multi-sectoral coordination								
Supervision and monitoring of progress								

6.1 Decide how to scale up implementation

"Scaling-up" describes the process of implementing programme activities progressively throughout an administrative unit, such as a province, district or MOH area. New activities can begin simultaneously throughout the area, or can be implemented progressively, or "scaled up," by beginning in one part of the area and expanding later to other parts.

6.2 Schedule activities and set a timetable

Activities are usually planned by monthly basis. You can consider the following factors when activities are scheduled.

1) Whether training materials or guidelines are needed. If guidelines or materials need to be developed, then implementation cannot begin until development is completed.

2) Whether health education messages and materials are needed. Development of new messages and materials requires qualitative research, material development and field testing. Activities that use materials cannot begin until this process has been completed.

3) Whether elements of the health system need to be strengthened. Some gaps in the health system will require time to solve, such as improving the logistics of nutritional supplies; or improving the availability of vehicles for supervision.

4) Whether mechanisms for working in communities need to be established. These might include working with local committees, community health workers, or other partners. If these mechanisms do not exist, then time will be needed to establish them. When it is possible to use existing community mechanisms, there is less delay in implementation.

5) Whether there are barriers to supervision. Routine supervision will not take place until barriers, such as limited availability of staff, vehicles and fuel, have been addressed.

6.3 Estimate resource needs and develop a budget

A budget is needed to forecast the resources required and to advocate for funds.

6.3.1 Estimate human resource needs

It is essential to estimate the number and type of personnel needed and how those needs can be met most efficiently with available human resources.

6.3.2 Estimating costs of human resources

When the required number of relevant workers has been determined, estimate the cost of employing these additional workers for a given time period. (Salaries are often determined by the central level). The total costs for personnel will appear in the overall budget. (only short term temporally recruitments need to be considered here).

6.3.3 Estimating material resource needs

Material resources include infrastructure, capital equipment (including vehicles), food subsidies, micronutrients and other nutrient commodities, communication materials, training materials and administrative supplies.

6.3.4 Estimating costs of particular events

A budget is also needed for planned meetings, training courses, community events, and other special activities such as adaptation and dissemination of guidelines, manuals etc.

6.3.5 Estimating costs of material resources and special activities

To estimate total costs, first determine the price of each material resource.

6.3.6 Develop the budget

The budget is the framework for planning how to spend funds. In order to have sufficient funds available to implement planned activities and to achieve targets, a needs-based budgeting approach is more useful.

This entails a bottom-up calculation of resource needs based on planned activities. A financing strategy based on a needs-based budget ensures that enough money is available to support the planned activities.

Budgeting includes calculating the amount of funding required, tracking how it is spent, and accounting for having spent it. The budget should be closely linked to the implementation plan and it should include a budget timeline. The MoH or other relevant department normally provides templates/ a standard format.

6.4 Develop the action plan and share it with stakeholders

Just as it was important to involve stakeholders in the development of the implementation plan, it is important to have a discussion of the action plan to obtain consensus on the way forward and commitments of support for the different activities. Disseminating the action plan is one-step in mobilizing support and resources for implementation. Sharing the plan should harmonize effort and unite all behind ONE plan for achieving common goals.

Conclusion

There is overwhelming evidence that many interventions listed in this document are proven to be effective in many populations. A basic knowledge of key elements involved in planning effective interventions will no doubt be an asset to the programme planners. Following the key steps set out in this document enables planning delivery of effective interventions with minimum disruption. Moreover, this conforms to the national guidelines while the interventions carried out in a particular area will address the issues specific to the area.

Annexure I

Programme outputs

a) Increase availability of services

Availability means that the services for nutrition (preventive and treatment) are available for those who need them. Building new infrastructure (such as field clinic), increasing the opening hours of a health facility, or increasing the number of health workers available to provide the service would increase the availability of services. However, increasing the availability of services, nutrition education, or commodities does not ensure that the target population will use them.

E.g. Number of the health education programmes conducted, out of the planned programmes to mothers' groups

b) Increase access to services

Access means that caregivers are able to reach the health and nutrition services. Possible barriers to access include:

- ✓ Distance (too far away)
- ✓ Finances (unable to afford costs of transport, goods or services)
- ✓ Culture (husband or other family members may not agree for women to take the child to Lactation Management Centers frequently)
- ✓ Time limitations (caregivers may have other duties that limit their ability to come to health services or limited opening hours of the facilities)

Therefore, activities planned should remove or decrease the barriers. For example, establishing field-weighing posts in suitable localities would increase the attendance for growth monitoring.

E.g. Number of new weighing post established (out of planned) during the past year.

c) Increase demand for services

Demand for services means that clients are motivated to use the nutrition related services. Activities that increase the knowledge of family and community members about the availability of such services and their benefits as well as providing quality services are likely to increase demand.

d) Improve quality of services

Quality means that the services are provided according to technical standards, and in a way that is appropriate for the target population. Poor quality will reduce the demand thereby affect the programme coverage.

To improve quality

- ✓ Care should be provided using standard guidelines and protocols
- ✓ Service providers should listen to and be respectful of clients.
- ✓ All necessary Commodities should be available (Thriposha, vit A, Iron-folate etc) in required quantities.
- ✓ Key nutrition messages should be consistent with national norms and standards; those delivering messages should do so in a way that is understandable and relevant to local communities.
- ✓ Training of service providers
- ✓ Availability of all nutrition commodities and equipments needed to provide services.
- ✓ Supervision.

e) Increase knowledge of families and communities related to Nutrition

Improving the knowledge of families and communities is one-step towards changing their behavior. They will also need to be convinced, motivated and have the necessary resources to practice the new behaviors.

f) Increase intra household food security

Commonly, the concept of food security is defined as including both physical and economic access to food that meets people's dietary needs as well as their food preferences.
To improve household food security:

- ✓ Home gardening should be encouraged
- ✓ Prevention of substance abuse (ex: alcohol/ tobacco) to improve buying capacity

Annexure II

Analysis of information for a new planning cycle

- ❑ **What are the main STRENGTHS and WEAKNESSES of the nutrition programme in your area?**

To answer these questions, consider:

- ✓ Are the interventions reaching the target population?
- ✓ Is intervention coverage high or low?
- ✓ Were the targets met?
- ✓ Are interventions delivered at each level of the health system?
- ✓ Is the geographic scope of implementation sufficient?
- ✓ Are vulnerable groups being reached?
- ✓ What are the strengths and weaknesses of the activities?
- ✓ Which activities were most successful? Why were they successful?
- ✓ Why were some activities not implemented?
- ✓ Are there reasons why some activities may not have been effective?
- ✓ Is the intervention being delivered by the most appropriate staff?
- ✓ Was planned support received?
- ✓ How can quality be improved?
- ✓ How can equity be improved?

- ❑ Are there any issues related to POLICY, STRATEGY, or REGULATORY FRAMEWORK that need to be tackled to address the weaknesses?

- ❑ Are you on course to meeting your targets with the current activities? If no, what CHANGES or what ADDITIONAL ACTIVITIES would be needed in the next plan to meet targets?

- ❑ What RESOURCES would be needed to conduct the ADDITIONAL ACTIVITIES?

- ❑ What OPPORTUNITIES can be used for obtaining these resources?

Annexure III

What makes a good target?

To be useful, targets need to be Specific, Measurable, Achievable, Relevant, and Time-bound (SMART). Criteria for reviewing targets are summarized below:

- ✓ **Specific:** This means clear and unambiguous. Targets should express what is expected, by what date, and at what level (e.g. 50%).
- ✓ **Measurable:** This means that it should be possible to collect data to measure achievement using available methods. Numbers and percentages are used to indicate how much change is expected.
- ✓ Achievable: This means that it should be possible to reach targets with available interventions and resources, in the amount of time available.
- ✓ **Relevant:** This means that they should be consistent with national objectives and priorities. They should also be appropriate for the scope of the activities planned in the geographic area. For example, only the districts that are planning to train community health workers to do community-based management of pneumonia, malaria, and diarrhoea in the next 2 years would write targets related to availability or quality of, or family members' knowledge about, community-based treatment of these childhood illnesses.
- ✓ **Time-bound:** This means that targets should specify a starting point and an end point. Activity-related targets are set for a relatively short period of time, such as for 1–2 years; coverage targets are usually set for 2–3 years; impact targets are set for 5–10 years. This encourages local planning of activities and setting of activity-related targets that are realistic and meaningful.

General Principles of target setting

Review indicators and select a few for which you will set targets. The nutrition programme needs targets for coverage with key interventions and for a few important activity-related indicators.

Population-based coverage targets may be for prevention (e.g. exclusive breastfeeding rate) or for treatment (e.g. ORT use rate).

Coverage targets are usually set at the national level. Regions and districts will aim to achieve those same targets for the target population in their geographic area.

Activity-related targets can be set for completion of important activities, such as supervision or training, or for results of activities, such as improve and communities. Activity-related targets can best be set at the district or regional level, where the actual activities will be planned and implemented.

Set targets based on available data, tools and field experience.
Setting a target requires estimates. Make the following estimates as best you can:

- ✓ An estimate of the current level of achievement for the indicator based on available data. It is important that you set a target based on a realistic starting point. Data may be available from routine reports of activities, or they may be available from surveys.
- ✓ An estimate of how programme activities will change the current level of the indicator, based on how intensively and effectively the activities will be implemented. Consider the type of activities planned, the geographic scope of implementation, and the extent of human, material and financial resources that will be mobilized.
- ✓ The likelihood that the activities will lead to the desired results, that is, improved availability, access, demand, quality, or knowledge. This estimate is usually based on field experience, programme plans, and reports from staff.
- ✓ An estimate of the number of activities planned and their cost. Cost estimates can be produced using specific costing tools developed for this purpose. Examples include the WHO nutrition cost estimation tool, the Marginal Budgeting for Bottlenecks.3 Other estimates must be judgments based on field experience. (More information on costing and budgeting is in section 6.3 of this module.) Then state a target for the level of achievement that is desired by a given date and feasible to achieve with available time and resources. The example on page 36 demonstrates a number of factors that must be estimated to calculate a feasible target.

Learn from previous targets

If activity-related targets were not achieved during the previous year, it is important to understand why, so that future targets and plans can be more realistic. Many factors can influence the speed and effectiveness of programme implementation.

Annexure IV

Coordination Committees for planning, implementation and monitoring of DNAP

1. Provincial Nutrition Coordinating Committee

The main purpose of establishing this committee would be for advocacy of top level administers such as Chief Ministers, Ministers, Chief Secretaries, Secretaries and all top level decision makers from all responsible sectors such Agriculture, Livestock, Samurdhi, Education, Social Services, NGOs as well as representatives from the President's Office. It is necessary to make them aware about their responsibilities in this regard as well as to get support from all sectors to plan and implement the DNAP.

2. District Nutrition Coordinating Committee

This would be the most important committees in view with planning, implementing, monitoring and evaluating of DNAP. Therefore the prime purpose of this committee would be to work as a team for planning and implementation of the DNAP.

The committee must be headed by the District Secretary and include heads and responsible officers of the respective sectors at district level. Thus there would be a mix of officials ranging from the District Secretaries, Divisional secretaries and officers from Agriculture, Health, Education, Water and Sanitation, Samurdhi, Livestock, Fisheries, Plantation Human Development Trust etc.

3. Divisional Nutrition Coordinating Committee

This is the level where identification and implementation of activities under each intervention package takes place according to the decisions made by District Nutrition Coordinating Committee. Divisional Secretary and MOH would take the main role in planning and implementing the activities as well as they would be the immediate supervisors of the programme activitie in their respective areas. All ground level officers from all relevant sectors such as Grama Niladari, PHNS, PHM, SPHI, PHI, Samudri, Agriculture etc. would be members and they are supposed to discover specific information on obstacles in improving nutrition in the community which would be very important in deciding activities for respective areas as well as they would be the ground level implementers of the activities according to the plan.

Key steps i

Step 1 . Pr
- Identify
- Select
- Involve
- Review
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Annexure IV

Key steps in development of the District Nutrition Action Plan

Step 1 . Prepare for planning

- Identify the planning coordinator
- Select the core planning team
- Involve stakeholders in planning and implementation
- Review timing of planning
- Review the environment in the district
- Identify resources required to develop DNAP

Step 2. Review implementation status (situation Analysis)

- Review programme goals and objectives
- Review current coverage of interventions and compare it to targets
- Review status of activity related indicators related to programme outputs
- Review major activities in the previous plans and assess how well they were implemented
- Analyze information and generate ideas on what is needed to reach targets

→ **Table 2.1, 2.2, 2.3**

Step 3. Decide on programme goals, objectives and activities

- Define and set targets for Goals and Objectives
- Decide on new activities to implement interventions/packages
- Activity related targets

→ **Table 2.1,2.2, 2.4 .2.6**

Step 4. Plan monitoring of implementation of activities

- Plan to monitor whether activities are completed as planned.
- Choose priority indicators for monitoring implementation of activities.
- Decide how to monitor, when, and who will monitor
- Plan how to summarize, analyze and interpret data, and use and

→ **Table 2.6, 2.8**

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Step 5. Plan for the next review of implementation status

- Decide when the next review of implementation status will be conducted
- Decide on methods to collect data and how data will be summarized
- Plan who will conduct the next review of implementation status and how it will be conducted
- Plan how to use the results of the review of implementation status

→ **Table 2.6, 2.8**

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Step 6. Development of a nutrition action plan and budget

- Decide how to scale up implementation
- Schedule activities and set a timetable
- Estimate resource needs and develop a budget
- **Develop District Nutrition Action Plan share with the stakeholders for the implementation**

→ **Table 2.9**

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