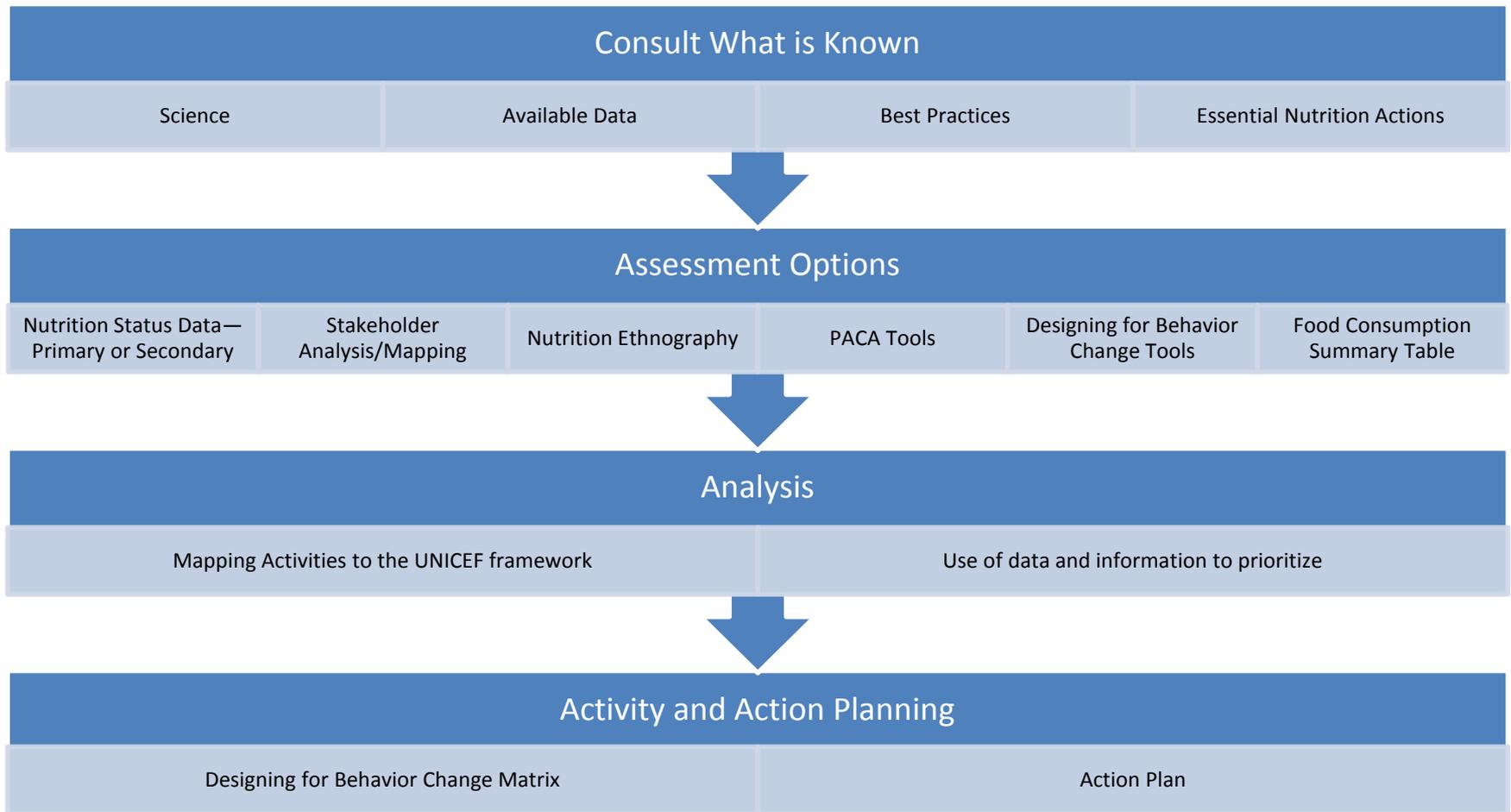


Workbook for Nutrition Activity Planning

A stepwise approach to planning
evidence-based activities to improve
nutrition outcomes

Pathway for Nutrition Activity Planning



Quantitative Data

Nutritional Status Data (Population Data)

Quantitative Data/Indicator	Geo: National	Geo: State Level	Geo: District	Comments on Data	General Reference for Public Health Concern	Data Source
Stunting*	33%	42%	44%	National level data shows that rural children are nearly twice as likely as urban children to be stunted	< 20%: Low 20-29%: Med 30-39%: High ≥ 40%: Very High	National level data from recent DHS; state and district from MoH
Underweight*	14%	19%	19%	Babies that were born with low birth weight are three times more likely to be underweight	< 10%: Low 10-19%: Med 20-29%: High ≥ 30%: Very High	National level data from recent DHS; state and district from MoH
Wasting*	5%	--	--	Data for wasting is not available at the state and district level	< 5%: Low 5-9%: Med 10-14%: High ≥ 15%: Very High	National level data from recent DHS
Severe Acute Malnutrition	1.5%			Data for wasting is not available at the state and district level	> 0.5%: Med ≥ 1%: High	National level data from recent DHS

Nutritional Status Data (Population Data)

Quantitative Data/Indicator	Geo: National	Geo:	Geo:	Comments on Data	General Reference for Public Health Concern	Data Source
Stunting*					< 20%: Low 20-29%: Med 30-39%: High ≥ 40%: Very High	
Underweight*					< 10%: Low 10-19%: Med 20-29%: High ≥ 30%: Very High	
Wasting*					< 5%: Low 5-9%: Med 10-14%: High ≥ 15%: Very High	
Severe Acute Malnutrition					> 0.5%: Med ≥ 1%: High	

Qualitative Data

Food Security and Nutrition Stakeholder Mapping

Example

Name of Organization	Programmatic Activities							Target Group(s)	Description
	Improved Seedling Practices	Promote Optimal Health Practices	Increase Purchasing Power	Increased Quantity and Quality of Foods for Consumption	Improved Dietary Quality	Improved Water, Sanitation, and Hygiene (WASH)	Vector Control		
Acme Village Development Association (AVDA)						X		Poor rural households located within 1km of the road	This organization is beginning a latrine construction project for households that are located near the road that runs through one side of the village
M&M Enterprises (MME)			X					Small-scale farmers	Small national NGO that works on small agricultural business opportunities—mostly with male farmers
Department of Social Safety Dragnets (DSSD)			X	X				Households with children under five and that conform to the program conditions (vaccinations, school enrollment, etc.)	Conditional cash transfer program providing a monthly stipend to qualifying households that meet certain requirements

Food Consumption Summary Table

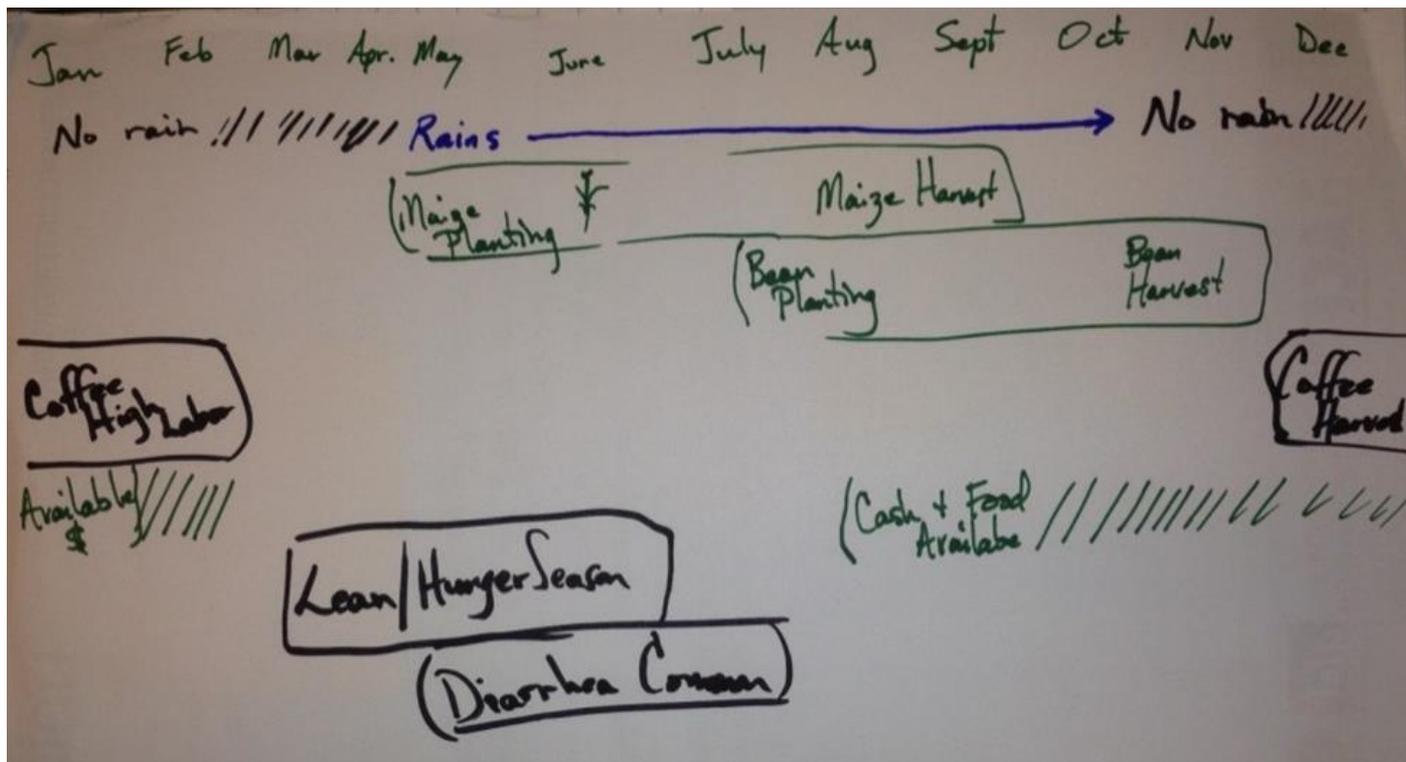
Example

Food Groups	Are children 6-24 months of age consuming these types of foods?	Are these foods available in local markets? (Note seasonality)	Are these foods accessible? To the poorest? (Note seasonal patterns)	Is this food generally consumed by women?	Is it generally fed to children?	Are there any beliefs associated with this type of food?	Other comments or notes:
Foods made from grains (millet, sorghum, maize, rice, wheat, other local grains, noodles, breads, etc.)— <i>don't count if fortified as there is a fortified category below</i>	Almost exclusively	Available year-round in formal and informal markets	Highly accessible	Yes	Almost exclusively	It is not a meal if this food is not eaten	Two dominant staple cereals widely available and produced in the region
Fortified commercially available baby food (for complementary feeding of children 6-24 months)	No	No	No	No	No	No	Not applicable
Vitamin-A-rich fruits and vegetables	Rarely	Widely available Jan-March	Accessible Jan-March; less accessible Apr-Dec	Rarely	Rarely	None	
Other fruits and vegetables	Rarely	Somewhat—during the rainy season	Vegetables only in wet season, fruit accessible/affordable year-round	Rarely	Occasionally	?	
Food made from roots and tubers	Rarely	Widely available Jan-March	Yes	Rarely	Older children	None	
Food made from legumes and nuts	Seasonally	Regularly available	Seasonally through own production	Occasionally	Occasionally	No	Two bean varieties common and abundant
Animal source meat foods: meat, fish, poultry, organ meats, eggs, etc.	Rarely	Yes	Meats mostly not; eggs affordable in informal markets	Rarely	Rarely	Young children cannot digest	Animal source foods rarely consumed outside

Food Consumption Summary Table

Food Groups	Are children 6-24 months of age consuming these types of foods?	Are these foods available in local markets? (Note seasonal patterns)	Are these foods accessible? To the poorest? (Note seasonal patterns)	Is this food generally consumed by women?	Is it generally fed to children?	Are there any beliefs associated with this type of food?	Other comments or notes:
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Fortified commercially available baby food (for complementary feeding of children 6-24 months)							
Vitamin-A-rich fruits and vegetables							
Other fruits and vegetables							
Food made from roots and tubers							
Food made from legumes and nuts							
Animal source meat foods: meat, fish, poultry, organ meats, eggs, etc.							

Basic Seasonal Calendar Example completed with (6) male farmers



Additional Qualitative Sources of Information

- **Nutrition Ethnography**
 - A formalized nutrition ethnography can inform activity planners about nuanced behavior within households. This information can then be used to better plan activities that address areas of concern, plan activities with increased prospects for success, avoid unnecessary activities, and empower people in ways that are uniquely adapted to life in their community and household.
 - In the absence of a formalized ethnography, limited but guided observation can illustrate the ways in which child feeding and care are executed within a household.
- **The Four Basic PACA Tools**
 - **Community Mapping**
 - Useful for assessing gender roles and for identifying opportunities and risks
 - **Daily Activity Schedules**
 - Especially informative in the context of caring practices and demands on caregivers
 - **Seasonal Calendars**
 - Inform food-based strategies for improving diet
 - Provide information about seasonal illnesses and threats
 - Show how time demands on either or both genders can change dramatically according to the season (especially in agrarian contexts)
 - **Needs Assessment and Priority Ranking**
 - Shed light on what level of importance the community places on a particular problem
- **Designing for Behavior Change Tools**
 - Both a Barrier Analysis and a Doer/Non-Doer survey can isolate the triggers for behavior

Planning Tools

Mapping Activities to the UNICEF Framework (to be completed with Case Study information)

Using the Stakeholder Mapping, mark any pathways that are being worked on by listed stakeholders. Use the initials/acronym of the organization to **label the pathways and include a +, 0, or -** to indicate if the activity appears to be satisfactorily addressing that pathway (+), having a modest effect (0), or having either a negative effect or none at all (-). Use the space below to make notes on the perceived relative success/effect of the activities.

Which pathway would be feasible and useful to work on? Circle one or more pathway(s) for which you intend to plan activities to improve the nutrition situation. Choose the thematic area or pathway first, and then select the activity.

What is the activity that will be planned?

How does the activity contribute to the goals and objectives of the project framework?

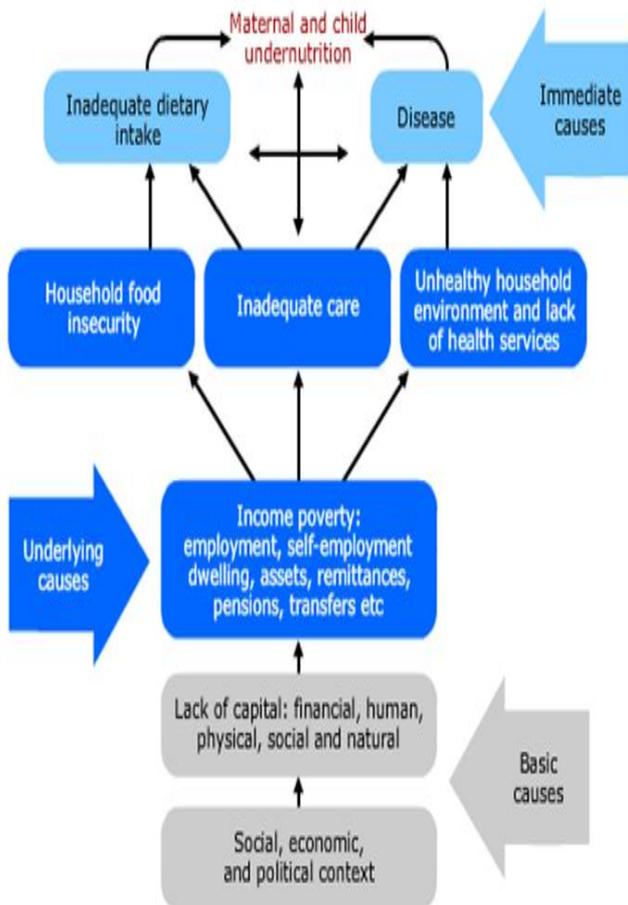
Describe the logic of how the activity will lead to the stated objective (either the objective from the project framework or from an objective more directly related to your work).

How is the activity informed by data (relevant to the specific context)?

What evidence is used to ensure that the activity is effective? (Consider the Essential Nutrition Actions)

What group(s) will be targeted?

Is the activity likely to change behavior? What steps (beyond education alone) can be taken to support changed behavior?



modified by Black et al, Lancet 2008

Mapping Activities to the UNICEF Framework (to be completed for PCV Action/Work Plan)

Using the Stakeholder Mapping, mark any pathways that are being worked on by listed stakeholders. Use the initials/acronym of the organization to **label the pathways and include a +, 0, or -** to indicate if the activity appears to be satisfactorily addressing that pathway (+), having a modest effect (0), or having either a negative effect or none at all (-). Use the space below to make notes on the perceived relative success/effect of the activities.

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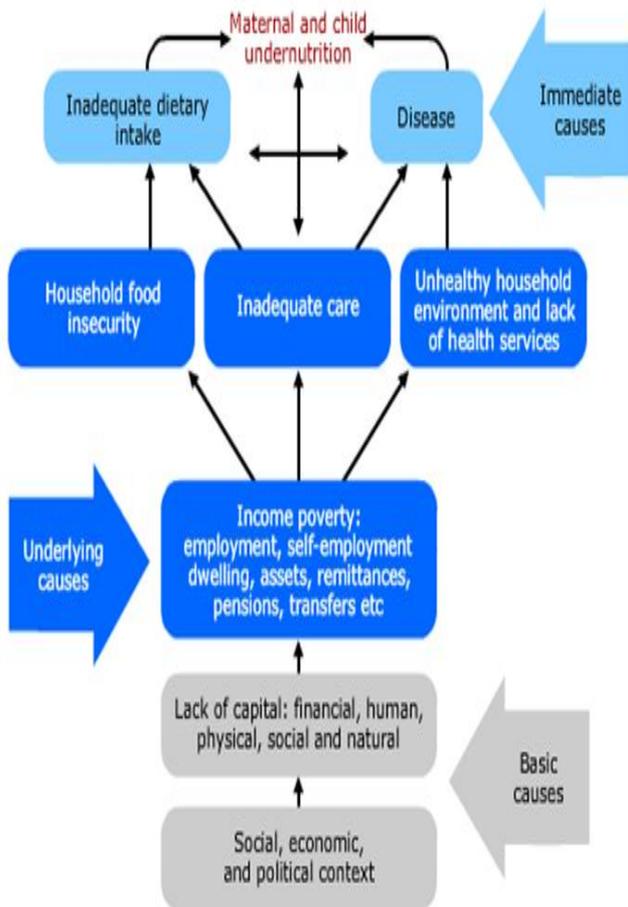
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modified by Black et al, Lancet 2008

The Action Plan

(to be completed with Case Study information)

Activity Statement (provide specific details, e.g., <i>over the next XX months, I will work with (x) individuals to XX (evidence-based activity)</i>)	Objective Which objective in your framework does this activity support?	Indicators Which indicators align with this activity? What data collection tools and data definition sheets (output and outcome) will you use?	List the steps to implement the activity	People to consult and resources to obtain before and during implementation	Barriers Possible barriers to implementation and strategies for addressing them

The Action Plan

(to be completed as part of PCV Work Plan)

Activity Statement (provide specific details, e.g., <i>over the next XX months, I will work with (x) individuals to XX (evidence-based activity)</i>)	Objective Which objective in your framework does this activity support?	Indicators Which indicators align with this activity? What data collection tools and data definition sheets (output and outcome) will you use?	List the steps to implement the activity	People to consult and resources to obtain before and during implementation	Barriers Possible barriers to implementation and strategies for addressing them

Design for Behavior Change¹

Behavior	Priority or Influencing Group	Determinants (reasons for behavior)	Bridge to Activities	Activities
To promote this behavior:	among this audience (list both, but circle one to target): Priority Group Influencing Group*	we will research these reasons: (Circle the most powerful)* <ul style="list-style-type: none"> • Access • Self-Efficacy • Perceived Social Norms • Perceived Positive Consequences • Perceived Negative Consequences • Perceived Severity • Perceived Susceptibility • Action Efficacy • Perception of Divine Will • Cues for Action <p>*These can only be determined from research with the Priority Group</p>	and address these (priority benefits and priority barriers): 1. 2. 3.	by implementing these activities: 1. 2. 3.

¹Resources to assist in Designing for Behavior Change can be found in the Community Engagement Training Package (Environment); [Designing for Behavior Change For Agriculture, NRM, Health & Nutrition](#); [The Practical Guide to Conducting Barrier Analysis](#).