



How to Make SMART Commitments to Nutrition Action



Background

Given the mounting evidence that malnutrition is a serious global problem with devastating consequences, governments, donors, and development practitioners are increasingly adopting goals and targets for improving people's nutrition:

- Governments around the world have established national nutrition targets, based on the World Health Organization's (WHO) Comprehensive Implementation Plan on Maternal, Infant, and Young Child Nutrition, the six Global Targets 2025 and the nine global targets on noncommunicable diseases (NCDs), both endorsed by the 2013 World Health Assembly.
- In November 2014, at the Second International Conference on Nutrition (ICN2), governments committed to ending hunger and malnutrition in all its forms.
- The Sustainable Development Goals (SDGs), adopted in 2015, include a target to end all forms of malnutrition by 2030.
- Plans are well underway for a potentially landmark Nutrition for Growth (N4G) Summit in Rio de Janeiro in 2016 and the formulation of a strong compact for nutrition.

Meeting these targets requires converting global and national-level targets into clear commitments and actions for which governments can be held accountable. So what kinds of commitments will meet this standard?

The Global Nutrition Report, an independent accountability mechanism for progress and action on nutrition, calls on all actors to make SMART Commitments to Nutrition Action — that is, commitments that are Specific, Measurable, Achievable, Relevant, and Time bound.

Specifically, we call on governments to make SMART Commitments to Action to achieve national nutrition targets and to put in place monitoring systems that allow them and others to assess progress. We also call on all actors — governments, international agencies, bilateral agencies, civil society organizations, and businesses — to revise or extend SMART and ambitious commitments as part of the 2016 N4G Rio Summit process. Actors in other sectors should also specify in a SMART manner how commitments in their own sectors can help advance nutrition.

All commitments should contribute to achieving the 2025 nutrition and NCD targets adopted by the World Health Assembly and, in line with the SDGs, should aim to end all forms of malnutrition by 2030. The Commitments to Nutrition Action should take into account the many forms of malnutrition and be aligned with the ICN2 Rome Declaration on Nutrition and its Framework for Action.

Commitments that are SMART will make it easier to track progress at the national and global level. Given the many initiatives countries are undertaking at different levels, SMART Commitments to Action can also help avoid redundant efforts and facilitate the alignment of different processes (such as the SDGs, ICN2, and WHA). SMART commitments will allow for focus and unified clarity around key issues for nutrition.

How can actors develop SMART commitments, and what do such commitments look like in practice? To answer these questions, the Global Nutrition Report has developed the following guidelines.¹

What is a SMART Commitment to Action?

A SMART commitment² is

- **S = Specific**
- **M = Measurable**
- **A = Achievable**
- **R = Relevant**
- **T = Time bound**

Specific: Each commitment should identify a specific *action* and indicate *who* is responsible for achieving it. Such actions must be compatible with country-level priorities and must address the country's needs and context.

Measurable: Every country should state upfront the indicators to be used to measure progress on meeting commitments, taking into consideration global indicator frameworks and building on those frameworks. Each country should also state how implementation will be measured, including monitoring by national information systems. Countries should consider the resources that will be necessary to measure these indicators. Quantifiable indicators are always easier to monitor and should indicate the baseline where relevant and whenever possible.

Achievable: Commitments should, at a minimum, be consistent with the level of progress achieved in the past. They should be as ambitious as possible but mindful of the limits of what those working on nutrition actions in the country can deliver in a realistic timeframe.

Relevant: Commitments should reflect a country's nutrition situation and the challenges it faces. These challenges can include sector bottlenecks, such as limited healthcare personnel, and aligning with broader national priorities.

Time bound: Ideally, commitments should have a realistic timeframe for achievement, with some commitments having a longer timeframe and others, a shorter one. In all cases, commitments should specify key milestones to be achieved within the realistic timeframe.

How do you start formulating SMART commitments³?

- **Bring stakeholders together:** Bring together several actors to get different perspectives on country priorities, and build a consensus on how these priorities will help end malnutrition in all its forms. Use existing multilevel stakeholder platforms at the country level whenever possible. The dialogue process should be government led and should bring together a wide range of voices, including development partners, civil society, and representatives of other relevant sectors, such as health, agriculture, environment, and education.
- **Analyze barriers:** Identify past and current country-specific progress, as well as barriers to progress for nutrition, and review evidence on how to address those barriers. Take lessons from other similar country contexts on how they achieved certain commitments.
- **Balance national and sector priorities:** Consider current national priorities to address malnutrition that can be adopted by the sectors that are central to nutrition (such as health, agriculture, and social protection), but also consider emerging priorities and ambitious targets. For example, if the old priorities include strengthening institutional capacity and the new identified bottleneck is developing human resources for nutrition, then creating capacity in the longer term for nutrition is a good compromise.
- **Link to global initiatives:** Use the SDGs and WHA targets as an opportunity to define priorities and to link country-level activities to consultations on the 2030 agenda. Align commitments with the ICN2 Framework for Action.
- **Align with regional processes:** Look to regional processes to complement the existing commitments your country has made, such as the Comprehensive Africa Agriculture Development Programme (CAADP) process in Africa.
- **Formulate commitment takeaways:** Make sure commitments are monitored in a credible and transparent way, but don't overcomplicate things. Set a limited number of targets at first, and expand as you are able. It is better start in a limited way than not to start at all.

What do SMART commitments look like?

The following are examples of SMART commitments and explanations of what makes them SMART.

COMMITMENT #1: Reduce stunting in children under age five from 35% in 2015 to 20% by 2030, led by the Ministries of Health and Agriculture.

Specific	Measurable	Achievable	Relevant	Time bound
Yes: The “who” and the action are identified.	Yes: Baseline stunting is stated, and stunting can be tracked to see if it falls over the next 15 years.	Yes: The WHO Tracking Tool shows that other countries have reduced stunting at this rate.	Yes: Stunting is a significant issue for this country, with 35% of children under five stunted.	Yes: A concrete timeframe is included.

This is a SMART commitment because it addresses who will lead on the commitment and what they will do in what timeframe. It also provides a baseline and end goal that can be measured.

COMMITMENT #2: Increase the public-sector budget district level government for malaria control, iron–folic acid supplementation, and food fortification programs in the Northern, Eastern, and Southern districts from the current \$50,000 to \$500,000 between January 2016 and December 2020.

Specific	Measurable	Achievable	Relevant	Time bound
Yes: The “who” and the action are identified.	Yes: Baseline funding is listed, and funding can be tracked to see if the budget increases 10-fold over the four years.	Yes: Other countries have shown that it is possible to have an effective, multiprong iron-deficiency anemia strategy in place.	Yes: Anemia and iron deficiency are significant issues.	Yes: A concrete timeframe is included.

This is a SMART commitment because it states who will lead on the commitment and what action will take place in what timeframe. It provides a baseline and an end goal that can be measured, it fits well within the country’s needs, and it draws on evidence of what works.

COMMITMENT #3: By December 2016, the Ministry of Health will develop a salt-reduction strategy that will increase salt labeling in of restaurant chains from 0% to 75% by 2020, in collaboration with the Ministries of Finance and Local Government.

Specific	Measurable	Achievable	Relevant	Time bound
Yes: The “who” and the action are identified.	Yes: The goal (percentage of labeling in restaurants) is clearly stated and measurable.	Yes: Other countries or cities have shown that salt-reduction strategies, including labeling, can be in place.	Yes: Salt intake and its contribution to hypertension are on the rise and constitute a major public health issue. Labeling is one potential avenue to educate the public.	Yes: Both the strategy and the labeling have clear deadlines.

This commitment meets all five criteria for SMART-ness. This is an “overnutrition” commitment, one that countries should begin thinking about to tackle NCDs.

COMMITMENT #4: The Ministries of Water Resources and Health together will reduce open defecation nationwide from 30% currently to 0% by 2020 and raise coverage of a minimum standard package of water, sanitation, and health (WASH) from 20% of the population currently to 100% by 2030.

Specific	Measurable	Achievable	Relevant	Time bound
Yes: The “who” and the action are identified.	Yes: Current levels of the outcome and the coverage are listed along with the goal. It is assumed that these are measured on a regular basis.	Yes: Timescale is fairly realistic.	Yes: Open defecation is a determinant of stunting, and WASH plays an important role in reducing malnutrition.	Yes: The goals are time bound.

This is an example of a nutrition-sensitive commitment that directly hits on all the SMART criteria. Notice how the current baseline levels of open defecation and WASH coverage are listed to allow for measurability over time.

What do Un-SMART commitments look like?

COMMITMENT #1: Decrease stunting in the next 10 years.

Specific	Measurable	Achievable	Relevant	Time bound
No: The “who” is not identified, and there is no specific action.	Partially: Assuming there is a baseline, any reduction can be measured, but the commitment would benefit from a specific target.	Yes: It has been demonstrated that a country can achieve a reduction in stunting.	Yes: It is assumed that stunting is a significant issue for this country.	No: Consider adding a date or timeframe.

Even though this commitment is trying to tackle a major nutrition issue such as stunting, it does not identify a specific action to address the problem, who would take action, or a timeframe, and it offers no indicators of measurement.

COMMITMENT #2: Increase healthy eating among children and young people.

Specific	Measurable	Achievable	Relevant	Time bound
No: The “who” is not identified, and there is no specific action.	Partially: Assuming there is a baseline, any increase can be measured, but the commitment would benefit from specific targets.	Partially: Interventions have been shown to increase or decrease consumption of specific foods, but not change overall diets at the national level.	Yes: Unhealthy diets are a significant issue in every country.	No: Consider adding a date or timeframe.

Even though this commitment concerns a relevant problem, it does not identify a specific action for addressing the problem, who would take action, or a timeframe, and it offers no indicators of measurement.

COMMITMENT #3: The Ministry of Agriculture will convene a donors’ platform on innovations in the food sector to be attended by all sector partners.

Specific	Measurable	Achievable	Relevant	Time bound
No: The convening “who” is identified, but the commitment is not specific about who the donors and sector partners are. The action is also not clear because there is no hint of what innovations would be discussed.	Partially: Unclear how “convening” is measured and how “sector partners” is defined for measurement.	Somewhat: Other countries have established donor platforms that bring together stakeholders to tackle issues across the food sector.	Not necessarily: Convening a platform is one thing, but what it does and its impact is another. It is not clear what issues the platform is trying to address. The commitment does not say what the problem the platform is trying to solve.	No: Consider adding a date or timeframe.

This commitment is important in that it would bring together stakeholders to address the multisectorality of the food system in relation to nutrition, but it is not specific, measurable, relevant, or time bound.

COMMITMENT #4: Increase vitamin A coverage of children ages 6–59 months by 80% by 2017 and 100% by 2020, led by the Ministry of Health.

Specific	Measurable	Achievable	Relevant	Time bound
Yes: The “who” and the action are identified.	Somewhat: Assuming coverage of vitamin A is being measured in the country, it is unclear what the baseline is in order to achieve BY 80% and 100% respectively. If we were to increase to 80% and 100%, it is more measurable.	Somewhat: Some countries have achieved universal coverage, but it is difficult to judge achievability without knowing the country’s current level of coverage. Is it at 10% coverage, for example, or 75%?	Yes: Vitamin A deficiency is a significant issue.	Yes: Short- and long-term timeframes are included.

This commitment almost makes the grade, but not quite, because measurability is not straightforward. Without knowing the baseline, it is hard to assess the 80% and 100% goals over time. The achievability of this commitment cannot be assessed without knowing the baseline level of coverage.

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