



Nutritional Challenges and the Practice of a Multisectoral Approach

Study points

This case study explains the multi-sectoral nature of nutrition issues and challenges of collaboration across relevant sectors which are summarized as follows:

- **Misaligned priorities:** Different sectors may have goals that aren't always compatible with the overall nutrition objective. This can lead to inefficiencies and hinder progress.
- **Limited resources:** Many developing countries struggle with tight budgets, forcing them to prioritize intervention and potentially exclude certain areas or interventions.
- **Coordination capacity:** Effective leadership and coordination are crucial to ensure different sectors work together effectively and avoid the duplication of effort.
- **Mainstreaming nutrition:** Nutrition is not always fully integrated into the wider development strategies of relevant government ministries, limiting its overall effectiveness.

Basic information

- Region: South Asia, Sub-Saharan Africa
- Issue: Nutrition, particularly issues stipulated in the framework of the Sustainable Development Goals 2030.
- Key words: Nutrition, stunting, anemia, agriculture, food, maternal and child health
- Country: Country A
- Year.

Abbreviations

MNNS	Multi-sector National Nutrition Strategy
MoA	Ministry of Agriculture
MoH	Ministry of Health
MoF	Ministry of Finance
MoWSH	Ministry of Water, Sanitation and Hygiene
NNCB	National Nutrition Coordination Bureau
SDGs	Sustainable Development Goals
UNICEF	United Nations International Children's Emergency Fund

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WHA	World Health Assembly
WHO	World Health Organization

Summary

This article discusses the complexities of addressing malnutrition through multi-sectoral collaboration in developing countries. It uses the example of "Country A" to illustrate the challenges encountered when different government ministries try to coordinate their efforts.

Key points:

- **Nutrition goes beyond food:** It requires proper digestion, absorption, and metabolism, influenced by factors like sanitation, education, and water access.
- **Multi-sector approach is crucial:** Agriculture, health, water/sanitation, and education need to work together to effectively address the issue of malnutrition, particularly stunting and anemia.
- **Coordinated efforts are challenging:** Different ministries have their own priorities and budgets, making it difficult to align them with specific geographic and nutritional goals.
- **Leadership and flexibility are essential:** Coordinating bodies like the National Nutrition Coordination Bureau (NNCB) need strong leadership to encourage collaboration and compromise among ministries.
- **Mainstreaming nutrition is key:** Government institutions need to integrate nutrition goals into their existing strategies, not just treat them as a separate issue.

Case of Country A:

- Faces high rates of stunting and anemia.
- Established NNCB to coordinate a multi-sector program.
- Ministries submitted proposals exceeding available budget.
- Negotiations focused on geographical priorities and program relevance.

- The final budget was significantly reduced compared to the initial proposals.

Learning points:

- Balancing the political/strategic frameworks of different ministries is difficult.
- Strong leadership and a shared vision are crucial for successful multi-sector collaboration.
- Mainstreaming nutrition into government strategies is critical for positive long-term impact.

This article highlights the importance of a coordinated approach that overcomes bureaucratic hurdles and prioritizes collaborative efforts to effectively address malnutrition in developing countries.

Key questions when reading this case:

1. How is nutrition defined in the context of development?
2. What is the impact of stunting at the macro and micro levels?
3. What are the roles of different sectors in nutrition improvement?
4. What are the key challenges in realizing inter-sectoral collaboration?

Nutritional Challenges and the Practice of a Multisectoral Approach

Nutrition in the context of development

When we hear the word "nutrition," we tend to think of it solely as a matter of food. In fact, the Oxford Dictionary defines it as: "1) the process of providing or obtaining the food necessary for health and growth; 2) food or nourishment; and 3) the branch of science concerned with nutrients and nutrition, especially in humans," while the word "undernutrition" means a lack of proper nutrition caused by not having enough food or not eating enough food that contains the substances necessary for growth and health.

However, in the context of development, nutrition is a different ball game. Obviously, one of the primary purposes of eating is to maintain the physical function of the body, but for this purpose, simply ingesting food is not enough, as it should be digested before being assimilated as part of the body or converted to energy. This does not happen, for example, if we suffer from diarrhea (less absorption of nutrients into the body) or anemia (limited energy generation due to insufficient supply of oxygen). Our physical and cognitive development may be compromised if the nutritional composition of food is inadequate.

A healthy and productive life can only be realized when the ingestion of adequate food is complemented by an appropriate environment for digestion, absorption and metabolism. Thus, the issue of nutrition goes beyond agriculture, and beyond the food system, especially in developing countries where people face challenges such as poor access to clean water, improved sanitation and

Figure 1. Percentage of stunting under five years old by country



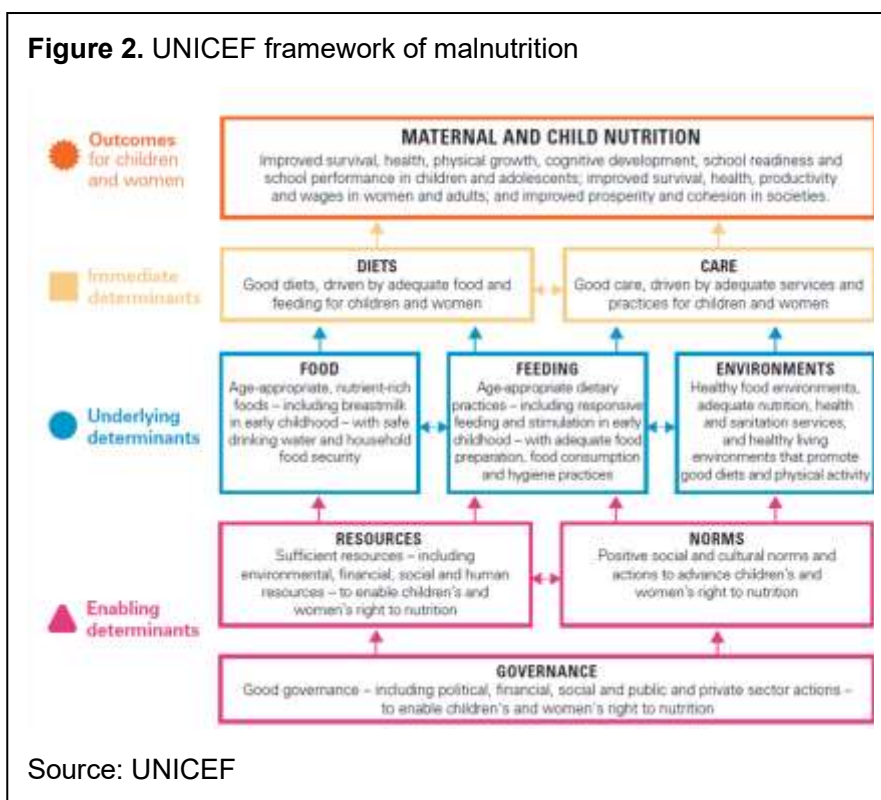
Source: UNICEF (2018)

education, particularly for girls.

In addition, the current framework of relevant global development agendas, such as the Sustainable Development Goals (SDGs) and the World Health Assembly (WHA), obliges us to address various nutrition issues. Among these, stunting and anemia are considered two of the most critical issues in Sub Sahara Africa and South Asia. In particular, stunting, caused by inadequate intake of key nutrients such as protein, vitamin A, zinc and other essential micronutrients during the "first 1,000 days" (the prenatal period and the first two years after birth), irreversibly impairs physical and cognitive performance, thus affecting health and productivity later in life, resulting in limited work opportunities and low income at the individual level and lower labor productivity at the national level. One study shows that an extra centimeter of height, which is the indicator of stunting as measured by height for age, increases wages by 4.5% (World Nutrition Report 2014), while another indicates that an additional investment of US\$1 against stunting yields a benefit of US\$16 (World Nutrition Report 2015).

Against this backdrop, UNICEF, a leading technical UN agency along with WHO, sets the global standard for the framework to be followed by all actors in the field, according to which maternal and child malnutrition is defined as a result of immediate determinants such as diet and care, which in turn depend on the underlying determinants of food, nutrition and environment (see Figure 2).

Figure 2. UNICEF framework of malnutrition



This signifies that the concerted commitment of key sectors such as agriculture, health, water and sanitation, education and social protection is essential to effectively reduce various nutritional problems, particularly stunting and anemia. Table 1 shows a set of key indicators (dietary quantity, dietary quality, access to water, sanitation, maternal education and women's empowerment) as applied to Burkina Faso against the benchmark values that should lead to a stunting rate of less than 15%. This case clearly shows that there is a large gap for most indicators, but that particular attention should be paid to water access, sanitation and maternal education.

Table 1. Situation of Bangladesh against benchmark indicators (stunting rate <15%)

Variables	Food / Agriculture			Water / sanitation		Education	
	Nutrition Outcome	Dietary Quantity	Dietary Quality	Water Access	Sanitation	Maternal Education	Women's Empowerment
	Stunting (%)	Total calories in food supply (kilocalories per day per capita)	Calories from non-staples (%)	Access to piped water (%)	Access to improved sanitation (%)	Female secondary school enrolment rate (%)	Ratio of female-to-male life expectancy
Burkina Faso	27.3	2,630	34	8	20	26	1.02
Threshold values for achieving a stunting rate < 15%	15	2,850	51	69	76	81	1.072

Source: Global Nutrition Report 2016

A case reality of multi-sector framework – setting up the stage

It is easy to argue that that tackling the issue of malnutrition through concerted efforts of different sectors should be possible, but as the efforts of our predecessors reveal, putting this into practice isn't. To gain some insights on the complexity of the multi-sectoral approach, let us look at the case of Country A where the rate of wasting (due to low caloric intake) of children under five years old stands at 7%, that of stunting at 37%, and that of anemia at 41%.

There was a global high-level conference on nutrition in 2022 at which delegations of more than 100 countries (more than half with heads of states), key development partners, and civil society representatives participated and adopted a declaration to accelerate efforts to fight against malnutrition through

mobilization of more financial resources and promotion of cross-sectoral collaborations. Country A sent a delegate composed of the Prime Minister and ministers in charge of agriculture, health, water/sanitation, and education.

According to a recommendation of the event, Country A wasted no time in opening the National Nutrition Coordination Bureau (NNCB) in the Office of the Prime Minister to coordinate relevant ministries and embarked on preparation of a Multi-sector National Nutrition Strategy (MNNS) with a budgetary framework under the leadership of NNB and the Ministry of Finance. A month later, NNCB convened a working-level kick-off meeting with the participation of ministries in charge of agriculture, health and water/sanitation for the purpose of identifying priority areas of interventions (thematically and geographically) regarding maternal and child malnutrition for 2024-2027, as well as development of the first round of a multi-sector program, particularly to address problems of stunting and anemia.

Nutrition-related profile of Country A at national and subnational levels

As noted elsewhere, Country A faces challenges in multiple areas of undernutrition. The key underlying determinants in Annex 1 show that the country faces challenges in several areas. In terms of household and food security, the average protein supply is below the global reference, while the cost of nutritional adequacy exceeds household food expenditure. In terms of care and feeding practices for infants up to 23 months, the prevalence of the minimum acceptable diet is extremely low, but it is the household environment and health services that have the greatest room for improvement, with only 14.5% receiving ORS treatment for diarrhea, only 23% of households having basic sanitation, and with only 27% of children under 5 years of age sleeping under insecticide-treated nets.

Meanwhile, a closer look at the subnational levels reveals that nutritional challenges vary from place to place. Six regions of Country A are grouped into the following three zones according to nutrition landscape attributes.

- The Northwest and the Northeast Regions are dominated by production of food crops such as maize and cassava due to the prevailing climate

(savanna) though high-value crops and livestock are produced in the vicinity of the East Region. Food crops being virtually the sole industry, the income level of rural population is the lowest in Country A. Though food security (caloric intake) is not a serious problem, food diversity is very limited. Access to clean water is also limited as people normally use shallow wells and open defecation is prevalent due to a shortage of latrines. Key basic behaviors such as handwashing are non-existent. Regarding access to health services, sparse population density and shortage of means of travel are regarded as key constraints so that mothers do not use health facilities for delivery while infants are not able to receive adequate treatment for diseases like diarrhea.

- In the East Region, high-value crops (fruit and vegetables) as well as livestock/dairy products are produced for income generation, using modern technologies (irrigation systems, certified seeds etc.) thanks to the proximity to the capital city. Thanks also to the highest income level of farming households in Country A, latrines are equipped at two-thirds of households while community water points are common in this region. However, many households make inadequate use of latrines while most water points are not well protected from contamination, particularly from animals. Nevertheless, access to maternal and child health care is also more favorable in the East than in other zones mainly due to the high density of population and road network, but insufficient resources for field work by local health agents hinders effective dissemination of vital messages for new mothers such as exclusive breastfeeding and complementary feeding. Thus, in terms of dietary habits, diversity of agricultural production does not translate into consumption of diverse foods by farming households as most of their produce is sold to the market and not considered for own consumption. Coupled with a lack of awareness of the impact of food diversity on the healthy growth of infants, there is a need to improve the balance of their diet.
- Last, the West and the South Regions have a tropical climate and are therefore suitable for production of cacao beans, cotton and rubber, all of which are main sources of trade revenue of Country A, though farm households are not better off as their counterparts in the East Region are. Rice is the main staple food in these regions. Access to clean water is limited and most population use surface water (reservoirs, rivers) for cooking and washing clothes. There are not many latrines and people use the

forests instead. Handwashing is practiced but not in an appropriate manner. Likewise, access to health services is difficult, though to a lesser extent than that in Northwest and Northeast Regions. There is a need of awareness among mothers on the benefits of regular health check-ups during pregnancy and feeding and appropriate hygiene practices for new-born infants. Regarding dietary habits, rice and beans are their staple food and are supposed to provide sufficient protein for the growth of infants, but recent studies have found out that higher consumption of food rich in animal-source protein, iron and Vitamin A is needed.

Kick-off meeting – Wish Lists of Ministries

The kick-off meeting took place at the Prime Minister's Office as scheduled. After the opening remarks of the Prime Minister, the Director of Inter-ministerial Cooperation of NNCB presented the preparation process and timeline of MNNS, which was generally well received by the participants. Then the meeting proceeded to discuss the first-round multi-sector program. Firstly, the same delegate of NNCB made a presentation on the above-mentioned nutrition profile at the national and subnational level. Then he pointed out that the Northwest and the West Regions are the two regions with high rates of stunting of children under five years old and urged the participating ministries to give due consideration for these regions to generate as much convergence as possible.

Then the Deputy Director of Planning of the Ministry of Finance (MoF) took the floor and presented the financing framework for the first-round program. Firstly, the maximum allocation of their own budgets for all the three ministries combined is US\$15 million (reflecting chronic fiscal constraints mainly due to prevalence of the informal sector and limited institutional capacity for tax collection), while a development bank has committed an envelope of US\$ 40 million for this initiative, meaning that the total funds secured at this stage is US\$ 55 million. Furthermore, each ministry is requested to lower the cost by changing the quantity of infrastructure or by focusing on selected target areas in case the sum of proposals exceeds the above-mentioned limits, while MoF will continue to seek funds from internal/external resources.

Given this keynote guidance, each ministry presented their proposals as shown in Annex 2. The Ministry of Agriculture (MoA) proposed interventions of US\$37 million for the introduction of new crops for income and own consumption, measures to increase consumption through both consumption of own-grown crops (consumption pathway) and conversion of additional income into improved access to nutritious food (income pathway), and productivity enhancement of food crops such as maize and cassava. Meanwhile, the Ministry of Health (MoH) came up with a package of US\$ 59.5 million, focusing mainly on the construction of new local health centers to address the issue of physical access to health services, complemented by capacity building activities for target beneficiaries. The Ministry of WASH (MoWSH) also prioritized infrastructure through nationwide construction of water wells and community latrines accompanied by capacity building of beneficiaries and provision of soaps, at a total cost of US\$67 million.

Practical challenges in coordination

As the cost of these proposals added up to US\$163.5 million, there were exchanges among participants to downsize the package. Firstly, NNCB reminded the meeting of its geographical priority (Northwest and West Regions) and urged adjustment of their proposals accordingly. MoH and MoWSH pointed out that it would be possible to remove non-priority regions for infrastructure projects, but less so for capacity development activities as splitting nationwide projects of a small scale by different funding source would be inefficient mainly due to additional cost of coordination for ensuring coherence. MoA further argued that their proposal was more geographically specific by project (e.g., Northwest and Northeast Regions) and therefore due consideration should be given to covering of non-priority regions.

NNCB fully understood these arguments and agreed to accept sustaining nationwide projects on capacity development while MoF recommended to downsize the cost of nationwide capacity development projects, to eliminate non-priority regions from infrastructure projects, and to eliminate projects that are not sufficiently relevant to the issue of stunting. The delegates of the three ministries concurred on the first two points, but they were not convinced by the third point as they believed that all projects are strongly relevant to nutrition

improvement. Then the meeting scrutinized each project and decided to eliminate the following three projects.

- Project on maize and cassava (A-01 in Annex 2). While this project is intended to contribute to food security, which makes it a part of nutrition improvement, given that this particular program is meant to tackle stunting and anemia both of which are related to insufficient intake of specific nutrients (such as protein, zinc and iron) rather than caloric intake, maize and cassava do not conform with the objective of the program.
- Project on sweet potato (A-05). This project intends to increase Vitamin A intake through introduction of Vitamin A rich sweet potatoes. However, it was found out that MoH is implementing a nationwide program of Vitamin A supplementation for children under five years old, and therefore there is no urgent need for similar intervention from the agriculture sector. Meanwhile, the meeting agreed that a food-based approach for Vitamin A supply will be required in the long term since the MoH program on Vitamin A is funded by a multilateral development bank and is therefore timebound.
- Project on cooking demonstration of nutritious complementary feeding (H-04). This project was merged with the project on the capacity development of mothers (H-03) as both projects target women in pregnancy and in nurturing infants.

Furthermore, MoF requested the meeting to reduce the cost of infrastructure even if it fails to cover all the needs of the target regions. The delegates of the three ministries did their best to revise relevant projects but failed to lower the budget to the target during the meeting. At the end of the day, the total budget of the three sectors was US\$ 61 million, consisting of US\$19 million for agriculture and health each, and US\$ 23 million for WASH (See Annex 2a for breakdown). The participants agreed to meet again a week later upon further revision of the budget by each ministry.

Some key learning points

This small example shows how difficult it is for different sectors to collaborate for nutrition objectives. Here are some key takeaway messages:

- To start with, compatibility of political/strategic framework of nutrition and those of other government institutions pose challenges that are not small. In this case, the geographic priority of NNBC did not go well with those of other ministries, particularly of MoA since its projects were more region-specific than others. Furthermore, large-scale infrastructure projects might have to scale down even in the target regions depending on availability of funds.
- This issue is compounded with chronic dearth of financial resources for the government sector in many developing nations. Unlike developed countries like in Japan where sufficient funds are secured over several years to allow the nationwide rollout of programs, the very fact of funding shortages forces governments to select priority areas in terms of location and/or subject. Moreover, interventions may become more sporadic temporarily as well as spatially if they rely on external funding sources.
- Moreover, the capacity and leadership of coordinating bodies is of critical importance. Government institutions primarily try to follow their own interests while impactful nutrition outcomes require different mindsets. In this case study, ministries may be tempted to make the most out of a given opportunity for their own interests, but this may compromise geographical convergence and therefore compromise nutrition outcomes. Rather, certain extent of flexibility based on shared vision on nutrition outcome, importance of synergies, and roles of different sector, is indispensable and the way in which coordinating bodies successfully lead them is a critical key to this end.
- Finally, and more fundamentally, it is critical to note that each government institution should fully mainstream nutrition into its own development frameworks, but this is not the case in most countries. Generally, the strategic objectives of the agriculture sector encompass food security (which is a synonym for caloric intake), economic development at the macro and micro levels, and natural resource management for sustainability, but not for nutrition to the extent that, for instance, the ministries in charge of agriculture subsidize commodities rich in specific nutrients (e.g., Vitamin A, iron) like they do for grains. In this sense, Country A is just at the beginning of developing its nutrition strategy and hopefully NNBC will ensure that their strategies are fully mainstreamed into those of key ministries.

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Country A: Indicators on maternal and child malnutrition

1. Background of Malnutrition

Name	
Country	A
Region (if any)	

Women (15-49 years old)	Reference	Country
Underweight (%) *1	9%	15%
Anemia (%) 2016 *1	41%	41%
Anemia in pregnant women (%) 2016 *3	40%	44%
Overweight (%) 2016 *3	39%	31.3%
(Add more if available)		

Children (< 5 years old)	Reference	country
Stunting (%) 2020 *5	28%	37%
Wasting (%) 2020 *5	10%	7%
Overweight (%) 2020 *5	4%	3%
Anemia (%)		
Micronutrient Deficiency (if any)		
(Add more if available)		

Underlying Causes

Household Food Insecurity	Ref.	Country
Prevalence of Undernourishment 2017 *2	9%	17%
Prevalence of moderate or severe food insecurity (%) 2017 *2	29.6%	33%
Dietary energy in food supply (kcal/person/day) 2017 *2	2,650	2,440
Average Protein Supply (g/person/day) 2011-2013 *2	62	50.3
Cost of nutrient adequacy as a percent of household food expenditure (%) 2011 *2	57%	121%

Care and Feeding Practices	Ref.	Country
Minimum diet diversity (6-23 months) (%) 2013-2018 *1	22%	15%
Minimum meal frequency (6-23 months) (%) 2013-2018 *1	40%	61%
Minimum acceptable diet (6-23 months) (%) 2013-2018 *1	9%	13%
Introduction to solid, semi-solid, soft foods at age of 6-8 months (%) 2013-2018 *1	69%	65%
Early initiation of breastfeeding within 1 hour of birth (%) 2013-2018 *1	40%	20%
Children Exclusively breastfed (0-5 months) (%) 2013-2018 *1	21%	48%

Household Environment and Health Services	Ref	Country
Diarrhea Treatment with ORS (%) 2013-2018 *1	49%	14.5%
Malaria Care seeking for children with fever (%) 2013-2018 *1	-	62%
Children under 5 who slept under insecticide-treated nets (%) 2013-2018 *1	67%	27%
WASH Households with at least basic drinking water (%) 2017 *1	75%	62%
Households with at least basic sanitation (%) 2017 *1	75%	23%
Households with basic hygiene (%) 2017 *1	60%	62%

Cross cutting issues	World	Country
Female educational attainment 2010-2017(%) *1	38%	
Female married by 18 years old 2012-2018 (%) *1	21%	
(Add more if available)		

*1 State of World's Children 2019
 *2 Food System Dashboard
 *3 Global Nutrition Report
 *4 FAO STAT
 *5 UNICEF Child Nutrition Report 2021

Short list of proposed activities by sector (\$ 163.5 million)

No	Project title	Cost (\$ mil)	Target regions				
			NW	NE	E	W	S
1) Agriculture (\$ 37 million)							
A-01	Productivity enhancement of maize and cassava through introduction of high-yield varieties	6.0	√	√			
A-02	Promotion of kitchen gardens to diversify food consumption of farm households (training and provision of start-up kits)	15.0	√	√			
A-03	Introduction of cash-crops to enhance income of farm households	8.5	√	√			
A-04	Capacity development of farm households to optimize income-health balance for better family welfare	3.0			√	√	√
A-05	Introduction of Vitamin A rich sweet potato varieties to increase Vitamin A intake by farm households	4.5				√	√
2) Health service (maternal and child health) (\$59.5 million)							
H-01	Construction of 15 local health centers to enhance service access	45.0	√	√		√	√
H-02	Communication campaign (radio etc.) on maternal and child health	2.5	√	√	√	√	√
H-03	Capacity development of mothers on maternal health, appropriate childcare and feeding	6.0	√	√	√	√	√
H-04	Cooking demonstration of nutritious complementary feeding for mothers	6.0	√	√	√	√	√
3) Water and sanitation (WASH) (\$ 67 million)							
W-01	Matching grants (subsidy) for construction of 300 deep water wells to enhance access to clean water	30.0	√	√	√	√	√
W-02	Matching grants (subsidy) for construction of 300 community latrines to reduce open defecation	20.0	√	√	√	√	√
W-03	Capacity building of rural population for maintenance of water wells and sanitation facilities	6.0	√	√	√	√	√
W-04	Capacity building of rural population regarding appropriate WASH behaviors	6.0	√	√	√	√	√
W-05	Provision of soap bars to vulnerable households	5.0	√	√	√	√	√

Short list of proposed activities (after revision - \$ 61 million)

No	Project title	Cost (\$ mil)	Target regions				
			NW	NE	E	W	S
1) Agriculture (US\$ 19 million)							
A-01	Productivity enhancement of maize and cassava through introduction of high-yield varieties	6.0	√	√			
A-02	Promotion of kitchen garden to diversify food consumption of farm households (training and provision of start-up kits)	<u>10.0</u>	√	√			
A-03	Introduction of cash-crops to enhance income of farm households	<u>6.0</u>	√	√			
A-04	Capacity development of farm households to optimize income-health balance for better family welfare	3.0			√	√	√
A-05	Introduction of Vitamin A rich sweet potato varieties to increase Vitamin A intake by farm households	4.5				√	√
2) Health service (maternal and child health) (US\$ 19 million)							
H-01	Construction of <u>5 local health centers</u> to enhance service access	<u>15.0</u>	√	√		√	√
H-02	Communication campaign (radio etc.) on maternal and child health	<u>1.0</u>	√	√	√	√	√
H-03	Capacity development of mothers on maternal health, appropriate childcare and feeding	<u>3.0</u>	√	√	√	√	√
H-04	Cooking demonstration of nutritious complementary feeding for mothers	6.0	√	√	√	√	√
3) Water and sanitation (WASH) (\$ 23 million)							
W-01	Matching grants (subsidy) for construction of <u>90 deep water wells</u> to enhance access to clean water	<u>9.0</u>	√	√	√	√	√
W-02	Matching grants (subsidy) for construction of <u>90 community latrines</u> to reduce open defecation	<u>6.0</u>	√	√	√	√	√
W-03	Capacity building of rural population for the maintenance of water wells and sanitation facilities	<u>3.0</u>	√	√	√	√	√
W-04	Capacity building of rural population regarding appropriate WASH behaviors	<u>3.0</u>	√	√	√	√	√
W-05	Provision of soap bars to vulnerable households	<u>2.0</u>	√	√	√	√	√

Note: Underlined text: revised. Gray text with stroke: removed.