Questions / Discussion

I) NIPN Guatemala tries to mainly use administrative data rather than survey data. Is it possible to use LiST with these types of data?
With LiST, this is possible however it is important to assess the quality of the data beforehand because LiST is not able to do so. The data used can be linked to interventions that are existing in LiST but there is also the possibility to include additional interventions in order to create the required projections based on your objectives.

II) It would be interesting to strengthen the capacities of the sectoral departments on this tool because there are annual plans of actions that are elaborated by the different sectors that could benefit from this tool. Are there any updates on the capacity of the tool to calculate costing with regards to nutrition-sensitive interventions?
A LiST costing tool is in development. The JHU team is further developing it as currently LiST costing makes use of one source only. Another element that needs to be taken into account is that the prices are contextualized to their environment.

III) RCI did an estimation of the number of reduced stunted children. Can RCI explain these numbers in terms of prevalence to have an idea of the absolute numbers vs. the percentage?
Estimations were based on the scenarios. For the scenario 1: it has been calculated that it passed from 21.6% in 2022 to 21.48% in 2026 and in scenario 6: 21.6% to 21.02%. All other results can be shared to interested people.

IV) It is important to recognize the difference between absolute and relative numbers. What do they represent against the general population? It is important to consider the relative numbers to be able to inform and support decision-making.
For the different analysed interventions, the team in RCI calculated the respective numbers in percentage from the absolute numbers obtained in LiST.

V) Why were some interventions not considered during the analysis in Burkina Faso?
Most of the indicators of the National Plan of Action for Nutrition were not coverage indicators (i.e., numbers of meetings) therefore it was not possible to model them on LiST. Based on the indicators that could be modelled on the tool, only 7 interventions were selected. A wide number of nutrition interventions with proven efficacy -thus available in LiST, were not included in the National Plan of Action for Nutrition.
VI) Why is the number of saved lives at baseline zero (0)? Ideally, the tool should calculate the number of lives that could have been saved. The period of implementation of the RCI national plan covers 2022-2026. Every scenario had a baseline of zero because the analysis was looking at the number of saved lives if an intervention was scaled-up. The rationale behind it was to respond to the questions: “If we start from this level - zero - what would be the number of saved lives?”

VII) We would like to hear some feedback on the satisfaction of the training from participants including from sectoral departments. In RCI, the sector representatives appreciated LiST as a capacity development measure that allows to support planning by projecting the number of saved lives by intervention. Some of the sectors present in the costing trainings were Eeducation, Planning and Health. In Burkina Faso the training was also received from the sectoral departments. Participants were reported as being motivated. Among the participants: representatives from 9 sectors, Food and Nutrition Technical Secretariat (STAN) and the Direction of Nutrition.

VIII) LiST allows to estimate the impact on the reduction of stunting. Will LiST be updated to also take into account Internally Displaced People (IDP) and level of poverty that impact also on stunting? LiST is a mathematical model. There are many distal factors that are not yet included (i.e., socio-economic factors). It’s a tool looking into health interventions, therefore distal factors (i.e., health behaviours, poverty) are yet not included in LiST. There is a discussion ongoing regarding their integration given the fact it is a complex procedure to be implemented.

IX) How are countries using the LiST tool: as a planning tool, an advocacy tool for resource allocation or to evaluate the impact of interventions? The example from RCI showed that LiST was used for strategic planning through the analysis of 6 scenarios in which the first three looked at interventions currently implemented in the country and the last three looked also at interventions not implemented but known for their impact on nutrition. LiST was used in Burkina Faso for impact evaluation on the current multisectoral plan for nutrition by looking at interventions defined in the plan and assess potential impact on lives saved and malnutrition reduction. LiST analyses can be used for advocacy including supporting decision-makers on budget allocations for interventions.

X) What are the interventions not yet implemented and assessed as having a potential for significant impact in RCI according to LiST? Some of the interventions not implemented yet but included in the analyses of the scenarios 4-6 are fortification of folic acid and iron, supplementation of calcium in pregnancy, intra-uterine detection of stunting as well as preventative interventions such as Vitamin A and Zinc.
You referred to LiST as having the potential to evaluate impact of interventions on malnutrition and mortality. The terminology “impact evaluation” is often associated with assessment of changes induced by an intervention as compared with the situation prior and after the start of the intervention. It involves robust statistical analysis. While for LiST, this is not what it is. Could you clarify to avoid any confusion?

When talking about impact evaluation in LiST, we refer to the potential impact of change in intervention coverage. It is true that this terminology could be confusing when compared to the terminology used in clinical trials for instance, however, it is important to highlight that LiST looks at potential impacts rather than actual impact.

**Material:**

- Video Recordings from the webinars are available [HERE](#).
- LiST Visualizer accessible [HERE](#).
- Evidence Gap Map developed by 3ie available [HERE](#).