

FROM INVESTMENT TO IMPACT



**MEETING DFID'S
50 MILLION COMMITMENT
ON NUTRITION**





Action Against Hunger UK
First Floor, Rear Premises
161-163 Greenwich High Road
London SE10 8JA
www.actionagainsthunger.org.uk



Concern Worldwide (UK)
13-14 Calico House, Clove Hitch Quay
London SW11 3TN
www.concern.net



RESULTS UK
Head Office
31-33 Bondway, London SW8 1SJ
www.results.org.uk



WaterAid
47-49 Durham St, London SE11 5JD
www.wateraid.org

LEAD AUTHORS:

Sabrina de Souza & Alexandra Rutishauser-Perera | Action Against Hunger

Joanna Francis | Concern Worldwide

Anushree Shiroom | RESULTS UK

Megan Wilson-Jones | WaterAid

PHOTO CREDITS:

Cover | Susana Vera/Malawi/2007 (Action Against Hunger)

05 | Alexia Webster/Malawi/2016 (WaterAid)

07 | Chris de Bode/Burundi/2017 (Concern Worldwide)

09 | Chris de Bode/Burundi/2017 (Concern Worldwide)

10 | Action Against Hunger/Palestine/2014 (Action Against hunger)

1. Introduction

Malnutrition affects one in three people globally and is responsible for almost half of all child deaths. Good nutrition in the early years is not only essential for healthy growth and development, but also saves lives. In contrast, poor nutrition can cause irreversible physical and cognitive impairments, while at the same time malnourished children are more susceptible to disease, struggle at school and earn less as adults. Investing in nutrition has a powerful impact on a country's economy, as it can boost GDP by as much as 12%ⁱ. Despite this, malnutrition is not prioritised enough in the most high-burden countries, or by donor countries which invest Overseas Development Assistance (ODA) or aid to tackle leading global challenges.

The UK government however, has long been recognised as a leader in reducing malnutrition in the world's poorest countries. In 2015, the Department for International Development (DFID) disbursed a record US\$ 1 billion of ODA to nutrition, reaching 13.3 million children under five, women of childbearing age and adolescent girls through nutrition-relevant programmes. The government also made a series of global commitments that aim to tackle malnutrition for the world's poorest, including at the 2012 World Health Assembly, the 2013 Nutrition for Growth Summit, and through the 2015 Sustainable Development Goals (SDGs).

In 2015, the Conservative government committed to 'improve nutrition for at least 50 million people who would otherwise go hungry' by 2020. This was a significant advancement of the UK's ambition to tackle malnutrition from its 2011-2015 commitment to 'reach 20 million beneficiaries with nutrition interventions'. Despite a leadership change in the Conservative government in 2016, and a general election in June 2017, DFID are still committed to deliver on its 50 million commitment.

This paper analyses DFID's nutrition-relevant programmes since April 2015, against DFID's own newly nuanced methodology of high, medium, and low intensity reach, to assess the potential for these programmes to deliver the highest possible nutrition impact, thus meeting the 2015 commitment.

1 in 3 people

globally are affected by malnutrition

\$1 billion

the record amount disbursed by DFID to nutrition, in 2015

13.3 million

women, children and girls reached in 2015 through nutrition relevant programmes

2. Measuring nutrition impact

From 'reach' to 'improvement'

Prior to 2016, DFID used 'reach' as a measure of the results of its nutrition programmes, defined as "the number of children under five, breastfeeding and pregnant women reached through DFID's nutrition-relevant projects". Simple 'reach' has limitations as an indicator of level and quality of impact on nutrition outcomes because:

- ▶ **It does not indicate the level of change (improvement) in nutrition status, but assumes nutrition impact solely based on coverage of an intervention**
- ▶ **It does not distinguish those reached by a single nutrition intervention versus those receiving a package of multiple high-impact nutrition interventions; the latter being more impactful in improving nutritional status**
- ▶ **It does not distinguish clearly between individuals who have received the full course of an intervention, as opposed to a part of it**

In summary, measuring only the 'reach' of interventions does not always accurately reflect impact and cannot therefore guide prioritisation of nutrition efforts.

Therefore, we welcomed DFID's new and more nuanced methodology in 2016, wherein they proposed to disaggregate 'reach' as high, medium, or low intensity of reach. The new methodology is more likely to distinguish those programmes which could potentially have the greatest impact on nutrition, while at the same time enabling measurability of the level of impact (Table 1).

TABLE 1: OVERVIEW OF HIGH, MEDIUM, LOW INTENSITY NUTRITION REACH"

Intensity of programme	Targeted	
	DIRECT	INDIRECT
HIGH	Target population reached directly with a nutrition-specific package and At least one nutrition-sensitive Programme or Target population reached directly with a nutrition-specific package and At least one hunger-sensitive programme	
MEDIUM	Target population reached directly with only a nutrition-specific package or Target population reached directly with only a nutrition-sensitive programme or Target population reached directly with a hunger-sensitive programme that includes a nutrition-sensitive behaviour change component targeting women/adolescent girls	
LOW		Target population reached indirectly with a nutrition-sensitive programme

The new methodology also gives more clarity to what can be categorised as nutrition-sensitive. Programmes in sectors which impact nutrition outcomes, such as health, water, sanitation and hygiene (WASH), and agriculture, can only be regarded as nutrition-sensitive if:

- ▶ **They have an explicit objective to improve nutrition outcomes (e.g. preventing stunting, wasting, micronutrient deficiencies, or low birthweight; improving infant and young child nutrition; and improving nutritional status or diets of women and girls)**
- ▶ **They monitor changes in relevant nutrition outcomes at the outcome or impact level**

This advanced focus on ensuring that DFID's nutrition programmes result in 'nutrition improvement' as opposed to a simple increase in 'reach or coverage of interventions' is reflective of an ambition to deliver greater nutrition impact through DFID's efforts.

This new methodology is a positive step in improving accountable nutrition impact. However, whilst DFID have taken strides to improve data collection by publishing their Data Disaggregation Action Planⁱⁱⁱ, the current plan focuses on four variables (age, sex, disability and geography) and there is as yet no publicly available data on the disaggregated intensity of DFID's nutrition programmes specifically. This inhibits our ability to hold the government to account on its progress to improve people's nutrition.



TAMAL DEVICESON, 8, WASHES HER HANDS IN CLEAN WATER AT THE BOREHOLE IN THE VILLAGE OF ENGLAND, SALIMA DISTRICT, MALAWI

3. Analysis and findings

To build an understanding of DFID's progress against its own criteria, this analysis looked at 55 DFID funded programmes, both nutrition-specific, and nutrition-sensitive. To assess nutrition-sensitive programmes, this analysis focused on health, agriculture, and WASH sectors, which are critical in tackling malnutrition.

Business cases, log frames and annual reviews for all the 55 programmes, across 23 sub-codes within WASH, Agriculture, and Health sectors (including basic nutrition), and starting on, or after 1st April 2015, were reviewed to determine the extent to which they could be classified as high, medium and low intensity, as per DFID's own definitions. Publicly available data was used from Development Tracker (Dev-Tracker); a platform that houses detailed information on international development projects funded by the UK government. The analysis excluded 14 programmes for which insufficient documents were available on Dev-Tracker to enable an in-depth review.

3.1 High intensity reach has the potential to deliver the greatest nutrition impact and requires scaling-up

Malnutrition is a complex and multi-sectoral issue that can only be addressed by tackling both its direct and underlying causes¹. Improvements in one cause of malnutrition only, in the absence of considering other underlying factors, is unlikely to contribute to significant and sustainable improvements in nutrition. This is why high intensity programmes, which are designed to simultaneously address multiple causal pathways have the best chance of meaningfully improving nutrition outcomes. Whilst medium intensity programmes either in the form of a nutrition-specific package, or a nutrition-sensitive or hunger-sensitive intervention, may also contribute to nutrition improvement, the level of impact is likely to be lower than that of a high intensity programme.

DFID recognises that in an ideal situation 'only those who receive a comprehensive package of nutrition-specific and nutrition-sensitive services to address the immediate and underlying causes of undernutrition should count towards this result'^{iv}, but a number of the DFID programme documents reviewed did not outline clearly the package of services being delivered. Nor did they elaborate the nutrition-sensitive component as per recommended criteria.

Nevertheless, there are examples of programmes that are clearly likely to be delivering high intensity reach, by integrating the delivery of multiple nutrition-specific interventions alongside nutrition-sensitive approaches [Case Study 1].

¹ The 'direct causes' of malnutrition are inadequate dietary intake and disease or infection. The 'underlying causes' which impact dietary intake and infection, include access and affordability of diverse food, care practices, and health and social environment and services. Underlying causes are also influenced by wider socio-political and economic contexts.



The UK is committed to tackling nutrition and other health issues in fragile and humanitarian situations, and in 2015 44% of the nutrition-sensitive spending was allocated through humanitarian channels. In view of this, programmes such as the above, which clearly address the direct and underlying causes of malnutrition, should be used as an example while implementing programmes in similar humanitarian contexts.

CASE STUDY 1

LIFE-SAVING HUMANITARIAN SUPPORT IN NORTHEAST NIGERIA

Since December 2015 DFID has been funding an emergency programme in Northeast Nigeria responding to the displacement of 2.2 million people in the region.^v The ongoing violent conflict in this region has exacerbated malnutrition^{vi} with 32.9% of children suffering from stunting and 7.9% from wasting.^{vii} Nearly half of women in the country are anaemic. The situation has necessitated a package of wide-ranging humanitarian aid to support vulnerable groups, including women and young children^{viii}. The programme's explicit objective is to improve high quality dietary intake particularly for pregnant women and children under five.

The Government of Nigeria (GoN), is committed to improving nutrition as set out in its National Strategic Plan of Action for Nutrition 2014-2019^{ix}. DFID also supports the efforts in Nigeria by funding a programme that supports the 'direct delivery of basic nutrition linked to food security and

protection'^x, recognising that nutrition goes hand in hand with other sectors such as WASH, livelihoods, health, shelter and protection.

In line with DFID's own criteria, this is a high intensity programme since it provides a package of direct, nutrition-specific interventions, coupled with nutrition-sensitive elements. The programme supports the screening and management of both severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) and provides training to community health care providers on integrated management of basic nutrition and treatment of SAM. In addition it is providing micronutrient supplementation for children and pregnant women and undertaking behavioural change communication on optimal infant and young child feeding practices. It also includes nutrition-sensitive components, such as the provision of cash transfers and promotion of hygiene practices.

3.2 Missed opportunities: Medium intensity programmes with the potential to be high intensity

Medium intensity programmes deliver either a package of nutrition-specific interventions, a nutrition-sensitive programme, or a hunger sensitive programme with a nutrition-sensitive component (table 1). However, focusing on only one (either nutrition-specific or nutrition-sensitive) and not the other cannot drive significant and sustainable impact on nutrition outcomes. The 2013 Lancet series established that malnutrition cannot be addressed solely through nutrition-specific interventions, and that simultaneous investments in nutrition-sensitive programmes in sectors such as health, WASH and agriculture are vital to improving nutrition.

On reviewing DFID's programmes across these three sectors, a number of missed opportunities were identified. These include those nutrition-sensitive programmes which can currently be classified as medium intensity, but can be enhanced through better integration of a package of nutrition components into their design and delivery [Case Study 2]. Moreover, the majority of DFID's programmes (particularly prior to 2014) have been nutrition-sensitive partial rather than nutrition-sensitive dominant, based on the SUN donor methodology². While DFID is increasingly making progress in improving the nutrition sensitivity

2 To be nutrition-sensitive, the actions must fulfill ALL the following criteria: • the actions must intend to improve nutrition for women or adolescent girls or children; • The project has a significant nutrition objective OR nutrition indicator(s) • The project must contribute to nutrition-sensitive outcomes, which are explicit in the project design. DFID counts its projects as 'nutrition-sensitive dominant' when the full project (its main objective, results, outcomes and indicators) is nutrition-sensitive, and as 'nutrition-sensitive partial' when part of the project (e.g. one of the objectives, results, outcomes or indicators) is nutrition-sensitive.

CASE STUDY 2

URBAN WATER FOR DARFUR PROJECT

The Urban Water for Darfur Project aims to provide sustainable and equitable access to water, sanitation and hygiene (WASH) in peri-urban communities in Darfur, Sudan between 2015-2020. The project's overall impact is to improve health, including reducing diarrhoeal diseases and malnutrition rates among children under five, both of which are included as the two impact indicators. There is also a specific focus on women and girls as the key beneficiaries, with data on population reached through improved WASH interventions to be disaggregated by gender. The project demonstrates a clear understanding and link between improved WASH, and better health and nutrition. It also focuses on the key behaviours critical for improving nutrition and focuses on the populations most vulnerable to undernutrition – women and children.

The programme is an example of a medium intensity nutrition-sensitive WASH programme, in that it seeks to measure the impact of the programme through malnutrition but has missed opportunities to fully integrate nutrition interventions. The targeted behaviours of

handwashing with soap, safe water use, clean environment and safe storage of food and utensils have particular importance for nutrition by breaking the faecal-oral transmission route and reducing exposure to pathogens, particularly for women and children who are most vulnerable.

This programme has the potential to integrate important nutrition-specific behaviours and interventions, such as promotion of exclusive breastfeeding and safe complementary feeding, as well as expanding some of the food hygiene activities such as food handling, thorough reheating of food, along with safe disposal of child faeces, which could strengthen the nutrition impact of the programme. Furthermore, the programme could be specifically targeted to communities with the highest rates of undernutrition. Identifying opportunities to integrate other key nutrition-specific interventions with the WASH package has the potential to improve nutrition-sensitivity, deliver cost-efficiency and address healthy behaviours in a comprehensive manner; ultimately improving the nutrition and health outcomes of the target population.



of its programmes, there is still great potential for them to be designed and monitored in a way that ensures greater nutritional impact.

Another potential means of improving nutrition impact through existing programmes, is through co-location of interventions through different programmes that target the same population, thus enhancing the overall nutrition impact. [Case Study 3].

CASE STUDY 3

IMPROVING IMPACT THROUGH CO-LOCATION OF NUTRITION INTERVENTIONS

Bio-fortification, which uses traditional plant breeding techniques to raise nutrient density of food crops, has the potential to improve nutritional quality of diets in a cost-effective and sustainable manner without massively changing dietary habits, which is much more challenging to do.

In December 2015, DFID extended their support to Harvest Plus, building upon their previous agreement (2012-2015). The 'Scaling up nutritionally improved food crops through Harvest Plus Phase 2' programme aims to scale up the availability of nutritionally improved food crops through six bio-fortified varieties to 14 million farming households in Africa (DR Congo, Rwanda, Nigeria, Uganda, Ethiopia, and Zambia) and Asia (India, Bangladesh, and Pakistan). It also seeks to strengthen the evidence on the effectiveness of these crops in delivering nutritional outcomes. Evidence and capacity will be developed on the impact of these

crops on nutritional status in the first 1000 days, women and girls, and also potentially assess the impact on time-allocation, income and market participation from a gender perspective. However, as this programme delivers a single nutrition-specific intervention (i.e. bio-fortified crops) to improve nutrition outcomes, it can be classified as a medium intensity (and not a high intensity) programme.

Whilst the specific geographical outreach of this programme within these nine countries is unclear, delivering bio-fortified crops under this programme alongside other nutrition-specific and -sensitive programmes across WASH, health, agriculture and nutrition as implemented by DFID in Rwanda, Nigeria, Uganda, Ethiopia, Zambia, Bangladesh and Pakistan can potentially multiply the impact on nutrition and health outcomes. As such, bio-fortification could easily be coordinated with other nutrition programmes as part of a high intensity package.

3.3 Low intensity programmes result in fewer improvements in nutrition and should not be counted towards DFID's 50 million commitment

DFID has stated that it encourages spending departments to focus on more high and medium intensity 'reach', but that those reached with low intensity programmes will still count equally towards DFID's commitment. However, it acknowledges that those reached with low intensity interventions are 'likely to experience some [nutrition] improvement, albeit potentially to a lesser degree'^{xi}.

DFID defines low intensity reach as programmes which typically lack a targeted or focused approach to nutrition, 'indirectly' reach vulnerable groups, are not designed with their needs in mind, and which neither engage the community nor monitor uptake. We believe such programmes are unlikely to meaningfully improve nutrition impact. Such programmes are also likely to present challenges in tracking, monitoring and evaluating effectiveness and value for money, as one cannot ascertain whether and to what extent, the programme interventions reached the population groups most vulnerable to undernutrition, and led to nutritional improvements.

Thus, we recommend that DFID strives to achieve the highest intensity of reach, recognising that in some cases this may not be possible, but that any programme which is typically low intensity, is not counted towards the fulfilment of the commitment to improve nutrition for 50 million by 2020.



4. Conclusions and recommendations

In its 2016-2017 Annual Review, DFID reported it had reached 26.3 million children under five, women of childbearing age and adolescent girls through nutrition-related programmes, and that the UK is on track to meet its 2015 manifesto commitment to reach 50 million people by 2020. While this is indeed promising, DFID has been reporting its contribution to nutrition as per its previous (2010-15) methodology based on simple 'reach' or coverage. It has yet to publicly disseminate disaggregated data on the proportion of individuals 'reached' with high, medium, or low intensity programmes, as per its new methodology. This lack of data makes it difficult to assess the true level of nutrition impact of DFID's current programmes.

Understanding the breakdown in level of intensity of programmes is important to also strengthen the transparency and accountability of the UK's contribution to tackling malnutrition. The new system is a laudable attempt by DFID to improve nutrition impact through its investments. DFID can, and should take steps to improve its reporting under the new methodology and make the data publicly available. DFID country offices should now be encouraged to report along the high, medium, low intensity methodology starting with the current reporting cycle. This is instrumental in facilitating a more credible and transparent approach to improving nutrition for 50 million people.

This report argues high- and medium- intensity reach programmes are more likely to improve nutrition outcomes, and thus should be scaled up over low intensity programmes. It also identifies how some of DFID's existing medium intensity programmes have potential to be improved to achieve high intensity impact. Whilst it is recognised that low intensity programmes may have a certain degree of nutrition impact, the lack of a targeted approach and challenges in monitoring impact highlight the need to exclude low intensity reach from counting towards DFID's 50 million nutrition commitment.

The complexity of nutrition as an issue and the slow progress to date to reduce malnutrition globally, especially for the poorest, remotest, and most vulnerable, requires transparency about what works and what doesn't, sharing of experiences and prioritising limited resources to interventions that deliver the greatest nutrition impact. It is of paramount importance that DFID ensures its investments improve nutrition for the poorest and most marginalised communities through high or medium intensity interventions to ensure nobody is left behind in the fight against malnutrition.

BASED ON OUR ANALYSIS, WE RECOMMEND THAT DFID:

- 1 Focus its nutrition investments on programmes delivering high intensity packages which address both direct and indirect causes of malnutrition, to maximise their impact and lead to sustainable improvements in nutrition outcomes.
- 2 Review all of its medium intensity nutrition-specific and nutrition-sensitive programmes over the next year to determine if and how they can be modified to move towards becoming part of a high intensity package.
- 3 Exclude programmes delivering low intensity reach as contributing to the achievement of the UK's 50 million commitment, due to the lack of a targeted approach to nutrition and challenges in monitoring their impact.
- 4 Expand on DFID's Data Disaggregation Plan by publicly reporting the number of individuals reached with high, medium, and low intensity interventions to strengthen transparent reporting and ensure the poorest and most marginalised are reached.

References:

i 1,000 Days, <https://thousanddays.org/the-issue/> [last accessed 10 August 2017]
ii DFID, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/540193/Nutrition.pdf [Last accessed 17th July 2017]
iii DFID, DFID Data Disaggregation Action Plan https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582315/Data-disaggregation-action-plan-Jan-2017.pdf [last accessed 25 August 2017]
iv DFID, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/540193/Nutrition.pdf [Last accessed 17th July 2017], p.2
v DFID, 'Business Case: Life Saving Humanitarian Support in Northeast Nigeria', <https://devtracker.dfid.gov.uk/projects/GB-1-205161/documents> [last accessed 3rd April 2017], p.3

vi Ibid, p.3
vii SUN, 'Nigeria: Annual Progress Report', <http://docs.scalingupnutrition.org/wp-content/uploads/2016/11/Nigeria-SUN-Movement-Annual-Progress-Report-2016.pdf> [last accessed 3rd April 2017]
viii Ibid, p.2
ix Government of Nigeria, 'National Strategic Plan of Action for Nutrition', (accessed via WHO) <https://extranet.who.int/nutrition/gina/sites/default/files/NGA%202014%20NSPAN.pdf> [last accessed 3rd April 2017]
x DIFD, Business Case: Life Saving Humanitarian Support in Northeast Nigeria, p.5
xi Ibid, p.10
