

Leaving no one behind in the fight against malnutrition:

An analysis of the Department for International
Development's nutrition investments



Photographer: Chris de Bode/Panos Pictures for Concern Worldwide/Burundi/2017

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1. Introduction

Around the world 821 million children and adults are chronically hungry, 60 per cent of whom live in Fragile and Conflict Affected States (FCAS).¹ In addition, 151 million children are too short for their age, 51 million are too thin², and millions more suffer from deficiencies of vitamins and minerals essential for their healthy development. Hunger and malnutrition continue to hinder the life chances and potential of each of these individuals. The majority of the malnourished and hungry live in sub-Saharan Africa and Asia, imposing a massive human and economic toll on the countries in these regions.

The Department for International Development (DFID) is the main agency in the UK that makes policies, allocates financing, and implements programmes to fight the scourge of malnutrition

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through Official Development Assistance (ODA). This paper analyses DFID’s nutrition-relevant ODA disbursements from 2013, the year of the Nutrition for Growth initiative which significantly increased UK nutrition investments, to 2016, the most recent year for which data is available. Disbursements were mapped against the global burden of malnutrition using the Global Hunger Index (GHI) over the same timeframe. The GHI comprehensively assesses a country’s level of malnutrition across four indicators – undernourishment, child wasting, child stunting and child mortality – to arrive at an overall score. The greater the score, the higher the burden of malnutrition.

Based on this analysis, this paper attempts to assess whether populations most in need of nutrition interventions are at risk of being left behind, and whether DFID’s nutrition spending patterns are truly aligned with its commitment to eradicate extreme poverty and reach the most vulnerable, including through improving their nutrition.

2. DFID’s investments in nutrition

In 2013, the UK Government co-hosted the first ever Nutrition for Growth summit (N4G), positioning itself as a global nutrition champion, and raising much needed investment to address malnutrition. At the summit, the UK Government committed a highly commendable USD 877 million towards nutrition-specific programmes, USD 3.2 billion towards nutrition-sensitive programmes, and USD 427 million as a matched fund to catalyse additional nutrition-specific investments. These investments are to be disbursed fully by 2020, and the UK is currently on track for delivering this commitment. In 2015, the UK government also committed to improving nutrition for 50 million people by 2020.

In 2015, the global momentum to address malnutrition increased further with the adoption of the Sustainable Development Goals (SDGs), and in particular Goal 2, which focuses on ending hunger and malnutrition in all its forms by 2030. These goals are rooted in a commitment to leave no one behind, and reach the most marginalised and vulnerable groups first.

The UK is also committed to accelerating progress towards the SDGs and leaving no one behind through its programmes.

1. FAO, IFAD, UNICEF, WFP and WHO. 2018. The State of Food Security and Nutrition in the World 2018. Building climate resilience for food security and nutrition. Rome, FAO

2. UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates. Key findings of the 2018 edition. <http://www.who.int/nutgrowthdb/2018-jme-brochure.pdf?ua=1>

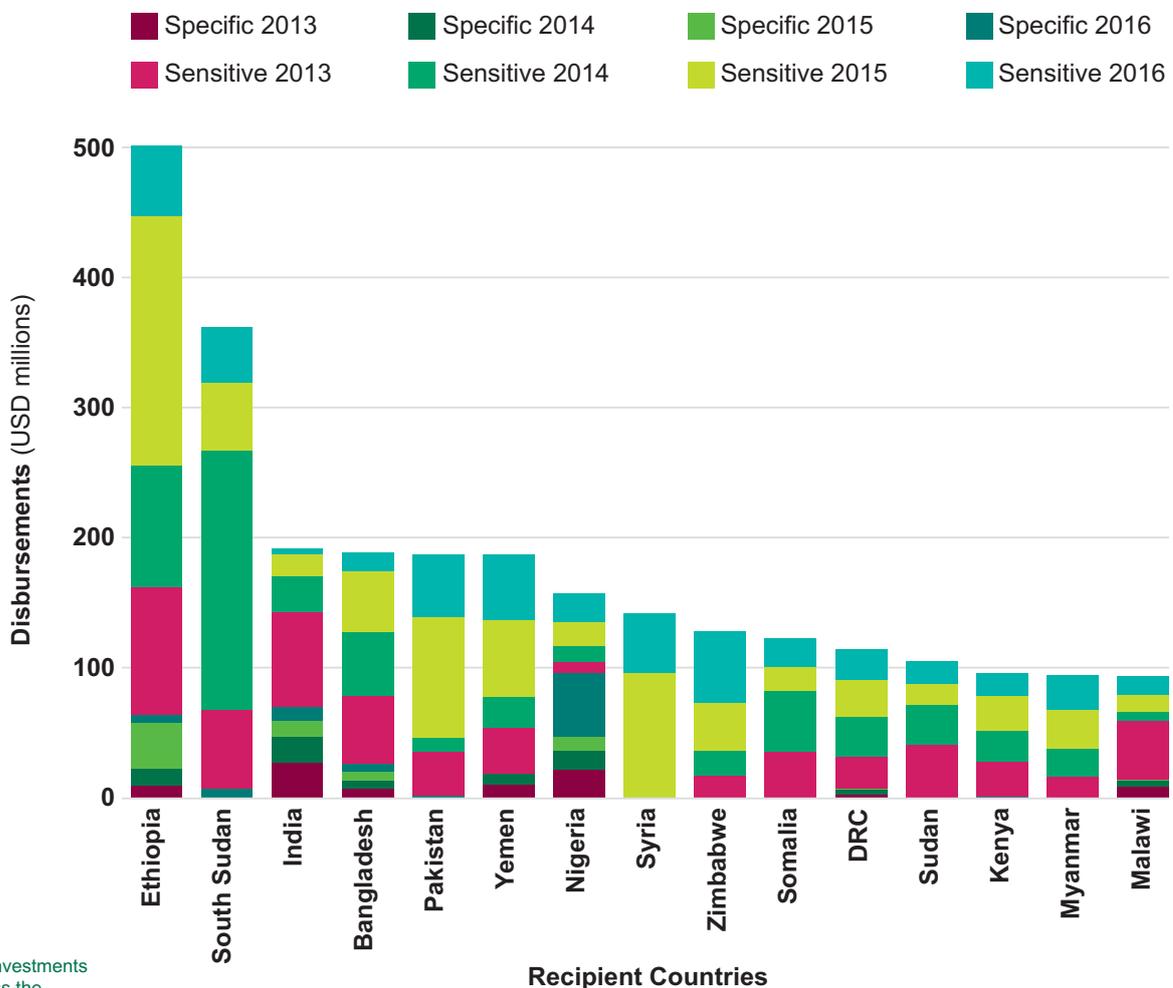
3. Analysis

3.1 Cumulative DFID nutrition spending 2013-2016

Between 2013 and 2016, the UK disbursed USD 3.5 billion towards nutrition programmes, USD 396 million towards nutrition-specific, and USD 3.1 billion towards nutrition-sensitive programmes.^{3,4} The majority of nutrition-sensitive investments have been found to be humanitarian in nature, for example, as emergency food aid and material relief assistance.

Fig. 1 shows the 15 largest recipients of DFID’s cumulative nutrition-specific and -sensitive investments over the above timeframe. These represent a range of low and middle income countries, of which Ethiopia and South Sudan have been the largest cumulative recipients. Whilst there is no doubting that there are nutritional needs in all of these countries, the severity of the need varies.

Fig. 1 The 15 largest recipients of cumulative nutrition-specific and nutrition-sensitive DFID disbursements (2013-2016)



3. Nutrition specific investments are those that address the immediate causes of malnutrition, i.e. dietary intakes, and infections or disease. Nutrition sensitive investments are those that address the underlying and basic causes of malnutrition, for example, agriculture, education, health, social protection, and water sanitation and hygiene.

4. These spending figures have been taken from DFID’s annual nutrition spending reports 2013-2016. Please refer to Annex 1 on methodology.

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3.2 DFID nutrition spend against countries with persistently high rates of malnutrition

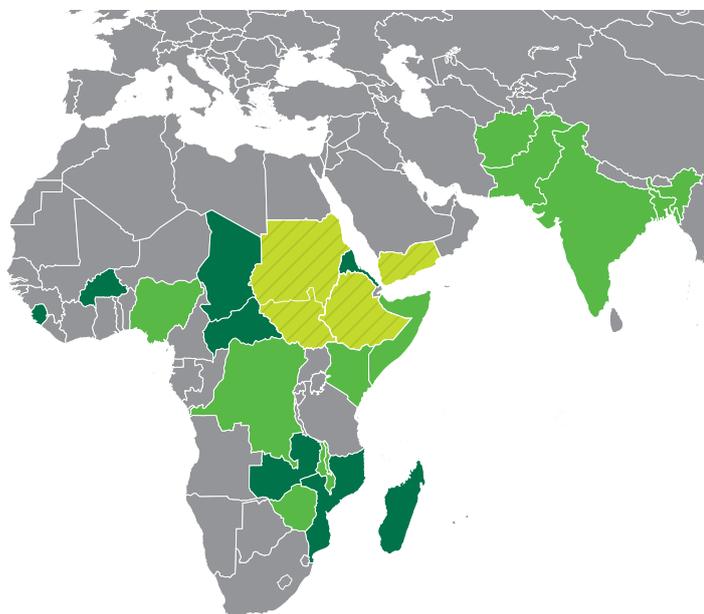
To allow for a comparison of DFID’s investments against countries with a high malnutrition burden, in **Fig. 2** below, the four maps show the 15 countries with the highest GHI scores (thus, amongst the most malnourished) and the top

15 recipients of DFID’s nutrition investments in the same year. These maps also highlight the countries that are both in the bottom 15 of the GHI and among the top 15 bilateral recipients of DFID’s nutrition investments.

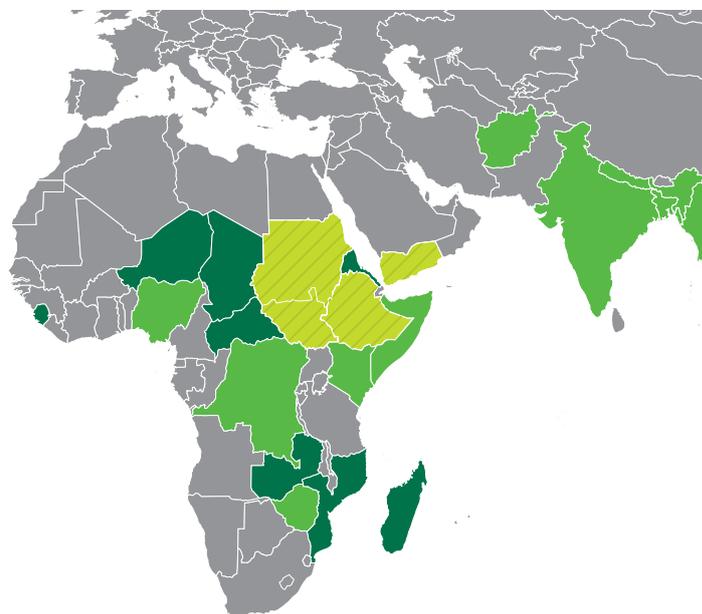
Fig. 2 Fifteen largest recipients of DFID’s nutrition related aid, against the fifteen most malnourished countries as per the GHI (2013-2016)

- Countries with the highest GHI scores
- Countries with the largest bilateral DFID nutrition investments
- Overlapping countries

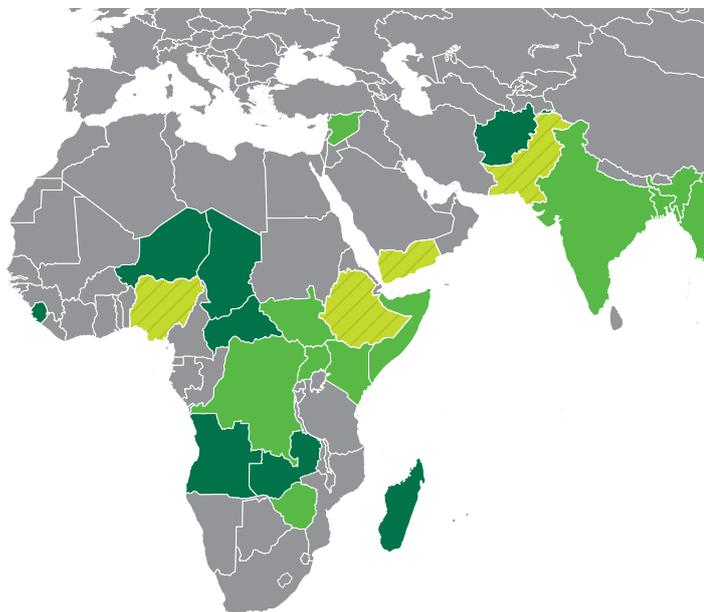
(2013)



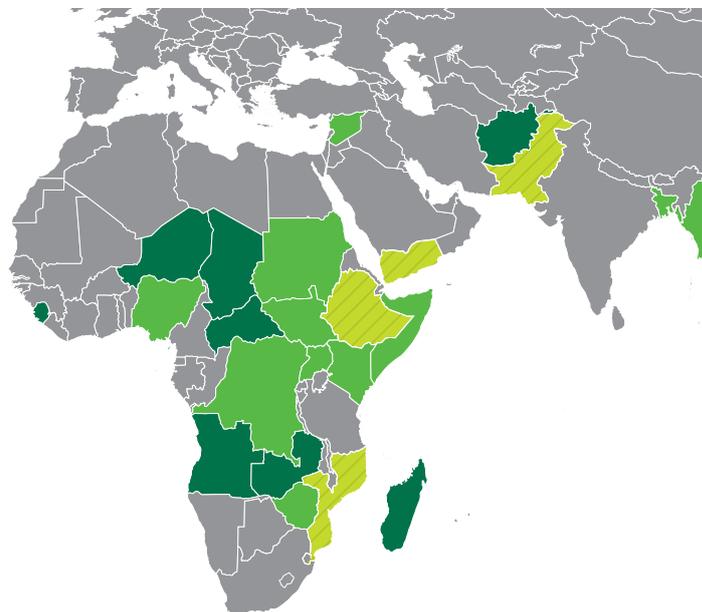
(2014)



(2015)



(2016)



* The boundaries illustrated in these maps are approximate, not to scale and do not reflect Concern Worldwide’s political position

The maps show that there is little overlap between countries with the highest GHI scores and those receiving the highest bilateral DFID nutrition-related aid. Countries with very high GHI scores that receive nutrition relevant UK Aid include Sudan, South Sudan, Yemen, Ethiopia, Pakistan, Nigeria, and Mozambique. However, many countries that are undoubtedly malnutrition hotspots receive little bilateral DFID nutrition investment, if any. These include countries that consistently present the highest GHI scores such as Burundi, Eritrea, and

Timor-Leste; as well as countries where GHI scores have progressively worsened, including Central African Republic (CAR), Chad, Zambia and Madagascar.

We recognise that some of these countries may receive ODA through DFID's regional spending, for example through their investments in the Sahel⁵ and the Horn of Africa regions. However, based on publically available resources we were unable to find nutrition relevant programmes under regional allocation of investments. Moreover, we were unable to track nutrition-relevant programmes in countries such as Chad and Niger through the regional tracker on DFID's development tracker portal. This has limited our ability to assess intra-regional allocation of nutrition investments, and whether or not these are adequately needs-based.

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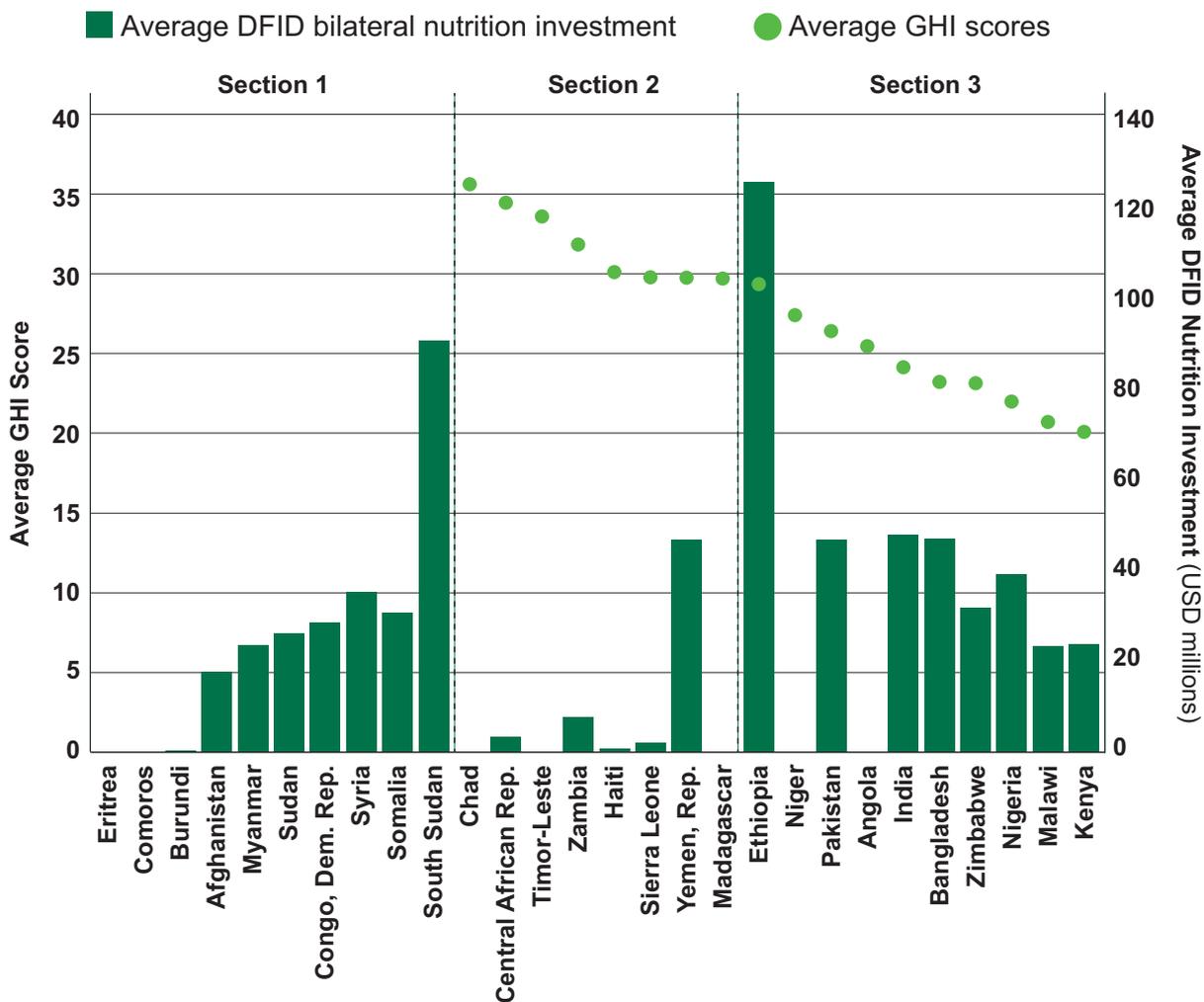
Photographer: Peter Catoni/Concern Worldwide/Kenya/2017

3.3 Comparison of average DFID nutrition investments versus average GHI scores

To understand further DFID’s needs-based nutrition aid allocation, in **Fig. 3** we compared DFID’s average bilateral nutrition investment in

15 of its largest recipients of nutrition aid, against that in the 15 poorest average GHI performers, between 2013 and 2016.

Fig. 3 Comparing 15 of the highest DFID nutrition-funding recipients with 15 of the poorest performers on GHI (2013-2016)



This comparison shows us that:

- a) Countries with some of the highest average GHI scores between 2013 and 2016, such as Chad, CAR, Timor-Leste, Zambia, Haiti, Sierra Leone and Madagascar have received little or no DFID bilateral nutrition investment. Populations in these countries are at risk of being left behind in nutrition improvement efforts.
- b) Countries in section 1 on the graph, i.e. Eritrea, Comoros, Burundi, Afghanistan, Myanmar, Sudan, Democratic Republic of Congo, Syria, Somalia, and South Sudan have significant data gaps preventing the estimation of an average GHI score over the four years. However, the lack of an average GHI score across the four-year period is not indicative of insufficient evidence of malnutrition. On the contrary, it indicates data gaps that exist despite stark malnutrition in many of these countries. Burundi, for example, has nearly 60 per cent stunting at the national level.⁶ Encouragingly, DFID has nutrition investments in South Sudan and several other countries not scored. However, Burundi, Eritrea, and Comoros hardly receive any bilateral nutrition investment.
- c) Countries in section 3 on the graph with comparatively lower average GHI scores appear to receive, on average, larger DFID nutrition investment than those in section 2, which have higher average GHI scores. This excludes Niger and Angola in section 3 which seem to have received negligible investment, and Yemen in section 2 which has received comparatively higher average nutrition investment. Understandably, some of the countries in section 3 have bigger population sizes. However, such prioritisation of nutrition resources raises questions as to whether some of the most marginalised and vulnerable population groups in countries with extremely high malnutrition, are being neglected.
- d) DFID's highest average nutrition investments over these four years went to Ethiopia and South Sudan. Nutrition investment in these countries has been several times greater than DFID's average investments in the other countries.

3.4 DFID's nutrition disbursements in 11 highly malnourished countries

Fig. 3 shows that 11 countries which have consistently performed poorly on the GHI between 2013 and 2016: Eritrea, Comoros, Burundi, Chad, CAR, Timor-Leste, Haiti, Sierra Leone, Madagascar, Niger, and Angola have received little or no bilateral DFID nutrition-relevant investment over this period.

Our analysis showed us that the cumulative numbers of stunted and wasted children in these 11 countries are nearly twice those in the largest recipient of DFID nutrition support, Ethiopia (9.6 million versus 5.7 million stunted children, and 2.4 million versus 1.5 million children who are wasted).⁷ Yet between 2013 and 2016, these countries cumulatively received one tenth of bilateral DFID nutrition investments in comparison (USD 76 million versus USD 783 million). Whilst there are millions in need of nutrition support in Ethiopia it is important to flag the human and economic cost of inaction on malnutrition in other countries and its longer-term implications on poverty reduction.

3.5 Nutrition investments by other donors in countries with persistent malnutrition

We understand that UK ODA on its own cannot address malnutrition in all the countries at the bottom of the GHI. Other donors too must shoulder the burden in reaching the most malnourished, wherever they are. We looked at overall nutrition-relevant ODA disbursements by all Organisation for Economic Cooperation Development (OECD) Development Assistance Committee (DAC) donors between 2013 and 2016 to the 11 countries that received little or no DFID nutrition investment: Eritrea, Comoros, Burundi, Chad, CAR, Timor-Leste, Haiti, Sierra Leone, Madagascar, Niger, and Angola.

6. The Global Nutrition Report (2017) Burundi Country profile. <http://globalnutritionreport.org/wp-content/uploads/2017/12/gnr17-Burundi.pdf>

7. Global Nutrition Report (2017) Country profiles

Fig. 4 Cumulative nutrition-relevant disbursements (2013-2016) to 11 persistently highly malnourished countries which received little or no bilateral UK nutrition investments (OECD, 2018)⁸

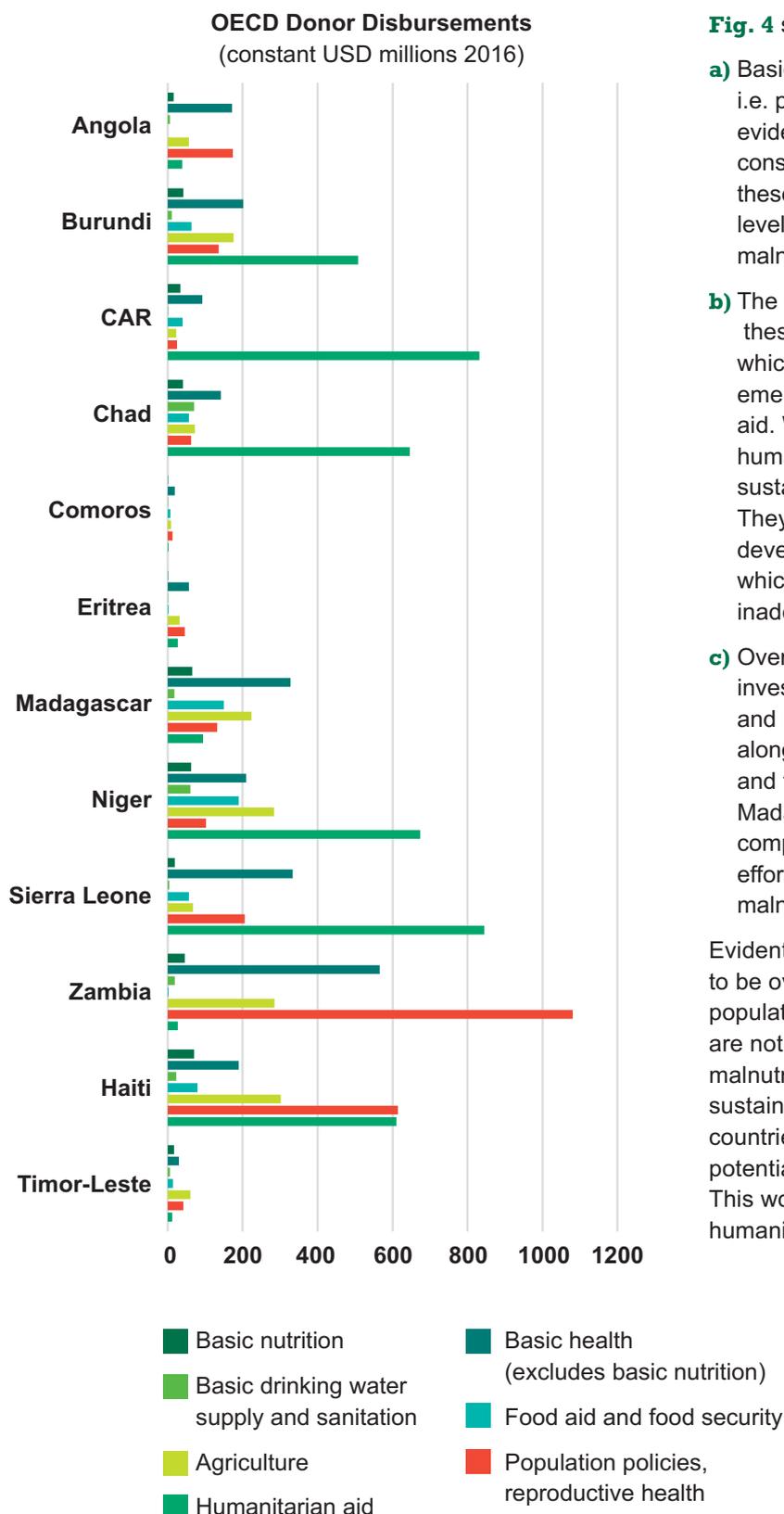


Fig. 4 shows us that:

- a) Basic nutrition investments by all donors, i.e. programmes that implement high-impact evidence based nutrition interventions, constitute a small fraction of overall aid to these countries. This has implications for the level of impact possible in reducing the malnutrition burden in these countries.
- b) The majority of nutrition relevant aid to these countries is humanitarian in nature, which includes material relief assistance, emergency response, and emergency food aid. While providing short term relief, humanitarian investments cannot drive sustainable improvements in nutrition. They must be accompanied by adequate development investments for nutrition, which, as it currently stands, seem largely inadequate in these countries.
- c) Over the four-year period, donors have invested considerably in population policies and reproductive health in Zambia and Haiti, alongside investing in basic health in Zambia, and to a lesser extent in Sierra Leone and Madagascar. Such investments, complemented, with other nutrition relevant efforts can drive further meaningful malnutrition reduction.

Evidently, the entire donor community seems to be overlooking vulnerable and malnourished populations in these countries. Donor efforts are not commensurate with these countries' malnutrition burden. Investing now in sustainable nutrition improvement in these countries will contribute to better survival, potential, and resilience amongst their people. This would ultimately drive down future humanitarian needs.

8. OECD Creditor Reporting System (CRS) data extracted between August and September 2018. <https://stats.oecd.org/#>

4. Conclusion

Our analysis indicates that people in countries with alarming rates of malnutrition are being left behind in the fight against malnutrition.

Good nutrition is both a maker and marker of development progress, and malnutrition is one of the reasons why CAR, Niger, Chad, Burundi, Eritrea, and Sierra Leone stand at the bottom of the Human Development Index. Of course a number of the countries that consistently perform poorly on the GHI are fragile and conflict affected. In 2016, 489 million of the world's 815 million hungry lived in countries affected by conflict.⁹ Scaling up nutrition efforts in such contexts presents a host of challenges, and we recognise that the cost per capita of reaching the most vulnerable in these countries could consequently be higher. However, if we do not invest now in these places, malnutrition and poverty will almost certainly worsen, necessitating greater humanitarian and development efforts in the future. Without adequate hunger and malnutrition reduction interventions, complemented with wider resilience and conflict mitigation efforts, millions in these countries will be unable to lift themselves out of poverty. Moreover, the negative impact of malnutrition on survival, potential, and life chances is likely to contribute to further inequality and instability in FCAS. It is anticipated that by 2030, 80 per cent of the poor will live in FCAS¹⁰, and a recent report by the Overseas Development Institute notes that donors need to

better target and increase their aid to the poorest countries to end extreme poverty by 2030.¹¹ Effectively addressing malnutrition is fundamental to accelerating extreme poverty reduction.

DFID's investments, and its leadership, are a vital contribution to the global efforts on hunger and malnutrition reduction. We understand that the UK on its own cannot fight the malnutrition battle, nor can it invest in nutrition in all countries in need. However, with rates of stunting as high as 58 per cent (Burundi), 50 per cent (Eritrea and Timor-Leste), and 49 per cent (Madagascar), and rates of wasting as high as 19 per cent (Niger), and 15 per cent (Eritrea and Madagascar), DFID and the rest of the donor community must work to ensure these vulnerable populations are not left behind.

Our analysis shows that some of the most malnourished countries receive little investment in nutrition from any donor. Moreover, the majority of nutrition-relevant financing in these countries appears to be humanitarian in nature, which on its own cannot drive sustainable improvements in nutrition. In light of this, DFID are urged to not only review their own bilateral nutrition relevant investments in these countries, but also engage in high level influencing of other bilateral and multilateral donors for coordinated strategies on addressing malnutrition in the worst affected places. There is a clear need to scale up long-term development financing for nutrition alongside humanitarian efforts. Globally, we are currently off track to end hunger and malnutrition by 2030. The overall volume and quality of efforts for nutrition needs a substantial scale up if we are to make progress towards ending malnutrition by 2030 and reach all the Sustainable Development Goals that nutrition underpins.

“Good nutrition is both a maker and marker of development progress, and malnutrition is one of the reasons why CAR, Niger, Chad, Burundi, Eritrea, and Sierra Leone stand at the bottom of the Human Development Index.”

9. FAO (2017). The State of Food Security and Nutrition in the World. www.fao.org/3/a-I7695e.pdf/#

10. OECD (2018). States of Fragility 2018. www.oecd.org/dac/states-of-fragility-2018-9789264302075-en.htm

11. ODI (2018). Financing the End of Extreme Poverty. www.odi.org/sites/odi.org.uk/files/resource-documents/12411.pdf

5. Recommendations

In the remaining two years of the N4G 2013 commitments, and going forwards:

- 1. DFID and other donors should direct their nutrition related investments to countries with the greatest and most consistent burdens of malnutrition to drive meaningful reduction and to ensure no one is left behind.**
- 2. DFID should lead the donor community towards a more coordinated approach of scaling up short, medium, and long-term solutions in countries with the greatest and most consistent burdens of malnutrition, many of which are fragile and conflict affected.**
- 3. DFID should work with other bilateral and multilateral donors, national governments, global and national civil society to address the data gaps that currently hinder the assessment of the latest and true malnutrition burden in these countries.**
- 4. All donors, including DFID, should define and transparently share their criteria for investing in nutrition in low and middle income countries, and specifically in FCAS, to enable a clear understanding of their investment decisions.**



Annex 1: Methodology and limitations

Data was taken from DFID's annual nutrition spending reports and the GHI reports to assess the level of alignment between DFID nutrition spend and geographical hunger and malnutrition burden.

DFID commissions Development Initiatives (DI) to analyse and report their annual nutrition spend. The DI reports present a detailed breakdown of DFID's nutrition-specific and nutrition-sensitive investments by individual recipient countries and of nutrition-sensitive ODA by purpose code and sector. Using these reports, data on DFID's nutrition-specific and nutrition-sensitive disbursements of ODA was collated for years 2013 to 2016.

The GHI is an annual report published jointly by Welthungerhilfe, Concern Worldwide, and, until 2017, the International Food Policy Research Institute. It provides a composite assessment of the spread and burden of malnutrition in countries with available data. The GHI is a multidimensional tool designed to measure and track hunger globally, regionally, and by country. It combines four indicators; undernourishment, child wasting, child stunting and child mortality, and as a result provides a relatively more comprehensive overview of malnutrition than each of these indicators in isolation. An increase in a country's GHI score indicates a worsening of that country's malnutrition situation, whilst a decrease indicates an improvement.

Due to a revision in the formula used for GHI calculations in 2015, it is not possible to compare the GHI scores for a country pre- and post-2015. In 2015 the GHI, which until then used child underweight as the sole indicator of child undernutrition, was improved to include child wasting and child stunting as indicators of

undernutrition. Nonetheless, we have continued to use GHI as an index, both, pre- and post-2015 due to its comprehensiveness in assessing the malnutrition burden.

While this formula revision shifted the GHI scale to some extent, we are nonetheless able to gauge the worst performing countries in terms of their malnutrition burden, where such data is available for both timeframes – pre and post 2015.

Having collated the data from the DI and GHI reports into a single repository, we then compared the distribution of malnutrition burden based on GHI scores against DFID's nutrition investment distribution.

In order to get a better sense of how DFID nutrition investments fared against malnutrition trends across the 2013-2016 timeframe, we compared average GHI scores for the 15 countries consistently at the bottom of the GHI against average DFID investments across the 15 countries consistently receiving nutrition ODA. While we recognise that using such averages may not be the best statistical approach, this has allowed us to get a relatively clear picture of the alignment of DFID's nutrition spending compared to the highest malnutrition burden over the above timeframe.

While more recent data on nutrition spending would be useful in analysing longer spending patterns, the time lag in OECD donor reporting cycles has meant this paper was only able to analyse data up to and including 2016.

More importantly, conditions in some countries, particularly FCAS, makes rigorous data collection impossible and results in data gaps, often in countries where we know there is a high malnutrition burden.

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Concern Worldwide is an international non-governmental humanitarian organisation dedicated to the reduction of suffering and working towards the ultimate elimination of extreme poverty and hunger in the world's poorest countries.

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