<table>
<tr><td>Indicator description</td><td>Number of children under 5, women (of childbearing age) and adolescent girls reached by DFID through nutrition-related interventions</td></tr>
<tr><td>DFID commitment</td><td>The Conservative Party manifesto of 2015 pledged: ‘We will improve the nutrition of 50 million people who would otherwise go hungry’.</td></tr>
<tr><td>Rationale</td><td>An increase in the number of women, adolescent girls and children reached with a package of nutrition services should lead to meaningful improvements in their nutrition and a reduction in undernutrition.</td></tr>
<tr><td>Technical definition</td><td>All women of childbearing age, adolescent girls and children <5 years (hereafter referred to as the ‘target population’) who benefit from DFID-funded nutrition services will contribute to this result. But, reach will be broken down into ‘high’, ‘medium’ and ‘low’ intensity to distinguish how many have benefited from a DFID-funded package of services in a way that is more likely to meaningfully improve their nutrition.
Where DFID is funding only part of a national nutrition-specific package, the target population can be counted as long as the office is able to provide evidence that the other parts of the nutrition-specific package are being delivered to target populations using other funding.

Definition of high, medium and low intensity nutrition reach

High, medium and low intensity is defined according to:
• Comprehensiveness of the package reaching the target population
• Whether this package is directly or indirectly targeted to this target population

This is outlined in Table 1; detailed definitions of each of these categories are given below.

Table 1. Overview of high, medium, low intensity nutrition reach

<table>
<tr><th></th><th colspan="2">Targeted</th></tr>
<tr><th>Intensity</th><th>Direct</th><th>Indirect</th></tr>
<tr><td>High</td><td>Target population reached directly with a nutrition-specific package
AND
At least one nutrition-sensitive programme

Target population reached directly with a nutrition-specific package
AND
At least one hunger-sensitive programme</td><td>-</td></tr>
<tr><td>Medium</td><td>Target population reached directly with only a nutrition-specific package</td><td>-</td></tr>
</table>
</td></tr>
</table>

	Target population reached directly with only a nutrition-sensitive programme Target population reached directly with a hunger-sensitive programme that includes a nutrition-sensitive behaviour change component targeting women / adolescent girls / children <5 years	
Low	-	Target population reached indirectly with a nutrition-sensitive programme (see Box 1)

In all cases, 'target population' refers to women of childbearing age (15 to 49 years), children <5 years and adolescent girls (10 to 19 years).

Ideally, 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. We know that delivery of single nutrition interventions in the absence of other support will have limited impact.

However, not all DFID country offices or spending departments deliver a comprehensive package of nutrition interventions to the same population. For example nutrition-sensitive social protection programmes might target different population groups or geographical areas to nutrition-specific services being funded by DFID. In some countries, it will be feasible and appropriate to strengthen the package of services being targeted to at-risk groups to achieve greater impacts on nutrition and we encourage offices to do this where possible. In other countries, government or other donor funding may already be supporting complementary services and DFID will have limited scope to fund a more comprehensive nutrition-related package.

DFID spending departments are encouraged to focus on more high and medium intensity 'reach' than low intensity but all reach will count equally towards DFID's commitment.

The types of programmes that are eligible

(A) The nutrition specific package

The nutrition-specific package is based on the 2013 Lancet series on nutrition which concluded there is strong evidence that the following interventions should be implemented at scale (i.e. to at least 90% coverage).

1. Iron-folate, calcium and micronutrient supplements (plus nutrition

supplements in food insecure areas) for pregnant women[1]
2. Effective support / guidance / counselling on infant and young child nutrition for mothers of children <2 years
3. Vitamin A, preventative zinc supplements, zinc-Oral Rehydration Solution (ORS) and de-worming for children <5 years plus nutrition supplements in food insecure areas
4. Treatment for severe (SAM) or moderate acute malnutrition (MAM) for children <5 years

For components 1, 2 and 3, individuals should only be counted as reached with a nutrition-specific package if they receive the full package in accordance with national protocols. If DFID is not funding the entirety of the nutrition-specific package, all women of childbearing age, adolescent girls and children who benefit from the DFID-funded part of the package can still be counted *if there is evidence that they are receiving the other components of the package through other funding*.

Women and adolescent girls who are benefiting from nutrition education that is intended to directly benefit their own nutrition can also be counted as part of the nutrition-specific reach.

Country offices are requested to specify the following in the associated methodology note/documentation relating to their results:

- The interventions included in the nutrition-specific package (what and for whom)
- Relevant information about intervention regimen / protocols (e.g. frequency / duration of interventions including supplementation, nutrition education sessions etc.)
- Whether DFID is funding all or part of nutrition-specific packages for women and children. If DFID is funding only part of the package, please describe what evidence is available that those being counted by DFID are receiving the full package of nutrition-specific services.

Fortification

Fortified foods / products can be classified as a nutrition-specific intervention but we recommend counting these items as part of a nutrition-specific package if they are distributed directly to target populations as part of national (or operational agency) policy. In this case, women of childbearing age, adolescent girls and children <5 years can be counted as reached if they receive the fortified food along with the other components of the nutrition-specific package.

[1] The package for pregnant women might be extended as evidence develops on appropriate interventions.

	If DFID is supporting production / procurement of fortified foods that are not distributed directly to target populations but are available to purchase, reach will need to be estimated differently. We recommend not classifying this as part of the nutrition-specific package but instead as a nutrition-sensitive intervention given the lack of certainty over whether target groups will directly benefit. In this situation, reach should be calculated based on the numbers of women of childbearing age, adolescent girls and children <5 years who access the fortified food. This estimate will need to be underpinned with evidence that these groups are accessing the fortified foods (e.g. from small-scale surveys). The methodology note/documentation will need to specify the basis for deciding that an individual is reached. For component 4, individuals can only be counted if they are successfully treated (i.e. only children who are admitted who go on to recover can be considered reached; defaulters and deaths must not be counted). Partners should be able to monitor the numbers of children who recover through treatment programmes and hence should be able to report this directly. If the programme is funded by other donors, DFID's reach should be adjusted to take into account share of overall funding. • If the package is delivered in combination with a DFID-funded nutrition-sensitive or hunger-sensitive programme, it will count towards high-intensity reach. • If the package is delivered without other DFID-funded nutrition-sensitive programmes it will count towards medium-intensity reach. We request that each country office/spending department also develops a brief narrative to support their results outlining: • Whether the nutrition-specific package is fully integrated into the national health policy and if not, what is being done to integrate; • What is being done to improve the quality, effectiveness and coverage of interventions; • Any variation between national policy and global recommendations; • What is being done to influence national policy to strengthen the nutrition-specific package where relevant; • How progress to improve integration, quality, coverage and policy is being monitored. (B) Nutrition-sensitive programmes A range of programmes could feasibly address the underlying causes of undernutrition and therefore be considered nutrition-sensitive. This includes agriculture, social protection / safety nets, private sector

	engagement, health (beyond nutrition-specific: e.g. broader antenatal care), WASH[2], education, and women's empowerment. However, a programme can only be classified as nutrition-sensitive if: 1. It has an explicit objective to improve nutrition outcomes, such as: • Prevent stunting, wasting or micronutrient deficiencies • Prevent low birthweight • Improve infant and young child nutrition (i.e. improve breastfeeding, dietary diversity or feeding practices) • Improve the nutritional status or diets of adolescent girls or women of reproductive age 2. Changes in relevant nutrition outcomes are being monitored at outcome or impact level. Programmes that are classified as nutrition-sensitive and that contribute to other results targets (e.g. WASH) can also contribute towards the nutrition result. Humanitarian programmes can contribute nutrition-specific and nutrition-sensitive results. Technical assistance is available from the DFID Nutrition Policy team to strengthen the nutrition-sensitivity of country office portfolios to maximise impacts on undernutrition and contribute additional results towards the nutrition commitment. Although a wider population group might benefit from nutrition-sensitive programmes, only women of childbearing age, adolescent girls and children <5 years can contribute towards the indicator. The evidence base for many nutrition-sensitive interventions remains limited. When this is the case, we recommend monitoring closely whether target populations are benefiting as expected. This could be done through small-scale surveys to measure improvements in nutrition outcomes, dietary diversity or disease burden (for example) among women of childbearing age, adolescent girls or children <5 years (depending on which groups are the intended beneficiaries). If no improvements are being seen among these target populations, country offices/spending departments should work with partners to strengthen approaches and agree whether it is still sensible to count those reached. If nutrition-sensitive programmes are funded by other donors, DFID's reach should be adjusted to take into account share of overall funding. • If the programme directly targets women of childbearing age, adolescents or children <5 years (see Box 1 for definition) and is delivered in combination with a DFID-funded nutrition-specific package, it will count towards high intensity reach. • If the programme directly targets women of reproductive age, adolescents or children <5 years but is <u>not</u> delivered in combination with a DFID-funded nutrition-specific package, it will count towards medium intensity reach. • If the programme indirectly targets these groups, it will contribute to

[2] Water, sanitation and hygiene

low intensity reach.

Box 1. Direct versus indirect targeting
Women of childbearing age, adolescent girls or children <5 years can only be classified as directly targeted if (i) the intervention is intended to reach them specifically, (ii) the programme includes a component to actively promote uptake of the intervention(s) by these groups and (iii) uptake is monitored in some way.

For example:
A mass media programme that explicitly aims to improve infant feeding can be classified as nutrition-sensitive. However, if the programme is not designed with the specific needs of women as consumers of mass media in mind, if partners do not engage directly in the community to promote uptake and if they don't monitor uptake of their messages by mothers then it should be classified indirectly targeted.

(C) Hunger-sensitive programmes
DFID supports a number of programmes that intend to address hunger (i.e. food insecurity) that do not meet nutrition-sensitive criteria. Some of these programmes will address the underlying causes of undernutrition and can contribute to the indicator if these are delivered alongside nutrition-specific interventions that will deliver improvements in nutrition as well as food security.

A programme can be classified as hunger sensitive if:
1. It has an explicit objective to improve food security outcomes at household level, such as:
   - Increase the **quantity** and **diversity** of food available for the household. i.e. through agriculture programmes that aim to increase household production, through agriculture services, agriculture extensions, rural programmes that increase food availability on local markets (through trade, infrastructure, support to the private sector etc.) or income diversification activities (sustainable agriculture practices that encourage crop diversity, diversification to livestock / aquaculture / fisheries activities, agroforestry etc.).
   - Increase the **accessibility** of food for the household. i.e. through increasing income of the household (support to agriculture and off-farm incomes and linking into markets), reducing food prices for net consumer households, or increasing household resilience through food price volatility.
   - Increase the safety or quality of the food available and accessible to the household. i.e. through better storage, quality control, standards and regulations etc.
2. Food security outcomes are monitored at outcome or impact level.

	These programmes could contribute to the indicator in two ways. 1. Hunger-sensitive programmes delivered to households that are also benefiting from a DFID-funded nutrition-specific package. All pregnant women, mothers of children <2 years and children <5 years living in targeted households who are also receiving the nutrition-specific package would count as high-intensity reach. 2. Hunger-sensitive programmes delivered to households that are also benefiting from a DFID-funded intervention that aims to improve dietary and health practices among women of childbearing age, adolescent girls and children. All women of childbearing age, adolescent girls and children <5 years who benefit from the behaviour change programme and who are living in households benefiting from the hunger-sensitive programme would count as medium-intensity reach. If hunger-sensitive programmes are funded by other donors, DFID's reach should be adjusted to take into account share of overall funding.
Data calculations	In the majority of cases, women of childbearing age, adolescent girls and children <5 years reached can count towards this result. Priority must be given to reaching these groups to prevent undernutrition during the first 1000 days of a child's life from conception to 2 years. This is the period with the biggest return on investment in nutrition. If funding for nutrition in a country is sufficient that nutrition-specific services can be extended to reach other groups these individuals can also be counted (e.g. treatment for acute malnutrition). Where the programme directly targets children <5 years, adolescent girls or women of childbearing age and management information is available regarding reach, the numbers should be taken directly from programme information. Where the programme targets a wider age group, it is necessary to determine the size of the population to whom the programme is available and the size of the population actually accessing the programme (coverage). The number of <5s reached can then be estimated using the percentage of under 5s in the wider age group from routine population statistics. The number of breastfeeding mothers and pregnant women should be counted if data are already available. Breastfeeding is a challenging indicator to measure and country offices/partners should NOT start new surveys in order to count breastfeeding mothers, so alternatives are: Breastfeeding prevalence (from Demographic and Health Surveys or similar datasets) can be used to estimate the percentage of new mothers who are breastfeeding their children up to the age of 6 months. If those data are not available, the number of mothers of children up to 6 months who are reached by nutrition services is a proxy measure. This will often only require that the pregnant women continue to be counted

	for 6 months minus the mortality numbers for babies aged less than 6 months. The reach of these programmes refers to unique, individual children aged under 5, adolescent girls and women of childbearing age. It is important to ensure that there is no double counting between nutrition sensitive and direct nutrition programmes. In this sense, we are counting the number of people reached, not the number of interventions. The intensity of reach will reflect the number of interventions from which each person is benefiting. So, for example, even if someone receives 20 different interventions through a multitude of programmes – the reach is still 1 person but that 1 person will be counted as high, medium or low intensity reach based on the criteria outlined above. Where there are non-continuous programmes, the peak number of unique children, adolescent girls and/or women of childbearing age benefiting from the programme over the year should be recorded. Where there are continuous programmes, the number of unique children, adolescent girls or women of childbearing age in the latest period should be recorded. It is also important to avoid double counting in persons reached over time. Where country offices/spending departments can identify or undertake a reliable estimation for unique children, adolescent girls or women of childbearing age across years then, in year 1, country offices should identify unique children, adolescent girls and women of childbearing age reached and in year 2 they should aim to identify additional children, adolescent girls and women of childbearing age that were not supported in year 1 and add this to the total from year 1. This ensures we are only counting unique individuals reached over time. This approach should be repeated in all later years. Where country offices/spending departments cannot reliably estimate unique children, adolescent girls and women of childbearing age across years then they should simply return annual figures of the number of unique children, adolescent girls and women of childbearing age reached in each year. These figures should not be added up across years due to the likelihood that programmes will reach some of the same children or women each year. Peak year results will then be reported. Breastfeeding women and their children should only both be counted if both are direct recipients of an intervention. For example, if breastfeeding women are receiving nutritional support and their children are also receiving a specific intervention then both should be counted. However, if breastfeeding women are being targeted but the children are not receiving an intervention only the breastfeeding women should be counted. The children of these women will potentially be indirect beneficiaries of the programme but should not be included to avoid

	double counting.
Reporting roles	DFID country offices/spending departments select the most relevant data and provide results returns as commissioned to DFID HQ. Where a country office is supporting a food fortification programme, they are advised to contact the nutrition adviser in Human Development Department to discuss reach estimates before they are submitted to the centre. This is to ensure that an appropriate methodology is being applied.
Worked example	Country X has (1) a nutrition-specific programme and (2) a social protection programme that meets the nutrition-sensitive criteria. The nutrition-specific programme is providing: • Iron-folate supplements plus nutrition counselling to pregnant and breastfeeding women • Vitamin A supplements to children <5 years • Treatment for acute malnutrition to children < 5 years Women receiving nutrition support are counted as unique individuals because the intervention is intended to benefit their health / nutrition (with additional benefits for the fetus / newborn). Children who receive vitamin A and / or who are successfully treated for acute malnutrition also count as unique individuals. The <u>maximum</u> number of women and children that will be reached in any given year over the duration of the programme is: • Pregnant / breastfeeding women: 958,221 • Children <5 years: 4,417,688 (predominately vitamin A plus additional children in some areas where DFID is only responsible for funding treatment) The nutrition-sensitive social-protection programme is providing food assistance to poor households. The maximum reach in any given year of the programme is 837,484 adolescent girls / women of reproductive age and 521,797 children <5 years. There is a high degree but not total geographical and beneficiary overlap of the nutrition-specific and nutrition-sensitive programmes which means that there are some additional unique beneficiaries being reached by the nutrition-sensitive programme in addition to the nutrition-specific reach. Using reach data disaggregated by region, the numbers of women, adolescent girls and children <5 years being reached are calculated as follows: • Both nutrition-specific and nutrition-sensitive: 600,525 women and

	413,908 children <5 years = 1,014,433 • Nutrition-specific only: 357,697 women and 4,003,780 children <5 = 4,361,477 • Nutrition-sensitive only: 236,959 women and 107,888 children <5 years = 344,848 This gives a total high intensity reach of 600,525 + 413,908 = 1,014,433 And a total medium intensity reach of 4,361,477 + 344,848 = 4,706,325 The total overall reach is therefore 1,1014,433 + 4,706,325 = 5,720,757
Baseline data	For DFID reporting purposes, 2014-15 financial year baseline is used with achieved results being reported from 2015-16 onwards.
Data dis-aggregation	Data should be disaggregated by sex where possible. Also where possible please provide data disaggregated by socio-economic quintile, although we recognise this is not likely to be available annually. It could possibly be built into baseline and endline surveys.
Data availability	Biannually.
Time period/ lag	The timeliness of data varies across countries. Data from routine monitoring systems may be available on a regular basis in-year. Administrative or census data may have a time lag of several years. Evaluation data are likely to have a lag of at least one year. Partner Government reporting years may be different to the UK Government Financial Year, so countries should choose the partner Government Financial Year which is the closest to the UK Government Financial Year.
Quality assurance measures	There are four layers of quality assurance (QA) in place, not including any processes put in place by partners or implementers. 1. Country offices assess data quality during annual reviews and project completion reviews. 2. Country offices comment on the quality of their data being reported to DFID HQ, and provide a link to the calculations spreadsheet. 3. Policy Division check results returns and calculations, and record any issues in a QA log. 4. Finance and Corporate Performance Division review the QA log to ensure resolution of issues.
Interpretation of results	Women, adolescent girls and children under-5 reached with a high or medium intensity package of services are those that are most likely to have experienced meaningful improvements in their nutrition. Those reached with a low intensity intervention are likely to have experienced some improvement albeit potentially to a lesser degree. It is not possible to translate numbers reached into actual reductions in malnutrition among target populations unless there is evidence of impact from relevant programme evaluations.
Data quality	There are four layers of quality assurance (QA) in place relating to the DFID calculations, in addition to any processes put in place by partners

	or implementers. 1. Country offices assess data quality during annual reviews and project completion reviews. 2. Country offices comment on the quality of their data being reported to DFID HQ, and provide a link to the calculations spreadsheet. 3. Policy Division check results returns and calculations, and record any issues in a QA log. 4. Finance and Corporate Performance Division review the QA log to ensure resolution of issues.
Data Issues	There is potential for double counting of children reached across a number of years, given that many programmes provide support to children over a five year period. To avoid this, the methodology focuses on peak year contributions and calculates annually, not cumulatively. There is a specific risk of double counting of children who are successfully treated for SAM or MAM. In many contexts children are referred into programmes to treat MAM once they have been discharged from treatment for SAM. These children should only be counted once. Where this approach is being employed, it will likely be more straightforward only to count the children who are successfully treated for SAM and not to count those who are successfully treated for MAM. However if programme data enables more accurate monitoring unique children who recover from MAM can be counted. Coverage may be difficult to determine in some nutrition-sensitive programmes and in the case of programmes that are indirectly targeted (e.g. nutrition education campaigns through radio or other media).
Additional comments	None at this stage.
Variations from standard methodology	None at this stage.