# Development of Guidance on indicators for monitoring the impact of DFID's nutrition strategy

Final

Phil Crook & Bridget Fenn

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# Foreword

The purpose of this Guidance Note is to create some consistency and comparability of monitoring among programmes which deliver, or have the potential to deliver, nutrition outcomes. The goal is to enable DFID to demonstrate that our Nutrition Strategy is achieving its stated aims.

The Strategy document sets out four ways of attacking undernutrition, which is persisting despite improvements in many other areas. There is a real danger that the MDG target for Hunger will not be met on present trends. DFID wishes to improve nutrition directly through its bilateral and emergency programmes; to increase the impact on undernutrition through programmes in other sectors (such as water and sanitation, or health); and to fill the gaps in knowledge of what does and does not work. This is an agenda shared with other agencies.

This Guidance Note is designed to be used by those developing nutrition-related programmes and those who are monitoring the status of nutrition in-country and globally.

Those who wish to follow through the logical framework underpinning the Nutrition Strategy are invited to read sections 2 and 3. Those who are interested in nutrition indicators are directed to section 4 and the appendices. Those who are developing indicator systems for specific programmes are directed to section 5, where figure 5 is relevant to direct action to improve nutrition, and figure 6 to action via other sectors.

It must be stressed once again that the aim of the Guidance is to create consistency and comparability, not identicality. This is achieved by having some commonality of indicators, particularly at the Goal and Purpose level. These are the Compiled and Core sets. But space remains for specific programmes to choose whichever other indicators are the most suitable. The Optional list is just that: and if an indicator is not on the list, but is the right one to use, please use it (and add it to the list, so that others may benefit).

# Contents

# Acronyms

| | |
|---|---|
| ARI | Acute Respiratory Infections |
| ARIES | DFID's programme management system |
| BMI | Body Mass Index (for non-pregnant women aged 15-49) |
| CGIAR | Consultative Group for International Agricultural Research |
| CRED (CE-DAT) | Centre for Research on the Epidemiology of Disasters (Complex Emergency Database) |
| DHS | Demographic and Health Surveys |
| EU | European Union |
| FANTA | Food and Nutrition Technical Assistance of USAID |
| FAO | Food and Agriculture Organisation of the UN |
| GFA | Global Framework for Action |
| GHI | Global Hunger Index |
| GIVAS | Global Impact and Vulnerability Alert System |
| GPAFS | Global Partnership for Agriculture and Food Security |
| GSF | Global Strategic Framework for Food Security and Nutrition |
| HNTS | WHO Health and Nutrition Tracking Service |
| IFPRI | International Food Policy Research Institute |
| MDG | Millennium Development Goal |
| MICS | UN Multiple Indicator Cluster Survey |
| ORT | Oral Rehydration Therapy |
| PPI | DFID's Publishing Project Information initiative |
| PSA | Public Service Agreements |
| SCN (NICS) | UN Standing Committee on Nutrition - Nutrition Information in Crisis Situations |
| UN | United Nations |
| UNHCR | UN High Commissioner for Refugees |
| USAID | United States Agency for International Development |
| WB | World Bank |
| WHO | World Health Organisation |
| WI | EU Water Initiative |
| WSSCC | Water Supply and Sanitation Collaborative Council |

# 1.   Executive summary

1.1     Three Results Chains (figures 1,2 and 3) have been developed for the DFID Nutrition Strategy: one to cover the overall Strategy, one for Objective 2 activities and one for Objective 3 activities. Activities relating to Objectives 1 and 4 are incorporated into the Results Chain for the overall Strategy.

1.2     The Results Chains follow logframe guidance and provide a logical structure to the Strategy, its various components, and individual related programmes. They have been developed for all levels of the logframe from Goal, through Purpose and Outputs, to Processes.

1.3     To monitor the Strategy, four indicators have been proposed for the compiled set, which are to be used for high-level annual reporting of progress globally and for the DFID partner countries which are a priority for nutrition activities (footnote 1 on page 5 refers). A further five complete the core set, recommended for use in the monitoring plans of all nutrition-related work. A longer list, though not exhaustive, of optional indicators is also provided, from which indicators can be chosen which are relevant for projects aiming to achieve or contribute to nutrition outcomes.

1.4     Compiled indicators should comprise:

1.  Prevalence of underweight children under 5 years of age
2.  Global Hunger Index rank
3.  Number of undernourished children under 5 whose nutritional status is improved by DFID programmes
4.  Spend on nutrition-related activities, globally and by DFID

1.5     Core indicators should comprise, in addition to those listed above:

5.  Stunting in children <5
6.  Wasting in children <5 in emergency response situations only
7.  Body mass index for non-pregnant women aged 15-49
8.  Percentage of Low Birth Weight infants
9.  Examples of where research and evidence have had an impact on results

1.6     The choice of indicators was informed by four main factors: what is appropriate; what is commonly available; what is commonly accepted (by development partners working in the field of nutrition); and what allows for consistency and comparison between parts of the Strategy.

1.7     Value for money is an important consideration for DFID. By concentrating for the most part on those indicators which are commonly accepted and available from existing surveys, the cost of monitoring the strategy should be kept to a minimum. But the use of the logical framework to describe how the activities can be linked to outcomes should enable DFID to better demonstrate the results which can be attributed to the strategy.

1.8     A monitoring framework has been developed for each Results Chain, suggesting where the compiled and core indicators can best be placed and allowing room for other, more specific, indicators to be inserted as required. These are included in figures 4, 5 and 6 on page 28 onwards.

1.9     Two appendices provide details of nutrition indicators in common use by DFID and other development partners (Appendix 1); and a summary of those which DFID is currently using in a selection of its logframes (Appendix 2). Appendix 1 includes a worksheet giving metadata on the compiled and core indicators, showing definitions, formulae, data collection sources, and comments and limitations, plus an indication of which other indicators may be suitable for particular purposes.  A second worksheet shows a matrix of nutrition indicators (core and optional) recommended for nutrition interventions and programmes with demonstrated effectiveness on maternal and child malnutrition. Appendix 2 includes two worksheets: one listing a selection of current DFID programmes that do include nutrition indicators, and the other listing a selection of current DFID programmes that have potential to impact on nutrition outcomes but do not include nutrition indicators.

# 2. Guiding principles

## 2.1 Results chains

2.1     Developing a framework with which to monitor the impact and effectiveness of DFID's Nutrition Strategy requires first of all an understanding of what the strategy wishes to achieve. This is not entirely straightforward. The realisation that the MDG target for hunger was not going to be met on present trends led to an examination of why this was: this in turn led to the identification of a number of key areas where DFID feels additional effort is required so that the target stands a chance of being met.

2.2     These four key areas are referred to in the strategy as Objectives, and in brief they comprise:

- building international support, co-ordination and coherence for global action on nutrition
- identifying partners, building support and scaling up programmes in partner countries[1] in order to make a direct impact on nutritional outcomes (through direct and/or indirect interventions)
- ensuring our investments in multiple sectors deliver improved nutrition
- building evidence and demonstrating results

2.3     The strategy is therefore a combination of activities ranging from high level influencing of the policies of other agencies to scaling up emergency feeding programmes. But the effectiveness of the strategy will be more than just the sum of its parts. Although there are many direct interventions which specifically target hunger, there are many more which can have an impact on nutrition though their stated focus is elsewhere.

2.4     It was considered vital, therefore, to first correctly position the Strategy and its four action areas (described as objectives) according to logframe guidelines. The term "objective" is not well-defined in logframe guidance, so we have used the normal terminology, as follows:

- Goal - high level and shared with the global community
- Purpose - the single aim of the specific strategy, programme or project
- Outputs - 3 or 4 well-defined results of activities and processes

2.5     The Strategy contains a large number of promises for both action and outcome, but there are a few messages which are stated again and again. The ones which most influenced the development of the results chains are:

- a promise to improve the nutrition of at least 12 million children by 2015;
- a promise to scale up DFID programmes and leverage more resources elsewhere;
- a promise to attack undernutrition through work in many sectors; and

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[1] Partner countries named in the Nutrition Strategy are the "6 + 9" high-burden countries: Bangladesh, Ethiopia, India, Nepal, Nigeria and Zimbabwe; DRC, Kenya, Sudan, Tanzania, Uganda, Afghanistan, Pakistan, Vietnam and Yemen

- a promise to make better use of research.

2.6 This is why, for example, funding is a high-level indicator in the results chains which follow, since it will measure the effectiveness of DFID "selling" its strategy internally and to others.

2.7 Section 3 sets out in detail the Results Chains which have been developed.

## 2.2 Indicators

2.8 Indicators are a means of measuring progress. Indicators are required by DFID to be part of the logframe for monitoring the Goal, Purpose and Outputs of every programme. Records also need to be kept on activities and inputs, of course, but it is the three higher levels - where impact and achievement are expected - which are key. Normally, two indicators each are suggested to monitor goal and purpose, and up to three for each output.

2.9 Indicators should be specific, useable and clearly measurable, according to DFID guidelines. It should be possible to make a statement about the baseline for each indicator, some prior situation which pertains close to the start of the project. There is also an institutional desire, shared with most agencies, to relate as many programmes as possible to the MDGs.

2.10 The MDGs have well-defined and internationally accepted indicators, each with a target. These are not set in stone - the intention was and still is that as better indicators become available, then they can replace existing ones or be added to the list. This occasionally happens. Most of the MDG indicators are numerical and many use national data, though a reasonable number of them require some adjustments for differences in definition or methodology. A certain proportion are calculated directly by UN agencies and are seldom available at sub-national level.

2.11 DFID is also required to report on progress as part of its Public Service Agreement; to ensure value for money; and to highlight (where relevant) gender differences. DFID programme information is entered into central databases and the intention is for indicators to be recorded there too. Currently, neither ARIES nor the PPI will give any information on nutrition outcomes, though they can provide expenditure if the programme has a nutrition marker.

2.12 These guidelines propose and describe three types of indicator:

- **compiled indicators**: a small number of indicators which DFID should compile at global level and for the "6 + 9" priority countries to annually report progress with the implementation of the strategy;

- **core indicators**: a small number of indicators (to include the compiled ones) which must be included in all DFID projects and programmes which seek to deliver nutrition results;

- **optional indicators**: a longer list, from which programme managers can select, for projects tackling undernutrition. This does not preclude the use of indicators not listed, if they are more relevant

2.13 There is a clearly a tension between the above desires, in particular

- the desire for consistency;
- the desire for a limited set; and
- the desire for indicators to be fit for purpose.

2.14    The over-riding consideration should be that the indicator is fit for purpose. This has a number of implications. First, it may be necessary to use non-numerical indicators. A programme which seeks to influence other agencies may need to collect information on successful and unsuccessful examples of this, either by a type of continuous recording as events occur, or perhaps by an annual review of what can be remembered (though this can underestimate the failures). Baseline statements for this type of indicator can be problematic, but should be attempted. However, there are a number of examples of suitable target statements in section 5.1.2 of the Nutrition Strategy.

2.15    Second, a link to an MDG target should only be made if it is sensible. There is sometimes a temptation to position the intervention at a higher level than is appropriate. It may be more realistic for the MDGs to be entered at super-goal level; or modified to refer to a specific country, or group of people.

2.16    Third, and this is fundamental to the guidelines, while the goal of a programme is shared with the international community; and the purpose expresses a desire for something to change, the outputs, activities and inputs are extremely carefully defined and will need very specific indicators which may not be on a core or standard list.

2.17    For the above reasons, it is recommended that the compiled and core sets of indicators are used at the super-goal, goal and purpose level of programmes or for monitoring the strategy. This will allow for comparison between countries; it should aid the aggregation of results; and it should leave flexibility for programme managers. Details are in section 4.

2.18    The indicators described in this report are all related to impact and outcome. There are many suitable process and activity indicators available, and Appendix 2 contains good examples of those currently in use by DFID.

# 3. Results chains, their rationale and use

## 3.1 Introduction

3.1     A results chain is similar to the first column of a logical framework. Examples tend to imply that there is a single line of thought which runs:

*Input - Process - Output - Outcome - Impact*

or, in logframe terminology:

*Inputs - Activities - Output - Purpose - Goal*

3.2     However, the DFID nutrition strategy has four objectives (reflecting four outputs) and in order not to restrict the scope of the recommendations, and to enable the development of a small set of shared core indicators, the linear results chain has been expanded into one which better reflects the reality of the strategy, as follows:

(Objective 1) Inputs - Activities - Output }
(Objective 2) Inputs - Activities - Output }
                                                                    } - Purpose - Goal
(Objective 3) Inputs - Activities - Output }
(Objective 4) Inputs - Activities - Output }

3.3     A results chain could also be prepared for each objective: in logframe terms this is going one step down the matrix, where the purpose statement of the overall strategy can become the goal statement of a particular objective, and the output statement can be recast as a purpose statement. It is felt that objectives 2 and 3 are sufficiently important to have their own results chain and monitoring plan, but that the objectives 1 and 4 can be adequately monitored as part of the overall strategy.

3.4     Furthermore, there is a desire within DFID to have a small and consistent set of indicators for all to use. This must imply two things: first, that there is a similar consistency between the aims and objectives of nutrition programmes; and second that specific projects with specific outputs are best positioned at a lower level in the strategic hierarchy, where a wider choice of indicators is available. It is suggested that programmes contributing towards objective 2 - which is where the majority of direct action will occur - take that objective's purpose statement as their goal[2]. This means that programme managers have flexibility in choosing text and indicators for input, activity and output monitoring, but that there is consistency at the higher levels.

3.5     During the course of the work it became clear that countries which are focal for DFID's nutrition work wanted to say what was happening to nutrition in their country. This has two angles. If DFID India is operating to improve nutrition at the highest and most strategic level, then it is reasonable to say it is implementing a Nutrition Strategy (India), and should share a goal and purpose with the overall strategy. If, on the other hand, it is operating specific projects and programmes, it will

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[2] Purpose statement: In countries which are a DFID priority for bilateral assistance, and in situations of emergency response, make a measurable direct improvement on nutritional outcomes for children under five

wish to monitor their specific impacts which may not be sensible to gross up to a national impact measure.

3.6     In summary, then, the hierarchy of the Results Chains is as follows:

**Summary of the hierarchy of Results Chains**

| Statement | Strategy | Objective 2 | Obj 2 Programmes | Objective 3 |
|---|---|---|---|---|
| To achieve the MDG target for Hunger by 2015 | G | | | |
| Better nourished women and children | P | G | S-G | G |
| (Objective 1) Improved nutrition outcomes are delivered through stronger commitment, greater global mobilisation of funds and more effective international support | O1 | | | |
| (Objective 2) Partners identified, support established and DFID programmes scaled up in partner countries, and a measurable impact made on nutritional outcomes | O2 | P | G | |
| (Objective 3) Investment by DFID in multiple sectors maximises nutritional outcomes for mothers and children | O3 | | | P |
| (Objective 4) New evidence is generated which fills crucial gaps in knowledge and more effective and stronger links are forged between evidence, policy, results and impact | O4 | | | |

S-G = Super-Goal     G = Goal     P = Purpose   O = Output

## 3.2   Detail on the results chains

3.7     We now present the three Results chains, whose text has been derived to a large extent from the nutrition strategy itself, recast in some cases to be more aligned with logframe guidance. Note that the term "Objective" is not well-defined in this guidance, so Output is used in the results chain text and Objective to describe the four types of activity which DFID envisages.

3.8     Each results chain can be made country-specific, if desired, by a simple modification of the text, as shown in the monitoring frameworks, figures 4, 5 and 6 of section 5.

| Figure 1 - A Results Chain for the DFID Nutrition Strategy | |
|---|---|
| **Goal** | To achieve the MDG Target for Hunger by 2015 |
| **Purpose** | Better nourished women and children |
| **Output 1** | Improved nutrition outcomes are delivered through stronger commitment, greater global mobilisation of funds and more effective international support |
| | **Process/activities 1** |
| | 1.1      Improve effectiveness of global partnerships and initiatives |
| | 1.2      Strengthen relationships with EU, UN and WB to make them more coherent |
| **Output 2** | Partners identified, support established and DFID programmes scaled up in partner countries, and a measurable impact made on nutritional outcomes |
| | **Process/activities 2** |
| | 2.1      In 6 high-burden countries, develop multi-sectoral direct approaches to reducing undernutrition |
| | 2.2      In 9 other high-burden countries, improved nutrition is delivered through action in at least one sector[3] |
| | 2.3      Ensure that nutrition is a focal part of emergency response work |
| **Output 3** | Investment by DFID in multiple sectors maximises nutritional outcomes for mothers and children |
| | **Process/activities 3** |
| | 3.1      International initiatives in other sectors are influenced and modified to deliver improved nutritional outcomes |
| | 3.2      Improved nutritional outcomes are delivered through sector-specific actions in DFID programmes |
| | 3.3      The impact on nutrition of activities in other sectors can be measured |
| **Output 4** | New evidence is generated which fills crucial gaps in knowledge and more effective and stronger links are forged between evidence, policy, results and impact |
| | **Process/activities 4** |
| | 4.1      Investment made in research and evaluation programmes and critical gaps in knowledge are addressed |
| | 4.2      Access to research results is improved and use of findings is widely promoted |

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[3] Sectors include: health, education, water and sanitation, rural livelihoods, food security, governance

| Figure 2 - A Results Chain for direct interventions to improve nutrition in DFID partner countries, and in situations of emergency response Objective 2) | |
|---|---|
| **Goal** | Better nourished women and children |
| **Purpose** | In countries which are a DFID priority for bilateral assistance, and in situations of emergency response, make a measurable direct improvement on nutritional outcomes for children under five |
| **Output 1** | In 6 high-burden countries, undernutrition is reduced through a multi-sectoral direct approach |
| | **Process/activities 1** |
| | 1.1     Develop nutrition action plans using the best analysis available |
| | 1.2     Strengthen existing DFID programmes and address existing gaps in the response, where appropriate |
| **Output 2** | In 9 other high-burden countries, improved nutrition is delivered through action in at least one sector |
| | **Process/activities 2** |
| | 2.1     Include nutrition indicators in country results frameworks |
| | 2.2     Deliver improved nutrition through investments in at least one sector in each country |
| **Output 3** | Ensure that nutrition is a focal part of emergency response work |
| | **Process/activities 3** |
| | 3.1     Prioritise direct and indirect responses to acute undernutrition and in particular maximise the impact on stunting of our emergency reponse work |
| | 3.2     Increase our capacity to respond to nutrition challenges, particularly in building local capacity |
| | 3.3     Improve the quality of information systems to better inform our response |

| Figure 3 - A Results Chain for improvements to nutrition through investment by DFID in multiple sectors (Objective 3) | |
| --- | --- |
| **Goal** | Better nourished women and children |
| **Purpose** | To ensure that investment by DFID in multiple sectors maximises nutritional outcomes for mothers and children |
| **Output 1** | International initiatives in other sectors are influenced and modified to deliver improved nutritional outcomes |
| | **Process/activities 1** |
| | 1.1      (Health)  Ensure that international health sector platforms prioritise basic health care for mothers and children |
| | 1.2      (Food security and agriculture) Prioritise nutrition in international food initiatives including GPAFS and CGIAR |
| | 1.3      (Social transfers) Prioritise nutrition in international social protection initiatives including GIVAS (now Global Pulse) |
| | 1.4      (Water, sanitation and hygiene) Prioritise nutrition in international water and sanitation initiatives such as GFA, EU WI and WSSCC's GSF |
| | 1.5      (Education) Integrate nutrition into international education initiatives [Create a virtuous circle between better educated and better nourished mothers who in turn can raise better nourished and educated children] |
| **Output 2** | Improved nutritional outcomes are delivered through sector-specific actions in DFID programmes |
| | **Process/activities 2** |
| | 2.1      (Health) Scale up direct nutrition interventions which identify, treat and prevent undernutrition in young children and pregnant women |
| | 2.2      (Food security and agriculture) Align food security and agriculture interventions behind nutrition objectives and ensure that women's priorities are addressed and food quality and access are considered |
| | 2.3      (Social transfers) Strengthen the design and monitoring of five social transfer programmes in order to maximise nutritional results |
| | 2.4      (Water, sanitation and health) Scale up interventions related to hygiene and drinking water access |
| | 2.5      (Education) Increase access to quality education for all, but particularly girls |
| | 2.6      (Governance) Include initiatives to improve governance on nutrition in target countries, with special emphasis on mobilising and influencing civil society. |
| **Output 3** | The impact on nutrition of activities in other sectors can be measured |
| | **Process/activities 3** |
| | 3.1      Build systems which specifically link sectoral interventions to a clear improvement in nutritional outcomes |
| | 3.2      Invest in research which identifies sectoral approaches and the way in which they can most effectively tackle undernutrition |

# 4. Indicators and rationale behind their choice

## 4.1 Introduction

4.1    There are many indicators from which to choose when considering nutrition outcomes; and more are being developed due to the complexity of the problem. The task is to choose a small set which all programmes can use while bearing in mind the need for indicators to be fit for purpose.

4.2    The process of identification of the best indicators to meet the needs of the project was guided by a number of factors:

- consideration of indicators already being used by DFID, humanitarian pooled funds and other agencies, in both nutrition and non-nutrition programmes;

- identification of any recommended indicators or other harmonisation efforts to measure nutrition strategies. [At present there exists a lack of consistency between agencies regarding which indicators to use although there is drive by some bodies (WHO, HNTS) to develop a short list of core indicators that are easily measurable];

- existing, and up-to-date, evidence on the appropriateness of different nutrition indicators in different settings;

- how well the indicators met the e-SMART (economic - Specific – Measurable - Achievable – Relevant – Time-bound) criteria; and

- limitations of use.

4.3    The underlying principles behind the guidelines is that the core set of indicators should contain those which are already commonly in use, as stated earlier. The desire for consistency among indicators should not interfere with the need for them to be appropriate, therefore it is recommended that goal and purpose indicators should be taken from the small core set; and programme managers should choose from the larger optional set (see Appendix 1) for activity and output level indicators.

4.4    Due to the prominence in the Nutrition Strategy of the promise that

"we will improve the nutrition of at least 12 million children over the next five years"

an attempt must be made to estimate the numbers of children benefiting from nutrition programmes. The Strategy focuses on children and women of child-bearing age; and repeatedly refers to scaling up programmes and increasing international commitments. This has guided the choice of compiled and core indicators.

4.5    The definition of core and compiled indicators in this report is accompanied by:

- the rationale for the indicator's selection;
- the level of compliance of the indicator to the e-SMART criteria;

- the way to collect the information (data needed, method of computation, unit of measurement, data sources);
- the geographical level of application of the indicator; and
- the reporting bodies in charge.

A summary is below. For fuller information please refer to the spreadsheet in Appendix 1.

4.6     One particular issue which needs addressing is that nutrition outcomes can be enhanced by activity in other sectoral programmes. Indeed, the third objective of the strategy aims to do just that in DFID partner countries. The question then remains of which indicators to use. There is a choice between directly measuring nutrition outcomes among the population affected by the sectoral programme - those benefiting from better water or sanitation, for example - or including sectoral indicators which are accepted as proxies for better nutrition.

4.7     It is recognised that a reduction in stunting is a good indicator of a positive outcome of many sectoral programmes, and this indicator should be considered first - measured, where possible, among the population affected by the particular initiative. Subsidiary indicators can then be added as required.

4.8     Gender disaggregation of outcomes is recommended by DFID in the White Paper, the Gender Equality Action Plan and the "How To" Note on Standard Indicators. It is recommended that data for stunting, wasting and underweight is reported separately for males and females, particularly at programme level. It may not be necessary at Strategic monitoring level. Naturally, many of the optional indicators can, and should be, gender disaggregated.

4.9     For the general purposes of monitoring the strategy, it is not necessary to disaggregate the data in other ways - for example by socio-economic group, or ethnicity. But DHS, MICS and household survey data often allow an analysis to be made for different sub-groups, be they social or geographical, and these will provde useful indications of the dimensions of malnutrition. Where specific projects or programmes target a district, or disadvantaged group, then naturally this should be reported on - but it should already be part of that project's monitoring strategy.

4.10     Note that indicators of malnutrition generally show differentials between rural and urban locations. In some countries, child nutrition may vary across geographical areas, socioeconomic groups or ethnic groups. However, presenting and even analysing data on specific ethnic groups may be a sensitive issue in the country. Gender differences may also be more pronounced in some social and ethnic groups.

4.11     There will be a cost to monitoring the Strategy, and the magnitude will depend to a great extent on whether satisfactory monitoring is already part of the projects and programmes DFID is running. It may not be possible to collect data retrospectively on programmes which have already begun, but an effort should be made to amend any reporting structures to include appropriate indicators for the future, particularly on stunting and the number of children being reached by a particular programme. The indicators have been chosen in an attempt to keep costs down, by including those which are collected as a matter of course. Much will come from DHS and MICS surveys, and from national household surveys.

4.12     It is true that DHS and MICS are rarely an annual event in individual countries, and a decision will need to made on a case by case basis as to how

important it is to get annual data and whether this justifies funding what could be an expensive data collection exercise. Paragraphs 5.4 and 5.5 below discuss this further.

4.13   Compiled indicators should comprise:

1. Prevalence of underweight children under 5 years of age

2. Global Hunger Index rank

3. Number of undernourished children under 5 whose nutritional status is improved by DFID programmes

4. Spend on nutrition-related activities, globally and by DFID

4.14   Core indicators should comprise, in addition to those listed above,

5. Stunting in children <5

6. Wasting in children <5 <u>in emergency response situations only</u>

7. Body mass index for non-pregnant women aged 15-49

8. Percentage of Low Birth Weight infants

9. Examples of where research and evidence have had an impact on results

## 4.2   Details of compiled and core indicators

**Compiled Indicators**

**1.      Underweight**

*Definition*:
The percentage of underweight (weight-for-age less than -2 standard deviations (Z-score) of the WHO Child Growth Standards median) among children aged 0-5 years; severe underweight <-3 standard deviations.

*Comments:*
MDG indicator 1.8. Child growth is the most widely used indicator of nutritional status in a community and is internationally recognised as an important public health indicator for monitoring health in populations. In addition, children who suffer from growth retardation as a result of poor diets and/or recurrent infections tend to have a greater risk of suffering illness and death. Child malnutrition is also monitored more closely than adult malnutrition.

The weight-for-age indicator reflects body mass relative to chronological age and is influenced by both height-for-age (HFA) and weight-for-height (WFH). Its composite nature makes interpretation complex e.g. WFA fails to distinguish between short children of adequate body weight and tall, thin children.

The percentage of children with low HFA reflects the cumulative effects of under-nutrition and infections since birth, and even before birth. This measure, therefore, should be interpreted as an indication of poor environmental conditions and/or long-term restriction of a child's growth potential. The percentage of children with low WFA may reflect the less common 'wasting' (i.e. low WFH) indicating acute weight loss, and/or the much more common 'stunting'. Thus, WFA is a composite indicator that is difficult to interpret. However, in areas of low WFH, HFA and WFA can show similar patterns as they are biologically related indicators of abnormal growth; weight increases are usually associated with increases in height (or length).

Stunting, and therefore underweight, is generally far more common than wasting, in both urban and rural settings, and this is a reflection of their different etiologies, determinants and recovery rates. For a full interpretation of the nutrition situation contextual information underpinning causality is needed.

*Data sources:*
MDG, DHS, MICS (UNICEF), WHO, CRED (CE-DAT) UNHCR survey database, country data (government data and national surveys)

## 2.    Global Hunger Index rank

*Definition:*
A composite index being the average of Child undernutrition, Child mortality and the Prevalence of undernourishment in total population, each expressed as a percentage and given equal weight. Higher GHI values indicate more hunger.

*Comments:*

GHI is not calculated for regional groupings or at a global level, only for individual countries.

The index varies between a minimum of 0 and a maximum of 100. However, the maximum value of 100 would only be reached if all children died before their fifth birthday, the whole population were undernourished, and all children under five were underweight.

Likewise, the minimum value of zero does not occur in practice, because this would mean there were no undernourished in the population, no children under five who were underweight, and no children who died before their fifth birthday.

*Data sources:*
Undernourished - FAO
Under five mortality - MDG, DHS, UNICEF (MICS), WHO, country data
Underweight - MDG, DHS, MICS UNICEF (MICS), WHO, country data

The index is calculated centrally by IFPRI.

## 3.    Number of undernourished children under 5 whose nutritional status is improved by DFID programmes

This is potentially the most challenging indicator to monitor, but it is also one of the most important due to the prominence in the Strategy of the promise to improve the nutrition of at least 12 million children. The calculation will be difficult. A lot will depend on the details of the project or programme being implemented.

We need to try to estimate the size of the population who may benefit. Census data will provide totals for children aged 0-4 down to district level, and the central statistics office will be able to provide estimates of population growth since the last census took place. This will indicate the total population who are resident in the geographical area covered by the intervention.

The project in question is likely to target poorer households, in which case data on household incomes will give the proportion of households which are poor - and we then apply this proportion to the population data. Alternatively, we are likely to have estimates for the proportion of the undernourished in the project target area which can be likewise be applied to the population data.

By means such as these we should be able to make an estimate of the number of children under 5 who could potentially benefit from the programme. The monitoring of the outcomes of the intervention will indicate to what extent it is succeeding.

There is then the crucial issue of defining "improvement in nutritional status". The Strategy is not specific on this. Much will depend on the purpose of the specific programme, but examples could include:

- Children in the target group who are no longer malnourished. This would be shown by a reduction in the percentage who are stunted

- Children in the target group who are less malnourished. The percentage who are severely stunted has reduced, and the percentage stunted has increased – a measure that the depth of undernourishment has declined

- The percentage of low-birth weight babies has reduced

- The number of children being exclusively breastfed has increased

- The number of children receiving deworming treatment has increased

## 4.    Spend on nutrition-related activities, globally and by DFID

*Definition:*
Annual expenditure by DFID which can be attributed to nutrition-related activities
Annual expenditure by international agencies, in particular EC, WB, UNICEF, FAO, WFP and WHO, which can be attributed to nutrition-related activities.

*Comments:*
Expenditure is usually related to inputs and process in the logframe, but since the Nutrition Strategy has a clearly stated aim to increase the amount of DFID and global funding which goes to improve nutrition outcomes, a statement needs to be made annually as to whether this is being achieved.

*Data sources:*
For expenditure by DFID, ARIES
For expenditure by others, OECD DAC QWIDS (Query Wizard for International Development Statistics)

**Core Indicators (including the four above and the five below)**

**5.    Stunting in children <5**

*Definition:*
The percentage of stunting (height-for-age less than -2 standard deviations (Z-score) of the WHO Child Growth Standards median) among children aged 0-5 years; severe stunting <-3 standard deviations.

*Comments:*
There is good evidence that stunting in children less than five years old is a stronger indicator of hunger and of one of its determinants, poverty, than other anthropometric indicators or estimates of per capita income. This is because stunting indicates the *chronic* restriction of a child's growth potential, reflecting the cumulative effects of inadequate food intake and poor health conditions that result from endemic poverty. Severe stunting is associated with short-term mortality outcomes.

Inadequate nutrition during the first two years of life can increase the risk of mortality in the short term and result in poorer school performance, decreased work capacity and increased risk of adult morbidity and early death in the medium to longer term. Severity and timing of chronic malnutrition, or stunting, during the first two years, particularly early severe stunting, can increase the risk of severe and persistent stunting in later life making catch-up more difficult. Averting stunting during this early period is crucial to protect against future burden, and evidence suggests that younger children are more responsive to nutrition programmes.

However, there is evidence that measuring the impact of an intervention on stunting in all children under five years, rather than focusing on children aged between 2-5 years, may result in a diluted estimate. Where stunting is a concern (and is not addressed) the likelihood of children under the age of 2 years becoming progressively stunted during this time increases; the result of which means that stunting is more often observed in older children. Stunting rates in older children can give an indication of the previous situation and indicate future trends for the younger children if stunting is not addressed.

Accurate age data can be a limiting factor.

*Data sources:*
DHS, MICS (UNICEF), WHO, CRED (CE-DAT), country data (government data and national surveys)

**6.    Wasting in children <5**

*Definition:*
Wasting, or Global Acute Malnutrition (GAM), is the percentage of underweight (weight-for-height less than -2 standard deviations (Z-score) of the WHO Child Growth Standards median) among children aged 0-5 years. Severe wasting, or Severe Acute Malnutrition (SAM), is that proportion with weight-for-height less than -3 standard deviations from the norm.

*Comments:*
Global acute malnutrition (GAM) is the most robust nutrition indicator available for children under five. It is not affected by lack of age data and indicates recent nutritional deprivation. GAM and severe acute malnutrition (SAM) are strongly linked to mortality.

Middle Upper Arm Circumference (MUAC) is another measure of wasting which is often used. We have included this on the optional list, but it should be recorded along with weight-for-height data whenever possible.

Whereas there is a significant evidence base on the effectiveness of interventions in acute emergencies, especially in refugee settings, the evidence base is much weaker for situations of protracted conflict with longer term programmes in less controlled settings. "Wasting is not a good indicator for programme effects since it only reflects short term changes. Wasting should not be used for evaluation purposes as it is a relatively rare event and very susceptible to seasonal influences". (FANTA)

*Data sources:*
DHS, MICS (UNICEF), WHO, SCN (NICS), CRED (CE-DAT), UNHCR survey database country data (government data and surveys)

## 7.     Body mass index for non-pregnant women aged 15-49

*Definition:*
Maternal Body Mass Index (BMI) is the proportion of non-pregnant women with BMI outside the normal range: Moderate malnutrition = BMI < 18.5 kg/m$^2$; severe malnutrition = BMI <16.0 kg/m$^2$

*Comments:*
A malnourished woman has a higher risk for having a low birth weight infant, foetal growth problems, perinatal mortality and other pregnancy complications. BMI is a simple but objective anthropometric indicator of the nutritional status of the adult population and seems to be closely related to their food consumption levels, with strong evidence suggesting that "a serious decline in nutritional status of adults, as reflected by prevalence of low BMI, is associated with serious declines in food insecurity" (Young & Jaspers). It is relatively inexpensive, easy to collect (in this age group) and to analyse. BMI is widely comparable to other population data and is useful in gaining a picture of nutritional risk across the whole study sample, rather than individuals.

There are a number of issues that affect the interpretation of BMI which need to be considered such as the influence of body shape, the decrease of height with age, adaptation and seasonal fluctuations. To interpret BMI in terms of body shape, more specifically, it is necessary to consider ethnicity, especially where there are known within-country differences in body shape. Body shape particularly refers to the differences in the ratio of leg length to trunk length (Cormic Index), more commonly referred to as the Sitting height to Standing Height ratio (SSR). A correction using the Cormic Index for an individual's BMI has been proposed which is important for individual screening. Some efforts have been made to correct BMI estimates for survey data to compare between populations, although this has been deemed impractical in emergency settings due to complications and time in the calculation.
However, for comparisons within populations over relatively short times (for evaluation purposes), BMI should not require a correction using the Cormic Index. WHO does not endorse adjustment by Cormic Index but recommend that for measuring BMI, countries should use all cut-off categories (i.e. 16.0 18.5, 23, 25, 27.5, 30, 32.5 kg/m$^2$) for reporting purposes, with a view to facilitating international comparisons. However, the lower two cut-off points remain for use in measuring as core indicators.

*Data sources:*
DHS, MICS (UNICEF), WHO, CRED CE-DAT, country data (government data and national surveys)

## 8.      Percentage of Low Birth Weight infants

*Definition:*
The proportion of babies born with a birth weight of less than 2500 grams expressed as a percentage of live births.

*Comments:*
Low birth weight is a major determinant of mortality, morbidity and disability in infancy and childhood and also has a long-term impact on health outcomes in adult life. The consequences of poor nutritional status and inadequate nutritional intake for women during pregnancy not only directly affects women's health status, but may also have a negative impact on birth weight and early development.

At the population level, birth weight (proportion) is an important indicator of a number of public health problems including maternal health, nutritional status and care in pregnancy. On an individual basis this indicator is an important predictor of a newborn's chances for survival, growth, long-term health and psychosocial development.

However, almost 60% of newborns in developing countries are not weighed; in South Asia this figure is about 70% and the region has the highest incidence of low-birth weight babies. Generally, newborns who are weighed are better off (more likely to be born in health facilities, urban areas and of better-educated mothers), which can lead to an under-estimation of the incidence of low birth weight. Efforts are being increasingly made for delivery by skilled attendance in a health facility so information on this indicator will improve.

Due to the lack of comparable estimates over time, both within and between countries, UNICEF and the World Health Organization (WHO) have adjusted the under-reporting and misreporting of birthweights with results from household surveys (Multiple Indicator Cluster Surveys and Demographic and Health Surveys). However, these results still need to be interpreted with caution as they may still underestimate the problem as some of the adjustments are made using subjective information from mothers; the DHS includes categorical questions on perceived 'size' of baby at birth

*Data sources:*
DHS, MICS

## 9.      Examples of where research has had an impact

This indicator is part of the core list since the Strategy has a specific objective relating to research. It is not possible to make any quantitative statement. The Evidence for Action paper (DFID, 2009) states that:

> more research is needed on the "delivery sciences", and the partnerships and institutional configurations that underpin them. The multi-sectoral dimensions of nutrition, and how impact on nutrition is achieved through multiple sectors, also need further research and evaluation.

The Strategy has similar sentiments. We need to:

build systems which gather information on nutritional outcomes due to sectoral interventions

invest in research which identifies sectoral approaches which can tackle undernutrition

Once statements such as these have been converted into an action plan, using some of the specifics outlined in section 5.4 of the Strategy, then evidence should be collated as to the successes and failures.

**Optional indicators**

4.15    The monitoring frameworks outlined in section 5 for the Strategy and individual projects and programmes have ample space for programme managers to choose appropriate indicators, apart from where it is suggested that an indicator from the core list should be used.

4.16    Appendix 1 gives details of suitable indicators for nutrition-related impact and outcomes, and these are summarised below. Indicators for process and activity are specific to particular projects, and are too numerous to be listed in any exhaustive manner: some can be found in Appendix 1, and other good examples in current use by DFID can be found in Appendix 2. This list, as has been stated, is by no means exhaustive.

4.17    It will be necessary to develop indicators for non-numerical outcomes, which is discussed further in section 5.

4.18    Choosing the right indicator is often contentious, particularly in the field of nutrition where research and practice are changing current thinking, and new indicators, or definitions of indicators, are being developed. This makes comparability a problem, which is one reason why the indicators chosen for the core and compiled sets are from among those in common use. Standard survey tools, such as DHS and MICS, will take some time to adjust to the latest definitions, as will national household surveys.

***Other indicators for malnutrition, and indicators related to health, food security, hunger, water and sanitation, and hygiene:***

These indicators are described in detail in Appendix 1.

- wasting, as measured by mid-upper arm circumference
- overweight
- micro-nutrient deficiency and supplementation
- infant feeding practices and behavioural change
- de-worming
- childhood diseases
- maternal malnutrition
- infant and child mortality
- immunisation
- treatment and prevention of pneumonia, diarrhoea and malaria
- maternal mortality
- severe and moderate acute malnutrition
- people assisted by food security and social protection programmes
- incidence of poverty

- food consumption
- dietary diversity
- depth of hunger
- indices related to hunger
- water availability and source
- sanitation
- handwashing
- cooking fuel

### *Indicators related to agriculture, social transfers, education and governance*

These indicators are included as examples: they are derived from suggestions in the Strategy document and more can be found in Appendix 2. It is not possible to go into detail about sources since these are so varied and often specific to local surveys. However, neither DHS nor MICS4 appear to include questions which link these various sectors to nutrition outcomes. The research work which is a key part of the strategy will also inform the future choice of indicators as links to nutrition outcomes are better established.

- access to nutritious foods
- increase in subsistence production
- increased market availability of produce
- improved nutrition education for farmers
- increasing the power of women as economic agents in agricultural development

- the extent to which pregnant women and young children are targeted by social transfers
- the quality of food transfers
- whether women are specifically required to be the recipients of the transfer

- increased education for women (linked to a better ability to protect children from undernutrition)

- better upward demand for improved efforts to address undernutrition from civil society (for example farmers' networks, women's groups, unions)

# 5. Monitoring frameworks and guidance on their use

5.1    The preceding presentation of results chains and indicator groups can be combined conveniently into three figures which propose a set of monitoring frameworks. In accordance with our analysis and with logframe guidance, we focus on goal, purpose and output level indicators where consistency is most required and a small common set of indicators makes most sense.

5.2    The full results chains in section 3 give indications of activity and process, and indicators at this level should be the most appropriate for the purpose. The optional list can give some guidance, as can the study of existing indicators used by DFID projects and other agencies, shown in the accompanying spreadsheets (Appendices 1 and 2) to this briefing paper.

5.3    Not every indicator in the proposed results chains has been filled in (figures 4, 5 and 6), allowing project managers space for choosing indicators which are fit for purpose.

5.4    An attempt has been made to show for which population each indicator should be collected. If data are not readily available, then the indicator should be presented (with an appropriate footnote) for the nearest logical geographical or sectoral grouping. For example, a project operating in several districts may need to report state-level outcomes. A project targeting children under 2 may need to report on children under 5.

5.5    That being said, we feel that projects and programmes should try wherever possible to collect data on the core set of indicators for the relevant population. One good reason for doing so is that positive outcomes can then be more logically attributed to DFID, and comparisons can be drawn between outcomes of similar projects in different locations. It will also, when linked to population data, aid aggregation of results.

5.6    With one exception we have not set targets for any indicator. The exception refers to the 12 million children whose nutrition will be improved over the next five years by implementing the Strategy. It is essential for the credibility of the Strategy that an attempt is made to monitor this target. The six high-burden partner countries in particular will need to look carefully at the challenge posed and what they think their share of the challenge should be and what type of improvement is sought.

5.7    Other targets, for Goal, Purpose and Output-level statements, need to be established as an integral part of the overall performance review and assessment system of the Nutrition Strategy. Targets express a "desired level of achievement" and should be quantifiable with indicators being used to measure the difference between an existing situation (a reference point or baseline) and the desired situation over a specified time.

5.8    National targets should be proposed for partner countries by those most involved, following logframe guidance, and members of the nutrition hub may then propose reasonable global targets.

Non nutrition-sector indicators

5.9     It is not possible in the monitoring frameworks to be prescriptive about all the indicators to be monitored, and this is particularly relevant for objective 3 activities where everything depends on the sector of operation. Phrases which have been derived from the text of the Strategy, such as

> our purpose in [country] is to reduce undernutrition among [target of specific programme] through [sector specific statement]; or
>
> our purpose is to ensure that investment by DFID in multiple sectors maximises nutritional outcomes for mothers and children in [country]

illustrate the problem. At this general level it is not possible to pre-judge what the intervention will be. When it has been chosen, it is hoped that the information in this Briefing Note will aid the choice of suitable indicators.

5.10    At activity level, the Strategy contains (figure 4) a number of similar statements of intent related to ensuring that improved nutritional outcomes are delivered by action in these sectors (objective 3 output 2). These lead easily to a definition of specific outputs which can then be monitored.

5.11    Specific programmes in other sectors which are to be adjusted or extended to also deliver nutrition outcomes will need one or two indicators added to their logframes. It is suggested that stunting is used whenever possible, to allow for comparability with programmes in the nutrition sector. Underweight would be an alternative, and BMI a useful addition.

Non-numeric indicators

5.12    For the non-numeric indicators, there are four main areas where evidence must be collected:

- on the effectiveness of global partnerships, particularly at strategic level with the World Bank and the European Union;

- on DFID's influence on international initiatives, and examples of success in improving other initiatives;

- on examples where impact on nutrition has been made clearer, referring in particular to objective 3, where it is felt that the links between nutrition outcomes and action in other sectors may not always be clear and more research and evidence is required; and

- on examples where research has had an impact, referring to objective 4.

5.13    In certain cases, the Strategy is quite specific about what is to be achieved, and a statement of whether this was achieved or not is sufficient (plus some targets for other years). Examples from the text of the strategy include:

- push to improve governance on nutrition, in particular the improvement of UN and World Bank co-ordination at international level

- push the EC to report on nutrition indicators, for example the inclusion of nutrition indicators in National Indicative Programmes in high burden countries

- ensure UNICEF scales up direct nutrition actions and develops harmonised, integrated, evidence-based policies and practice

- make explicit links to improved nutrition in the design, monitoring and evaluation of programmes in multiple sectors

- fill evidence gaps such as establishing which interventions are the most cost effective, how interventions should best be delivered at scale, and future challenges to nutrition.

5.14    In others, evidence will need to be compiled and collated during the implementation of the Strategy. For example, where DFID seeks to influence other agencies, or where it is trying to encourage use of research outputs, it will need to collect information on successful and unsuccessful examples, either by a type of continuous recording as events occur, or perhaps by an annual review of what can be remembered (though this can underestimate the failures). It is best that a single point of contact is responsible for collating examples. It might be necessary to allocate 5% of an administrative post for the work.

5.15    There are two further references in the Strategy which can usefully be mentioned here. The first notes that in emergency and non-emergency/high risk countries, priority should be given to strengthening emergency preparedness and to building the capacity for emergency preparedness into national structures. Indicators for measuring this should be incorporated into the monitoring framework (final column of figure 5, relating to emergency response countries) at Output level.

5.16    The second reference notes that structures, coordination mechanisms, capacity and policies all need to be addressed when implementing national strategies, referring to Output 1 of the final column of Figure 4. If this is relevent for the country concerned, then either of the two optional indicators can be replaced by an assessment of an improvement in national capacity and capability.

Spend on programmes with a nutrition marker

5.17    For DFID, this information is held centrally in the ARIES system. In large programmes which embrace many sectors, it is common to allocate spend proportionally to the weight given to the sectoral marker. DFID will need to ensure that new programmes being entered into the system are correctly marked for a nutrition outcome, particularly for health, food security, rural livelihoods, water and sanitation programmes; and to some extent for education.

5.18    Data on spend by others can be obtained from the OECD DAC enquiry tool, QWIDS, which will show annual expenditure against the marker Basic Nutrition as a total and for individual countries

Attribution  and impact

5.19    Value for Money is understandably at the forefront of DFID's thinking, and the VfM Delivery Agreement has much in it about measuring the efficiency of aid delivery and the effectiveness of what has been delivered, whether through the bilateral or

multilateral programmes. The impact of this on monitoring arrangements for the Nutrition Strategy are no different than for any other DFID activity. The crucial point is for programme (and strategy) managers to be clear about what they are trying to achieve from the beginning, what changes they can directly cause and what they can only contribute towards. Clarity of purpose leads to a similar clarity in the selection of indicators of achievement; and this in turn allows for a genuine link between input and outcome. However, since in the nutrition field there is still a lot of work being done on testing approaches (a key part of our strategy), it is even more important to build accurate impact assessment in all areas

5.20    DFID has developed a straightforward system for attributing a share of outcomes to DFID based on its pro rata share of inputs. This is particularly true of pooled funding. There is no reason to challenge this. For projects in sectors whose prime aim is something other than nutrition, there is room for discussion as to how much should be attributed to nutrition. We have seen logframes where amongst, say, 30 activities, it is clear that 3 will directly impact on nutrition. If we can estimate what these 3 activities will cost, then we can attribute that share of the costs to nutrition, and the same share to nutrition outcomes.

5.21    The research which the Strategy is promoting will, it is hoped, give a more scientific basis to these estimates, and provide quantitative links between say, clean water and stunting, such that if the number of households enjoying a clean water supply increases by x% we can anticipate a decline of y% in stunting.

5.22    As is clearly stated in the Strategy, impact is a key consideration. Initial activities will focus on where DFID can achieve the greatest impact on undernutrition, or a high impact at low cost. But the planned research and evaluation studies will provide crucial information particularly regarding the impact of indirect interventions on undernutrition, where the causal linkages may be complex or not so clear.

Reporting

5.23    The Strategy commits DFID to an annual public report of progress, which should be done using the four compiled indicators. The data will come from international sources, from DFID programmes, and the two expenditure recording systems mentioned above.

5.24    There is also an option to report on progress in DFID's priority countries (which fortunately are almost identical to the list of PSA countries). International data sources can still be used for this. A useful additional comparison may be made between progress in the DFID priority countries as a set and overall progress. A simple comparison would be purely descriptive - in X out of 15 countries, better progress is being made in reducing undernutrition than the average, Y are about average, Z are falling behind. A more complicated comparison would see a weighted average of the changes (using the population under 5 or total population as appropriate - see the description of core indicator 9) to estimate a single overall figure.

5.25    For DFID's own purposes, countries will need to report to the centre on four of the core indicators, namely:

- Stunting in children under 5

- Body mass index for non-pregnant women aged 15-49

- The percentage of low birth weight infants

- Examples of where research and evidence have had an impact on results

5.26    The first three of these should be reported preferably for the target population, or the nearest suitable equivalent (with appropriate commentary). The report should be commissioned annually by the centre, and the first aggregation from programme to country level done by DFID offices in the priority countries using suitable population weights. The principle will be the same as outlined in the description of indicator 3 in section 4 above.

5.27    The fourth indicator will mainly be the responsibility of the centre to compile, but requests for evidence should be sent to country offices. Given that a separate report is to be compiled on the impact of the overall strategy, it is not recommended that country reports are aggregated into regional or global ones. Instead, specific country examples can be incorporated into the explanatory text of the global report.

5.28    Information on wasting is a key indicator for emergency response programmes, but this is most sensibly reported on programme by programme. It should not be necessary to make any global aggregation other than to total the number of people who are benefitting from DFID support.

## Figure 4 - a monitoring framework for the DFID nutrition strategy

| | ... at global level | ... at country level |
|---|---|---|
| **Goal** | To achieve the MDG Target for Hunger by 2015 | To achieve the MDG Target for Hunger in [country] by 2015 |
| **Indicator 1** | Prevalence of underweight children under 5 years of age | Prevalence of underweight children under 5 years of age in [country] |
| **Indicator 2** | Proportion of population below the minimum level of dietary energy consumption | Global Hunger Index for [country] |
| **Purpose** | Better nourished women and children | Better nourished women and children in [country] |
| **Indicator 1** | Stunting in children <5 in developing countries | Stunting in children <5 in [country] |
| **Indicator 2** | Body mass index for non-pregnant women aged 15-49 in developing countries | Body mass index for non-pregnant women aged 15-49 in [country] |
| **Output 1** | Improved nutrition outcomes are delivered through stronger commitment, greater global mobilisation of funds and more effective international support | Improved nutrition outcomes are delivered in [country] through stronger commitment, greater mobilisation of funds and more effective international support |
| **Indicator 1** | Amount of global funds mobilised with a nutrition attribution | Amount of global funds mobilised in [country] with a nutrition attribution |
| **Indicator 2** | A measure of the effectiveness of partnerships | A measure of the effectiveness of partnerships in [country] |
| **Indicator 3** | A measure of DFID's influence on international initiatives | A measure of DFID's influence on international initiatives in [country] |
| **Output 2** | Partners identified, support established and DFID programmes scaled up in partner countries, and a measurable impact made on nutritional outcomes | Partners identified, support established and DFID programmes scaled up in [country], and a measurable impact made on nutritional outcomes |
| **Indicator 1** | Number of undernourished children under 5 in partner countries whose nutritional status is improved by DFID programmes | Number of undernourished children under 5 in [country] whose nutritional status is improved by DFID programmes |
| **Target** | 12 million by 2015 | Country share of 12 million by 2015 |
| **Indicator 2** | Percentage of Low Birth Weight infants in partner countries | Percentage of Low Birth Weight infants in [country] |
| **Indicator 3** | Funds allocated by DFID to nutrition-related activities in partner countries | Funds allocated by DFID to nutrition-related activities in [country] |
| **Output 3** | Investment by DFID in multiple sectors maximises nutritional outcomes for mothers and children | Investment by DFID in multiple sectors maximises nutritional outcomes for mothers and children in [country] |
| **Indicator 1** | Quantitative examples (from the core list) of better outcomes | Quantitative examples (from the core list) of better outcomes in [country] |
| **Indicator 2** | Examples of success in improving other initiatives | Examples of success in improving other initiatives in [country] |
| **Indicator 3** | Examples of where the links between nutrition outcomes and action in other sectors have been made clearer | Examples of where the links between nutrition outcomes and action in other sectors have been made clearer in [country] |
| **Output 4** | New evidence is generated which fills crucial gaps in knowledge and more effective and stronger links are forged between evidence, policy, results and impact | New evidence is generated which fills crucial gaps in knowledge and more effective and stronger links are forged between evidence, policy, results and impact in [country] |
| **Indicator 1** | Examples of where research and evidence have had an impact on results | Examples of where research and evidence have had an impact on results in [country] |
| **Indicator 2** | | |
| **Indicator 3** | | |

## Figure 5 - a monitoring framework for direct interventions to improve nutrition in DFID partner countries, and in situations of emergency response (Objective 2)

| | … at global level | … at country level | … at project level |
|---|---|---|---|
| **Goal** | Better nourished women and children | Better nourished women and children in [country] | **Super-goal statement:** Better nourished women and children in [country] |
| **Indicator 1** | Stunting in children <5 in partner countries | Stunting in children <5 in [country] | |
| **Indicator 2** | Body mass index for non-pregnant women aged 15-49 in partner countries | Body mass index for non-pregnant women aged 15-49 in [country] | |
| **Purpose** | In countries which are a DFID priority for bilateral assistance and in situations of emergency response, make a measurable direct improvement to nutritional outcomes for children under five | In [country], make a measurable direct improvement to nutritional outcomes for children under five | **Goal statement:** In [country], make a measurable direct improvement to nutritional outcomes for children under five |
| **Indicator 1** | Number of undernourished children under 5 in partner countries whose nutritional status is improved by DFID programmes | Number of undernourished children under 5 in [country] whose nutritional status is improved by DFID programmes | Number of undernourished children under 5 in [country] whose nutritional status is improved by DFID programmes |
| **Target** | 12 million by 2015 | Country share of 12 million by 2015 | Country share of 12 million by 2015 |
| **Indicator 2** | Funds allocated by DFID to nutrition-related activities in partner countries | Funds allocated by DFID to nutrition-related activities in [country] | Stunting in children <5 in [country] |
| **Output 1** | In 6 high-burden countries, undernutrition is reduced through a multi-sectoral direct approach | In [each of the 6 high-burden countries] undernutrition is reduced through a multi-sectoral direct approach | **Purpose statement for 6 countries:** In [country] reduce undernutrition among [target of specific programme] |
| **Indicator 1** | Stunting in children <5 in the 6 countries | Stunting in children <5 among the target populations in [country] | Stunting in children <5 among the target population in [country] |
| **Indicator 2** | Percentage of Low Birth Weight infants in the 6 countries | Percentage of Low Birth Weight infants in [country] | Body mass index for non-pregnant women aged 15-49 among target population in [country] |
| **Indicator 3** | | | |
| **Output 2** | In 9 other high-burden countries, improved nutrition is delivered through action in at least one sector | In [each of the 9 high-burden countries], improved nutrition is delivered through action in at least one sector | **Purpose statement for 9 countries:** In [country] reduce undernutrition among [target of specific programme] through [sector specific statement] |
| **Indicator 1** | Stunting in children <5 in the 9 countries | Stunting in children <5 among the target populations in [country] | Stunting in children <5 among the target population in [country] |
| **Indicator 2** | Percentage of Low Birth Weight infants in the 9 countries | Percentage of Low Birth Weight infants in [country] | Body mass index for non-pregnant women aged 15-49 among target population in [country] |
| **Indicator 3** | | | |
| **Output 3** | Ensure that nutrition is a focal part of emergency response work | In [each of the emergency response countries] ensure that nutrition is a focal part of emergency response work | **Purpose statement for emergency response countries:** In [country] reduce undernutrition among [target of specific programme] |
| **Indicator 1** | Wasting in children <5 in emergency response countries | Wasting in children <5 among the target populations in [country] | Wasting in children <5 among the target population in [country] |
| **Indicator 2** | | | Body mass index for non-pregnant women aged 15-49 among target population in [country] |
| **Indicator 3** | | | Stunting in children <5 among the target population in [country] |

| **Figure 6 - a monitoring framework for improvements to nutrition through investment by DFID in multiple sectors (Objective 3)** | | |
|---|---|---|
| | **… at global level** | **… at country level** |
| **Goal** | Better nourished women and children | Better nourished women and children in [country] |
| **Indicator 1** | Stunting in children <5 in developing countries | Stunting in children <5 in [country] |
| **Indicator 2** | Body mass index for non-pregnant women aged 15-49 in developing countries | Body mass index for non-pregnant women aged 15-49 in [country] |
| **Purpose** | To ensure that investment by DFID in multiple sectors maximises nutritional outcomes for mothers and children | To ensure that investment by DFID in multiple sectors maximises nutritional outcomes for mothers and children in [country] |
| **Indicator 1** | Quantitative examples (from the core list) of better nutritional outcomes | Quantitative examples (from the core list) of better nutritional outcomes in [country] |
| **Indicator 2** | | |
| **Output 1** | International initiatives in other sectors are influenced and modified to deliver improved nutritional outcomes | International initiatives in [country] in other sectors are influenced and modified to deliver improved nutritional outcomes |
| **Indicator 1** | Examples of success in improving other initiatives | Examples of success in improving other initiatives in [country] |
| **Indicator 2** | Examples of where the links between nutrition outcomes and action in other sectors have been made clearer | Examples of where the links between nutrition outcomes and action in other sectors have been made clearer in [country] |
| **Indicator 3** | | |
| **Output 2** | Improved nutritional outcomes are delivered through sector-specific actions in DFID programmes | Improved nutritional outcomes in [country] are delivered through sector-specific actions in DFID programmes |
| **Indicator 1** | An aggregate of stunting in children <5 among the target populations | Stunting in children <5 among the target populations in [country] |
| **Indicator 2** | | |
| **Indicator 3** | | |
| **Output 3** | The impact on nutrition of activities in other sectors can be measured | The impact on nutrition in [country] of activities in other sectors can be measured |
| **Indicator 1** | Examples of where the links between nutrition outcomes and action in other sectors have been made clearer | Examples of where the links between nutrition outcomes and action in other sectors have been made clearer in [country] |
| **Indicator 2** | | |
| **Indicator 3** | | |

**Key to colour coding Figures 4, 5 and 6:**

| Compiled and Core |
|---|

| Core |
|---|

| Optional |
|---|

# Appendix 1

Please see accompanying Excel document.

# Appendix 2

Please see accompanying Excel document.

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