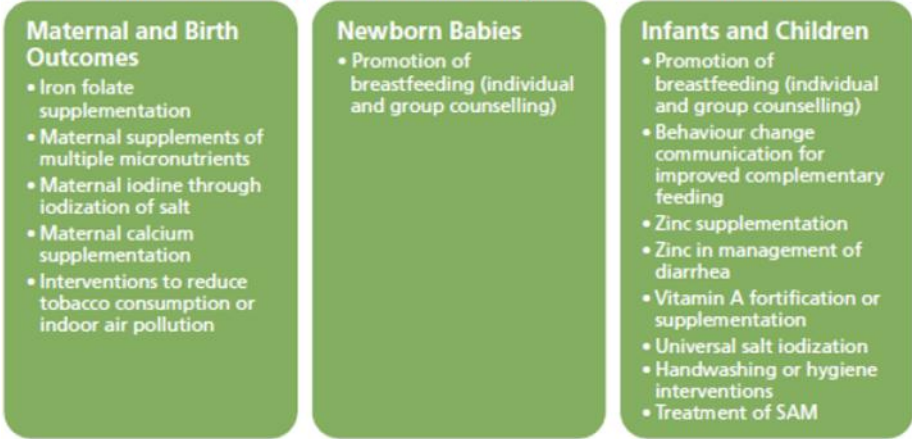


Indicator description	Number of children under five and pregnant women reached through DFID's nutrition-relevant programmes
Indicator Type	Peak year (but can report cumulatively if double counting is avoided)
Version	8 th March 2013 Quest number
Changes since last version	Changes in 8 th March Version highlighted. No change to methodology but only for clarity and examples of interventions to include including humanitarian programmes transitioning to long term programming. The indicator end date has changed to December 2015 as per management board decision (March 2013).
Methodological summary	<p>These refer to those programmes that have specific nutrition objectives, outputs or outcomes. These can range from sector support programmes in health or agriculture for example, to specific micro-nutrient provision programmes.</p> <p>This indicator should include the results of:</p> <ul style="list-style-type: none"> • <u>Direct Interventions</u> - based on the Lancet's 13 proven interventions¹. (see diagram below) <div style="text-align: center;"> <p>Interventions with Sufficient Evidence to Implement in All Countries</p>  <p>The diagram consists of three green rounded rectangular boxes arranged horizontally. Each box contains a title and a bulleted list of interventions. The first box is titled 'Maternal and Birth Outcomes' and lists: Iron folate supplementation, Maternal supplements of multiple micronutrients, Maternal iodine through iodization of salt, Maternal calcium supplementation, and Interventions to reduce tobacco consumption or indoor air pollution. The second box is titled 'Newborn Babies' and lists: Promotion of breastfeeding (individual and group counselling). The third box is titled 'Infants and Children' and lists: Promotion of breastfeeding (individual and group counselling), Behaviour change communication for improved complementary feeding, Zinc supplementation, Zinc in management of diarrhea, Vitamin A fortification or supplementation, Universal salt iodization, Handwashing or hygiene interventions, and Treatment of SAM.</p> </div> <ul style="list-style-type: none"> • <u>Nutrition sensitive</u> programmes –where the logical frameworks report against a nutrition outcome / objective for under-fives and/or pregnant women². This can and does include: health, sanitation, livelihoods, education, agriculture and women's empowerment programmes that explicitly aim to impact on nutrition (alongside other goals³). <p>The annual reach of these programmes should be measured as</p>

¹ Bhutta, Z.A, et al, 2008, What works? Interventions for maternal and child undernutrition and survival, The Lancet, Vol 371, Issue 9610, Pages 417-440.

² For example, this may include wider programmes with outcome indicators related to stunting, weight, anaemia, dietary status, wasting, malnourishment, de-worming, breast fed children, vitamin A, diarrhoea etc and similar indicators related to pregnant mothers.

follows:

- Where the programme directly targets under 5s and/or pregnant women 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 will be 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 under 5s reached can then be estimated using the % of under 5s in the wider age group from routine population statistics.
- If the programme was funded by multiple donors or was a form of sector / budget support, the total number of children should be taken proportionate to DFID funding provided. Please see the separate guidance on attributing results to DFID.

The reach of these programmes refers to unique, individual children aged under 5 and pregnant women. It will be important to ensure that there is no double counting between nutrition sensitive and direct nutrition programmes. In this sense, we are counting **numbers of people reached, not the number of interventions**. So, for example, even if someone receives 20 different interventions through a multitude of programmes – the reach is still 1. In particular:

- Where there are non-continuous programmes, the peak number of unique children and/or pregnant women receiving the programme over the year should be recorded.
- Where there are continuous programmes, the number of unique children and pregnant women in the last period should be recorded.

And where countries have multiple programmes, please:

- Return the total unique reach of the programmes if known.
- Or return the sum of the reach of each programme along with an estimate of the % estimated overlap.

It will also be important to avoid double counting in persons reached between years. Where country offices can identify or undertake a reliable estimation for individual children and pregnant women across years then, in year 1, country offices should identify unique pregnant women and children reached and in year 2 they should aim to identify new children and pregnant women that were not supported in year 1 and add this to the total from year 1. Simply, we are only adding the difference, between years if relevant and unique individuals. We are not cumulating annual totals over the years because this will result in double counting. This approach should be repeated in all later years.

	<p>Where country offices cannot reliably estimate for unique children and pregnant women across years then they should simply return annual figures of the number of unique children and pregnant women reached in each year. This should not be added up across years due to high chances that programmes will reach some of the same children each year.</p> <p>For the March 2015 'we will' target, year 4 data for all relevant country offices will be summed up (or where a country office could not estimate for unique children across years, the highest annual total in the 4 year period will be included). Where a country office programme has ended earlier, the last relevant year of information will be included.</p> <p>Country offices should provide details of any assumptions made or data issues regarding their return.</p> <p>The final date for the 'we will' target is 31st December 2015.</p>
Reporting organisation	<u>DFID</u>
Data included	<p><u>Bilateral</u> Programmes included are those direct interventions or which are nutrition sensitive as defined in the methodological summary. Budget support would only be included if nutrition outcomes were specifically highlighted in the government's results framework. This includes country funding of multilaterals.</p> <p>Central funding for multilateral and private sector partnerships</p> <ul style="list-style-type: none"> • Bilateral and multilateral results will always be reported separately for internal purposes. <p>External reporting on this 'we will' will include multilateral and private partnership results where the risk of double counting can reasonably be eliminated.</p>
Data calculations	Population statistics at the national level would be selected by the country office. The % of the population under five could be gathered from the most appropriate country data (i.e. DHS survey).
Worked example	<ul style="list-style-type: none"> • DFID is directly supporting vitamin A distribution at child health weeks. These are expected to reach the entire under 5 population of the country (around 1 million under fives in any year). DFID provides 10% of the funding for this programme and therefore can claim 100,000 under 5s reached with vitamin A supplements in year 1. In year 2, roughly 20% of the children under 5 in year 1 will have moved out of that age group, with the remaining 80% receiving the supplementation again. This 80% should not be counted again in year 2. However, 200,000 new 0-1 year olds will have entered this population in year 2. Therefore in year 2,

	DFID will have reached an additional 20,000 unique children. Similarly in years 3 and 4. Therefore by the end of year 4, DFID will have reached 1.8m unique under 5s with vitamin A interventions.
Most recent baseline	Country by country approach
Good Performance	We expect to reach approx 20 million children under five years of age and pregnant women by the end of 2014/15.
Return format	Number of children under five and pregnant women reached through DFID's nutrition-relevant programmes per year, disaggregated by sex wherever possible.
Data dis-aggregation	Mandatory: none. Additional: Sex disaggregation should be available. By socio-economic quintile ideally but not likely to be available annually, but could be built into baseline and endline surveys.
Data availability	Annual
Time period/lag	4 months– e.g. in March for previous calendar year
Quality assurance measures	Checks are made to ensure that different nutrition programmes do not have overlapping geographical coverage to avoid double counting.
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. Given the methodology looks at peak year contributions and calculates annually, not cumulatively, it should be possible to avoid this. Coverage may be difficult to determine in nutrition education campaigns, e.g. through the radio or other media.
Additional comments	