

# INCREASING THE UK'S CONTRIBUTION TO TACKLING MALNUTRITION

## REVIEW & RECOMMENDATIONS

SYNOPSIS



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## BACKGROUND

One in three people are affected by at least one form of malnutrition and 795 million people remain chronically hungry. 159 million children under five suffer from stunting (low height for age) and 50 million suffer from wasting (low weight for height). Malnutrition increases the susceptibility to other diseases and risk of death, as well as irreversibly limiting physical and cognitive development, which impacts on learning, productivity and earning potential, thus trapping individuals into a vicious cycle of poverty.

**ENSURING ADEQUATE NUTRITION IS A FOUNDATION FOR SUSTAINABLE DEVELOPMENT FOR NATIONS.**

## CURRENT SITUATION AND OPPORTUNITIES

The evidence, momentum and funding for tackling malnutrition have progressed over the past few years.

- ◆ **The number of stunted and wasted children has fallen by 40 million and 8 million respectively in the last 15 years**
- ◆ **10 proven, high impact interventions could reduce stunting 20% and severe wasting by 60%**
- ◆ **The Scaling Up Nutrition (SUN) movement has galvanized 55 countries to scale up their nutrition efforts through better policies and more funding.**
- ◆ **The 2013 Nutrition for Growth (N4G) summit led to £2.7 billion committed to directly tackle undernutrition. Global leaders made strong commitments to tackle malnutrition at the 2012 World Health Assembly, and the new global goals are an extension of this ambition by committing to 'end all forms of malnutrition by 2030'.**
- ◆ **Additionally, the UK Government pledged to "improve nutrition for at least 50 million people, who would otherwise go hungry".**

## POLICY RECOMMENDATIONS

- 1** DFID must update its nutrition policy paper to reflect the evidence, momentum and potential to tackle malnutrition in all its forms, and to build upon their existing work on nutrition.

### ADDRESSING MALNUTRITION IN ALL ITS FORMS

#### ◆ SEPARATION OF STUNTING AND WASTING

Despite the fact that both wasting and stunting share many similar risk factors, including an increased risk of morbidity and mortality, and can even be present in the same child, they are often considered as distinct manifestations of malnutrition. However, 55 countries have overlapping burdens of stunting and wasting and multiple bouts of wasting can lead to stunting. Furthermore, wasting is considered a byproduct of crisis despite the fact that the majority of wasted children live outside the humanitarian context. Programmes designed to combat wasting are largely funded and implemented under the 'humanitarian' remit of DFID's CHASE (Conflict, Humanitarian and Security) Department, while stunting resides with the Development team. DFID's future nutrition policy must attempt to break these silos.

#### ◆ STANDALONE MICRONUTRIENT INTERVENTIONS

Micronutrient deficiencies affect around two billion people globally. The treatment of such deficiencies is proven to be among the most cost-effective and high impact development interventions. For example, a full course of oral rehydration salts with zinc, for the treatment of diarrhoea, costs less than US\$0.50. The 2014 review by the Independent Commission on Aid Impact (ICAI) found a number of key micronutrient interventions were not being effectively scaled up by DFID. Of seven DFID-funded nutrition-specific projects, none were distributing zinc or iron-folate supplements.

#### ◆ OBESITY IN DEVELOPING COUNTRIES

Obesity has more than doubled across the world since 1980 and around 41 million children are now overweight. Overnutrition can no longer be viewed as an issue of the developed world, as absolute numbers of overweight and obese children are higher in low middle income countries. What's more, issues of obesity and overweight often exist in tandem with undernutrition, and undernutrition in early life can set the stage for overweight and non-communicable diseases (NCDs) later in life.

- 2** The updated nutrition policy must reflect wasting as an 'everyday emergency' alongside stunting, and programmes must capitalise on the overlap in causes and outcomes of these manifestations.

- 3** DFID should explicitly incorporate wasting into its nutrition-related targets and should exercise greater cooperation and coordination between the CHASE and Development teams for the delivery of its work on malnutrition.

- 4** DFID should work towards supporting the delivery of full spectrum of proven micronutrient interventions, including previously neglected interventions such as zinc, ORS and iron-folate supplements.

- 5** DFID must take a clear position on overweight and obesity, identify and implement interventions that could benefit both under-and-overnutrition, and develop guidelines based on a 'do no harm' principle in countries where they are working.

### TACKLING THE IMMEDIATE CAUSES OF MALNUTRITION

#### ◆ LIMITED FUNDING FOR NUTRITION-SPECIFIC INTERVENTIONS

The funding needed to scale up essential nutrition interventions is around US\$9.6 billion per year. However, every dollar spent on scaling up nutrition specific interventions yields a return of at least US\$16 in better health and productivity. Evidence shows that scaling up 10 key nutrition-specific interventions to address the direct causes of malnutrition could save over 900,000 lives. However, nutrition-specific interventions make up only about 12.5% of DFID's nutrition-related aid, which equates to only 1% of their entire ODA budget. This is far too low – especially when you consider that less than 10% of the global need to tackle malnutrition is being met.



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## POLICY RECOMMENDATIONS

**6** DFID should address the immediate causes of malnutrition by delivering comprehensive packages of high impact, proven nutrition interventions to ensure the highest chance of improving beneficiaries' nutrition.

**7** DFID must urgently scale up its nutrition-specific work. The needs of countries receiving nutrition-related support must be reviewed, and, where appropriate, the number of countries receiving nutrition-specific aid should dramatically increase. At the same time DFID should at the very least double the overall proportion of its overall nutrition spending on nutrition-specific aid, relative to nutrition sensitive aid, from 12.5% to at least 25% by 2020.

### IMPROVING THE NUTRITION SENSITIVITY OF EXISTING PROGRAMMES

#### ◆ WORKING WITH OTHER SECTORS TO IMPROVE NUTRITION

Nutrition-specific interventions alone can only address part of the overall malnutrition crisis. Tackling malnutrition will require integrated and concerted efforts across a variety of nutrition sensitive sectors including, but not limited to agriculture, health, gender, education and water, sanitation and hygiene (WASH). For example, addressing 80% of stunting cases requires working with these other sectors to address the underlying causes of malnutrition.

In 2013 over half of DFID's nutrition-sensitive programmes were only 'partially' sensitive; meaning they only met one of their three essential criteria to be effective on nutrition. Programmes that meet all three nutrition criteria are classed as 'dominant' and are more likely to have a bigger impact on nutrition.

**8** To ensure that nutrition-sensitive programmes are having the biggest impact possible on malnutrition, DFID should continue to increase the proportion of their nutrition-sensitive 'dominant' work, so that this work makes up at least 75% of its nutrition-sensitive projects by 2020.

#### ◆ INTEGRATING NUTRITION AND REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH

Most pregnant women do not access nutrition services until they are around five months pregnant, and are therefore likely to spend a significant proportion of pregnancy malnourished. A malnourished woman is more likely to give birth to a malnourished child. Integrating nutrition into reproductive, maternal, newborn and child health (RMNCH) programmes improves the nutrition and health of women and promote positive birth outcomes. Moreover, strengthening early initiation and exclusive breastfeeding could not only avert 800,000 preventable child deaths, but could have serious benefits for maternal health and survival.

**9** To improve nutritional outcomes, DFID should better integrate nutrition within Reproductive, Maternal, New-born and Child Health policy and programmes. To measure impact, nutrition targets, objectives and indicators must be included in RMNCH.

### MEASURING THE UK'S IMPACT ON IMPROVING NUTRITION

#### ◆ MEASURING IMPACT

DFID has measured the impact of its nutrition programmes through the metric of 'reach' – defined as "the number of children under five, breastfeeding and pregnant women reached through DFID's nutrition-relevant projects." By 2015 DFID had reached 28.5 million beneficiaries through their nutrition related programmes. However, the utility of reach as a metric to assess coverage and quality of delivery is limited as it does not look at change in nutrition outcomes as a result of intervention, and also fails to distinguish between those treated once and those who have completed the full course of nutrition interventions.

**10** DFID must measure the impact of its nutrition-related projects beyond reach, and base them on specific, measurable, assignable, realistic, and time bound (SMART) indicators & baselines.

### IMPLEMENTING THE 'LEAVE NO-ONE BEHIND' PRINCIPLE

#### ◆ REACHING THE 'MISSING MIDDLE'

80% of the world's poor live in middle income countries (MICs). Five MICs – Brazil, China, India, Indonesia and Mexico, are home to 363 million hungry people. Achieving MIC status can lead to a decline in ODA, bringing new challenges that many countries are unequipped to deal with. To truly 'leave no one behind', policies and programmes cannot ignore the 'missing middle', vulnerable populations in these countries who do not to benefit from, or contribute to, the economic growth of their countries.

**11** DFID's policies must acknowledge the burden of malnutrition facing MICs and must actively influence multilaterals to ensure its programmes are effective in reaching and benefiting the most vulnerable populations in MICs.

#### ◆ TARGETING POPULATIONS MOST IN NEED

Only 28% of DFID's nutrition-related support goes to South and Central Asia, despite the fact that the majority of all moderately (69%) and severely (71%) wasted children live in Asia. Evidence shows that children from the poorest households are twice as likely to be stunted as those from the richest households, as are children in rural areas as opposed to those in urban areas. Adolescent girls have also been largely neglected in tackling malnutrition, but are a key demographic for improving the nutrition, health, and development across the lifecycle. To achieve success in tackling global malnutrition, efforts must focus on improving nutrition for vulnerable, neglected, and hard to reach populations such as the above.

**12** DFID should direct its interventions where the need is greatest, by ensuring that all nutrition-related programmes clearly demonstrate a context specific assessment of the most vulnerable and hardest to reach groups and introduce specific measures to reach them, irrespective of where they live.



## POLICY RECOMMENDATIONS

- 13** DFID's reporting should include disaggregated data on the impact of DFID's nutrition programmes on these vulnerable groups, to support the data revolution commitment in the SDG agenda.

### IMPROVING THE EVIDENCE BASE

#### ◆ ADDRESSING EVIDENCE GAPS

DFID has made a good contribution towards building the evidence base on nutrition, especially through its evidence papers and systematic reviews. However, significant gaps in evidence remain, including evidence base on how to achieve high levels of coverage with nutrition-specific interventions. There is a critical need to generate more evidence through trials and pilots on the ground, and document lessons learned. This requires DFID to be more flexible and allow for already implemented programmes to react to opportunities to document evidence as they emerge. DFID must also be more proactive in its efforts to build evidence for nutrition, by investing in pilot studies and scoping research to generate evidence to address emerging and longstanding challenges in delivering high impact nutrition outcomes.

- 14** DFID should continue to produce evidence papers and systematic reviews on nutrition to broaden the evidence base, particularly in areas where there remains critical evidence gaps, such as the best approaches to improving adolescent nutrition and the links between stunting and wasting.

- 15** DFID should reactively support efforts to bridge evidence gaps in nutrition by recognising opportunities to add research to programming funding and by allowing programmes to adapt once evidence-building opportunities have been identified. Evidence and lessons learned must be documented and, where possible, turned into reliable evidence for the future.

- 16** DFID should proactively support efforts to increase evidence by funding more trials to pilot programmes, which may develop new solutions to chronic barriers in delivering high impact nutrition outcomes.

### INTERNATIONAL LEADERSHIP

#### ◆ NEW FINANCIAL AND POLITICAL PLEDGES ARE NEEDED

The last five years have seen DFID take on an impressive and effective leadership role in the fight against malnutrition, through its support of the Scaling Up Nutrition movement, launching the first Nutrition for Growth (N4G) summit in London, and supporting the development of two Global Nutrition Reports. DFID has implemented proven interventions, meaningful policies, and governance reforms for nutrition. However, it is evident that

nutrition will continue to have a much greater role in international processes. The UK must play an active leadership role to ensure policy coherence and momentum at the international level, including at the upcoming N4G summit in Rio 2016. The UK must ensure this is an ambitious pledging moment that galvanizes progress on nutrition.

- 17** DFID should continue its leadership role for nutrition in key international processes and fora, including: the WHO and across the UN system, ensuring each are active & accountable for their role in nutrition; delivering its commitment to the effective delivery and implementation of the SDGs; the G7, ensuring accountability on its commitment to "lift 500 million people in developing countries out of hunger and malnutrition".

- 18** As a core partner within the International Nutrition for Growth (N4G) Committee, DFID should work with the Brazilian and Japanese governments and civil society to ensure that the N4G summits planned for Rio de Janeiro in 2016 and Japan in 2020, are ambitious, high level, celebrate progress, and provide an opportunity for financial and political commitments to be made.

### EFFECTIVE PARTNERSHIPS

#### ◆ WORKING EFFECTIVELY WITH THE PRIVATE SECTOR

The private sector has vast resources and strong influence over the manufacturing, distribution and marketing of nutritious foods. However, when working with the private sector DFID must enforce strong accountability mechanisms to ensure that partnerships with the sector effectively contribute to tackling malnutrition without conflicts of interest. DFID should also ensure that private sector partnerships have a detailed and realistic theory of change, coupled with a robust monitoring and evaluation mechanism to transparently measure progress and outcomes achieved.

- 19** DFID should actively explore ways to engage the private sector in reducing undernutrition, but in doing so must publish clear guidelines for partnering with the sector. These guidelines should include due diligence criteria, concrete theories of change and a clear 'do no harm' approach for private sector to abide by.

- 20** DFID must enter into partnerships based on alignment with achieving the SDGs, especially for those who are most marginalised and vulnerable. These include partnerships with civil society, contractors, multilaterals or the private sector.