



Independent
Commission
for Aid Impact

DFID's Contribution to Nutrition Terms of Reference

1. Introduction

1.1 The Independent Commission for Aid Impact (ICAI) is the independent body responsible for scrutinising UK aid. We focus on maximising the effectiveness of the UK aid budget for intended beneficiaries and on delivering value for money for UK taxpayers. We carry out independent reviews of aid programmes and of issues affecting the delivery of UK aid. We publish transparent, impartial and objective reports to provide evidence and clear recommendations to support UK Government decision-making and to strengthen the accountability of the aid programme. Our reports are written to be accessible to a general readership and we use a simple 'traffic light' system to report our judgement on each programme or topic we review.

1.2 With this review, we will assess whether DFID's programme of support to nutrition is strategic, coherent and likely to achieve the goals defined in the *Scaling Up Nutrition* position paper of September 2011.

1.3 These Terms of Reference outline the purpose and nature of the review and the main themes that it will investigate. A detailed methodology will be developed during the inception phase.

2. Background

Global Context

2.1 Under-nutrition is a major challenge to human development and to the future economic prosperity of developing countries. The United Nations Food and Agriculture Organisation (FAO) estimates that 842 million people, approximately 1 in 8 people globally, suffer from 'hunger' because they do not consume the food they need to lead an active life.¹ Another one billion people do not get enough vitamins and minerals. This can lead to complications such as child blindness caused by Vitamin A deficiency.² Under-nutrition affects future economic growth by inhibiting cognitive development in children, leading to lower educational attainment and reduced productivity.³

2.2 Figure 1 on page 2 outlines the categories of under-nutrition and their prevalence in developing countries. Children are particularly at risk from under-nutrition. UNICEF estimates that 1 in 4 children in developing countries are chronically malnourished and 1 in 12 children are acutely malnourished. Chronic under-nutrition results in 'stunting', which is where children are shorter than expected for their age.⁴ Acute malnutrition results in 'wasting', with children becoming dangerously thin. It is a life-threatening condition, which usually results from a sudden reduction in the diet or severe infection.

2.3 Under-nutrition is concentrated in Sub-Saharan Africa and South Asia. 80% of stunted children in the world live in just 14 countries in these two regions.⁵ South Asia has the highest rate of child under-nutrition in the world: India alone is home to 40% of the world's most malnourished children. Despite

¹ *State of Food Insecurity in the World*, United Nations Food and Agriculture Organisation, 2013.

<http://www.fao.org/docrep/018/i3434e/i3434e.pdf>.

² *Micronutrient deficiencies*, World Health Organisation (WHO), <http://www.who.int/nutrition/topics/vad/en/>.

³ *Under-nutrition cripples global economic growth and development*, Shane Starling, The Lancet, 2013,

<http://www.nutraingredients.com/Industry/The-Lancet-Undernutrition-cripples-global-economic-growth-and-development>.

⁴ Joint UNICEF – WHO – The World Bank Child Malnutrition Database: *Estimates for 2012 and Launch of Interactive Data Dashboards*.

<http://www.who.int/nutgrowthdb/estimates2012/en/index.html>.

⁵ India, Nigeria, Pakistan, China, Indonesia, Bangladesh, Ethiopia, DRC, Philippines, Tanzania, Egypt, Kenya, Uganda and Sudan. UNICEF. *Improving Child Nutrition*, 2013, page 9.

this, however, these countries have higher levels of economic development than most Sub-Saharan countries. This is referred to as the ‘South Asian Enigma’.⁶

Figure 1: Categories of childhood under-nutrition and prevalence in developing countries⁷

	Characteristic	Developing countries		Indicator*
		Proportion of children %	Number of children (millions)	
Chronic Malnutrition	Stunting (Children are too short for their age)	25	162	Low height for age
Acute malnutrition	Wasting (Children are dangerously thin for their height)	8	51	Low weight for height
Underweight	Underweight (Children weigh less than expected for their age)	15	99	Low weight for age - a composite of the other two indicators

* These indicators are measured statistically as being more than two standard deviations below the WHO Children Growth Standard.

2.4 Many countries will not achieve the first Millennium Development Goal (MDG) of eradicating poverty and hunger by 2015. There was some progress between 1990 and 2009, with the proportion of underweight children under the age of five in developing countries declining from 30% to 23%.⁸ Despite this, just over half of developing countries are unlikely to reach the targets set out in the MDG. Most of these are in Sub-Saharan Africa or South Asia.⁹

2.5 Under-nutrition is complex and has many causes. People can become undernourished either because they do not consume enough of the right food or because they are sick. Illness depresses the appetite and can affect the absorption of nutrients that the body needs to recover and grow. Many children are born underweight because their mothers are undernourished. In this way, poor nutrition can be passed between the generations. There is a strong body of evidence that the status of women, childcare practices, access to water and sanitation, access to basic health services and food insecurity all contribute to under-nutrition.¹⁰

2.6 Under-nutrition is associated with 45% of all child deaths globally. Children who are undernourished in early childhood are more susceptible to infections than healthy children and are less able to recover. This is a major reason why many countries – particularly in Sub-Saharan Africa – will not reach the fourth MDG on reducing child mortality.¹¹ In the long term, under-nutrition stunts growth and compromises brain development. For example, children with iron and iodine deficiencies underperform at school compared to their well-nourished peers.¹² Stunting and iron deficiencies caused by under-nutrition are also risk factors in pregnancy and contribute to high rates of maternal mortality.¹³

DFID’s nutrition programme

2.7 Until five years ago, few donors or national governments considered nutrition when setting priorities for development. This changed as a result of the sudden increase in global food prices in 2007-08, which severely affected poor people in developing countries. The FAO estimates that the jump in prices increased the number of hungry people – those consuming insufficient food to lead an

⁶ Guha-Khasnobis, B. and James, K., *Urbanization and the South Asian enigma: A case study of India*, World Institute for Development Economics Research, 2010 and *The South Asian food and nutrition security problem*, World Bank, 2013. See http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/0,,contentMDK:22826499~pagePK:146736~piPK:146830~theSitePK:223547_00.html.

⁷ Joint UNICEF – WHO – The World Bank Child Malnutrition Database: *Estimates for 2012 and Launch of Interactive Data Dashboards*, 2012, <http://www.who.int/nutgrowthdb/estimates2012/en/index.html>.

⁸ *The Millennium Development Goals Report*, United Nations, 2011.

⁹ See http://www.childinfo.org/under-nutrition_progress.html.

¹⁰ *The Neglected Crisis of Under-nutrition, Evidence for Action*, DFID, London, 2009.

¹¹ Black RE et al., *Maternal and child under nutrition and overweight in low- income and middle income countries*, Lancet Volume 382, 2013.

¹² *Tracking Progress on Child and Maternal Nutrition: a survival and development priority*, UNICEF, 2009.

¹³ Black RE et al., *Maternal and child under nutrition and overweight in low- income and middle income countries*, Lancet Volume 382, 2013.

active life – by 105 million to 1.02 billion.¹⁴ The World Bank concluded that this was largely due to governments and donors under-investing in food security and nutrition over the preceding 20 years.¹⁵

2.8 The hike in global food prices and increasing evidence on the extent and causes of under-nutrition resulted in three high-level international commitments to mobilise international financing to achieve global food and nutrition security.¹⁶ These were:

- the L'Aquila Food Security Initiative (AFSI), which was launched at the 2009 meeting of the G8 and resulted in donors mobilising \$22.4 billion for a three-year investment programme (2009-12) to increase agricultural production in developing countries. Investments were made in food production, agricultural marketing and infrastructure projects;¹⁷
- the New Alliance on Food Security and Nutrition, which was launched at the 2012 G8 meeting as a joint initiative of African leaders, the private sector and donors, including DFID, USAID and Canada. It aims to accelerate responsible public and private sector investment in African agriculture and lift 50 million people out of poverty by 2022. Over 70 companies, mostly from Africa, are expected to make new agricultural investments totalling \$3.8 billion in agriculture projects, while African governments have committed to improve their policies and invest in roads and other infrastructure with donor support;¹⁸ and
- the Scaling Up Nutrition (SUN) movement, which was launched by the UN Secretary General in September 2010, with the backing of global leaders. It aims to catalyse global action on under-nutrition in partnership with the developing countries most affected. It is a global movement of 45 countries, which aims to unite governments, civil society, businesses and citizens in a worldwide effort to end under-nutrition.¹⁹

2.9 DFID actively supported the establishment of these three initiatives. It has contributed a total of over £1.5 billion to them.²⁰ SUN is the main global initiative for tackling under-nutrition. The other two initiatives contribute to this goal but focus more on agricultural production and food security.

2.10 Before 2009, DFID placed relatively little emphasis on nutrition.²¹ A number of its projects included nutrition components but DFID did not have a specific nutrition programme or strategy. Since then, DFID has developed a comprehensive nutrition portfolio. In 2009, DFID published *The Neglected Crisis of Under-nutrition: Evidence for Action*, an evidence paper, which argued the case for investing in nutrition.²² This was followed by a position paper in 2011, *Scaling Up Nutrition*,²³ which outlined the actions DFID would take to tackle under-nutrition. DFID has also strengthened its own nutrition capacity by appointing nutrition advisers to work in the UK and some of its country offices.

2.11 The UK has played a leading role in mobilising the international community to tackle under-nutrition. In 2012, the Prime Minister held the Olympic Hunger Summit in London to focus global attention on hunger and nutrition. He also launched a special event on *Nutrition for Growth: Beating Hunger through Business and Science* prior to the 2013 UK G8 meeting.

2.12 The overall aim of DFID's nutrition programme (2011-15) is to reach²⁴ 20 million children under five years of age with nutrition programmes. This is in addition to those reached through humanitarian response. As set out in the *Scaling Up Nutrition* position paper, DFID aims to achieve this through:

- 1) **Nutrition-specific interventions**, which address the immediate causes of malnutrition. DFID's focus on these interventions is based on evidence showing that they deliver among

¹⁴ *State of Food Insecurity in the World*, United Nations Food and Agriculture Organisation, FAO, Rome, 2010.

¹⁵ *World Development Report: Agriculture for Development*, page 60, World Bank, Washington, D.C., 2008.

¹⁶ The food prices hike triggered the AFSI but was less important in the decisions concerning the New Alliance and SUN.

¹⁷ *L'Aquila Food Security Initiative, Final Report*, 2012, <http://www.state.gov/s/globalfoodsecurity/rls/rpt/laquila/index.htm>.

¹⁸ *Fact Sheet: G-8 Action on Food Security and Nutrition*, The White House, 18 May 2012, <http://www.whitehouse.gov/the-press-office/2012/05/18/fact-sheet-g-8-action-food-security-and-nutrition>.

¹⁹ SUN Movement website, <http://scalingupnutrition.org/>.

²⁰ DFID contributed £1.1 billion to AFSI, £375 million to the New Alliance and approximately £5 million to support coordination by the SUN Movement. DFID contributions to AFSI and the New Alliance included on-going and new investments.

²¹ Sumner, A. et al, *Greater DFID and EC Leadership on Chronic Malnutrition: Opportunities and Constraints*, Institute of Development Studies, 2007.

²² *The Neglected Crisis of Under-nutrition: Evidence for Action*, DFID, London, 2009.

²³ *Scaling Up Nutrition position paper*, DFID, 2011.

²⁴ DFID has defined 'reach' in an internal note. We will explore this concept in the context of examining DFID's theory of change for the programme.

the best value for money of all development interventions. In 2004, eminent economists, under the Copenhagen Consensus, ranked Vitamin A and zinc supplementation, salt iodisation and crop bio-fortification among the best development buys.²⁵ The 2008 Lancet series on Maternal and Child Under-nutrition²⁶ also showed that if 13 proven nutrition interventions are delivered together at scale, they could reduce stunting globally by one third and under-five mortality by 15%.

There is strong evidence supporting nutrition efforts during the 1,000 day window during pregnancy and the first two years of life. This evidence suggests that key interventions during this period include promotion and support of breastfeeding and complementary feeding, provision of appropriate micronutrient interventions for mothers and children and management of acute malnutrition.²⁷

It is also important to ensure the nutrition of adolescent girls. This is because more than 10 million girls under 18 years are married each year. Many of these adolescent girls are under-nourished and give birth to underweight children.²⁸ Maternal mortality rates for adolescent mothers are higher than for older women.²⁹ This puts any of their surviving children at greater risk.

DFID's nutrition programme is providing nutrition-specific interventions to adolescent girls, pregnant women and children under the age of five years. The DFID bilateral programme currently operates in 16 countries. Its largest investments are in Bangladesh, India, Pakistan, Ethiopia, Kenya, Nigeria, Zambia and Zimbabwe.

DFID estimates that it has committed £373 million to its current portfolio of nutrition-specific interventions. It consists of 82 different projects.

- 2) **Nutrition-sensitive interventions**, designed to address the underlying causes of under-nutrition, such as poverty and access to safe drinking water. These do not include nutrition-specific activities. Such programmes may hold the key to reducing under-nutrition for the 80% of stunting not addressed with nutrition-specific interventions.³⁰ These interventions include cash transfers to the poorest and most vulnerable people, agriculture, health, gender empowerment and water, sanitation and hygiene promotion. There is limited evidence on which of these are the most effective interventions.

In December 2013, donors in the SUN Movement agreed a method for tracking resources for nutrition-sensitive programmes. DFID will now review its entire portfolio to estimate its expenditure on nutrition-sensitive programmes. This will probably take place in early 2014.

- 3) **Encouraging the international community to tackle under-nutrition in partnership with developing country governments.** DFID actively supported the development of the three global initiatives mentioned in paragraph 2.8 – AFSI, the New Alliance and SUN – including by providing financial support through on-going and new projects. It also works with multilateral institutions, such as the World Bank and European Union, to help them to respond more effectively to the challenges of under-nutrition. DFID currently focusses its support on:
 - the New Alliance and the SUN movement (see paragraph 2.8, on page 3); and
 - United Nations agencies mandated to address under-nutrition, including UNICEF, the FAO, the World Health Organisation (WHO) and the World Food Programme (WFP).
- 4) **Generating the evidence for action**, by synthesising existing research findings and undertaking new research. In this way, DFID aims to identify new approaches to tackling under-nutrition, which can be scaled up. For example, DFID has commissioned research on the nutritional impacts of scaling up cash transfers, community-based treatment for severe

²⁵ Behrman, JR et al, *Copenhagen Consensus - challenges and opportunities: Hunger and malnutrition*, 2004. The analysis was redone in 2012. See <http://copenhagenconsensus.com/projects/copenhagen-consensus-2012/outcome>.

²⁶ Bhutta, Z.A, et al, 2008, *What works? Interventions for maternal and child under-nutrition and survival*, The Lancet, Volume 371, Issue 9610, pages 417-440.

²⁷ *Executive Summary, Maternal and Child Nutrition Series*, The Lancet, Volume 382, August 2013.

²⁸ *Executive Summary, Maternal and Child Nutrition Series*, The Lancet, Volume 382, August 2013.

²⁹ Maternal mortality, World Health Organisation, 2012, <http://www.who.int/mediacentre/factsheets/fs348/en/>.

³⁰ Lancet series on *Maternal and Child Under-nutrition*, 2013. <http://download.thelancet.com/flatcontentassets/pdfs/nutrition-eng.pdf>.

acute malnutrition and improved water and sanitation. This research is being done in India, Nepal and Zimbabwe.

2.13 DFID released a new health position paper called *Delivering Health Results*³¹ in July 2013. It states that UK aid will reach 20 million with nutrition-related interventions.³² It also confirms the other commitments made in the 2011 *Scaling Up Nutrition* position paper. DFID will seek to scale up nutrition-specific interventions through strengthening health systems to deliver an integrated package of care and through working with the private sector.

3. Purpose of this review

3.1 To examine whether DFID's support to nutrition through bilateral and multilateral programming is strategic and coherent and is achieving or is on track to achieve meaningful results for its intended beneficiaries.

4. Relationship to other evaluations and studies

4.1 Each of the global initiatives and multilateral organisations produces its own reviews and evaluations. We will consult especially those of SUN, UNICEF, the WFP, the FAO and the World Bank. We will also consult the International Development Committee (IDC) report on global food security³³ and UK Government reports, such as the *Foresight Report on the Future of Food and Farming*.³⁴ We will also use the 2009 UNICEF report *Tracking Progress on Child and Maternal Nutrition: a survival and development priority*.³⁵

4.2 Additionally, we will review the latest research evidence from the Lancet, the International Food Policy Research Institute (IFPRI) and others on the efficacy of different nutrition-specific and nutrition-sensitive interventions.

4.3 Since DFID did only limited work on nutrition before 2009, there are not likely to be many impact evaluations available of DFID's projects. In view of this, we will examine annual review reports and any interim evaluations. We will also review any available evidence on the nutritional impact of earlier investments in health, agriculture and other sectors by DFID and its partners.

4.4 Relevant ICAI reviews include: *DFID's Health Programmes in Burma*;³⁶ *DFID's work with UNICEF*;³⁷ *DFID's Bilateral Aid to Pakistan*;³⁸ *DFID's Humanitarian Emergency Response in the Horn of Africa*;³⁹ *DFID's Support for Health and Education in India*;⁴⁰ *DFID's Support to the Health Sector in Zimbabwe*;⁴¹ *DFID's Support for Agricultural Research*;⁴² and the forthcoming report on DFID's contributions to the reduction of child mortality in Kenya.

4.5 ICAI has recently reviewed DFID's work on agricultural research and on child mortality. Our review will examine the links between DFID's nutrition programme and its work in these other two areas. We will minimise any duplication with these reviews by focussing only on those programmes which explicitly aim to achieve nutritional outcomes.

³¹ Health position paper: *Delivering health results*, DFID, 2013, <https://www.gov.uk/government/publications/health-position-paper-delivering-health-results>.

³² See footnote 4, page 3.

³³ *Global Food Security*, House of Commons International Development Committee, First Report of Session 2013-14, June 2013, <http://www.publications.parliament.uk/pa/cm201314/cmselect/cmintdev/176/176.pdf>.

³⁴ *Foresight Report: Future of Food and Farming: Challenges and choices for global sustainability*, Government Office for Science, 2011, <http://www.bis.gov.uk/assets/foresight/docs/food-and-farming/11-546-future-of-food-and-farming-report.pdf>.

³⁵ *Tracking Progress on Child and Maternal Nutrition: a survival and development priority*, UNICEF, 2009, http://www.unicef.org/publications/index_51656.html.

³⁶ *DFID's Health Programmes in Burma*, ICAI, 2013, <http://icai.independent.gov.uk/wp-content/uploads/2010/11/16-July-2014-ICAI-Burma-Health-Report-FINAL.pdf>.

³⁷ *DFID's work with UNICEF*, ICAI, 2013, <http://icai.independent.gov.uk/wp-content/uploads/2010/11/ICAI-report-DFIDs-work-with-UNICEF.pdf>.

³⁸ *DFID's Bilateral Aid to Pakistan*, ICAI, 2012, http://icai.independent.gov.uk/wp-content/uploads/2011/11/ICAI-Pakistan-Report_P1.pdf.

³⁹ *DFID's Humanitarian Emergency Response in the Horn of Africa*, ICAI, 2012, <http://icai.independent.gov.uk/wp-content/uploads/2010/11/ICAI-report-FINAL-DFIDs-humanitarian-emergency-response-in-the-Horn-of-Africa11.pdf>.

⁴⁰ *DFID's support for Health and Education in India*, ICAI, 2012, <http://icai.independent.gov.uk/wp-content/uploads/2010/11/ICAI-Evaluation-of-DFIDs-Support-for-Health-and-Education-in-India-Final-Report.pdf>.

⁴¹ *DFID's support to the Health sector in Zimbabwe*, ICAI, 2011, <http://icai.independent.gov.uk/wp-content/uploads/2010/11/DFIDs-Support-to-the-Health-Sector-in-Zimbabwe.pdf>.

⁴² *DFID's support to Agricultural Research*, ICAI, 2013, <http://icai.independent.gov.uk/wp-content/uploads/2013/12/ICAI-Agricultural-Research-report-FINAL.pdf>.

4.6 The 2013 IDC report on global food security noted that, although DFID works bilaterally in 29 countries, it only has bilateral nutrition programmes in 16 countries. It recommended that DFID should launch additional bilateral nutrition programmes in the other SUN countries where it has a bilateral presence, with a particular focus on nutrition during pregnancy and early years. We will review how DFID has responded to this recommendation, in liaison with the IDC.

5. Analytical approach

5.1 This ICAI review provides an opportunity to assess the coherence of a range of interventions that DFID undertakes across a range of sectors, in order to achieve its goal of reaching⁴³ 20 million under-five children by 2015. These interventions are implemented directly and through multilateral channels.

5.2 During the review we will:

- assess the coherence of DFID's nutrition work by focussing in detail on all its nutrition programmes in two selected countries. These will be countries where DFID reports it has been especially innovative or has had greatest impact. We will include DFID's bilateral programmes, the nutrition work of multilateral agencies receiving core funding from DFID and completed or on-going research projects designed to generate evidence of the effectiveness of different interventions;⁴⁴
- assess the effectiveness of DFID's efforts to encourage the international community to step up efforts to tackle under-nutrition in partnership with developing country governments through the SUN Movement;
- review the research evidence on the most effective ways to reduce under-nutrition and assess whether DFID's approach, theories of change, priorities and financial allocations are consistent with this evidence; and
- review:
 - how funds are apportioned and how these programmes are related and co-ordinated;
 - the application of DFID procedures and guidance governing project identification, management of activities, risk management, monitoring, evaluation and learning; and
 - evidence of beneficiary involvement and impact.

5.3 The review will focus on five core questions:

- Are the DFID-funded approaches to nutrition coherent in their support of the strategic objective of reaching 20 million children under five?
- Is the pace at which DFID is implementing its nutrition programme reasonable given the level of funding and high priority DFID gives to the work?
- Are activities managed so as to maximise effectiveness for intended beneficiaries and value for money for UK taxpayers?
- How effectively is DFID working through multilateral agencies as a key pillar of its approach and how effectively are the multilateral partners delivering; and measuring and reporting on results?
- How well co-ordinated are the four components of DFID's nutrition programme (nutrition-specific interventions, nutrition-sensitive interventions, influencing the international agenda and research and evidence) globally and in country programmes? Is the programme well harmonised with the programmes of other development organisations and developing country

⁴³ See footnote 24 on page 3.

⁴⁴ Humanitarian emergency programmes, designed to keep people alive during crises (e.g. conflicts and droughts) will not be covered by the review. We will, however, focus on related activities, which aim to build the resilience of communities to cope with crises. ICAI has recently reviewed DFID's *Humanitarian Emergency Response in the Horn of Africa*, <http://icai.independent.gov.uk/wp-content/uploads/2010/11/ICAI-report-FINAL-DFIDs-humanitarian-emergency-response-in-the-Horn-of-Africa11.pdf>.

governments? Were the different components of DFID's programme designed to complement each other and does DFID use its influence effectively to influence this globally?

6. Indicative assessment questions

6.1 This review will use as its basis the standard ICAI guiding criteria and assessment framework, which are focussed on four areas: objectives, delivery, impact and learning. A detailed methodology will be developed during the inception phase. Likely questions will include:

6.2 Objectives

- 6.2.1 Does the programme have clear, relevant and realistic objectives that focus on the desired outcomes and impact?
- 6.2.2 Is the programme based on both sound evidence and credible assumptions as to how its activities will lead to the desired outcomes and impact (a 'theory of change')?
- 6.2.3 Is the programme responsive to intended beneficiary needs and to the context? Are beneficiaries involved in all stages of the programme from design to evaluation?
- 6.2.4 Is the pace at which DFID is implementing its nutrition programme reasonable given the level of funding and high priority DFID gives to the work?
- 6.2.5 Does the programme complement the efforts of government and other aid providers and avoid duplication?

6.3 Delivery

- 6.3.1 Does the roll out of the programme actively involve intended beneficiaries and take their needs into account?
- 6.3.2 Is there good governance at all levels, with sound financial management and adequate measures to avoid corruption?
- 6.3.3 Does the programme work holistically alongside other international partners and programmes? Does it influence the effectiveness of these programmes and partners?
- 6.3.4 Do the delivery systems for the programmes operate in a cost-effective and efficient manner? How do bilateral and multilateral channels compare with regard to value for money?
- 6.3.5 How much do the delivery systems used engage with local implementing partners to reinforce sustainability and ownership?

6.4 Impact

- 6.4.1 Are there appropriate arrangements for monitoring inputs, processes, outputs, results and impact? Are the views of intended beneficiaries taken into account?
- 6.4.2 Are the programmes delivering against their planned results? How do different delivery channels compare in this regard?
- 6.4.3 Is the programme maximising impact for the intended beneficiaries including women, adolescents and girls?
- 6.4.4 Are the results and impact of the programme likely to be sustained?

6.5 Learning

- 6.5.1 Do all programmes, where appropriate, include an evaluation plan, have they been implemented and have lessons been incorporated in the programme?
- 6.5.2 Does the DFID programme recognise the complex and multidimensional causes of under-nutrition? Is it linked effectively to other leading initiatives (e.g., water and sanitation)?
- 6.5.3 Is there evidence of innovation and use of global best practice?

- 6.5.4 Is there anything currently not being done in respect of the programme that should be undertaken?
- 6.5.5 Is there transparency and accountability to intended beneficiaries, donors and UK taxpayers and is there learning from their feedback?
- 6.5.6 Have lessons about the objectives, design and delivery of the programmes been learned and shared effectively across DFID, its partners and more widely?

7. Methodology

7.1 The review will involve a number of elements, including:

Desk review

- a review of literature at the global level to include:
 - evidence on theories of change, approaches and best practice for reducing under-nutrition;
 - a review of the policies and strategies of major multilateral organisations and global initiatives working in this area;
 - a review of documentation on DFID's approach to under-nutrition; and
 - a review of the DFID portfolio for nutrition business cases, annual reviews and value for money frameworks.
- a review of literature at the country level, in two countries, to include:
 - country data on progress towards MDG1;
 - government policies, strategies and financial allocations on nutrition; and
 - relevant beneficiary studies and evaluations.
- a review of DFID's contributions to global initiatives and multilateral organisations working in the two countries, to reduce under-nutrition, to include:
 - a mapping of DFID's financial allocations; and
 - a review of spending patterns and types of activities and whether they indicate strategic use of resources.

Preliminary interviews

- Interviews with:
 - DFID staff and consultants who worked on the design, implementation, monitoring and evaluation of the Scaling Up Nutrition portfolio;
 - relevant partners and multilaterals (either visit, telephone conference or video conference); and
 - third-party experts in the UK and overseas (mainly by telephone conference).

In-country reviews

- Interviews with:
 - DFID in-country staff and consultants, who worked on the design, implementation, monitoring and evaluation of the Scaling Up Nutrition portfolio;
 - government officials, third-party experts, civil society and private sector representatives;
 - staff of partner organisations implementing DFID bilateral or multilateral projects; and
 - intended beneficiaries of the programme (e.g. mothers of under-five children) and other local stakeholders.

Beneficiary Survey

In the two focus countries, the review team will work with local researchers to assess whether project interventions have achieved or are likely to achieve meaningful results for their intended beneficiaries. The review team will also visit randomly selected villages and conduct focus group discussions and interviews with key individuals at each location. The team will also interview government public health, agriculture and other officials.

Analysis of results and value for money

The team will carry out an analysis of available research and evaluation evidence and programme results (e.g. increased number of children being fed; reduction in numbers of children undernourished) to attempt to assess the cost effectiveness of different interventions.

8. Timing and deliverables

8.1 The review will be overseen by Commissioners and implemented by a small team from ICAI's consortium. The lead Commissioner will be Mark Foster.

8.2 The review will start in January 2014 with a final report available in June 2014.