

A close-up photograph of a woman wearing a blue and red patterned headscarf and a yellow garment. She is holding a small green packet to the mouth of a young child who is drinking from it. The lighting is dramatic, highlighting the textures of the clothing and the focus on the feeding act.

INCREASING THE UK'S CONTRIBUTION TO **TACKLING** **MALNUTRITION**

REVIEW & RECOMMENDATIONS



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CONTENTS

1	INTRODUCTION	05
2	SUMMARY OF RECOMMENDATIONS	06
3	DFID'S CURRENT APPROACH TO MALNUTRITION	09
4	OPPORTUNITY FOR RENEWED ACTION	10
4.1	Evidence	10
4.2	Momentum	10
4.3	Financing	11
4.4	New Commitments By The UK Government	11
5	RECOMMENDATIONS FOR NUTRITION PRIORITIES	12
5.1	Addressing Malnutrition In All Its Forms	12
	Breaking The Silos Between Stunting And Wasting	12
	Micronutrient Deficiencies	12
	Overweight And Obesity	13
5.2	Tackling The Immediate Causes Of Malnutrition	14
5.3	Improving The Nutrition Sensitivity Of Existing Programmes	15
	Scaling Up DFID's Nutrition-Sensitive Dominant Portfolio	15
	Reproductive, Maternal, Newborn And Child Health	15
5.4	Measuring Impact On Improving Nutrition	17
5.5	Implementing The 'Leave No One Behind' Principle	17
	Reaching The 'Missing Middle'	17
	Where There Is The Greatest Need	18
	Reaching The Most Vulnerable And Hardest To Reach	18
5.6	Building The Evidence Base	19
	Evidence Papers	19
	Learning Lessons On The Ground	19
5.7	Leadership In International Processes	20
5.8	Effective Partnerships	21
	ENDNOTES	22

ACRONYMS

CFS	Committee on World Food Security
CHASE	Conflict, Humanitarian and Security Department
CIFF	Children's Investment Fund Foundation
CMAM	Community based Management of Acute Malnutrition
DFID	Department for International Development
FAO	Food and Agriculture Organisation
GDP	Gross Domestic Product
GNI	Gross National Income
HIC	High Income Countries
ICAI	Independent Commission on Aid Impact
ICCM	Integrated Community Case Management
LIC	Low Income Countries
LMIC	Low Middle Income Countries
MIC	Middle Income Countries
N4G	Nutrition for Growth
NCD	Non Communicable Disease
ODA	Overseas Development Assistance
ORS	Oral Rehydration Salts
RMNCH	Reproductive, Maternal and New-born Child Health
SAM	Severe Acute Malnutrition
SD	Standard Deviations
SDGs	Sustainable Development Goals
SUN	Scaling Up Nutrition
WHA	World Health Assembly
WHO	World Health Organisation
YLD	Years Lived with Disability
WASH	Water, Sanitation and Hygiene

DEFINITIONS OF MALNUTRITION

Chronic hunger is when a person's usual food consumption is below the required energy (calories) needed to live a healthy and productive life. It can cause a long-term feeling of discomfort, illness, weakness or pain due to prolonged involuntary lack of food.

Stunting also known as chronic malnutrition. A more gradual form of malnutrition characterised by impaired physical growth and brain development – when a child's height-for-age is too low (more than two standard deviations (SD) below the mean). Stunting is the cumulative effect of long term deficits in nutritious food intake, poor caring practices and illness. Stunting is often permanent and irreversible after the age of two.

Wasting also known as acute malnutrition. Characterised by a rapid and significant loss in weight – when a child's weight-for-height is too low (more than two SD below the mean). Wasting is usually due to a recent shock, such as lack of calories and nutrients and/or illness, and a leading cause of child mortality. In fact, children who are severely wasted are up to nine times more likely to die.

Micronutrient deficiencies also known as 'hidden hunger'. Occur when a person is deficient in at least one or more essential vitamins and minerals. This is often caused by a lack of access or consumption of micronutrient rich foods, or where the body is unable to absorb and utilise micronutrients because of an underlying illness. Micronutrient malnutrition can compromise growth, immune function, brain development, and reproductive and work capacity.

Overweight & obesity are forms of overnutrition, where a child's weight-for-height is too high (more than two SD above the mean). Childhood obesity is associated with a higher probability of obesity in adulthood, which can lead to a variety of disabilities and diseases, such as diabetes and cardiovascular diseases.

1 INTRODUCTION

Never before has the world been in a stronger position to end malnutrition. In developing the Sustainable Development Goals (SDGs), global leaders committed to end malnutrition in all its forms by 2030. The UK Government, as part of its contribution to the achievement of these goals, has pledged to improve the nutrition of 50 million people between 2015 and 2020. For this pledge to be successful, the UK must have strong policies and programmes that put the nutritional needs of women and children first.

The Department for International Development (DFID), which leads the UK's work to end hunger and extreme poverty, has acknowledged the importance of nutrition in overall development and made critical contributions to the malnutrition crisis. This is reflected in its 2011 nutrition position paper *Scaling Up Nutrition*, which has guided DFID's priorities over the period 2011-2015. As the department embarks on a review of its strategic priorities, Action Against Hunger, Concern Worldwide and RESULTS UK recommend that they refresh *Scaling Up Nutrition*. This report aims to capture the contributions made by DFID in tackling global malnutrition and makes recommendations to shape future programmes and priorities for improved impact.



2 SUMMARY OF 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

- 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 in its nutrition-related targets and should exercise greater cooperation and coordination between its Conflict, Humanitarian and Security (CHASE) Department and Development teams for the delivery of its work on malnutrition.
- 4 Informed by the context and need of beneficiaries, DFID should work towards supporting the delivery of a full spectrum of proven micronutrient interventions, including previously neglected interventions such as zinc, oral rehydration salts (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

- 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 nutrition spending on nutrition-specific aid, relative to nutrition sensitive aid, from 12.5% to at least 25% by 2020.

ADDRESSING THE UNDERLYING CAUSES OF MALNUTRITION

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

MEASURING IMPACT ON IMPROVING NUTRITION

- 10 DFID must measure the impact of nutrition-related project it funds beyond reach, and base them on specific, measurable, assignable, and time bound (SMART) indicators and baselines.

IMPLEMENTING THE 'LEAVE NO ONE BEHIND' PRINCIPLE

- 11 DFID's policies must acknowledge the burden of malnutrition facing Middle Income Countries (MICs) and must actively influence multilaterals to ensure its programmes are effective in reaching and benefiting the most vulnerable populations in MICs.
- 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.
- 13 DFID's reporting should include disaggregated data on the impact of DFID's nutrition programmes on vulnerable groups, to support the data revolution commitment in the Sustainable Development agenda.

BUILDING THE EVIDENCE BASE

- 14 DFID should continue to produce evidence papers and systematic reviews on nutrition to broaden the evidence base, particularly in areas where there remain critical evidence gaps, such as the best approaches to improve 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.

LEADERSHIP IN INTERNATIONAL PROCESSES

- 17 DFID should continue its leadership role for nutrition in key international processes and fora, including: in the WHO and across the UN system, ensuring each are active and accountable for their role in nutrition; delivering its commitment to the effective delivery and implementation of the SDGs; in 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 Committee, DFID should work with the Brazilian and Japanese governments and civil society to ensure that the Nutrition for Growth (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

- 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.



3 DFID'S CURRENT APPROACH TO MALNUTRITION

DFID's 2011 position paper *Scaling Up Nutrition* was the department's second principled guide to action on nutrition, with a strong focus on tackling undernutrition. Developed to plan DFID's nutrition activities and priorities over a five year period, 2011-2015, the paper sets out details of how DFID's nutrition-related programmes would meet the needs of those most affected by the burden of malnutrition. DFID set out to tackle malnutrition by reaching 20 million children under five years of age with nutrition interventions through their aid programmes.

This fell under four main objectives. The first aimed to increase coverage of nutrition-specific programmes by scaling up 13 evidence-based, high impact interventions to address the immediate causes of malnutrition among women, children and adolescent girls, as identified in the *2008 Lancet Series on Maternal and Child Undernutrition*. These interventions include improving infant and young child feeding practices, micronutrient fortification and supplementation, and the management of severe acute malnutrition (SAM), among others.

The second aimed to leverage more nutrition outcomes from nutrition-sensitive programmes. To achieve this, DFID set out to adjust and redesign programmes across sectors such as agriculture, health, social welfare, gender empowerment, and water, sanitation and hygiene (WASH), which indirectly impact on nutrition.

The third aimed to generate new solutions to malnutrition by expanding the evidence base in areas where evidence was weaker, such as tackling adolescent malnutrition. This was to be achieved by commissioning research and coordinating with others on their research investments.

Finally, the fourth objective was to promote a more effective international response by: responding to country priorities; supporting the delivery of results at a much greater scale through partnering with private sector and through investing in multilateral institutions; sustaining political engagement in this neglected issue and; addressing the key weaknesses of the global food system.

4 OPPORTUNITY FOR RENEWED ACTION

The evidence, momentum and potential for tackling malnutrition has progressed significantly since DFID released *Scaling Up Nutrition*. In light of this progress, we recommend that DFID update this nutrition position paper to reflect changes and build upon its existing work.

4.1 EVIDENCE

The world is making promising progress in the fight against malnutrition – the number of stunted and wasted children has fallen by 40 million and eight million respectively in the last 15 years. Nevertheless, the scale of the problem is unacceptably high. Some 795 million people remain chronically hungryⁱ, 159 million children under five are stunted, 50 million children are wasted, over two billion people suffer from micronutrient deficiencies and a further two billion are overweight or obese [see page 4 for definitions]ⁱⁱ.

One in three people are now affected by at least one form of malnutrition in almost every country in the world, and in a number of countries only a minority of children are growing healthilyⁱⁱⁱ. This is worrying given the devastating impact malnutrition can have on current and future generations:

- ◆ Nearly half (45%) of all child deaths are either directly or indirectly related to malnutrition^{iv}.
- ◆ Malnutrition in the first 1,000 days of life can inhibit children from reaching their full potential as they develop by permanently impairing their physical and mental development. For example, malnourished children on average are 20% less able to read and more likely to suffer from chronic health problems.
- ◆ Malnutrition damages the economic potential of individuals and countries. Malnourished children earn up to 20% less in adulthood and countries in sub-Saharan-Africa and Asia can lose up to 11% of their GDP^v. At the global level, by the time today's children reach adulthood, malnutrition could cost the world's economy US\$125 billion^{vi}.
- ◆ Malnutrition is often generational. A malnourished woman is more likely to give birth to a malnourished child. This ultimately perpetuates the cycle of malnutrition, poor health, poverty and inequality in future generations.

4.2 MOMENTUM

Momentum is critical for creating an enabling environment to lock in existing commitments to improving nutrition, and to build on these for sustained commitments. The momentum to tackle malnutrition has never been greater, consider the following:

- ◆ In the last few years the Scaling Up Nutrition (SUN) movement, which has been pivotal in providing political momentum and coordinated support on nutrition, has seen its membership grow from 19 countries in 2011^{vii} to 55 in 2015^{viii}.
- ◆ In 2012, at the World Health Assembly (WHA), WHO Member States unanimously endorsed six global nutrition targets to improve maternal, infant and young child nutrition, including to reduce stunting, wasting, anaemia, low birth weight, childhood overweight and improve exclusive breastfeeding^{ix}.
- ◆ In 2013, the UK Government co-hosted the world's first international Nutrition for Growth (N4G) Summit. The summit brought together stakeholders – donors, governments, private sector, civil society – to commit to improve nutrition for 500 million pregnant women and children under two, prevent 20 million children

from being stunted and save 1.7 million lives by 2020. Financial pledges to tackle malnutrition totalled £2.7 billion for nutrition-specific, and a further £12.5 billion for nutrition-sensitive, investments^x. In 2016, alongside the Summer Olympics in Rio de Janeiro, the Brazilian Government will host the second N4G summit to take stock of progress made since 2013 and to mobilise much needed resources to bridge the funding gap for nutrition, guide policies and establish monitoring processes. In 2020 the Japanese Government will host the third N4G summit, providing a great opportunity to review progress against N4G targets and to establish what more is needed to achieve international nutrition targets.

- ◆ Most recently the SDGs were adopted by 193 UN Member States, as successors to the Millennium Development Goals (MDGs). This included, for the first time ever, a target to “end all forms of malnutrition” by 2030^{xi}.

4.3 FINANCING

We now have a greater understanding of what it will cost to ensure that those in need have the nutrition required to thrive. The *2013 Lancet Series on Maternal and Child Undernutrition* estimated that it would cost US\$9.6 billion per year to address the immediate causes of malnutrition. A recent costing analysis, led by the World Bank, has established that it will cost approximately US\$8.50 per child per year to achieve the World Health Assembly (WHA) target on stunting – a 40% reduction in stunting by 2025^{xii}. This exercise is ongoing for other WHA targets, with the cost of wasting and breastfeeding to be published in early 2016.

GLOBALLY, FUNDING FOR BASIC NUTRITION IS ON THE RISE:

- ◆ In 2014 the UK became the first G7 country to keep its commitment of meeting the UN's target of 0.7% Gross National Income (GNI) spending on aid. This elevated DFID's overall aid budget from £8.8 billion in 2012 to £11.4 billion in 2013 – representing a 30.5% growth. This overall increase should also reflect in sustained increases for official development assistance (ODA) allocation to nutrition.
- ◆ Global ODA for nutrition-specific interventions has increased from 0.4% of the total ODA budget in 2011 to just around 1% in 2013.
- ◆ Donor disbursements on nutrition-specific interventions nearly doubled between 2012 and 2013 – from US\$0.56 billion to US\$0.94 billion^{xiii}. Things are moving in the right direction, but this still represents an enormous gap between resources and need.

4.4 NEW COMMITMENTS BY THE UK GOVERNMENT

DFID aimed to reach 20 million pregnant women and children under five with nutrition interventions during from 2011 to 2015. This impact target is due to expire in line with the MDG deadline. As we enter the Post-2015 SDGs era, DFID must ensure that its nutrition policies and investments are aligned with the new set of global goals, particularly with the Goal 2 to 'End hunger, achieve food security and improved nutrition and promote sustainable agriculture', but also in recognition that the Conservative party pledged in their manifesto that the UK Government would “improve nutrition for at least 50 million people, who would otherwise go hungry^{xiv}.” DFID should develop a new position paper that clearly sets out how it intends to achieve this improvement in nutrition, and establish outcome measures to track progress for nutrition across nutrition-specific and -sensitive sectors.

5 RECOMMENDATIONS FOR NUTRITION PRIORITIES

5.1 ADDRESSING MALNUTRITION IN ALL ITS FORMS

DFID's 2011 nutrition position paper was a strong principled guide to action on stunting. However, given the new global commitment to "end all forms of malnutrition" by 2030, it is vital that DFID develops a more effective and optimised approach to malnutrition that should address stunting, wasting, micronutrient deficiencies and acknowledge the growing overweight and obesity burden.

BREAKING THE SILOS BETWEEN 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 commonly considered relatively distinct manifestations of malnutrition that contribute separately to mortality and the burden of disease.

Studies have shown that linear growth can only take place when the body has minimum energy reserves. Since wasting depletes the body of its energy reserves, multiple bouts of wasting negatively affect linear growth and, therefore, undermine child growth and development^{xv}. Wasting and stunting are not mutually exclusive, in fact 55 countries have overlapping burdens of stunting and wasting and/or another form of malnutrition^{xvi}.

DFID's current nutrition policy reflects a clear divide between wasting and stunting. Wasting continues to "remain a strong focus of DFID's humanitarian response, especially in fragile states^{xvii}." However, the majority of wasted children live outside of the humanitarian context, which is more commonly associated with high levels of wasting and is where treatment programmes are traditionally focused^{xviii}. Due to this misconception, 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.

Recommendations

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- ◆ 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.
-
- ◆ DFID should explicitly incorporate wasting in its nutrition-related targets and should exercise greater cooperation and coordination between its Conflict, Humanitarian and Security (CHASE) Department and Development teams for the delivery of its work on malnutrition.

MICRONUTRIENT DEFICIENCIES

The widespread prevalence of micronutrient deficiencies, which affect around two billion people globally, requires urgent attention. These deficiencies are both preventable and treatable and have been proven to be among the most cost-effective and high impact development interventions^{xix}. This evidence benefits DFID's nutrition-specific projects, and supports prevention and treatment regimens that target a broad range of micronutrient deficiencies. DFID is performing

well at scaling up a number of micronutrient interventions, particularly in regards to Vitamin A supplementation. However, a recent review by the Independent Commission on Aid Impact (ICAI) found a number of key micronutrient interventions were not being effectively scaled up.

Out of the seven DFID-funded nutrition-specific projects recently analysed by ICAI, none were found to be distributing or utilising zinc or iron-folate supplements, yet iron deficiency anaemia is among the top three causes of Years Lived with Disability (YLD) according to a recent report by the Global Burden of Disease^{xx}. Preventative zinc and oral rehydration salts (ORS) in particular could avert millions of preventable child deaths and cases of malnutrition. A systematic review estimated that universal coverage with ORS would reduce diarrhoea-related deaths by 94%, while another review estimated that, in zinc deficient populations, zinc treatment reduces diarrhoea-related deaths by 23%. Yet only about 30% of children with diarrhoea in high burden countries receive ORS, and less than 1% receives ORS plus zinc. Despite being one of the most cost-effective nutrition interventions, at less than US\$0.50 for a full course of zinc and ORS treatment, the use of ORS has stagnated globally since 1995^{xxi}. This is in large part due to a combination of low paternal awareness of ORS for treatment, lack of private sector incentives to deliver and limited access to zinc.

Recommendation

- ◆ Informed by the context and need of beneficiaries, DFID should work towards supporting the delivery of a full spectrum of proven micronutrient interventions, including previously neglected interventions such as zinc, ORS and iron-folate supplements.

OVERWEIGHT AND OBESITY

Obesity has more than doubled across the world since 1980 and around 41 million children are overweight^{xxii}. While prevalence rates are higher in high income countries (HICs), absolute numbers of overweight and obese children are higher in low middle income countries (LMICs). In 2012 the world committed to ensure no increase in the rate of overweight children^{xxiii} however, the number has grown by 10 million in the last 25 years^{xxiv}. The 2015 Global Nutrition Report shows that in all but one country the prevalence of adult overweight and obesity are increasing^{xxv}. While DFID's current position paper understandably focused on tackling undernutrition, overnutrition can no longer be neglected as an emerging challenge in health and development.

Issues of obesity and overweight often exist in tandem with undernutrition, and evidence shows that undernutrition in early life sets the stage for overweight and non-communicable diseases (NCDs) later in life. This multiple burden of malnutrition places significant strain on poorly equipped healthcare infrastructures.

Recommendation

- ◆ 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.

5.2 TACKLING THE IMMEDIATE CAUSES OF MALNUTRITION

Effectively tackling malnutrition requires identifying and addressing the underlying and immediate causes. Nutrition-specific interventions that address the immediate causes of malnutrition have been proven to be among the most cost effective of all development interventions, and yield multiple benefits that go beyond just health. Every dollar spent in scaling up nutrition interventions targeting the first 1,000 days of life yields a return of at least US\$16^{xxvi}.

According to the 2013 Lancet series, the funding needed to scale up essential nutrition interventions is around US\$9.6 billion per year. Scaling up 10 key nutrition-specific interventions to address the direct causes of malnutrition could cut stunting by 20%, severe wasting by 60% and save over 900,000 lives^{xxvii}. These include improving infant and young child feeding practices, micronutrient fortification and supplementation, and the management of SAM, among others.

If they are to provide women and children with the nutrition they need to thrive, these key interventions cannot be delivered separately, rather as part of a context-specific package. Delivered as standalone interventions – as in Zambia where Vitamin A was delivered as a micronutrient supplement (see page 16) – they are unlikely to have a significant effect on reducing malnutrition, particularly stunting. Context-specific packages should be comprehensive and include previously underutilised and neglected interventions, such as preventative zinc and ORS mentioned previously.

The number of recipient countries of nutrition-specific interventions has not increased since 2010-2012, with only 11 countries continuing to receive nutrition-specific aid from DFID in 2013. Worryingly, 65% of countries to which DFID delivered nutrition-related aid in 2013 did not receive any nutrition-specific aid^{xxviii}. Given the evidence of impact, the number of countries receiving nutrition-specific aid needs to be dramatically scaled up. This will require a significant increase in funding.

DFID has made efforts to increase its nutrition-specific spend. Between 2010 and 2012 DFID's nutrition-specific investments made up only 6.5% of their total nutrition-related aid. This has gradually increased and in 2013 its nutrition-specific investments accounted for 12.5% of DFID's nutrition-related interventions. However, this is still far too low – especially considering that less than 10% of the global need is currently met. What's more, while nutrition-related spending represents 9% of DFID's total ODA spend, nutrition-specific interventions make up only about 1% of DFID's entire budget. Increasing ODA to address the immediate causes of malnutrition must be a first priority, since it is by far the most predictable source of funding and therefore critical for achieving sustainable improvements in nutrition. Nevertheless, we recognise an increase in ODA should come alongside efforts to mobilise resources in countries facing the highest burdens and other innovative mechanisms.

Recommendations

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- ◆ 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.
-
- ◆ 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.

5.3 IMPROVING THE NUTRITION SENSITIVITY OF EXISTING PROGRAMMES

SCALING UP DFID'S NUTRITION-SENSITIVE DOMINANT PORTFOLIO

Evidence shows that nutrition-specific interventions alone can only address part of the overall malnutrition crisis. For example, addressing 80% of stunting cases will require addressing the underlying causes of malnutrition, without doing so children will be unable to reach their full potential. Sustainably addressing malnutrition will require integrated and concerted efforts across a variety of sectors including, but not limited to agriculture, health, gender, education and WASH. DFID has invested heavily in nutrition-sensitive interventions and committed to "adjusting and re-designing [nutrition-sensitive] programmes across a range of sectors which have potential to address the underlying causes of malnutrition, to ensure that they deliver results for nutrition." While DFID spent US\$735 million on nutrition-sensitive interventions in 2013, just over half (US\$372 million) of these programmes were only 'partially' sensitive, meaning they only met one of following criteria according to SUN classifications:

- ◆ To be aimed at individuals (such as women and children);
- ◆ To include nutrition as a significant objective or indicator;
- ◆ To contribute to at least one nutrition-sensitive outcome

Nutrition-sensitive projects are classified as 'dominant' if they meet all three of the above criteria. Dominant programmes are likely to have a bigger impact on nutrition as they are better aligned to deliver positive outcomes.

Recommendation

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

NUTRITION IN REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH

Nutrition interventions must be implemented and targeted to reach women and children during the key stages in life including pregnancy, the first 1,000 days, under-fives and adolescents. Recent research has highlighted that most pregnant women do not access nutrition promoting services until five months post conception, and are therefore likely to spend a significant proportion of pregnancy in a state of malnutrition. Every year 16 million girls give birth, and in 2011 496 million (29%) women of reproductive age and 32 million (38%) pregnant women were anaemic^{xxx} – a frequent source of complications during pregnancy and childbirth.

Integrating nutrition into reproductive, maternal, new-born and child health (RMNCH) programmes provides a key opportunity to improve the nutrition of pregnant women and children before, during and after the stages of pregnancy. It can also ensure that they receive a continuum of care, which has numerous benefits both for improved nutrition and RMNCH. Early initiation and exclusive breastfeeding could not only avert 800,000 preventable child deaths^{xxx}, but could have serious benefits for maternal health and survival including preventing postpartum haemorrhaging, a leading cause of maternal mortality. As exclusive breastfeeding can prevent menstruation and pregnancy for up to six months, it can also act as a natural contraceptive. Evidence shows that women who use exclusive breastfeeding as a means of contraception are more likely to use other forms of contraception.

Recommendation

- ◆ To improve nutritional outcomes, DFID should better integrate nutrition within RMNCH policy and programmes. To measure impact, nutrition targets, objectives and indicators must be included



5.4 MEASURING THE UK'S IMPACT ON IMPROVING NUTRITION

DFID has been measuring 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.” DFID reported that by 2014-15 they had reached 28.5 million children under five, breastfeeding and pregnant women through their nutrition-relevant programmes^{xxxi}, reaching 42.5% beneficiaries more than previously intended.

While 'reach' is useful for external communication, the utility of it as a metric to assess coverage and quality of delivery is limited. There are many challenges with measuring the impact of reach:

- ◆ Reach does not clearly demonstrate the coverage of nutrition interventions. Since coverage is defined as the number of people in need who are able to access interventions and reach only tells us the overall number in receipt of interventions, it doesn't distinguish from the people in need (i.e. malnourished children) and the healthy (i.e. non-malnourished) who were reached with nutrition interventions.
- ◆ Reach is not an indication of improvement in nutrition or change in nutrition status (i.e. from severely wasted to cured). However, those in receipt of a single nutritional intervention at one time could be considered to have been 'reached', despite the fact this single intervention is unlikely to have led to an improvement in nutrition. As such, it is not a sensitive indication of DFID's impact on nutrition.
- ◆ Many interventions need to be delivered more than once, such as Vitamin A supplementation which needs to be delivered twice a year. However, reach also fails to distinguish between those treated once and those who have completed the full course. For example, in a DFID funded project to deliver Vitamin A and deworming tablets in Zambia, DFID reported coverage rates based on a single child 'reached' at a health week. Since this only measured a single dose across its target populations DFID reported a 100% coverage rate in the Mufumbwe district, but in fact only 75% received the full course^{xxxii}.

We welcome the UK Government's commitment to “improve the nutrition of 50 million people”, which is due to replace metric of 'reach' with 'improved nutrition'. This is potentially much stronger, but DFID must be clear and transparent on what 'improved nutrition' looks like, and how this will be measured. By adopting a more comprehensive approach to measuring impact DFID will generate a more accurate picture of the extent and scale of its contribution towards reducing the prevalence of malnutrition.

Recommendation

- ◆ 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 and baselines.

5.5 IMPLEMENTING THE 'LEAVE NO ONE BEHIND' PRINCIPLE

Given the UK Government's commitment to 'putting the last first' and the global commitment to the Sustainable Development Outcome Document's 'leave no one behind' principle, reaching the most vulnerable and hardest to reach – in countries where the need is greatest irrespective of economic status – must be a priority for all governments and donors.

REACHING THE 'MISSING MIDDLE'

DFID currently works bilaterally in 28 countries, the majority of them Low Income Countries (LIC). However it is important to recognise that some of the most vulnerable and marginalised groups live in Middle Income Countries (MICs). Despite overall

economic progress, 80% of the world's poor live in MICs^{xxxiii}. Such countries also bear a significant burden of malnutrition. In fact, five MICs (Brazil, China, India, Indonesia, and Mexico) – some of which are global economic powerhouses – are home to 363 million hungry people^{xxxiv}.

Despite the high-burden of poverty and malnutrition in MICs, most are not eligible for development assistance due to their economic status. For countries elevating to MIC status, the cascading decline in ODA brings a whole host of new challenges that many countries are poorly equipped to deal with. DFID's approach for countries transitioning into MIC status is "to pursue a strategy of sustainable graduation from bilateral assistance." However, reducing ODA support to MICs in the absence of other funding mechanisms and where there are inadequate in-country resources is more likely to set back any developmental progress made and prevents essential interventions from reaching the most marginalised. This ultimately hinders equitable improvement in nutrition.

While DFID works in a few priority countries, it has a much wider reach through its work with multilaterals, through which 63% of UK aid delivered^{xxxv}. This ensures that DFID's reach spans across to some MICs, even in an era where DFID is steadily moved away from bilateral support to MICs. To truly 'leave no one behind', policies and programmes cannot ignore the 'missing middle' – vulnerable populations that tend not to either benefit from, or contribute to, the rapid economic growth that is characteristic of their countries. Effective multilateral programmes, therefore, will be critical to reaching malnourished populations in MICs. That said, multilateral blanket approaches on their own are unlikely to reach those most at risk. As such DFID has a critical role in improving the effectiveness of multilaterals working in nutrition and nutrition-related areas.

Recommendation

- ◆ DFID's policies must acknowledge the burden of malnutrition facing Middle Income Countries (MICs) and must actively influence multilaterals to ensure their programmes are effective in reaching and benefiting the most vulnerable populations in MICs.

WHERE THERE IS THE GREATEST NEED

To have the greatest impact, DFID's nutrition priority countries must reflect the greatest need. Currently, the majority of DFID's nutrition-related support goes to countries in sub-Saharan Africa, around 56%, while 28% of nutrition-related support goes to South and Central Asia^{xxxvi}. However, Asian countries bear a greater burden of malnutrition. For instance, the majority of all moderately (69%) and severely (71%) wasted children live in Asia, while just over one quarter of all moderately (28%) and severely (28%) wasted children live in Africa. Moreover, in countries where child malnutrition is widespread and the pace of tackling it has been stagnant, DFID must introduce more bilateral nutrition-specific and -sensitive programmes.

REACHING THE MOST VULNERABLE AND HARDEST TO REACH

One key measurement of the success of DFID's nutrition-related work, and contribution to the SDGs, will be improving the nutrition of the most vulnerable and hardest to reach.

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^{xxxvii}. Inequitable nutrition outcomes are an injustice and a hindrance to global development. DFID should prioritise resource allocation so that its programmes result in equitable improvements in nutrition. This has also been recommended by ICAI, "DFID needs to make sure that its projects meet the needs of the most vulnerable and 'hard-to-reach' groups^{xxxviii}."

Adolescents, particularly girls, are a neglected demographic in global nutrition. More needs to be done to realise their right

to good nutrition, particularly because this demographic is key to improving the nutrition and health of future generations. Nutritional deficiencies, such as anaemia in women of reproductive age (including adolescent girls), have an adverse impact on their schooling, growth and development, and have grave consequences on pregnancy outcomes later in life. Whilst DFID has made some progress in targeting adolescents, such as funding a £4.8 million programme in Mozambique (*Linking Agribusiness and Nutrition in Mozambique*)^{xxxix} that explicitly included adolescent girls, aged 10-19 years old, in its target demographics, overall progress to include adolescents in nutrition programmes has been reasonably weak.

Recommendations

- ◆ 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.
 - ◆ DFID's reporting should include disaggregated data on the impact of DFID's nutrition programmes on vulnerable groups, to support the data revolution commitment in the Sustainable Development agenda.
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5.6 BUILDING THE EVIDENCE BASE

EVIDENCE PAPERS

To ensure a much larger body of high quality evidence would be available to inform future programmes, DFID committed to building the evidence base on nutrition through research and by coordinating with others on their research investments. DFID has made a good contribution towards building this evidence, especially through its evidence papers and systematic reviews. In their 2011 position paper DFID also acknowledged that there was a need to fill evidence gaps around making nutrition-sensitive interventions more effective. They updated their *Neglected Crisis of Undernutrition: Evidence for Action* paper in 2012 and commissioned an agriculture and nutrition evidence paper *Can Agriculture Interventions Promote Nutrition?* in 2014. This type of evidence is not only useful for improving DFID's approach to nutrition, but to share lessons learned and best practice with other key stakeholders.

However, other important gaps in evidence remain unfilled, including the need to build the evidence base on how to achieve high levels of coverage with nutrition-specific interventions. This is an important evidence gap, especially when you consider that global coverage for the treatment of SAM is stagnating at less than 15%.^{xl} DFID is also yet to release any public systematic review on best approaches to tackling adolescent and maternal malnutrition.

Recommendation

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

LEARNING LESSONS ON THE GROUND

While systematic reviews are useful, one of the most invaluable ways to contribute to nutrition evidence is by effectively documenting lessons learned from work on the ground:

- ◆ DFID recently funded programmes in South Sudan, where integrated community case management (iCCM) and the community-based management of acute malnutrition (CMAM) were integrated. As it is well documented that facility-based treatment of SAM is a major barrier to accessing treatment, this could have been a critical opportunity to document lessons learned and potentially provide solutions to this longstanding issue. However, as DFID programming is often not implemented with strategic investment in evidencing, the learning was largely undocumented.
- ◆ DFID could be more proactive in its efforts to build evidence. For instance, it could do more to invest in pilot and scoping research on nutrition. There is a critical need to generate evidence to address emerging and longstanding challenges in delivering high impact nutrition outcomes. Other major donors, such as the Children's Investment Fund Foundation (CIFF) have invested heavily in research to address some of the chronic bottlenecks in nutrition. Using emerging evidence that suggests that it may be possible to successfully treat and cure children with SAM with small doses of ready-to-use therapeutic foods. CIFF is currently funding a consortium of organisations to explore whether a revised dosage can deliver comparable results. This would decrease the total cost per child treated and allow for greater coverage of lifesaving treatment, which remains unacceptably low at 15% globally. Similarly, DFID must endeavour to fund trials to improve outcomes in nutrition. For example, we know that most carers of children with malnutrition, particularly acute malnutrition, don't access services because they don't know about it. We know that increasing awareness could have a significant effect on uptake and in doing so on cost per child treated. DFID could fund a pilot programmes to find out how social marketing can be done at scale and what successful approaches in different contexts look like.

Recommendations

- ◆ 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.
 - ◆ 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.
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5.7 LEADERSHIP IN INTERNATIONAL PROCESSES

The last five years have seen DFID take on an impressive and effective leadership role in the fight against malnutrition. DFID has supported the SUN movement politically, financially, and through direct provision of expertise and staffing to the SUN secretariat^{xii}. This support has helped to implement proven, scalable interventions and meaningful policy and governance reforms for nutrition^{xiii}. DFID's support for an annual report on nutrition led to the establishment of the Global Nutrition Report, the world's most comprehensive 'report card' on nutrition that provides concrete recommendations to all stakeholders in the nutrition community and beyond to end malnutrition in all its forms. Most recently, the UK's G7 commitment to lift millions out of hunger and influencing the SDG processes, including becoming one of the first Member States to support the inclusion of a wasting indicator under Goal 2.2, have been well received by civil society.

It is evident that nutrition has a much greater role within international processes and that the UK can play, and has played, an active leadership role to ensure policy coherence and momentum. The WHA global nutrition targets, the 2014 ICN2 commitments and the recent adoption of the SDGs have boosted a landscape which offers the UK many strategic opportunities to support, convene and lead the scale up of nutrition at an international level.

On the international stage, DFID is supporting the Brazilian Government to plan the 2016 N4G summit in Rio de Janeiro. As a member of the N4G steering committee, the UK has a key role in ensuring the summit includes an ambitious agenda that offers a pioneering pledging moment to galvanise efforts on malnutrition and maintain the global momentum on nutrition.

Many civil society organisations have recognised the opportunities the 2016 N4G summit provides to close the policy and financial gaps to end malnutrition in all its forms by 2030.

Recommendations

- ◆ DFID should continue its leadership role for nutrition in key international processes and fora, including: in the WHO and across the UN system, ensuring each are active and accountable for their role in nutrition; delivering its commitment to the effective delivery and implementation of the SDGs; in the G7, ensuring accountability on its commitment to “lift 500 million people in developing countries out of hunger and malnutrition”.
- ◆ As a core partner within the International Nutrition for Growth Committee, DFID should work with the Brazilian and Japanese governments and civil society to ensure that the Nutrition for Growth (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.

5.8 EFFECTIVE PARTNERSHIPS

DFID must effectively utilise opportunities for partnerships with the private sector and civil society to collectively tackle malnutrition.

The private sector has huge potential, vast resources and strong influence over the manufacturing, distribution and marketing of nutritious foods and seeds. 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 occurring. To do this, DFID should develop and publish procedures and guidelines to make private sector involvement more transparent and accountable, similar to the SUN Business Network Principles of Engagement^{xiii}.

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. DFID should also ensure the private sector abides to ethical guidelines to ensure their ‘for profit’ initiatives adhere to the development principle of ‘do no harm’ to beneficiaries – such as smallholder farmers – who may often lack the power, voice and political representation. Crucially, to achieve the SDGs, and more specifically SDG2 on ending all forms of malnutrition, DFID must support a joined up approach for effective delivery with transparently selected partners.

DFID must prioritise achieving the SDGs and should therefore enter partnerships with this in mind; DFID and partners must be SDG-smart. Furthermore, in order to reach the most marginalised and most vulnerable, DFID should increase its strategic partnerships with those who have best access to these hard-to-reach groups, particularly with local NGOs and INGOs.

Recommendations

- ◆ 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.
- ◆ 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.

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