

EU Results Framework Indicator Methodology Note

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| 1. Indicator name |
| Number of women of reproductive age, adolescent girls and children under 5 reached by nutrition related interventions with EU support |
| 2. Associated EU Results Framework statement and primary SDG |
| SDG 2- Zero hunger EU RF statement - Pursue an end to hunger and undernutrition and systematically integrate resilience in all actions |
| 3. Technical definition |
| <p>This is an output indicator, providing a count of the number of:</p> <ul style="list-style-type: none"> • Women of reproductive age (15-49 years), paying particular attention to pregnant and lactating women • Adolescent girls (age range based on national definitions, generally 10-19 years) • Infants and children under 5 years of age¹ <p>who are reached by EU assistance through nutrition related interventions (either "nutrition-specific" or "nutrition-sensitive") during the reporting year.</p> <p>The classification of an intervention as nutrition-specific is based on the 2013 Lancet Series on Nutrition, which concluded that there is strong evidence that the following interventions, addressing the immediate causes of undernutrition, should be implemented at scale and in accordance with national protocols.</p> <ul style="list-style-type: none"> • Iron-folate, calcium and micronutrient supplements (including nutrition supplements in contexts of food insecurity) for pregnant women; • Effective support, guidance and counselling on infant and young child nutrition for mothers of children < 2 years; • Vitamin A, preventative zinc supplements, zinc Oral Rehydration Solution (ORS) and deworming for children < 5 years as well as nutrition supplements in food insecure areas; • Treatment for severe (SAM) or moderate acute malnutrition (MAM) for children < 5years (noting that only children who are admitted who go on to recover can be considered reached). <p>Women and adolescent girls who are benefitting from nutrition education that is intended to improve directly their own nutrition status can also be counted as part of the nutrition specific reach.</p> <p>Nutrition-sensitive interventions are those which address the underlying causes of undernutrition.</p> <p>Examples of such nutrition related interventions include: dietary diversification, interventions providing</p> |

¹ The 2008 Lancet Series on Nutrition identified the first "1,000 days" (i.e. from conception to the age of two years) as a "crucial window of opportunity" for preventing and addressing undernutrition.

advice and training on nutrition and food utilization and social protection interventions meeting nutrition sensitive criteria. Mass publicity communication efforts, e.g. general distribution of health nutrition leaflets, are excluded.

According to the EU supported Scaling Up Nutrition (SUN) Movement agreed methodology for resource tracking², an intervention can be classified as nutrition-sensitive if:

- It has an explicit objective to improve nutrition outcomes among the target groups (women, children under five and adolescent girls); and,
- Changes in relevant nutrition outcomes are being monitored at outcome or impact level.

Interventions (including humanitarian interventions) that are classified as nutrition-sensitive can also contribute towards the reach of nutrition related interventions.

The list of nutrition-specific and nutrition-sensitive interventions on decision level is collated by the HQ thematic unit.

4. Rationale (including policy priorities and links to this indicator)

The indicator allows the EU to capture the reach of nutrition related (i.e. nutrition-specific and nutrition-sensitive) interventions across sectors and across countries, and thus to demonstrate the scale and extent of its nutrition work globally.

The main policy documents providing a framework for this indicator are:

- the New European Consensus for Development which recognises nutrition and the efforts against under-nutrition and malnutrition as a main priority;
- the Commission's Communication "Enhancing Maternal and Child Nutrition in External Assistance: an EU Policy Framework" (2013);
- the Commission's Action Plan on Nutrition³ that specifically indicates women of reproductive age and children as the priority population to be targeted through the EU nutrition interventions.

This indicator is also relevant for annual reporting on the Commission's global nutrition commitments (drawing on the established resource tracking mechanism of the SUN Donor Network), both through an Annual Progress Report on the Commission's Action Plan on Nutrition and to the Global Nutrition Report that was created following the 2013 Nutrition for Growth Compact.

5. Level of disaggregation and other reporting requirements

Figures should be disaggregated by sex and by age (under five, 10-19 and 20+). Based on national information systems, and where possible, efforts should be made to disaggregate data by pregnant and lactating women as well as other categories, e.g., rural/urban, wealth quintiles, etc.

Please report number of beneficiaries targeted in food insecure regions, as defined by Integrated Food Security Phase Classification (IPC) phase 2 or above.

² http://docs.scalingupnutrition.org/wp-content/uploads/2013/12/RESOURCE_TRACKING_METHODODOLOGY_SUN_DONOR_NETWORK.pdf

³ https://ec.europa.eu/europeaid/sites/devco/files/action-plan-nutrition-2015_en.pdf

6. Data sources (including issues on different definitions by source and level of availability of the data)

EU interventions monitoring and reporting systems: annual and final reports from implementing organisations (governments, international organisations, non-state actors, service providers, etc.), surveys, evaluations, among others.

It also uses national statistics for calculations where appropriate, e.g. Budget Support, multi-donor trust funds supporting national interventions.

7. Data calculation (including any assumptions made)

The number of people reached through these interventions should be measured as follows:

- Where the intervention directly targets children under 5, adolescent girls and/or women of reproductive age, the numbers should be taken directly from intervention information.
- Where the intervention targets a wider age group, and/or men, it will be necessary to determine the size of the population to whom the intervention is available and the size of the population actually accessing the intervention (coverage). The number of children under 5, adolescent girls and the number of women reached can then be estimated using the percentage of each group from routine population statistics.
- The numbers reached from these interventions refer to unique, individual women, adolescent girls and children, therefore it will be important to:
 - ✓ ensure that there is no double counting between interventions. In other words, any beneficiary is counted only once even if they benefit from more than one intervention.
 - ✓ avoid double counting of the same individuals across years for the same intervention. To avoid this type of double counting, take a peak year result. Alternatively, if reliable intervention information is available you can include results from multi years. For example, take the number of individual women, adolescent girls and children reached by nutrition related interventions in year 1, then in year 2 identify new women, adolescent girls and children reached (who were not supported in year 1) and add this to the total from year 1.
- In case of Budget Support, calculate results for each year of the EU's intervention and then pick a peak year (or appropriate cumulative) result as mentioned above.

8. Worked examples

Examples of "nutrition-specific" or "nutrition-sensitive" interventions are as follows:

1. The EU is supporting the distribution of iron-folate supplements to pregnant women during antenatal health days as part of a national roll-out supported through a multi-donor trust fund. These reached 80% of the pregnant population of the country (around 50,000 women in any year). In this case, use appropriate national level statistics to work out the number of pregnant women reached.
2. The EU is supporting the treatment of severely malnourished children in two centres in the northern part of country X, over a four-year period. Health centres do not keep tracking of

individual children. In this case, the number of children under five reached is given by using the peak year of the intervention's reporting (children treated and recovered - defaulters and deaths must not be counted).

3. The EU is providing support to scale up maternal and new born health outcomes in two states in Nigeria. Per final report, annual figures for specific treatments look as follows:

| Category: per region/year | Year 1 | Year 2 |
|---|--------|---------|
| <i>Women receiving iron-folate supplementation</i> | | |
| State of Adamawa | 84,432 | 236,592 |
| State of Kebbi | 67,174 | 172,466 |
| <i>Children under 5 receiving micro-nutrient powder</i> | | |
| State of Adamawa | 0 | 0 |
| State of Kebbi | 0 | 5,414 |

Values considered are marked in grey. The peak year is selected for the number of women receiving iron-folate supplementation. Total value is $236,592 + 172,466 + 5,414 = 414,472$

4. The EU is supporting the diversification of food production by households through a kitchen garden promotion intervention. The intervention reaches 20,000 women who are directly targeted to receive training, tools, seeds and nutrition education. In this case, the number of women reached using the peak year is reported but the children under-five and adolescent girls in the same households are not reported as they are considered indirect beneficiaries.
5. The EU is supporting a nutrition-sensitive social protection intervention through a budget support modality so as to provide a regular and unconditional monthly cash transfer to all pregnant women and mothers of children up to the age of five and being launched initially in 4 priority districts. The maximum reach in any given year is 160,000 women of reproductive age. As the women and not the children are the direct recipients of a single intervention, only the mothers should be counted. The children should be considered as potentially indirect beneficiaries and therefore not included.

9. Is it used by another organisation or in the framework of international initiatives, conventions, etc.? If so, which?

DFID uses this indicator in its single departmental plan - December 2017

(<https://www.gov.uk/government/publications/department-for-international-development-single-departmental-plan/department-for-international-development-single-departmental-plan-december-2018>) and its detailed definition can be accessed at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/540193/Nutrition.pdf.

G8 New Alliance – the USA Feed the Future initiative includes a number of similar indicators in its *Feed the Future Indicator Handbook: March 2018*

(<https://www.agrilinks.org/post/feed-future-indicator-handbook>).

UNICEF reports on coverage of nutrition-specific interventions, e.g. *Tracking progress on child and maternal nutrition. A survival and development priority*. UNICEF 2009

(https://www.unicef.org/publications/index_51656.html).

The World Bank includes the indicator "People with access to a basic package of health, nutrition, or

reproductive health services (number)" as one of its corporate indicators

(Corporate Scorecards October 2017,

<http://pubdocs.worldbank.org/en/708101514916144314/Scorecard-October-2017.pdf>).

10. Other issues

N/A