

Impact Evaluation of the DFID Programme to Accelerate Improved Nutrition for the Extreme Poor in Bangladesh

Policy Brief

This Policy Brief provides an overview of the key findings and recommendations from the *'Impact Evaluation of the DFID Programme to Accelerate Improved Nutrition for the Extreme Poor in Bangladesh'*. The evaluation found limited positive changes in women's nutrition-related child feeding and care practices and no changes in child nutritional outcomes (including stunting and wasting prevalence). This suggests a need to strengthen and broaden programme mechanisms for nutrition-focused counselling delivered via community nutrition workers, whilst also addressing the multiple context-specific social and economic factors which may limit the potential for nutrition-related behaviour change. For more details on the evaluation results and background please refer to the Final Report (Nisbett *et al.* 2016).

1. Background

Child undernutrition still remains a major national challenge in Bangladesh, with 36% of children still stunted¹, high rates of micronutrient deficiencies (e.g. anaemia) and widespread prevalence of sub-optimal Infant and Young Child Feeding (IYCF) practices (NIPORT *et al.* 2015). Over the past few years a number of other innovative programmes, including those designed and led by donor and NGO partnerships, have begun trialling new hybrid models and mechanisms to improve nutrition, for example by linking nutrition-specific activities to wider social protection and livelihood programmes.

In 2013, DFID introduced a new programme *'Accelerating Improved Nutrition for the Extreme Poor in Bangladesh'* which trialled and tested this integrated approach. By commissioning an independent mixed methods impact evaluation alongside the new programme, DFID hoped to generate new evidence and lessons on the impacts of this model. It also sought to uncover what contextual, behavioural and programme process-related factors may have influenced outcomes and how cost-effective the programmes were in terms of value for money².

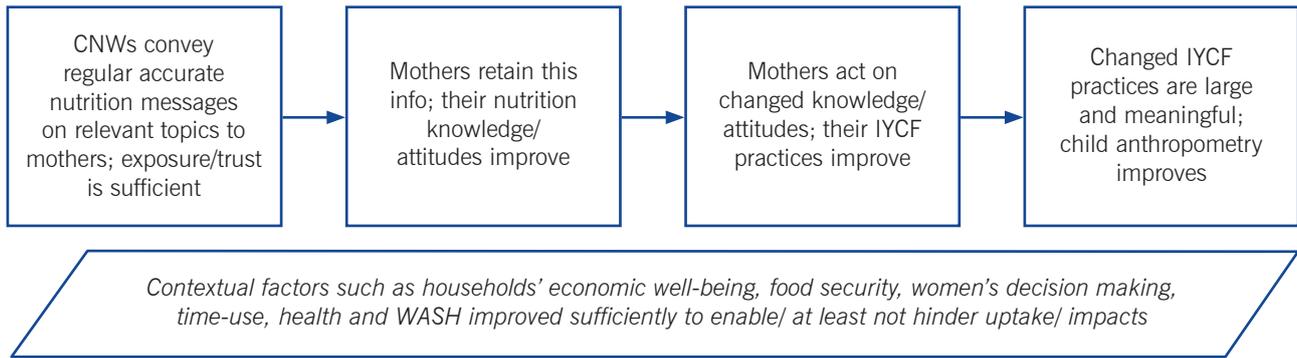
The evaluation applied a theory-based mixed methods design and incorporated three interwoven and complementary components: 1) a quantitative impact component which involved a baseline and endline survey of 11,000 households, 2) an exploratory/explanatory component which included a process evaluation of the programmes' processes and qualitative data collection at community level and 3) a cost-effectiveness component. Results from the quantitative and qualitative data generated were integrated and analysed according to the programmes' original theory of change and primary pathway for nutrition impacts identified (see Figure 1 below, and Box 1 and 2 which describe the livelihood and nutrition-specific activities of the programmes evaluated).

¹ At the point when the DFID programme and impact evaluation were conceptualised in 2012 stunting levels were higher at 41% (NIPORT *et al.* 2013).

² DFID have confirmed that they intend to incorporate the considerations raised by this evaluation into future programming.

The impact evaluation was led by the Institute of Development Studies (IDS), together with the International Food Policy Research Institute (IFPRI), Itad, the Center for Natural Resource Studies (CNRS), and the BRAC Institute of Governance and Development (BIGD).

The evaluation began in May 2013 and was completed in June 2016. It was carried out under the umbrella of the MQSUN global framework consortium led by PATH.

Figure 1: Primary pathway for nutrition impacts explored via mixed methods

Box 1: Summary of livelihood programmes evaluated

1. Chars Livelihoods Programme (CLP) (Phase II 2010 – 2016)

- Targeted 78,026 extreme poor households (312,000 individuals) in vulnerable low-lying flood prone areas of North-West 'chars';
- Covered 8 districts working via 17 local implementing partners;
- Activities included provision of assets (e.g. cows, goats), cash stipends, village savings and credit groups, infrastructure support (e.g. homestead plinth and latrine construction), homestead gardening and social development support (e.g. women's empowerment).

2. Economic Empowerment of the Poorest Programme (EEP) (2008 – 2016)

- Targeted 229,210 extreme poor households (1.15 million individuals) in vulnerable geographic areas;
- Covered 24 districts working via 41 local and international NGO partners for Scale and Innovation Fund projects;
- Evaluation focused on 'Economic and Social Empowerment of Extreme Poor' (ESEP) Scale Fund project implemented by Concern Worldwide in North-east region (Sylhet and Dhaka divisions) which targeted 22,500 extreme poor households (112,500 individuals);
- Activities included provision of productive assets (e.g. ducks, hens), savings and credit groups, access to productive land.

3. Urban Partnership for Poverty Reduction (UPPR) Programme (2008 -2015)

- Targeted 800,000 poor and extreme poor households (3 million individuals) living in informal settlements in urban areas;
- Activities included savings and credit groups, trainings, apprenticeship and education grant support, settlement and WASH support.

Box 2: Direct nutrition component added to livelihood programmes

- Community nutrition workers (CNWs) as main delivery mechanism;
- Target groups: pregnant and breastfeeding women, adolescent girls, children <5 years;
- Design incorporated a combination of 'hard' and 'soft' inputs:
 - Delivery of micronutrients (Iron and Folic Acid, Micronutrient Powder, Deworming tablets);
 - Household-level counselling on Infant and Young Child Feeding (IYCF) practices (e.g. breastfeeding, complementary feeding);
 - Community-level counselling on health and nutrition, with a particular focus on adolescent girls.

2. Key Findings

Whilst there were some limited positive changes in IYCF-related practices and behaviour observed (e.g. iron consumption), the evaluation did not find any statistically significant differences in child nutrition outcomes (e.g. stunting, wasting prevalence) in communities receiving the direct nutrition intervention and livelihood intervention compared to those who just received the livelihood intervention. Explanations largely point to limitations or weaknesses identified further back along the programmes' impact pathway (or theory of change), both in relation to the design and implementation of the livelihood and nutrition interventions, as well as contextual and behavioural factors which may have inhibited nutrition-related behaviour change.

The main areas where potential limitations were identified included:

- 1. Issues with design and delivery of counselling on nutrition behaviour change:** the evaluation found a number of limitations regarding the CNWs' capacity to deliver consistent, focused messaging on IYCF behaviour change to pregnant women and mothers. Given the critical role CNWs played in delivering the nutrition intervention this is considered to be a major contributing factor for the lack of impacts observed. CNWs' high caseloads and often challenging geographical areas of coverage meant that they were often overstretched so visits to households were infrequent and counselling sessions were brief. The evaluation evidence also suggests that the topics covered by CNWs didn't necessarily focus on those areas that were in need of greatest improvement (e.g. more time was spent discussing breastfeeding than complementary feeding when breastfeeding rates were already high whereas complementary feeding practices were considered inappropriate). As a consequence, limited positive changes in knowledge and attitudes around complementary feeding, child dietary diversity and health and micronutrients were detected which in turn would have limited translation of knowledge into improved IYCF practices.

- 2. Social and economic contextual barriers:** the evaluation identified a wide range of possible contextual socio-cultural barriers to changes in nutrition-related behaviour which are likely to have limited the potential impact of the programme. These include: lack of financial resources; shortage of time (e.g. to prepare separate meals for infants); fear of food wastage; perceived social value of food; limited decision-making power on childcare and food purchases and deeply rooted context-specific beliefs around childcare related practices and norms. While aspects of the programmes were designed to lead to improvements in wider contexts, evaluation evidence on whether these changes occurred when compared to non-programme communities was limited.
- 3. Operational integration and cost effectiveness:** whilst the evaluation evidence showed that the existing livelihood programmes (see Box 1) were largely implemented effectively, some significant early teething problems were identified relating to the introduction and integration of the nutrition intervention (see Box 2), including delays to procurement and delivery of micronutrient supplements, limited interaction with the livelihood programmes at a community level and weaknesses in programme monitoring systems beyond output level. These factors may have further limited the potential to see impact (especially given the programme's 2 year timeframe which was already considered ambitious for observing any changes in nutrition outcomes). Cost effectiveness data suggested there were a range of cost-driven variables which contributed to the issues with the delivery of the nutrition component as noted above, including e.g. CNW to beneficiary household ratios and appropriate supervision ratios. Greater focus and investment of resources in these areas would increase the cost per beneficiary and programme model cost overall but may lead to greater beneficiary impacts – though such design considerations also need to take into account the existing literature on behaviour change (see Box 3).

Box 3: Wider evidence on behaviour change communication in nutrition

As well as the primary data generated from the evaluation, the evaluation team also drew on some of the wider literature and evidence available on behaviour change communication in nutrition-related programming as part of their final analysis. This highlighted the scarcity of evidence on how to effectively target changes in multiple behaviours which is what the new DFID programme sought to achieve (Prochaska, Spring *et al.* 2008). The evidence available suggests that programmes can be most effective when designed to consider analysis of IYCF problems at the household level, assessing the practicability of changes in nutrition behaviour with the caregiver and providing individualised support and motivation to change (Hillier, Batterham *et al.* 2012, Fabrizio, Liere *et al.* 2014). The DFID programme's nutrition intervention relied exclusively on CNWs for delivery of nutrition counselling; however, wider literature suggests that interventions targeting three or more channels for communication in parallel may work better at bringing about sustained changes (Briscoe and Aboud, 2012). Indeed, evidence from the recent Alive and Thrive programme run by BRAC in Bangladesh showed how the programme's social mobilisation techniques that targeted wider community members and household members (not just pregnant women and mothers only, as seen in the nutrition intervention) helped to bring about changes in nutrition-related practices (Saha *et al.* 2015). Moreover, programmes may also need to address the wider socio-cultural and economic influences on IYCF behaviours (Aboud and Singla, 2012).

3. Recommendations

Based on the evaluation's overall findings, there is strong evidence to recommend the following design considerations for future programmes targeting improved child nutrition via behaviour change communication:

- 1) Improve the frequency and duration of household counselling sessions on IYCF;
- 2) Reduce and refocus the types of messaging provided in counselling sessions, particularly in areas of IYCF considered weak;
- 3) Ensure IYCF messaging is both adapted to context and practicable;
- 4) Draw from best practice (e.g. social mobilisation and group components of other similar interventions) to include interventions that tackle wider economic, social and gender barriers that may prevent translation of knowledge into practice and;
- 5) Integrate more effective monitoring systems to track impacts at outcome level and create the right incentives for CNWs.

The evaluation also provided some evidence to recommend:

- 1) Ensure CNWs spend more time with each beneficiary (e.g. by lowering the ratio of beneficiaries to CNWs and/or allocating caseloads so that travel times are minimised);
- 2) Improve training and supervision on beneficiary focused problem-solving;
- 3) Increase the CNW honorarium;
- 4) Consider whether other models of social transfer (including direct cash) are likely to have a greater impact when combined with an effective BCC model and;
- 5) Ensure closer integration of direct nutrition intervention with livelihood programmes.

Ultimately, while there is increasing evidence (e.g. Ahmed *et al.* 2016) on the potential for improving child nutrition of more holistic interventions bringing together livelihoods support, social protection and nutrition specific activities, this evaluation has emphasised the need for careful further thought given to the details of design and implementation of programmes at scale. This entails a greater attention paid to how change happens or is hindered in poorly resourced community environments and more carefully focused programmatic assistance to support such change.

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Credits

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