

Technical Assistance to Strengthen Capabilities (TASC) Project

Monitoring and Evaluation of Nutrition-Relevant Programmes

A guidance note

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SUBMITTED BY DAI IN ASSOCIATION WITH



About TASC

Technical Assistance to Strengthen Capabilities (TASC) is part of the broader Technical Assistance for Nutrition (TAN) Programme, funded by UK Aid. TAN is a mechanism to provide technical assistance to Scaling Up Nutrition (SUN) country governments and build capacities towards advancing multisector nutrition agendas, in line with the SUN Movement principles and roadmap.

The objective of the TASC Project is to provide:

- 1 Technical assistance to governments in the SUN Movement and to the SUN Movement Secretariat (SMS) to catalyse country efforts to scale up nutrition impact (Component 1) in 60+ SUN Movement countries.
- 2 Technical assistance to the Foreign, Commonwealth and Development Office (FCDO) to maximise the quality and effectiveness of its nutrition-related policy and programmes, to support evidence generation and lesson learning, and to develop nutrition capacity (Component 2).

TASC Partners

- DAI
- NutritionWorks
- Development Initiatives

Contact

DAI Global UK Ltd | Registered in England and Wales No. 01858644 | Address: 3rd Floor Block C Westside, London Road, Apsley, HP3 9TD, United Kingdom

DAI Global Health Ltd | Registered in England and Wales No. 01858644 | Address: 3rd Floor Block C Westside, London Road, Apsley, HP3 9TD, United Kingdom

DAI Global Belgium SRL | Registered in Belgium No. 0659684132 | Address: Avenue de layer 4, 1040 Brussels, Belgium

Project Director: Paula Quigley, Paula_Quigley@dai.com

Project Manager: Hanna Ivascu, Hanna_Ivascu@dai.com

About This Publication

This document was produced by the TASC project to support how FCDO staff and implementing bodies can improve the monitoring of investments to access and support most-at-risk groups for malnutrition, and ensure they are not being left behind. It was subsequently revised to be more accessible to an external audience.

The document was produced through support provided by UK aid and the UK Government; however, the views expressed do not necessarily reflect the UK Government's official policies.

TASC makes all efforts to provide correct information and links to source documents, however, cannot take responsibility if links are changed or removed.

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Abbreviations

COVID-19	Coronavirus Disease 2019
FAO	Food and Agriculture Organization
FCDO	Foreign, Commonwealth & Development Office
FGD	Focus group discussion
HAZ	Height-for-age Z score
HLPE	High Level Panel of Experts
IDP	Internally displaced persons
LBW	Low birth weight
MAMI	Management of at-risk infants under 6 months of age and their mothers
M&E	Monitoring and evaluation
MUAC	Mid-upper arm circumference
NCDs	Non-communicable diseases
OECD-DAC	Organization for Economic Cooperation and Development- Development Assistance Committee
SDG	Sustainable Development Goal
TASC	Technical Assistance to Strengthen Capabilities
TEAM	Technical Expert Advisory Group on Nutrition Monitoring
UNICEF	United Nations Children's Fund
WASH	Water, sanitation, and hygiene
WHZ	Weight-for-height Z score
WHO	World Health Organization

Glossary

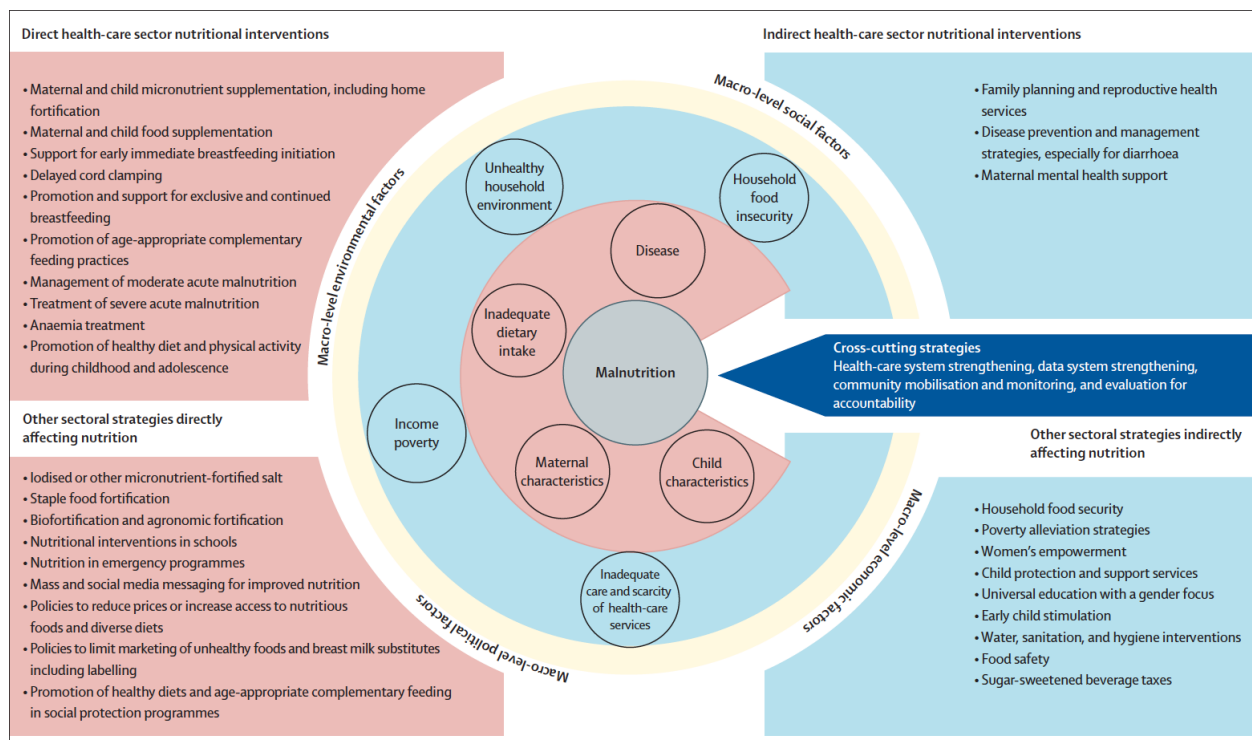
Direct nutrition interventions (also known as ‘nutrition-specific interventions’): interventions that directly affect nutritional status. For example:

- Direct healthcare sector nutritional interventions such as promotion and support for breastfeeding and complementary feeding; management of acute malnutrition; and micronutrient supplementation; and
- Other sectoral strategies directly affecting nutrition such as staple food fortification; nutritional interventions in schools; policies to limit marketing of breast milk substitutes; and social protection programmes that promote complementary feeding.

Indirect nutrition interventions (also known as ‘nutrition-sensitive interventions’): interventions that indirectly affect nutritional status. For example:

- Indirect healthcare sector nutritional interventions such as family planning and reproductive health; disease prevention and management; and maternal mental health support; and
- Other sectoral strategies indirectly affecting nutrition such as household food security; universal education with a gender focus; water, sanitation, and hygiene (WASH) interventions; and women’s empowerment.

Figure 1. Revised framework for the classification of nutrition actions



Source: E Keats et al., 2021. *Lancet Series on Maternal and Child Undernutrition. Effective interventions to address maternal and child malnutrition: an update of the evidence.*

About this Document

Purpose of this document

This document has been developed by the Technical Assistance to Strengthen Capabilities project (TASC) team to support the monitoring and evaluation (M&E) of nutrition-relevant Foreign, Commonwealth and Development Office programmes. This includes guidance on how to support more accurate measurement of programme outcomes and impacts for all target populations, including the most marginalised women and children; and to use the data generated through M&E efforts to reflect on the contribution made by nutrition programmes, and improve them as necessary to increase effectiveness.

This guidance document (and associated indicator tool) has been conceptualised to:

- Contribute to the **adoption of more harmonised monitoring approaches** of nutrition relevant programmes;
- **Provide standard indicators** for use in nutrition relevant programmes to monitor progress, where the pathway to improved nutrition outcomes is **direct (nutrition-specific) or indirect (nutrition-sensitive)**; and
- **Highlight how progress towards nutrition outcomes and impacts can be monitored** where changes in nutritional status are not likely to be observed within a programme timeframe, or where potential negative impacts may be observed.

This document also highlights gaps in the availability of validated indicators or rapid/low-cost measurement approaches and provides suggestions on how to monitor nutrition outcomes where the evidence to improved nutrition outcomes is weaker.

Intended audience

This is a concise, user-friendly, and operational nutrition M&E guidance document. It is meant to support those who are considering or already engaging in direct nutrition interventions (nutrition outcomes as the primary benefit) or indirect interventions (nutrition outcome as a secondary benefit) through a range of sectors.

This guidance is intended to be circulated widely to ensure optimum uptake and use.

Brief overview of approach


This guidance document was developed by reviewing, appraising, and summarising published and grey literature, programme documentation, and evaluation reports on M&E of nutrition programmes. To ensure the most relevant and up-to-date information was included in the guidance, key informant interviews were conducted with members of key organisations; this provided an opportunity for direct engagement with the potential guidance users to help support its design and refinement.

1 Introduction

1.1 What can I expect from this document?

This document is organised in seven sections, as follows:

1. **Introduction** provides the user with an important overview of the content of the guide.
2. **Nutrition Monitoring Overview** provides an overview and key points on what to look for when monitoring for nutrition outcomes, including **equity** considerations, and monitoring those most at risk of malnutrition.
3. **Sector Monitoring** includes sector-specific information, including:
 - a. A set of pathways to improved nutrition outcomes illustrating how change is affected through **direct** (nutrition-specific) and **indirect** (nutrition-sensitive) nutrition interventions; and
 - b. Considerations and key messages for monitoring.
4. **Case Studies** provide examples of how quantitative and qualitative approaches can be used to support a more comprehensive M&E framework.
5. **Data Collection Challenges and Solutions** provides references for key questions on approaches to data collection.
6. **Advocacy, Influencing, and Technical Assistance Activities** provides key references and examples on approaches to monitoring.
7. **References** are provided for each sector and for equity.

 **In total, five sectoral pathways have been developed that contribute directly or indirectly to improved nutrition outcomes:**

1. Health sector
2. Water, sanitation and hygiene sector (WASH)
3. Agriculture sector
4. Food systems
5. Social protection sector

1.2 How to use this document

Start with sections 1, 2, and 3: We suggest that users first familiarise themselves with the brief overview of the guidance document (1 Introduction), then gain an understanding of considerations and key messages when monitoring nutrition outcomes, including equity (2 Nutrition Monitoring Overview). A description of pathways (3 Sector Monitoring) can then be used to identify sector-specific steps and considerations for monitoring nutrition through various sectors.

Complement your monitoring with sections 4, 5, 6, and 7: Case studies on combining quantitative and qualitative approaches to monitoring for nutrition outcomes (4 Case Studies), signposting to external guidance on approaches to data collection (5 Data Collection Challenges and Solutions), approaches to advocacy monitoring (6 Advocacy, Influencing, and Technical Assistance Activities) and references specific for each sector and for equity (7 References) are provided as resources to complement your monitoring.

 **One other document has also been developed to support the M&E of nutrition-relevant programmes:**

- An indicator menu index to assist with the selection of appropriate indicators is available separately (Excel).

2 Nutrition Monitoring Overview

Section 2.1: Considerations and key messages related to monitoring programmes for nutrition outcomes, including suggestions on how to use the pathways and indicators to develop a programme-specific M&E approach when monitoring both direct and indirect nutrition outcomes, have been identified in Section 2.1. This includes suggestions for approaches to conduct **targeted programme monitoring** where it is more challenging to observe meaningful changes within a programme timeframe, or where the evidence base is weaker. **Design of monitoring of nutrition outcomes cannot be separated from programme design** and is also included in the considerations.

When developing, designing and/or adapting nutrition-related programming, it is important to consider how to embed the Organization for Economic Cooperation and Development- Development Assistance Committee (OECD-DAC) **Nutrition Policy Marker**. The Nutrition Policy Marker is a mechanism that enables development partners to identify and estimate the amount of development finance going towards programme activities that are intended to address the immediate or underlying determinants of malnutrition. It is the most effective available approach to identify and classify nutrition-related activities, enabling reporting and recognition in the OECD-DAC Creditor Reporting System - the Official Development Assistance database. It facilitates improved quality data by enhancing consistency and standardisation with other donors and bringing greater transparency to investments for tracking progress and assessing impact. Ideally, the Nutrition Policy Marker should be applied at the point of programme design, ensuring nutrition activities are routinely and systematically counted at an organisational level, and monitored and reviewed at programme level. For more information on how to use the Nutrition Policy Marker, see the [OECD Nutrition Policy Marker Handbook](#).


Monitoring should reflect evidence-based interventions, which are guided by programmatic theory of change for improving maternal and child nutrition. Differences between **monitoring nutrition outcomes while implementing indirect** (nutrition-sensitive) programmes, compared with monitoring sector-specific programmes without a nutrition focus, are also highlighted in the considerations below. For example, comparing monitoring WASH programmes for nutrition outcomes with monitoring WASH programmes without a focus on nutrition outcomes; the latter being outside the scope of this guidance.

Section 2.2: Equity is usually defined in terms of gender, age, education, disability status, income or wealth quintiles, or some other type of socioeconomic status, and grouped geographically (e.g. rural versus urban). Marginalised and disadvantaged groups within these sub-groups can experience diminished nutrition outcomes or impaired access to health and nutrition services (Schleiff et al., 2017). An equity-focussed approach to programming can result in higher coverage among this who are most at risk of malnutrition (Black et al., 2017).

2.1 Considerations: Nutrition programme monitoring

2.1.1 Adapt monitoring to programme context

- Drivers of nutrition outcomes are multidimensional and inter-generational, and the pathways to improved nutrition outcomes are context specific (Keats et al., 2021).
- Programming should be tailored to each context and based on desired programme goals (UNICEF, 2020).
- Different points along each pathway can affect nutrition outcomes, such as stunting or wasting, to different degrees (Heidkamp et al., 2021).
- Nutrition outcomes are important to monitor regularly. However, due to the complexity and diversity of drivers, it may not be possible to show a directly attributable link between nutrition outcomes and a particular programme or intervention.

 **Key messages**

- The generalisations within this guide must be contextualised and based on specific programme goals.
- It may not be possible to know which intervention will be the strongest driver and have the largest effect on nutrition outcomes in your context.
- Monitoring various points along the pathways towards improved nutrition outcomes that are related to your programme can improve your understanding of your context and how it relates to your community and programme goals.

2.1.2 Use multisectoral approaches

- Nutrition outcomes have multiple and varied drivers that should be reflected in both programming and monitoring (UNICEF, 2020).
- Strong intersectoral coordination and accountability is required for successful multisectoral monitoring of pathways towards improved nutrition outcomes.
- This document provides guidance for monitoring by sector (health, WASH, agriculture, food systems, and social protection), reflecting the reality of siloed sectoral programming.

 **Key messages**

- Use multisectoral approaches for both direct and indirect nutrition interventions to optimise improvements in undernutrition, particularly stunting, and/or overweight and obesity (Heidkamp et al., 2021).
- Monitoring nutrition outcomes across various sectors can be challenging. Set up your programme monitoring systems during the programme design phase, to understand when and how nutrition information will be collected and analysed across sectors throughout the lifespan of your programme.
- Integrate the Nutrition Policy Marker into programme design to enrich results and increase the impact of development and humanitarian programming. For information on how to use and apply the Nutrition Policy Marker, see the [OECD-DAC Nutrition Policy Marker Handbook](#).

2.1.3 Understand the limitations of programme monitoring: It may not always be possible to measure all nutrition outcomes directly

- The intergenerational effect of various nutrition interventions underlines programming on undernutrition at all points in the life cycle (Victora et al., 2021).
- Nutrition outcomes normally refer to stunting, wasting, overweight and obesity, and micronutrient deficiencies. Programme monitoring approaches allow a baseline to be set and changes to be monitored over time. In some cases, however, it may be challenging to measure these outcomes, or other nutrition outcomes such as low birth weight (LBW) or anaemia, directly. This can be due to two main factors:
 1. **Practical reasons of direct monitoring.** Not all nutrition outcomes may be captured during the timeframe of a specific programme. Nutritional improvements may follow a long pathway and/or occur outside of the programme timeframe, and the timing of population-based surveys may not align with the programmatic timeframe. For example, interventions focused on the first 1,000 days in order to improve nutrition outcomes for children aged 2-5 years; interventions during adolescence to facilitate positive birth outcomes; interventions that improve the sanitary environment of a community to reduce the mosquito population, malaria, and, in time, nutrition outcomes; interventions that increase incomes (from farming activities or otherwise) to improve access to health services and, in time, nutrition outcomes (Victora et al., 2021). Additionally, lack of equipment and training may also hamper monitoring efforts, and some steps in the pathways don't have robust or well-recognised indicators, e.g. time spent on caregiving, or women's empowerment.

2. **Challenges in attributing changes to programme interventions, even if measurement is possible.** There are often numerous factors that contribute to change, and the effect size of an intervention can vary depending on context and may not be captured during the programme timeframe. In recent years there has been increased focus on reduction in stunting; however, a reduction in the prevalence of stunting is not always necessary to improve the well-being or nutritional status of children, and in some contexts, it is not sufficient to reach this goal. If a programme does not lead to a reduction in stunting, this does not mean it has been a failure and “should not be interpreted as a lack of benefits or a reason to discourage investment in nutrition” (Leroy and Frongillo, 2019). Monitoring nutrition outcomes that fall outside the timeframe of your programme may reflect negatively on that programme, even though it actually may have been (or may yet be) successful. All these challenges can in turn affect the interpretation of monitoring data – for example, identifying whether changes in nutrition outcomes such as stunting or wasting are due to programme implementation or due to other population-level trends.



Key messages

- If you face challenges in monitoring nutrition outcomes directly, monitoring the different steps of the pathway (i.e. monitoring a broader set of lower-level indicators) that are relevant in your context and can be directly attributed to your intervention(s) can provide you with evidence that your programme at minimum partly contributes to the full pathway.
- When designing your theory of change, identify other factors that contribute to the process you are measuring.
- Strengthen monitoring of intermediate steps along the pathway to nutrition outcomes (options for steps and potential intermediary markers of progress are included in this guidance document). This will allow you to make a reasonable assumption that your programme partly contributes to the full pathway.
- When selecting your monitoring indicators: identify what you are measuring and look carefully at the limitations of the indicator in the indicator tool.
- When interpreting your data, be aware of the difference between what you want to measure and what you are actually measuring. Consider the following questions: Can the improvement observed be directly attributed to my interventions? Can the deterioration observed be directly attributed to my interventions?
- Conduct an impact evaluation where relevant for your programme (e.g. if you need stronger evidence) and feasible.

2.1.4 Identify relevant target groups for monitoring

Different target groups or populations should be monitored depending on the desired outcomes, impact and overall goals of the programme, and also depending on the timeframe of the programme.



Key message

- This guidance document highlights several target groups for monitoring across the life cycle, including children, adolescents and women.
- Those who are most at risk of malnutrition include populations in deeply rural/remote/physically isolated settings; children in urban/peri-urban slums/informal settlements; children and adolescents with disabilities; children under five and women from pastoralist/agro-pastoralist/nomadic groups; children under five and women from marginalised ethnic groups; and internally displaced people (IDPs), refugees and returnees.

2.1.5 Monitor double-duty actions to address overweight and obesity

- Emergence of overweight and obesity among children under five years of age is of increasing importance in all contexts, including low- and middle-income countries (LMICs) (Swinburn et al., 2019; Development Initiatives, 2020).
- Double-duty actions include interventions, programmes and policies that have the potential to simultaneously reduce the risk or burden of both undernutrition (including wasting, stunting and micronutrient deficiency or insufficiency) and overweight, obesity or diet-related non-communicable diseases (NCDs) (WHO, 2017).
- Double-duty actions to prevent and manage both undernutrition, and overnutrition and obesity, are encouraged by addressing shared drivers. These include promotion of exclusive breastfeeding and appropriate complementary feeding, antenatal care programmes, school food programmes, and regulations around marketing of breast milk substitutes and unhealthy foods.



Key message

- While the main focus and final impact of the pathways presented in this guidance is on undernutrition, monitoring of double-duty actions can address multiple end points, including undernutrition as well as overweight and obesity.

2.1.6 Work within your data collection constraints

- Resources and systems for data collection are often limited.
- Commonly used national sources of nutrition data are updated infrequently (e.g. DHS usually every five years), and are limited in their ability to support analysis of nutrition disparities beyond a small set of sociodemographic variables (e.g. urban versus rural location; sub-national administrative unit such as province, region, county, or district; age group; sex (male/female); household wealth quintile).
- Data from early warning systems (e.g. in arid and semi-arid land areas) are routinely monitored to forecast climate-related hazards, and to monitor and/or predict the impacts of drought and famine on communities.
- Understand your context and capacity for monitoring when designing your programme and integrate nutrition M&E into your workplan and budget.
- Several options for strengthening monitoring along nutrition pathways are presented in this guidance.



Key messages

- Prior to data collection and analysis, make a plan that outlines what data are necessary for action, how the data will be used, and how and when they will be disseminated. Not all intermediate steps in the pathways towards nutrition outcomes should or can be monitored.
- Set up a monitoring system based on what resources are available. Check with other sectors regarding what data is already available or if any data collection is planned in your programme area.
- Strengthen existing systems to improve data availability and data quality. Avoid parallel information systems and reduce reporting burden on partners.
- Use qualitative data to help round out gaps in quantitative data approaches (see [case studies and approaches to data collection](#)).
- Try to disaggregate data by gender, age, and disability alongside other relevant indicators and characteristics.

2.1.7 Adapt monitoring for emergencies and fragile and conflict-affected states

- Evidence generation is extremely challenging in humanitarian crises such as COVID-19, drought, famine, or food security crises related to conflict. It is also an imperative part of the response to emergencies that may affect direct and indirect nutrition interventions.
- Monitoring of nutrition programmes should continue where possible, while exploring innovative approaches to collect vital information without causing any unintended harm and providing adequate and timely information for nutrition-relevant programming (UNICEF, 2020).



Key messages

- Implement practical solutions for the sustained collection, interpretation, analysis and management of nutrition-related data for nutrition-relevant programmes. These can include maintaining physical distancing and collecting data in alternative ways, and maximising utilisation of existing data and information systems.
- A combination of quantitative and qualitative data, along with non-standard indicators, will be important to monitor and evaluate adaptations.

2.1.8 Evaluating nutrition-relevant programmes can be complex and expensive

- A strong monitoring system is required to evaluate the impact of an intervention on nutrition outcomes. (IFPRI, 2016).
- Monitoring nutrition outcomes without a well-designed impact evaluation strategy is tricky:
 - The timeframe of your programme may not be long enough to measure the effect of interventions on nutrition outcomes.
 - As there are many determinants of nutrition outcomes, it is almost impossible to attribute the observed changes on undernutrition to interventions without a control group and an impact evaluation.
 - “Children under 5 years of age” at the beginning of a programme are not the same “children under 5 years of age” at the end of a programme and may not be those who have benefited from the programme.
- In cases where baseline and end-line target populations are not the same, or where data collection is not feasible, qualitative programme evaluations may be appropriate.
- Programme evaluations can also go beyond end-line data and include OECD-DAC criteria (relevance, effectiveness, impact, coherence, efficiency and sustainability).



Key messages

- Monitor indicators along the pathway to help with programme evaluation, including through baseline, midline and end-line data.
- Programme evaluations can be qualitative.
- If you need stronger evidence of impact of your programme or intervention(s), consider a scientific impact evaluation.

2.2 Equity monitoring

See the guidance on [‘Reaching Most at-Risk Groups’](#) developed by TASC for further details on equity.

Global crises in malnutrition have revealed marked differences in nutrition outcomes by sociodemographic characteristics, such as geographic location, age, gender, disability, ethnicity, education and wealth. The [2020 Global Nutrition Report](#) describes the need to address inequities embedded within the delivery of nutrition interventions, and states that promoting **equity needs to be a major component in all aspects of programming including monitoring and evaluation**. The absence of nutrition-related data on most-







at-risk groups can hamper efforts to extend the reach and improve the effectiveness of different programmes to improve nutrition outcomes in those groups.

Geographic equity can seem straightforward to monitor; however, national success does not always translate equitably at lower administrative levels – specifically to regularly unreached children, mostly in dispersed, rural communities (Klemm et al., 2016). These inequities in accessing hard-to-reach areas have very serious implications for preventive health and nutrition services, including immunisations (Bawa et al., 2018). **Monitoring equity** and ensuring access through **community-based approaches** has been seen to increase coverage and utilisation of health and nutrition services (Black et al., 2017), and programmes should be **collecting information on whether and to what extent health and nutrition interventions are reaching the same children** (OECD, 2019).

2.2.1 Who is most at risk of malnutrition?

- The causes of inequity are **complex**, driven by the multiple ways in which social determinants interact at the basic and underlying levels, and influence collectively the social institutional policy and commercial context within which people live. In addition, everyday circumstance, environment, social position, human capital and social context all jointly determine a person’s likelihood of becoming malnourished.
- **Six groups who are most at risk of malnutrition** have been identified in the related [Guidance on Reaching Most- at-Risk Groups](#) (Table 1).

Table 1. Six identified groups who are most at risk of malnutrition

Groups most at risk of malnutrition	
	Children, adolescents, and women in deeply rural, remote and/or physically isolated settings
	Children in urban/peri-urban slums and informal settlements
	Children and adolescents with disabilities
	Children under five and women from pastoralist/agro-pastoralist and nomadic groups
	Children under five and women from ethnic, tribal, or indigenous groups
	IDPs, refugees and returnees

2.2.2 Considerations when monitoring those most at risk of malnutrition

- **Develop your M&E system with equity in mind from the beginning**, to ensure you can measure progress in reducing inequities, and changes in nutrition and health outcomes in target groups who are most at risk of malnutrition. Plan during preliminary stages of programme development to ensure that baseline, midline, and end-line data will allow for **disaggregation** of data as needed for monitoring equity.
- **Identify nutrition disparities by sub-national administrative unit and/or ethnic group**, to help set the stage for disaggregated data gathering **relevant to those most at risk in your programme area**.
 - The extent of nutrition and health inequities may vary considerably across different dimensions such as economic status, education, gender, disability status, age group or urban/rural residence.
 - Variations exist across countries and within countries, across socioeconomic groups, and within households.
- **Once you have identified the most-at-risk groups relevant to your programme**, plan real-time and/or regular monitoring of addressing the nutritional needs of at-risk groups in your programme.
 - For geographic inequities, it is recommended to disaggregate data by administrative levels (e.g. by district, community).

- For gender and age inequities, it is recommended to disaggregate data by sex and critical age groups (e.g. 0 to 6 months, 0 to 23 months, 24 to 59 months, all under 5 years (0 to 59 months), 10-19 years (adolescents)).
- For people with disabilities, use standardised survey tools such as the [Washington Group's data collection tools](#) (six questions to identify issues with daily functioning) to better identify the needs of sub-groups within your communities.
- For displacement inequities, it is recommended to measure internally displaced persons (IDPs), refugees, or non-IDP/residents, where applicable.
- For urban/rural inequities, it is recommended to use rural/urban categorisation.
- For economic inequities, it is recommended to form and measure quintile subgroups.
- When measuring inequity, absolute and relative measures should be reported together, along with disaggregated data.
- Inequity should be reported alongside the national averages.
- **Indicator selection** for any programme should reflect the **programme's focus** and the resources that have been allocated to strategies **for at-risk groups**.
 - **Indicators** for monitoring should either be currently collected or could be collected with minimal cost to implementers. It is **not necessary to create special equity indicators** for nutrition and health outcomes **if indicators are adequately disaggregated for your programme**.
 - However, if needed, special indicators can be established for tracking and evaluating changes in **underlying determinants** that can lead to inequity, e.g. decision making relating to health-seeking behaviour within households.
- **Programme results frameworks and M&E systems** should have set targets and be well suited to monitor progress towards nutrition outcomes in relevant at-risk groups, and track outputs and outcomes of different sectors in relation to those at-risk groups. This will better position your programme to support achievement of nutrition targets and demonstrate commitment to the '[Leave No One Behind](#)' promise of the 2030 Sustainable Development Goals (SDGs).
 - **Data collection constraints are not unique to equity monitoring**. This includes the challenge of access to timely and relevant disaggregated nutrition data.
 - Ensure **capacity** among implementing organisations **and accountability to monitor disaggregated indicators**, including data generation, compilation and sharing, quality assessment, analysis and synthesis, and communication of results.
- **Communities** should be involved in tracking changes in equity.
 - Participatory monitoring can, in addition to supporting increased effectiveness and efficiency of programmes, lead to greater transparency, accountability and empowerment (Mukwimba, 2019). This includes inclusion and active engagement of people with disabilities within interventions.
 - A compilation of case studies related to food and nutrition interventions with indigenous peoples (Kuhnlein et al., 2009) highlighted that **qualitative**, not just quantitative, methodologies have an important role to play in determining 'success' in effecting important shifts related to participation, empowerment, community solidarity, and use of culture and traditional foods as nutrition determinants.
 - **Citizen report cards** and **community score cards** are two commonly used methods for community monitoring of service delivery. See [Approaches to data collection](#) for more information on monitoring equity.

3 Sector Monitoring

Recent evidence underlines the importance of both direct and indirect interventions for improving child and maternal nutrition outcomes (Keats et al., 2021b). **Pathways to improved nutrition outcomes** have been developed to provide a simple, clear and visual approach to indicate where monitoring may be useful for nutrition-relevant programmes across five sectors: **health, WASH, agriculture, food systems, and social protection**.

Application of the Nutrition Policy Marker, which captures *any* programme intended to address the immediate or underlying determinants of malnutrition (including nutrition-relevant programmes across these five sectors), is an important mechanism to ensure that nutrition activities and investments can be routinely and systematically counted at an organisational level and monitored and reviewed at a programme level.

The following have been developed for each sector:

- Pathways to improved nutrition outcomes
- Description of the pathways
- Considerations for monitoring

3.1 Overview of pathways

- The pathways facilitate identification of possible points where **monitoring may be useful** within a subset of nutrition-relevant programmes. This has required a balance between providing a high-level overview that is more akin to a conceptual framework, with providing enough detail that can be linked to a Theory of Change approach to programmatic planning.
- As a result, we framed the pathways in this guidance to have an overarching flow that is **similar to a conceptual framework** of pathways to improved nutrition for five nutrition-relevant sectors. However, to facilitate monitoring, these pathways include key evidence-based elements that are important drivers of nutrition, and that may otherwise not be expected in a conceptual framework.
- The resulting pathways follow a **logical framework-like approach from left to right**, with a specific focus on intermediate outcomes, outcomes, and impacts. Inputs and outputs that would normally be expected at the beginning (or far left) of the pathways have not been included. While critical to the foundation of programme performance, they are often context-specific and too numerous to include in a single M&E guidance document.
- In these pathways, **child and maternal nutrition are considered outcomes**; however, each programme will have its own scope and set of activities, and hence may have different outcomes and goals.
- The guidance provided in this document has been developed using a '**malnutrition lens**'. The main focus of the pathways is on wasting, stunting and micronutrient deficiencies. However, double-duty actions are also included in the pathways: these can address multiple end points including overweight, obesity, or diet-related non-communicable diseases.

3.1.1 Strength of evidence in the pathways

Pathways for which the recommended evidence-based interventions to address malnutrition have been identified in either the 2013 Lancet series on Maternal and Child Nutrition or the 2021 Lancet series on Maternal and Child Undernutrition are indicated by **solid lines**. Pathways that are effective but for which the evidence has not been identified in either the 2013 or 2021 Lancet series are shown by **dotted lines**. All pathways are dependent on context, and not all of those in the Lancet series may be applicable, and vice versa.

3.1.2 Why don't I see language such as "improved" or "reduced" in the pathways?

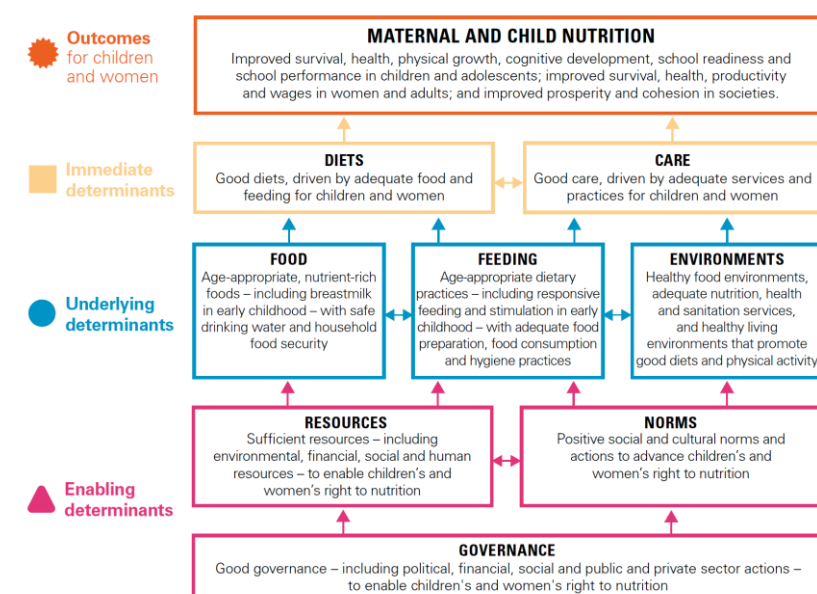
- The purpose of the pathways is to provide a framework for change and to show the various steps that can be monitored on the path towards child and maternal nutrition outcomes. The components that are highlighted in the pathways emphasise key actions in the literature that affect positive change. However,

the same elements of the pathway can also highlight risks of negative change from aggravating factors or unintended consequences of interventions.

3.2 What frameworks were used as the basis of the pathways?

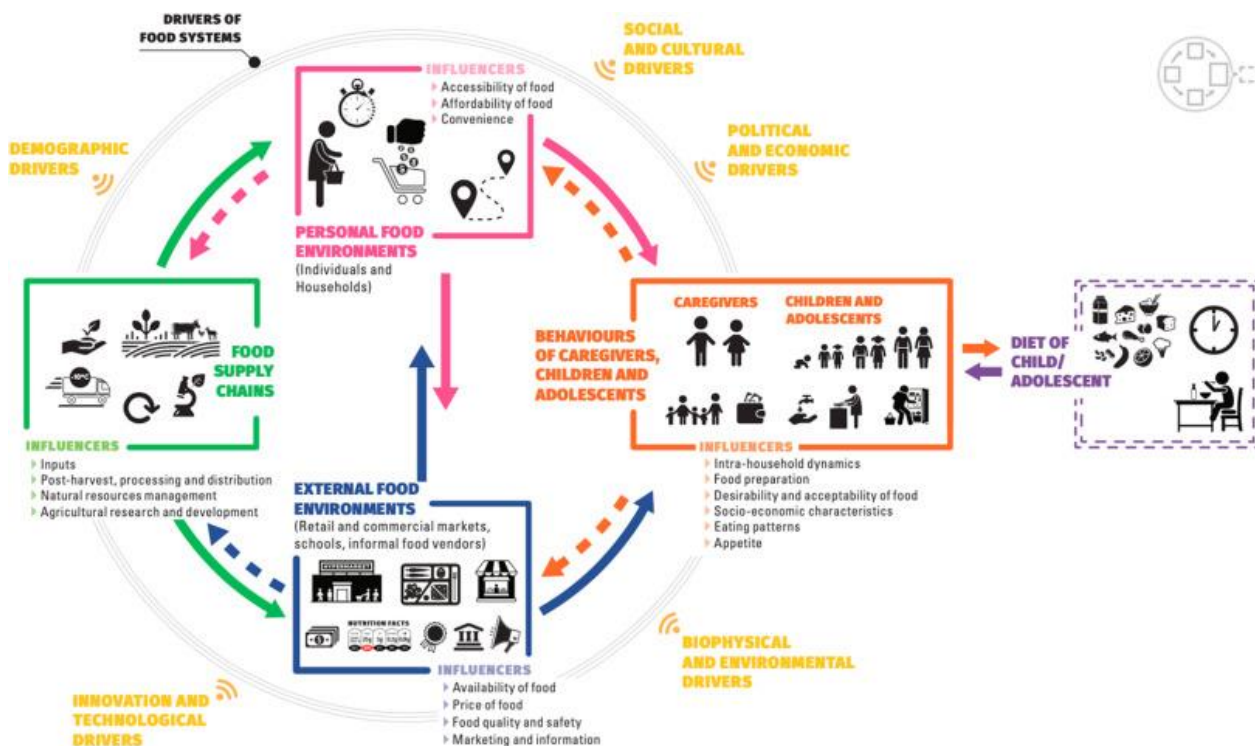
The updated 2020 UNICEF Conceptual Framework on the determinants of maternal and child nutrition was used as the reference for the **health, WASH, agriculture, and social protection pathways**. This is a known and established framework and was used to provide a familiar frame of reference for the user (Figure 2). The main difference between the previous and updated framework versions is the acknowledgment of the evolving face of malnutrition (i.e. the inclusion of overweight and obesity in addition to undernutrition), and the use of a positive narrative (i.e. moving towards improved nutrition outcomes). Additionally, the previous version showed diets and disease as the immediate determinants of undernutrition, while the updated version focuses on diets and care as immediate determinants of maternal and child nutrition. Good care is driven by adequate services and practices, and diets and care influence each other. This focus on care rather than disease is due to the shift in lens of the framework (moving towards improved nutrition outcomes).

Figure 2. UNICEF Conceptual Framework on the determinants of maternal and child nutrition, 2020. (reference for health, WASH, agriculture, and social protection pathways)



The 2018 Innocenti Framework on food systems for children and adolescents, adapted from a 2017 report by the High Level Panel of Experts (HLPE) on Food Security and Nutrition of the Committee on World Food Security, was used as the guiding reference for the **food systems pathway** (Figure 3).

Figure 3. The 2018 Innocenti Framework on food systems for children and adolescents



All sectoral pathways to improved nutrition outcomes are divided into three main sections: 1) outcomes, 2) immediate determinants, and 3) underlying determinants (Table 2). Social protection and agriculture pathways also refer to enabling determinants, such as social and cultural norms and actions.


Table 2. Reference frameworks for sectoral pathways to improved nutrition outcomes

Sectors	Health, WASH, agriculture, social protection	Food systems
Reference framework	UNICEF Conceptual Framework	Innocenti Framework
Outcomes	Child and maternal nutrition	Child and maternal nutrition
Immediate determinants	Diets Care (including health)	Diets Behaviours
Underlying determinants	Food (including safe drinking water and food security) Feeding (including dietary and hygiene practices) Environments (including health and sanitation services and health food environments)	Food supply chains Food environments (personal and external)

3.3 Target groups for monitoring

Where applicable and feasible, target groups for monitoring have been identified throughout the pathways, especially those most vulnerable to malnutrition. While each pathway may potentially target and impact multiple groups, the target groups that have been highlighted are those that are most important for M&E and are based on commonly used and -available indicators. Icons have been used throughout the pathways to help indicate the specific groups that should be monitored (Table 3).

Table 3. Icons to identify target populations that should be monitored in the pathways to improved nutrition outcomes

Icons	Target groups
	Children (0-5 years)
	Adolescents (10-19 years)
	Women of reproductive age (15-49 years)
	Pregnant and lactating women
	Mother/care provider
	Household
	Community

3.4 Health sector

The health pathways to improved nutrition outcomes (Figure 4) are framed within the **2020 UNICEF Conceptual Framework** and emphasise evidence-based approaches from the **2013 and 2021 Lancet series** on maternal and child undernutrition. The first level of the pathways relates to three underlying determinants of nutrition outcomes: food, feeding and environments.

- **Food** is represented in the health pathways by **consumption of age-appropriate, nutritious, safe, and affordable foods**; this encompasses breastmilk and complementary foods for children in the first two years of life.
- **Feeding** is represented by dietary practices such as **breastfeeding**, as well as responsive feeding and stimulation in early childhood, and by **age- and developmentally appropriate caring capacity and practices**, which include adequate **food preparation and food consumption, and adaptive feeding practices for children with disabilities**.
- **Environments** in the health pathways comprise nutrition and health services. This includes **uptake of micronutrient supplementation** such as home fortification, multiple micronutrient supplementation for pregnant women, and vitamin A supplementation; **food supplementation; disease prevention and management** such as kangaroo care, management of moderate acute malnutrition, and deworming; **treatment of severe wasting; treatment of anaemia**, and **family planning and reproductive health services** such as birth spacing.

These three underlying determinants affect the immediate determinants of **diets** and **care**, which in turn affect **child and maternal nutrition**. In addition to this overall pathway, we have highlighted the link between treatment of anaemia and **low birth weight**; and that the intergenerational effects of nutrition can pass directly or indirectly from mothers to children.

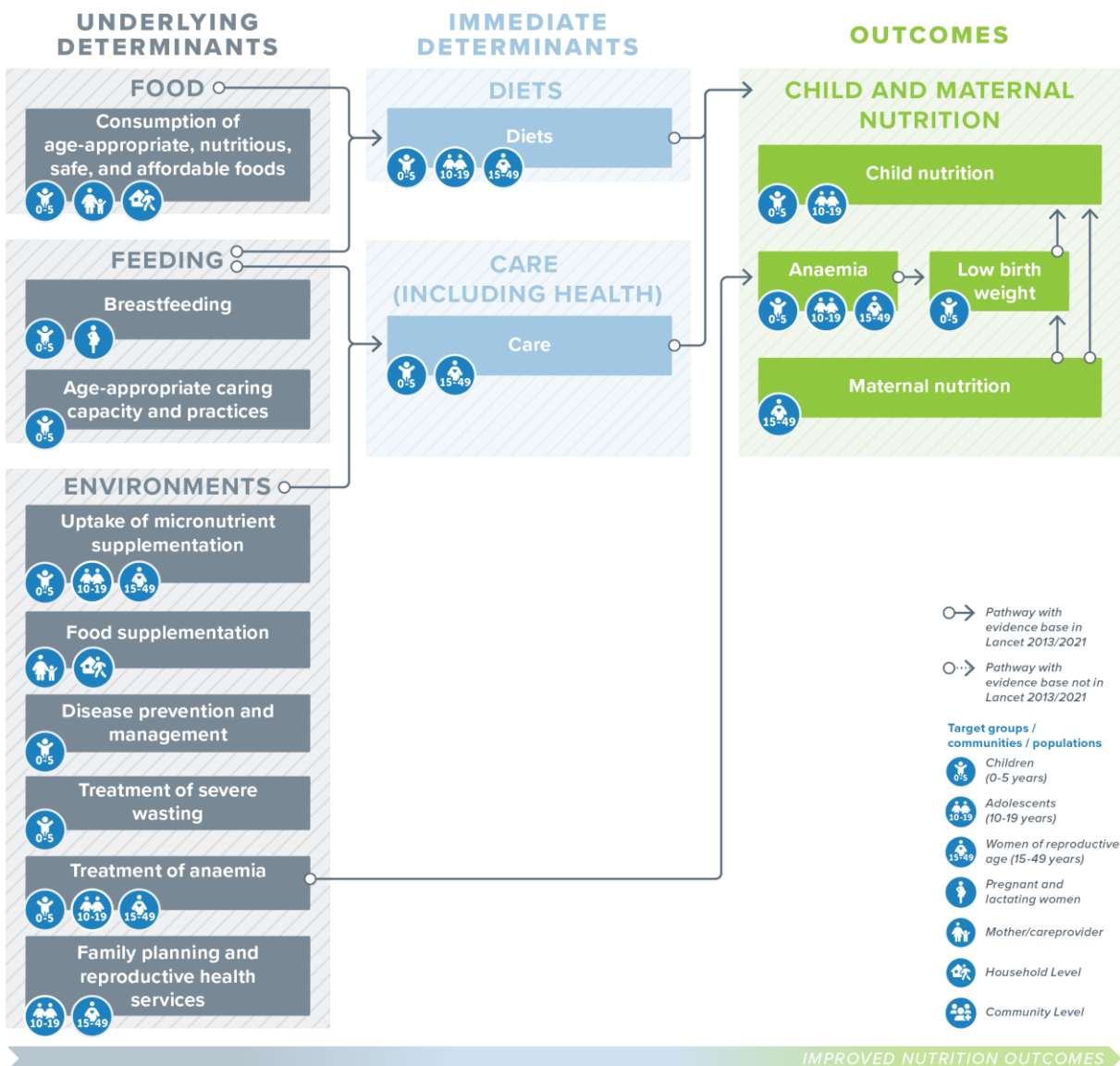
Examples of interventions for the health sector include:

- Promotion of age-appropriate complementary feeding practices.

- Support for early immediate breastfeeding initiation.
- Promotion and support for exclusive and continued breastfeeding.
- Complementary feeding education with food provision in food-insecure populations.
- Provision of support for households of children/adolescents with disabilities, including additional education on safe supportive feeding practices.
- Promotion of healthy diet and physical activity during childhood and adolescence.
- Kangaroo mother care for pre-term and low birth weight newborn babies.
- Maternal and child micronutrient supplementation including home fortification, multiple micronutrient supplementation in pregnancy, and vitamin A supplementation for children in vitamin A-deficient contexts.
- Management of moderate acute malnutrition.
- Treatment of severe acute malnutrition.
- Anaemia treatment.
- Nutrition in emergency programmes.
- Mass and social media messaging for improved nutrition.
- Family planning and birth spacing.
- Deworming.

3.4.1 Pathways: Health

Figure 4. Nutrition-relevant pathways for monitoring nutrition outcomes within the health sector



3.4.2 Considerations: Health

3.4.2.1 There is no one size fits all nutrition programming through the health sector

The drivers of undernutrition are diverse, and nutrition-relevant interventions in the health sector should be tailored to fit the geographical, sociocultural, economic and individual context in each country. For example:

- Consider **cultural factors**, such as taboos, that can hinder food consumption but are not addressed in the generic pathways.
- In pastoralist communities, improving 'own consumption' is more effective than improving income.
- For children and adolescents with disabilities, there are other factors to consider regarding positive feeding practices and development (Holt International, 2019).



Key message

- Use pre-existing information that is available at the lowest administrative level to help support which points along the pathway should be monitored for your context. One example of the variety of pathways that contribute to change in height-for-age (HAZ) Z score can be found in the 2021 Lancet series (Heidkamp et al., 2021).

3.4.2.2 Health-seeking behaviour affects nutrition outcomes

Coverage is an important summary measure of programme performance; however, it does not provide any means of identifying the wide range of intervention strengths and weaknesses. Several nutrition interventions focus on commodities or services, for example antenatal care, vitamin A supplementation, or disease prevention and management through deworming. However, it is not enough to simply monitor availability of health services to successfully monitor your intervention.



Key message

- In addition to availability, monitoring other indicators such as access to and utilisation of health services will provide you with a better understanding of your programme's performance.
- Although it may not be possible to monitor all barriers outside the programme influence, gathering information on them will help during midline and end-line reviews, and for any future programme design in the area.

3.4.2.3 Enabling determinants of improved nutrition outcomes are not presented in the pathways but are critical for the success of nutrition-relevant programmes

Key enabling determinants of child and maternal nutrition include: sufficient resources (environmental, social and human); positive social and cultural norms and actions; and good governance (including policy/political, financial, social, and public and private sector actions) to enable and advance children's and women's right to nutrition.

However, enabling determinants are challenging to monitor as they are often outside of programmatic scope of typical health sector nutrition interventions.



Key message

- Include enabling determinants in your monitoring if they are directly linked to your nutrition programmes.
- For example, monitoring women's empowerment, or behaviour of feeding practices for children and adolescents with disabilities, and enable support for women with disabilities and their families.

3.4.2.4 Terminology related to nutrition outcomes may vary depending on context

The term 'wasting' is seen to be increasingly used in lieu of 'acute malnutrition' in the nutrition sector. The reasoning for this shift in language is that wasting is often not an acute event. The World Health Organization's (WHO) definition of wasting is based on weight for height Z-score (WHZ) (and in practice, if mid-upper arm circumference (MUAC) is being measured, then it is presented as 'wasting by MUAC'). In these cases, the WHO definition of wasting excludes kwashiorkor (bilateral pitting oedema), while traditionally, 'acute malnutrition' includes both wasting and kwashiorkor. However, the term 'wasting' is "increasingly being used as short-hand term for not only WHZ <-2 SD but also MUAC <125 mm and kwashiorkor" (ENN Field Exchange, 2020). This confusion may lead to over- or underrepresentation of the severity of malnutrition in your context, if it is not well defined. Additionally, an aggregate indicator known as combined Global Acute Malnutrition which includes all children with low WHZ, low MUAC, or bilateral pitting oedema, has also been recognised by the Global Nutrition Cluster.



Key message

- It is important to understand what terminology is being used in your context, to avoid confusion, and to know what exactly is being measured and how to present your results.

3.4.2.5 It is important to monitor nutrition outcomes in both children under 6 months of age and adolescents

- Historically, nutrition outcome monitoring of infants has focussed on children 6-59 months of age. However, recent evidence has shown the importance of the first months of life on infant growth, and that the incidence of wasting and stunting is highest during the first six months of life (Victora et al., 2021).
- Adolescence presents the second-fastest period of growth in the lifecycle and addressing malnutrition during adolescence can lead to improved nutrition outcomes throughout the life course.



Key messages

- Management of at-risk infants under 6 months of age and their mothers ([MAMI](#)), including screening for at-risk infants in the community, should be integrated into health and nutrition services if warranted in your context.
- Select indicators that monitor adolescents in your programmes, where relevant, to focus on the intergenerational effects of wasting and stunting (Thurstans et al., 2021).

3.5 Water, sanitation and hygiene sector

The WASH pathways to improved nutrition outcomes (Figure 5) are framed within the 2020 UNICEF Conceptual Framework and emphasise evidence-based approaches from the 2013 and 2021 Lancet series. In the 2020 UNICEF conceptual framework:

- **Food** includes safe drinking water as an element of adequate diets.
- **Feeding** includes hygiene practices.
- **Environments** includes water services and sanitary services (sanitation) and environments.

There are three main pathways by which WASH intervention can contribute to better child and maternal nutrition:

1. The combination of WASH interventions can **reduce the risk of ingestion of faecal pathogens** by the young child, and hence reduce the risk of diseases and health disorders. This pathway is related to the F-Diagram that has been recently updated (Figure).
2. The combination of WASH interventions can **improve sanitary conditions** at community level and reduce the risk of diseases for children and women, which can directly affect child and maternal nutrition.
3. Better **access to water services** can have a very significant impact on the daily life of women by increasing the time available for care practices, a direct contributor of child nutrition.

Drinking water is also a critical element of an adequate diet and is important to consider mainly during emergencies when water is lacking.

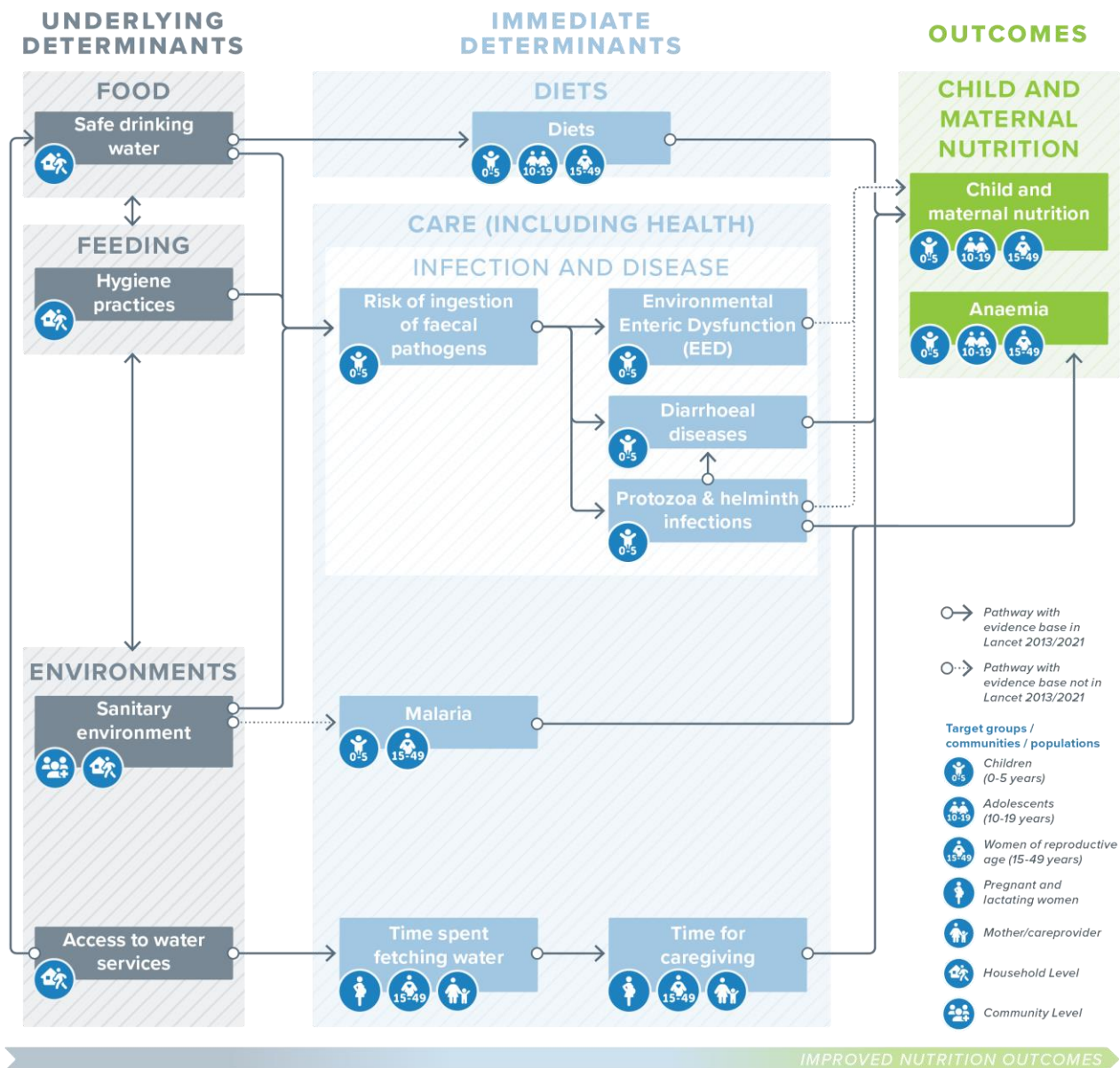
For a more detailed description of the pathways, see: [USAID technical brief](#).

Examples of interventions for the WASH sector include:

- Construction or improvement of water supply systems or services, e.g. piped water, public water points, boreholes, and protected dug wells.
- Provision of safe and reliable piped water to point of use.
- Emergency water supply e.g. water trucking.
- Treatment of water e.g. filtration.
- Community-Led Total Sanitation.
- Provision of hygienic sanitation facilities to remove and treat faeces.
- Construction of 'child-friendly' and accessible latrines for people with disabilities.
- Improvement of environmental hygiene practices, e.g. keeping animals away from food preparation and child play areas, and from water sources.
- Education on hand washing with soap, including for caregivers and families of people with disabilities.
- Promotion of safe food hygiene practices.
- Disease prevention and management strategies, especially for diarrhoea.
- Treatment of school-aged children with deworming drugs in areas where helminth infection is common.
- Disease vector control of flies, mosquitoes, rats etc., by covering food, improving drainage, and safely disposing of garbage and non-reusable materials.

3.5.1 Pathways: WASH

Figure 5. Nutrition-relevant pathways for monitoring nutrition outcomes within the WASH sector



3.5.2 Considerations: WASH

3.5.2.1 Availability of improved WASH facilities and services does not directly translate to use

For example, users may prefer to drink water directly from a river rather than from a pipe, because of taste preference or the price of improved water sources. If preferences are seasonal, the impact on nutrition outcomes will be minimal.

Key message

- Monitor availability, accessibility and use of improved facilities and services (water or sanitation) to understand whether your programme is contributing towards improved nutrition outcomes.
- Ensure consultations with community sub-groups such as, amongst others, people with disabilities and their representative organisations.

3.5.2.2 Reducing the risk of contamination by faecal pathogens does not systematically reduce the risk of disease

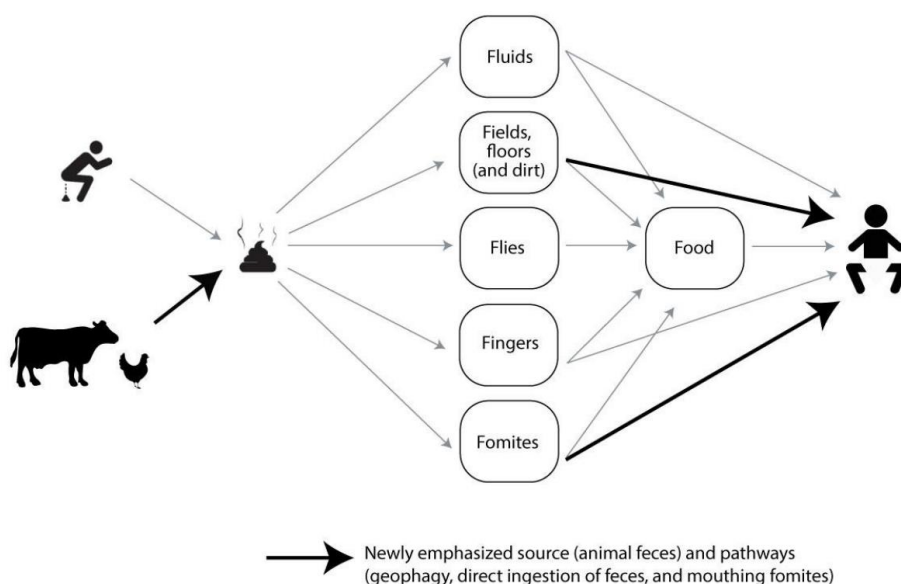
Recent well-designed, well-implemented, large-scale WASH interventions had a relatively small effect or null effect on disease incidence or stunting. There are two proposed hypotheses to explain these results:

1. **There are numerous opportunities for a child to be in contact with faecal pathogens.** For example, faecal pathogens can be found in water samples from pipe water or in water from improved wells. You may need to drastically reduce the risk of contamination to have a significant impact on nutrition outcomes. It is not enough to partially reduce the risk of contamination; you need to reach a certain threshold that is still unknown but is probably difficult to attain.
2. **Some routes of contamination may have been underestimated.** Important concentrations of pathogens have been detected on fomites or in household soil. Observations also show that infants very regularly ingest animal faeces and soil. These sources of regular contamination are particularly increasing the risk of developing environmental enteric dysfunction, a dysfunction of the intestine that reduces the capacity of the child to digest nutrients.

Key messages

- Directly monitoring the risk of contamination is not feasible.
- Use the updated F-diagram (Figure) to consider different routes of contamination by faecal pathogens, including ingestion by infants of animal faeces, contaminated soil and fomites.
- Monitor faecal contamination of some improved facilities or at point of use. This can be done during a baseline survey.
- Use results to adjust some interventions (like hygiene promotion sessions) and monitoring indicators.

Figure 6. Modified F-diagram that highlights geophagy and direct faeces ingestion by infants and young children (USAID, 2018)



3.5.2.3 Monitor WASH interventions at the community level

Studies suggest that to be healthy, it is more important for a child to live in a *community* with adequate WASH than to live in a *household* with adequate WASH.



Key message

- Measuring the *percentage* of households with adequate WASH in a given community is more meaningful than measuring the *number* of households with adequate WASH. This is especially true for interventions to improve sanitation practices and access to water.

3.5.2.4 Monitor the impact of WASH interventions on time saved for care providers

Recent studies increasingly refer to 'time poverty' when describing the daily life of a childcare provider. Fetching water is frequently an intense, required, and time-consuming task that competes with other activities like caring practices and leisure. However, this pathway is long and unrealistic to monitor fully.



Key message

- Monitor time saved and how this time has been used by care providers. This is a well-recognised and important indication of improved care practices and health for the child.

3.6 Agriculture sector

The **agriculture** pathways to improved nutrition outcomes (Figure 7) focus on the food production component of the food systems, and specifically on family farmers and smallholder producers. For interventions having a more global approach to improve the food system with a focus on consumers, refer to the **food system** pathway. Agricultural production includes agriculture and livestock production.

There are three main pathways by which agricultural interventions can contribute to improved child and maternal nutrition:

1. **Improved access to food:** Agricultural interventions have the potential to directly improve access to food at household level. To have an impact on child and maternal nutrition levels, access to food at household level needs to translate into access to age-appropriate, nutrient-rich food at all times for young children and women.
2. **Improved income:** Agricultural interventions can also increase incomes from farming activities. This financial resource can contribute to better access to food, care and health.
3. **Women's empowerment:** Agricultural interventions may have higher impact on nutrition outcomes in households where women are empowered and can also directly contribute to women's empowerment.

Examples of interventions for the agriculture sector include:

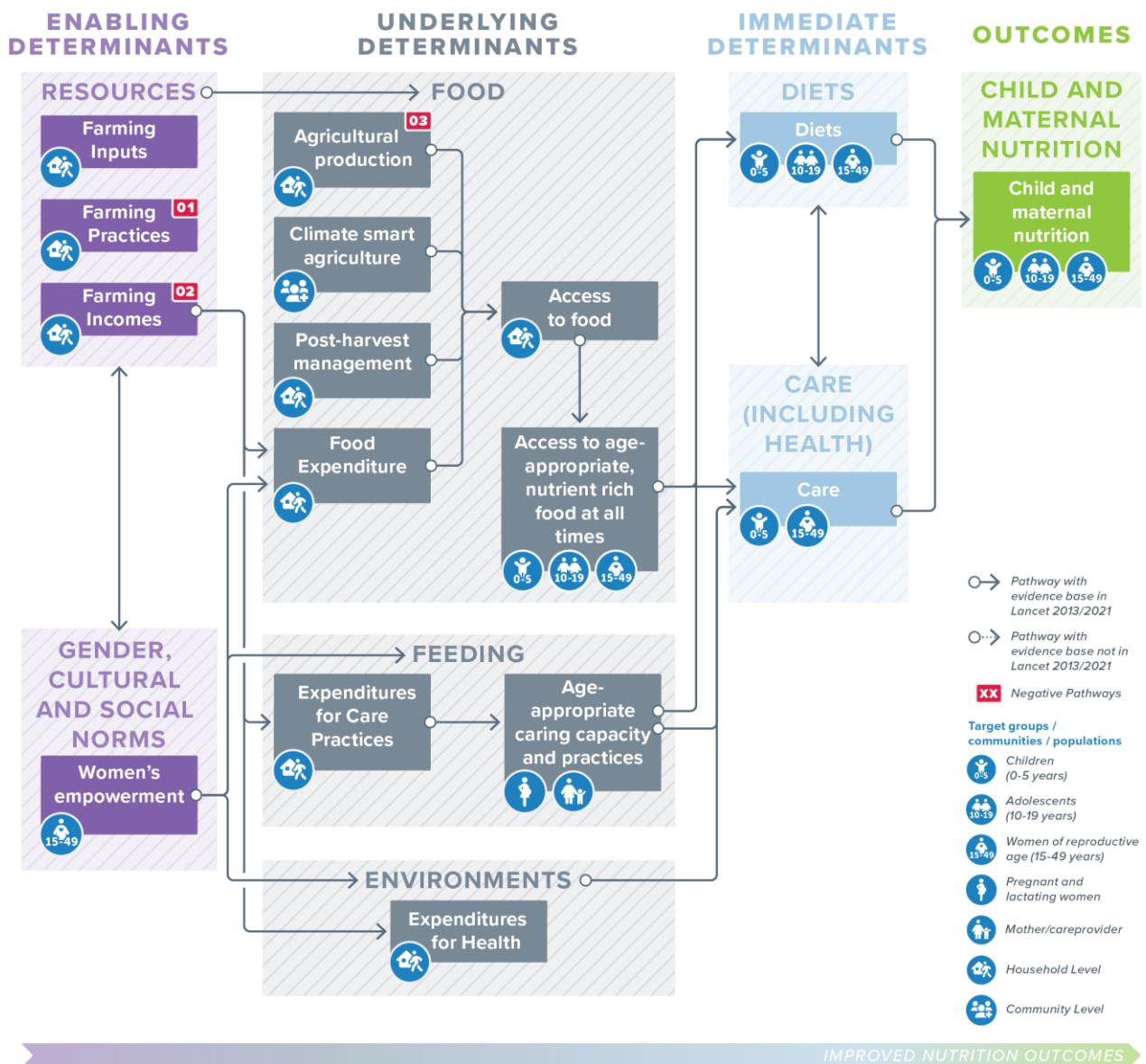
- Agricultural development (e.g. production of nutritious food, diversification, biofortification, livestock and fisheries, extension – farmer field schools).
- Value chain development (storage and transportation; processing; trade and market linkages; marketing and promotion).
- Community-driven development/social development (rural institutional development, social activities, financial inclusion/livelihood activities).
- Water for domestic use, irrigation and drainage; water management.
- Natural resource management/forestry/environmental (biodiversity promotion, climate smart and nutrition sensitivity), soil rehabilitation.

Three potential negative pathways are embedded in agricultural interventions:

1. Risk of increased workload for women.
2. Risk of selling all the nutrient-rich food produced and creating dependence on cash crops.
3. Risk of deteriorated sanitary environment with livestock production.

3.6.1 Pathways: Agriculture

Figure 7. Nutrition-relevant pathways for monitoring nutrition within the agriculture sector



3.6.2 Considerations: Agriculture

3.6.2.1 Monitor what is happening within households

- Agricultural interventions are typically organised (and monitored) at the household level. But to have an impact on the nutritional status of a child, agricultural interventions need to have an effect on the mother and/or the child within the household. It is not enough to improve the food access of the overall household: your intervention should aim to improve the diet of the mother and/or the child.
- To monitor and adjust your programme, it is also important to understand the mechanisms of intra-household food allocation. Below are some classic examples:
 - **Intra-household food allocation:** In a situation of food poverty, the richest-perceived food items may be shared differently among household members to favour the young child and/or the men. There may also be a hierarchy between married adolescent girls and other family members such as the mother-in-law.
 - **Desirability of food:** In certain cultures, some food items are not given to specific members of the household, such as young children or those with disabilities.

- **Food reduction of pregnant women:** in certain cultures (Southeast Asia in particular), pregnant women may choose to reduce their food intake to have a smaller child and a perceived safer delivery, as advised by midwives.
- These mechanisms are typically very specific to each context.



Key message

- Monitor diets at the individual level of the mother and child.
- Identify the mechanisms of intra-household food allocation in your context during baseline/midline surveys.

3.6.2.2 Households do not benefit equally from agricultural interventions

Agricultural interventions have the potential power to increase the incomes and the diets of households. Households with women with a higher level of education or good knowledge of nutrition practices can maximise these benefits from a nutritional point of view. If women have control of the increased financial resources, it is more likely to be beneficial to the nutritional status of the child. However, this effect is not systematic and is context specific.



Key message

- Disaggregate your monitoring data by education level of the mother/knowledge of nutrition/women's empowerment status and by disability status. It can be helpful to understand why some households do not take full advantage of your intervention and to understand potential bottlenecks.

3.6.2.3 Agricultural interventions can have negative impacts on the nutrition of the child

There are three main pathways through which agricultural interventions can have a negative impact on the nutritional status of the child:

Table 4. How agricultural interventions can negatively impact on children's nutritional status



Risk of increased workload for women

In contexts of 'time poverty', agricultural interventions can significantly increase the workload of women who may have to consequently reduce their time spent caring for the child: an important determinant of malnutrition. Also, some agricultural practices may require the care provider to stay for long hours in the field far away from home. The care providers may then leave the young child with another sibling, which is a typical instance of poor care practices. Finally, intensive agricultural labour for women in their last months of pregnancy increases the risk of pre-term birth, an important determinant of low birth weight.




Risk of selling nutrient-rich foods

While agricultural interventions may increase the production of nutrient-rich food, this will have little nutritional benefit if all the produce is sold. They may even encourage the conversion of subsistence farming systems to cash crop farming systems, which can have a negative impact on nutrition if the purchase of nutritious food does not compensate for the loss of consumption of self-produced products.



Livestock production can increase the risk of ingestion of faecal pathogens

The risk of infections of a child under 2 years old is an important determinant of malnutrition. Infections can be contracted through poor hygiene and poor water quality. Recent studies are also showing that infants can become infected through the ingestion of animal faeces (e.g. from soil in the compound, fomites). This is often an underestimated route of contamination, especially when animals are within the household compound. Refer to the WASH section for more details.

 **Key message**

- Active monitoring is important to ensure your intervention is not having unintended negative consequences on child nutrition.
- If relevant, monitor the effect of the intervention on the workload of women (see indicator tool).
- If relevant, monitor the share of nutrient-rich food that is sold vs self-consumed.
- Using the F-Diagram (Figure), identify at the start of the programme if the intervention is increasing the risk of ingestion of faecal pathogens for women and children. Adjust your intervention to minimise this risk.

3.6.2.4 Diets vary with age, season, disability status and pregnancy

- What is considered an adequate diet varies with age. For example, infants (0-5 months) are recommended to be fed breastmilk exclusively, but children 6-23 months require a varied diet of complementary food.
- Diets change with seasons.

 **Key message**

- Use age-specific indicators to monitor the adequacy of diet at the individual level.
- Always collect your monitoring data on diets during the same season of the year.

3.6.2.5 Some steps along the pathway are challenging to monitor

The pathway is describing a process by which your programme can improve nutrition. Not all these processes are easy to monitor:

- Some steps such as ‘women’s empowerment’ don’t have a robust and well-recognised indicator.
- Some steps such as ‘feeding practices’ can be influenced by factors other than your programme.

 **Key message**

- When you select your monitoring indicators, look carefully at the limitations of the indicator in the indicator tool.
- When interpreting your data, be aware of the difference between what you want to measure and what you are effectively measuring.
- When you design your theory of change, identify other factors that contribute to the process you are measuring.
- When interpreting your data, consider the following questions: Can the improvement observed be directly attributed to my interventions? Can the deterioration observed be directly attributed to my interventions?

3.7 Food systems

The food systems pathways to improved nutrition outcomes (Figure 8) focus on consumers. For interventions that focus on family farmers and smallholder producers, refer to the agriculture sector pathways.

The final outcomes (**child and maternal nutrition**) and immediate determinants (**diets and behaviours**) of the food systems pathways are similar to agriculture, while the underlying determinants of the food systems pathways diverge slightly.

The underlying determinants of the food systems pathways fall into two main categories: food supply chains and food environments.

- **Food supply chains** – in addition to agricultural production, climate-smart agriculture, and post-harvest management, which are also included in the agricultural pathways, include food processing and retail distribution to under-served populations.
- **Food environments:**
 - **Personal food environments** include access to food, affordability of food, and convenience, and align with the other pathways through access to age-appropriate, nutrition-rich food at all times.
 - **External food environments** encompass availability and diversity of food, food quality and safety, price of food, and marketing and regulation.

Two potential negative pathways are embedded in food systems interventions:

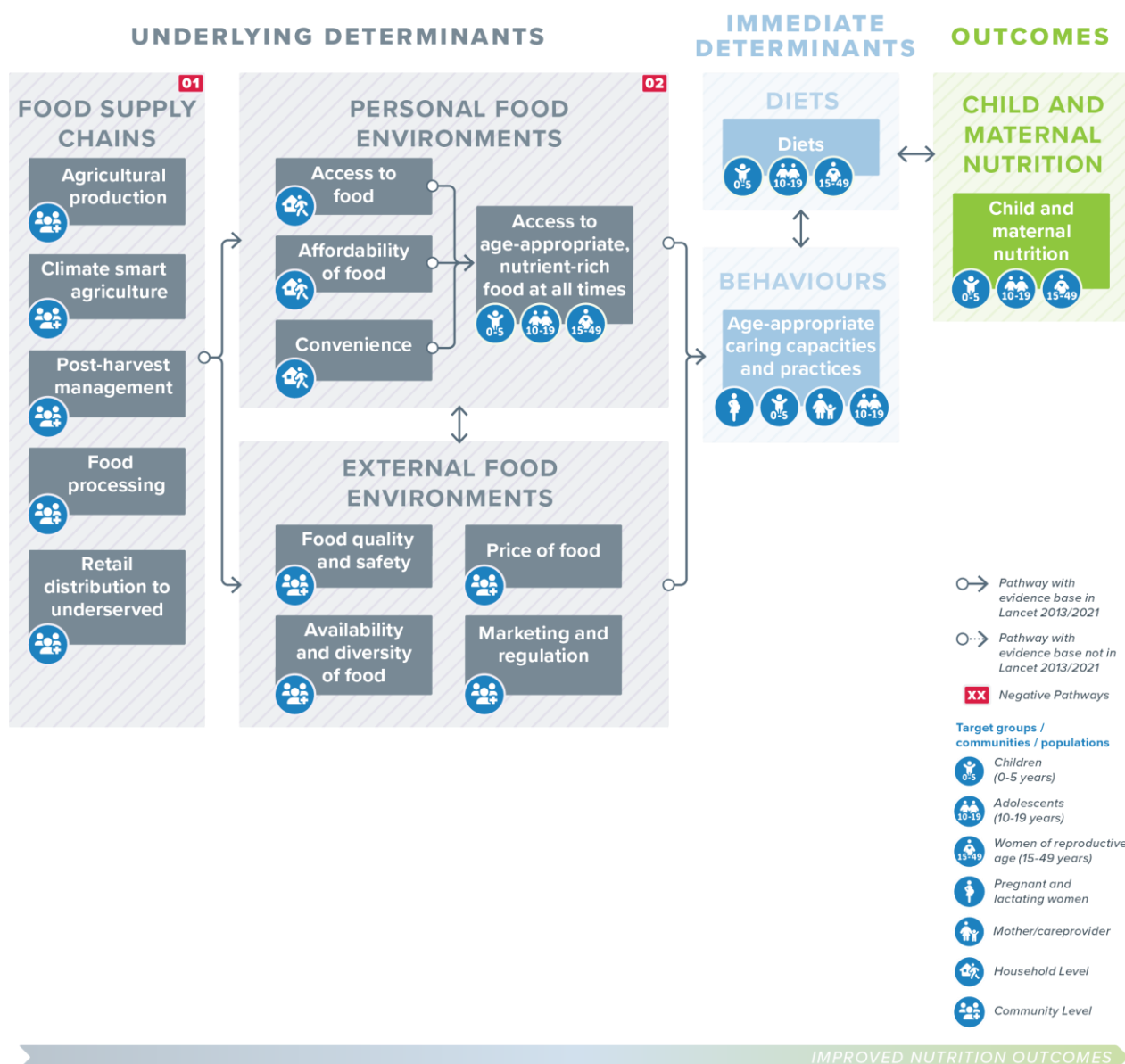
1. Environmental risks to nutrition.
2. Risk of increased consumption of refined and ultra-processed foods and beverages.

Examples of interventions for the food systems sector include:

- Promotion of nutrition education at home, in schools, and through public communication campaigns about healthy foods.
- Provision of healthier school meals and restriction of sales of junk food in and around schools.
- Provision of modern storage, packaging, processing, and other infrastructure to reduce food waste and contamination.
- Encourage fathers and other family members to support women's roles as both earners and caregivers.
- Economic incentives (e.g. reduced rents) to increase production and availability of fruits and vegetables, particularly in low-income areas.
- Support policies that promote breastfeeding and complementary feeding, including the International Code of Marketing of Breast-milk Substitutes.
- Build more resilient food supplies and household food security in areas affected by crisis or climate shocks, e.g. through biodiversity in the food system.
- Support elimination of subsidies for foods high in sugar, refined grains, or processed oils, and discourage junk food marketing, especially to young children.
- Limit the demand for unhealthy food through legislation, including sugar taxes.

3.7.1 Pathways: Food systems


Figure 8. Nutrition-relevant pathways for monitoring nutrition within the food systems sector



3.7.2 Considerations: Food Systems

3.7.2.1 Evidence is limited for effectiveness of food systems pathways on nutrition outcomes


- The complicated and disorganised nature of the evidence base for food systems makes it challenging to navigate.
- Challenges and gaps remain, including which pathways from the food chain supply – namely agriculture – most improve diets and nutrition outcomes; how consumption of ultra-processed food influences diets, and overnutrition and obesity; and considerations of environmental sustainability.
- Best practices for optimising nutrition outcomes in the agriculture sector and food systems is another area where the evidence base has grown slowly and has not yet translated to impact at scale (Shekar et al., 2021).
- Data are scarce for diets and food environments. Data are also limited for food safety, and its impacts on producer and consumer behaviours. This is particularly true in sub-Saharan Africa and South Asia.
- Key information on food systems is often unavailable due to insufficient monitoring and evaluation (Madzorera et al., 2021).

 **Key message**

- Intervening in and measuring food systems requires: 1) identifying context-specific theories of change to identify points for intervention within food systems; and 2) determining the metrics to track progress based on what data are available.
- Where standard indicators are limited, you may need to develop context-specific indicators or rely on qualitative methods such as focus group discussions or interviews to monitor your programme.

3.7.2.2 Agriculture is the primary entry point into the food systems pathways


The agriculture pathways follow the UNICEF Conceptual Framework, while the Food Systems pathways follow the adapted HLPE/Innocenti framework. The two pathways are linked through the entry point into the food systems pathways, which focusses on agricultural production as the entry point (and dietary intake as the end point) that leads to nutrition outcomes. However, food systems pathways also include other points that are part of the food supply chain, such as post-harvest management, and personal and external food environments, including marketing and food distribution mechanisms. These all have an important bearing on nutrition and health outcomes.

 **Key message**

- While the agriculture and food systems pathways are connected, the agriculture pathways can be used to help identify points to monitor when implementing specific agriculture programmes that focus on production, and the food systems pathway can be used when implementing interventions that are specifically focussed on consumers.

3.7.2.3 Behaviours through the food systems pathway have multiple influencers

Behaviours are driven by personal and external food environments as well as by other influencers such as intra-household dynamics, socio-economic characteristics, desirability and acceptability of food, eating patterns, and appetite. They are also affected by individual characteristics that affect the ability to eat, for example dental issues requiring soft textures and difficulties swallowing certain textures of foods for some children with disabilities. The extent to which behaviours are influenced by these factors is difficult to monitor, and research is ongoing to determine their importance in influencing diets.

 **Key message**

- While direct monitoring may not be possible, monitoring intermediate steps along the pathway that lead to behaviours that influence diets may provide sufficient evidence to understand whether your food systems interventions are having an effect on your target population. This includes availability, affordability or accessibility of food to programme target groups.

3.7.2.4 Food systems interventions can have negative impacts on child, adolescent, and maternal nutrition

There are two main pathways through which food systems interventions can have a negative impact on the nutritional status of children, adolescents and/or women:

Table 5. How food systems interventions can negatively impact on children's nutritional status



Environmental risks to nutrition

The relation between food systems and the environment is complex because environmental changes are both a driver and an outcome of food systems. Climate change will likely affect all populations, but in particular the nutritional status of those already most at risk of malnutrition, by affecting the quantity and quality of food, and through proliferation of pests and pathogens such as aflatoxins. Environmental inputs are also likely to affect food

environments by influencing food availability, quality, safety and affordability, as well as diet quality (Fanzo et al., 2021).



Risk of increased consumption of refined and ultra-processed foods and beverages

Dietary patterns are increasingly characterised by consumption of refined and ultra-processed foods and beverages. This has led to an increased prevalence in overweight and obesity in LMICs among poor urban and rural households. However, the lack of data on dietary patterns and limited knowledge on how people interact with their food environments is a challenging barrier when monitoring for nutrition outcomes (Madzorera et al., 2021). Participant-based surveys or qualitative approaches such as focus group discussions or key informant interviews could help bridge this data gap.



Key message

- Active monitoring is important to ensure your intervention is not having unintended negative consequences on child, adolescent, and maternal nutrition.

3.8 Social protection sector

The social protection pathways to improved nutrition outcomes (Figure 9) include cash transfer and food transfer programmes. They can contribute to better maternal and child nutrition outcomes through three main pathways:

1. **Cash transfer interventions** increase the amount and predictability of financial resources at household level. These resources can be used for improving the underlying determinants of nutrition (food, feeding (e.g. expenditure on hygiene practices) and environments).
2. **Food transfer interventions** directly improve access to food at household level and have the potential to improve diets of young children and women.
3. **Social protection interventions** usually have higher impact on nutrition outcomes in households where women are empowered. But social protection interventions can also directly contribute to women's empowerment and can support with disability inclusion if social protection mechanisms cover people with disabilities in a specific country.

Social protection interventions can be conditional upon factors such as community work, use of health services, nutrition/health education, and enrolling children in early childhood development centres. These conditions, when contextualised, can maximise the impact on child and maternal nutrition outcomes.

Examples of interventions for the social protection sector include:

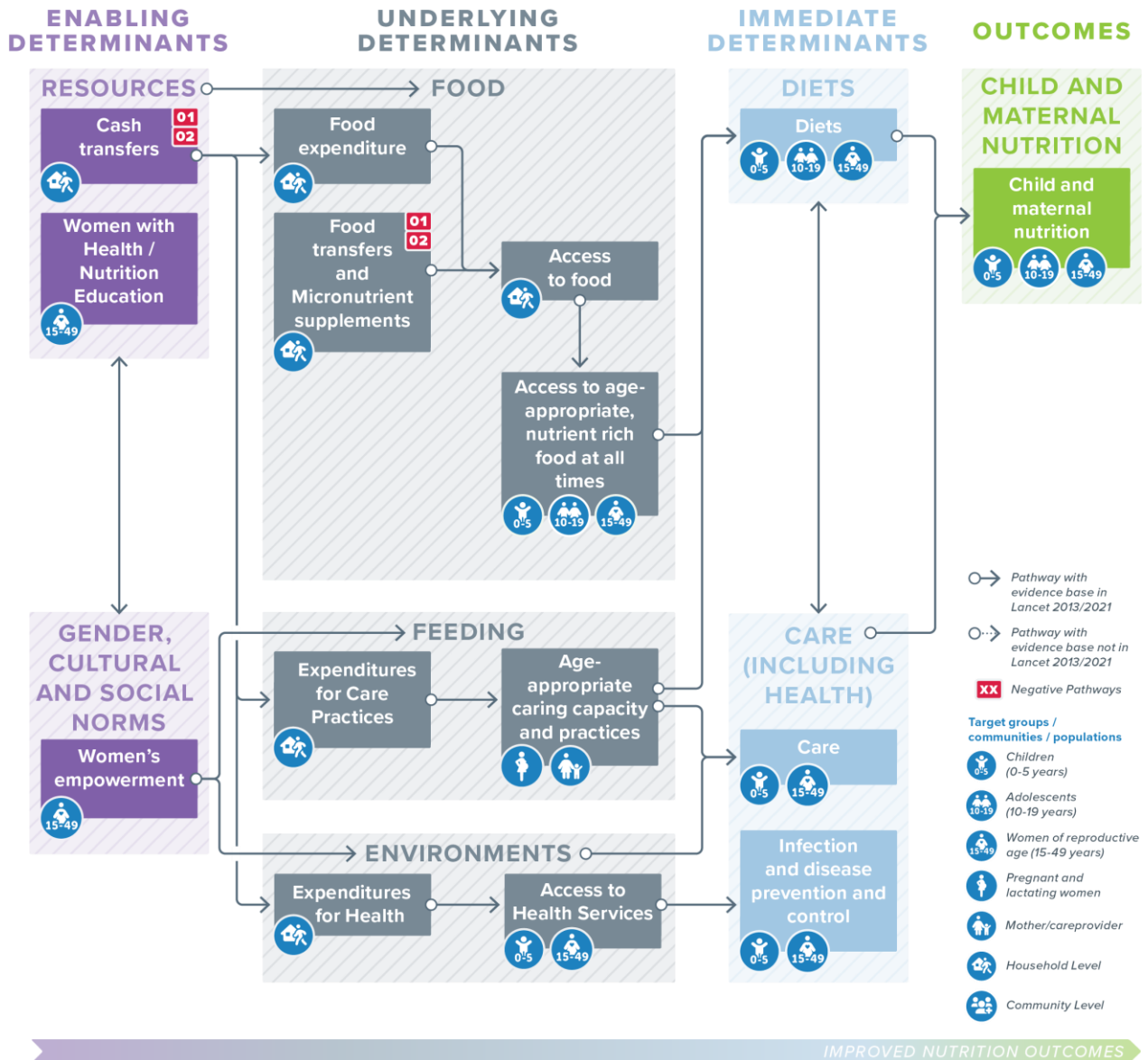
- Food-based interventions
- Fortified food-based interventions
- Cash-based interventions
- Social protection interventions, which can be conditional upon:
 - Community work
 - Use of health services
 - Enrolment in nutrition or health education programmes, including for children, families, and people with disabilities
 - Enrolment of children in early childhood development centres

Two potential negative pathways are embedded in social protection interventions:

1. Risk of increased workload for women when the transfer is conditional upon work
2. Risk of disturbing local markets

3.8.1 Pathways: Social protection

Figure 9. Nutrition-relevant pathways for monitoring nutrition within the social protection sector



3.8.2 Considerations: Social Protection

See the Social Protection TASC guidance document for further details on social protection programmes.

3.8.2.1 Carefully check your assumptions along the pathway

- Although there is strong evidence that social protection interventions increase access to food, there is mixed evidence that they increase the nutritional status of children.
- Evidence varies across contexts. Social protection interventions are necessary but may not be sufficient to improve children's nutritional status, as other contextual factors are at play. For example:
 - The pathway implies a decision to use the cash transfer for improved diets or better health care. Who makes that decision? Other investments may be perceived as more important.
 - A social protection programme will not improve care practices if women simply don't have time for care.



Key message

- **Carefully review the hypothesis behind each step of your theory of change.** If necessary, a solid context analysis can help to identify these hypotheses.
- **Monitor what is happening within the household.** It is not enough to monitor if household food access is improving. You need to monitor if the individual diets of women and children are improving, with a focus on those with disabilities.

3.8.2.2 There are three main pathways between social protection and nutrition

- The effects of social protection programmes on nutrition seem to be mediated mainly by
 - improved diets,
 - increased consumption of animal source foods,
 - reduced incidence of diarrhoea (Manley et al, 2020).
- This does not mean that other pathways should be neglected; they may just be more difficult to quantify.



Key message

- Monitoring the intermediate steps in the pathways to improved nutrition outcomes can provide evidence that the programme is more likely to reduce undernutrition.

3.8.2.3 Social protection programmes can have a stronger impact on stunting than wasting

Current evidence shows a stronger effect of social protection programmes on stunting compared with wasting (Manley et al., 2020).



Key message

- If your intervention is specifically targeting wasting, carefully review your theory of change in light of existing evidence (Durr, 2020).

3.8.2.4 Women's empowerment increases the likelihood of impact on nutrition

The pathways to improve nutrition imply that social protection interventions are used for improving diets of the child or the mother, or for increasing expenses for better health care or better care practices. All these intermediate steps along the pathway have higher chances of occurring in households where women are empowered. Note that the social protection programme is in itself a potential contributor to women's empowerment, leading to a virtuous cycle.



Key message

- Monitor the level of women's empowerment to:
 - Identify if it is a bottleneck in your context: disaggregate your data by the level of women's empowerment.
 - Identify if (and how) your programme may contribute to empowering women.
- Note that women's empowerment is challenging to measure as there are several dimensions to consider. You can identify which dimension is more relevant to your intervention and select your indicator accordingly (see indicator tool).

3.8.2.5 Be ready to adjust the modalities of the social protection programme

Evidence shows that the modalities of the social protection intervention can determine whether it has an impact on undernutrition. Indeed, the targeting of beneficiaries, the seasonality of the transfer, the levels of the transfers, the person receiving the transfer, and the conditions of the transfer can all make a difference.



Key message

- Monitor intermediate steps along the pathway and adjust the modalities of your intervention(s) if necessary.
- For example, an intervention may increase access to food but may not improve the diets of children. Adjusting the modalities of the programme (increasing the level of transfer or including a nutrition training component as a condition) may provide better results.

3.8.2.6 Carefully monitor the potential negative effects of your intervention on nutrition

Social protection programmes can have negative impacts on nutrition through two pathways: increasing women's workloads and deteriorated local markets.

Table 6. How social protection programmes can impact negatively on nutrition



Risk of increased workload for women

In contexts of time poverty, 'cash for work' interventions can significantly increase the workload of women who may consequently have to reduce their time spent on taking care of the child – an important determinant of malnutrition. Moreover, intensive labour for women in their last months of pregnancy increases the risk of pre-term birth – an important determinant of low birth weight.



Deteriorated local markets

Large-scale distribution of food/cash can disturb local markets, creating local inflation and decreased access to food for the community.



Key messages

- Active monitoring is important to ensure your intervention is not having unintended negative consequences on child nutrition.
- If relevant, monitor the effect of the intervention on the workload of women (see indicator tool).
- If relevant, monitor prices in local markets, especially for nutrient-rich food items.

4 Case Studies

Case studies have been identified to provide programme teams with resources for programme monitoring challenges, approaches for quantitative and qualitative data collection, multisectoral monitoring, and overall examples of good quality nutrition monitoring.

Using the Nutrition Policy Marker helps to track nutrition activities systematically and consistently across organisations. Building nutrition into programme design using the Nutrition Policy Marker, helps ensure the social, economic and environmental impacts of nutrition related programming are optimized. For guidance on how to use the Nutrition Policy Marker, see the [OECD Nutrition Policy Marker Handbook](#).

4.1 What should I consider when combining quantitative and qualitative evidence?

Table 7. Considerations when combining quantitative and qualitative evidence

Case study	Author	Year	Description
Synthesising quantitative and qualitative evidence to inform guidelines on complex interventions: clarifying the purposes, designs and outlining some methods	Noyes et al.	2019	Overview of different purposes, review designs, questions, synthesis methods and opportunities to combine quantitative and qualitative evidence to explore the complexity of complex interventions and health systems, using three WHO case studies. Includes guiding questions to consider when combining quantitative and qualitative evidence in a mixed-methods design.
Twin peaks: the seasonality of acute malnutrition, conflict, and environmental factors – Chad, South Sudan, and the Sudan	FAO and Tufts University	2019	Detailed methodology on quantitative and qualitative data collection and analysis. Qualitative methods included semi-structured interviews of key informants, focus groups using checklists, and participatory response analysis tools. Quantitative methods included nutrition data (SMART surveys), disaster data, environmental data, and conflict data. Considerations are presented for data aggregation by administrative level, representation of data, and potential bias.
Indigenous People’s food systems: the many dimensions of culture, diversity, and environment for nutrition and health	FAO	2009	Twelve case studies of food systems using quantitative and qualitative data collection methods.

4.2 What are examples of good-quality nutrition monitoring?

Table 8. Examples of good-quality nutrition monitoring

Case study	Author	Year	Description
Nutrition-relevant programme in Yemen	ENN	2020	Outlines resilience programming (including infant and young child feeding (IYCF), care and hygiene) in an insecure yet stable context. Includes details on community feedback mechanisms and impact monitoring.
Monitoring and evaluation design of Malawi’s Right Foods at the Right Time nutrition programme	Ruel et al.	2019	In-depth article on M&E of a nutrition programme, including traditional and digital platforms, and an impact evaluation, as well as qualitative studies, a process evaluation, and a cost-effectiveness study.

Building the Blocks for Nutrition-Sensitive Social Protection Systems in Asia	WFP	2017	This document describes nutrition-relevant social protection interventions and includes monitoring (p28) and case studies (p50).
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4.3 What are examples of monitoring nutrition outcomes for multisectoral approaches?

Table 9. Examples of monitoring nutrition outcomes for multisectoral approaches

Case study	Author	Year	Description
Exploring multi-sectoral nutrition programmes at the sub-national level Key findings from eight country case studies	ENN	2018	Set of 8 country case studies from Kenya, South Senegal, Nepal, Bangladesh, Ethiopia, Niger, Philippines and Zimbabwe, including examination of M&E examples and challenges.
Multi-sectoral Nutrition Programming: A review of current literature and evidence	ENN	2018	Includes an overview of M&E and examples of models for multisectoral nutrition programming.

5 Data Collection Challenges and Solutions

This section outlines practical questions you may face when monitoring nutrition pathways. For each question, selected resources are identified and described briefly. Additional information on approaches to measuring pathway indicators can be found in the indicator tool.

5.1 Where can I find a more detailed description of the pathways to undernutrition?

Table 10. Detailed description of the pathways to undernutrition

Title	Description
<u>UNICEF 2020 Conceptual Framework</u>	The UNICEF 2020-2030 strategy includes an updated framework of malnutrition with key definitions (p32-33).
<u>Lancet Series 2021 framework</u>	The Lancet Series on Child and Maternal Undernutrition Progress (2021) includes an updated framework on key direct and indirect actions on maternal and child nutrition.
<u>Health sector pathway</u>	The LiST tool has a visualizer of how key interventions can improve nutrition. It is well populated with direct health sector nutrition interventions.
<u>WASH sector pathway</u>	USAID has developed this concise and well documented technical brief on WASH and its links to nutrition.
<u>Agriculture sector pathway</u>	This scientific article details in the introduction six pathways linking agriculture and nutrition.
<u>Food systems pathway</u>	This report describes the food systems framework and opportunities to improve diets through this pathway.
<u>Social protection sector pathway</u>	This article provides a good review of cash transfers pathways to nutrition.

5.2 Why is monitoring nutrition outcomes a challenge?

Table 11. Examples of nutrition monitoring challenges and good practices

Title	Description
<u>Evaluating nutrition-sensitive programs: Challenges, methods, and opportunities</u>	This key article reviews the classic pitfalls and good practices of nutrition impact evaluations. It describes the difference between monitoring and evaluating a nutrition programme.
<u>Nutrition indicators in agriculture projects: Current measurement, priorities, and gaps</u>	This key article reviews classic pitfalls and good practices of measuring nutrition pathways.

5.3 Where can I find a list of monitoring indicators?

The indicator tool that is linked to these guidelines is an Excel tool that lists indicators that are useful for monitoring nutrition programmes. It follows the same structure as this guidance and provides a selection of indicators for each step along all six sector pathways (Health, WASH, agriculture, food systems, social protection). For each indicator, you will find the following:

- Indicator definition
- Description of the level of difficulty in data collection
- Description of the level of validity/acceptance of the indicator
- A link to practical resources to collect the indicator (description, definition, guidance for data collection, link to international databases).

When developing your theory of change based on the pathways, you can use the indicator tool to select the indicator you are going to use to monitor each step along the pathway. Most of the indicators presented are quantitative indicators. Some steps along the pathway have no indicator attached because, to our knowledge, there is no standardised indicator available. A contextualised indicator can be built, or a qualitative approach may be more appropriate.

5.4 Where can I find a more complete list of quantitative indicators?

The indicator tool is not an exhaustive list of monitoring indicators. Rather, it is a pre-selection of quantitative indicators particularly relevant for monitoring nutrition interventions. Users can explore the external resources listed in the indicator tool to look for other indicators if necessary. It is, however, recommended to identify a limited number of carefully selected and well-measured indicators rather than increasing the number of indicators.

5.5 What are the limitations of using quantitative indicators only?

The indicator tool lists mainly quantitative indicators. Quantitative indicators are particularly useful to monitor trends and therefore the effects of a given intervention. They can answer questions like: “did the diet diversity of children increase during programme implementation?”. However, quantitative indicators naturally have limitations:

- They may not measure exactly what is needed (use of ‘proxy’ indicators).
- Many are self-declared and subject to bias.
- They usually fail to answer “why” questions, such as “why did diet diversity increase during the programme?”
- They may not be the most efficient way to describe behaviours/practices and to answer questions like “how are diets changing with seasons?” (Focus group discussions (FGD), for example, can answer this question more efficiently).

To strengthen the monitoring of an intervention, qualitative tools can be very powerful and complementary to measurement using quantitative indicators, helping to triangulate the information. This is especially true for interventions aiming at improving nutrition, because: 1) they often involve behaviour changes that are challenging to understand and quantify; and 2) they are often based on a large number of assumptions which cannot be all monitored quantitatively.

Considering the limitations of quantitative indicators, examples of complementary qualitative approaches to monitoring can be found in Table 12.

Table 12. Qualitative approaches to monitoring nutrition-relevant indicators

Sector	Areas difficult to monitor with quantitative indicators	Relevant qualitative approach
Health	Identifying barriers to adoption of exclusive breastfeeding practices	Example of qualitative study Example of qualitative study SWOC analysis described in the CARE guide Action Cards
	Identifying health-seeking behaviours	FGD or Ten Seed Techniques described in the CARE guide
	Identifying barriers to the use of community-based management of acute malnutrition (CMAM) services	Example of qualitative study
	Evaluating the prevalence of anaemia at district level	District Assessment Tool for Anaemia
WASH	Evaluating the risk of infection of faecal pathogens	FGD or observation (see the CARE guide) using the updated F-Diagram. See Fig. 4 of this article.
	Identifying barriers to the adoption of hygiene practices	Barrier analysis, see the CARE guide FAO KAP surveys
Agriculture & Food Systems	Understanding intra-household decision-making process	FGD, see CARE guide or FAO gender assessment
	Identifying the cultural and social norms related to women's empowerment	FAO gender assessment Gendered Resource Mapping, see the CARE guide Daily Activity Chart, see the CARE guide
	Identifying diet preferences and practices	Card Sorting, see the CARE guide Example of study
	Understanding seasonality of diets	Seasonal calendar, see the CARE guide
All	Barrier analysis	CARE guidance Example of barrier analysis Example of barrier analysis

5.6 Which qualitative methods can be useful for nutrition monitoring?

The FHI guide provides guidance on generic tools used in qualitative approaches, such as focus group discussions, in-depth interviews, and observational data collection. The [CARE guide](#) is more specific to maternal and child nutrition programming and includes guidance for conducting barrier analysis, seasonal calendars, and local food assessments. It also includes some examples of qualitative survey instruments.

Qualitative data may involve direct or remote data collection. The following table identifies, for each sector, some areas where a qualitative approach can be particularly relevant. When available, specific resources/examples of field studies are provided.

Qualitative approaches can also be powerful for yearly programme evaluations/appraisals to adjust the interventions to needs. Two guides to conduct qualitative evaluation of nutrition programmes are from [FAO](#) and [SPRING](#).

5.7 What sampling method should I use?

Several recommended indicators are typically used for population-based surveys such as [SMART surveys](#), to establish an estimate for the population at a national or sub-national level. For programme monitoring purposes, participant-based surveys may be more relevant. The following guides provide detailed insight for sampling methods: [Feed the Future Guide](#); [USAID BHA guide](#).

5.8 How can I involve the community in monitoring?

Engaging the community in programme design and monitoring fosters their ownership of the programme and adherence to monitoring processes. Examples of collaborative design and monitoring can be found in an article by Kang et al., 2021 and in the detailed [Beneficiary Engagement Smart Guide \(2019\)](#), published by FCDO. Beneficiary engagement tools that are encouraged include: human-centred design, key informant interviews, focus group discussions, community consultation, data visualisation, third-party monitoring, participatory monitoring, surveys, mobile apps, suggestion boxes, mobile phones (SMS or interactive voice response), hotlines, social media, help desk, radio with call-in, and participatory evaluation.

5.9 How can I monitor equity?

Several approaches can be used to monitor equity in reaching the most at risk, which are listed in Table 13. Further details on monitoring equity can be found in this guide published by [USAID](#).

Table 13. Equity monitoring approaches

Approach	Description
Monitoring users of services	This is a simple monitoring approach to keep track of relevant characteristics of programme users. Those who are reached by the programme can be compared to the population as a whole.
Qualitative techniques	These can be used during programme implementation to collect more information about underlying conditions of inequities, or reactions to activities that address nutrition and health inequities.
Asset-based wealth quintile survey	This is a common method to look at inequities based on relative wealth. DHS routinely collects this information as part of their household surveys.
Slope index of inequality	This index represents the difference in health outcomes between the two ends of the equity scale, e.g. the poorest and richest programme participants. It is a statistical method to summarise data on inequalities.
Quick poverty score	A simple tool can be used to assess the prevalence of poverty among users of health service programmes.

6 Advocacy, Influencing, and Technical Assistance Activities

Successful advocacy requires a variety of initiatives that often simultaneously impact numerous targets at different levels. Table 14 outlines two key references that can help with your monitoring of advocacy, influencing, and technical assistance activities.

Table 14. Advocacy resources

Title	Description
<u>Nutrition Cluster Advocacy Toolkit</u>	This toolkit provides key questions for reflection, basic advocacy pointers, and some advocacy tools related to different stages of the advocacy cycle, with a specific focus on advocacy for nutrition in humanitarian contexts. The toolkit also highlights relevant case studies related to advocacy for nutrition.
<u>Pathways for Change: 10 Theories to Inform Advocacy and Policy Change Efforts</u>	This brief summarises ten theories grounded in social science about how policy change happens, and how they may be useful for evaluations.

6.1 How can I assess the effectiveness of my advocacy work?

Monitoring your advocacy change goals and objectives refers to **monitoring changes in policies, funding and processes** – as opposed to monitoring changes in nutritional status of the programme target population who may have benefited from your advocacy work. These changes in policies, funding and processes can include development of new policy proposals, formal establishment of policies, protection of positive policies, blocking of negative policy proposals, increased or sustained funding levels for policies and programmes, or implementation of policies in accordance with requirements.

However, the effects of your advocacy work can occur across several years and outside your programme timeframe. **Periodic monitoring** of important progress throughout your advocacy efforts will help you evaluate and understand if you are meeting the steps towards your advocacy change goals and objectives. It will also capture lessons learned for future advocacy and increase accountability among partners and stakeholders.

6.2 What process should I use to assess my advocacy work?

Useful indicators to assess your advocacy work include:

- Increased organisational capacity to deliver strategic advocacy
- Political will/public support by key stakeholders for your advocacy position
- Support from new partners to your advocacy position
- New advocacy champions to promote your advocacy messages
- Strengthened advocacy capacity including updated plans and dedicated financial and human resources
- Progress throughout the decision-making process

There is no single methodology to monitor advocacy, influencing, and technical assistance activities. A simple **monthly activity tracker** with three columns can be useful, including the **activity date**, the **description** of the activity and a link to documents if relevant, and **comments** on what progress you have achieved and next steps. The activities should relate to the indicators you are using to assess your advocacy work. The monthly activity tracker and indicators should be reviewed periodically throughout the programme timeframe, and activities adjusted accordingly.

7 References

A list of key references is provided for each sector below.

7.1 Key nutrition and health references

Table 15. Key nutrition and health references

Title	Author	Year
<u>Indicators for assessing infant and young child feeding practices</u>	WHO and UNICEF	2021
<u>Effective interventions to address maternal and child malnutrition: an update of the evidence</u>	Keats et al.	2021
<u>Mobilising evidence, data, and resources to achieve global maternal and child undernutrition targets and the Sustainable Development Goals: an agenda for action</u>	Heidkamp et al.	2021
<u>Revisiting maternal and child undernutrition in low-income and middle-income countries: variable progress towards an unfinished agenda</u>	Victora et al.	2021
<u>The relationship between wasting and stunting in young children: A systematic review</u>	Thurstans et al.	2021
<u>Nutrition for every child: UNICEF nutrition strategy 2020-2030</u>	UNICEF	2020
<u>Landscape assessment on global monitoring of diet quality</u>	WHO/UNICEF	2020
<u>Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality</u>	Headey et al.	2020
<u>Field Exchange editorial on terminology (wasting v acute malnutrition)</u>	ENN	2019
<u>Perspective: What Does Stunting Really Mean? A Critical Review of the Evidence</u>	Leroy and Frongillo	2019
<u>Measuring the coverage of nutrition interventions along the continuum of care: time to act at scale</u>	Gillespie et al.	2019
<u>The Global Syndemic of Obesity, Undernutrition, and Climate Change: The Lancet Commission report</u>	Swinburn et al.	2019
<u>Feeding and Positioning Manual: Information Supporting Positive Feeding Development Across Common Disabilities</u>	Hold International	2019
<u>Intervention strategies to improve nutrition and health behaviours before conception</u>	Barker et al.	2018
<u>Reducing stunting in children: equity considerations for achieving the Global Nutrition Targets 2025</u>	WHO	2018
<u>The association between malnutrition and childhood disability in low- and middle-income countries: a systematic review and meta-analysis of observational studies</u>	Nixon and Kuper	2018
<u>Comprehensive review of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal and child health: 5. equity effects for neonates and children</u>	Schleiff et al.	2017
<u>Programming maternal and child overweight and obesity in the context of undernutrition: current evidence and key considerations for low- and middle-income countries</u>	Jaacks et al.	2016
<u>Malnutrition and disability: Unexplored opportunities for collaboration</u>	Grocer et al.	2014
<u>Maternal and child undernutrition and overweight in low-income and middle-income countries</u>	Black et al.	2013

7.2 Key WASH references

Table 16. Key WASH references

Title	Author	Year
<u>WASH and its links to Nutrition. Technical Brief 3</u>	USAID	2020
<u>Environmental enteric dysfunction and child stunting</u>	Budge et al.	2019
<u>Nutrition-Sensitive Water Supply, Sanitation, and Hygiene</u>	World Bank	2019
<u>Independent and combined effects of improved water, sanitation, and hygiene, and improved complementary feeding, on child stunting and anaemia in rural Zimbabwe: a cluster-randomised trial</u>	Humphrey et al.	2019
<u>Effects of Single and Combined Water, Sanitation and Handwashing Interventions on Fecal Contamination in the Domestic Environment: A Cluster-Randomized Controlled Trial in Rural Bangladesh</u>	Ercumen et al.	2018
<u>Effects of water quality, sanitation, handwashing, and nutritional interventions on diarrhoea and child growth in rural Bangladesh: a cluster randomised controlled trial</u>	Luby et al.	2018
<u>Effects of water quality, sanitation, handwashing, and nutritional interventions on diarrhoea and child growth in rural Kenya: a cluster-randomised controlled trial</u>	Null et al.	2018
<u>Impact of drinking water, sanitation and handwashing with soap on childhood diarrhoeal disease: updated meta-analysis and meta-regression</u>	Wolf et al.	2018
<u>Environmental enteric dysfunction pathways and child stunting: A systematic review</u>	Harper et al.	2018
<u>Hand washing promotion for preventing diarrhoea</u>	Ejemot-Nwadiaro et al.	2015
<u>Interventions to improve water quality for preventing diarrhoea</u>	Clasen et al.	2015
<u>Interventions to improve water quality and supply, sanitation and hygiene practices, and their effects on the nutritional status of children</u>	Dangour et al.	2013
<u>Child undernutrition, tropical enteropathy, toilets, and handwashing</u>	Humphrey et al.	2009
<u>Multi-country analysis of the effects of diarrhoea on childhood stunting</u>	Checkley et al.	2008
<u>Resource Page on Disability-Inclusive WASH</u>	International Disability Alliance	N/A

7.3 Key agriculture references

Table 17. Key agriculture references

Title	Author	Year
<u>The effects of food systems interventions on food security and nutrition outcomes in low- and middle-income countries</u>	Moore et al.	2021
<u>Pathways to better nutrition in South Asia: Evidence on the effects of food and agricultural interventions</u>	Dizon et al.	2021
<u>Nutrition-sensitive agriculture programme impacts on time use and associations with nutrition outcomes</u>	Bold et al.	2021
<u>Is women's empowerment a pathway to improving child nutrition outcomes in a nutrition-sensitive agriculture program?: Evidence from a randomized controlled trial in Burkina Faso</u>	Heckert et al.	2019
<u>Women's empowerment in agriculture and dietary quality across the life course: Evidence from Bangladesh</u>	Srabone et al.	2018
<u>Nutrition-sensitive agriculture: What have we learned so far?</u>	Ruel et al.	2018
<u>Food Systems: Pathways for Improved Diets and Nutrition</u>	Kennedy et al.	2018
<u>Agriculture, food security, and nutrition in Malawi: Leveraging the links</u>	IFPRI	2018
<u>Agriculture, Food Systems, and Nutrition: Meeting the Challenge</u>	Gillespie et al.	2017
<u>Duration of programme exposure is associated with improved outcomes in nutrition and health</u>	Miller et al.	2016
<u>Agriculture and Nutrition in Bangladesh: Mapping Evidence to Pathways</u>	Yosef et al.	2015
<u>The Negative Side of the Agricultural–Nutrition Impact Pathways: A Literature Review</u>	Dury et al.	2015
<u>Agriculture and nutrition in India: mapping evidence to pathways</u>	Kadiyala et al.	2014
<u>Understanding and Applying Primary Pathways and Principles</u>	Herforth et al.	2014
<u>Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition?</u>	Ruel et al.	2013
<u>The Effects of Household Food Production Strategies on the Health and Nutrition Outcomes of Women and Young Children: A Systematic Review</u>	Girard et al.	2012

7.4 Key food systems references

Table 18. Key food systems references

Title	Author	Year
<u>In Brief to The State of Food Security and Nutrition in the World</u>	FAO, IFAD, UNICEF, WFP and WHO	2021
<u>Food Systems Summit, Action Track 1: Ensure access to safe and nutritious food for all</u>	UN	2021
<u>The importance of food systems and the environment for nutrition</u>	Fanzo et al.	2021
<u>The CFS Voluntary Guidelines on Food Systems and Nutrition</u>	Committee on World Food Security	2021
<u>The effects of food systems interventions on food security and nutrition outcomes in low- and middle-income countries</u>	Moore et al.	2021
<u>Food Systems as Drivers of Optimal Nutrition and Health: Complexities and Opportunities for Research and Implementation</u>	Madzorera et al.	2021
<u>Maternal and child undernutrition: progress hinges on supporting women and more implementation research</u>	Shekar et al.	2021
<u>The Food Systems Dashboard is a new tool to inform better food policy</u>	Fanzo et al.	2020
<u>Conceptual framework of food systems for children and adolescents</u>	Raza et al.	2020
<u>Food systems for children and adolescents</u>	UNICEF and GAIN	2019
<u>Nutrition and food systems. A report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security</u>	Committee on World Food Security (HLPE)	2017
<u>Indigenous People's Food Systems</u>	Kuhnlein HV, Erasmus B, Spigelski D	2009

7.5 Key social protection references

Table 19. Key social protection references

Title	Author	Year
<u>Tubaramure, a Food-Assisted Integrated Health and Nutrition Program, Reduces Child Wasting in Burundi: A Cluster-Randomized Controlled Intervention Trial</u>	Leroy et al.	2021
<u>The Social Protection Pathways to Nutrition. A Stocktaking of Evidence in Asia and the Pacific</u>	UNICEF	2020
<u>Cash transfers and child nutritional outcomes: a systematic review and meta-analysis</u>	Manley et al.	2020
<u>Nutrition and cash-based interventions</u>	FAO	2020
<u>Evidence and Guidance Note on the Use of Cash and Voucher Assistance for Nutrition Outcomes in Emergencies</u>	Durr	2020
<u>The impact of cash transfers on social determinants of health and health inequalities in sub-Saharan Africa: systematic review</u>	Owusu-Addo et al.	2018
<u>Impacts of cash on nutrition outcomes</u>	Fenn	2017
<u>Cash Transfers and Child Nutrition: Pathways and Impacts</u>	De Groot et al.	2017
<u>Cash transfers: what does the evidence say?</u>	Bastagli et al.	2016
<u>Research on Food Assistance for Nutritional Impact (REFANI): Literature Review</u>	Fenn et al.	2015
<u>Leveraging Social Protection Programs for Improved Nutrition: Summary of Evidence Prepared for the Global Forum on Nutrition-Sensitive Social Protection Programs, 2015</u>	Alderman	2015
<u>The impact of conditional cash transfer programmes on child nutrition: a review of evidence using a programme theory framework</u>	Leroy et al.	2009

7.6 Key equity monitoring resources

Table 20. Key equity monitoring references

Title	Author	Year
<u>Global Nutrition Report</u>	Independent Expert Panel	2020
<u>E-Handbook on SDG Indicators</u>	UN	2020
<u>Integrating Gender Equality into Technical Assistance</u>	Nutrition International	2019
<u>An equity dashboard to monitor vaccination coverage</u>	Arsenault et al.	2017
<u>Global Nutrition Monitoring Framework: operational guidance for tracking progress in meeting targets for 2025</u>	WHO	2017
<u>Equity-oriented monitoring in the context of universal health coverage</u>	Hosseinpoor et al.	2015
<u>Human Rights Indicators: A Guide to Measurement and Implementation</u>	UNHCR	2012
<u>Considerations for incorporating health equity into project designs: A guide for community-oriented MNCH projects</u>	USAID	2011
<u>How to design and manage equity focused evaluations</u>	UNICEF	2011
<u>Washington Group Question Sets (Disability Data Collection)</u>	Washington Group	2006