INCREASING AWARENESS AND KNOWLEDGE ABOUT NUTRITION

A Practitioner Guide for SDGP and other PPP projects

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The SDG Partnership Facility (SDGP), aims to help achieve sustainable development goals 2 (ending hunger), 8 (decent jobs and economic growth) and 17 (partnerships for the goals) in developing countries. As these goals cannot be solved by one party, SDGP works with partnerships between government, businesses, NGOs and/or knowledge centres. Combining the expertise of these parties is essential for finding innovative solutions to complex challenges.

Early January 2021 the Netherlands Enterprise Agency (RVO) organized a webinar on nutrition improvement, offering information, tools and coaching for SDGP and other Public-private partnership (PPP) projects. The webinar was elaborated in collaboration with the Netherlands Working Group on International Nutrition (NWGN). Tailored presentations and documentation have been developed, with the aim to raise nutrition awareness amongst practitioners, and promote more nutrition sensitive approaches. All relevant information has been brought together in this Practitioner Guide for further support and outreach among SDGP and other PPP project teams.

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Why this practitioner guide?

Many projects in the agriculture and food sector aim to make an impact on food security, for example by improving productivity and increasing income of small holder farmers. At the same time there may be opportunities to also influence the quality of local diets, and as such improve nutrition and further contribute to SDG2. However, often projects have not (yet) considered these opportunities.

This guide aims to support you as practitioners who have projects in place (agriculture, economic growth, food systems) with and without a specific nutrition objective and indicators, to better understand these nutrition related opportunities. The guide will help you to:

I. Improve your general understanding on nutrition security and malnutrition issues (Steps 1 & 2)
II. Understand the synergies and trade-offs and check the current nutrition situation in your specific project locations (Steps 3 & 4)
III. Identify potential nutrition-sensitive add-ons to your project(s) and better understand how to include, measure and evaluate those (Steps 5 & 6)

This guide will take you through the different steps (see figure below) and with every step an overview is given on the theory, some practical examples and links to further resources.

Steps to take

1. **UNDERSTAND WHAT NUTRITION IS AND WHY IT IS IMPORTANT AND RELEVANT**
2. **UNDERSTAND HOW AGRICULTURE, ECONOMIC GROWTH AND FOOD SYSTEM PROGRAMMES CAN STRENGTHEN IMPACT ON NUTRITION**
3. **BE AWARE OF COMMON UNINTENDED NEGATIVE EFFECTS OF PROJECT INTERVENTIONS ON NUTRITION; BETTER UNDERSTAND SYNERGIES AND TRADE-OFFS**
4. **CHECK THE CURRENT NUTRITION SITUATION (AND MAIN ISSUES) IN YOUR SPECIFIC PROJECT LOCATIONS**
5. **IDENTIFY SUITABLE INTERVENTIONS AND INDICATORS BY USING THE GUIDELINES OF THE NETHERLANDS WORKING GROUP ON INTERNATIONAL NUTRITION**
6. **INCORPORATE NUTRITION ADD-ONS AND APPLY INDICATORS IN WORKPLANS AND MONITORING & EVALUATION FRAMEWORKS**
Eating a balanced diet is vital for our health and well-being. Food provides our bodies with the energy, proteins, vitamins, and minerals to live, grow, and stay active. We need a wide variety of different foods to provide the right amounts of nutrients to live healthy and productive lives.

However, in many countries - rich and poor alike - foods that are rich in nutrients, like fish, nuts, fruits and vegetables, are often far too expensive for ordinary people, or they are unsafe, inconvenient, unattractive or simply not available. (GAIN, 2020)

People with adequate nutrition are more productive and can benefit from opportunities to gradually break the cycles of poverty and hunger. Better nutrition is related to improved infant, child and maternal health, stronger immune systems, safer pregnancy and childbirth, lower risk of non-communicable diseases (such as diabetes and cardiovascular disease), and longevity.

Malnutrition refers to deficiencies, excesses, or imbalances in a person’s intake of energy and/or nutrients. The term malnutrition addresses 3 broad groups of conditions (also referred to as nutrition status), (WHO, 2020):
- undernutrition, which includes wasting (low weight-for-height), stunting (low height-for-age) and underweight (low weight-for-age);
- micronutrient-related malnutrition, which includes micronutrient deficiencies (a lack of important vitamins and minerals) or micronutrient excess; and
- overweight, obesity and diet-related noncommunicable diseases (such as heart disease, stroke, diabetes and some cancers).

Malnutrition, in every form, presents significant threats to human health. Various forms of malnutrition are prevalent in the same country, family or even individual, especially in low- and middle-income countries. (WHO, 2020)

**KEY FACTS**
- 1 in 3 people worldwide suffer from some type of malnutrition
- 2 billion people do not consume enough vitamins and minerals for healthy growth
- 151 million children under five have stunted physical and cognitive development
- Children that are stunted at age 3 do significantly worse in school and are more likely to live in poverty as adults
- 11% of the gross domestic product in Africa and Asia is estimated to be lost to malnutrition each year
- For every dollar invested, 16 dollars are generated in return

(Global Nutrition Reports 2014-2020)
In order to achieve the SDGs and specifically SDG 2, we must significantly accelerate progress in ensuring all people can access enough nutritious and safe food, year-round. And your projects might contribute to that.

**NUTRITION AND THE SDGs**

**SCALING UP NUTRITION (SUN):** “Without adequate and sustained investments in good nutrition, the SDGs will not be realised. The ambition to ‘End hunger, achieve food security and improved nutrition, and promote sustainable agriculture’ is captured in SDG 2, however, at least 12 of the 17 SDG goals contain indicators that are highly relevant to nutrition.

Malnutrition will represent an often invisible impediment to the successful achievement of the SDGs. It results not just from a lack of sufficient and adequately nutritious and safe food, but from a host of intertwined factors linking health, care, education, water, sanitation and hygiene, access to food and resources, women’s empowerment and more.”

*Graphic developed by Sight and Life humanitarian nutrition think tank.*

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**Step 1 - Suggestions for further reading:**
- World Health Organization ([https://www.who.int/health-topics/nutrition](https://www.who.int/health-topics/nutrition))
- GAIN ([https://www.gainhealth.org/](https://www.gainhealth.org/))
- SUN ([https://scalingupnutrition.org/nutrition/the-importance-of-good-nutrition/](https://scalingupnutrition.org/nutrition/the-importance-of-good-nutrition/))
- UNICEF ([https://www.unicef.org/nutrition/](https://www.unicef.org/nutrition/))
Immediate causes of malnutrition are inadequate diets (lack of sufficient and diverse nutritious and safe food) in combination with health-related issues. The latter are usually outside the scope of projects in the agriculture and food sector. However, diets are determined by access to food and care practices at household level. These are subsequently determined by food availability, local food environments, income, position of women, nutrition knowledge and natural resource management. This is illustrated in the visualization of a food system on the next page. All of these components can be addressed by projects in the agricultural and food sector, whenever explicitly included in their intervention strategies.

Programmes that tackle the immediate causes of malnutrition are referred to as nutrition-specific programmes, whereas programmes that focus on availability of and access to nutritious food are called nutrition-sensitive programmes. In this practitioner guide we will mainly focus on nutrition-sensitive interventions, since these are closest to your project interventions.

As indicated with the many different causes mentioned above, nutrition is not a stand-alone topic and improving nutrition outcomes should always been seen in the broader framework of a food system. A food system is all of the people and activities that play a part in growing, transporting, supplying, and, ultimately, eating food. These processes also involve elements that often go unseen, such as food preferences and resource investments.

Food systems influence diets by determining what kinds of foods are produced. They also influence what foods people want to eat and are able to access. As shown in the image below, the different components of the food system include food supply chains, food environments, individual factors, and consumer behaviour, as well as external drivers (factors that push or pull at the system). These different components shape food systems and can lead to both positive and negative nutrition outcomes. (Food Systems Dashboard)
The agricultural sector plays key roles in food systems, which are relevant to improving nutrition. USAID and SPRING provide an overview in their Nutrition-Sensitive Agriculture Training tools on the role that agriculture can play, but also on the impact it can have on nutrition and the considerations that need to be taken into account:

<table>
<thead>
<tr>
<th>Role that Agriculture plays</th>
<th>Impacts on nutrition to consider</th>
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</thead>
<tbody>
<tr>
<td>Agriculture for food production</td>
<td>Decisions about what to produce on agricultural fields are influenced by market prices, relative costs/risks, access to quality inputs and knowledge, preferences and cultural norms. Nutrition is often not part of this list. A lot of nutritious foods that are produced are lost or wasted before it reaches the end-consumer. When thinking of processing and storage of agriculture products, keep in mind the issues around shelf-life, food safety, reduced nutrient content and access to food during lean times (e.g. preservation by drying).</td>
</tr>
<tr>
<td>Agriculture as a source of income</td>
<td>Improved year-round income and cash flow can be used for immediate or future household needs to support a healthy diet and life. Income may be used for food or non-food items that improve health, such as medicines, clinic visits, and agricultural supplies like plastic sheeting to protect the harvest from being contaminated. It is often assumed that nutritious, diverse and safe foods are available and affordable in local markets—a huge and often unrealized assumption. Though, purchasing power can drive demand, and if people begin to demand more diverse, nutritious foods, then the increased demand can support the relationship between agriculture and nutrition in the food market. Some rural families live in areas where agriculture is extremely difficult due to climate, soil, weather conditions, or vulnerability to shocks. These families may be better off seeking income sources that are not based in agriculture to improve the family’s health, nutrition, and chances of survival. Alternatively, they could diversify their income to increase food security resilience for the family. The effect of income on nutrition is not easily predictable since many factors influence decision-making. There is often also not a direct link; increased income doesn’t automatically lead to improved nutrition.</td>
</tr>
<tr>
<td>Agriculture as a means to women’s empowerment</td>
<td>Evidence shows that women are more likely to spend additional income on the health and nutrition needs of the household. However, women’s empowerment is not just about income. If our goal is to improve nutritional status, we must also consider time and energy use, which have a very direct impact on the health of unborn children and women’s ability to care for families. Putting more agricultural tasks on her shoulder can therefore also have a negative impact on nutrition.</td>
</tr>
</tbody>
</table>
When thinking through income and time, it is important to emphasize that although this pathway is labelled as "women's empowerment," it involves all household members (the husband, mother-in-law, or any other key decision makers at the household level).

We have learned that involving each of these key decision makers in programming—both to alleviate the heavy workload that comes with agriculture and to increase women's control of income—leads to much more effective programming and a greater likelihood that promoted practices will be adopted.

Looking at the different components of the food system and common intervention strategies of projects in the agriculture and food sector, the following ‘entry points for improving nutrition’ have been identified and are further elaborated (see also webinar slides and step 5 and 6 of the guide):

I. Income  increased income and purchasing power
II. Access  increased access to specific food crop(s)
III. Diets  diverse, healthy, safe and adequate diets
IV. Gender  women empowerment

Please note that not all opportunities will be appropriate for every project. Nutrition experts (including members from the Netherlands Working Group on International Nutrition - NWGN) can help you identify which opportunities would be most relevant and would have most potential.

I INCOME

When your project aims to increase income/purchasing power of a particular target group, several add-ons could be considered to promote nutrition improvement. In most cases increasing income is an important pre-condition for nutrition improvement. However, it is not automatically leading to improved food and nutrition security, which is often assumed. The potential impact also depends on the local availability of diverse and healthy foods and its sustainability. In addition, intra-household dynamics (e.g. gender and generation equality) play a role, as well as the awareness on the importance of nutrition, and the attitudes towards consuming more nutritious foods.

Raising awareness and providing training on the relation between income, food security and nutrition among project staff, local leaders and (government) community workers could be a helpful addition to your project interventions.
II ACCESS

Other projects might have as key objective the improved production of specific crops in order to increase availability and access from local to national level. In the current projects we have seen supply chain examples around sesame, olives, cashew, rice, vegetables, eggs, palm oil, etc. Often these projects also have an important objective around improved income, so these clusters shouldn’t be seen as stand-alone topics.

In the case of promoting one specific crop or product, again several potential interventions could be considered as a nutrition angle to your project. The impact of these interventions depends on the nutritional value of the promoted product, the dietary gap present in your target area, the affordability and accessibility to the target group throughout the year, and all the factors mentioned above under “income”.

Relevant interventions that could be considered are designed around the promoted product. In case of a nutrient dense crop, interventions around post-harvest handling and processing and promotion of own consumption could be thought of. Whereas in case of a staple food or a non-food crop/product, interventions could be designed to promote dietary diversity through for example homestead food production. Also, the potential interventions mentioned under improved income projects, are relevant here.

III DIETS

A limited number of PPP projects have as key objective to improve diets. Meaning providing the target population with a diet that is safe, diverse, healthy and adequate. The diet should cover all the nutritional needs (energy, proteins, micronutrients, essential fats, fibre and water) and should be suitable for the age of the target group.

Dietary diversity is one dimension of diet quality. When we talk of diverse diets, it is good to remember that there is a minimum of 10 different food groups, that all contribute to the different nutritional needs as mentioned above. These food groups and to what extend foods from the different groups are present in the diet, forms an indicator for the quality of the diet in resource-poor settings.

Potential interventions towards diet objectives:
- Participatory appraisal of dietary habits (involve people in assessing their own food and nutrition situation and identifying the causes of food and nutrition problems according to their perceptions)
- Cooking / food processing demonstrations
- Leverage / promote mother to mother support groups

TEN FOOD GROUPS

1. Grains, white roots and tubers, and plantains
2. Pulses (beans, peas and lentils)
3. Nuts and seeds
4. Dairy
5. Meat, poultry and fish
6. Eggs
7. Dark green leafy vegetables
8. Other vitamin A-rich fruits and vegetables
9. Other vegetables
10. Other fruits
IV     GENDER / WOMEN EMPOWERMENT

In some countries the lack of gender equality forms a real bottleneck to development in general and to achieving progress in nutrition in particular. Several aspects influence women’s ability to provide adequate care and nutrition to young children. If women have no time to care for their children, no knowledge about adequate feeding practices or no access to (money to buy) nutritious foods, they will not be able to provide adequate nutrition.

One of the questions you can ask yourself as a project owner is, what is the ambition of the project regarding inclusion and/or women empowerment? The International Food Policy Research Institute (IFPRI) differentiates three types of ambitions: reach, benefit, and empower:

- **Reach**: if the ambition of your program is to include women in your program activities, we are talking about reach (or Inclusion). This is an objective on program output level. Attaining it is in the sphere of control of the project. If this is the case, it is not needed to use a specific survey. Gathering disaggregated data at output level is sufficient.
- **Benefit**: objectives under this ambition would be part of the outcome level. These objectives are achieved short-term and medium-term effects of an intervention’s outputs, it refers to increasing women’s well-being in specific domains, like nutrition diversity, say on household income, or health spending.
- **Empower**: the ambition of your program could be focused on long-term effects like strengthening the ability of women to make strategic life choices themselves and to put these choices into action.

All development projects should consider “reach” and “benefit” and certainly the SDGP projects. Especially for nutrition it is important that women are empowered to provide adequate care to their families. The need to work on this depends on the context of the project and prevailing socio-cultural norms.

**Step 2 - Suggestions for further reading:**

- SPRING (2018) [Nutrition-Sensitive Agriculture Training Resources](#)
- FAO (2018) [Developing gender-sensitive value chains](#)
- USAID (2020) [Designing Effective Nutrition-Sensitive Agriculture Activities](#)
Projects can have unintended negative impacts on the food security or nutritional status of at-risk populations. It is the responsibility of the implementing partners to avoid this as much as possible.

Types of harm to nutritional status that may arise from agricultural interventions are (FAO, 2015; IYCN, 2011; CIRAD, 2014)

- Giving priority to particular staple foods or cash crops may lead to decrease in the production of other, micronutrient-rich crops, and thus to a loss of dietary diversity and over-consumption of carbohydrate-rich foods.
- Over-burdening women who are also responsible for the care of young children, can have negative effects on optimal infant feeding.
- Projects that require participants to have a minimum land size and/or to make an initial investment may exclude poor smallholders and widen the resource gap between wealthy and poor farmers.
- Mechanization may disproportionately favour larger farms; introducing new mechanization technologies might displace labour and benefit larger farmers at the expense of smaller producers. Mechanization may cause men to take over the production of crops that were beforehand considered women’s crops.
- Water use for agriculture can increase water scarcity for household use, as well as the risk of disease, such as malaria transmission, microbes and pollutants in wastewater, and zoonotic disease and parasites. These risks could be mitigated with bed nets, improved wastewater management, and veterinary services.

**TIPS**  Overall strategies to avoid causing harm:

- Go through a systemic process in the planning phase to identify potential unintended negative impacts on nutrition, based on the context in which the programme is operating, and develop a mitigation plan.
- Have a well-functioning monitoring system to detect negative effects, to ensure timely mitigation solutions to unforeseen impacts.
- Have a clear, nutritional goal to start with.
- Collaborate with local health officials to provide information on health risks / solutions.

**Step 3 - Suggestions for further reading:**

- IYCN (2011) *Nutritional Impact Assessment Tool*; A tool for maximizing the positive impacts of agricultural interventions on nutritionally vulnerable and food insecure populations
- FAO (2015) *Designing nutrition-sensitive agriculture investments – Checklist and guidance for programme formulation*
In order for you to identify where nutrition opportunities are for your programmes or how unintended harm can be avoided, it is crucial to know the current (mal)nutrition situation and nutrition challenges in your programme area.

In this guide we would like to highlight two helpful sources to perform a first nutrition analysis of your project location.

2. Food Systems Dashboard

The Global Nutrition Report was first published in 2014 and was developed to track the commitments made at the 2013 Nutrition for Growth Summit. It tracks global progress in improving nutritional status, identifies obstacles to change, highlights opportunities for actions and contributes to strengthened accountability.

Besides the annual global report, country nutrition profiles were developed, which bring together the latest data to track progress towards global nutrition targets set by the World Health Assembly at the global, regional and country level. You can use the Country Nutrition Profiles to understand where progress has been made to tackle all forms of malnutrition – as well as where gaps remain.
The Food Systems Dashboard was launched last year. The Dashboard combines data from multiple sources to give users a complete view of food systems. Users can compare components of food systems across countries and regions. They can also identify and prioritize ways to sustainably improve diets and nutrition in their food systems.

Please note that both tools mainly give data on national level and therefore it would be worthwhile to have a closer look at the specific nutrition situation at your project location via the following in-country sources (where available):

- District Ministry of Health department or if this is difficult local health clinics
- National Demographic and Health surveys (often contain both national information as well as details on regional level or urban vs rural statistics – note, these might be less up to date)

**Step 4 - Suggestions for further reading:**

- DHS (national Demographic and Health Surveys)
- SUN country websites
- UNICEF country websites
- Global Nutrition Report – Country Nutrition Profiles
- Food Systems Dashboard
Implementing your interventions is a key component of your project, while keeping track of and measuring the effect of your interventions is just as important. From previous evaluations we have learned that designing and implementing a robust and measurable monitoring and evaluation (M&E) framework can be quite a challenge. The FDOV mid-term review showed that some FDOV projects struggled either with finding relevant and measurable indicators for food security and/or lacked the capacity to monitor any effect on food security. The IOB evaluation illustrated that many of the Dutch funded food security projects do assess the effectiveness of activities. However, most attention was dedicated to the output of project interventions, e.g. number of farmers trained, without generating information on the outcomes of the activities, e.g. farmers applying newly obtained skills.

Since it is such a challenging task to select the most relevant and measurable indicators, we will not expect you to become a nutrition security indicator expert. What we would like to do in this step of the practitioner guide is to give you an overview of the available nutrition indicators and how these could be used in your potential project nutrition add-ons. The information in this step is based on the recent ‘Guidelines for selection and application of indicators for nutrition in projects’, elaborated by the Netherlands Working Group on international Nutrition (NWGN).

In step 2 of this practitioner guide we showed you the food systems framework and explained that the different components mentioned, shape food systems and can lead to both positive and negative nutrition outcomes. To monitor progress towards nutrition (and health) improvement, you should focus on some of these strategic components within the food system.

**Indicator selection**

Before you start selecting the most suitable indicators, we would like to give you a few recommendations to consider:

a. Have a thorough look at your project design; what are the specific components where you see nutrition add-on opportunities and what exactly would you like to change and measure?

b. Which (secondary) data is already available for your project location and local nutrition situation. Have another look at step 4 of this practitioner guide for potential data sources. How could you use and leverage this data for your own progress/impact measurement?

c. Keep it realistic and measurable. Everyone likes to see ambitious project designs, but one of the pitfalls often identified in previous PPPs is the lack of capacity and budget to do all proposed interventions and measurements properly.

d. Are there any specific target groups in your project design that are most vulnerable to malnutrition (e.g. children, adolescents, women)?

Once you have answered above questions for your project(s) have a closer look at the potential indicators. Choose indicators that have both been validated at international level for different contexts and are able to reflect a change in a relatively short time span, i.e. during 2-4 years. Below we are providing further details for each of the intervention pathways highlighted in step 2.
I. Income

Increased production and/or income at household level does not automatically lead to improved access to food and healthy diets. To obtain further insights into the effects and linkages, information on production quantities, quality, market access and income should be gathered. Guidelines for the measurement of these different factors are beyond the scope of these guidelines. For inspiration we would like to refer you to a recent initiative on benchmarking and measuring living income of rural households in low-income countries. Besides, you could consider to estimate the ‘minimum costs of a healthy diet’ in the project area and eventual changes.

II. Access

Access to diverse and healthy food, based on availability and affordability, is a pre-condition for healthy diets. Information on year round availability and prices of basic food items, from own production and/or local (wet) markets can provide useful insights. A helpful tool to check access to food at household level, while taking into account seasonality, is the so-called Months of Adequate Household Food Provisioning (MAHFP) indicator.

III. Diets

In resource poor environments diets tend to be monotonous resulting in low quality as they do not supply all required nutrients. To measure progress towards more healthy diets, it is advised to focus on women’s diets as a reflection of household level diets. Evidence shows that women will ensure, as much as possible, that their household members will get food even if this is at the expense of themselves. Based on the above, the internationally validated indicator Minimum Dietary Diversity for Women MDD-W is recommended. In case of interventions that specifically focus on infants and young children the Minimal Acceptable Diet – MAD for children (6-23 months) is also recommended.

IV. Women’s Empowerment

Women’s empowerment and improving their position is an important driver in translating interventions to healthier diets. Currently the so-called Project Women Empowerment in Agriculture Index (Pro-WEAI) is being revised and simplified. The new version is referred to as the Women’s Empowerment Metric for National Statistical Systems (WEMNS) and is expected to be ready by the end of 2021. Once tools related to new methods for (living) income and women empowerment measurement are released, they will be added to this guide.
**Decision tree**

To further support you in the decision as to which indicators to include we refer you to the decision tree, recently developed by a NWGN sub-working group. It recommends (combinations of) specific indicators, depending on the objectives and ambitions of the project. As mentioned before, increased production and/or income, does not automatically lead to improved access, and therefore not necessarily to improved diets. Inclusion of a specific nutrition objective is essential when impact on diets is desired. In the case that ‘improved diets’ is part of the project goal, it is recommended to include components for social behavioural change (SBC) and women’s empowerment. If these components cannot be included, it is strongly recommended to report data at output and outcome level in a gender disaggregated way. In step 6 we will give some further detail on the indicators mentioned here.

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**Decision tree for measuring Food Security and/or Nutrition outcomes within Agri-Food / Food System interventions**

```
Does the project include a Nutrition objective?
  No
  Yes
    Does the project include a Food Security objective?
      No
      Yes
        Can Food Security and/or Nutrition objectives be added?
          No
          Yes
```

**Apply preferably in baseline and end line:**
- MDD-W indicator for women of reproductive age
- MAD for infants and young children

**Apply preferably in baseline and end line:**
- MAHFP (household food security last year)
- WEMNS (women empowerment indicator, being validated)
- Income at household level (compared with benchmark for living income)

**Apply indicators as listed above**
**PLUS / amplify project intervention strategy with:**
- Secure inclusion of women and consider SBC component

**Apply at least (in baseline and end line)**
- gender disaggregated data at output and outcome level

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**Step 5 - Suggestions for further reading:**

**Guidelines for selection and application of indicators for nutrition in projects**

These guidelines provide detailed recommendations on indicators and methodologies to assess progress on nutrition improvement in value chain or agri-food related projects. These indicators are (among others) prioritized in the Results Framework for Food and Nutrition Security, of the Ministry of Foreign Affairs (MFA). The guidelines are directed towards practitioners, involved in the design and/or implementation of projects focussing on agriculture, economic, and/or food systems development, with or without a clear nutrition objective. The [full document](#) can be downloaded.
So far the previous 5 steps have given you information and guidance on intervention strategies and indicators to make your project more nutrition sensitive. In this last step, we want to give you some more practical information to incorporate and apply these in your project. We share additional information on strategies and recommended indicators, as well as general considerations for monitoring and evaluation.

**Indicator application**

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<thead>
<tr>
<th>Indicator name</th>
<th>What does it measure?</th>
<th>Considerations for applying</th>
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<tbody>
<tr>
<td>Minimum Dietary Diversity for Women (MDD-W)</td>
<td>MDD-W measures the proportion of women 15-49 years of age who reach a minimum of five food groups. In a (target) population, this can be used as a proxy indicator for probability of adequacy of micronutrient intake. Consuming food from five food groups or more means low risk of inadequate micronutrient intake. The 10 pre-defined food groups can be used universally. However, the allocation of foods into the 10 groups depends on the region and target group as available foods are context specific.</td>
<td>The indicator should <strong>not be used to</strong> screen individuals for selection for interventions, nor to identify individuals at risk of poor intakes. The dietary diversity questionnaire is to be applied at individual level to the female household member (of reproductive age) who is responsible for meal preparation. The data is to be collected through a face-to-face interview, preferably by a female enumerator, who asks the respondent to recall all meals and foods consumed during the previous 24 hours or day and night. The questionnaire should be applied by an interviewer with basic knowledge about (local) food preparation and nutrition to ensure that foods mentioned by the respondent are registered in the right food group.</td>
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<tr>
<td>Minimal Acceptable Diet (MAD)</td>
<td>MAD measures the percentage of children 6-23 months of age who consumed a minimum acceptable diet during the previous day. This indicator combines information on minimum dietary diversity (proxy for nutrient density) and minimum meal frequency (proxy for nutrient density), with the extra requirement that non-breastfed children should have received milk at least twice on the previous day.</td>
<td>This indicator is relatively simple to calculate and interpret and is applicable across sociocultural contexts. It is also applicable for both breastfed and non-breastfed children. Analyses have shown that the MAD indicator is associated with child anthropometric status, particularly stunting. MAD is recommended as an indicator of adequate food intake in the age group from 6 to 23 months old.</td>
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</table>
All considerations for MDD-W also apply for MAD. A weakness of this indicator is that it does not provide quantitative information about children’s food and nutrient intake and was not designed to capture excessive intake.

**Months of Adequate Household Food Provisioning (MAHFP)**

The MAHFP is a simple indicator for household food access, which can show changes in the household’s ability to address vulnerability over time. In an intervention, the indicator can be used to track progress in improving household food security throughout the year.

The respondent must answer in which months the household did not have sufficient food to meet their needs over the past 12 months. It is focussed on quantity of foods, without taking into account elements of quality (diversity). These questions should be answered by the person in the household responsible for food preparation, usually the woman. The final MAFHP score is 12 minus the number of months that the household was not able to meet their food needs.

The advantages are that MAHFP can help to identify the food insecure months and lean periods and be used to adjust the intervention so it addresses food shortage during these months. The indicator captures multiple outcomes of an intervention, including increased agricultural production, storage, and the household purchasing power. Due to the long timeframe, it is also a good indicator of chronic food security and allows seasonality to be accounted for.

The disadvantages are that MAFHP has not yet been validated against other food security or dietary intake indicators, and is not able to detect acute food insecurity. This indicator is limited in its representation of ‘household food security’ because it captures the respondents’ perceptions of whether they had enough food. And during analysis, it is important to consider contextual data such as climate and conflicts.

*This table is adapted from: ‘Guidelines for selection and application of indicators for nutrition in projects’ (NWGN).*

**General considerations for monitoring and evaluation**

Besides the identification of indicators to measure progress, other basic issues need to be considered when measuring progress.

**Gender**

With regard to data collection, it is important to look at the gender balance among enumerators, taking into account the context. While collecting and analysing data, disaggregation for gender and age should be applied, whenever possible and relevant. There are different levels of intensity to work on Women Empowerment and related objectives, strategies and indicators, as illustrated in the figure below.
## Ambitions of gender-sensitive agricultural development programmes

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<thead>
<tr>
<th>Level</th>
<th>Output</th>
<th>Objective</th>
<th>Include women in program activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy</td>
<td>Invite women as participants; reduce barriers to participation; implement a quota system for participation in training events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator examples</td>
<td>Number of women trained on good agricultural practices; Number of women reached with nutrition orientation / behaviour change communication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level</th>
<th>Outcome</th>
<th>Objective</th>
<th>Increase women’s well-being (e.g. food security, income, health)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy</td>
<td>Design project to consider gender needs, preferences, and constraints to ensure that women benefit from project activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator examples</td>
<td>Number of women with improved knowledge on healthy diets; Number of women with improved skills to sustainably produce food</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level</th>
<th>Impact</th>
<th>Objective</th>
<th>Strengthen ability of women to make strategic life choices and to put those choices into action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy</td>
<td>Enhance women’s decision-making power in households and communities; address key areas of disempowerment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator examples</td>
<td>Number of women with increased access and control over land for production; Number of women that have a say in how household income is used</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Frequency of data collection:

The selected international validated indicators covering diet and food availability and affordability, measure progress and results of interventions addressing nutrition at outcome/impact level. These indicators need time to change and therefore will only need to be measured during different moments in the project, such as baseline, midline and/or end-line surveys.

### Target group:

With limited budgets, preference should be given to collect data from women of reproductive age (15-49 years) as evidence has shown that intervention effects on nutrition are observed first in women. Disaggregation of data collection and analysis is recommended for sub-age groups (15 – 19 year, 20 – 25 years and 26 – 49 years), which will support identifying target-group specific entry points of interventions.

### Resources required:

The use of standard and internationally validated indicators makes it possible to use existing tools for questionnaires and training of enumerators as a starting point. In order to contextualize these tools and adequately train and supervise enumerators, it is recommended to involve (hire) a nutrition expert.
Electronic data collection:
With the increasing availability and financial accessibility of devices like smart phones and tablets, it is strongly recommended that data be collected electronically to ease data collection, reduce data collection errors and significantly reduce time for and mistakes in data entry. Furthermore, although extra budget is needed for tablets and ICT support before and during fieldwork, overall the use of electronic devices lowers the budget needed. There are many data collection software available, for example ODK and Kobo Collect.

Control group
As progress on many indicators is not solely influenced by the project, but also by the weather, the economy and many other factors it is recommended to include a control group in your sample for the base- and end-line survey. This group is ideally similar to your target group in all aspects, except that this control group was not targeted by the project’s interventions.

Step 6 - Suggestions for further reading:
- FAO Compendium of indicators for nutrition sensitive agriculture (2016)
- FAO Gender transformative approaches for food security, improved nutrition and sustainable agriculture; a compendium of fifteen good practices (2020)
- UNICEF Infant and Young Child Feeding; counselling cards for community workers

Final Words
We hope that this practitioner guide has been inspiring and useful and will contribute to more nutrition sensitive programming and results. In case you have questions and/or suggestions please do not hesitate to contact the authors, by using the following general mailbox:

sdg@rvo.nl