Australian Government
Department of Foreign Affairs and Trade

ODE BRIEF
April 2015

A window of opportunity: Australian aid and child undernutrition

The Australian Government's 2014 development policy identifies early childhood nutrition as 'a critical driver of better development outcomes'. In low- and middle-income countries countries undernutrition is associated with between one third and half of child deaths. Children that survive undernutrition suffer from harmful effects that make them less able to lead healthy productive lives. International evidence shows that investments to reduce child undernutrition are cost-effective and protect other investments in health, education and private sector development.

Box 1 Undernutrition in childhood

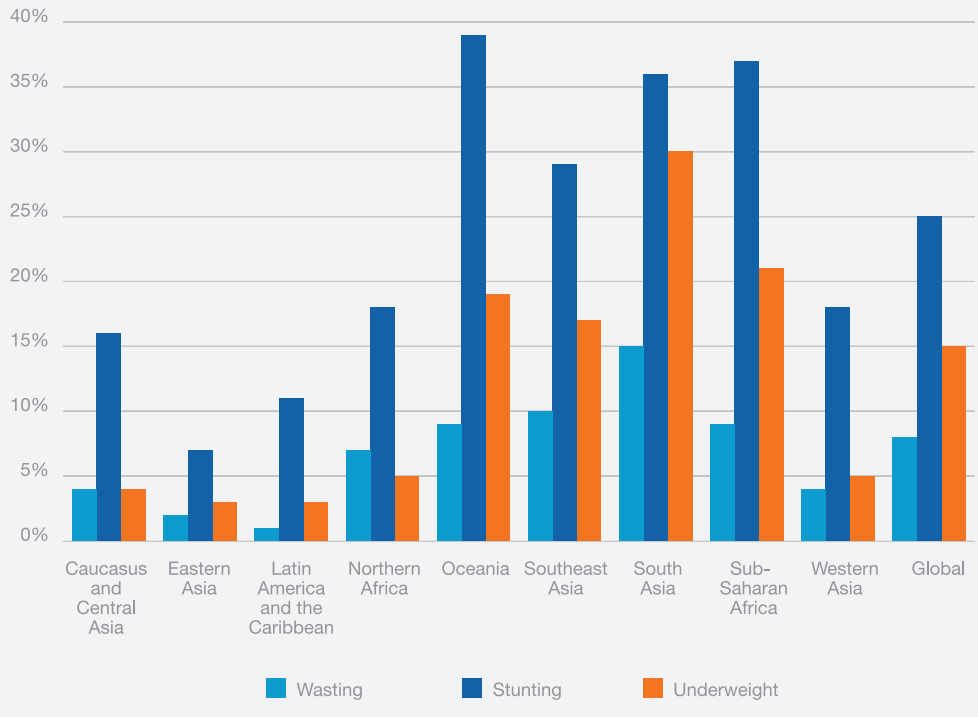
When children are undernourished growth is impaired and they become underweight (low weight-for-age). Children may be underweight because of wasting (low weight-for-height) or stunting (low height-for-age) or both. Wasting is a result of acute undernutrition and is often seen during famines. Stunting represents chronic undernutrition and reflects the cumulative effects of undernutrition starting at conception and continuing after birth. The prevalence of stunting is thought to be the most useful indicator for quantifying levels of undernutrition.

The Office of Development Effectiveness evaluated:

1. how Australian aid addresses child undernutrition
2. whether approaches used are effective
3. how the effectiveness of investments could be improved

Solomon Islands women are receiving better nutrition information to promote healthier diets for them and their families with the support of DFAT-funded volunteer, Erica Reeve (Australian Volunteers International).

Stunting rates in priority regions for the Australian aid program are amongst the highest in the world



Box 2 A window of opportunity

The first 1000 days of a child's life between conception and two years of age is the best 'window of opportunity' for furthering human and economic development. Undernutrition during this critical period can result in irreversible stunting, impaired cognitive development and poor health which persists throughout life. Stunting predicts poorer educational outcomes in childhood and adolescence and lower adult economic productivity and earnings. If early nutrition can be sufficiently improved outcomes for individuals are much better. 'Catch-up' or accelerated growth after early undernutrition can increase susceptibility to adult obesity and chronic diseases like diabetes. Nutrition investments targeting the first 1000 days are therefore the most effective investments.

Undernutrition is a worldwide problem but it is more severe in some regions. While the absolute numbers of stunted children are largest in South Asia and sub-Saharan Africa, the prevalence of stunting is equally high in regions which have smaller populations. Of particular relevance to Australia is the high prevalence of stunting in developing countries in our region. Oceania has the highest regional prevalence of stunting in the world (39 per cent). In Southeast Asia, another priority area for Australia, stunting is highly prevalent (29 per cent) particularly in Cambodia, Laos and Timor-Leste.

How the Australian aid program addresses child undernutrition

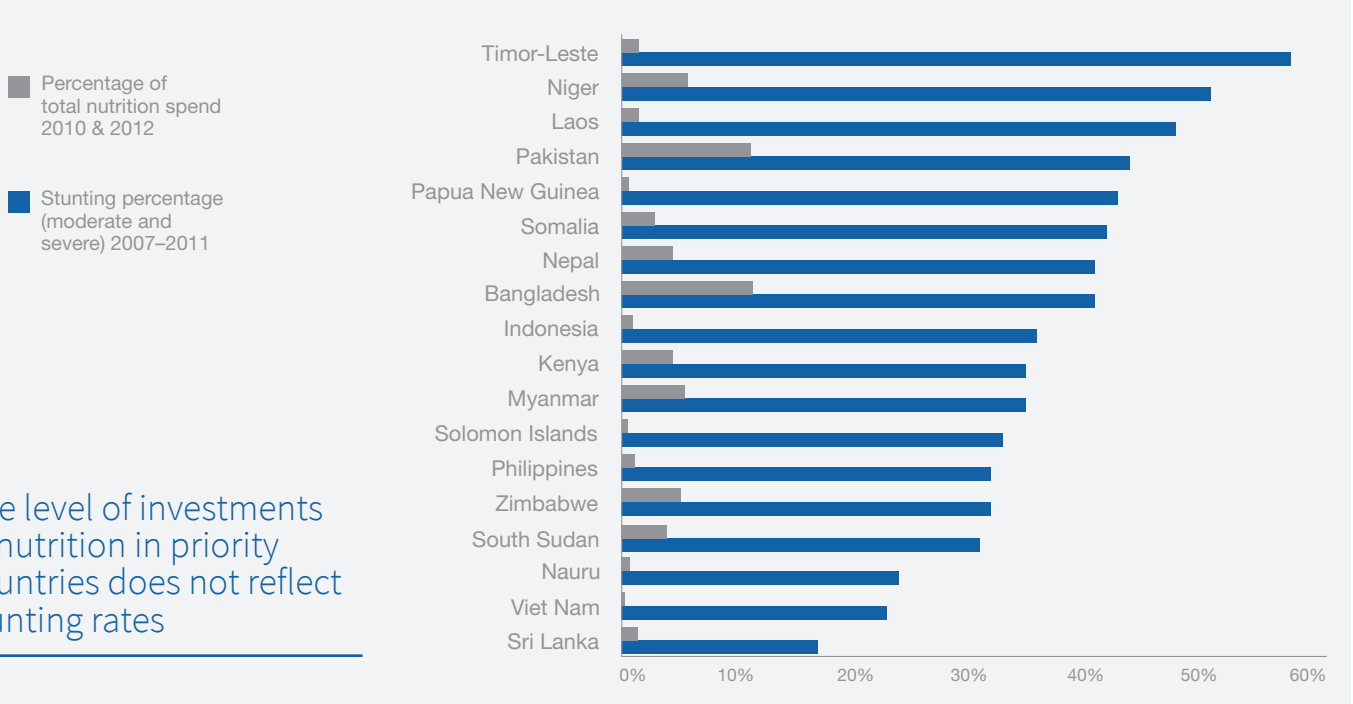
Australia's nutrition disbursements were quantified and found to be in the mid-range of donors in terms of both total expenditure and as a percentage of official development assistance (ODA). However, it was found that investments in nutrition are not adequately tracked in DFAT's aid management system so that the accuracy of estimates is low and some nutrition investments may be missed in the analysis.

Recommendation 1: DFAT should improve tracking of nutrition spend by strengthening the quality of reporting in the aid management system.

Australia's nutrition investments were found to be geographically focused on sub-Saharan Africa (34 per cent of total nutrition expenditure), South Asia (34 per cent) and East Asia (14 per cent). All of these regions have large numbers and high prevalence of undernourished children.

Investments in nutrition in priority regions for the aid program did not reflect the prevalence of child undernutrition. For example, Australia spends just 0.4 per cent of its Pacific aid budget on nutrition, compared with ten per cent of its spending in sub-Saharan Africa, although these regions have comparable rates of stunting. Also of concern is the small proportion of Australian nutrition investments in countries that have very high stunting rates. In Papua New Guinea stunting rates are estimated to be in excess of 40 per cent but only 0.1 per cent of Australian ODA was allocated to nutrition programs. In Timor-Leste stunting rates exceed 50 per cent but only 1.1 per cent of Australian ODA was allocated to nutrition.

Recommendation 2: DFAT should ensure that the proportion of ODA invested in partner countries to address child undernutrition is appropriate to the country context.



The level of investments in nutrition in priority countries does not reflect stunting rates

Box 3 Causes of undernutrition

Immediate causes operate at the level of individuals and make them undernourished. These include inadequate food intake, infectious diseases and inadequate care of infants and young children. Inteventions to address these causes are called nutrition specific.

Underlying causes operate at the household level and include factors that result in increased exposure to diseases (lack of access to safe water, inadequate sanitation facilities and poor hygiene practices), inadequate household access to food, low agricultural productivity, and low status of women. Inteventions to address these causes are called nutrition sensitive.

Basic causes operate at the societal level and place households at risk of exposure to the underlying and immediate causes of child undernutrition. Two critical basic causes are poverty and weak governance.

Australia's nutrition investments focus on the underlying causes of undernutrition (about 85% of total investment) with much smaller investment to address the immediate causes of undernutrition. Interventions to address underlying causes are mainly in the rural development and food security sector, followed by the humanitarian emergency and refugee aid sector and health sector. Only a small fraction of funding in the rural development and food security and health sectors is designed to contribute to better nutrition. Many initiatives in these and other sectors have the potential to improve nutrition. Without specific objectives and indicators, opportunities to improve nutrition may not be fully exploited or improvements in nutrition as a result of Australian investments may not be recognised.

Recommendation 3: DFAT should review existing and planned initiatives and include nutrition objectives, interventions and indicators where relevant.

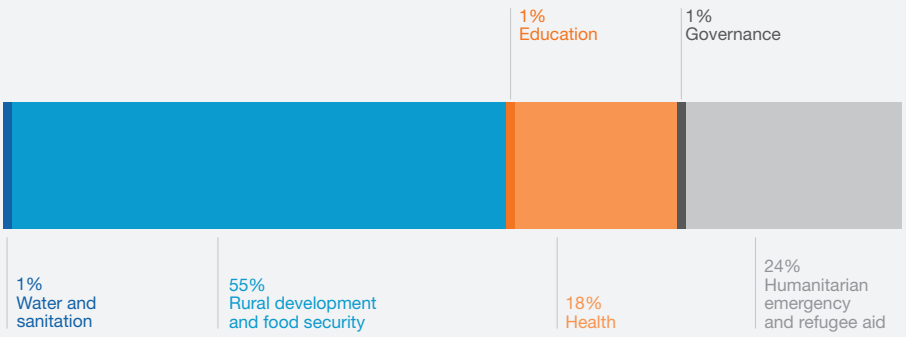
Alignment of Australia's investments with good practice in nutrition

Overall, Australia's investments to address undernutrition are likely to be effective as they have good alignment with the principles of good nutrition practice. Almost all of the interventions used activities which have evidence showing them to be effective. Promotion of early and exclusive breastfeeding in infants was the most common highly effective intervention, alongside initiatives to improve access to health services and social protection, and increasing women's control over family assets.

Also following good practice around two thirds of sampled initiatives were designed with reference to two or more sectors. This is appropriate as the underlying causes of undernutrition cut across sectors. Australia has aligned with national policies on nutrition where they exist or advocated for them when they have not been developed. Undernutrition is most effectively addressed when interventions respond to both immediate and

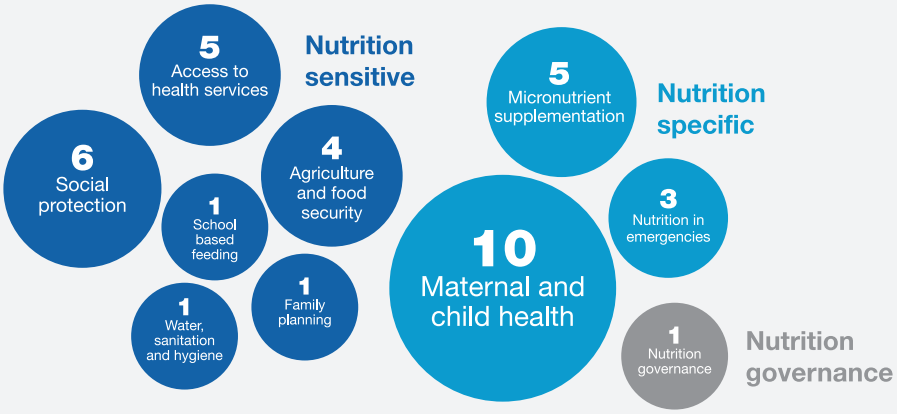
Nutrition investments to address underlying causes are mostly in three key sectors

Proportion of funding allocated to sectors.



Nutrition interventions use activities known to be effective

Number of times an activity was used in the 20 initiatives sampled.



underlying causes at the same time. Australia's investments were found to make appropriate use of such a twin-track approach.

Opportunities to improve Australia's investments in nutrition

Targeting nutrition interventions is a key component of good practice. ODE found that the Australia's investments could be better targeted according to age, gender and social grouping. In order to exploit the 'window of opportunity' interventions should improve nutrition in the first 1000 days of a child's life between conception and two years. Just over half of the initiatives sampled appropriately targeted life-cycle stages.

Treatment room at Susa Mama health clinic, Port Moresby General Hospital, Papua New Guinea. Photo by Ness Kerton for DFAT.

Gender was not adequately considered. Inequitable intra-household food distribution favouring males, which can be a major determinant of undernutrition, was not addressed in any of the initiatives reviewed. While around half the initiatives sampled disaggregated nutrition data by sex, only one discussed gender disparities in nutritional outcomes.

Australia's investments could also be better targeted to vulnerable groups such as the poor and marginalised, ethnic minorities, and refugees. Just over half of the initiatives sampled adequately considered the nutrition of certain vulnerable groups in the design. None of the sampled initiatives disaggregated nutrition data along other equity markers such as wealth, ethnicity or rural residence.

Recommendation 4: DFAT should improve targeting of nutrition interventions. Gender analysis should be used to inform the design and monitoring and evaluation of initiatives. Data should be disaggregated by gender and equity markers.

The outcomes of nutrition interventions supported by Australia were difficult to assess. UN agencies are exempt from independent evaluation requirements. Given that UN agencies implement most of Australia's investments, more focus on their performance is needed to properly assess outcomes from nutrition investments.

The monitoring and evaluation of nutrition investments needs to be improved. Most of the initiatives sampled identified indicators in their design phase but only half actually used these to measure impact, many measured outputs instead of outcomes, and stunting was only measured in a quarter of the initiatives sampled.

Recommendation 5: DFAT should improve the monitoring and evaluation of nutrition investments by increasing the use of outcome indicators.

The evaluation also noted that DFAT currently does not have a nutrition strategy to link nutrition to policy priorities. A cross-sectoral strategy would ensure a coherent and coordinated approach to nutrition. Additionally, DFAT posts should incorporate nutrition into Aid Investment Plans. Evidence from the case studies in Pakistan and Timor-Leste suggest this approach helps to ensure nutrition improvements are carried forward by local partners. ODE welcomes the establishment of the Nutrition Working Group in 2013 to drive an evidence-based nutrition policy and programming process, and also the targeting of enhanced nutrition inclusion in DFAT's new *Strategy for Australia's aid investments in agriculture, fisheries and water* (February 2015).

Recommendation 6: DFAT should develop an overarching cross-sectoral nutrition strategy that links nutrition to aid investment priorities and posts should incorporate nutrition into their Aid Investment Plans.

Office of Development Effectiveness

The Office of Development Effectiveness (ODE) is an independent branch within the Department of Foreign Affairs and Trade (DFAT). ODE monitors the Australian aid program's performance, evaluates its impact, and contributes to international evidence and debate about aid and development effectiveness. ODE's work is overseen by the Independent Evaluation Committee (IEC), an advisory body that provides independent expert advice on ODE's evaluation strategy, work plan, analysis and reports.

The full evaluation report and DFAT management response can be accessed at www.ode.dfat.gov.au.