

Management Response & Recommendations Action Plan

Evaluation Report Title:

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

Response to Evaluation Report (overarching narrative)

DFID funded this evaluation in order to strengthen the evidence base on multi-sectoral approaches to tackling chronic undernutrition.

This was a complex and ambitious evaluation from the start as it sought to assess the added impact of a nutrition component that was added half-way through three large and complex programmes (all implemented by different partners in different contexts), limiting the options for a robust counterfactual. The aim of measuring impact on stunting over a two-year timeframe was also ambitious. The evaluation team inevitably faced significant challenges translating the objectives for this evaluation into practice which necessitated a number of changes to the design throughout the evaluation, including dropping the controls for two of the programmes. Despite these challenges, DFID's assessment is that the evaluation has been conducted to a high standard, with robust findings that present a consistent and credible narrative, drawing on both quantitative and qualitative findings.

The findings of this evaluation show that the significant investment in direct nutrition interventions has only modestly improved nutrition practices and has had no impact on stunting in children under two years of age and on other anthropometric indicators. This result is sobering and provides a clear challenge and opportunity for DFID to change and improve the design of future nutrition programmes in Bangladesh and beyond so they deliver impact.

The nutrition programme on which the design of these programmes was based has delivered significant nutrition outcomes in Bangladesh. However, the translation of this model into the design and then implementation of these three programmes, focusing on the extreme poor in more marginal areas, was based on problematic assumptions and led to important adjustments that weakened key aspects of the model and contributed to the lack of impact. DFID accepts almost all the recommendations in the evaluation report as set out below. The main lessons DFID will take forward from this evaluation into future programme design are:

- Adding a complex and large-scale quasi-experimental evaluation to an ongoing programme is likely to create significant implementation challenges that can adversely affect programme delivery and also the evaluation methodology. The process and qualitative evaluation did, however, have a positive influence on programme implementation as findings from both were used to strengthen the intervention model. Where possible evaluations should be designed and integrated into programme from the start or, where this is not possible, the scope of the evaluation should be more modest with a simple and flexible design.
- Nutrition interventions that aim to influence and change nutrition behaviour need to be based on detailed, context-specific analysis of how the interventions will affect and overcome likely barriers to behaviour change. This should include careful analysis of contextual barriers including social norms and how these affect the division of labour within the household and mother's time for caregiving and access to resources. This points to the need for nutrition BCC interventions in most contexts to include wider work to influence gender and other social norms, which will have significant implications for design and costs. Indeed, DFID should be cautious about supporting nutrition programmes that primarily focus on improving nutrition knowledge and that have limited scope to influence social norms and other contextual factors that mediate how knowledge is translated into practice
- Nutrition BCC interventions cannot assume that a methodology that has worked in one context will necessarily work in another. Similarly, any adjustments that are made when 'replicating' a 'proven' methodology in a different context need to be carefully tested as they may affect its effectiveness in ways that may not be understood until it is too late. Any nutrition BCC intervention should therefore invest in responsive monitoring systems that draw on ongoing qualitative and process evaluations where relevant, and provide feedback early on along the impact change.

Management Response & Recommendations Action Plan

- Evaluations of nutrition interventions delivered at scale should consider the long-term institutional context and sustainability of the model before investing considerable resource measuring the impact of a model that may have little chance of being replicated by national governments. Where there is scope for the approach to be replicated and/or scaled up through national delivery systems in the future, then the evaluation should be conducted as far as possible with strong government engagement to ensure ownership of the results. Having said that, this evaluation also highlights the challenges of delivering effective BCC at scale through a standardised delivery system. How realistic it is to expect government structures, in many DFID focus countries, to take on this task and integrate it into the roles of existing frontline health workers?

DFID has already begun to act on the findings from this evaluation: the design of a new DFID Bangladesh livelihoods and nutrition programme, to start in 2017, was informed by the findings of this evaluation with input from members of the evaluation team.

Management Response & Recommendations Action Plan

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| Recommendations (for which evaluation provides <i>strong</i> evidence) | Accepted or Rejected | If “Accepted”, Action plan for Implementation or if “Rejected”, Reason for Rejection |
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| 1. Improving the frequency and duration of counselling sessions. | Partially Accepted | We accept that the frequency and duration of counselling – i.e. its intensity – is likely to affect the extent to which new knowledge is transferred and then put into practice. However, as the evaluation highlighted, the frequency and duration of individual counselling sessions may not significantly affect key barriers to behaviour change, particularly those rooted in entrenched social norms. Multiple approaches, including a stronger focus on group discussion and problem-solving among peers, should be pursued, rather than just intensifying a model based on individual household counselling. Future DFID nutrition programmes in Bangladesh will utilise and test multiple approaches, with a stronger focus on tackling social norms that prevent good nutrition practices. |
| 2. Reducing and refocusing the types of messaging provided in counselling sessions, particularly to those areas of complementary feeding which are both weak and which did not appear to have been a strong implementation focus, | Accepted | Future nutrition programmes supported by DFID in Bangladesh will aim to develop and deliver nutrition messages that are more tailored and responsive to the specific knowledge gaps and needs of beneficiaries, with a stronger focus on problem solving to overcome key barriers to change. |
| 3. Ensuring that such messaging is both adapted to context and practicable. | Accepted | See above. |
| 4. Drawing from best practice (e.g. social mobilisation and group components of other similar interventions) to consider targeting additional household members and include interventions or approaches that identify and address context-specific economic, social and gender-specific barriers that prevent the translation from knowledge into practice. | Accepted | Future nutrition programmes supported by DFID in Bangladesh will be based on a more holistic approach that includes work with the whole community as well as key stakeholder groups within the community to tackle social and gender-specific barriers that prevent the translation from knowledge into practice. Future programmes will also aim to target all pregnant and lactating women in the community with the direct nutrition interventions, rather than just a sub-set of extreme poor women. |

Management Response & Recommendations Action Plan

| 5. Stronger and more effective monitoring systems focused on earlier outcome tracking rather than self-reported inputs/activities by Community Nutrition Workers (CNWs). | Accepted | Future nutrition programmes supported by DFID in Bangladesh will develop more robust and responsive monitoring systems, with a strong focus on assessing change at each stage of the assumed input-outcome chain with tight feedback loops that enable adjustments to be made on a regular basis. |
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| Recommendations (for which evaluation provides some evidence) | Accepted or Rejected | If “Accepted”, Action plan for Implementation or if “Rejected”, Reason for Rejection |
| 6. Taking steps to ensure that CNWs can spend more time with each client, for example by lowering the ratio of beneficiaries to CNWs and/or allocating caseloads in such a way that travel times are minimised. | Partially accepted | See comment under recommendation 1. Future programmes will explore and test complementary approaches to increase the intensity of the behaviour change communication process, including a greater emphasis on peer group counselling and discussion. |
| 7. Focusing training and supervision on client-focused problem-solving, adaption to individual household conditions and ongoing support, rather than on imparting messages. | Accepted | This will be a key focus in future DFID nutrition programmes in Bangladesh and we will explore the relative cost-effectiveness of delivering client-focused problem solving through a greater focus on peer group discussion both instead of and alongside individual, household-level counselling. |
| 8. Increasing the CNW honorarium. | Partially Accepted | We recognise that the approach taken in the programmes evaluated, with local ‘volunteer’ Community Nutrition Workers receiving an honorarium, does not necessarily provide value for money as it can weaken workers’ motivation and ability to perform their role and potentially leads to high turnover. Future DFID programmes in Bangladesh will revisit how best to secure or contract these services, considering the sustainability of these services and the objective of integrating these services under the National Nutrition Services in the long-run. |
| 9. Considering whether other models of social transfer (including direct cash) are likely to have a greater nutritional impact (to be of more direct utility to or within the control of mothers) when combined with an effective behaviour change counselling model than the productive asset transfer considered here (which was potentially | Accepted | Future DFID extreme poverty programmes in Bangladesh will consider a range of transfer modalities with a greater focus on generating sustained cash income beyond and building on asset accumulation. Programmes that aim to deliver long-term sustained changes in livelihoods and improve nutrition status, will need to consider the trade-offs between (cash) transfers models that may boost short-term consumption, without the need to influence social norms, on the one hand, versus graduation-type models that are likely to improve household income on a more sustainable basis but |

Management Response & Recommendations Action Plan

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| more sustainable in terms of household welfare but distal or ineffectual in terms of any nutritional impacts). | | then often depend on significant changes in gender and other social norms over time to influence women's access to increased household cash. |
| 10. Better integration of the livelihoods and nutrition interventions (there is not strong evidence to conclude here that the relative lack of integration was a barrier to impact but there is some evidence to suggest that if mothers see resource transfers as pegged to nutritional improvements, their use towards this end may improve). | Accepted | Future DFID nutrition and livelihood programmes in Bangladesh will integrate these components from the start to ensure messaging and interventions reinforce each other as far as possible. |