
Integrating Nutrition into the AfDB Project Cycle



Human Capital, Youth
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Introduction

Nutrition is inextricably linked to the African Development Bank’s High 5 priorities, and nutrition smart investments could be catalytic for realizing the Bank’s equitable growth agenda. The AfDB is committed to harnessing “grey matter infrastructure” to unlock the human and economic potential of Africa by catalysing nutrition smart investments to support a 40% stunting reduction in Africa by 2025. Through its 2018-2025 Multi-sectoral Nutrition Action Plan (MNAP), the AfDB commits to scaling up the proportion of investments that are nutrition smart, especially in the five sectors that account for over 30% of government spending in Africa and serve as underlying drivers of nutrition—Agriculture, Education, Health, Social Protection and Water, Sanitation and Hygiene (WASH). The proportion of nutrition smart investments, as determined by the AfDB nutrition marker, varies by sector including: Agriculture (50%), Health (50%), Social Protection (10%), and WASH (15%). Redesigning the Bank’s investments in these five priority sectors to become nutrition smart means that projects can deliver a greater social and economic return as well as achieving nutrition impact, thus representing a double win for AfDB and its member countries.

This brief provides technical guidance to teams during the concept note and appraisal report phases of the Bank’s project cycle in designing nutrition smart projects. It complements other nutrition resources available from nutrition@afdb.org and answers the following key questions:

1. How does the nutrition marker determine if a project is nutrition smart?
2. What factors indicate that a project has the potential to become nutrition smart?
3. What essential analysis should inform a nutrition smart project?
4. What are the design features of a nutrition smart project?
5. Which nutrition-related indicators can projects in each of the five priority sectors incorporate?
6. What incentive mechanisms can projects incorporate to enhance their nutrition outcomes?

Overview of the AfDB Nutrition Marker

The AfDB Nutrition Marker determines if projects are nutrition smart by utilising a focused set of criteria to conduct periodic analysis and reporting of progress in each priority sector towards achieving the performance targets outlined in the Bank’s 2018-2025 MNAP. For a project to be classified as being nutrition smart, it must meet the following three criteria:

1. **Nutrition goal/objective:** Does the project aim to directly address nutrition with explicit references in the project’s intended impact, or does the project have a focus on improving at least one nutrition outcome?
2. **Nutrition indicator(s):** Is one of the project’s impact indicators focused on reducing malnutrition such as stunting, wasting or overweight? And/or does the project have at least one nutrition outcome indicator?
3. **Nutrition activity/intervention:** Does the project have at least one activity/intervention that is explicitly focused on improving nutrition outcomes?

Efforts at designing nutrition smart investments should focus on high-potential projects as indicated by one or more of the following factors:

Sectoral focus: The project is in one of the five priority sectors relevant to nutrition.	Through its 2018-2025 MNAP, the AfDB commits to scaling up the proportion of investments that are nutrition smart, especially in the five sectors that account for over 30% of government spending in Africa and serve as underlying drivers of nutrition—Agriculture, Education, Health, Social Protection and WASH. These sectors offer the most entry points for integrating nutrition.
Geographic considerations: The countries, regions or project target areas have high stunting prevalence/burden.	<p>If the situation analysis indicates high stunting prevalence with trend analysis indicating either slow progress, stagnation or reversal in performance over the past 5-10 years. Specific attention should also be focused on identifying sub-national/regional disparities in stunting rates, which are often masked by national averages.</p> <p>The Bank’s Grey Matter Infrastructure Index has identified 10 priority countries that have the highest stunting burden in Africa and also have pipeline projects in the five priority sectors, namely: Nigeria, Democratic Republic of Congo, Ethiopia, United Republic of Tanzania, Sudan, Madagascar, Kenya, Burundi, Mali and Burkina Faso. These countries are expected to serve as model/demonstration countries for other African countries in scaling up nutrition smart investments.</p>

<p>Policy considerations: CSPs and RISPs provide entry points for improving nutrition.</p>	<p>Country Strategy Papers (CSPs) and Regional Integration Strategy Papers (RISPs) increasingly provide entry points for nutrition smart projects. For example, the Democratic Republic of the Congo's CSP 2013-2017 focused on the central region of the country for having the highest infant mortality rates; this is attributed to the high prevalence of malnutrition and water-borne diseases coupled with high poverty levels and poor access to basic services. The AfDB's East Africa RISP highlights nutrition as a persistent problem and targets the nutrition status of pastoralist groups in several countries.</p>
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Essential Analysis that Should Inform a Nutrition Smart Project

Analysis should focus on chronic malnutrition i.e. stunting – children with a low height for age, which reflects the cumulative effects of undernutrition and infections since and even before birth. The key determinants of stunting should also be analysed, disaggregating data by region, gender and income levels. Data sources include: Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and SMART surveys. For an overview of the most recent surveys by country, consult the online datasets of the UNICEF/WHO/World Bank Group Joint Child Malnutrition 2019 Estimates.¹

Underlying determinants of nutrition. While a multitude of health, economic, behavioural, social and cultural factors underlie malnutrition, a core set of evidence-based determinants are useful for prioritising investments, targeting interventions and tracking progress. These include:

- Infant and young child feeding practices, most notably exclusive breastfeeding
- Dietary diversity in women and children
- Health service coverage
- Drinking water coverage
- Improved sanitation coverage
- Early childbearing rates i.e. births by age 18
- Female secondary education enrolment

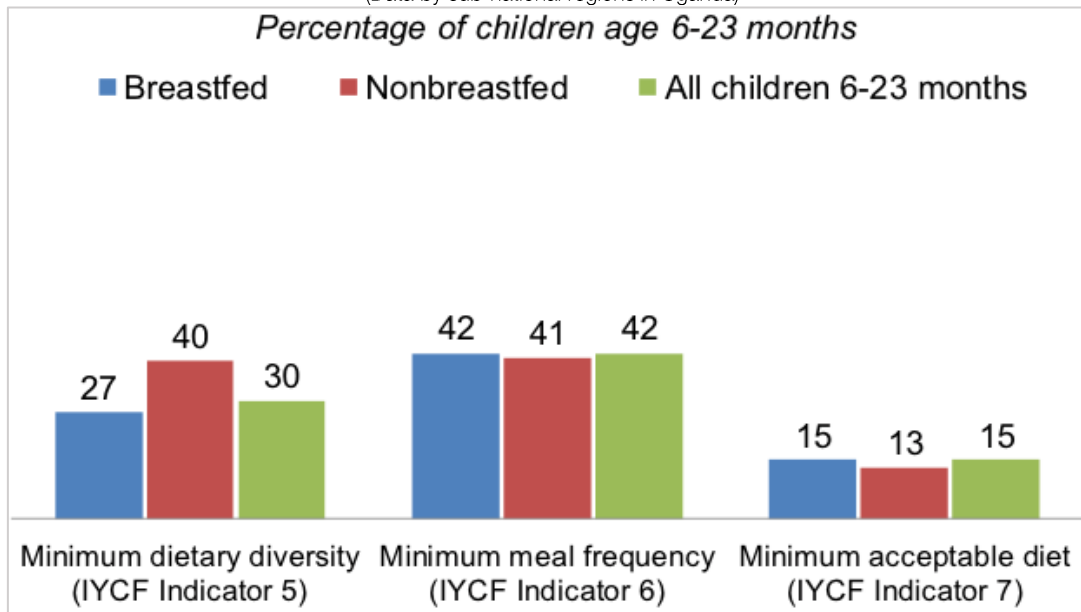
Examples of such data are presented in Figures 1, 2 and 3. Data on these underlying determinants are readily available from the following sources:

- DHS
- MICS
- WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP)
- SMART Surveys
- Health system monitoring reports
- Global Nutrition Reports

¹ UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates 2019 Edition

Figure 1

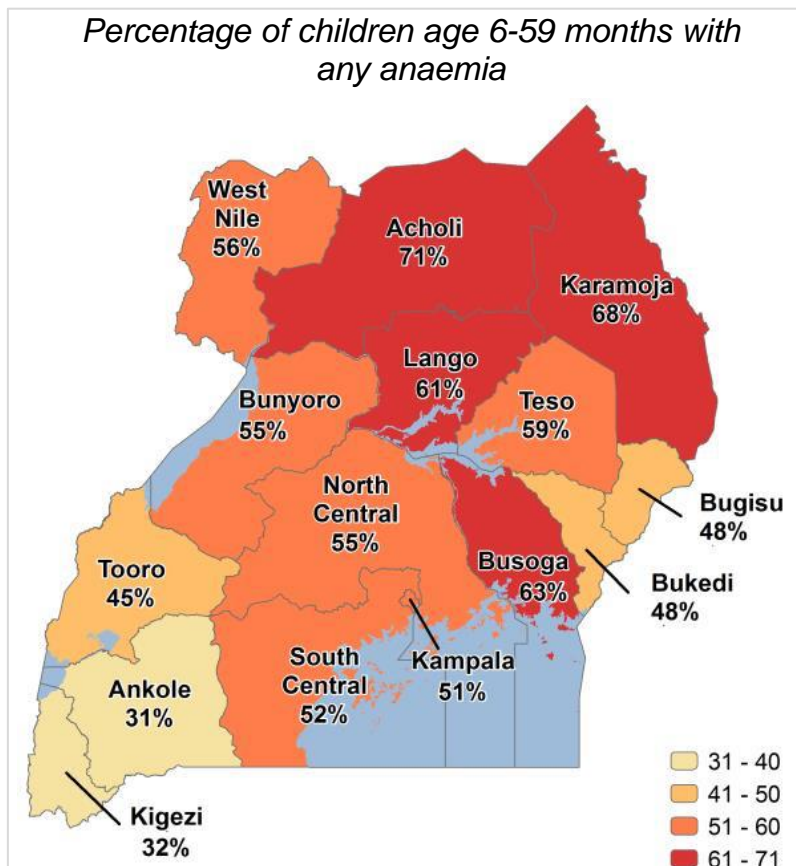
Infant and young child feeding (IYCF) indicators on minimum acceptable diets
(Data by sub-national regions in Uganda)



Source: Uganda Demographic and Health Survey, 2016.

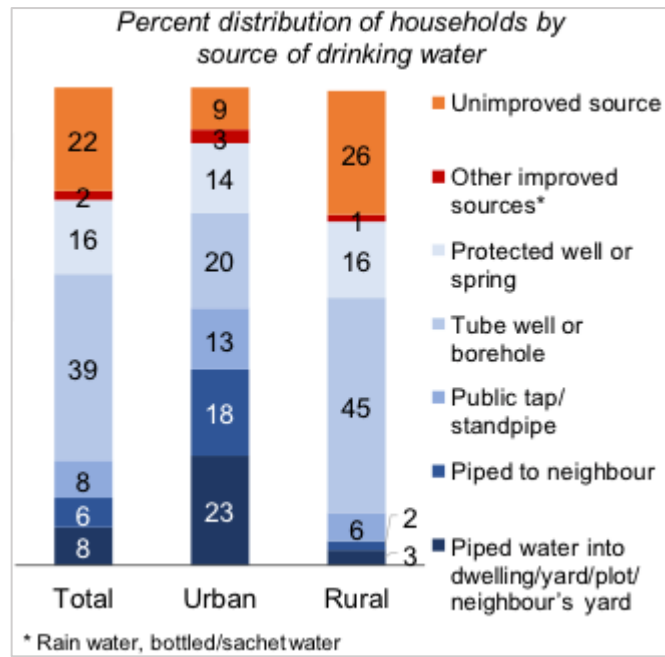
Figure 2

Anaemia in children (Data by sub-national regions in Uganda)



Source: Uganda Demographic and Health Survey, 2016

Figure 3
Source of drinking water (Data by residence)



Source: Uganda Demographic and Health Survey, 2016.












Guidance for Designing Nutrition Smart Projects

The table below illustrates the wide array of actions that can make AfDB projects nutrition smart:

Priority	Category	Recommendation
Directly related to the nutrition marker	Impact	Explicitly include the improvement of nutrition outcomes or progress related to an immediate cause of malnutrition as part of the project's impact.
	Outcomes	Explicitly focus outcomes on improving nutrition or on addressing the immediate or underlying causes of malnutrition.
	Indicators	Include SMART nutrition indicators in the logical framework as outcomes of the overall project or of a specific component. Outcome indicators can also be underlying causes of malnutrition such as dietary diversity and household food security, infant and young child feeding practices, or use of nutrition-related health services (e.g. antenatal care).
	Interventions	Integrate interventions that address the immediate, underlying or basic causes of malnutrition, and that are linked to the project's main objective and project components. The AfDB's sectoral briefs on agriculture, WASH, health, higher education and social protection provide examples of such interventions.
	Budgeting	Clearly specify in the budget the resources that are dedicated to implementing activities relevant to nutrition. Expenditures for action that do not explicitly reference nutrition can still be nutrition smart, for example, if they contribute to a nutrition outcome (e.g. reduction of post-harvest loss of nutritious foods, or improved access to WASH services).
Additional recommendations	Target population	Focus project activities on nutritionally vulnerable populations—in particular children under two years of age, pregnant and lactating women (focusing on the first 1,000 days of life), adolescent girls and/or school aged children—and clearly describe how the target population will benefit from the project.
	Gender	Include interventions that make a clear contribution to gender equality and women's empowerment, such as access to, and control over, productive resources and income, education, labour reduction and access to essential services.
		Present and analyse gender-disaggregated nutrition data.
	Project impact pathways	Clearly describe the specific pathway(s) between proposed activities, outputs and outcomes and the nutrition impact, and reflect them in the logical framework by ensuring that indicators are included at different levels (i.e. output, outcome, and/or impact).
	Multi-sectorality	If possible, adopt a multi-sectoral approach by including activities involving different sectors or by seeking synergies with interventions in different sectors that address other causes of malnutrition.
	Capacity development	Outline how the local capacity (e.g. government institutions, civil society, private sector, universities, etc.) will be strengthened to improve nutrition in a sustainable way.
	Monitoring and evaluation	Budget for baseline and endline surveys to report on selected nutrition indicators when secondary data is not available.
	Operational arrangements	Identify the human resources needed to implement nutrition-related activities.
	Operational arrangements	Describe the partnerships and organizations that will support implementation of nutrition activities.

Nutrition-Related Indicators that Can Be Included in Projects

The AfDB has compiled a suite of indicators to be incorporated into nutrition smart projects. These include Core Sector Indicators and an additional set of Custom Project Indicators. More details on indicators can be found in the AfDB Project Indicators resource document available from nutrition@afdb.org.

Core Sector Indicators	Custom Project Indicators
<p>The standard indicators that can be integrated at the relevant level in the Result-Based Logical Framework include:</p>	<p>Examples of additional output and outcome indicators for projects in priority sectors include:</p>
<p>Nutritional status (impact level, long-term): Stunting prevalence: Percentage (%) of stunted children aged 0-59 months. Wasting prevalence: Percentage (%) of wasted children aged 0-59 months.</p> <p>Cross-sector (output and outcome indicators): Minimum dietary diversity for women: Percentage (%) of women, 15-49 years of age, who consume at least 5 out of 10 defined food groups in the previous day or night. Minimum dietary diversity for children: Percentage (%) of children, 6-23 months of age, who consume food from at least 4 food groups the previous day. Gender equality: Number (#) of women (including adolescent girls) beneficiaries.</p> <p>Sector specific (output and outcome indicators):</p> <p> Access to clean drinking water: Percentage (%) of the population with access to and using improved drinking water sources.</p> <p> Access to improved sanitation facilities: Percentage (%) of the population with access to and using improved sanitation facilities.</p> <p> Exclusive breastfeeding: Proportion of infants 0-5 months of age who are fed exclusively with breastmilk during the previous day, with no other solids or liquids, including water.</p> <p> Food production: Percentage (%) increase in production of (selected) nutrient-rich foods</p> <p> Social protection mechanism: Percentage (%) of population covered by at least one nutrition smart social protection mechanism</p> <p> Access to higher education: Percentage (%) of population with increased and equitable access to higher education food and nutrition courses, programmes and curricula with improved content.</p>	<p> Biofortification: Proportion of staple crop production that is biofortified.</p> <p> Deworming: Proportion of children 12-59 months who received deworming medication in the previous 6 months.</p> <p> WASH facilities: Number (#) of WASH facilities constructed and/or rehabilitated Number (#) of households with handwashing stations.</p> <p> Enrolment: Percentage (%) increase in enrolment of males and females into higher education institutions for nutrition-related courses and programmes.</p> <p> Coverage: Number (#) of beneficiaries who received cash transfers for achieving nutrition-related conditionalities.</p>

Incentive Systems that Can Enhance Nutrition Outcomes

Other development institutions such as the World Bank are adopting financial incentive mechanisms to motivate specific actions or behaviours needed to scale up nutrition smart investments in WASH, agriculture and health projects. Some AfDB projects also use financial incentive mechanisms, as illustrated in the example below from Ethiopia. For more details, please refer to the AfDB Nutrition Learning Resources available from nutrition@afdb.org

Level	System	Overview
National and sub-national institutions	Disbursement-linked indicators	Disbursements should be tied to outcomes, not inputs, such as access to clean drinking water and improved sanitation facilities.
Household	Public works programmes	Short-term jobs in public goods projects can be targeted to beneficiaries using nutrition criteria and benefits can be coupled to nutrition services. Public goods can themselves impact nutrition, such as lowland development, as well as water and sanitation infrastructure.
	Conditional cash transfers	Cash payments should be earmarked for achieving specific conditionalities such as purchase of improved sanitation, drinking water or agricultural inputs, or for behaviours such as attending counselling sessions or adopting hygiene practices.

AfDB Example



Basic Service Transformation Programme – Ethiopia

Disbursement conditions are linked to the government's reform efforts towards improving quality and ensuring equity of basic services especially in health, education, as well as WASH.

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